

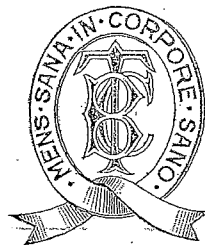
**FORTY-FOUR
JUVENILE THIEVES:
THEIR CHARACTERS AND HOME-LIFE**

BY

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PREFACE

This material was first published in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS (Vol. XXV, 1944). Since it has aroused interest in circles other than the strictly psycho-analytic and since, moreover, this volume of the journal is now out of print, it is thought its appearance as a separate publication may be welcomed. My thanks are due to the editor for giving his permission for this reprint and for making the original type available. Except for a short addition to Section I no alterations or additions have been made.

Since its original publication much evidence has been forthcoming confirming the relationship of delinquent character to prolonged separation of the child from his mother in his early years. Dr. W. H. Gillespie has kindly provided figures obtained from the examination of records in the children's department of the Mill Hill Emergency Hospital (Maudsley Hospital). Of 17 delinquent children admitted as in-patients during the years 1943-45, no fewer than 10 gave a history of prolonged mother-child separation of the kind described in this monograph.

A further source of confirmation has been the adverse effect noticed in such a large fraction of cases on children who were evacuated during the war to residential nurseries. Psychiatrists working in the London area have seen many such cases who have failed to settle into their homes and who have become persistent thieves. That prolonged separation in the early years is *sometimes* the principal cause of the development of delinquent character can in fact hardly be doubted. What *proportion* of children who have this experience suffer in this way remains, however, unknown. Nor do we know the precise factors which determine whether a child will weather such an experience or will succumb. A follow-up of the large numbers of children who were in residential nurseries during the war would, of course, supply the answer to these questions. It is to be hoped that this opportunity will not be lost.

TAVISTOCK CLINIC.

July 1946.

J. B.

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(I) THE PROBLEM: METHODS OF RESEARCH

There are probably few people whose work lies outside the courts who realize that in nine criminal cases out of ten the charge is theft. During 1938 for instance there were about 78,500 persons found guilty of an indictable offence, a category which excludes drunkenness, traffic offences and other minor delinquencies. Of these over 56,000 (or 72 per cent.) were found guilty of larceny and another 16,000 (or 20 per cent.) found guilty of breaking and entering, frauds or receiving stolen goods. This leaves only 6,500 (or 8 per cent.) for all other offences.

Another fact perhaps little realized is that for some years past exactly half of those found guilty have been under 21 years of age and that over one-sixth of the total were under 14. Indeed of all age-groups in the population it is the thirteen-year-olds who appear most often in court. Thus theft, like rheumatic fever, is a disease of childhood and adolescence, and, as in rheumatic fever, attacks in later life are frequently in the nature of recurrences. Of the men and women sent to prison in 1930 not only had half been there before but nearly one-quarter were going for at least their sixth time.¹ Even at the age of 16, one-third of those charged in the courts had been charged before (5).

These figures are remarkable and may do something to impress upon us the magnitude and social importance of youthful stealing. But still they are inadequate, for what official statistics do not tell us is the age at which the offenders first developed delinquent habits. The evidence strongly suggests that in many, perhaps the majority, of serious cases it is well before puberty. It is in this period therefore that the origins of the trouble are to be sought.

Many attempts have been made to find the causes of habitual delinquency, the most notable being the studies of Burt in this country and Healy in America. But despite these valuable researches much remains obscure. The great advances made in child psychology during the past decade have however suggested new lines of enquiry and these have been followed in the research reported in this paper. Almost all recent

work on the emotional and social development of children has laid emphasis upon the child's relation to his mother. Consequently in this enquiry very great attention was given to the elucidation of the mother-child relationship in each and every case. Not only was the mother's conscious attitude taken into account but also her unconscious attitude. Thus in several cases sympathetic discussions with the mothers of the children revealed that their apparent love for their child was only one aspect of their feelings about him. Often an intense, though perhaps unadmitted, dislike and rejection of him also came to light. Furthermore very careful enquiries showed a remarkable proportion of children who, for one reason or another, had not lived securely in one home all their lives but had spent long periods away from home.

A systematic enquiry into such factors as these has suggested that they are an important key to explaining the origin of delinquent character.

Another set of phenomena which has probably received too little attention in the past has been the occurrence of emotional traumas during the first decade of life. Death and illness in the family mean far more to children than most grown-ups conceive possible. Amongst the children described here is at least one whose life seemed to have been ruined by a dramatic and tragic episode in her ninth year. Here again it was only the knowledge that such events are important and must be systematically enquired into which led the investigator to discover the nature and full implication of events which had occurred over three years previously. The fact therefore that observations such as those reported here are not found if old case-records of similar patients are perused is neither here nor there. My experience has shown me again and again that if these factors are not looked for they are not found, and that as in any other branch of science trained and experienced observers are essential.

The enquiry reported here was carried out at the London Child Guidance Clinic during the years 1936-39.² The procedure was as follows. On

¹ The Home Office Report on Persistent Offenders states that in 1930 there were 39,000 persons sentenced to imprisonment. Of these over 20,000 had been in prison before, no less than 9,200 having served five or more sentences.

² The research was begun during my tenure of a Commonwealth Fund Fellowship in Psychiatry. My thanks are therefore due to the Commonwealth Fund and also to many colleagues for their help in the collection of the clinical material. Dr. H. Edelston and Dr. K. Soddy

helped me in the psychiatric examinations; Mrs. Elvin and Mrs. Hamilton in the psychological testing; Miss C. N. Fairbairn, Miss E. M. Lowden and others in the taking of case histories and investigation of parental attitudes. Without their help the clinical material could never have been obtained. I am also indebted to Miss B. R. Hinchliffe for her kindness in helping me abstract relevant data from some very bulky case-records and to Dr. William Moodie, Medical Director of the London Child Guidance Clinic, for giving me permission to publish the material.

arrival at the Clinic the child was given mental tests in which not only his intelligence was assessed but the examiner was at pains to note the emotional attitude in which the child approached the tests. Whilst the child was being tested, a social worker was taking a preliminary psychiatric history of the child's life. At the end of this hour reports were made by both the psychologist and the social worker to the psychiatrist, who then interviewed first the child and finally the mother. At the end of this two-hour examination by three people, a case conference was held in which information and impressions were pooled and also school and other reports considered. A tentative diagnosis was then made. In the great majority of cases, however, many further interviews were arranged, in which the child was given psychotherapy by the psychiatrist and the mother talked over her problems with the social worker. In many cases weekly interviews of this character continued over six months or more. During these interviews a great deal of further information came to light and often factors of very great importance, such as the complexity of the mother's attitude to the child, only became known after weeks of sympathetic discussion with a skilled worker.

Such a method enables a few score of cases to be investigated fairly intensively. Admittedly it is not possible to go into the psychopathology of more than a few in the detail which psycho-analysis demands. On the other hand, the significance of factors discovered can be tested by statistical methods, a procedure which has hitherto been lacking in analytic researches. The method also avoids the pitfalls which are inherent in the larger but less intensive investigations. Since sufficient trained research-workers are not available to investigate hundreds of cases, it is impossible on such numbers to obtain accurate data on those factors which this research suggests are of importance—i.e. the emotional influences within the home which affect the development of the child's object relationships. Unless home conditions are investigated at least as carefully as was done in this enquiry, conclusions regarding their influence are likely to be so inadequate as to be misleading. Furthermore delinquency, like any other symptom, may be the presenting feature of many different syndromes. Little light will be thrown on any one of these syndromes if all of them are mixed together, no matter how many thousands of cases are considered or how elaborate the statistical technique.

These defects seriously limit the value of the very comprehensive survey recently published by Carr-Saunders, Mannheim and Rhodes (5), defects which of course the authors clearly recognize. In their analysis of factors conducing to delinquency all types of delinquent are considered together and no differentiation is made between delinquent characters, stray offenders and other types. As a

result, trends which would perhaps have been highly significant had different groups been treated separately may well have become obscured or even obliterated.

Conversely the limited enquiry of the type here presented is grossly inadequate. This research was unplanned; it grew out of the practical problems confronting workers in a busy clinic and has all the defects inherent in such conditions. The number of cases is small, the constitution of the sample chancy, the recording of data unsystematic, the amount of data on different cases uneven. Conclusions drawn in such circumstances are clearly liable to all sorts of errors. It might even be asked whether, in days when planned research by teams of workers is the vogue, there is any place for such unsystematic work. The answer in my view is clear. Planned team research is of the utmost value, as has been demonstrated during the war, but no good plan can be made without adequate preliminary reconnaissance. Without such reconnaissance large-scale research can only be a waste of time and a waste of money. Normally scientific research into a problem goes through at least three major phases—the correct formulation of the problem and the bright idea, the further exploration of the problem and the framing of an hypothesis, and finally, the planned research designed to test the hypothesis. Whilst psycho-analysts have sometimes been guilty of supposing that phases one and two were sufficient, social psychologists and sociologists have often tended to skip these phases and go straight into a piece of statistically planned research without adequate examination of the problem and without having framed a reasonable hypothesis. As a result each party has hitherto had little use for the other's work. It is much to be hoped that a clearer recognition of the value of the different phases of research will lead to close and active collaboration in the future.

The research described here can be described as falling into phase two. The correct approach to the problem of human behaviour—the recognition of its unconscious springs and the profound influence of early inter-personal relations between infant and parents—belongs, of course, to Freud. For many years psycho-analysts have been exploring the problem more closely and framing more exact hypotheses. The phase of undertaking planned research to test these hypotheses has barely begun and, in my view, has now become urgent. It is hoped that this research may serve to bridge the gap between phases two and three. In the process of exploring the problem of persistent juvenile delinquency, several hypotheses regarding the influence of the mother-child relation in the formation of delinquent character have been advanced and one, that regarding prolonged separations, discussed in some detail. The

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evidence presented, it is submitted, is now sufficiently cogent to warrant a carefully planned research by a team of workers to be undertaken. Ideally such a team would require one or more of the following classes of workers: a psychologist familiar with recent advances in diagnostic testing, a psychiatric social worker, a social psychologist or sociologist, a psychiatrist, a child analyst and a statistician. Projects of various kinds would require to be planned, ranging from wide surveys, through the semi-intensive investigation of limited samples to the prolonged analysis of a few individual cases, chosen as being typical of certain defined groups of case. Such a research would

cost money, but so does delinquency and crime. The arrest of the criminal, the administration of justice and the punishment or reform of the offender requires a tremendous organisation of police, courts of law, probation officers, remand homes, approved schools, Borstals and prisons, costing the country tens of millions of pounds a year. If a fraction of 1 per cent. of this sum were devoted to research into the springs of delinquent conduct it is virtually certain that very considerable sums would be saved and, what is far more important, thousands of people now condemned to spend a large part of their lives in gaol enabled to live happy and fruitful lives.

(II) CLINICAL MATERIAL

(1) *Source of Referral*

The clinical material of this enquiry consists of 44 consecutive cases of children in whom stealing was either a serious or a transitory symptom. They are thus an unselected group of thieves who had been referred to a Child Guidance Clinic. Only a minority of them had actually been charged in Court. The sources from which they came were as follows:

TABLE I
Source of Referral

Source	No.
School	22
School at Parents' Request	2
Parents direct	8
Court at Parents' Request	3
Probation Officers	9
Total	44

Salient features of the 44 are set out in Table II.

Though these cases are fairly representative of those who come to a Child Guidance Clinic, they are by no means typical of delinquents who come before the Courts. In the first place 11 of them are under age to be charged. In the second there is naturally an undue proportion of chronic delinquents. The material, therefore, whilst permitting

us to draw conclusions regarding the origin and nature of chronic delinquency in children of adequate intelligence, does not permit of conclusions regarding the problem of delinquency as a whole. Before any such conclusions could be drawn we should require to know what proportion of children coming before the Courts were of the different types here described.

(2) *Control Group*

In order to assess the relevance of psychiatric findings in the 44 thieves, I have compared them with 44 other children whom I have seen at the London Child Guidance Clinic. These children are an unselected series of cases who did not steal and whose age and intelligence fell between the upper and lower limits of the delinquents'. A number of children under five were therefore excluded and also two children who were low-grade defectives.³

The chief value of this particular control group is that it enables us to distinguish features which are characteristic of thieves from those which are common to all maladjusted children. The study would of course be of very much more value if a third series of ordinary school children could have been compared against these other two.

(3) *Age*

One of the principal reasons for so few of these children having been charged was their age. Fifteen were under 9 years old and half were under 11 years. Only one of the children under 11 had been charged.

³ Neither thieves nor controls are strictly representative of Child Guidance Clinic cases, because no institutional children are included in either group. This was the result of special circumstances, but has two advantages: (i) the

psychiatric picture is not obscured by institutionalism; (ii) full histories could be obtained from parents or others who knew the children really well.

TABLE II
The Clinical Material

Case Number	Name	Age	I.Q.	*Degree of Stealing	Character Group
1	Claud W. . . .	16.0	—	II	Emotionally Normal
2	Clifford H. . . .	8.5	149	II	" "
3	Lily T. . . .	11.3	75	III	Depressed Character
4	Fred B. . . .	13.6	78	I	" "
5	Winnie P. . . .	13.9	—	IV	" "
6	Denis H. . . .	14.8	143	III	" "
7	Walter N. . . .	11.4	157	II	" "
8	John M. . . .	7.2	92	II	" "
9	Edward G. L. . . .	14.3	98	II	" "
10	James S. . . .	12.8	114	III	" "
11	Kathleen P. . . .	7.8	120	II	" "
12	Audrey H. . . .	12.0	159	III	Circular Character
13	Ivy B. . . .	13.4	113	III	" "
14	Alma M. . . .	9.9	91	IV	Hysterical Hyperthymic
15	Monica P. . . .	12.0	119	I	" "
16	David J. . . .	9.7	151	I	Cheerful Hyperthymic
17	Leslie M. . . .	10.4	131	II	" "
18	Headley J. . . .	14.0	128	II	" "
19	Patricia C. . . .	9.9	121	III	" "
20	Ronald H. . . .	7.0	129	IV	" "
21	Leo W. . . .	12.10	104	IV	" "
22	Winnie E. . . .	7.3	112	IV	" "
23	Edward N. L. . . .	8.8	93	I (IV)	Aggressive Hyperthymic
24	Raymond G. . . .	8.10	96	IV	" "
25	Reggie S. . . .	8.6	108	III	" "
26	John S. . . .	9.4	96	IV	" "
27	Betty I. . . .	5.7	104	IV	Affectionless Character
28	Derek B. . . .	6.0	125	IV	" "
29	Raymond E. . . .	6.3	92	IV	" "
30	Norman K. . . .	7.8	—	IV	" "
31	Nansi F. . . .	7.10	111	IV	" "
32	Kenneth W. . . .	10.6	109	IV	" "
33	Arthur L. . . .	11.6	112	IV	" "
34	Derrick O'C. . . .	11.6	112	IV	" "
35	Gordon B. . . .	12.0	103	IV	" "
36	Marjorie D. . . .	12.3	135	IV	" "
37	Kenneth G. . . .	12.11	86	III	" "
38	Albert J. . . .	9.4	98	IV	" "
39	Roy D. . . .	7.6	107	IV	" "
40	Charles K. . . .	13.2	122	IV	" "
41	Rosemary B. . . .	16.2	—	III	Schizoid
42	Peter S. . . .	8.10	102	III	Schizophrenic
43	Alan E. . . .	9.6	140	IV	" "
44	Edward N. . . .	15.0	94	IV	" "

* I = only one theft, II = a few thefts only, III = irregular mild pilfering over a long period, IV = persistent and serious stealing, in most cases over a long period.

The age distribution was as follows :

TABLE III
Distribution by Age

Age	Thieves	Controls
5.0- 6.11 . . .	3	11
7.0- 8.11 . . .	12	6
9.0-10.11 . . .	8	8
11.0-12.11 . . .	11	10
13.0-14.11 . . .	7	8
15.0-16.11 . . .	3	1
Total . . .	44	44

It will be seen that the two groups were similar in age distribution, except in the two lowest age-groups, where there was an excess of young children amongst the controls.

(4) Sex

There were 31 boys and 13 girls in the group, whilst in the controls the balance was even more heavily tipped towards boys, of whom there were 34 against 10 girls. Neither of these figures is quite characteristic of the clinic intake as a whole, which is in the region of 60 per cent. boys and 40 per cent. girls. Nor is it typical of delinquents charged in Court, where the ratio is about ten boys to one girl.

(5) Intelligence

All except four of the thieves and three of the controls were tested on a revision of the Binet Scale, the results being as follows :

TABLE IV
Distribution by Intelligence

I.Q.	Thieves	Controls
130 and over . . .	8	6
115-129 . . .	7	14
85-114 . . .	23	18
70- 84 . . .	2	2
69 and under . . .	—	1 (68)
Total . . .	40	41

The four thieves who were not tested were believed to be of about average intelligence.

(III) CHARACTER TYPES

INTRODUCTION

The children who appear at a Child Guidance

It will be seen from these figures that the average intelligence of both groups was above the average for the population and that almost one-third of each group was of exceptionally high intelligence.⁴ The two thieves who were of dull intelligence were both of chronically miserable and neurotic character. One child (No. 3, Lily T.) had a drunken and cruel mother, the other (No. 4, Fred B.) had a mother who was extremely anxious and 'up agin' everyone. It seemed that the low intelligence was only a minor factor compared to others in causing the delinquent behaviour.

In this particular group, therefore, low intelligence may be ruled out as an ætiological factor.

(6) Economic Status

Most unfortunately this was not specially investigated, but a general impression of the cases suggests that there were relatively few who were dependent on support from public funds and many were comfortable. The economic status of the thieves was similar to that of the controls.

(7) Amount of Stealing

It is difficult to give a clear picture of the amount of stealing in which these children had indulged and it is rather artificial to divide it into categories. In 22 cases, half the total, it was chronic and serious thieving which in the majority of cases had been going on for long periods (Grade IV in Table II). Seven of them had stolen for three years or more before being referred and eleven more for over one year. The four in this grade who had stolen for less than a year were all under seven years of age. In ten cases there had been persistent but irregular mild pilfering over a longish period (Grade III). In another eight there had been a few thefts only (Grade II) and in four only one theft (Grade I). Of these twelve less chronic cases, one (No. 23, Edward N. L.) subsequently turned out to be a persistent thief. It will be seen then that we are dealing here principally with habitual thieves. The fact that we are studying mostly chronic delinquents has many advantages, the principal one being that our findings will not be diluted by the inclusion of material derived from casual and stray offenders. The latter, in the majority of cases, are fairly normal children, who are not the serious problem in delinquency, since they respond readily to simple methods of treatment. As previously remarked the mixing of different types in any one investigation tends to obscure the ætiological factors in all.

Clinic are as varied in character and motive as children coming to a hospital are varied in the

⁴ I.Q.s of 115 and above are only found in 16 per cent. of the population. This bias in favour of intelligent children is to some extent characteristic of the clinic intake. If a child is dull this is taken as sufficient explanation of

the trouble, whereas if the child is intelligent it both puzzles the layman and also makes him more inclined to take trouble over the child.

diseases from which they suffer. Before any satisfactory work upon the causation of symptoms such as fever or rash can be carried out, an attempt at classification and diagnosis is essential. No good can come, for instance, from attempts to study the course of fever in an unclassified group of children whose one point in common is abnormal temperature. In the same way statistics and conclusions regarding the cause of juvenile delinquency will remain unsatisfactory and obscure so long as no attempt is made to classify types of delinquents and to study each type separately.

Once the urgent need of a classification of juvenile delinquents is recognized, the question arises of what principles should govern such a classification.

In the psychiatric examination of young delinquents the most striking differences between them are to be found in the personal make-up or character of the delinquent. Some are normal human beings who have been found out in an exceptional moral lapse, some are children who have suffered a severe emotional shock, such as bereavement, and are thrown temporarily off their balance, whilst others have been unstable characters or hardened criminals for a number of years. It is true that, owing to the infinite variability of human character, many intermediate types exist, but this fact does not invalidate the conclusion that certain categories of character can be distinguished which differ radically from one another in present nature, past history and future destiny.

An adequate classification of character and neurotic problems in childhood has yet to be constructed. Elsewhere (2) I have made suggestions for the classification of abnormal personality and neurosis in adults and emphasized the varied clinical pictures which each basic type may present. The situation in childhood is far more complex, since in the early years even the basic personality pattern may not have emerged clearly. In several of the children considered here there was evidence that traumatic happenings even as late as between the fifth and tenth years had produced emotional reactions which, without treatment, were likely to influence to a profound degree the whole development of their personalities. When, as in some cases, the child was seen some years after the event, the general direction of the resulting character development was often clear. But where, as in other cases, the trauma was recent, further character development was not always easily foreseen. These remarks apply particularly to the group of patients described here as Depressed.

Failing an adequate classification, I have used a relatively rough and ready division of the patients into some six main groups. A brief description and the number of children falling into each are given in Table V.

TABLE V

Distribution of Thieves by Character Type

Character Type	Description	No.
A. 'Normal' .	Children whose characters appear fairly normal and stable	2
B. Depressed .	Children who have been unstable and are now in a more or less depressed state of mind	9
C. Circular .	Unstable children who show alternating depression and over-activity	2
D. Hyperthymic	Children who tend to constant over-activity	13
E. Affectionless	Children characterized by lack of normal affection, shame or sense of responsibility	14
F. Schizoid .	Children who show marked schizoid or schizophrenic symptoms	4
Total		44

In the first place it is to be noted that only two of the 44 thieves were diagnosed as normal characters, and even these two had a few characteristics which showed instability. The remaining 42 had abnormal characters and without treatment of some kind would be very likely either to continue to cause social trouble or to develop psychoneurotic or psychotic symptoms in later life. The diagnosis in every case was founded upon a very careful examination of the child's personality both in its present state and in its past states.⁵

Of the many sources which contribute to this picture undoubtedly the most valuable is the intimate description given of the child by his near relatives. School reports vary in value. An observant mistress will often give most illuminating reports but others give reports which are useless. Probably the least valuable though none the less essential sources of information were the psychological and psychiatric examinations of the child. The difficulty is that at examinations of this kind children are on their best behaviour and so mask much of their true natures. The majority of children are deliberately concealing much of the information which we require and it often takes a very perspicacious psychiatrist to see the relevant signs in a first interview. Precisely the same difficulty is experienced with adults who are brought to the psychiatrist more or less unwillingly. For this reason I regard my own preliminary

⁵ A routine physical examination was not undertaken. In the few cases where an organic lesion was suspected investigation proved negative.

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psychiatric impressions of a child with some suspicion. Sometimes of course one gets a clear impression. The child for instance may be over-talkative, boastful and show all the signs of a hyperthymic personality, or he may be obviously depressed. But a large number of the children, perhaps half, at their interview appeared fairly normal. This impression is grossly misleading in a majority of cases and if taken seriously results in disastrously erroneous diagnosis. For this reason I habitually ignore my psychiatric interviews when no positive signs of disorder have been found and base my diagnosis on the reports of the mother and teacher. It has often been on a consideration of these reports, whose veracity I am naturally at pains to check both by comparing one against the other and also by their internal consistency, that I have formed the opinion that the characters of the thieves in this series were abnormal. In the many cases where further work has been done this course has always proved justified. In future, of course, the use of projection tests is likely greatly to enhance the value of the clinical examination.

This conception of abnormality is naturally not confined to obviously anxious or hysterical characters. There are certain obsessive and perfectionist children who are regarded with admiration by their parents and teachers, but whom psycho-analysts have no hesitation in regarding as abnormal, if only because of their great susceptibility to develop somatic symptoms such as stammer or headache and also depressions of every degree of intensity. Another type of child who is often thought to be anything but neurotic is the happy-go-lucky boastful dare-devil. Were it not that these children are unable to adapt to any form of authority and are sometimes clearly suicidal, we might agree with those who speak of their normality; but the evidence pointing to intense internal anxiety and guilt in these hypomanic personalities is too conclusive to be ignored. If further evidence of the essential instability of these two types is required it may be found in the fact that about 75 per cent. of patients suffering from a form of the affective psychosis have previously had personalities of these kinds (2).

It will be useful now to discuss each diagnostic group in turn, bearing in mind that the object of diagnosis is to aid prognosis and treatment.

GROUP A. 'NORMAL' CHARACTERS

Only two children seemed even reasonably normal on the criteria advanced here.

No. 1. *Claud W.*

Claud was 16 when referred to the Clinic by a Probation Officer. He had been charged in Court with breaking open the gas meter in his home and had been put on probation.

History. Claud was the second of three children. The first, a girl of 21, was by the mother's first

husband; the second, Claud, was by her second husband; the third, a boy aged 8, by a man with whom Mrs. W. had lived unmarried for a number of years and with whom she was still living. Claud's early years seem to have been normal although there had been some enuresis for a time. He had lived all his life with his mother but when he was about 7 she had divorced his father. It was not known how long the marriage had been unsatisfactory prior to this time. After divorcing her husband Mrs. W. went out to work to earn money, leaving the boy with a friend during the day. For some years another man to whom she was not married had been living with her.

At the time of referral his mother was in a good post and away all day. It appeared that she nagged Claud a great deal and took three-quarters of his weekly earnings. When he was younger she had punished him severely: for example, she would keep him in bed for two or three days at a time. Recently she had found that she could not assert herself over him and had complained that he was getting out of hand. They had frequent rows in which she became angry and would throw things at the boy. The man with whom she was living was said to be kind to Claud although sometimes he threatened to thrash him.

Personality. Claud was said to be sociable and friendly and to keep his friends. He got on well with his younger brother and enjoyed playing with him. Towards his mother, however, he was always sullen and unfriendly. At times he would have fits of depression, during which he would sit at home and read, refusing to attend clubs. During the previous year he had had as many as ten jobs, having been discharged from one or two on account of playing about and being cheeky.

