THE CHILD AND SOCIETY

AN INTRODUCTION TO
THE SOCIAL PSYCHOLOGY OF THE CHILD

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To
MY HUSBAND
WALTER W. LUCASSE
CHAPTER XIII

THE DEVELOPMENT OF UNDESIRABLE BEHAVIOR PATTERNS

'Tis an awkward thing to play with souls,
And matter enough to save one's own.
—BROWNING

Incidence of undesirable behavior patterns. From the viewpoint of the group; human behavior is roughly divided into two kinds: that which conforms to social standards and that which deviates so far from these standards as to be unacceptable. In judging the behavior of children, adult standards are used as the norm. Although it may be conceded that the child has not yet developed full responsibility for his conduct, whatever he does is approved or condemned with the thought of what the acts would mean if he were grown up. This approval or disapproval has a utilitarian purpose in that it is one of the influences which modifies the child's behavior. Long before the child has any conception of right and wrong as abstract entities, he begins to classify his acts in
these categories according to the approval or disapproval which they draw forth from his parents.

One of the aims of the socializing process is to shape the child's behavior in harmony with the demands of the group. As society becomes more and more complicated, and an increasing number of factors participate in this process of socialization, it is not surprising that it breaks down rather frequently at one point or another. Probably less than one-half of the whole child population reaches maturity after a completely successful experience with the socializing forces. More than half the children now growing up show behavior patterns which indicate that socialization has failed at certain stages of their development. Haggerty, studying more than 800 pupils in a Minneapolis public school, reports that 51% presented undesirable behavior traits.¹ Wickman, investigating the behavior of public school children in Cleveland and New York, finds, if anything, a still larger percentage presenting undesirable patterns, and further reports that of 51 possible undesirable traits, the average for the unselected school child is eight; for the problem child twenty-three.²


² Wickman, E. K., "Children's Behavior and Teachers' Attitudes." Joint Committee for Methods of Preventing Delinquency, 50 E. 42nd St., N. Y.
These undesirable behavior patterns of childhood, which are those divergent from adult codes of conduct, may be classed as major and minor in nature. Most flagrant, either because they cause injury to others or are in direct opposition to the regulations of organized society, are lying, stealing, excessive quarreling, truancy, running away from home and precocious sex experiences. The minor behavior difficulties are less asocial, but may be very handicapping to the individual; here may be listed temper tantrums, food idiosyncrasies, enuresis, and excessive masturbation, as well as other nervous habits. The development of such behavior patterns, instead of those socially desirable, is a symptom of some failure in the socializing process.

Where socialization breaks down. Clinical studies of children who have more or less serious behavior difficulties have given us information as to the points at which socialization breaks down most frequently. In a study of 250 problem children, improper methods of training and discipline were found to be influential in the production of misbehavior in 63.2% of the cases; grading above mental ability in 5.6%; antagonism to teacher in 2.8%; bad companions in 13.2%, and lack of proper recreational facilities in 8.4%.¹ There were, of course, some conduct disorders in this group of

children which could be traced to nervous or mental diseases. Epilepsy was found in 0.8%, post-encephalitic conditions in 0.4%, neurotic make-up in 8.0% and psychopathic personalities in 4.0% of the cases. But the behavior disorders resulting from these disease conditions are obviously much less frequent than those arising from unfavorable social influences.

Another statistical study of children with undesirable behavior traits includes 163 children between the third and ninth grades (inclusive) in the Philadelphia schools, and 167 children from the same grades in the Los Angeles schools. The conduct disorders for which these children were referred to the local child guidance clinics are classified as follows:¹