Stealing. Stealing had begun soon after he left school at the age of 14. During this year he had become increasingly difficult and disobedient to his mother. He had stolen only from his mother. He had broken open the gas meter, twice taken small sums from her bag, and since being put on probation had taken three shillings from his mother's money-box.

Examination. He was not given an intelligence test but he seemed to be of about average intelligence. He appeared a bit solemn, but was straightforward and honest in his manner. He discussed his situation at home without undue malice. He described his mother's temperamental behaviour, her irregular demands on him for his earnings, and her tempers. On one occasion when she was angry with him for giving up his job she refused to give him anything to eat. Her only concern was that he should take a job where there was good money, irrespective of its prospects. When he was younger she had insisted on his helping in the home and had refused to allow him out to play.

After being in a hostel for a few months he appeared a much happier boy, and seemed to be

getting along well. He saw his mother from time to time but was in no hurry to return home.

Diagnosis. Information about his personality was inadequate and it is possible that there was permanent emotional disturbance. It was thought more likely, however, that he was a case of fairly *Normal Character* reacting to adverse home circumstances.

The other child in this group, No. 2, Clifford H., may be described more briefly. He was 8.5 and had an I.Q. of 149. He was brought to the Clinic by his mother because he had on one or two occasions stolen pennies from school and once from his mother's bag. Although nervous and afraid of the dark, this boy appeared for the most part happy, active and affectionate, enjoying school work and doing well at it. The stealing almost certainly had deep roots and the child was not as stable as the majority of children, but it was felt that the instability was slight compared with the other children in the series.

From the description of these two children as normal, it will be observed that the standard of normality is not being set unreasonably high.

GROUP B. DEPRESSED CHARACTERS

Under this heading are included children who appear to be either of a generalized depressive personality or else suffering from a more or less defined depressive breakdown. Such children are commonly 'introverted' and might even be called 'shut-in'. But to conclude from this that they are necessarily schizoid is a mistake. As I have shown elsewhere (2) upwards of 50 per cent. of patients who develop an affective psychosis have previously been of 'introverted' personality. Actually it is extremely difficult even in adults to distinguish between the shut-in depressive and the shut-in schizoid, and at present this task is often impossible in children. My own practice is never to diagnose a case as schizoid unless there are certain clear indications, such as thought disorder, bizarre phantasy inappropriate to the child's age, peculiar behaviour or unusual obsessions. A schizophrenic heredity is also suggestive in certain cases. Consequently in this group of Depressives, a few potential Schizophrenes may be included. Those whom I have myself suspected are No. 4, Fred B., No. 6, Denis H. and No. 9, Edward G. L.

For the purposes of discussion it is convenient to divide the depressed children into two classes:—

(i) Children who are of a timid, inhibited and vaguely miserable character, but who are not seriously depressed.

(ii) Children who are suffering from considerable depression, the condition having had a definite onset, usually following a distressing event. Many of these children have been relatively cheerful before the disturbing event but signs of previous instability have usually been present in the shape

of an excessive fear of failure and a consequent anxiety to excel and earn approval.

(i) Of the five children in the *timid and inhibited group* two (No. 3, Lily T. and No. 4, Fred B.) were of low intelligence, being the only children with I.Q.s below 85.

No. 3. Lily T.

Lily was 11.3 when referred to the Clinic by the School Authorities for stealing money from her teacher.

History. She was the fourth of seven children, the eldest being a boy of 16 and the youngest a boy of 8 months. The third child had died when 7 months old. Lily had been unwanted and had cried a great deal as a baby. When 9 months old she was sent to a fever hospital with measles and whooping cough and was there six weeks. On her return she was a bit subdued and strange and did not seem to know her parents, who had not seen her during the period in hospital. She had appeared to get used to them a few days after returning, however, and did not seem permanently changed in any way. Apart from this she had always lived at home. The mother had long been known as a shiftless woman who drank and smoked heavily. She had a bad temper, often shouting at the children, and had attempted to cure Lily's stealing by frightening her that she would be put into a home until she was 18. Lily, being the eldest girl, was expected to do a great deal in the house. The parents were believed to quarrel frequently. An elder brother aged 14½ had recently stolen a bicycle and been put on probation.

Personality. Lily had always been a miserable and frightened child. She showed a good deal of affection, however, loving the baby and helping her mother with him. Towards the sister immediately younger she was variable, sometimes being friendly and sometimes getting into a temper and sulking. She was also variable in her attitude to her mother, often helping with the housework but at other times being unwilling. She liked school, made friends, and had at least one close friend. She spent most of her spare time in the streets just mooning about. She was very slow and dreamy and took hours to do things. Her mother described how she sometimes got 'miles away' which made her feel 'creepy'. She had, however, never noticed anything queer or bizarre in her behaviour. She disliked her parents quarrelling and told them to stop. She had no specific fears. At school she was said to be well-behaved but showed no responsibility nor initiative.

Stealing. Lily had been suspected of dishonesty in school for some time. The only occasion when she had been caught she had been left alone in the classroom and 8s. 9d. was missed from the teacher's desk. With this she bought a pair of skates, telling her mother that she had got the money from run-

ning errands. Her mother, who was a bad witness, alleged that Lily had during the past two or three months kept the change when sent to buy cigarettes and had taken coppers from the home.

Examination. She was found to have an I.Q. of 75. She appeared an unhappy and bewildered child but answered confidently when she knew the right answer. When she did not know she gave the characteristic much elaborated answer of the dull child. In a psychiatric interview she gave the impression of being 2 years younger than her age, looked very pathetic with a downcast expression and answered only in whispers. When asked to do a drawing she preferred an abstract design to a picture.

Diagnosis. This child appeared *chronically anxious and depressed*, owing presumably to her mother's unremittingly hostile and threatening attitude towards her. Bad economic conditions and a low intelligence complicated the picture.

No. 4, Fred B., was a boy of 13.6 with an I.Q. of 78. He had been guilty of episodic stealing, working under the influence of others. Since the age of 2 years he had been nervous and timid, letting even his younger brother bully him. He was very self-critical and it was said 'would not hurt a fly'. At the age of 11 he had been in hospital for 'nerves'. Home conditions were bad and the parents did not 'get on well'. His mother was an anxious woman, full of criticisms of everyone, who shouted at the children and terrified them.

The remaining children of this sub-group were of average or good intelligence.

No. 5. Winnie P.

Winnie was 13.9 when referred to the Clinic by her school-mistress for stealing in collusion with an older girl over a period of one or two years.

History. Winnie was an only child. There was nothing of note about her early years except for 'periodic bilious attacks'. She had always lived at home with her mother and father. Her mother had been a sensitive and reserved woman. When Winnie was 12 she began getting delusions about the deeds of a house which they were buying. Later she became hallucinated and was sent to a mental hospital where a diagnosis of Involutional Melancholia was made. The father was quite a pleasant man but with very little emotional contact with either his wife or child.

Personality. Winnie had always been reserved and reticent, never telling her father anything about her doings. She had never put herself out to do any housework for her mother, preferring to lie in bed. At school she had played about and wasted her time. Never particularly attached to her parents, she was not completely lacking in affection and had been genuinely upset over her mother's illness. She was very sensitive, cried a lot when her father wanted her to do housework, and often moped. She had no special phobias and

never showed hysterical behaviour. She had been a bit deceitful from time to time and got money from her parents on false pretences for school outings, etc. She then went to West End cinemas on the proceeds. Recently instead of cinemas she had spent the money on make-up. She had always been constipated, her father showing an obsessional concern over this symptom. She had had patches of alopecia on and off for 4 or 5 years; the first attack had followed an accident to a friend who was run over by a motor-cycle when they were playing together. Winnie had been upset at first over her mother's illness, but she had not pined for her although she sometimes called out for her mother in her sleep.

Stealing. This had been going on for at least a year, and seems to have preceded her mother's illness. It was always done in association with an energetic and dominant older friend. This girl usually did the stealing whilst Winnie acted as look-out. They stole principally from the cloak-room at school.

Examination. She did not have an intelligence test but appeared to be of average intelligence. She was a quiet dark girl. She was apt to avert her eyes but did not appear specially nervous and gave information about the stealing quite openly. She maintained that the stealing had begun because her friend, who was evidently of a rebellious temperament, had been given no pocket-money by her parents. They spent the money on sweets and fruit. She had always dreamed a great deal, mostly terror dreams in which she was very frightened. There were murders and she herself was frequently killed.

Diagnosis. This girl seemed to be of a *chronically and mildly Depressed Personality*. Heredity on the mother's side was bad, and it was not unlikely that the mother's attitude towards Winnie had also been unfavourable.

No. 6, Denis H., had a somewhat obscure history. He was aged 14.8, and had an I.Q. of 143. He had been an only child up to the age of 8 when a brother was born. He then changed from being a cheerful and popular child to being reserved, depressed and secretive. Although not very active he had an obsessional need to repeat any piece of work which he had done. About a year previously he had been charged, together with some other boys, with stealing cigarettes. It was his first offence and he was put on probation. This incident however seemed seriously to have upset him, as he had become increasingly depressed and thenceforward had truanted persistently from school. It appeared that he genuinely attempted to go to school but could not bring himself to go in, the condition appearing to be phobic in character. During this period there had been persistent minor pilfering which had been unknown before the Court charge.

In Case No. 7, Walter N., a boy aged 11.4 with an I.Q. of 157, the sequence of events was also not very clear. His mother had died when he was 6.8 and for the next two years he had lived with a grandmother. When he was nearly 9, his father re-married and had the boy home. The stealing of coppers from his stepmother and elder sister, and of books from the school library, had only been going on for a year. His general condition however had been mildly depressed for a considerable time. He spent much of his time reading, played little and made no friends. He was excessively anxious to please, over-conscientious and nervous. It seemed likely that his mother's death and the subsequent changes were partly or wholly responsible for his condition.

The extent of the stealing in these patients had not been very considerable. Only one, No. 5, Winnie P., had been guilty of regular and serious stealing, but this was given up when she was separated from her friend. It did not appear that any of these cases was likely to become seriously delinquent.

(ii) There were four children who had developed relatively *severe and well-defined depressions*. In one case this had followed the mother's death and in two other cases the mother's serious illness. In the fourth a double promotion at school with consequent difficulty in excelling had precipitated the depression.

The sequence of events was particularly striking in Case No. 8, John M. He was a boy aged 7.2, I.Q. 92. Nine months previously he had been present during his mother's confinement. There had been severe hæmorrhage, and eventually his mother had been taken to hospital in a collapsed condition, the patient obviously believing her dead. From having been a fairly cheerful, excessively helpful sort of boy, he then became miserable and apathetic, disobedient and spiteful. He also developed headaches and screaming fits in which he would throw himself on the floor.⁶ During this period he stole pennies and halfpennies from the teacher's desk at school. On his mother's recovery and return from hospital all these symptoms cleared up, but there remained, of course, many neurotic traits in his character.

No. 9. *Edward G. L.*

This case may be given in greater detail. Edward was 14.3 when referred to the Clinic by the Court, having been charged with stealing tinned groceries from his employer's shop.

History. He was the ninth child out of a family of eleven, all of whom were living. His mother being dead, there was inadequate information regarding his early years, but it appeared that they had been normal and that he had not been away from home.

When he was 5 his father was killed in a railway accident and when he was 12 his mother died of a rapid consumption. Soon after this he went to a schoolboys' camp, where a clergyman and his wife took a fancy to him and invited him to stay with them. Here he was given board and lodging in return for housework. He liked this at first but later found the housework, which he had to do in addition to his school work, too hard and wanted to come home. After remaining nearly two years and being then 13.9 he returned and lived with his sister. Three months later he left school and was found a job as errand boy to a grocer, having himself wanted work in an aeroplane factory. After a week in employment he was charged with stealing.

Personality. It appeared from his sister's account that prior to his mother's death and his stay with the clergyman he had been cheerful and joined readily in games and so on. During the past few months however, since his staying with her, she had noticed he was very quiet and reserved, showing little feeling and only talking when spoken to. He did not join in things as before and only went to the pictures if taken by her. He had no friends and spent his time reading. He was sympathetic to anyone who was ill and helpful in the house without being asked. Particular about his appearance, he pressed his clothes himself. At various times he had been surprised behaving strangely and making grimaces in front of a mirror.

Stealing. About two years previously he was mixed up with some bad companions and got involved in an episode in which some ties and collars were stolen from a shed. Whilst away from home with the clergyman, he had committed various thefts, taking such articles as a nail-file, needle-case and medallion, things which appear to have been no use to him. He would deny that he had ever seen the articles, but he made no attempt to hide them, just putting them in his drawer. Finally, a week after beginning work as a grocer's errand boy, he and his nephew, aged 12, stole a few tins of beans and pineapples from the shop after closing time. They were immediately caught by a policeman. He was put on probation for 2 years, but within 6 months had been charged again for breaking into a pavilion. He never seems to have stolen money.

Examination. He had an I.Q. of 98, but scored consistently better on the manipulative tests. He was co-operative and attentive, but somewhat inhibited. In the psychiatric interview he was quiet and very depressed. When his mother was mentioned he wept, saying that he often thought of her and missed her very much. He was tearful and self-reproachful about the theft, which he claimed he had planned out of bravado. No symptoms of schizophrenia were detected.

Diagnosis. This boy was undoubtedly *chronically*

⁶ Depressed children are frequently referred to a Clinic for disobedience or temper-tantrums, the depression often going unrecognized.

depressed and seems to have been so since his mother died two years previously. A slowly developing schizophrenia could not be ruled out.

No. 10. James S.

James was 12.8 when referred by his school-master for stealing and lying. This had been going on for nearly three years. He had also been very depressed.

History. James was the second of two children, there being a girl four years older. He was a wanted child and he was described as having been a healthy, happy baby. His father, however, had developed T.B. during his wife's pregnancy and, owing to his incapacity to earn, Mrs. S. had started going out to work when the baby was 18 months old. After six months of this her husband died and she lived at the business whilst James was looked after by strangers. (The elder girl, then aged 6, went to the maternal grandmother, where she had stayed ever since.) Mrs. S. visited James once a fortnight and in this way got to know the son of the house, whom she married when James was five. This man, Mr. T., had been 'like an uncle' to James, who adored him.

From the age of five onwards James had nominally lived with his mother and stepfather, but, owing to his mother's numerous illnesses, he was in fact away from home much of the time. For instance, soon after re-marriage his mother had a serious miscarriage, after which she was very depressed. Later she had an appendicectomy and, when James was 8½, a hysterectomy. During these periods James was sent to his maternal grandmother, where his sister was safely ensconced, the longest period he was away being 14 months. The last occasion had been some 3 years previously when he was away for 2 months because his mother was again in hospital. It was after his return from this absence that all the trouble began. 'Jim had altered so: an entire change.' He seemed to feel unwanted, was jealous and resentful of his sister's happy regular life with their grandparents. He became morose and unhappy.

The mother seemed a kindly woman who appreciated James's condition to some extent. She was, however, sentimental and full of self-pity. The stepfather was absolutely relentless about children lying and having a sense of gratitude to their parents. He had consequently been severe with James. His own father had been alcoholic and he had had a hard life himself.

Personality. Prior to this last absence James had been reasonably happy and affectionate. But since he was ten he had been depressed and moody, resented affection being shown him by his mother and expressed little towards her himself. On the other hand he was very fond of animals and young children. He complained that everyone was down on him, that he could do nothing right and that his mother nagged him. He had even threatened to

write to the N.S.P.C.C. about her. On one occasion recently, when his mother went for him about his bad school report, he had become hysterical. He was very seclusive, 'shut in on himself', and his mother never knew what he was thinking about, except that he was obviously miserable. He had a few friends but was always changing them. He did not seem interested in his school work. He had wet his bed until two years previously.

Stealing. The stealing had begun simultaneously with the depression. His first offence was to take a few pennies from his mother's purse. He admitted it at once and she told him that if he asked for things he would be given them. Soon afterwards, however, his mother found articles from Woolworth's and Marks and Spencer's which he had pilfered with another small boy. He denied this and, since his father could not bear lies, he was thrashed. His mother thought he was being badly influenced by other children and they moved to another district. There does not seem to have been any more stealing for a time, but then he began further minor pilfering and repeatedly used the 4s. given him on Mondays for school dinners for buying sweets, despite his 6d. per week pocket money. He went without the school dinners. He could not bear to be found out and lied persistently, especially to the stepfather.

Examination. On tests he had an I.Q. of 114, though this may not have been accurate as there was a scatter over a range of 8 years. He showed great concern to get the tests right. For example, he was afraid lest every line should be unsatisfactory unless he connected it and reconnected it, and continued in a blind way to make his plan for finding the ball in the field more and more complicated and theoretically more thorough. He looked very depressed and had a generally hopeless attitude towards school work. In the psychiatric interview he again appeared depressed, spoke in a lifeless and uninterested voice and ventured nothing spontaneous. He talked a little about his stealing but showed little emotion. He admitted he was often very miserable.

Diagnosis. This boy was suffering from a *Chronic Depression*, a reaction apparently to his mother's illness and his being sent away. It seemed probable that his very unsettled early life had predisposed him to emotional disturbance.

No. 11, Kathleen P., was a girl of 7.8, who had an extremely neurotic mother. This child had an excessive need to excel and worried greatly about her school work, at which in the infants' department she had been conspicuously successful owing to her I.Q. of 120. About six months previously she had been moved up into the junior school. On account of her ability she had jumped a class and consequently found the work difficult. She at once developed anxiety about her work and symptoms

of depression. She became dull, timid, irritable, cried a great deal and would not eat. She began pilfering from school and misappropriated money given her by her mother. Later, when she began to find her feet at school, all the symptoms, including the stealing, cleared up.

In these four cases the stealing appeared as a symptom of depression, coming on with the other symptoms of depression and in two cases clearing up with them. In all of these cases the event which precipitated the symptoms seemed clear. In most of them there was good evidence that before it the child had been unstable. At least three of them were known to have been excessively anxious to please and extremely sensitive to criticism and failure. In only one of these cases could the stealing be regarded as regular and serious. In No. 8, John M., No. 9, Edward G. L. and No. 11, Kathleen P., it consisted of a few thefts only; No. 10, James S., had been stealing for a longer period, although not very heavily.

GROUP C. CIRCULAR CHARACTERS

There were only two children of this type. In both there was evidence of their having suffered from much depression in the past, but when seen they were in a mixed state, depression co-existing with boastfulness and romancing. A study of their histories, which are given in full, suggests that if they had been seen some years previously both of them would have been diagnosed as Depressive.

No. 12. *Audrey H.*

Audrey was 12.0 when referred by her schoolmistress for pilfering and romancing. The pilfering had been going on for two years and her romancing was on such a scale that the police had been called in and no one could tell whether she was telling the truth or not.

History. Audrey was the eldest of four children, the second, Peter, having been killed four years previously at the age of 5. The other two, both boys, were 4 and 3 respectively. She was a wanted child and her early life was uneventful. She lived always with her parents and was never in hospital until the age of 7 when she was operated upon for mastoid. At about this time the maternal grandmother, who lived close by and who petted Audrey a great deal, died. Audrey was devoted to her and was much upset by her death.

Audrey was 8 when Peter was killed. The two children were out with their mother shopping. They had been given pennies to buy sweets and the two of them crossed over the street to buy from a barrow, the mother remaining behind. Peter, very excited with his sweets, waved to his mother and, letting go Audrey's hand, began to cross the road. A lorry came round the corner. Audrey and her mother both shouted to him. He hesitated and was caught. The mother fainted. On her own initiative Audrey went to a shop to get a glass of

water, but on her return there was a crowd round Peter and she could not reach him. Later she never spoke about him, and when her mother asked her why not she replied: 'I often think about him and hear him speaking, but can't talk about him. I say my prayers about him.'

The relation between Audrey and Peter before he was killed was unknown. The mother was very upset by the boy's death, blamed herself much for the accident and found herself short-tempered with Audrey for a time, but soon after another baby arrived who, she said, took her mind off her loss. She appeared a pleasant, robust type of woman who was very fond of her children. The father on the other hand was quick-tempered and domineering. He blamed Audrey ceaselessly for Peter's death, complained that Peter would have been a pal to him whereas Audrey was not, and maintained that her romances were bare-faced lies. (He had been married previously, his previous wife committing suicide. His own mother had been alcoholic and his father very strict.)

Audrey had done well scholastically, winning a scholarship to a secondary school.

Personality. It appeared that until the age of 8, when Peter was killed, Audrey had been happy and sociable. Since that time, however, she had been listless and mopy, not making friends although wanting them. At meal-times she would take her food and eat it by herself in a corner. She had no hobbies, spending most of her time reading. She was restless, unsettled, slipshod and forgetful. Towards her father she was stubborn and defiant. The romancing had become very pronounced of recent months. About six weeks previously she had been given fourpence to run an errand. She was away a long time and finally returned crying and upset, saying that, with another girl whose name she did not know, she had been carried off in a car by a man who took her money but did not hurt her and eventually set her down. She supplied many circumstantial details and the police were informed, but it was finally believed to have been a phantasy. At school a year previously she had been found hiding other people's property. When her form-mistress spoke to her about this she made a scene, asserting that she was at school under false pretences. In explanation she described how her former headmistress had signed her good conduct certificate, but that this had not been deserved since she had once taken a penny.

Soon after starting treatment at the Clinic her schoolmistress reported another romance. Audrey had told some of the girls that she had had a baby, that her mother had taken her to the doctor and the doctor had said it was not her fault at all as it did not come in the natural way; that she knew the baby was coming three months before and that it was now christened Robert John. Her manner had completely convinced the other girls. Later she had indulged in ambitious phantasies about

becoming a film-star and made up romances about getting stage contracts.

Stealing. This was first noticed when Audrey was 10. She took pennies from other children's pockets at school. The headmistress had written to her mother about it, but Audrey intercepted the letter and replied to it in her mother's name. It came out later that during this period her mother had noticed that Audrey brought various articles home from school, always having a good excuse. She brought home hairbrushes and pencils and hid them away under the bed. Recently she had been stealing pennies and halfpennies quite regularly from the cloakroom at school. She completely denied these episodes but when faced with proofs admitted them, giving as her reason that she was saving to buy food for her two little brothers. This in fact she did, buying buns for one of their birthday teas. (For a short time the family had been in financial straits and going short of food.) There had not been any stealing from home.

Examination. On tests she had an I.Q. of at least 159, but seemed to lack interest or enthusiasm for school work. It was noted that she had a very charming manner. To the psychiatrist she was bright and frank and gave a long description of her stealing. It was 'because we are so poor' and she wanted to do something for her brothers. Her frankness, however, was half-defiant, as after a time she asked when she was to be 'given the lecture'. In other ways also she showed her anticipation of dislike. Thus she had three or four friends at school. 'The rest are civil to me. I don't expect them to be nice after what I've done.' She remarked that she would like a lot of friends, 'but I don't seem to be able to get them'. She did a drawing of 'Marigold and the Squirrel'. Underneath was written 'By an amateur drawer'. It depicted a little girl rolling a hoop across a road. Behind her was a pram, a tree and a squirrel. The story was that the squirrel stole a nut from the little girl. Then the little girl gave him a nut every day. Afterwards the squirrel died. The girl was ill after that. (It seemed extremely probable that in this story the squirrel represented her brother, after whose death Audrey had fallen ill.) Her ambition was to be a hospital nurse.

At later interviews she showed (a) self-reproach over trifles, (b) a desire to get money from the psychiatrist, on one occasion writing the following letter:

'85, C..... Drive,
C..... Row,
8.4.39.

'Dear Sir,

'I regret to say I cannot see you as arranged. You see, I have 2 babies to help mind, and it is quite impossible. Well doctor about this job. It's at the Palatine and I play the part of Gloria in "The Returning of the Voice". I will receive £12 10s. per week for six months. After that I've another contract for 3 yrs. I will be allowed

to take schooling classes in my free hours. By the by, I am taken as 16 yrs. old, not 14. I must have new things to travel back and forth with, and Mum and Dad can't afford it. That is why I turned to you. Please help me. I would like you not to answer this letter till Wed. morn if you please.

'Thanks so much,
'Audrey'

Diagnosis. This girl's behaviour was typically hysterical, but I think the case is better understood in terms of a *depressive phase* following the brother's death, followed by an *elated phase*, in which hysterical behaviour was prominent.

No. 13. Ivy B.

Ivy was 13.4 when referred to the Clinic by her Probation Officer. She had been convicted of stealing a pedal cycle.

History. Ivy had an older sister aged 17 and a younger stepsister aged 3. Her mother was said to have been a difficult, hot-tempered woman who suffered from her nerves and indigestion. She did not want Ivy and dreaded the confinement. Ivy had always lived with her mother and the only break was at 6 years when her mother was in hospital for 14 weeks. When Ivy was 8 years old her mother was taken away to hospital for an exploratory operation. Ivy screamed and cried and no one could do anything with her for three days. A week later the mother died and when Ivy was told of this she was said to have made much less fuss, although she cried again. For the next 9 months Ivy and her sister were with a paternal aunt a few doors away. Her father was not satisfied that they were being properly looked after and hurried on his second marriage, which took place 9 months after his first wife's death. The stepmother, now aged 27, had got on well with the girls.

Personality. The father remarked that Ivy had always been 'Mother's baby'. He had only a hazy recollection of what she had been like before her mother's death, but he had the impression that she had been happier, more out-going, and stuck to her friends better. He did not recall any romancing. When seen at the Clinic, Ivy was described as 'mostly quiet, preferring her own company and reading a great deal'. There were periods, however, when she seemed more cheerful and then she was fond of dancing and school plays. It seemed that these periods alternated with the quiet periods. What friends she had she never kept for long. On the other hand she was extremely fond of the baby, and regarded it as 'solely her property'. If smacked she did not react, but if spoken to sharply she would cry silently. She was helpful in the house on her own initiative, but she did not perform the only task she was expected to do, namely, look after her own bedroom. For

some time she had been apt considerably to exaggerate her achievements and was always very full of what she could do. She had been a girl guide for a year and it was reported that she always wished to appear 'one better' than the other girls. They had frequently found her untruthful and the school authorities had found the same.

Stealing. From the age of 10 Ivy had hoarded her sixpence-a-week pocket-money, but a year later she began to spend it, the father wondering for some time where she got the money from. Whatever she bought she would share and frequently she saved up to give presents to the baby or her stepmother. She had recently been before the Court on a charge of stealing a bicycle. She had told many lies to cover the fact. There had previously been trouble at home about bicycles because a little earlier Ivy had crashed her stepmother's bicycle. Her father had said she should not ride it again until she told them how she had done it. She refused to say anything but was in fact permitted to ride the bicycle occasionally. Shortly afterwards she brought a bicycle back home, saying it had been lent her, but when charged with theft she told the following story: 'I met a dark curly-headed boy. He told me to take the bike from a shop and put it around the corner for a joke. Next day I went back and it was still where I had put it. The boy told me to take it home. Next day I met him again and he told me to take it to a shop and have the carrier removed. I did this. Next day he gave me a note telling me to take it to a shop and ask how much they would offer for it. I did this.' This story was believed to be a romance.

Examination. On tests she had an I.Q. of 113. She was quite easy in manner, so long as she could do the tests, but as soon as there was a possibility of failure she became resistive and refused to admit her inability to solve the problem. She appeared grown-up for her age, and could be taken for 15 or 16. She was demure and quiet and not inclined to give anything away. It appeared that various people had questioned her already about stealing and she did not want to talk about it any more.

Diagnosis. There seemed much evidence that since her mother's illness and death, which were known to have upset the child, Ivy had been chronically though mildly depressed. Alternating with this, however, were periods of cheerfulness, boastfulness and romancing. The diagnosis therefore seemed to be one of *alternations of depression and mildly hypomanic behaviour*.

Although a diagnosis of Hysterical Personality could be made on both these girls, it seems to me that the cases are far better understood in terms of Depression following deaths, with hysterical and hypomanic symptoms superadded. In my view very many hysterical characters are best looked at

in this light, including the celebrated Sally Beauchamp.

GROUP D. HYPERTHYMIC CHARACTERS

The thirteen children in this group are distinguished by their hyperactivity, boastfulness and tendency to defiance or ridicule of authority. Their character development was felt to be so exaggerated in this direction as to constitute abnormality. Since none of them showed signs of a Schizoid make-up and their traits were all characteristic of one of the sub-groups of the familiar Hyperthymic (or Hypomanic) Character, I have included them all under this general heading.

In contrast to the Depressive and Circular Characters whose condition was often reactive to some comparatively recent external event, usually a death, these Hyperthymic Characters had been in the same condition for a number of years. In only three was there evidence that the condition had been influenced by recent events, though, as will be discussed later, there were strong reasons to suppose that the general cast of their characters had been seriously influenced by their early environment, especially the characters of their mothers.

Although these twelve children had much in common, they also differed from each other very strikingly. For the sake of convenience they may be divided into three sub-groups.

- (i) Hysterical Hyperthymic
- (ii) Cheerful Hyperthymic
- (iii) Aggressive Hyperthymic

(i) *Hysterical Hyperthymics.* There were two girls of this character type. They were excitable and histrionic, quick tempered and showed obvious jealousy of their younger brothers. In calling them Hysterical, I am using the term in its popular sense.

No. 14, Alma M., I.Q. 91, was the 9-year-old daughter of an exceedingly anxious and excitable mother. She had shown obvious jealousy of her brother, who was born when she was 5. She tended to show off and had tempers when her mother paid attention to him. When she was 8 years old her parents moved house, during which time she was sent away to her grandparents for 3 months. Her brother remained with her mother. Whilst she was away she had an attack of asthma, and also began stealing. The stealing got worse when she returned to her parents, and by the time she was brought to the Clinic she had pilfered regularly for 18 months, mostly small articles and money from her home and the family shop.

No. 15. Monica P.

Monica was 12.0 when she was referred to the Clinic by a Probation Officer. She had been charged for two thefts, on each occasion taking a pint of milk from a neighbouring doorstep. She

pleaded guilty, saying that she wanted the tinfoil tops for the school Coronation decorations.

History. She was the elder of two children, the younger being a small baby of 6 months. Her early years seem to have been normal and she had always lived with her parents at home. The father was fond of children and was said to have a placid temperament and to be a good husband. The mother, who was 32, had serious Graves' disease and was an extremely nervous, agitated and irritable woman. She had been married very young and Monica came immediately. She had not wanted her and had not been very keen on having the second child either. It was probable that Monica had been subjected to constant nagging from her mother. For instance, recently Mrs. P. had expected Monica to do all the washing, both of the baby's napkins and of the crockery, and this Monica had resented keenly.

Personality. Monica was an affectionate child who got on well with her father and was on moderately good terms with her mother. She was reliable when sent out shopping and enjoyed helping her mother. Usually she was cheerful, whistling about the house, laughing and joking. She was very active, played every sort of game, read a great deal, made friends quickly and bossed other children. But she was apt to get into tempers when not allowed her own way. At school, where she had rather a bad character, she had got into trouble for defying her teacher. When placed later with an experienced foster-mother she was found to be rather a handful. She needed constant waiting on and seemed helpless and selfish. She was very jealous and aggressive with other children and self-willed. Recently she had been jealous of the new baby. Her mother described how 'Monica's nose was put out of joint' when the baby arrived.

Stealing. There was some very flimsy evidence of stealing money from her teacher at school. Apart from this the only known occasions were the two instances of stealing milk.

Examination. On tests she had an I.Q. of 119 and appeared a normal and friendly child. Her nails were very badly bitten. She went very white when during routine tests she was asked about a fable concerning stealing. In the psychiatric interview she gave the impression of being a comparatively normal, friendly girl. She talked reasonably freely and seemed straightforward and honest. She described how she was expected to do a great deal of work at home and how her mother fussed instantly when things were not done.

Diagnosis. This girl was obviously unstable, with much jealousy and rebelliousness. She reacted violently and openly and could be described as a *Hysterical Hyperthymic Character*. This character was probably a reaction to her mother's nagging and disguised hostility. That it was a character disorder and not merely a temporary reaction was

shown by her proving troublesome and wayward when away from her mother in a foster-home.

(ii) *Cheerful Hyperthymics.* There were seven children in this sub-group, five boys and two girls. There seems to be a distinct tendency for girls to develop the more hysterical characters whilst boys tend to develop this over-cheerful, boastful type of character. Most of the children in this group were conspicuously pyknic in physique.

Three of them had stolen very little. No. 16, David J., a boy of 9.7 with an I.Q. of 151, had, together with another boy, pinched an ice-cream from a barrow when the man was not looking. Apart from this he was regarded as absolutely honest. He was, however, pronouncedly hyperthymic, showing off, treating life as 'one long joke', showing no responsibility and playing about during school-work. His ambition was to be a comedian.

No. 17, Leslie M., a boy of 10.4 with an I.Q. of 131, had stolen money from his mother on a few occasions. He was the only child of elderly fussing parents and had developed a somewhat two-sided personality. Sometimes he was nervous, anxious and priggish, with a large repertoire of pious aphorisms; at other times he took up a 'don't care' attitude and covered his troubles by exaggerated cheerfulness. For instance, if his father was annoyed he would 'just sit and grin'. After being thrashed for stealing one night, he came down next morning wearing a paper hat and singing. He never showed open hostility but would irritate his parents by innumerable petty disobediences.

No. 18, Headley J., was the unwanted second son of an exceedingly anxious and unstable mother. He was 14, had an I.Q. of 128, and had recently taken a few articles from home. On one occasion at school he took some sports prizes which he had not won. At school he was athletic, popular and trustworthy, but got into trouble on occasion because of his incessant ragging of masters. At home he was evasive and often cried.

Of the more serious thieves, No. 19, Patricia C., was a girl of 9.9 with an I.Q. of 121. Her mother had always been an invalid and died when the patient was 6 years old after being 6 months in hospital. The stealing began at school at about this time, but did not become serious until 6 months before she was referred. She had lived with her grandmother since her mother's death and had stolen money from her, also £1 from an uncle. In character she was boastful and superior, inattentive and restless, bossy of others, and changeable both in activities and in her friends. She was inclined to defiance and had ready excuses for her bad behaviour. She adopted a care-free exterior. It seemed not unlikely that part of this child's attitude was a reaction to her mother's illness and death.

The most striking thing about No. 20, Ronald H., was his tremendous desire to please.

No. 20. *Ronald H.*

Ronald was 7.0 when referred by his headmistress because he had been stealing intermittently. 'His acquisitiveness is such that he will rifle wastepaper baskets for trifles.'

History. Ronald was the youngest of four children, the others being a girl of 11, a boy of 10 and a girl of 8½. He was very definitely an unwanted child. It was an instrumental birth and the mother developed puerperal fever and went to hospital. The baby remained with her but was weaned on to a bottle. After five weeks the mother insisted on returning home and on her arrival found her older son, then aged 3, ill with pneumonia. She had to 'fight for his life' for some weeks and Ronald was neglected. Then, as soon as she could, the mother took up dress-making again and never paid much attention to Ronald, who was just left outside in the pram. He thrived and, physically, developed normally, having the usual childish ailments but never going to hospital. He had always lived at home with the rest of the family.

His mother was an extremely anxious and sensitive woman. Before the third child was born she felt on the edge of a breakdown: 'I get worked up and feel ready to burst.' She could never bear quarrels and had been under treatment for her nerves for some years. When visiting the school about Ronald's stealing, she felt convinced that other parents were pointing her out as the mother of the child who stole. The father was a hawker who worked long hours. He was said to be bad-tempered occasionally but on the whole got on well with the mother and the children, of whom however he saw little.

Personality. Ronald was very active, restless, inquisitive, and would not leave anything alone, mixed well with others, but liked to boss and resented it when he was not allowed to do so. He was very friendly and demonstrative, appearing to his mother 'too affectionate' at times. On the whole he had a good relationship with the other children. He had always had a craving for attention and affection, thrusting himself into the limelight and wanting to be compared favourably with his brother and sisters. Thus he was always willing to give his mother a hand in the house, but never missed an opportunity to point out that the others were lazy and were not helping. Whenever the children were painting he got despondent if his picture was not as good as theirs, complaining 'this is too hard for me'. He was very possessive with his toys, was easily irritated and had a hot temper, but this was soon over. He always enjoyed a good fight, a joke and so on. At times he would be 'lost in his thoughts', day-dreaming, and on that account was very absent-minded. But usually he wore a 'cocksure' manner. He had a great tendency to collect things, sometimes bringing home all sorts of old papers for his sisters to

play with. It appeared that this was partly intended to buy affection for himself. He also appeared to buy popularity at school by giving stolen sweets and money to other boys. At school he had been at his best when for a time he was monitor and put in charge of a class. He was idle over his lessons, but always obedient and well-behaved. He was friendly and popular.

Stealing. At home he had been reliable and there was no history of stealing. For the past two years, however, he had been taking money from school. This was spent on sweets which were then given away lavishly to groups of boys. When taxed with the stealing he tried to brazen it out and told all sorts of stories in explanation. In the end he owned up and cried, saying he did not know why he did it.

Examination. On tests he had an I.Q. of 129. He approached the tests confidently, showed forethought and almost obsessional accuracy. He was responsive and obviously pleased and encouraged by success. In the psychiatric interview he wore a worried, apprehensive expression most of the time, though this gave way to a dazzling smile on one or two occasions, as for instance when it was suggested that the castle which had been built should be knocked over. When the stealing was discussed he stoutly maintained that he had found the money. He 'often found money'. When asked where, he replied: 'We dig for it, me and Jimmy H.'

Later during treatment he proved very active, lively and jolly, though the jollity had rather a forced air about it.

Diagnosis. His excessively demonstrative and boastful manner, coupled with an exaggerated desire to please, seemed typically *Hyperthymic*. The quiet, absent-minded periods probably represented transient periods of depression. This personality had probably developed as a reaction to his mother's not wanting him and partial neglect of him.

The remaining two children of this sub-group were both very serious cases.

No. 21. *Leo W.*

Leo was 12.10 when referred to the Clinic by the local priest because of his violent temper and delinquent adventures. On one occasion after being ragged unmercifully in camp he flew into a paroxysm of rage, apparently losing consciousness of things and people. There had been much petty thieving.

History. He was the second of three children, the eldest being 14 and the youngest, a boy, had died soon after birth when Leo was two years old. Leo was a premature baby, but gave no difficulties and developed normally. His mother complained however that he soiled himself until 18 months old and played with his faeces. It was apparently

because of this that she took him to hospital to be circumcised, an operation which led to a septic condition lasting nine weeks. Otherwise he had never been away from home and had always been healthy. His mother was a painted and rather over-dressed woman who varied in her attitude between violence and domination and sentimentality. She idolized the elder boy and talked in very exaggerated terms of his affection, contrasting him with Leo. The father seemed a friendly, ordinary sort of man.

Personality. Leo was an active, energetic, sociable boy and had always been very affectionate to his mother. Criticism he took very much to heart and afterwards was full of promises and good intentions. When he had done anything wrong he was frightened and on one occasion would not go to school because he had not done his homework; but if punished he would stand out against it, remarking: 'You can murder me if you like, I won't shed a tear.' He appeared absolutely fearless; would try any prank and had a wonderful capacity for getting round people. His chief hobby was said to be exchanging playthings and always getting the better bargain. At school he was considered hopeless, always trying to avoid work. The headmaster remarked that 'he has an innocent look by which he tries to deceive and evidently has often succeeded'. He romanced successfully and once made an older boy believe he kept a revolver. On another occasion, when he had been thrown out of the school concert for not going to rehearsals, he told his family that he was still taking part, and they attended, believing it to be so. He was very boastful. Behind this defiant and plausible attitude a great deal of guilt was evident. For instance, in a fit of depression he remarked one day to his mother: 'I know I am a wicked boy; you had better murder me, then I will be out of your life.' He appeared unable to concentrate at school and his mind was always off on adventures; films of violence had a great attraction for him.

Stealing. Stealing had begun two years ago in association with a boy whose parents ran a night club in Piccadilly and who were friends of Leo's parents. They started their adventures by going round garages, empty houses, etc. On one occasion a wallet with no cash was pilfered and delivered up to the owner for a reward, but the boys were tracked down. At this time Leo stole 10s. from his mother and took two of her rings which were sold by the boy friend for 3d. He frequently sold his toys to get money.

Examination. He was found to have an I.Q. of 104. The psychologist noticed a facile verbal expression giving the impression of a better intelligence than he really had. He was impulsive and began work without any plan and was always self-satisfied with his achievement. When interviewed by the psychiatrist he appeared very full of himself, chatted away, laughed a lot, and super-

ficially took life very lightly. His day-dreams consisted of (i) becoming a millionaire by working up a small business, and (ii) taking part in a big robbery and getting into prison for it.

Diagnosis. The diagnosis of Psychopathic Personality is often made on these boastful, plausible and dishonest characters. This, however, ignores their obvious relation to the Hyperthymic Character. He might well be described as an *Antisocial Hyperthymic*. It seemed not unlikely that guilt over his younger brother's death when he was two had been partly responsible for this character development. His mother's harsh and critical attitude had no doubt also played a part.

No. 22. Winnie E.

Winnie was a child of 7.3 when she was brought to the Court by the Education Authorities as 'needing care and protection'. The principal complaints were that she was a persistent thief, very untruthful and inclined to wander. She had been placed under supervision; but as the pilfering persisted she was referred to the Child Guidance Clinic.

History. She was the elder of two girls and lived at home with her parents. Her father drank and was sometimes violent with the mother, who had frequently left him because of it. The mother had often planned separation, but a local priest had recently improved matters and the parents were living together more amicably. The mother herself was epileptic, having fits about every six months. She was a dull, stupid woman who seemed, however, to be genuinely fond of her children. The home was ill-kept and dirty, and the children very poorly dressed. The onset of the mother's epilepsy is stated to have coincided with the conception of this child two months after marriage. She had numerous fits during pregnancy, but the labour was straightforward; the child was breast-fed for 11 months and there was no difficulty over weaning. She was an easy baby and rather forward in development. She had never been away from her mother, always accompanying her when she left the father. She had seen her mother in a fit several times and was, not unnaturally, very worried about it. Her father had always disliked her, partly on account of his hatred of his in-laws. He was very severe with her and had often beaten her violently. He had always openly preferred Vera, who was four years younger, giving her sweets and kissing her to the exclusion of Winnie. Winnie was said to be very distressed over her father's open dislike, often crying about it. She had been very jealous of Vera, however, from the time she was born, for when Vera was being fed, she would seize the teat off the bottle and hide it and later on would scream if Vera was given presents.

Personality. Winnie was a very jolly child, who would play with everyone and was markedly affectionate towards her mother. She would often

volunteer to help her mother over the washing-up and other household tasks. She was said to be active, lively, sociable and independent, and only depressed over the question of her father's dislike. She was said to look after her sister well, though inclined to boss her. With other children she was inclined to be aggressive and to quarrel. She had recently taken to talking in her sleep about school difficulties and had walked in her sleep once or twice. She was also addicted to wandering, spending much of her time on these expeditions looking into shops.

Stealing. She had had the reputation at school of being untruthful for a long while, but the head-teacher had only noticed pilfering a month or so before referring the child. She had taken small sums of money and food from school. The mother then noticed that money of her own had been disappearing and on one occasion discovered Winnie opening her purse. Finally she was found with 7s. 1d. on her, which was traced to a money-lender. She had borrowed it from him in the street, ostensibly on behalf of her mother. She spent the money on sweets and toys.

Examination. On tests she was found to have an I.Q. of 112, although her educational attainments were much below her mental age. She was a most lively child, talked and played hard all the time, but displayed anxiety in constantly asserting, 'I am clever, aren't I?' during the tests. On leaving she always wanted to be given a toy, and in general made a constant demand for reassurance and approval.

Diagnosis. Despite her inheritance, Winnie showed none of the usual signs of an epileptic personality. Instead, her active, cheerful, independent and wayward tendencies, coupled with a great desire to please and a typical pyknic physique, strongly suggested the *Hyperthymic Personality*. This, in part at least, was a reaction to her father's intense dislike of her and preference for her younger sister. It is possible, however, that an electroencephalogram would have revealed an epileptic factor.

(iii) *Aggressive Hyperthymics.* There were four children in this sub-group, all 8- or 9-year-old boys. Although when first seen one of them, No. 23, Edward N. L., had only stolen so far as was known on one occasion, he later, and in spite of treatment, became a chronic delinquent. The other three cases were already chronic when first referred.

No. 23, Edward N. L., was 8.8 with an I.Q. of 93. He alternated between a submissive and an aggressive attitude, the latter predominating. He bullied other children and it was characteristic that his first offence was breaking open a gas meter. He always cheated when he was not winning. In addition to the stealing he was backward at school work, truanted regularly and had occasionally soiled himself since starting school. There had

been constant friction between his parents and during the past two years he had been looked after by his father, whilst his mother worked.

No. 24, Raymond G., aged 8.10 with an I.Q. of 96, had done much stealing from home, school, near-by shops and other children, whom he bullied. He was said to have a big imagination, boasted about punishment and was always blaming others. He was inclined to be solitary or else to lead gangs. He was restless, impulsive and distractible. When reprimanded he was defiant. He was always doing things to obtain attention. Amongst his other delinquencies were throwing stones at passing motor-cars and interfering with a little girl. He was born when his mother was 17 and was almost certainly unwanted, probably being conceived before marriage. He had spent much of his first three years in hospital.

No. 25. *Reginald S.*

Reggie was 8.6 when referred to the Clinic by his school for stealing from other children, lying about it, being excessively dirty and causing endless trouble by his aggressiveness and disobedience. He had attended the Clinic two years previously for the same symptoms except for the pilfering. He had received weekly play-treatment for about nine months and had improved considerably, but relapsed again when this was discontinued.

History. Reggie was an only child of very poor parents. Although his mother was quite glad to have him, his father hated children, never showed him any affection or gave him any presents. Mr. S., whose brother was epileptic, never hid his dislike for the boy and constantly shouted at him if he made any noise. He was a general labourer, often unemployed, intolerant and of a hasty temper. Mrs. S., although not disliking the boy, was a large stupid woman, who had little more idea of dealing with a restless child than smacking him and shutting him in a room for a few hours. When Reggie was about 7, his father contracted a chronic illness. He was nursed at home, finally dying 14 months later. During this period his mother was pre-occupied and upset and able to give little attention to Reggie.

Personality. Reggie had always been of a restless energetic temperament. His one idea of play was some form of fighting and this he carried over into social relations. At school he was unpopular because he was for ever pinching other children when the teacher's back was turned or bullying them in the playground. He always resented it if his teacher took notice of another child. He was usually cheerful. If corrected he might cry for a moment but the next minute would be singing away as though nothing had happened. There were times, however, when he was depressed and complained that his mother did not want him and that nobody wanted him. If thwarted he would stamp and scream and could be very destructive.

His toys got broken or lost and he would swap an expensive toy for a few marbles. Towards his mother his attitude was a mixture of affection and defiance. At times he could be very sweet and generous, but at others he was defiant and difficult. He keenly resented his father's attitude to him. If his father sent him to bed when he wanted to play, he would cry, complaining that other children played with their fathers, and then sought his mother's comfort. He had a habit of biting his hand when excited but had never had any fits. He had been a persistent bed-wetter and often wet himself at school, where his work was bad and concentration fitful.

Stealing. About nine months previously Reggie had been moved up from the infants' department to the junior school, where he was put in the backward class. He had disliked this move and had become difficult over going to school. No stealing had been reported whilst he was in the infants' department, but his new teacher complained that ~~he was pilfering persistently from other children~~ and covering the offence by lying. He would go through the children's coat pockets in the cloak-room and take what he could find.

Examination. On tests he had an I.Q. of 108 and appeared sensible and competent. He was afraid to commit himself, however, and seemed unduly amenable and quiet. To the psychiatrist in the first interview he appeared friendly and co-operative. He talked spontaneously and was noticed to put great emphasis on possessions. He went on to describe how his father never gave him any presents and expressed much resentment over this. During play-treatment he came out of himself more and usually staged aggressive games, in which, for instance, he would burn up pictures of the Big Bad Wolf, or be Jack killing the Giant. His attitude to the psychiatrist was more often genial and friendly than angry and aggressive.

Diagnosis. This boy was obviously very over-active and in his games was a good deal more grandiose than the average boy of his age. Periods of depression and feeling unwanted occurred, but he more frequently covered these up by a cheerful 'don't care' attitude. All these tendencies, together with a typical pyknic physique, pointed to a diagnosis of Hyperthymic Personality. His unusual aggressiveness and destructiveness, however, differentiate him from Winnie E. and Leo W., and place him in the sub-category of *Aggressive Hyperthymic*. This cast of character was evidently partly a reaction to his father's dislike and rejection of him. It is possible that an electroencephalogram would have revealed an epileptic factor as well.

No. 26. John S.

John was 9.4 when referred to the Clinic by the Probation Officer for wandering, stealing and lying. He had not been charged, his mother having been to the Court for advice.

History. John was one of twins, but the other twin had died at five months. There were three other children, all younger. His father was an obstinate domineering man who had to get his own way. His mother was a pathetic little woman, worn out by ill-health, an unsatisfactory marriage and prolonged poverty. She sentimentalized about the younger children but found John too difficult to do anything with. She had worked until just before John's birth and had had a difficult labour. He was breast-fed for six months, but his mother was harassed and ill during this time and lost the twin from pneumonia. She found John a difficult baby. (He had wet the bed and dirtied his trousers until he was about 8 years old.) At nine months his mother went out to work and so John was looked after by his mother's sister during the day and only returned home to sleep. At 2.3 he was in hospital with diphtheria for seven weeks. Soon after this the mother had left her husband, who then took John to his old home in the North. Meanwhile the mother supported herself and a second child was born. Mr. S.'s mother, however, refused to look after John because he was so dirty and he was sent to a Public Assistance Institution where he stayed 18 months. During this period his mother returned to his father and they now decided to have John home with them. He returned to find a new baby sister, and another arrived soon after; nevertheless he is said to have fitted into the house on his return so that 'you would not have thought he had been away'. He had remained at home ever since.

Personality. The mother was not a good witness. She maintained that he was about average in showing affection, but also remarked he took very little notice of his parents. But when his mother was ill with pleurisy he was 'like a nurse to her'. He was domineering towards the other children, constantly insisting 'I am the biggest', and he was rough and spiteful towards his sisters, especially the eldest. He did not get on well with other boys at school because he domineered and was not sporting. When he had done wrong he was defiant, ignoring threats, thrashings and bribes. Very fidgety, aggravating and restless, he said he wanted to go to sea. When first he went to school he truanted. This had stopped, but recently he had been coming home at midnight, often with money, the parents not knowing where he had been. He was an inveterate liar.

Stealing. From the age of 5 he had often brought home toys and other trifles, his mother not knowing where they had come from. Fifteen months before he was referred, the school discovered he had stolen slabs of chocolate from Marks and Spencer's. He maintained that the money he brought home in the evenings had been earned running errands, but this was doubtful. Just before being referred he had pushed a small girl off a tricycle and taken it from her—almost robbery

with violence. He had also sold a piece of stolen property to the ragman.

Examination. On tests he had an I.Q. of 96, was most co-operative and enjoyed himself. He had a good sense of fun, but showed shame and a disinclination to talk about the other boys at school, complaining only that the boys wouldn't play with him.