<table>
<thead>
<tr>
<th>CONDUCT DISORDER</th>
<th>PHILADELPHIA CASES</th>
<th>LOS ANGELES CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
</tr>
<tr>
<td>Stealing</td>
<td>63</td>
<td>38.7</td>
</tr>
<tr>
<td>Lying</td>
<td>61</td>
<td>37.4</td>
</tr>
<tr>
<td>Truancy</td>
<td>46</td>
<td>28.2</td>
</tr>
<tr>
<td>Temper tantrums</td>
<td>44</td>
<td>27.0</td>
</tr>
<tr>
<td>Disobedience</td>
<td>32</td>
<td>19.7</td>
</tr>
<tr>
<td>Running away</td>
<td>26</td>
<td>16.0</td>
</tr>
<tr>
<td>Bullying</td>
<td>26</td>
<td>16.0</td>
</tr>
<tr>
<td>Fighting</td>
<td>21</td>
<td>12.9</td>
</tr>
<tr>
<td>Sex experience and excessive masturbation</td>
<td>16</td>
<td>9.8</td>
</tr>
<tr>
<td>Enuresis</td>
<td>14</td>
<td>8.5</td>
</tr>
<tr>
<td>Other bad habits</td>
<td>2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

¹Paynter and Blanchard, "Educational Achievement of Children with Personality and Behavior Difficulties." Joint Committee on Methods of Preventing Delinquency, 50 East 42nd Street, New York, 1928.
It is apparent from the figures given above that the children concerning whom they are reported showed more than one behavior difficulty to each child. In other words, most of the children presented several conduct disorders. The data with which we are most concerned, however, are those relating to the social influences to which they had been subjected. Here, again, the outstanding conditions are the poor training and discipline, improper or inadequate recreational outlets, loss of father or mother (broken home), and bad companions. A complete report of the social data is as follows:

<table>
<thead>
<tr>
<th>SOCIAL CONDITIONS</th>
<th>PHILADELPHIA CASES</th>
<th>LOS ANGELES CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
</tr>
<tr>
<td>Poor training and discipline</td>
<td>151</td>
<td>92.7</td>
</tr>
<tr>
<td>Recreation, lacking or improper</td>
<td>112</td>
<td>68.7</td>
</tr>
<tr>
<td>Broken home</td>
<td>78</td>
<td>47.9</td>
</tr>
<tr>
<td>Undesirable companions</td>
<td>63</td>
<td>38.7</td>
</tr>
<tr>
<td>Poverty</td>
<td>62</td>
<td>38.0</td>
</tr>
<tr>
<td>Disharmony in parental relations</td>
<td>22</td>
<td>13.5</td>
</tr>
<tr>
<td>Foreign home</td>
<td>21</td>
<td>12.9</td>
</tr>
<tr>
<td>Institutional life</td>
<td>13</td>
<td>7.9</td>
</tr>
<tr>
<td>Foster home</td>
<td>11</td>
<td>6.7</td>
</tr>
<tr>
<td>Illegitimacy</td>
<td>6</td>
<td>3.6</td>
</tr>
<tr>
<td>Overwork</td>
<td>2</td>
<td>1.2</td>
</tr>
</tbody>
</table>

In these two groups of children, once again, the conduct disorders due to nervous or mental diseases are of infrequent occurrence. Of the Philadelphia cases, functional nervous disease is operative in only 3.0%, neurotic traits in 7.9% and
epilepsy in 1.2%; of the Los Angeles cases, 7.8% are suffering from some functional nervous disorder, 3.0% are neurotics, 1.8% are epileptics.

All the studies of children with undesirable behavior patterns indicate that the socializing process breaks down within the family more frequently than in any other one place. Insufficient or improper recreation, and bad companions seem to be next in order. It is less certain just what part the school plays in cases where socialization breaks down. We know that in some instances its role is an important one, but we have comparatively few data to indicate how frequently this is true. We also find it difficult to estimate each social factor, separately, as a cause of undesirable behavior, since many of the children who show conduct disorders are subjected to more than one kind of unfavorable circumstance. As a rule, when the child's environment is thoroughly investigated, it will be found that more than one unfortunate situation has entered into the shaping of his behavior patterns. Home, school and play experiences may all combine to turn the child away from instead of toward social ends.

It should be stated, in respect to the influence of the family life upon the child's behavior, that poverty, per se, seems to be a somewhat negligible factor. If we refer to the figures in the last table, we see that while this appears fairly frequently
for the Philadelphia group of children with conduct disorders, it occurs in only 11.8% of the Los Angeles cases. Given the proper psychological relationships within the family, it would seem that economic deprivations can be withstood successfully. A recent socio-psychological study of eighty children from twenty-three families in such poor circumstances that they were receiving relief from a social welfare agency, reports non-existence of behavior disorders in 68.8%, minor difficulties in 17.5% (enuresis, use of profane language, disobedience), and major conduct disorders—stealing, truancy, running away from home and begging—in 13.7%. This investigation further reports that for the most part, the children are happy with their parents, and the favorable psychological relationships within the home apparently outweigh the ill effects of poverty.¹ It seems, therefore, that proper socialization is less a function of economic status than of psychological conditions.

Intelligence and behavior. So far as we can tell from the current studies, there is no final proof of a positive correlation between any particular level of intelligence and any kind of behavior. The bright child may be either good or bad; the dull or deficient child may show desirable or un-

desirable behavior patterns. It has been claimed, by certain investigators, that there is a positive correlation between intellectual gifts and desirable character traits. Terman, in his recent book on gifted children, states that the intellectually superior "surpass unselected children in tests of honesty, trustworthiness, and similar moral traits." He adds, however, "It should be emphasized that one could find in the gifted group numerous exceptions to the general rule with respect to character. . . . The gifted are not free from faults, and at least one out of five has more of them than the average child of the general population." ¹ Elsewhere in his report, however, Dr. Terman presents data on the social situation of these gifted children which indicate that most of them live in fairly good neighborhoods, and that in respect to the psychological relationships within their families, and the training and discipline which they receive, they are much more favored than is true of an unselected group of children.² Therefore, it would be as logical to conclude that the gifted children of Terman's study showed a large percentage of desirable character traits because of the excellent socializing influences to which they were subjected, as to cite

¹ "Genetic Studies of Genius," Vol. I, p. 638. See also Chapter XVII of this study.
them in proof of a correlation between high intelligence and superior character.

Certainly, in the 163 Philadelphia children and 167 Los Angeles children with marked behavior difficulties, to whom we have already referred earlier in this chapter, there is no lack of intelligence to account for the development of their undesirable traits, as the following distribution table shows very clearly:

<table>
<thead>
<tr>
<th>Level of Intelligence ¹</th>
<th>Philadelphia Cases</th>
<th>Los Angeles Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dull normal (80-89 I. Q.)</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>Normal or average (90-109 I. Q.)</td>
<td>79</td>
<td>88</td>
</tr>
<tr>
<td>Superior (110-119 I. Q.)</td>
<td>15</td>
<td>24</td>
</tr>
<tr>
<td>Very superior (120-129 I. Q.)</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Exceedingly superior (above 130 I. Q.)</td>
<td>8</td>
<td>10</td>
</tr>
</tbody>
</table>

The above figures have only a negative value, since the two groups of children were selected with a view to excluding those of subnormal intelligence. The only conclusion which can be drawn from them is that the possession of average or superior intelligence is no barrier to the development of behavior disorders. If, however, we select at random a series of case studies from the Los Angeles and Philadelphia Child Guidance Clinics, we shall find that for 350 children with undesirable behavior traits, such as those we have

¹ I. Q.—intelligence quotient: the ratio between mental age (as determined by tests) and life age of the child.
been considering; we have the following distribution of intelligence:

<table>
<thead>
<tr>
<th>LEVEL OF INTELLIGENCE</th>
<th>150 PHILADELPHIA CASES</th>
<th></th>
<th>200 LOS ANGELES CASES</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per cent</td>
<td>Number</td>
<td>Per cent</td>
</tr>
<tr>
<td>Mentally deficient (below 70 I. Q.)</td>
<td>9</td>
<td>6.0</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>Borderline intelligence</td>
<td>19</td>
<td>12.7</td>
<td>12</td>
<td>6.0</td>
</tr>
<tr>
<td>(70-79 I. Q.)</td>
<td>32</td>
<td>21.4</td>
<td>35</td>
<td>17.5</td>
</tr>
<tr>
<td>Dull normal (80-89 I. Q.)</td>
<td>64</td>
<td>42.6</td>
<td>98</td>
<td>49.0</td>
</tr>
<tr>
<td>Normal or average (90-109 I. Q.)</td>
<td>11</td>
<td>7.3</td>
<td>18</td>
<td>9.0</td>
</tr>
<tr>
<td>Superior (110-119 I. Q.)</td>
<td>10</td>
<td>6.7</td>
<td>18</td>
<td>9.0</td>
</tr>
<tr>
<td>Very superior (120-129 I. Q.)</td>
<td>5</td>
<td>3.3</td>
<td>7</td>
<td>3.5</td>
</tr>
</tbody>
</table>

Here, again, there is some selection, since in neither of the clinics were cases accepted from special classes for mentally deficient children. If we were to secure entirely valid data on the relation between intelligence and behavior, we should need a behavior, social and intelligence survey of an unselected group. It would then be necessary to study not only the intelligence distribution, but also the social conditions to which the children were subjected. Only by a very careful analysis, taking into account the environmental factors contributing to the production of undesirable behavior patterns, can we arrive at a reliable conclusion as to the relationship between the level of intelligence and the behavior of the individual.

How socialization breaks down: early habit formation. It is only natural that the small child
should give somewhat reluctant cooperation to the socializing processes of the family. In the early months of his life, the infant’s desires are gratified while he remains comparatively passive. All that he needs to do is to raise his voice in a cry in order to have the services of the parents immediately tendered. This one form of expression serves to indicate varied wants; the child makes no effort to convey specific meanings, it is the task of the adults to interpret his particular needs. If the child can prolong this period in which he is able to exact a large amount of service for a small expenditure of energy, he saves himself from the necessity of learning new and increasingly complicated ways of response.

When the small child develops temper tantrums, he is simply trying to preserve his infantile status of domination over his parents. The difference between the situation in infancy and that in which the temper tantrum occurs is a significant one from the viewpoint of socialization, however. In infancy, the parents’ attention to the needs of the child is necessary for survival, since most of the baby’s desires are concerned with the physiological processes of feeding, elimination and other vital visceral functions. By the time temper tantrums develop, these needs have been extended to comprise a whole series of wants, some of which are non-essential and others of a nature which
requires their suppression in the interest of forming socially adapted habits.

Reluctance to leave the habits of infancy behind and to form those which are in closer conformity to adult ways may be seen also in the child's reaction to foods. In the first months of the child's life, when eating consists only of the taking of liquids, this is a simple method consisting merely of sucking and swallowing. Later, when there should come the change from liquids to solids, the child must learn many new things: chewing, the use of spoon, knife and fork, etc. The transition from liquids to solids also brings into question a large variety of materials in contrast to the liquid foodstuffs which always maintained about the same appearance. Some of the new solid foods may be accepted readily, but others will evoke a persistent aversion which will tend to become associated with an especial color or consistency and thus be carried over to other foods.

Enuresis is another infantile habit which the child sometimes carries over into later years of childhood. Here, again, we see the reluctance to put forth the energy and effort necessary to acquire the control of the excretory functions demanded by adult standards of behavior. When the habit of enuresis is carried over for a very long period, the child frequently feels very much ashamed on account of being subjected to criticism.
from parents and playmates, and may develop a feeling of inferiority in this way which continues after the symptom with which it was originally associated has disappeared.