Diagnosis. Owing to the mother being a bad witness it was difficult to get a clear impression of this boy's attitude to her and to his home. Her statement that he settled down easily on his return from the institution is to be treated with caution, but it was evident that when his mother was ill he showed genuine feeling for her. His tendency to domineer, to be defiant, restless, boastful and violent all suggest the *Aggressive Hyperthymic*. On the other hand he showed various symptoms similar to the Affectionless Characters. It may be that he represents the half-way house between the active Affectionless Characters and the Aggressive Hyperthymics, in the same way that No. 30, Norman K., represents the half-way house between the passive Affectionless Characters and the Depressives. Whichever diagnosis is correct, the condition was probably reactive to his unsatisfactory home-life and prolonged separation from his mother.

These four children gave the impression of being gangsters in the making. In this respect they resembled the members of the next group, who constitute the bulk of the serious offenders.

There is of course nothing new in the discovery that many juvenile offenders are overactive, restless characters. Burt (4) found it in many of his cases whilst Healey and Bronner (8) report 'hyperactivity, over-restlessness, etc.' in 46 out of 105 cases. The relation of this over-activity to the familiar forms of the Hypomanic Character has however been unaccountably ignored.

GROUP E. AFFECTIONLESS CHARACTERS

Fourteen of the 44 thieves were distinguished from the remainder by their remarkable lack of affection or warmth of feeling for anyone. It is true that one or two of the depressed children lacked the normal expression of affection during the depression, but this was regarded as a change from their normal characters. In this they differed from the fourteen children in this group who had apparently never since infancy shown normal affection to anyone and were, consequently, conspicuously solitary, undemonstrative and unresponsive. Many of their parents and foster-parents remarked how nothing you said or did to them made any difference. They responded neither to kindness nor to punishment. Such remarks as 'he is so deep' or 'we never seem to get near her' express the feeling of social frustration produced in others.

As in all psychiatric classifications exceptions arise. Actually two of the cases included here did show some affection. No. 29, Raymond E., was said to be affectionate and No. 30, Norman K., was extremely fond of helping his mother. My reason for including them under this heading, however, is that not only was there evidence that their affection was patchy in its development, but that they showed many of the other features of the personality type. Thus No. 29, Raymond E., was solitary and utterly unresponsive to any form of punishment and No. 30, Norman K., was secretive and difficult of access.

In addition to stealing, the majority of these children truanted and wandered. The wandering is particularly characteristic as a symptom of this same indifference to home ties which is the hallmark of the group. The fact that they all lied was perhaps of little importance, because all thieves lie. This group however probably lied more frequently and in a more brazen way than any of the others.

Although characteristically solitary, this description also needs some qualification. The majority went about and stole alone. A few on the other hand were members of gangs. On investigation, however, it was clear that, although going about with other children, they had no emotional ties with them. They had no real friendships and changed their acquaintances frequently. There were no roots in their relationships. A further characteristic which is apt to confuse the clinical picture is the superficial geniality and plausibility of some of the children. In a short interview they make quite a good impression and appear to be responsive. Further contact makes it clear, however, that this responsiveness has little or no real significance.

In general demeanour they differ much amongst themselves. A few seem unsociable and apathetic. But quite a number are energetic and active. No. 28, Derek B., and No. 32, Kenneth W., were cases in point. Derek B. appeared as a genial attractive little rogue, whilst Kenneth W., although full of hard luck stories, was alert and resourceful. Many of the more active children were aggressive and bullying, in this respect simulating the aggressive hyperthymics. One boy, No. 37, Kenneth G., was actively cruel, having deliberately burnt his sister's leg. In two or three cases, notably No. 32, Kenneth W., and No. 37, Kenneth G., one got the impression that they might easily develop into desperate and dangerous criminals.

Of course there can be no hard and fast lines to be drawn in a classification of character and it is obvious that some children will be on the margin between the different typical groupings. My own criterion for diagnosing an active delinquent in the Affectionless group depends upon his personal relationships. The Hyperthymic Characters of Group D have genuine attachments to their homes. They may have periods of being aggressive and

difficult, but affection is there and they are capable of loyalty. The Affectionless Character on the other hand is capable of neither attachment, affection, nor loyalty.

In contrast to the active Affectionless Characters are the apathetic members of the group, who are extremely shut-in, giving the impression of isolated lost souls. Such were No. 31, Nansi F., and No. 33, Arthur L. Such cases have to be distinguished from the chronic Depressive Characters and from the shut-in Schizoids. Once again hard and fast lines cannot be drawn. The groups obviously shade into one another. Indeed it is my belief that the Affectionless Characters are intimately associated with depression and may perhaps be fruitfully looked upon as chronic depressions of very early origin. As will be discussed in the next section, with very few exceptions these children have suffered the complete emotional loss of their mother or foster-mother during infancy and early childhood. Such a loss in later life not uncommonly precipitates a Melancholia. It is possible that some such reaction takes place in the mind of the two-year-old and, because of the special circumstances, complete recovery is impossible. This somewhat speculative view is supported by the discovery that behind the mask of indifference is bottomless misery and behind the apparent callousness despair.

The difference in fact between an apathetic Affectionless child and a chronic Depressive may be partly quantitative and dependent on the age of onset. But clinically they can usually be distinguished by the existence in the latter of personal ties and their non-existence in the former.

No such easy clinical distinction is possible, however, between this type of child and the shut-in Schizoid. Indeed the question will be raised whether they are not all Schizoids. Although some may be, I am sure that others are not.

It so happens that I have seen one adult patient who before her psychosis was a typically Affectionless Personality with, in addition, a characteristic history of early separation from her mother. She was depressed, had made an almost successful attempt at suicide, and suffered from a very severe degree of depersonalization. This depersonalization was of such a character that, taken in conjunction with her personality, Schizophrenia was feared. The condition however cleared up and she has since had another psychotic episode in which no Schizophrenic symptoms were apparent. The condition I believe to have been one of recurrent Melancholia.

On the other hand one case of the present series of Affectionless Characters may have been truly Schizoid. No. 40, Charles K., had a schizophrenic heredity—his father probably and his grandfather almost certainly being schizophrenic. It is noteworthy that he was one of only two Affectionless Characters who had no history of early separation from their mothers. At present I would hesitate

to put forward diagnostic criteria for distinguishing the shut-in Affectionless Character from the Schizoid, though I believe that in the majority of cases the distinction is a true one.

It is my hope that these Affectionless Characters will be studied in great detail in the future, for I believe that they form the real hard core of the problem of recidivism. There can be no doubt that they are essentially *delinquent characters*, which is not true of the other characters discussed in this paper. The Depressed, Circular, Hyperthymic and Schizoid characters all had counterparts amongst the controls. We can get a Depressive who does not steal as well as one who does, we can find a law-abiding Hyperthymic as well as his antisocial brother. I am doubtful, however, whether the law-abiding Affectionless Character exists. He does not figure amongst my controls and I have not met him elsewhere, though I have met many other Affectionless thieves besides the fourteen described here. It is probably true to say that the Affectionless Character always steals and usually becomes a recidivist.

Despite variations then, these Affectionless children have so many traits in common which distinguish them from the other thieves that I have felt justified in grouping them together and regarding them as examples of a distinct clinical syndrome. When to the similarity in their personalities is added the discovery that they have a remarkably distinctive early history—prolonged separations from their mothers or foster mothers—the conclusion forces itself upon one that we have here not only a distinct clinical syndrome, that of the Affectionless thief, but also an unusually clear example of the distorting influence of a bad early environment upon the development of personality. For all these reasons full case histories of all fourteen children are presented.

No. 27. Betty I.

This case is of a small girl aged 5.7, who was sent to the Clinic by the school because her mother was worried about persistent stealing of pennies from school.

History. Betty was the eldest of four children, the others being $4\frac{1}{2}$, $3\frac{1}{2}$ and 2 respectively. She lived with her mother and her stepfather, who was the father of the two youngest children, both boys. The parents were happily married and it was a good home. The mother was Irish and a little inconsequent, but extremely friendly and sympathetic with the children. The stepfather was rather more severe, but by no means an unkind man.

This child had been difficult from birth. The mother's milk gave out on the eighth day and there was trouble over bottle-feeding. She refused to suck and had to be spoon-fed. She was precocious in development, however, and was easily trained in cleanliness. But she remained difficult

over food and was always crying and screaming. When the child was seven months old and the mother again pregnant, she discovered that her husband, who had proved very difficult, was married to someone else. She promptly got rid of him and married a former friend soon afterwards. But Betty had already been placed in a foster-home, where, her mother alleged, she had first refused to eat for 20 days and then had suddenly begun to eat cake. The child was changed from one foster-home to another and was ultimately in a convent school for a year. In all of them she was unmanageable and was said to have been harshly treated. Her mother and stepfather often visited her, but she always refused to have anything to do with her mother, although she got on well with the stepfather. Finally the mother insisted on having Betty home and she had been there for the preceding seven months. Her feelings about her parents then changed over and she became fond of her mother and against her stepfather who tried in vain to discipline her. All the time she had been at home she had remained an outsider, however. Her mother described how 'she looks like a child who has just come in to play and does not seem to belong'.

The school thought the mother was really more affectionate towards the other children than towards Betty. But she had been very tolerant of the child's stealing, recalling how she had stolen things herself as a child. The father, however, was more severe with her, being terrified lest she should corrupt his own boys. He had often beaten her for the stealing, but admitted it did no good. The only sure way of making her confess was to say that she would not go to Our Lady if she did not answer. Then she was frightened and confessed at once. He had often threatened to send her away if she was not good. The father was particularly worried by her sexual interests, which seemed to be very active even for this age.

Personality. The mother found her an undemonstrative child who was inclined to keep things to herself. The stepfather described her as 'deep' and evidently found it impossible to make any contact with her. He could not understand why she could never ask for anything at meals, pointing out that the children had only to ask to be permitted any food that they could see. She was exceedingly sensitive to criticism and cried very easily, and was always upset because her stepfather had a bad opinion of her. At school she was said to be deliberately disobedient and provoking. When punished she never cried, and when the headmistress asked her questions she became wooden, 'quite unlike any other 5-year-old child', and gave excuses equally unexpected for her age. Accounts differed about her sociability. At school she was said to be solitary and had no friends until recently when she had made friends with the two most undesirable girls in the school, both liars.

Often she appeared to be walking along in a dream. But at home she was by no means solitary and seclusive. She was extremely fond of the baby and liked mothering him. She played well and happily and was popular and sociable with neighbouring children. She slept well and ate moderately. Recently she had become extremely interested in the cat's kittens, but as usual had not asked direct questions as her sister had.

Stealing. The mother noticed that she was always stealing pennies from school and telling lies about it. She had failed to deliver her parents a note saying that she was given milk free and so was keeping the 2½d. she was given for the milk each week. Moreover she often brought back pennies and toys from school which, she said, the teacher had given her for being a good girl. The pennies she offered to her mother and the toys to her sister and brothers.

Examination. On tests she had an I.Q. of 104. She struck everyone as a particularly attractive and delightful child. She had a most engaging smile, a twinkle in her eye, and an elf-like way of doing things.

Diagnosis. The outstanding things about this child's character were her lack of ordinary contact with her home, her inability to express feelings or wants and the nervous 'woodenness' when corrected at school. (At home she seems to have been more normal.) Her tendency to be dreamy, to mix with undesirables and to have over-developed sexual interests were also striking. All these traits are typical of the syndrome for which I have proposed the name of *Affectionless Character*. Her isolation was clearly related to her separation from a stable home life.

No. 28. Derek B.

Derek was six when first seen at the London Clinic, where he was referred for persistent truancy, pilfering and staying out late.

History. He was the second of two boys, the elder being a cheerful, normal lad who had never got into trouble. He lived with his mother and father, whose marriage was happy and who appeared to treat the children sensibly and kindly and without discriminating between them. On enquiry into his early history it was found that he was a wanted child and had been breast-fed for three months, after which he throve on the bottle. Indeed he was said to be a happy normal child until the age of 18 months, when he got diphtheria. Because of this he was away in hospital for nine months, during the whole of which he remained unvisited by his parents. In hospital he was said to have been adored by everyone, but when he returned home he was a 'little stranger'. He refused all food and finally was left to starve for a while. His mother described how 'it seemed like looking after someone else's baby. He did not know us, he called me "nurse" and seemed to

have no affection for us at all.' She said it was fully 18 months before he settled down, although to an external eye it appeared that in fact he had never done so yet.

Personality. He seemed not to care for anyone except possibly his elder brother, but even with him there were spells of unreasonable temper. Usually he was happiest when playing alone. He was markedly undemonstrative and his school-teacher commented that emotionally he was 'very controlled for a young boy'. The mother also remarked on this, saying that he was quite unmoved by either affection or punishment, and she had come to regard him as hard-boiled. On the other hand he was always fighting and was at times destructive of both his own and his brother's toys. The teacher complained particularly of his untruthfulness, 'wanton destructiveness' and habits of annoying other children.

Stealing and Truancy. He began school at 4½ and liked it at first. But later he disliked the teacher and wanted his brother's teacher. This led to truancy on and off for about a month. The pilfering was noticed soon after his beginning school. It seems to have been quite indiscriminating, for he was said to pilfer from children's pockets, the teacher's desk, from shops and from his mother. Any money he obtained he spent on sweets which he would share with his brother and other children, but not with his parents. He had been repeatedly beaten both by school authorities and at home for stealing, but the beatings had no effect on him beyond making him cry for a few moments.

Examination. On tests he was found to have an I.Q. of 125 and to be slow, careful and deliberate in his work. To the psychiatrist he gave the impression of being an engaging, sociable kid. But in his play there was much violent destructiveness. On many occasions he pilfered toys from the Clinic.

Diagnosis. His superficial geniality was misleading at first. As time went on it was clear that his mother's and school-teacher's accounts of his detachment represented the truth. In view of this, his destructiveness, his hard-boiledness, and his unresponsiveness, he seemed to be a typical case of *Affectionless Character*. This was clearly related to his prolonged hospitalization.

No. 29. Raymond E.

Raymond was 6.3 when he came to the Clinic, his father having sought advice because of the boy's 'roaming disposition'. He often had not returned home at 11 p.m. and the father had to go out to search for him. There had also been complaints of stealing money, toys and various other things, nocturnal enuresis, romancing and lying.

History. Raymond was the fourth child, there being an elder sister aged 23, a boy of 17, and a girl aged 11. He was said to have been quite an easy baby, but rather late in walking and talking.

As a toddler he was very adventurous, never saw any danger and was therefore 'a hard child to mind'. When he was 15 months old his mother died of diphtheria. She was a moody, irritable person who could never stop working in the house. She took in lodgers over whom she fussed excessively, but had no patience with the children. After his mother's death Raymond spent nine months with a paternal aunt, and then from 2½ to 5 years he was at home and looked after by his elder sister who was then in her late 'teens'. This sister was described as having been a 'bad lot' since the age of 10, when she was expelled from school because of sex play. It was suggested that her treatment of Raymond was extremely casual and she would often go out, locking Raymond up in the house without food. When Raymond was five his father re-married. The stepmother, who brought with her a daughter of 11, was a difficult character and suffered from epilepsy. She was hypochondriacal, had a violent temper and at one time had had hysterical paralysis of the legs. On marrying Raymond's father, who was an easy-going type of man and a reliable worker, she set about putting the home in order and improving the standards. She prided herself on teaching the children to say grace after meals, although Raymond would often sit for half-an-hour refusing to say it.

Personality. Although always solitary, independent and obstinate, he was said to be affectionate and lovable, with a sunny disposition. It is not clear towards whom he showed affection, since he quarrelled bitterly with his sister and step-sister, getting into tempers and biting them. He was very destructive with toys and must constantly look inside things. Always adventurous, he called himself a 'tough guy' and showed no fear. His father remarked: 'When you punish him not a tear comes from him—and I have strapped him.' He was extremely restless, played tricks on everyone in the family and on one occasion nearly succeeded in getting away on a barge. He had an enormous appetite and got food from the market people through telling romances that he was starved at home. At school he was found to be obstinate and restless. If not kept strictly under supervision he would escape, and he always had to be escorted to and from school. He lied very convincingly and pilfered whenever opportunity arose.

Stealing. He was said to steal anything he could from school. He had stolen money and toys, electric wiring from a garage and a ladder from a shop. He seemed to have no appreciation that there was anything wrong about it, in spite of his father having taken him to the Police Station to frighten him. After the diagnostic interview at the Clinic, he stole a watch from Woolworth's and the wandering became worse.

Examination. He was found to have an I.Q. of

92 on tests, to be extremely distractable and to evade every difficulty by instantaneous change of interest. His speech was very difficult to understand, and he frequently failed to understand what was said to him. In an interview with the psychiatrist his interest changed frequently and he spent much time destroying an old wireless set. He talked to himself during his play but it was impossible to catch what he said. In reply to various questions about his roaming, he frequently mentioned his mother, though it was not clear whether he referred to his dead mother or his step-mother. Thus in reply to a question as to what he was looking for when he went away from home, he said 'looking for my Mum'. He also built a house 'for my Mum', and also showed concern about his Mum 'running away'.

Diagnosis. This boy seems to have had a sunny side to him, but as with Derek B. it was superficial. In all other ways, especially his solitariness, aggressiveness and complete unresponsiveness, combined with shameless truanting and pilfering, he appeared to be a typical *Affectionless Character*. The preoccupation with his mother was probably of aetiological significance; the resulting condition had clearly not been improved by his feckless sister and unstable stepmother.

No. 30. Norman K.

This boy was 7.8 when first seen at the Clinic, where he was referred by the School Authorities after his mother had explained to them that he had developed a habit of pilfering and then lying about it.

History. He was the younger of two children, the elder being a girl about a year older than Norman. They lived at home with their parents, both of whom went out to work. The parents were not happily married. The mother had a great deal of resentment against persons and circumstances, dating from her own childhood, and she admitted frankly that she hated her husband, who was a violent character. He thrashed the boy and also took it out of his wife. Much of the previous five years he had been unemployed and had become noticeably better-tempered when he got into regular employment again.

The father disliked children intensely, so that their second child was very definitely unwanted by both of them. His mother nevertheless breast-fed him for ten months. His development was on the slow side, but within normal limits. From the child's second to his fifth year the mother was suffering from T.B. and was in sanatoria for long periods. During these times Norman was looked after by various foster-mothers and finally by his mother's sister-in-law at home. In two of these homes he was happy, but in several he was unhappy and probably badly handled. It used to upset him terribly having to go away each time.

The father had always shown dislike of the boy,

but when Norman was five or six they had a lodger staying with them for 18 months, who 'did everything for Norman that his father should have done'. Norman was very fond of him and his mother felt he had never been the same since he left.

Personality. He was said to be a very affectionate child who liked helping his mother in the home—'more like a little girl'. But his mother also found him very secretive, which made it difficult for her to understand him. She felt strongly that he knew that he had been unwanted, as, when any arrangement was suggested, he would ask: 'Do you mean me too?' He was unpopular with other children and inclined to bully them to get money from them. But he was fond of his sister and played happily with her. His mother had noticed that he was inclined to buy popularity with other children by swapping good toys for cigarette cards and she felt his stealing was partly motivated by this. She commented on his unhappy 'Pity-me' look and remarked that his stealing was always preceded by endearments. He tended to be greedy for food and would 'hang around' anyone in the hope of getting something. At one period Norman had very severe night terrors connected with a horrifying dream-lady, about whom he screamed in a blood-curdling way.

The school authorities reported that his work at school was good and he concentrated very well. He was excessively pleased however when he got sums right and did things well and always wanted to show them to everyone. In his relations with other children he was sly. He would never join in a rough and tumble with other boys, but took the opportunity to give them a punch on the sly. He was obviously afraid of boys of his own age retaliating. Moreover, whenever he had any occasion to anticipate getting into trouble 'he will lie with a perfectly open countenance'. Except for stopping very small boys and demanding sweets, toys and halfpennies, he had not been known to steal from school. His father had beaten him black and blue for his stealing but it made no difference. In fact he usually stole again immediately afterwards. His mother had threatened him that God would be angry and sorry when he stole, but this also had little effect.

Stealing. The stealing had been going on for two years, since he was about five, when he began taking pennies from home. It seemed to have become more serious, however, since the lodger whom Norman was so fond of left. He stole particularly from his mother and the aunt who had been his foster-mother when his mother was ill. He also took pennies from other children. The mother was particularly concerned because he would do the most outrageous pilfering 'right under their very noses' and would appear utterly innocent about it afterwards. On one occasion he took a pound note from his mother's purse, bought ice-

cream with another boy, and hid the change in a hedge, to be used as required. Some of it they spent on sweets and toys and some of it they gave away. Another time he stole 10s. from a box in which his mother kept money for the electricity. This necessitated climbing through the window because the door was locked. He had also taken 2s. 6d. from his auntie's handbag.

Examination. On tests his intelligence was found to be about average. He was extremely submissive and had a scared and lost look about him. On one occasion when his mother was being seen, he wandered out of the Clinic and was found mooning about looking at the shops.

Diagnosis. This boy was not wholly lacking in affection, but he did not show the open emotion of a normal boy. He was secretive, sly, shameless in lying and entirely unresponsive to punishment. These traits together with the scared, lost look and a tendency to wander made it seem probable that he was a case of *Affectionless Character*. An alternative diagnosis might have been that of chronic depression, but, as has been indicated, it seems probable that the two conditions fade into one another. The origin of this boy's condition seemed to lie in the prolonged separations from his mother in his third and fourth years and his father's unfavourable attitude to him.

No. 31. Nansi F.

Nansi was nearly eight when first seen. Her schoolmistress complained that she was dishonest and pilfered money which was usually spent on sweets.

History. She was the second of five children, all of whom lived with their widowed mother. They were looked after by a decrepit old grandmother because the mother had to work to make a living. The parents' marriage was described as having been 'ideally happy. We never had a single quarrel or cross word, and when he died we were all broken-hearted.' The father had been regarded as highly respectable. He died when Nansi was five. The mother also had a good reputation. Birth was normal and the child was bottle-fed like the other children. She appears to have thrived, and walked at ten months. At twelve months she fell ill with bronchitis and was in hospital for nine months altogether, having contracted pneumonia and measles whilst away. During all this time she never saw her parents, who were only permitted to visit her when she was asleep. On returning home she was frightened and very babyish and for some months wetted and soiled her bed every night, although previously she had been clean.

Personality. The mother described the child as always having been the 'odd one out'. She never wanted to play with her sister or brothers and appeared quite indifferent to what happened to her and to how she was treated. When her younger brothers were born she treated it as if it did not

concern her and showed no interest. If she wetted her knickers she never mentioned it and showed no shame if it was found out, but preserved her usual detached manner. If given Christmas or birthday presents she either lost them or gave them away. Her behaviour at school, from the accounts available, was not so unusual as at home. She was said to be a bright child who enjoyed her work and played about like any other child. But she was obviously preoccupied with her faults, sometimes going spontaneously to the teacher to say she had been good all the week. She was also a keen Salvationist and had often told her teacher she was saved 'so it will be all right'. (Both her parents were Salvationists.)

Stealing, etc. It was difficult to know for how long the pilfering had been going on, but it had been very persistent during the previous six months. She seems to have taken money from every available source. She had systematically swindled her next brother out of his milk money for a whole term. She had stolen a shilling from her teacher's bag and the landlady reported she had found Nansi taking money out of her pocket more than once. She had also taken money from a Salvation Army collecting box, opening it with a knife. She spent most of her gains on sweets and food. On one occasion she bought fish and chips and fizzy lemonade which she shared with a brother. When caught she was quite unashamed. Her teacher had known she was light-fingered for some time and had tried hard to break her of the habit both by punishing her and by kindness, but neither had had any effect.

Examination. When examined at the Clinic she was found to have an I.Q. of 111 and to be a withdrawn, detached and unemotional child although quite friendly. When it was time for her to go she asked if she might take some toys home 'for her little brother', and wanted to take the whole box. Although presented with a cow, it was observed that she also secreted a small doll and took it away.

Diagnosis. Her detached indifference to all emotional relationships at home together with shamelessness over her faults show that she was a typical example of the *Affectionless Character*, which had evidently developed as a result of prolonged hospitalization in the second year.

No. 32. Kenneth W.

Kenneth was 10½ when referred to the Clinic by the Probation Officer, having been charged by his mother for being beyond control, stealing, truancy and staying away from home for several days at a time.

History. Kenneth was an only child, his father having left his mother when he was two months old. His mother described her husband as a 'rotter', who had had an illegitimate child before marriage, was unfaithful and drank. After being deserted the mother went out to work. Kenneth

was looked after by a foster-mother until he was three years old and then went to live with the maternal grandfather. His mother stayed with her father for short periods during this time, but from the time he was three until he was nine Kenneth was looked after principally by his grandfather, who, although fond of the boy, was a heavy drinker and had no control over him. When Kenneth was nine years old his mother re-married and he went to live with his mother and stepfather. The stepfather took a great liking to Kenneth and was anxious to help him, but despaired easily of the boy's lies and stealing. The mother was a pleasant woman who was fed-up with her difficulties and worried lest Kenneth's behaviour should wreck her second marriage.

Personality. On returning home aged nine, Kenneth was sullen, dreamy, rather sulky and solitary. He showed no affection for his mother, but much for his grandfather. He seemed isolated and refused to join in games with his parents. He wet himself day and night and occasionally soiled himself. When on one occasion he was mildly threatened for being naughty, he remained away from home for a week, sleeping in empty houses. He truanted from school regularly, but on returning home would deny it and would give long circumstantial and convincing accounts of his activities at school. At school he was described as 'irresponsible, unstable, lacking in a proper sense of duty to parents and teachers. Very plausible and very stubborn.'