Occasionally such habits as these may be the residuals of some infantile disease, but ordinarily they are the results of the child's desire to prolong the pampered state of infantile dependence upon parents. While there is perhaps a tendency on the part of all children to avoid giving up this relationship, those who have the proper type of training usually pass from one stage of progress to the next without undue resistance. Yet these early signs of social non-conformity so frequently prove to be stumbling blocks for parents in bringing up their children that in some communities habit clinics are provided, where psychiatrists, psychologists and social workers are available to aid in the diagnosis of these difficulties and give advice as to treatment. Even if neglected, these faulty habit formations of early childhood are sloughed off eventually, except in cases of the lowest types of mental defect or pronounced pathology, but by delaying the inception of social adaptation, they may pave the way to more serious conditions.

How socialization breaks down: failures in family life. When a child is over-protected and surrounded by too much parental care, he often fails to develop initiative and self-reliance. One fifteen-
year-old boy, brought up in this manner, got along fairly well until he failed the Freshman year of High School. Psychological examinations revealed that he had sufficient intelligence to achieve a high school education, but only if he exerted himself and made the maximum use of his capacities. He fell within an intelligence group for whom high school is possible but not easy. Because of his long dependency upon his parents, his personality had been so shaped as to make it almost impossible for him to put forth energy and effort to a sufficient degree to make up for his intellectual handicap, slight though the latter proved to be. His wants had previously been satisfied through the mother's intervention and with a minimum of effort on his own part. When a situation arose in which he could obtain help only through his own efforts, he was unable to meet such a crisis by rising to the exertion of all his powers. Instead, he could merely take the path of least resistance, and leave school. Undoubtedly, when he meets with obstacles in the field of work, he will respond in a similar fashion by leaving his job. It is just this kind of home training which produces one type of vocational misfit in adult years.

Usually; the social maladjustment of the over-protected child shows at a much earlier period than in the case of the boy just described. The
child who has been petted and spoiled at home ordinarily finds difficulty in play adaptations with other children. A nine-year-old boy who was unable to fit into the play relationships with his schoolmates is a typical example. His mother had been left a widow when he was only 18 months old, and had thereafter centered all her love and attention upon him. At the age of nine years, he was still sleeping with her, still being bathed by her, and running to her with complaints of the children who teased him by calling him “Mamma’s little sugar plum.” There was, however, no real reluctance to grow up on the boy’s part; he was simply reacting to his mother’s attitude. It was she who protested against letting him bathe himself, sleep alone, and play unsupervised. The boy was eager to assume all these responsibilities, and when finally permitted to do so proved quite capable of living up to their requirements.

Extreme severity is as unsocial in its effects upon the child as the over-protective attitude. The child who is scolded and punished too stringently may develop a fearfulness and cowardice which colors his whole personality and behavior. Some of the seclusive, passive personalities which are found in mature individuals are the results of such influences in childhood. In other instances, the child who meets with undue harshness at home becomes evasive and untruthful in order to escape
this type of treatment. In still other children, the repressive kind of discipline creates a rebellious attitude which smolders beneath the outward obedience until it breaks into an open blaze at adolescence. In extreme cases, this youthful antagonism to parental authority may become an adult revolt against the organized rules of society.

The imaginative child may take refuge from domineering parents in the habit of daydreaming, and retreat from the world of reality into one of make-believe. One little four-year-old, who had been subjected to an autocratic type of discipline, created for herself a whole group of imaginary playmates with whom she was constantly engrossed. Her feeling toward the parents who had frequently punished her is summed up in her description of her “pretend” playmates: “They have their fathers and mothers, too, and they never, never get spanked.”

The instability of modern family life often interferes to a marked degree with the proper socialization of the children. Many a child who runs away from home does so because he is made so unhappy by the discord between his parents. From running away to truancy, stealing and other forms of misconduct is but a step, and it is one which the child often takes under these conditions. The child of divorced parents also is called upon to make special adjustments. The normal child-
hood situation calls for love exchanges with two parents as a requisite for well-balanced emotional development. In many cases of divorce, not only is the child robbed of the care of one parent or the other, but very often he is taught to believe that a parent has proven unworthy, and thus loses the father- or mother-ideal which is so necessary for normal development.

There was one mother who told her ten-year-old son that his father did not love him, and alleged that her constant quarrels with his father were the result of her attempts to protect the boy from his wrath. When the boy ran away to escape the torture of home life under such conditions, his mother was quite contrite. But the boy said, when a sympathetic probation officer inquired why he ran away, "My mother told me that my father hated me, and they fight all the time, anyway. It's more fun at juvenile court than it is at home. I wish they would send me to the reform school."

Brothers and sisters. If it is difficult for the child to give up his infantile despotism over his parents, it is also difficult for him to give up a share of his place in their affection. Peculiar situations sometimes come about as a result of the fraternal jealousies which exist within the family circle. It is not especially uncommon for a very young child to express actively his dislike for a baby brother or sister, although ordinarily this is
displaced by affection for the young usurper in time. But if one child feels that he is less loved by the parents than his brothers and sisters, he may heartily dislike all the others and seek for ways to tease and torment them, becoming a problem in the family for this reason. Again, a much petted child who eventually finds a younger child coming into the circle where he has formerly reigned alone, a recipient of all the love and attention, may find it hard to resign himself to a subordinate position.

Usually, the dislike of brothers and sisters is repressed because the child is very speedily assured that it is naughty to have such feelings. But though social disapproval condemns these antagonisms, and though the child may have forgotten them, they frequently reappear in dream life. A surprisingly large number of children will report dreams of death in reference to brothers or sisters, even after they have become genuinely attached to them and would protect them courageously. Yet the residuals of their early hates remain in some submerged part of their minds, to be recalled in these dreams.

Once in a while this socializing process, which cements the blood bond between brothers and sisters, breaks down completely. Such was the case with Daniel. He was the only son of a widowed mother, who lavished much more affection on him
than she did upon his younger sister. This mother-son attachment had persisted over a span of years during which Daniel had treated his sister with kindly if somewhat indifferent consideration. But when Daniel was eleven years old, his mother was forced to face the fact that he could not continue to sleep with her. Because of the crowded condition of the home, it was necessary to have his sister sleep with the mother in order to leave a separate bed for the boy.

From that instant, Daniel's attitude toward his sister changed completely. He began to pinch and kick her whenever he was in the same room with her, and once he beat her severely. She was sent away on a visit to relatives, and Daniel became a model of good conduct, but as soon as she returned he became more violent than ever and threatened to kill her. Such a marked degree of fraternal jealousy approaches the pathological, to be sure, but the same motive, in less powerful ways, operates to produce misconduct in many children. In Daniel's case, the resentment against the sister who had usurped his sleeping place beside the mother was exaggerated by the abnormal amount of love which had existed between the mother and son by reason of the father's absence from the family group.

Such mother-son or father-daughter attachments may be permanent impairments to the
child's prospects of social adaptation. They affect not only the relations with brothers and sisters, but also the sex relationships of mature years. The son of a too-devoted mother is apt to seek a mother-substitute when he marries and to expect from his wife the same coddling and leniency of judgment which he received at the hands of his mother. The emotional development of the individual who has been unable to release the personality from a father or mother fixation is immature and unadjusted to the demands which the marriage relationship necessarily imposes upon the partners in this enterprise. This is one of the commonest ways in which the family relationships operate to produce asocial tendencies in the child instead of fulfilling their functions as a socializing agent successfully. Psychoanalytic literature describes many situations which illustrate these statements.