Stealing. Even at five he was giving much trouble, stealing from street stalls and from Woolworth's and going with a very bad gang of boys. He also stole from his grandfather. He had stolen from both his mother and stepfather since living with them and also from children in the street.

Examination. He had an I.Q. of 109 and appeared a sensible, competent boy to the psychologist who tested him. After a few interviews with the psychiatrist he proved himself to be an active, imaginative boy. His play was full of phantasy of crooks and thieves, all of whom double-crossed each other. He would rob the psychiatrist in play and sometimes secreted what he had taken. When asked about his stealing he took alarm and threatened to do in the psychiatrist when he came out of prison, where he confidently supposed he would be sent.

Diagnosis. He appeared to be a case of *Affectionless Character*. Separation from his foster-mother when he was three was probably responsible for the character development. His six years with the drunken grandfather had no doubt aggravated the condition.

No. 33. *Arthur L.*

Arthur was 11½ when referred by his mother for thieving and truancy.

History. He was the illegitimate son of a

respectable little woman, who had worked in a public-house and become pregnant by the publican, whom she knew only slightly. She never lived with him and he died when Arthur was eighteen months old. She described him as an easy-going generous type of man. Pregnancy and labour were normal. Arthur was breast-fed for a month, then his mother returned to work and he was looked after by a great-aunt. He was a lovely baby and his development was normal. At eighteen months the great-aunt died suddenly of pneumonia and for the next year the mother had him with her at work, a friend minding him during the day-time. When Arthur was 2½, the mother married and he was sent to live with a maternal cousin, with whom he had been ever since. This woman had children of her own and had never wanted Arthur, to whom she was cold and fairly unkind. The mother, who later separated from her husband, had been working in service and had seen Arthur about once a fortnight during these nine years. She appeared very anxious to shift responsibility for Arthur on to someone else.

Personality. His mother remarked that he had 'really brought himself up' and was completely isolated now. Very undemonstrative, he would never cry and had no friends in particular. All attempts to get him to join the Wolf Cubs, etc., had failed. He had truanted a few times from school, but was not a chronic truant. When discovered in thieving and truancy, he was 'perfectly callous and hardened'. He went sullen and closed up like an oyster.

Stealing. There was no information as to when the stealing began, nor from whom he had stolen. One year previously it had been discovered that a number of children at school were holding money for Arthur and on several occasions since he had been known to hide stolen money in the garden and later to dig it up. He did not seem to spend it. Much of this was revealed after an incident when Arthur stole a £1 note from somewhere, went to the baker's and bought rice, flour and other articles. He pocketed the change, but later the baker found the goods thrown over his back wall.

Examination. He was found to have an I.Q. of 112 and attacked the tests in a competent manner. In the psychiatric interview he was reserved and cautious, giving nothing away. His expression was wooden, weary and absolutely unchanging. He remained withdrawn, suspicious and reticent over a long number of interviews, the woodenness of his expression never changing.

Diagnosis. This seemed to be a typical case of the *Affectionless Character* of the passive, sullen type. Of the many breaks in this boy's early life, the critical one was probably his great-aunt's death when he was 18 months and his return to his (unknown) mother who obviously did not want him. Later changes and an antagonistic foster-mother had no doubt aggravated the condition.

No. 34. Derrick O'C.

Derrick was 11½ when first seen at the Clinic, but his pilfering was known to have gone back to his eighth year and was subsequently found to have begun even earlier. He had been charged by his father for stealing £3 from his (the father's) overcoat pocket and had been put on probation. Since then he had taken sums of £1, 9s., and 3s. 6d. from his father, who had done nothing about it, and then had stolen two bicycles for which he was charged again.

History. He was the eldest of three children, the others being Johnny 7½ and a sister of two. They lived in two rooms with their parents, who were decent working people. The mother was very deaf and rather cut off from her family. Although fond of her children she lacked any sort of understanding of them and was inclined to shout at them. The father was a happy, pleasant man, but equally unimaginative.

Derrick had been born very soon after the marriage and probably had been conceived before, as the father was a lodger and the mother only 19. There is little doubt that they found him a burden. The mother continued to work and Derrick was parked out with a neighbour for his first three years. His mother visited him every two or three weeks but his principal attachment appears to have been to the foster-mother, whom he called 'Mummy Rosy'. When he was three years old his mother became pregnant again, gave up work and so had Derrick home. This was evidently a great shock to the boy, who had grown fond of his foster-mother and regretted leaving her. At this time he was described by his mother as being nervous, spoiled and always demanding attention. (It may of course merely have been his reaction to losing his foster-mother.) A few months later Johnny was born and when Mrs. O'C. had recovered sufficiently to resume work both boys were sent to spend the day with another neighbour. When Derrick was sent to school he screamed a lot and was afraid to be left by his mother. However, he did well, was usually top of his class and got a scholarship to a Central School.

The mother openly preferred Johnny because he was so much more responsive. She shouted at Derrick, was inclined to blame him for everything which disappeared and tried to shame him by saying: 'If you weren't here we'd have had no troubles.' His father had often beaten him severely for the stealing and had kept him indoors.

Personality. He had always shown jealousy of Johnny, teasing him, and getting into a temper if Johnny interrupted him. He was usually very quiet and reticent, read a lot or spent time on making scrap-books. This reserved, seclusive manner and lack of any show of affection irritated his mother. He was unable to make friends and spent his spare time going to football matches alone. He usually sulked if criticized and could

be extremely stubborn. Although occasionally cheeky, he never joked and was never harmlessly mischievous like any ordinary boy. He was very particular over cleanliness and tidiness and faddy about food. It was noticeable that he was extremely disinclined to ask for things. At school he was remarkable for being solitary and having no real friends, although by no means unsociable. The headmaster reported that there was 'something not quite straight about Derrick', that although 'he gives no trouble, he is rather a twister' and 'inclined to mean little tricks when not supervised'.

Stealing. His mother's story was that he had pilfered on and off since he was eight, biscuits, or pennies off the mantelpiece to buy sweets. He had only been known to steal one thing from school—a pen-knife—for which he had been caned. His parents always knew when he had stolen because he 'acts unnaturally'. It was this which led them to suspect him of taking the £3, which, they found subsequently, he had spent on fireworks, football matches and sweets. During treatment Derrick himself recalled stealing from his mother soon after being parked out daily with his baby brother. He complained that his new foster-mother gave him too little to eat (which may or may not have been true) and that he used to go home and steal biscuits.

Examination. On tests he was found to have an I.Q. of 112. He took great pains and seemed afraid of failure. He was nervous and blinked so much that it almost amounted to a tic. He spoke in a hush, rather furtively, but gave the impression that he would like to talk about himself to a sympathetic person. During analytic treatment, carried out with orthodox technique for an hour a week, a very profound suspicion of anyone's good intention was conspicuous. He constantly misconstrued casual acts as deliberate and secret punishment. As the suspicion grew less, much repressed jealousy of his younger brother became apparent and also considerable bottled up affection for his mother. When analysis was interrupted after 2½ years Derrick's attitude to his mother and other boys was approaching normal.

Diagnosis. This boy seemed a clear example of the passive type of *Affectionless Character*. This had probably resulted from the separation at three years from his foster-mother and subsequent unsettled home life with a mother who had never wanted him and disliked him.

No. 35. Gordon B.

Gordon was 12 when referred to the Clinic by the School Authorities for 'bowel and bladder incontinence at night; said to be unruly and disobedient; wanders away from home'. His step-mother complained of persistent pilfering for at least two or three years.

History. Gordon was one of twins, the other

being a girl, and there were an elder brother and sister. Little was known of his early life, since his mother had died when he was 12 months old and he had been looked after by a succession of women until his father re-married when he was seven. For a few short months after his mother died he was looked after by a grandmother. She walked out on him and he was sent to a paternal aunt. Later he went to two or three landladies, one of whom kept him several years. It is alleged that he had never obtained control of his excretory functions, and his stepmother had him home in the hope that she would reform him. She tried every conceivable remedy but was quite unsuccessful. The stepmother was a very anxious woman who had never had a good relationship with the boy. Her pride was closely bound up with her success with Gordon and her failure with him had caused her much worry and depression.

Personality. From the time he returned home at seven he had been undemonstrative, indifferent and unaffectionate. He had resented his stepmother's kissing him and if given presents destroyed them. He was secretive and told his stepmother nothing. If sent on an errand he just disappeared. He told many lies in a way which made them impossible to detect at the time. When talked to he took no notice and, if thrashed, cried for a minute or two and then appeared unconcerned. He was said to have a few friends at school, but it was not known whether he kept them.

Stealing. He had been stealing for at least three years, often from his stepmother. On one occasion he took some of his older brother's clothes and sold them for a halfpenny and a bottle of milk.

Examination. He was found to have an I.Q. of 103, was friendly and co-operative and appeared normal to the psychologist who tested him. To the psychiatrist he seemed diffident at first and anxious to create a good impression. He was reluctant to discuss his symptoms. Later he wrote a short story about an orphan boy who was looked after by a wicked uncle whom he eventually caught out and for doing so was heavily rewarded by the police.

Diagnosis. This boy seemed a typical example of the *Affectionless Character*. During the first five years of his life he had been looked after by at least four 'mothers'.

No. 36. *Marjorie D.*

Marjorie was 12.3 when she was referred by the School Authorities for stealing and being extremely obstinate.

History. She was illegitimate and very little was known either of her real parents or of the first 20 months of her life. It was stated that her father was an engineer and her mother a shop-assistant. At the age of 20 months she was legally adopted by some simple country people aged about 30

who had no children of their own. They lavished much love on Marjorie and she was excellently cared for. When she was eight years old the shop failed and the foster-mother took in four small foster boys, aged between 20 months and 5 years. Although the foster-parents were never harsh to Marjorie, they seem to have adopted a very moral tone with her, being 'hurt' by her misdeeds and later 'preaching' at her. Marjorie liked the little boys and helped look after them.

Personality. She had developed a typically affectionless, unresponsive character, the headmistress reporting as follows: 'The child is almost untouchable and lives in a world of her own—never cries at home but she did, twice, with me when I spoke kindly to her . . . does not make friends.' Her foster-mother reported that 'Marjorie is not willing at home and appears to do things with a grudge. She is extremely obstinate and self-centred and is not in the least affectionate . . . she likes smart clothes, but is not particular as to what she wears under her outer clothing.' In addition to this hard-boiled and affectionless side was a desire to please, which appears to have rung insincere. Her schoolmistress described her as 'too polite, plausible and subtle. After being found out she seemed too full of self-denunciation, making a dramatic show of her penitence and yet not seriously considering the people from whom she had stolen. . . . Marjorie seems to consider she has the right to have everything she desires. Has no regrets for the people robbed.' To teachers who liked her she was responsive and she was the leading light in a school dramatic production.

Stealing. Stealing began about four years previously, when she was eight. She began to help herself to things in her foster-parents' general shop. Shortly afterwards her foster-parents gave up the shop and there was not much further stealing from home. Two years later she stole a gold watch and some money from the teacher at school. She explained that she had always wanted a watch, and required the money to buy books and pencils. During the past year she had opened the teacher's bag and taken coppers, leaving a £1 note. She had also taken her foster-brother's Easter eggs, having previously eaten her own.

Examination. On tests she had an I.Q. of 135. (She had been recognized in the village school as of outstanding ability and had already won a scholarship to a secondary school.) She was slow and meticulous in her work. Rapport was not easily established; she seemed to answer rather as a matter of duty and in a preoccupied manner. In the psychiatric interview she appeared reserved and shut-in. She again took up a conventional attitude. When stealing was mentioned she became furtive and silent. She appeared to have no idea that she was a foster-child. Her feelings about the other foster-children were however curiously detached and uninterested.

Diagnosis. Her character seemed typically *Affectionless*, although superadded were certain hysterical features such as her insincere self-denunciations and somewhat hypocritical love of finery. She had certainly suffered one major separation when 20 months old and if her history resembled that of many other illegitimates there may have been several other such breaks during her early months. The stealing seems to have preceded the invasion of her home by four foster-brothers, though this intrusion is not likely to have eased matters.

No. 37. *Kenneth G.*

Kenneth was 12.11 when referred to the Clinic for cruelty to the younger children, bad temper and disobedience. It was found that he had pilfered for a number of years, and had recently completed a year on probation for forging a cheque.

History. His mother for a long time concealed the fact that Kenneth was illegitimate. She was unhappy in her own home and at 19 got married. This man treated her cruelly and died after five months, leaving her pregnant. She had a miscarriage which was probably deliberate. She then took various temporary jobs as a nursemaid. At 21 a man whom she had known two weeks incited her to stay at a fashionable hotel where she shared a room with him. She became pregnant at once with the patient and the father then disappeared. Kenneth was in a hostel with his mother for five months, then placed in a licensed foster-home for a time, and finally was looked after by a married couple who, having lost their own baby, lavished their love on him. When he was 3½, however, his mother re-married and had Kenneth back to live with her. A year after his return home, his mother had a baby girl, and Kenneth returned to his foster-parents for a few weeks. Since then he had remained with his mother and stepfather, though he frequently visited his foster-parents. He had always resented his half-brother and half-sisters, greeting the last baby with the remark: 'Another brat! Now we shall get less than ever done for us.'

The mother was a neurotic woman. When aged eight years she had found a man dead and had subsequently had fits. These were cured by another shock when in her 'teens. At times she got very depressed and threatened the children she would run away. The stepfather was a responsible man who for the most part had treated Kenneth kindly, although occasionally he had got sick of his persistent misbehaviour and thrashed him.

Personality. Since returning to his mother, who was a stranger to him, Kenneth had felt that he 'did not quite belong'. He had always been rude to her, shown her no affection, and been deliberately disobedient. He had a bad temper and was cruel to the other children, especially the eldest. When seven and left in charge of this child, then aged three, he had burnt her leg deliberately. He

was indifferent to his mother's attitude, whether she tried quiet talks or harsh punishment. He usually obeyed his stepfather however. He showed keen resentment towards his mother and had frequently blamed her for taking him away from his foster-home where he had been happy. When his stepfather was away he delighted in making the rest of the family cry, including the mother. He then sat down and laughed at them.

He seemed to feel 'above' other boys and always wanted to boss them. As a result he never stuck to his friends. When he joined the Scouts he felt he should be favoured and would not bother to pass the tests. He was apt to say he had a pain when he wanted to avoid something and would run to the school clinic with the least ailment.

He was said to be quite a 'different person' away from his mother and elder sister—much less hostile and cruel. He had only been in his latest school for one term, but he seemed to have given no trouble there—'a good boy in school *always*'. He had, however, truanted from a previous school.

Stealing. There seemed to have been pilfering on and off since he was five. It was usually from his mother and he commonly appropriated pennies intended for the gas. Thirteen months previously he had been concerned with three other boys in forging a cheque for £1 which they cashed at a Co-operative Stores, spending the money at the cinema and on boating.

Examination. On tests he had an I.Q. of 86. He was friendly and co-operative, though perhaps a little too anxious to please. He appeared cheerful and straightforward in the psychiatric interview. He gave an account of the cheque forgery, maintaining that he did not know the cheque was stolen as the other boy said he had been given it by his uncle. His guilt over the incident was shown, however, by his imagining that they had been followed everywhere by police whilst they were spending the money. Although he was seen a number of times subsequently, it was impossible to get any genuine contact with him, and it seemed clear that the initial good impression was quite misleading.

Diagnosis. This boy's complete lack of normal affection together with his indifference and plausibility were all typical of the *Affectionless Character*. He was noteworthy, however, for being actively cruel.

No. 38. *Albert J.*

Albert was aged 9.4 when he was referred by the head teacher of his school for pilfering, lying and staying out all night.

History. He was the illegitimate child of a woman who had been most of her life in an institution for defectives. (The history suggests she may have been psychotic rather than deficient.) Whilst 'boarded out' in her early twenties she had become pregnant by an unknown man. She fed

the baby for ten days and then rejected him. Henceforward he was looked after by his mother's stepsister who at first hoped he would die. At five weeks he was operated on for pyloric stenosis, at eleven months he had bronchitis and pneumonia and at three years he had scarlet fever with middle-ear trouble for which he was believed to have been a long time in hospital. At about nine years of age he had a left mastoidectomy. His foster-mother was a most unreliable witness, however, and it was impossible to discover the extent of his hospitalization in the early years.

This foster-mother, Mrs. J., had herself been brought up in an institution, and seemed an inhibited, joyless type of woman. Her attitude to the boy varied from lavishing every attention upon him and regarding him as her 'greatest pride' to one of passive embitterment and resentment at his ingratitude. She married Mr. J. when Albert was five years old, and immediately adopted Albert legally. Mr. J. drank and was said to beat his wife. The home was disgustingly dirty and the boy gave every evidence of being neglected and badly treated.

Personality. His adopted mother said he was sometimes willing, helpful and intelligent, and at other times quite the reverse. He was not responsive nor affectionate; neither punishments nor treats appeared to have any effect on him. Although given as much pocket money as they could afford he showed no gratitude, and when given toys just broke them up. He was interested in collecting string and in tying himself up in it; on one or two occasions she had found him in bed with his hands and arms tied up. He roamed the streets and had sometimes stayed out all night; once or twice he had been brought back by the police. Since his foster-mother's marriage, which he regarded with great pleasure, there had been persistent lying. Since the operation for mastoidectomy at nine years he had been given to sitting and looking vacant. At his infants' school he had the reputation of being an 'abominable liar', and later school reports were that he was a 'bad character'. His few friends were said to be undesirables.

Stealing. The pilfering was of 'some years' duration and appeared to have started when he was six, at which time the adopted parents kept a lodging-house. He took coppers from the till and bought sweets which he gave to other children. He also stole a new bicycle in spite of having a fairy cycle and a child's bicycle of his own. More recently 2s. from the adopted mother's purse was found intact on him in school. He had also taken a shilling carton of cream from a neighbour's doorstep and his teachers had found on him a pen, a compass, and a pair of roller skates.

Examination. He was found to have an I.Q. of 98. During tests he seemed a normal, friendly boy but rather stolid. At the first psychiatric interview

he seemed friendly and communicative. Later this was found to be very superficial. He was plausible, always had a good excuse and was given to 'hard luck' tales. He was distractable and at once gave up a game if he were not winning. He cheated unscrupulously.

Diagnosis. His unresponsiveness, superficiality, lack of affection, wandering and persistent lying all pointed to his being an *Affectionless Character*. On the other hand tendencies to sit vacantly and to tie himself up with string suggested the possibility of a schizophrenia developing. Owing to the inadequate history it was difficult to know whether this boy had suffered serious hospitalization in early life or not. There was no doubt, however, about his psychopathic heredity and extremely bad home environment since he was five.

No. 39. Roy D.

This boy was 7.6 when referred by the School Authorities for very extensive stealing and truanting.

History. Roy was the second of two children, the other being a boy of ten. This elder brother had always been exceedingly good, 'too good for a boy'. The father was a skilled workman and foreman in a factory. He was said to drink but not to be noisy or argumentative. The mother showed a lot of resentment against him, saying that he did not want children and never took any notice of them. He had never been out with the children since they were born. The mother was a carefully-dressed young woman of 30, who was anxious to look after the boys. She herself had had a difficult upbringing, her mother having left her father and finally been divorced. She described herself as 'a bad mixer'. In connection with Roy, she said: 'I cannot get to the bottom of him, I just can't work him out. I have idolized him, given him everything. I am not cruel but I am very strict, and always keep my word. I hit him once and went into hospital for it, I was so worried. I cried and was run-down.' This suggested that her attitude towards him was confused and ambivalent. Roy was somewhat precocious as an infant and at six months, it was said, would eat fat bacon and fish. Owing to the older boy being dirty until three, his mother trained Roy strictly and he wore no napkins after ten months. He walked at one year, was strong and daring: 'he never seemed to be a real baby.' In spite of having whooping cough, chicken-pox and measles, he was said never to have been in hospital and never away from his mother until he was 5½ when his mother was in hospital with appendicitis. During this time Roy was looked after by his mother's parents.

Personality. He had been a very good baby, but of recent years he had become something of an enigma to his mother. It was difficult to know whether he was ever affectionate towards her, but at school he was noticed to be solitary and in-

different. There were times, however, when he was very happy at home, dancing and singing to the radio. He did not like school, but always wanted to learn 'what big people know about'. He had truanted regularly, alone, for the last two years. When found he generally gave a false name and address and was very ready with plausible excuses on other occasions. There were times when he had periods suggesting *petit mal*. He dropped his eyes, flickered his eyelids and spoke his thoughts aloud. This might go on for several minutes. He had had no major fits or temper tantrums.

Stealing. This began when he was five and was always carried out alone. He sometimes brought the stolen objects home, saying he had got them from a friend. He had stolen an extraordinary variety of things, from toys out of shops to live rabbits which he had killed. All his life he had hoarded things, some of value, some rubbish. In spite of the fact that his brother always told his mother, Roy constantly confided his misdeeds in him.

Examination. On tests he had an I.Q. of 107. He seemed to be getting through them with as little effort as possible, and did not seem to care how he got on. It was difficult to make any contact with him. In appearance he was an under-sized, cheeky-looking little boy, dirty and untidily dressed. In spite of coming in with a smile on his face he proved to be very uncommunicative, and the psychiatrist never got beneath his reserve.

Diagnosis. The diagnosis in this case was not at all clear. For various reasons an exhaustive account of his personality was not obtained and he was never seen in one of his 'fits'. There were certain features suggestive of an *Affectionless Character* and others of a *Hyperthymic Character*. The aetiology was also obscure, although the father's unfeigned dislike of the child and his mother's ambivalent attitude were probably important factors in the development of his antisocial character.

No. 40. Charles K.

Charles was 13.2 when first seen at the Clinic. He had been stealing money and food from home for at least five years and had also truanted from school for nearly five months during the past year. Recently he had taken to staying out till eleven at night. He was referred to the Clinic by a religious body to whom his mother had applied for help.

History. He was the third of five brothers, one of whom had died before Charles was born. Another brother died when Charles was an infant. The remaining three lived with their parents, although the mother was out at work and the grandmother looked after them. The mother, who was at a loss to know what to do with her son, was regarded as a pleasant woman. The father,

however, was a violent man who showed psychotic symptoms. He was extremely mean and jealous and constantly imagined that his wife was unfaithful; he had even attempted to strangle her. His own father had attempted suicide after attacking his landlord and had been certified. Charles's early development was uneventful. It was a normal pregnancy and birth. He took the breast easily and there were no difficulties over feeding. He was always very quiet, never restless or screaming. He developed normally and was easily trained in cleanliness. During Charles's early months the second boy had died, which had upset the mother very much. As a result she had had very little use for Charles and felt that she had neglected him emotionally during her mourning. He had never been away from home.

Personality. He had always been very quiet and reserved, showing no affection for either parent. He was unsociable, silent and made no friends. But he was extremely amenable and willing to help at home and when he had money would spend it on the family. He lost his temper only very occasionally. If reprimanded or punished he appeared upset for a few minutes and then began drawing and forgot all about it, never complaining. He washed himself frequently, was particular about his appearance, ate enormously and bit his nails. He had recently changed school, partly on account of truancy and stealing from the previous one. At his new school he was noticed to be solitary. He was quiet, gave no trouble and was in general one of the best boys, both in regard to work and behaviour, except for the stealing.

Stealing. Although the pilfering was first noticed at school, he had been stealing food from his mother since he was eight. Recently the pilfering had been persistent and included not only food and money, but also useless things like a tin of baking powder, his father's razors, army discharge badge and a bullet. He had also taken his older brother's suit for a fortnight. On being asked, he said he did not know why he did these things, and his mother felt that he genuinely did not know what he had done with them. His father had thrashed him very severely for the stealing, but this had had no effect on the boy.

Examination. On test he was found to have an I.Q. of 122. Although responding a little to friendliness he was noticed to be very withdrawn, apathetic and seemed indifferent to the situation at home. He failed to give any account of his pilferings. He showed no evidence of hallucinations, thought disorder or obsessional thoughts, but complained that he had truanted from the previous school because the boys had been nasty to him. He was fond of drawing, but extremely unimaginative. Either he made complicated abstract patterns, or else copied illustrations from books. On one occasion he copied a picture of tourists looking at the sphinx and pyramids. This he

copied very accurately but omitted the people, apparently unconsciously.

Diagnosis. This boy showed many of the characteristics of the *Affectionless Character*. The fact that his father was probably psychotic and his grandfather had been certified suggested that in this case there was an inherited disposition towards an abnormal character and it would be quite reasonable as an alternative to regard him as a shut-in *Schizoid*. It is possible that his mother being in mourning during his early childhood had had an unfavourable effect on his character, but the genetic influence is likely to have been predominant.

GROUP F. SCHIZOID CHARACTERS AND SCHIZOPHRENICS

Only four cases are included in this category. One of them, No. 41, Rosemary B., may well belong to the *Affectionless* group, and is included here on rather slender grounds. On the other hand, No. 40, Charles K., of the *Affectionless* group might well be included amongst the *Schizoids* for reasons already given.

No. 41, Rosemary B., was a girl of 16.2, who had stolen a great deal of clothing and linen from her employer. She hoarded it in her suit-cases together with waste paper and soiled sanitary towels. She showed an obsessional fear regarding her brother's safety. She was said to be kind-hearted and loving but it was difficult to know how deep this went. She was a slipshod worker, day-dreamed a great deal, and appeared unashamed of her stealing. She was promiscuous in her advances to men. She had had an unhappy home life. Her father deserted when she was a baby (exact age unknown) and she was sent to an aunt until she was six. She then returned to her mother, who was living with another man and possibly carrying on a generally immoral life. When her mother died six years later Rosemary was placed in an Institution. She was said to have given no trouble during the three or four years there; the stealing had only developed since she had been placed in service a few months previously. The diagnosis was not very clear in this case. She suffered from congenital syphilis, but careful clinical and serological examination excluded G.P.I. It was not unlikely that she was really an *Affectionless Character*, with a superficial friendliness which was misleading. On the other hand the hoarding of used sanitary towels and her dreaminess suggested a tendency towards *Schizophrenia*.