How socialization breaks down: the responsibility of the school. Just as the home situations have much to do with the success or failure of the socializing process, so, too, certain phases of the school environment have a share in the production of good or bad behavior patterns. One of the most common sources of difficulty in respect to the school is the prevalence of misgrading. Different investigations have shown that from 60% to 70% of public school children are mis-
graded for either life age or mental ability.¹ The child who is brighter than his fellows, and makes accelerated progress in school, often is placed in a class where his companions are his superiors in age and physical development, so that he is unable to compete on an equality of footing in their games. Despite his superior intelligence, their physical superiority may breed a feeling of inferiority for which he will try to compensate by all kinds of peculiar behavior. The dull boy, who is not sufficiently defective to be placed in a special class for mentally deficient children, but repeats grade after grade, is even more out of place with the smaller children of his class. He is apt to hurt them unintentionally because of his greater strength and physical development, thus inadvertently becoming a behavior problem.

The child’s attitude toward his teacher and hers toward him are reflected in his behavior. Many children are a problem with one teacher, through some clash of personalities, but become models of good conduct when transferred to another teacher. Antagonisms between teacher and child may be carried so far that this becomes a cause of truancy as well as of unruly behavior in the classroom. It also has a marked influence upon the child’s

educational ambitions and his interest in his school work. Altogether, the teacher-child relationships are important ones for the future life of the pupil.

Misgrading in respect to mental ability has its own peculiar problems. The child who is super-intelligent for his grade may develop bad habits of daydreaming and idling away his time instead of building up the tendency to concentration and energy of effort. Such behavior patterns may carry over into the vocational field in more mature years and become a marked handicap. The dull child, who on account of overcrowding of the classrooms has been promoted from one grade to the next without passing the work, becomes uninterested in subjects which are beyond his comprehension, develops a chronic attitude of discouragement, or perhaps escapes from this monotonous situation by truanting.

The combination of compulsory attendance laws, based on the principle that all children should have an opportunity for the minimum essentials of an education and making the standard an arbitrary life age without reference to differences in mental ability, and the widespread lack of vocational classes and schools for the great mass of children midway between mental deficiency and intellectual normalcy, plays havoc with the socializing process. These are the children who make
their way fairly well in school until about the sixth grade, and then, having reached the limit of their capacity for achievement along academic lines, become chronic repeaters until a merciful teacher passes them on to higher classes (where they do not grasp the work) or until they have finally reached the prescribed age limit for obtaining working papers. This situation is still further complicated by the fact that in addition to an age of fourteen (or even sixteen in some states) completion of the sixth or seventh grade is required by the legal formalities before the child can secure part time employment and limit his scholastic efforts to the continuation school, which he need attend only a few hours weekly. These school attendance laws, which were originally passed with the laudable intent of preventing the exploitation of child labor, interfere with the socialization of the child who must mark time for two or three years in compliance with their inflexible demands. Truancy, habits of idleness, untruthfulness arising from the temptation to falsify concerning the age in order to leave the school which has nothing to offer to meet actual needs, and discouragement over continual failures of promotion are some of the unsocial results which may be seen.

**Undesirable behavior is a symptom of failure in socialization.** It would be possible to go on de-
scribing the many and varied ways in which the socializing process breaks down at different points. Not all the possibilities of failure in home and school situations have been covered, but enough have been described to give an adequate idea of what may take place. In similar ways, the manifold influences of other social forces may operate for either good or ill in the child's life.

An important point, which must not be lost sight of in this discussion of *minutiae*, is that the behavior pattern itself, whatever it may be, is only a symptom of difficulties which are inherent in the imperfect processes of socialization to which the child has been subjected. It is not possible to tell from the behavior pattern where these flaws are to be located, but somewhere they will be found to exist. If we take such a common type of undesirable behavior as stealing, for example, we shall find that various influences may operate to produce this symptom of asocial development. In some cases, stealing may be incidental to the desire to escape from an unhappy home life, money being taken as a means of running away. Stealing in order to treat playmates and thus assure popularity with them, or to buy playthings or go to the movies, is associated with unsatisfactory conditions in respect to play activities. Again, stealing may be a requisite of membership in some particular gang. Indeed, there is prac-
tically no limit to the number of social conditions which can lead to this type of misconduct, and the same may be said of truancy or any other behavior trait. The whole life history of the child must be studied in order to find just how and why undesirable behavior patterns have developed.