No. 42, Peter S., was a boy aged 8.10 and I.Q. of 102, who did a certain amount of odd stealing both at home and at school but whose chief symptoms were his uncontrolled violence, his spitefulness and phobias. He was extremely attached to his mother and violently jealous of his younger sister and brother. He was terrified of the dark

and extraordinarily suspicious of the Clinic, giving the impression that he had genuine delusions. His play was also at times 'quite crazy', whilst on several occasions his blind destructiveness and violence threatened serious damage. Although somewhat speculative, a schizophrenic basis seemed probable.

No. 43. Alan E.

Alan was 9.6 when referred to the Clinic for pilfering and soiling himself. His father had become worried about him and had taken him to the Court for advice; he had not been charged.

History. Alan was the fourth child of the father's first marriage. The first two children had been girls and the third a boy, William. Two years before Alan's birth William, then aged 6½, had been run over in the street and killed. His mother was extremely upset by this, became depressed and self-reproachful. The father and mother decided to have another child to replace William and so Alan was born. He was very like William and his mother felt it was as though she had her first boy back again. She became excessively attached to the child and for obvious reasons very over-protective. Development was normal and rapid, although not quite so quick as with William. When 1½ he was badly mauled by an Airedale and bitten in several places. Not unnaturally his mother became even more anxious and apprehensive after this. When Alan was three, his mother, who had been seriously depressed all his life, became strange in her manner, tried to strangle him, and later attacked the father. Finally, when Alan was five, she went to a mental hospital and died two years later. The diagnosis appears to have been manic-depressive psychosis.

Alan was very upset by his mother going to hospital, and again when she died, although he had not visited her. For the first twelve months after her admission to hospital he remained with his father and 21-year-old sister. After his mother died, he went to live with his grandmother for six months, during which time his father re-married. For the final eighteen months he had lived with his father and stepmother, who proved to be a quick-tempered, irritable woman who soon conceived a deep dislike of Alan. The father on the other hand was sympathetic and friendly towards him and took his side against the stepmother. When Alan was nine, a stepsister was born. He was bitterly and openly jealous of the baby and the parents became afraid to leave him alone with her.

Personality. It was extremely difficult to get a clear picture of the boy's personality, but there was good evidence that he varied from appearing a relatively normal boy to giving the impression of psychosis. He had been devoted to his mother and upset when she went away. There was some evidence that he had been an obsessively good

and clean boy in his earlier years, although from three onwards he had been enuretic. After his mother went to hospital he seems to have become dirty and untidy, but it was only after his father re-married that serious trouble had begun. From the first he was jealous and antagonistic to the stepmother. He lied persistently to his father about her, trying to put him against her. There was open jealousy of the baby. He lost his former happy look, and became sullen and unresponsive. At times he would have violent outbursts of temper, saying no one wanted or loved him. He spent his time at home reading, or tearing and breaking things. He was quarrelsome with other children and disliked groups, refusing to go to Sunday School or Cubs. Towards his father he was demonstrative, but showed little positive feeling towards anyone else. If accused of stealing he would insist he was innocent, then later confess voluntarily whilst showing not a trace of remorse or shame. The school had had no complaints to make until the stepsister was born. Up till then he had been an exceptionally forward scholar, 'very punctual and almost perfect in his attendance'. He had then begun coming late, finally giving as his excuse that his stepmother neglected and starved him.

Symptoms suggesting Psychosis. For the past three months he had soiled himself with faeces, rubbed his hands with it and hidden it in cupboards and behind the bath. He had also hoarded newspaper. He seemed to have the idea that all the boys at school were against him. Moreover, he talked to himself persistently 'as though there were someone else in the room answering him back'. At other times he remarked that things seemed queer, that 'there was something in the room and then it's not there'.

Stealing. The stealing had only been noticed since his father re-married, eighteen months previously. He stole money and his stepmother's jewellery. This he sold to get more money. He then bought toys, which he immediately picked to pieces to see what was inside.

Examination. On test he was found to have an I.Q. of 140, and to have excellent and precise reasoning power. He was very polite in an old-fashioned way and curiously imperturbable. His facial expression appeared normal and he seemed bright and talked readily. He said he preferred playing alone at school, because the boys tried to get him into trouble. His description of breaking up the toys after he had bought them gave the impression that it was sometimes a compulsive action. His reason for rubbing his hands with faeces was that another boy had told him it was a good thing to do, suggesting it was in some way curative. There was no evidence, at the examination, of thought disorder or hallucinations, but he was observed to talk to himself in the lavatory.

Owing to his stepmother refusing to keep him,

Alan was sent to a foster-mother. For nine months he gave no trouble. He was truthful, clean, respectful, enjoyed indoor and outdoor games and appeared happy. He got on well with the foster-mother's two sons aged 9 and 16. He had gone errands and returned with correct change. He was specially clean and washed very thoroughly. But after nine months all his symptoms reappeared—pilfering, soiling, hiding faeces, truanting, defiance and so on.

Diagnosis. There were very many symptoms of psychosis in this boy. There was a history which suggested hallucinations and this, together with the play with faeces which seemed to be connected with ideas of magic, made one suspect *Schizophrenia*. His mother had been psychotic, but there was no clear evidence that hers was a schizophrenic psychosis.

No. 44. *Edward N.*

Edward was 15 when referred to the Clinic by his parents because he had no interest in life or himself, was moody, unable to concentrate, untruthful, and had recently housebroken.

History. His mother died when he was ten days old and he was then looked after by her parents who treated him as 'an animated doll' showing him off to everyone as 'Lily's baby'. He was not allowed to mix with other children nor to get dirty for a moment. At 3½ he was returned to his father, who had re-married. He was found to have a rupture and so was immediately sent to hospital and was away for five weeks. On returning, his attitude towards his father and stepmother was extremely hostile and he told them that his auntie had told him to take no notice of them. His stepmother had two children, a boy and a girl, towards whom he was hostile and jealous. His father had had a serious breakdown five years previously following excessive work. He had been extremely depressed and on the verge of suicide for two years; he then improved but remained very nervous. No other mental disease in the family was known.

Personality. It appeared that he had never got on with his father and stepmother, being always hostile and destructive and showing no affection. He had never told the truth. Recently he had become more and more vacant and had apparently acted peculiarly, though his father could not specify. He often sat on a chair looking straight in front of him without expression. He had tried various jobs including gardening and housework but had failed in all of them.

Stealing. There had been accusations of his stealing things from his employers for some months. Recently he had been found asleep at his work-place in the morning, having broken into the house and taken some food. He described how he had gone to the cinema without his parents' permission and had been so frightened on his return that he had not dared to face them.

Examination. He was found to have an I.Q. of 94. His thinking appeared confused and he perseverated in the same mistake. His answers were roundabout and redundant. He was small, thin and untidily dressed, his hair on end and his eyes staring. He talked readily but intensely and without humour. At times he went blank and missed a question and once or twice made irrelevant replies. He said he had felt miserable ever since he remembered. There was no evidence of delusions, hallucinations or feelings of being influenced.

Diagnosis. The description of this boy's previous character suggested that he had been either a shut-in Schizoid or else an Affectionless Character. Perhaps he could have been regarded as a mixture of the two. When seen he appeared to be in the early phases of a *Dementia Præcox*. Both his heredity and early environment appeared to have been pathogenic.

In the last three cases the stealing was not very pronounced and was of subsidiary importance in comparison to the other symptoms.

COMPARISON WITH CONTROLS

In comparing the types of character found in the control group with those found in the delinquent group one is struck by one outstanding difference. Amongst the controls there are no Affectionless Characters. Instead there are more depressed children and eight children of a type not found amongst the thieves. This is the good, over-conscientious, priggish child who has developed a symptom such as a stammer or a phobia. Since some of these personalities develop Melancholia (2), it seems not unlikely that the psychopathology of these conditions is closely related to that of Melancholia. The comparative diagnoses are shown in the following table:

TABLE VI
Distribution of Thieves and Controls by Character Type

Character Type	Thieves	Controls
A. Emotionally 'Normal' .	2	3
B. (1) Depressed	9	13
(2) Priggish—Symptoms of Anxiety or Hysteria	—	8
C. Circular	2	1
D. Hyperthymic	13	10
E. Affectionless	14	—
F. Schizoid and Schizophrenic	4	9
Total	44	44

⁷ Chi-squared equals 14.36 for one degree of freedom. P is less than .01. (Note. P is less than .01 when the chances of the figures being due to chance are less than one in a hundred.)

The presence of 14 Affectionless Characters in the delinquent group and their total absence in the control group is of course statistically significant.⁷ The specific association of the Affectionless Character with stealing is thus demonstrated. This association becomes even clearer if we plot the degree of stealing against the character type, which is done in Table VII.

TABLE VII
Distribution of Thieves by Character Type and Degree of Stealing

Character Type	Degree of Stealing				Total
	I	II	III	IV	
Emotionally Normal. .	—	2	—	—	2
Depressed	1	4	3	1	9
Circular	—	—	2	—	2
Hyperthymic ⁸	2	2	2	7	13
Affectionless	—	—	1	13	14
Schizoid and Schizophrenic	—	—	2	2	4
Total	3	8	10	23	44

Thus 13 of the 14 Affectionless Thieves (93 per cent.) are in Grade IV. This incidence is significantly higher ⁹ than the incidence of Grade IV stealing in the remaining groups, which is 10 out of 30 or 33 per cent. In other words delinquents of an Affectionless Character are far more likely to steal in a persistent and serious way than are delinquents of other types. Furthermore it will be observed that children of this character constitute over half of the persistent offenders, 13 out of 23 or 56 per cent. From these figures we may conclude, first, that a considerable proportion of the more serious cases of juvenile delinquency are of the Affectionless Character and secondly that children of this character are not only almost invariably thieves, but that they typically steal in a serious and persistent way.

NOMENCLATURE

It is convenient at this point to compare the classification used here with that more commonly in use. The term *Psychopathic Personality* has in my experience little scientific value because it is applicable to such a variety of characters who, despite a superficial similarity, are extremely different in psychopathology. Amongst them are to be found many Hyperthymic Characters, some of the more active Affectionless Characters, and also a few hysterical and anti-social Schizoids.

The diagnosis *Morally Deficient* is open to much the same criticism. It can be applied to a great variety of characters which have but one point in

⁸ For the purposes of this table No. 23, Edward N. L., is included under Grade IV.

⁹ Chi-squared equals 11.27 for one degree of freedom. P is less than .01.

common—an imperfectly developed moral sense. Another great objection to the term is its implication that Moral Deficiency can be compared in its nature and origin to Mental (intellectual) Deficiency. For their comparison is almost certainly mistaken. In the first place the moral feelings are not absent in a simple quantitative sense. On examination they are usually found to be present but severely inhibited. Often, in fact, the anti-social behaviour is undertaken in defiance of feelings of guilt which are too overpowering and alarming to be consciously accepted: 'I'll show you I don't feel guilty—I'll do it again!' In the second place it is most unlikely that, except possibly in a few cases, the absence of normally developed moral feelings is due to heredity, as intellectual deficiency is believed to be.

This last objection holds good also to the use of the diagnostic label *Constitutional Psychic Inferior*. In contrast to Psychopathic Personality, which is applied to an active anti-social character, this title is given to a passive and spineless delinquent. As such it includes a few chronically Depressed delinquents and a number of the more apathetic Affectionless types. Landers (9), for instance, describes a good example (Case B.) of the latter type under this diagnosis. In my view the term 'Constitutional Psychic Inferior' is undesirable on at least three grounds: (i) it covers too wide a field, (ii) it carries with it a moral stigma, (iii) above all, as with the diagnosis Moral Deficient, it presupposes the ætiology to be constitutional. As we shall see in the following section there are powerful reasons for believing this view to be false.

(IV) ÆTIOLOGY

So far we have confined ourselves to the description and classification of the clinical material, though, in presenting the case studies, references to ætiology and psychopathology were, of course, unavoidable. It is now time to discuss these aspects of our problem systematically.

Ætiological factors can most conveniently be considered under three main headings: (1) Possible Genetic Factors, (2) Early Home Environment and (3) Contemporary Environment, under which can be included recent traumatic events.

It is perhaps necessary to emphasize that the evidence regarding the influence of genetic and of environmental factors is of very different value. In the case of environmental factors, we frequently have direct historical evidence of the part they have played and in some cases the evidence of their having been the sufficient cause of the condition amounts almost to certainty. In the case of genetic factors however we are in the realm of inference. All that we know is the mental condition of the child's parents. We have no direct evidence that the parents' genetic endowment is in any way abnormal and naturally no evidence regarding the child's genetic endowment. To conclude, as is so often done, that, if both parent and child are mentally unstable, both must be genetically tainted is speculation. In many cases it may be so but in others it probably is not. It is because of the uncertain nature of the evidence regarding genetic factors therefore that the qualifying adjective 'possible' precedes their discussion.

(1) POSSIBLE GENETIC FACTORS

The incidence of mental illness in the parents and grandparents of the delinquents was high and it may well be that genetic factors played a part in some cases. Our data is limited in many respects however. In the first place exhaustive enquiries were not made so that the evidence may be incomplete. In the second there are no normal controls with which to compare the findings. Finally, even if all this information were available, it would remain impossible to disentangle the genetic effect of an inherited factor and the psychological influence of unstable parents. The following incomplete findings are nevertheless of interest.

Four of the delinquents had one parent psychotic, and two others had a psychotic grandparent:

No. 5, Winnie P. Mother in hospital one year—'involutional melancholia'.

No. 38, Albert J. Mother always peculiar, either M.D. or psychotic. For many years in an institution.

No. 43, Alan E. Mother depressive or schizophrenic.

No. 44, Edward N. Father had severe breakdown from which he had recovered. Diagnosis uncertain.

No. 17, Leslie M. Maternal grandfather depressed and certified in old age. (Mother very anxious.)

No. 40, Charles K. Paternal grandfather violent

and certified. (Father violent and had unjustified jealousy of his wife.)

Epilepsy is represented by No. 22, Winnie E., whose mother was epileptic. (No. 25, Reginald S., had a morose father, whose brother was epileptic.)

A further eleven patients had at least one parent who was neurotic or psychopathic:

No. 2, Clifford H. Both mother and father extremely anxious and hypochondriacal.

No. 3, Lily T. Mother alcoholic.

No. 4, Fred B. Mother very anxious and critical of everyone. Shouts and terrifies the children. Marked tic.

No. 8, John M. Father unemployable and hypochondriacal since accident 8 years previously. In observation ward three days after outburst. (? Psychotic.)

No. 10, James S. Mother unstable with fairly severe depressions.

No. 11, Kathleen P. Mother extremely unstable. Had curious sexual ideas about the children and had been seen thrashing dogs in a sadistic way.

No. 15, Monica P. Mother extremely anxious with severe Graves' disease.

No. 18, Headley J. Mother extremely unstable, obsessional and anxious.

No. 20, Ronald H. Mother anxious and sensitive. Under treatment for 'nerves' for many years.

No. 27, Betty I. Father a bigamist and difficult and unreliable in other ways.

No. 42, Peter S. Father morose and violent. Never speaks to his wife throughout her pregnancies.

Eighteen cases are thus found to have a parent or grandparent mentally ill. A nineteenth had an epileptic uncle. Since in three cases, who were illegitimate, one-half of the parentage was unknown only twenty-two cases are left whose parents were believed to be mentally healthy.

Amongst the 44 control cases, all but three of whom it will be remembered were suffering from some form of mental disturbance, no fewer than nine had a psychotic parent, one had an epileptic parent, another three had a psychotic grandparent and a further six had parents who were grossly neurotic or psychopathic. This makes a total of 19 cases with mentally-ill parents or grandparents, an incidence, allowing for one unknown, of 44 per cent., which is identical to that of the delinquents. Naturally a control group of normal children is required before the significance of these figures can be assessed, but it seems most unlikely that the incidence of psychosis and severe neurosis in the parents and grandparents of normal children would reach this figure.

The small number of cases available makes a satisfactory comparison of the incidence of mentally-ill parents as between the different diagnostic

groups impossible. Although not statistically significant, one trend is worth noting, however. The incidence of mentally-ill parents in the Affectionless thieves is low when compared with the remainder (3 out of 12 in comparison to 15 out of 29).

The relatively high incidence of mental illness in the parentage of both groups of cases, delinquents and unstable or neurotic controls, is suggestive of the possible importance of heredity as predisposing to the development of delinquent and unstable character. Nevertheless, in order that false conclusions may not be drawn, it must again be emphasized that because a parent is psychotic or seriously neurotic it does not follow that the child, or even the parent himself, is genetically tainted in any way. Such evidence is only suggestive. On the other hand a parent who is mentally ill, particularly if it is the mother, is extremely likely to have an adverse influence on the emotional environment in which the child is brought up. This brings us to our second ætiological heading.

(2) EARLY HOME ENVIRONMENT

When possible genetic factors prove inadequate to explain a case there is often a tendency to jump to the other end of the nature-nurture scale and incriminate the present-day environment. Thus there is a school of child psychiatry and criminology which attributes much of a child's misbehaviour to various unsatisfactory features of the situation in which he at present finds himself. I have never been impressed by these theories since they commonly ignore the fact that there are many children over four or five years of age who are remarkably adaptable and do adjust adequately to a great variety of adverse circumstances. Unsatisfactory environments in later years are compatible with both social and anti-social behaviour. What determines, therefore, whether or not in the case of a particular child adverse circumstances will lead to delinquent behaviour? Clearly the factors must lie in the personality of the child himself. And there is no need to revert to speculation about genetic factors. Character development is proceeding apace during the first few years of life and it may well be that an adverse environment during these early years is responsible both for the emotional disturbance apparent in these children and for their tendency to react to particular circumstances in a delinquent way. The present series of cases, for which this factor has been studied in some detail, goes far to confirm this view.

In discussing the influence of early emotional environment it is convenient to divide the factors which appear pathogenic into two groups:

(a) Specific events such as 'broken homes', death of mother or prolonged separation of child from mother for other reasons.

(b) The general colour of the mother's and father's

emotional attitudes to their child. Under this heading are to be considered both their conscious and their unconscious attitudes.

(a) *Broken Homes and Separation of Child from Mother*

Amongst specific events most widely remarked upon in the literature, 'broken homes' take pride of place. Unfortunately from the psychological point of view the conception 'broken home' is exceedingly unsatisfactory. For under this heading we have grouped together a great variety of situations, the psychological implications of which are as varied and unequal as the impact of war on the individual. For instance there is little or nothing in common, psychologically, between a home which is broken by the father deserting when the child is 14 years old and one which is broken by the mother dying when the child is 9 months old. The conception 'broken home' is a derivative of sociology not psychology. An adequate psychological study must first analyse the situations jumbled together under the one heading and select each for special study.

The particular member of the 'broken home' group of situations which has seemed to me of importance is that in which the child is *separated from his mother or mother-substitute for long periods or permanently during his first five years of life*. This situation is fairly definite and precise from a psychological viewpoint, although sociologically it may be brought about by a great variety of circumstances, only some of which are included in the 'broken home' group. Amongst such are illegitimacy, the mother's death, illness and desertion. Amongst those not so included is prolonged hospitalization of the child. In fact it was a case of prolonged hospitalization (Case No. 28, Derek B.) that first called my attention to the general situation.

Now if we examine the histories of our 44 delinquents we find that no fewer than 17, or about 40 per cent., had suffered such an early and prolonged separation from their mothers. This contrasts with only 2 (5 per cent.) amongst the control group, a divergence which is statistically highly significant.¹⁰ The incidence for normal children has not been ascertained but is almost certainly lower even than in the control group, which consists, of course, of emotionally disturbed children. In Burt's (4) control group of normal children it was in the region of 1 per cent.

Not only are these breaks significantly more frequent amongst the thieves than among the controls, but their incidence as between the different types of delinquent is also most unlikely to be the result of chance. Of the fourteen Affectionless Characters no fewer than twelve

(85 per cent.) had suffered an early separation of the type described; of the remaining thirty children, only five (17 per cent.) had incurred this misfortune.¹¹ There is a high degree of association therefore between the Affectionless Character and a history of mother-child separation.

These figures are set out for convenience in the table below:

TABLE VIII
Incidence of Mother-Child Separation

Type of Case	No. in which Mother-Child Separation		Total
	Occurred	Did not occur	
Affectionless Thieves	12	2	14
Other Thieves	5	25	30
All Thieves	17	27	44
Control Cases	2	42	44

The degree of association between the Affectionless Character and a history of mother-child separation may in fact be even higher than that indicated in this table. Two of the five thieves who had suffered a prolonged separation but who are not classified as Affectionless might with some reason be so classified. One (No. 44, Edward N.) had been typically Affectionless before psychosis overtook him. The other (No. 41, Rosemary B.) may in fact always have been so but too little was known of her previous personality for this to be certain.

Moreover, further evidence of this association comes from two other cases of Affectionless Character and stealing following a history of prolonged separation from their mothers, both of which have been seen since the main series was closed. The incidence of a history of prolonged separation from the mother in the case of Affectionless thieves is then brought to 14 out of 16 (87 per cent.).

The two cases of Affectionless Character where there was not this history are Nos. 39 and 40. The history and clinical picture in the case of No. 39, Roy D., were unsatisfactory and too much weight need not be placed on this apparent exception. No. 40, Charles K., had a psychotic, probably schizoid, heredity. It may well be that he would be more accurately diagnosed as Schizoid.

Our difficulty here is that the diagnostic criteria for distinguishing the Affectionless and the Schizoid Characters are as yet by no means clear. If we evade this difficulty by pooling the figures for the Affectionless and Schizoid groups, the incidence of prolonged separation remains high—16 out of 20 (80 per cent.). This contrasts with

¹⁰ Chi-squared equals 13.16 for one degree of freedom. P is less than .01. (Note.—All chi-squareds have been subjected to Yates' correction.)

¹¹ Chi-squared equals 16.39 for one degree of freedom. P is less than .01.

1 out of 24 of the remaining delinquent cases (4 per cent.), a difference which remains highly significant.¹²

Thus there can be little doubt that prolonged mother-child separations are associated to a high degree both with chronic delinquency in general and with certain types of chronic delinquent in particular.

It is now time to consider the criteria of what constitutes a prolonged mother-child separation, although at this stage of our investigation it is difficult to formulate these criteria precisely. As regards time I have included no case where the break was believed to have been of less than six months. But in the case of children who have been in hospital, length of time is not the only factor to be considered. Much will depend upon whether the child was visited, and again the effects of the visits will themselves be influenced by the age of the child. Thus weekly visits will mean far less to a baby of four months than to a child of 2½ years.

So that the reader can form an impression of what I have designated a 'prolonged separation', details of the breaks are given below. There were twelve cases of Affectionless Character giving this history:

No. 27, Betty I. Girl aged 5.7. Father deserted. Child put in *succession of foster-homes* between 7 months and 5 years, when she returned home to find mother re-married with two new babies.

No. 28, Derek B. Boy aged 6.0. Fell ill at 18 months and *in hospital* for 9 months unvisited.

No. 29, Raymond E. Boy aged 6.3. *Mother died* at 1 year 3 months. Child lived with aunt for 9 months and then with an older sister.

No. 30, Norman K. Boy aged 7.8. *Mother chronically ill* with T.B. and in sanatoria for long periods when boy between 2 and 5. Looked after by a variety of people.

No. 31, Nansi F. Girl of 7.10. Fell ill at 12 months and *in hospital* 9 months unvisited.

No. 32, Kenneth W. Boy aged 10.6. Father deserted. From 2 months to 3 years *in foster-home* and from 3 years onwards with maternal grandfather.

No. 33, Arthur L. Boy aged 11.6. *Illegitimate*. With mother one month, with great aunt till she died 18 months later, returned to mother for one year, subsequently in foster-home.

No. 34, Derrick O'C. Boy aged 11.6. Unwanted and possibly born before parents married. *Mother working* and boy in foster-home during first 3 years. Then returned to mother.

No. 35, Gordon B. Boy aged 12.0. *Mother died*

at 12 months. During next five years in a succession of foster-homes.

No. 36, Marjorie D. Girl aged 12.3. *Illegitimate*. First 20 months unknown. In same foster-home since.

No. 37, Kenneth G. Boy aged 12.11. *Illegitimate*. From 5 months to 3 years in foster-home—then returned to mother.

No. 38, Albert J. Boy aged 9.4. *Illegitimate*, but looked after by aunt from birth. Fell ill at 3 years and *in hospital* for long periods (dates unknown).

Five other thieves had also suffered such separations:

No. 10, James S. Boy aged 12.8. Father died when he was 2 years. *Mother worked* and boy in foster-home until 5 years. Mother visited fortnightly.

No. 24, Raymond G. Boy aged 8.10. Much *hospitalization* during first 3 years with measles, scarlet fever, whooping cough and pneumonia. (Mother stupid and cannot give accurate dates.)

No. 26, John S. Boy aged 9.4. *Mother deserted* at 2.3. Child with grandmother 6 months and in institution for another 18, then returned to mother.

No. 41, Rosemary B. Girl aged 16.2. ? *Illegitimate*. Father deserted. Sent in early years to be looked after by aunt (exact age unknown). At 6 returned to her mother.

No. 44, Edward N. Boy aged 15.0. *Mother died* when boy 10 days old. Looked after by grandparents until 3.6 years, thenceforward by step-mother.

The two further cases, noted above, of Affectionless Character giving this history were:

Ronald M. Boy aged 9.9. I.Q. 97. *In hospital* unvisited from 9 to 17 months.¹³

Florence W. Girl aged 3.8. *In hospital* from 4 to 18 months. Although visited regularly she soon failed to recognize her parents.

Amongst the controls only two children had had comparable breaks. Both had become schizophrenic. One, an adolescent girl, had been sent to foster-parents at the age of two and had stayed with them about three years. The other, an adolescent boy, had been in hospital for periods up to eight months in duration between his third and seventh years. In view of the fact that one of the schizophrenic delinquents had also suffered an early separation, the possibility of these psychological traumas in early life being factors in the

¹² Chi-squared equals 23.36 for one degree of freedom. P is less than .01.

¹³ It is worth recording here that Ronald M. had been under three psychiatrists for a considerable period and had had independent histories taken by two psychiatric social workers before a third, who was aware of the

significance of early separations, discovered his period of hospitalization. One of the psychiatrists had hazarded a diagnosis of post-encephalitis, although there was no evidence of any kind to substantiate it. These facts illustrate the uselessness of old case records for research of this kind.

development of adolescent schizophrenia needs consideration.

A third child amongst the controls had been adopted within ten days of birth, having been born illegitimate. Such a very early adoption is different in nature from the separations considered here—namely the separation of a child from the woman whom he has come to rely on, a relationship which is fairly developed at six months but absent during the first few weeks of life. Because of this difference the case has not been counted as a case of early separation.

It is therefore suggested that, to be pathogenic, a separation must occur when the child's capacity for personal relationships has developed at least to a certain point. In this respect the 17 delinquents who had suffered such separations had found themselves in a considerable variety of situations. In seven cases (No. 10, James S., No. 24, Raymond G., No. 26, John S., No. 27, Betty L., No. 28, Derek B., No. 30, Norman K., and No. 31, Nansi F.) there was reason to suppose that the child had developed a fairly normal emotional relation with its own mother before it had, for one reason or another, been separated from her for a long period, later to return. In two further cases (No. 29, Raymond E., and No. 35, Gordon B.) a stable relation with their mothers had, presumably, developed during the first 12 months of the children's lives but was then cut short by their mothers' deaths. Neither of them subsequently found a satisfactory and stable foster-mother. Thus in 9 of the 17 cases the child's first emotional relation had been with its own mother, but this had for various reasons been interrupted between the age of 12 months and 4 years.

On the other hand there were six children (No. 32, Kenneth W., No. 33, Arthur L., No. 34, Derrick O'C., No. 37, Kenneth G., No. 38, Albert J., and No. 44, Edward N.) who had never developed a relationship to their biological mothers at all, having in each case been placed with a foster-mother during the first few weeks of life.¹⁴ In none of these cases was there reason to believe that this move had been pathogenic, though information of course was scanty. The separations which seemed to have been responsible for later problems were when, during their second, third or fourth years, the children had been parted from their foster-mothers. Kenneth W. had been parted from his foster-mother at 3 years of age and had henceforward lived with a drunken grandfather. Arthur's foster-mother (his great aunt) died when he was 18 months old. Derrick left his foster-mother to return to his mother, who was nursing a new baby, when he was three. Albert spent long periods in hospital. Kenneth G. and Edward both

left their foster-homes at about 3 years of age to return to their biological homes, though in neither case did the children know their real parents.

These data suggest that separation from a foster-mother who has had the child since his first few weeks of life has the same result psychologically as the separation of a child from his real mother. Much more detailed research is of course required before conclusions are reliable. It appears however that where a child has been looked after by a foster-mother almost from birth, his relation to his foster-mother becomes his primary emotional relationship. In these circumstances the separation from or loss of the foster-mother is the cause of the psychical trauma. And this remains so even when the child is parted from his foster-mother to be returned to his real mother, if she is a stranger to him. This happened for instance in the case of No. 37, Kenneth G. He had hardly seen his real mother until his return to her at 3 years of age and it is consequently hardly surprising to find that he bitterly resented the move and even at the age of 12 still yearned to return to his foster-parents.¹⁵

Thus the essential factor which all these separations have in common is that, during the early development of his object-relationships, the child is suddenly removed and placed with strangers. He is snatched away from the people and places which are familiar to him and whom he loves and placed with people and in surroundings which are unknown and alarming. This situation must be distinguished sharply from the situation in which the child, having lost his mother for one reason or another in his early years, is henceforward looked after by close relatives whom he already knows. In such cases there may well be emotional shock, but a libidinal tie already exists with the woman who is to take his mother's place, perhaps an aunt, a grandmother or elder sister, and, because it exists, can be fairly easily developed. It is the difficulty of developing new libidinal relationships where none have previously existed or in circumstances traumatic for those already in being which appears to be critical in the development of the Affectionless and Delinquent Character.

Another point of importance which emerges from the evidence is that in the great majority of cases more than one interruption of the child's relationship with his mother-figure has occurred. Many of these children were in more than one foster-home. In the case of the hospitalized children, returning home from hospital may well have been as great a shock as being suddenly swept off to hospital. For, if he has not been visited, a small child will either have forgotten his mother altogether or else perhaps have come to regard her as a faithless and therefore hateful person.

¹⁴ Information was lacking in the remaining two cases, No. 36, Marjorie D., and No. 41, Rosemary B. Both were illegitimate and it is unknown to whom they formed their first object-relationships, and from whom they were later separated.

¹⁵ Significantly enough Field Marshal Goering is said to have had almost exactly the same early experience as this boy; at the age of twelve he also yearned to return to his foster-parents and was later, like Kenneth, a tempestuous, cruel and antisocial boy.

If we include the four hospital cases, we find that more than one change occurred in no less than 14 of the 17 cases. In the remaining three (No. 32, Kenneth W., No. 37, Kenneth G., and No. 44, Edward N.), where only a single transfer occurred apart from changes in the earliest weeks, there were other adverse circumstances which probably aggravated the situation. In the first place not one of them was brought up by his real mother during his early years, a situation which is apt to lead to less satisfactory emotional relationships than when the real mother brings the child up. Secondly, in each case, special conditions existed at the time of or after the transfer. Kenneth W., after spending his first three years in a foster-home, returned to live with his grandfather who was a very heavy drinker. Kenneth G., having also spent his first three years in a foster-home, returned to his mother, who had an intense dislike of him owing to his having been born out of wedlock. In the case of Edward N. the emotional effects of his transfer from grandparents to stepmother at 3½ are unlikely to have been eased by an intervening six weeks in hospital. The possibility must therefore be borne in mind that a single interruption of the mother-child relationship may not alone produce the damaging effects which have been observed.

One further fact is to be noted. In practically all these cases the separation which appears to have been pathogenic occurred after the age of six months and in a majority after twelve months. This suggests that there is a lower age limit, before which separations, whilst perhaps having undesirable effects, do not produce the particular results we are concerned with here—the Affectionless and Delinquent Character. Further research into the effects which separations occurring at different periods of the baby's first 18 months may have is clearly called for. Apart from casting light on our present problem, such information would go far to extend our knowledge of the development of an infant's object-relationships, an understanding of which is as important for the psychopathologist as is an understanding of chromosomes for the geneticist or the atom for the physicist.

The precise conditions under which prolonged early separations are pathogenic thus remain obscure. That events of this kind are in fact the cause of the abnormal personalities and not merely fortuitously associated with them is, however, demonstrated by the direct evidence of the child's reaction to the event, evidence of which is available in several of the cases. The mother of No. 28, Derek B., described him on his return from nine months in hospital as 'a little stranger'. He refused all food and had to be 'left to starve for a while'. She described 'how it seemed like looking after someone else's baby. He did not know us. He called me "nurse" and seemed to have no affection for us at all.' No. 31, Nansi F., after a

similar experience in hospital, was frightened and babyish on her return home. For some months she wetted and soiled her bed every night, although previously she had been clean. She always remained the 'odd one out' and treated major events in the family, such as the birth of a new baby, as though they did not concern her. No. 27, Betty I., who was away in various homes from the age of nine months to that of nearly five years, was said nine months later to 'behave as though she had just come in to play and does not seem to belong'. No. 30, Norman K., whose mother had been in sanatoria for long periods, was described as behaving as though he felt he did not belong in the family.

Such accounts given by the children's own mothers are vivid evidence of the shattering effect which these long separations have on the emotional bonds which usually unite mother and child. The child himself feels, almost literally, a lost soul. The mother also feels she has lost *her* child, since he no longer behaves as though he were her child. This naturally constitutes a very severe emotional shock to the mothers, many of whom find it difficult thereafter to treat the child with normal affection, let alone the very special care which he obviously needs.

If further evidence is required of the devastating effect on a child's personality of an early separation, it is to be found in the story of a little girl of 3½, Florence W., whose case, as already stated, falls outside the main series.

When she was four months old Florence was sent to hospital for impetigo. She remained in the hospital for fourteen months. Her parents visited her frequently, but gradually the child lost all interest in them and did not recognize them. On her return home at eighteen months she was very upset and did not settle down. When examined two years later, her character was typically Affectionless. She took no notice of her mother, but when spoken to just stood and gazed. She showed her no affection and usually addressed her as Mrs. W.; only very occasionally did she call her 'Mum'. Nevertheless she claimed the parents of other children as her own. In keeping with this lack of attachment to her parents and home was her frequent wandering away, drifting heedlessly amongst the traffic. When added to these traits we find an irrational aggressiveness to other children and habitual pilfering from her mother and the neighbouring sweet-shops, the connections between an early separation, the development of an Affectionless Character and a tendency to chronic stealing are clear.

We may therefore be a little astonished to find how lightly early separations have been treated by most workers in this field. Burt (4) for example places these early separations amongst the *minor* factors in the origin of delinquency. His actual figures hardly warrant such a conclusion. Thus he

found that 23·5 per cent. of the boys and 36·5 per cent. of the girls had suffered prolonged absence from their parents. This contrasted with figures of 1·5 and 0·5 per cent. respectively for the controls. Indeed the literature on delinquency is teeming with examples of children who, having suffered an early separation, developed a delinquent character. It is therefore all the more remarkable that, so far as I can discover, the existence of this specific break in the child's emotional development has never been incriminated as the outstanding cause of his delinquent character and behaviour.

Except for Burt's figures, which are valuable confirmation, I have been unable to find any direct reference to this subject in the literature. The results of investigations into broken homes are usually useless for comparison for reasons already given. Two investigations are worth mentioning, however, because they both illustrate the great importance of disturbances *during the early years*. In one of the Gluecks' investigations (6) the age of the child when the break in the family occurred is given. Out of 966 juvenile delinquents, 429 came from broken homes. In 40 per cent. of the 429 (about 19 per cent. of the total) the break had occurred before the child was five years old. A similar analysis by Armstrong (1) gave comparable results. Of 600 runaway children 29 per cent. had had their homes broken before the age of four, and a further 28 per cent. between four and six years. Of 30 'incurables', 12 (40 per cent.) had suffered broken homes before they were four years and a further six between the ages of four and six years.

Further indirect evidence is afforded by the recent research of Norwood East and Hubert (10). Out of 26 cases illustrative of Borstal boys and adolescent prisoners who appeared specially difficult and either would not profit or had not profited by training, exactly half¹⁶ had probably suffered early separations. Details are not given of all the cases and the actual proportion may have been higher.

On the basis of this varied evidence it appears that there is a very strong case indeed for believing that *prolonged separation of a child from his mother (or mother-substitute) during the first five years of life stands foremost among the causes of delinquent character development and persistent misbehaviour*.

Nevertheless much further research is required to elucidate the details and to discover what proportion of children who suffer such separations become delinquent and unstable characters. As described later, research is also required into the nature of the psychological reaction to the separation and the precise ways in which it leads to the development of delinquent character.

(b) Emotional Attitude of Parents

Although an early and prolonged separation of the child from his mother seemed to account for the origin of 17 of the 44 cases of delinquency, it played no part in the remaining 27. On the other hand, in very many of these other cases the home environment was very far from what it is believed to be in the normal household. Several children were definitely unwanted; anxious, unstable and nagging mothers were frequent, whilst a few children had fathers who hated them outright. Unlike the incidence of early separation, however, the incidence of these factors was no greater amongst the thieves than it was amongst the control group of neurotic and unstable children. If these factors have ætiological significance, therefore, they would appear to be pathogenic of unstable and neurotic character in general and not specifically of delinquent character.

Pending the collection of adequate control data on normal children we can do no more than speculate on the ætiological significance of these factors for instability or delinquency generally. Nevertheless the extraordinary frequency of unsatisfactory emotional attitudes on the part of the parents, both of the thieves and of the control group of neurotic children, together with much qualitative evidence, strongly suggests that these factors will later prove to be of outstanding importance in the development of unstable character. It is for this reason and for completeness' sake that detailed treatment of the data may be justified. The degree of certainty with which these factors are incriminated, however, is altogether different from that which attaches to the prolonged separations already discussed.

If we consider first the characters and attitudes of the mothers of the 27 thieves who had not suffered early separations we find the following:

No. 1, Claud W. Mother immoral, violent and nagging.

No. 2, Clifford H. Mother extremely anxious, fussing, critical and hypochondriacal.

No. 3, Lily T. Mother drunken and cruel. Did not want the child.

No. 4, Fred B. Mother very anxious and critical. Shouts and terrifies the children.

No. 5, Winnie P. Mother sensitive and reserved—developed melancholia when Winnie was 12.

No. 6, Denis H. Mother nagging and very severe. Had not wanted the child.

No. 7, Walter N. (Mother dead and character unknown.)

No. 8, John M. Mother pleasant and normal.

No. 9, Edward G. L. (Mother dead and character unknown.)

No. 11, Kathleen P. Mother extremely unstable

¹⁶ The short descriptions of Case Nos. 3, 5, 7, 8, 10, 12, 13, 14, 16, 18, 21, 23 and 25 have led me to this conclusion. The indications are admittedly indirect in some cases—as

for instance No. 8, John M., who we are only told was illegitimate.

and jealous. Had curious sexual ideas about the children and had been seen thrashing dogs in a sadistic way.

No. 12, Audrey H. Mother pleasant and normal.

No. 13, Ivy B. Mother had been hot-tempered and difficult and suffered from nerves. Did not want the child.

No. 14, Alma M. Mother excitable and anxious. Resented the child being a girl.

No. 15, Monica P. Mother extremely anxious and irritable. Severe Graves' disease.

No. 16, David J. Mother nervous and fussy.

No. 17, Leslie M. Mother extremely anxious, fussy and nags her only son.

No. 18, Headley J. Mother unstable, anxious and obsessional. Did not want the child.

No. 19, Patricia C. (Mother dead and character unknown.)

No. 20, Ronald H. Mother extremely nervous and sensitive. Did not want the child.

No. 21, Leo W. Mother alternates between violent domination and sentimentality.

No. 22, Winnie E. Mother quite pleasant but epileptic.

No. 23, Edward N. L. Mother fairly normal.

No. 25, Reginald S. Mother fairly normal.

No. 39, Roy D. Mother anxious and very unstable in her attitude to the boy.

No. 40, Charles K. Mother fairly normal.

No. 42, Peter S. Mother fairly normal.

No. 43, Alan E. Mother psychotic. Previously extremely anxious and overprotective of the boy.

From this it will be seen that, even omitting the epileptic mother, no fewer than 17 of the 27 children had mothers who were neurotic and unbalanced in their attitude towards their children. Of these, five stated that the delinquent child had always been unwanted and a sixth that she resented its having been of the wrong sex. Since the character and attitude of three of the mothers were unknown, there remain only seven mothers (including the epileptic) who were fairly normal in these respects.

This incidence of 17 out of 24 (omitting the three unknown) compares with 32 out of 42 (omitting the two cases of prolonged separation) for the controls. These 32 children had mothers who were either seriously anxious, irritable and depressed or else rigid, domineering and overcritical. The proportion in the two cases is thus almost identical at about 70-75 per cent. It is difficult to believe that a control group of normal children would show an incidence of maternal instability or severity one-half as great as this.

If we consider the 17 unstable and neurotic mothers of the delinquents we find that the great majority are described by such adjectives as violent, nagging, critical or irritable. In other words excessive aggression, either conscious or unconscious, is a prominent feature of their make-

up. In most cases, as the histories show, their aggression had for long been directed against the delinquents, sometimes as the principal target, at other times as one of many. In a previous paper (3) I have attempted to describe the ways in which an ambivalent attitude on the part of a mother will make for emotional difficulties in her child. The topic is a large and important one and can only be touched upon here. The following account appears to explain the principal features of many of the cases.

If a child's mother is irritable, critical and nagging, the unnecessary interference and frustration which results will in many children call forth excessive anger and aggression. Frustration will also increase greed both for affection and for tokens of affection. In this way aggression and greed can be pathologically stimulated in early childhood, and moreover these antisocial impulses will be directed especially against the frustrating and irritable mother. Thus a vicious circle is set up—the mother being hostile to the child, the child paying his mother back in the same coin and the mother then having further grounds for irritation and anger.

Because the child also loves his mother, however, he will feel very anxious and guilty about having such unkind impulses towards her. Anxiety and guilt are thus increased *pari passu* with the aggression. Moreover, the constant criticism from his mother will operate still further to increase the child's guilt.

This state of affairs appears to lead to a variety of pathological reactions. Not infrequently it produces a rebellious and boastful character. This had almost certainly been the course of events in cases such as No. 15, Monica P., No. 16, David J., No. 17, Leslie M., No. 18, Headley J., No. 20, Ronald H., and No. 21, Leo W.

Monica, for instance, was extremely rebellious and antagonistic towards her mother, who was a severely anxious and irritable woman. Monica was greedy and jealous and stole milk soon after the new baby was born. But in addition to being antagonistic and greedy, she was also very guilty, as her intolerance of criticism clearly showed. In no circumstances could she bear being thought badly of and on such occasions she characteristically carried the war into her opponents' camp by levelling all sorts of criticism at them.

This underlying guilt was even more obvious in the case of Leo W. His mother was an extraordinarily aggressive and unpleasant woman who had evidently brought the boy up with a mixture of severe punishment alternating with sentimentality. She constantly criticized the boy and compared him unfavourably with his elder brother. It was perhaps not surprising that he got some of his own back through stealing. But, despite his devil-may-care attitude, this boy suffered at times pangs of suicidal depression, as when he remarked

to his mother: 'I know I am a wicked boy; you had better murder me, then I will be out of your life.' The origin of the very intense guilt against which this boy was reacting was probably very largely due to his mother's attitude towards him. Another possible source should however be mentioned. When Leo was two years old, a new baby had been born and had died soon after birth. Such an event of course is not infrequently believed by the older child to be caused by his own jealousy and desire that the baby should die. Naturally, once this idea has developed, intense feelings of guilt will be felt. A nagging and criticizing mother, moreover, is not likely to make matters better and in some cases she may clearly make them worse.

For instance, the aggressive hyperthymic of the control group, Cyril R., a boy aged 5.8, who seemed clearly destined for a delinquent career, had had two younger sisters both of whom had died of diarrhoea and vomiting in infancy. His mother was an extremely neurotic woman who was intensely disturbed by each of their deaths, for which, perhaps with some reason, she clearly felt herself to blame. But instead of blaming herself she blamed Cyril, openly stating that she wished he had died instead of the baby. On one occasion she alleged that the baby's death was entirely due to Cyril having hit the baby on the head with a mug. The mistress of the infant school to which Cyril went reported that on each occasion she had been shocked by Mrs. R.'s bitter and reproachful attitude towards the boy. Such events must immensely increase a child's sense of guilt. A reaction of aggressive boastfulness as compensation is consequently not surprising.

The resentful and hostile attitude of the delinquents' mothers to their children was in some cases glaringly evident at the first interview, but in others it was by no means so. Some of them were genuinely ashamed of such feelings and many were apprehensive of criticism. As a result it was often not until after several therapeutic interviews by a psychiatric social worker that the mother could bring herself to confess her real feelings. This is of importance for future research; unless skilled social workers, trained in the assessment of emotional attitudes, are available to give, if need be, a number of interviews to mothers, conclusions about the family situation in which delinquents find themselves are likely to be gravely misleading.

I have considered the mothers first, both because our evidence about their attitudes is first hand and also because it is clear that they have greater influence than do fathers in their children's early and most important years. Information about the fathers' attitudes is almost always second-hand from the mothers, but in the cases given is believed to be reliable.

When considering the fathers we are once again

faced with a remarkable proportion who are hostile to their children. Several of them never wanted the child and neglected few means of letting him know it. This situation was present in 5 of the 27 cases who had not suffered an early separation, and also in one that had (No. 30, Norman K.):

No. 12, Audrey H. Was probably wanted, but after her younger brother's death father constantly blamed her for the accident.

No. 22, Winnie E. Father openly disliked child, often beat her, never gave her presents, and openly favoured younger sister. (Mother developed epilepsy during the pregnancy and it is possible that father blamed the child for this.)

No. 25, Reginald S. Father, a morose man, who hated the child, shouted at him and gave him neither affection nor presents.

No. 39, Roy D. Father never wanted children and took no notice of them. Had never been out with them since they were born.

No. 42, Peter S. Father silent, morose, disliked the children, whom he punished severely.

No. 30, Norman K. Had had an early separation. Father disliked all children. Norman was the second and therefore very much unwanted.

It is interesting to note that four of the seven children credited with mothers whose attitude was fairly normal are in the above list (Nos. 12, 22, 25 and 42).

In three cases (No. 22, Winnie E., No. 25, Reginald S., and No. 39, Roy D.) the influence of the father seemed of outstanding importance in contributing to the child's unfavourable character development. All these children had developed into active and incorrigible rogues (the first two Hyperthymic, the third Affectionless). In their general history and character these three are reminiscent of one of a pair of twins, reported by Healy and Bronner (8). These twins were both boys but whereas one developed into a normal sociable child the other became 'exceedingly restless, active, impulsive, uninhibited',¹⁷ tended to show off and evidently took active pleasure in delinquency. It seems probable that in terms of the classification used here he would be accounted either a Hyperthymic or else an active Affectionless Character. Regarding the home surroundings of these two boys the authors state: 'An amazing difference of attitude on the part of the father toward the delinquent and the control was reported to us and acknowledged by him. He maintained that the cause of it was the stubborn lack of response to him shown by the delinquent when an infant, only two months old. He said he detested the boy then and had ever since—"I can't bear to have him touch me. I would rather have a snake around me than have him". . . . The mother

¹⁷ The term 'uninhibited' is of course quite inapplicable to a case of this kind. If studied closely severe inhibitions

of the feelings of affection, regret and sorrow are to be found.

stated that the father always repulsed the boy when the latter attempted to climb on his knee.'

Since in this instance the normal twin acted as a control, it is reasonable to conclude that the unfavoured twin developed a delinquent character partly or wholly because of his father's attitude towards him. This conclusion was supported by much internal evidence. For instance, although both parents insisted that the delinquent had never shown much feeling about being disliked by his father, when interviewed by the psychiatrist very violent hostility to his father was shown and this was related closely to his delinquencies. The psychopathology of this case, as of the similar cases in the present series, is probably not unlike that already outlined in the discussion on the influence of over-critical or hostile mothers.

A comparison with the controls in respect of the father's attitude is not very meaningful as the data are incomplete. It is known, however, that at least 2 of the 12 controls whose mothers were fairly normal had fathers who were violent in their behaviour.

I have dealt at some length with the pathogenic influence of a bad early environment, both because it appears to me of paramount importance in an understanding of the development of unstable, neurotic and delinquent character and also because it is habitually ignored. The comments of barristers, judge and press on the four 'Mayfair Men', found guilty in 1938 of the robbery with violence of a jewel merchant, two of whom were sentenced to be flogged, is typical of the lay attitude to this question. Again and again it was asserted that these men had no excuse because they were of good family and were educated at public schools. No account was taken of their recent home environments, let alone the early environment in which their characters developed. It is possible of course that these were of no special consequence, but it is significant that one of them at least was stated to have lost both his parents when he was a baby.

We can perhaps excuse the lawyers and the press their ignorance in such cases, but we must protest when it appears in the writings of psychiatrists who have made a special study of these problems. Norwood East and Hubert (10) for instance in discussing a case of 'constitutional psychic inferiority' remark that it was a case which showed 'no relationship to early or later unsatisfactory environment'. This statement follows a very brief history in which we read that the boy was illegitimate, was born in a Salvation Army home and was adopted at the age of ten years by foster-parents (Case VIII, p. 47).

A similar assertion is made about a case reported by Gordon (7). He describes a girl who seems to have been of a typically Affectionless Character—selfish, egocentric and 'incapable of giving or taking affection'. After relating a history of the

girl's mother dying when she was an infant and the child being brought up by 'amiable but elderly grandparents' Gordon concludes 'the trouble was inherent, the blame lying in some antecedent defect of stock . . .'. The fact that the child had had 'a few epileptic fits in childhood and was subject to outbursts of temper' is taken as adequate grounds for asserting that 'the influence of the broken home was negligible, and in her case there was an inherent incapacity for social adjustment and environment or treatment would have had no beneficial effect because there was no straw of which to make bricks'.

Such assertions, made without a shred of evidence, serve only to confuse counsel and to cast a stain upon the reputation of our science. Not until we have obtained a full and detailed history of a child's environment and of his reaction to it from birth onwards, with especial reference to the emotional atmosphere of the home, and compared our findings with those for a control group, have we the right to conclude that the environment was of no account.

(3) TRAUMATIC EXPERIENCES OF LATER CHILDHOOD

In considering aetiology, particular attention has been given to the influence of the early home environment. Unless due weight is given to this factor, the persistent thief will remain, I believe, an unfathomed mystery and a misunderstood human being. Nevertheless the contemporary environment cannot be ignored. In the first place some of the adverse factors which operate in the early years may continue to operate later. Thus an anxious nagging mother or a father who hates them will upset children when they are ten years of age as well as when they are small. Nevertheless there is reason to believe that influences of this kind when exerted on older children do not have the same effect that they have on younger ones. In the series of cases presented here, as has already been shown, almost all the children had been of abnormal and unstable character for many years. In many cases the history of their instability could be traced unequivocally to the first few years of life; in practically all the others there was a strong probability that a full history would have revealed it. And since it is clear that it is the abnormal character of these children that is the root of the problem of their stealing, any influence which comes into play after the formation of the unsatisfactory character is completed will naturally be regarded as of secondary importance.