Child guidance and mental hygiene. The undesirable behavior patterns which are occasioned by failures in the socializing process during childhood, form the matrix from which many adult maladjustments spring. If the influences to which the child has been subjected have been exceedingly pathological, the mature outcome may lie in the realm of delinquency or mental disease. The child whose development is normal during his infantile, pre-school and school days, will stand a far better chance of preserving his stability through the adaptations of later years than the child who has shown personality and behavior deviations early in life.

With the realization of the intimate relationship between the undesirable behavior traits of childhood and adult maladjustments, mental hygiene, which is a movement aimed at the prevention of delinquency, insanity and minor mental maladjustments, began to concentrate its interest on children. As a result, the National Committee for Mental Hygiene and the Commonwealth Program for The Prevention of Delinquency coöper-
ated to establish child guidance clinics for the
diagnosis and correction of behavior difficulties in
children. Within a five year period these clinics
have been set up in New York, St. Louis, Mem-
phis, Dallas, Louisville, Los Angeles, Minneapolis,
St. Paul, Cleveland, Philadelphia and several
other cities, while still other communities are
working toward some such institution to meet the
needs of the children.

These child guidance clinics exist primarily for
the purpose of insuring better mental health for
children who are beginning to show personality
and behavior difficulties. Just as the child can be
taken to the ordinary medical clinic for advice as
to his physical needs, so he may be taken to this
new type of clinic for guidance as to mental health
demands. The clinical study of the child under
these conditions is an elaborate one, and requires
a survey of the child’s whole life situation both at
present and in respect to past developmental influ-
ences. Before any diagnosis is offered, all pos-
sible information is obtained as to the way in
which the child reacts to stimuli and also what
influences have operated in the past to condition
his responses. Such a study of the child requires a
trained scientific personnel, including psychiatrists,
psychologists and psychiatric social workers. The
child’s physical condition, his intelligence and
special talents or defects, and the influences of
family life, school and play situations and all the other social influences which may affect behavior are taken into consideration in arriving at an explanation of how his behavior patterns were developed and in making a plan for correcting them.

This initial study of the child is only the first step toward helping him back to normalcy of behavior. Since this cannot be an abstract concept, but must differ from one case to another, in harmony with individual differences of mentality, temperament and social milieu, there is a two-fold approach to clinical treatment for the child with behavior deviations. On the one hand, there exists the necessity of adjusting the child to his environment, but, on the other hand, it is frequently just as imperative to adjust the environment to the child. This latter statement is more easily understood if we recall the figures given earlier in the chapter. Since so large a proportion of the personality and behavior difficulties of childhood are a result of unfavorable conditions within the home, changes must be made in the latter before improvement can be expected in the former. Often there is also room for improvement in environmental conditions at school, at play and elsewhere.

The clinic treatment cannot stop at providing new and better environmental conditions, how-
ever, for these measures alone do not insure a change in the child's behavior. Although undesirable personality and behavior traits may have been originally a direct response to environmental stimuli, repetition stamps them into the mental processes in the form of habits which persist even after the circumstances in which they arose have been removed. Therefore it is necessary to work directly with the child in addition to manipulating his environmental situations. This concerted effort along many lines requires the services of social workers, psychologists and psychiatrists as much as did the initial study.

The mental hygiene interest in children as expressed through the child guidance clinic is of too recent origin for any summary of its influence to be ventured. As we have stated, these clinics have been in existence for little more than five years, and although their methodology and technique have advanced rapidly, we may expect still further progress in the future. The quarter century of clinical work in psychology and with juvenile delinquency which preceded them simply furnished a foundation upon which a science of child guidance could be raised. At the present time, however, the child guidance clinic offers assistance in the correction of behavior deviations and also acts as an educational center in the community which should lead to an interest in better
parent and teacher training. Thus, the clinic is in a position to aid in the prevention as well as the correction of asocial development, and will eventually become one more factor in the process of socialization.