Whilst there were many cases in the present series where unfavourable parental attitudes were clearly aggravating the child's condition, there was only one where it was thought to be of greater significance than the already neurotic or delinquent cast of the child's personality. This was case No. 1, Claud W. His stealing, which was only from his

mother, appeared to be a direct reaction to her nagging attitude and demands for his weekly earnings. When away from her in a hostel he was much happier and settled down sociably.

It will, of course, be pointed out that in certain other cases removing a child from his present surroundings stopped the stealing. Such a case was No. 5, Winnie P. She had got into the company of another girl who was undoubtedly the leader in the stealing. Winnie played second fiddle and did little more than keep a good look-out. Separating the girls stopped Winnie's stealing. But the question remains, why did Winnie get under the influence of this girl? There were dozens of other girls in the school who ignored their delinquent classmate, but Winnie fell in with her. In this particular case there is no immediate evidence, but often it is abundantly clear that a passive delinquent character falls in with an active one because it suits him. In other words children as well as adults are frequently the authors and choosers of their environment—not the victims of it. This was clearly so with the Affectionless Characters and the aggressive Hyperthymics. In common parlance they were crooks, and it was no surprise to find that they consorted with other crooks and avoided honest and, to others, more desirable company. Unless this active choice of bad company is clearly recognized, far too much emphasis will be laid upon the influence of the present environment.

There are, however, cases where it appears that, but for a relatively recent incident, a child would not have become delinquent. Such an incident is the death or serious illness of a near relative. Children are far more seriously upset by illness and death than is commonly allowed for. If we recall how heartbroken a child can be over a damaged doll or the death of a favourite dog, we shall perhaps be able to imagine dimly how he will feel when his mother or brother dies. And when the child is already of an unstable character the shock will be all the greater. The reaction of each child will vary but the usual form it takes is one either of depression or of defiant over-activity. In this particular series there is no example of the latter, and I am indebted to colleagues for examples. In one such case an adolescent boy left home against his mother's wishes. She died soon afterwards and he, perhaps not unnaturally, felt that he was to blame for it. This thought made him desperate. He organized a gang of boys, broke into shops and used a revolver on the police. Another boy whose mother had been desperately ill at home for some months began breaking shop windows.¹⁸

In this series of cases depression is the principal reaction and the traumatic experiences have already been mentioned when describing the Depressed cases. For convenience, however, they

may be listed here, with the age of the patient when the event occurred:

No. 8, John M. At 6.5 present at his mother's confinement. Mother taken to hospital in a collapsed condition and believed by the child to be dead.

No. 9, Edward G. L. At 12 years mother died.

No. 10, James S. At 10 years mother in hospital and patient away from home.

No. 12, Audrey H. At 8 years brother killed before her eyes.

No. 13, Ivy B. At 8 years mother died.

It is not unlikely that their mothers' deaths had also upset No. 19, Patricia C., and No. 7, Walter N. A very unsympathetic step-mother may also have played a part in the latter case.

Of course it is not every child who reacts to death or illness by developing a depression or by hypomanic behaviour and often we have evidence, or may infer, that the child who does so was unstable before the event. On the other hand, the experiences to which No. 8, John M., and No. 12, Audrey H., were subject were exceptionally distressing and calculated perhaps to precipitate symptoms in all but the most insensitive.

The incidents which precipitated over-activity or depression in the remaining four cases were such as many children go through without disturbance of any kind. They could only have had an adverse effect on a child already far from stable. Jealousy of a new baby played its part in two cases:

No. 14, Alma M. Was away from home for three months when she was eight, during which time her younger brother remained at home.

No. 15, Monica P. Was an only child until she was 11½. She was jealous of the baby and stole milk soon after its birth.

Of the remaining two cases, both of Depression:

No. 6, Denis H. Had become depressed after his brother's birth some years previously and had remained so. Serious delinquency came on after his first offence, for which he was charged.

No. 11, Kathleen P. Became worried and depressed on failing in her school work after being moved up two classes.

This makes a total of 11 cases in which a recent traumatic event precipitated a syndrome of which stealing was a part. This incidence is approximately the same as for the control group where comparable events could be traced in at least a similar number of cases. Such events therefore, if of aetiological significance, appear to be associated with instability and maladaptation in general and not with stealing in particular.

¹⁸ I am indebted to verbal communications from Dr. Ruddy and Dr. Burberry for these two examples.

TABLE IX
Distribution of *Ætiological* Factors by Case

Character Group	Case No.	Name	Degree of Stealing	ÆTIOLOGICAL FACTORS				
				Possible Presence of Genetic Factor	Prolonged Separation from Mother	Ambivalent or Hostile Mother or Foster-Mother	Child Hated by Father	Recent Traumatic Event
EMOTIONALLY NORMAL.	1	Claud W.	II	...	...	++	...	...
	2	Clifford H.	II	+	...	++	...	...
DEPRESSED	3	Lily T.	III	+	...	++	...	...
	4	Fred B.	I	+	...	++	...	...
	5	Winnie P.	IV	++	...	+	...	...
	6	Denis H.	III	...	...	++	...	+
	7	Walter N.	II	...	...	...	...	+
	8	John M.	II	+	...	...	...	++
	9	Edward G. L.	II	...	...	...	...	++
	10	James S.	III	+	++	+	...	++
	11	Kathleen P.	II	+	...	++	...	++
CIRCULAR	12	Audrey H.	III	...	...	...	+	++
	13	Ivy B.	III	...	...	+	...	++
HYPERTHYMIC	14	Alma M.	IV	...	...	++	...	+
	15	Monica P.	I	+	...	++	...	+
	16	David J.	I	...	...	++	...	...
	17	Leslie M.	II	++	...	++	...	...
	18	Headley J.	II	+	...	++	...	...
	19	Patricia C.	III	...	...	...	...	++
	20	Ronald H.	IV	+	...	++	...	...
	21	Leo W.	IV	...	...	++	...	...
	22	Winnie E.	IV	+	...	+	++	...
	23	Edward N. L.	I (IV)	...	...	...	...	...
AFFECTIONLESS	24	Raymond G.	IV	...	++	...	...	...
	25	Reggie S.	III	+	...	...	++	...
	26	John S.	IV	...	++	...	...	...
	27	Betty I.	IV	+	++	...	...	...
	28	Derek B.	IV	...	++	...	...	...
	29	Raymond E.	IV	...	++	+	...	...
	30	Norman K.	IV	...	++	...	+	...
	31	Nansi F.	IV	...	++	...	...	...
	32	Kenneth W.	IV	...	++	...	...	...
	33	Arthur L.	IV	...	++	...	...	...
	34	Derrick O'C.	IV	...	++	...	...	...
	35	Gordon B.	IV	...	++	...	...	...
	36	Marjorie D.	IV	?	++	...	...	...
	37	Kenneth G.	III	?	++	...	...	...
	38	Albert J.	IV	++	+	++	...	...
	39	Roy D.	IV	...	...	+	++	...
	40	Charles K.	IV	++	...	...	...	...
SCHIZOID AND SCHIZOPHRENIC	41	Rosemary B.	III	?	++	...	...	...
	42	Peter S.	III	+	...	...	+	...
	43	Alan E.	IV	++	...	+	...	...
	44	Edward N.	IV	++	++	...	...	...
Total Incidence of Factors				19	17	21	6	11
++ Incidence of Factors				6	16	14	3	7

In most of the cases, in fact, the stealing was clearly a part of the wider syndrome of Depression, which had been precipitated by the event in question. The psychological process which leads a depressed child to steal is not always very clear. In certain cases the desire to make restitution to the dead person appears to play an important part. For instance, Audrey stole ostensibly in order to give her younger brothers cakes for tea, but it seemed likely that this desire was a legacy of a desire to give something to her brother, Peter, when he was dying. On seeing him run over she had at once gone to a shop to get a glass of water, but, by the time she had got it, the crowd had grown so thick she could not get near him. The water remained in her hand—an ungiven gift. Restitution is no doubt only one of several factors; an adequate understanding of the psychopathology of stealing in cases of Depression must await the analysis of a number of representative cases.

(4) SUMMARY OF ÆTIOLOGICAL FACTORS —

We have now discussed five factors which are believed to be of significance in the development of abnormal characters prone to delinquency. These are (i) genetic, (ii) early and prolonged separation of child from mother, (iii) the effects in the early years of an ambivalent, hostile or anxious mother, (iv) the effects in the early years of a father who actively and openly dislikes the child, (v) traumatic experiences of later years. In a majority of children more than one of these factors was present. An outline of the way in which they interact to influence the lives of individual children is illustrated in the case histories already given.

Meanwhile it is interesting to plot the presence or absence of these factors for each child. Table IX

factor was probably of secondary significance compared to the break in his relation to his foster-mother, but can hardly be ignored.

In the table a double plus indicates the factor which has seemed to be of outstanding importance ætiologically. A double plus under genetic factors always implies psychotic family history. It should be noted that in three cases (Nos. 7, 23 and 42) no classifiable factor is clearly of more importance than others, whilst in five (Nos. 10, 11, 17, 38 and 44) two factors are believed each to be of outstanding significance.

This table shows that in a majority of cases more than one classifiable ætiological factor was present. Thus in twenty cases two such factors were present, in four cases three and in one case four. The one patient where none were present, No. 23, Edward N. L., was of a seriously unstable Hyperthymic character, the origin of which remains obscure.

It will be noticed that, when the total incidence of each factor is considered, three factors, possible genetic, a prolonged separation of child from mother or foster-mother and an ambivalent or hostile mother, each have high incidence—between 40 and 50 per cent. of cases. Their incidence, however, is not the same in the different types of case. This is shown in Table X, where the incidence of each factor is plotted against the character type of the thief. (The two Circular cases have been fused with the Depressives with which they have much in common.)

If we ignore the 'Normals' and Schizoids owing to their small numbers and concentrate attention on the other three groups the following points can be observed:—

(a) The incidence of possible genetic factors is high both for the Depressed (6 out of 11) and for

TABLE X
Incidence of Ætiological Factors by Character Type

Character Type	No. of Cases	ÆTIOLOGICAL FACTORS				
		Possible Genetic	Prolonged Separations	Ambivalent Mother	Hatred by Father	Recent Traumatic Event
'NORMAL'	2	1	—	2	—	—
DEPRESSED AND CIRCULAR	11	6	1	7	1	8
HYPERTHYMIC	13	6	2	8	2	3
AFFECTIONLESS	14	3	12	3	2	—
SCHIZOID	4	3	2	1	1	—
TOTAL	44	19	17	21	6	11

is conservatively constructed and unquestionably leaves out many factors which are less easily listed but which were none the less inimical to satisfactory character development. For instance, No. 32, Kenneth W., after leaving his foster-mother lived for six years with a drunken grandfather. This

the Hyperthymics (6 out of 13). It is lower, though not significantly so,¹⁹ for the Affectionless Characters (3 out of 12, two cases being omitted owing to evidence about them being insufficient).

(b) The incidence of prolonged separations is far higher in the case of the Affectionless Characters

¹⁹ Chi-squared for the Affectionless Characters against the other two groups combined equals 1.16 for one degree of freedom. P lies between .2 and .3.

(12 out of 14) than in either of the other groups (1 out of 11 and 2 out of 13 respectively). This difference is highly significant.²⁰

(c) The incidence of hostile and ambivalent mothers is high in both the Depressed (7 out of 11) and Hyperthymic groups (8 out of 13), but low in the case of the Affectionless Characters (3 out of 14). This difference is again significant.²¹

(d) The incidence of fathers who hate their children is relatively low in all groups (1 out of 11, 2 out of 13 and 2 out of 14, respectively).

(e) The incidence of recent traumas is high for the Depressed (8 out of 11), but low for the other two groups (3 out of 13 and 1 out of 14, respectively). This difference is significant.²²

Thus in the case of the Depressed and Circular

did not steal, are also included for purposes of comparison.

The first point to note in this table is that the less serious thieves differ in no respect from the controls; for each of the five factors the variations in incidence lie within the boundaries of chance.²³ This is most important although perhaps hardly surprising, for all except one of these less serious cases of stealing were of character types similar to the controls (see Table VI).

When we compare these two groups with the group of habitual thieves, however, certain striking differences are to be observed. In respect of two factors (genetic factors and hostile fathers) no significant differences occur. Two other factors (ambivalent mothers and recent traumatic events)

TABLE XI
Incidence of Aetiological Factors by Degree of Stealing

Degree of Stealing	No. of Cases	AETIOLOGICAL FACTORS				
		Possible Genetic	Prolonged Separations	Ambivalent Mothers	Hatred by Fathers	Recent Traumatic Event
Grade IV	23	8	14	9	3	1
Grade III	10	4	3	4	3	5
Grade II	8	5	—	5	—	4
Grade I	3	2	—	3	—	1
Total Grades, I, II and III .	21	11	3	12	3	10
Controls	44	19	2	32	7	11

thieves two factors are of principal importance, ambivalent mothers and recent traumas. In the case of the Hyperthymics, ambivalent mothers continue to be important, whilst other factors, though present, are relatively infrequent. Finally in the case of the Affectionless Characters prolonged separations are of outstanding importance and all other factors 'also runs'. Genetic factors and fathers who hate their children are not significantly more frequent in one group than another.

This differential incidence of aetiological factors by character type is striking; their differential incidence by degree of stealing is equally so. This is set out in Table XI; the controls, who of course

occur less frequently in the group of habitual thieves than in the other groups to a degree which is probably significant in both cases.²⁴ Finally, prolonged separations, as might have been expected from what has gone before, prove to be far more frequent in the case of the habitual offenders than in either of the other groups²⁵; the differences are highly significant.

Four of the five factors can therefore be ruled out as conducing *specifically* to Delinquency. These are genetic factors, ambivalent mothers, hostile fathers and recent traumatic events. Whilst possibly, even probably, of considerable importance in the aetiology of unstable and maladapted

²⁰ Chi-squared for the Affectionless Characters against the other two groups combined equals 16.89 for one degree of freedom. P is less than .01.

²¹ Chi-squared for the Affectionless Characters against the other two groups combined equals 4.45. P lies between .05 and .02.

²² Chi-squared for the Depressed and Circular cases against the other two groups combined equals 9.60 for one degree of freedom. P is less than .01.

²³ Chi-squareds equal 0.18, 0.78, 2.37, 0.04, and 3.76 respectively, for one degree of freedom. P is greater than .1 for all but the last for which it lies between .1 and .05. Had the latter significance been such that the incidence of recent traumatic events for the controls was greater than in the case of the less serious thieves, and so much greater than for the habitual offenders, this borderline significance would require attention. Since, however, it is in the opposite direction it can be ignored in the present argument.

²⁴ In the case of ambivalent mothers the difference in incidence between the habitual thieves and the controls is significant (Chi-squared equals 5.83 for one degree of freedom; P lies between .05 and .02); though the difference between them and the less serious offenders falls below the level of significance (Chi-squared equals 2.46 for one degree of freedom; P lies between .2 and .1). In the case of recent traumatic events the difference in incidence between the habitual thieves and the less serious offenders is significant (Chi-squared equals 8.78 for one degree of freedom; P is less than .01) whilst the difference between them and the controls is of only borderline significance (Chi-squared equals 3.09 for one degree of freedom; P lies between .1 and .05).

²⁵ Chi-squared equals 8.18 and 23.35 for the less serious offenders and the controls respectively, in each case for one degree of freedom. P is less than .01 in both cases.

children in general (including of course some delinquents), these factors are not of significance for the ætiology of delinquent character in particular. The prolonged separation of the child from his mother or foster-mother on the other hand is highly characteristic of the persistent offender. Numbers and percentages are set out in Table XII.

TABLE XII
The Incidence of Prolonged Separation from Mothers by Degree of Stealing

Type of Case	No. of Cases	No. in which Separation Occurred	Percentage in which Separation Occurred
Grade IV	23	14	61
Grade I, II, and III.	21	3	14
Controls	44	2	5

This finding, of course, is in accordance with expectations since prolonged separations have already been shown (Table X) to be highly-associated with a character type which is itself highly associated with persistent delinquency, namely, the Affectionless Character.

The very close inter-relationship which has been

demonstrated to exist between prolonged mother-child separations, the Affectionless Character and persistent stealing may now be summarized :

(a) Of 23 persistent thieves, 13 (56 per cent.) were of the Affectionless Character. Conversely, of the 14 cases of Affectionless Character 13 (93 per cent.) were persistent thieves (Table VII).

(b) Of the 14 cases of Affectionless Character, 12 (86 per cent.) had suffered prolonged separations from their mothers, or mother-substitutes, during their first five years (Table VIII). Conversely, of 19 cases where such a separation had occurred (17 thieves and 2 controls), 12 (63 per cent.) were cases of Affectionless Character. (Three of the remainder were schizophrenic.)

(c) Finally, 14 of the 23 persistent thieves (61 per cent.) had suffered prolonged separation, and of the 19 who had suffered a prolonged separation, 14 (74 per cent.) were persistent thieves (Table XI).

From this we may conclude that a large proportion of children who steal persistently, perhaps half, are of an Affectionless Character, a condition which has resulted from their having suffered prolonged separations from their mothers or foster-mothers in their early childhood.

(V) NOTES ON THE PSYCHOPATHOLOGY OF THE AFFECTIONLESS CHARACTER

The foregoing statistical analysis has demonstrated that a prolonged separation of a child from his mother (or mother-figure) in the early years commonly leads to his becoming a persistent thief and an Affectionless Character. An understanding of the detailed psychopathology must await the analysis of a few typical cases. Nevertheless an outline of the probable pathology may be sketched.²⁶

First we may note the parts played by libidinal and aggressive impulses, both of which will inevitably have been excessively stimulated by the frustration of separation. By stealing the child hopes for libidinal satisfaction, though in reality it proves ineffective, because the symbol of love has been mistaken for the real thing. From earliest days libidinal satisfaction is associated with obtaining possession of things. In infancy it is milk, in later years toys and sweets ; and even in adult life a drink, a box of chocolates, a cigarette or a good meal are the bearers of kindly feelings from one person to another. Food and other objects thus become symbols of affection. A child separated from his mother comes to crave both for her love and for its accompanying symbols and this craving, if unsatisfied, later presents itself as stealing. The fact that most of these children stole food or money to buy food and that these thefts were often from their mothers, was clearly no accident. The food they stole was no doubt felt to be the equivalent of

love from the mother whom they had lost, though probably none was conscious of the fact.

The violence which these desires assume when untoward circumstances lead to their being thwarted is illustrated by several cases. Despite repeated and severe punishments these children persisted in pilfering from their mothers' bags and boxes. No. 30, Norman K., broke into his mother's money box, whilst No. 31, Nansi F., prised open a Salvation Army collecting box with a knife. The need to gain possession of all their mother's good things, if necessary by attacking her, is evident.

These libidinal cravings commonly take an oral form, sometimes of a very primitive kind. Again and again one hears that milk is stolen. Such early oral desires were particularly noticeable in an adult thief of Schizoid or Affectionless Character whom I have treated : she had the habit of taking her morning tea from a baby's bottle. These excessive libidinal cravings may, of course, be expressed in any of the typical forms, oral, anal, urethral or genital, and it will be surprising if investigation does not confirm the impression that a close association exists between chronic stealing and promiscuity, a topic which is discussed in the next section. Such an association is clearly to be expected if we are right in postulating a strong though distorted libidinal component in the make-up of persistent thieves.

²⁶ In these brief notes there has been no occasion for a detailed discussion of the theories of Freud, Klein and other psycho-analysts and in consequence references are

omitted. My debt to other analysts will however be obvious.

Important though libidinal factors are in driving children to steal, the part played by aggression must not be forgotten, for stealing not only enriches oneself, but impoverishes and hurts others. Revenge is unquestionably a very powerful driving force towards stealing. If one has suffered great deprivation oneself, one will feel inclined to inflict equal suffering on someone else.

Now the children whom we are discussing have suffered great deprivation and it is not to be wondered at that they are impelled to inflict similar suffering on others. No. 34, Derrick O'C., whom I was able to see regularly, reluctantly admitted (after interpretation) that much of his stealing had been done out of revenge. He had been extremely jealous of his brother Johnny, four years younger, and consciously felt that Johnny's presence had robbed him of much affection and many presents. The fact that he had been farmed out for most of his first three years must have added poignancy to Derrick's vision of his mother lavishing affection on Johnny. At any rate he was jealous of Johnny and felt that he would have got more love and better presents if Johnny were not there. His stealing, therefore, was motivated partly by a desire to make up to himself and partly by a desire to revenge himself on his mother, who admitted herself that she favoured Johnny. He recalled that he had often deliberately stolen after his mother had shouted at him or punished him and that his motive in stealing the two bicycles had been partly to get his father fined in the Police Court. The story was that many other boys had bikes, and Derrick had asked his father to give him one. His father refused, so in revenge Derrick took the bikes, knowing he would get caught and expecting and hoping his father also would get into trouble.

Still there is nothing pathognomonic about excessive libidinal and aggressive impulses directed towards parents. They are found in one form or another in all cases of functional mental illness. What characterize these particular cases are (i) that they lack the usual inhibition of these impulses and (ii) that they are unable to make permanent personal relationships owing to their inability to feel or express love; in other words there is an extreme degree of the impaired capacity to make object-relationships which is present in some degree in every neurotic and unstable person. In these Affectionless Characters it amounts to a massive inhibition of object-love combined with excessive and relatively uninhibited libidinal and aggressive impulses. This combination is clearly no accident. On the contrary the lack of inhibition is the necessary result of the lack of a love-relationship, a result which is explained by a theory of the origin of the super-ego and the development of object-love which, though implicit in psycho-analytic literature, has not, so far as I know, been the subject of a detailed exposition. Observations

on infants show that they become clearly aware of their mother's individuality during their first year of life. By the end of this year they not only recognize and value her as the person from whom love and all good things emanate, but have come to take pleasure in reciprocating her love. Object-love, a mixture of the selfish and the altruistic, is already developed to a considerable degree. Normally, through the processes of identification and introjection, there then comes to be formed in the child's mind a pattern of feeling and behaviour, the super-ego, which is designed to maintain this relationship with the object by inhibiting impulses inimical to it. The super-ego, although often experienced as a foreign body, an agent of the loved object, is in reality the expression both of the need for the object and of love for it, and this remains so despite its frequent use of aggressive measures to attain its ends. Without some measure of object-love the whole structure of the super-ego, whether it operates by violent inhibition or moderate control, could not exist, since both the purpose which it serves and the needs which it expresses would be non-existent.

Now it is precisely these affectionate relationships with loved objects which are lacking in the case of the Affectionless thieves; the lack of any properly developed super-ego, with its regulation of the libidinal and aggressive impulses, is the direct result. The problem thus resolves itself into elucidating the reasons for the absence of object-love. Several factors are almost certainly responsible and the difficulty is to know what weight each should be given, especially as it is extremely probable that their influence varies with different cases.

In the first place, especially in the younger children, lack of opportunity may well play a part in the failure of object-love to develop. The growth of object-love is normally rapid during the second six months of life and it is not unnatural to suppose that if there is no opportunity for its exercise it will fail to grow. Such a state of affairs exists when an infant or small child is in hospital, since it is rare for nurses to remain long enough in a ward for tiny children to become attached to them. The likelihood of a simple process of this kind operating is strengthened by the familiar observation that dogs need to be in the hands of one person during the critical period of their training and that if they are not they grow up lacking attachment to a master and consequently wild and disobedient. Since experiment would be possible, it is perhaps not altogether fanciful to suggest that a study in the social development of dogs or monkeys might be of value in this connection.

A second fairly simple factor which almost certainly plays a part is the swamping of affection by rage. This was obviously important in those cases who at a rather later age were reft from homes

where they were happy and then expected to settle down cheerfully with strangers. It is hardly unexpected that the reaction to such a situation is often one of intense hatred for the new mother-figure, a hatred which effectively inhibits any growth of love. It is not unlikely that such emotions may also be called up towards a mother who places her child in a hospital or foster-home. The child does not know the reason for this event, but may well interpret it as a particularly hateful act on the part of the mother. This hypothesis is supported by the well-established observation that in certain cases children so deserted refuse to have anything to do with their parents when they visit, treating them with active avoidance, unlike their treatment of strangers. No. 27, Betty I., was an example; she refused to have anything to do with her mother when she visited her in her foster-home and continued to avoid her when at length she returned home. Love is impossible if hate is entrenched.

In the human mind, unlike the dog's, such a mood of hatred tends to perpetuate itself through phantasy. To hate a person is to conjure up a picture of him as bad and evil and bent on enmity towards oneself. For a child to hate his mother is for him to picture her as not merely frustrating but filled with emotions of animosity and revenge. Phantasy, born of rage, thus distorts the picture of the real mother. A kindly mother who has to put her child in hospital, a frustrating yet well-meaning mother and a really unkind mother can, by this process, alike come to be regarded as malicious and hostile figures. The dreadful nightmares of a horrifying dream-lady which beset No. 30, Norman K., probably originated in this way. The child thus comes to be haunted by bad objects, with the familiar result that he comes to regard himself also as a bad object. Whether this is wholly through the process of introjection or whether primary self-reproach for having hateful feelings towards the loved object also plays a part is at present not clear, though I incline personally to the view that both factors operate. In any case the child's picture of himself becomes as distorted as his picture of his mother. He comes to see himself as a bad, unlovable child and interprets circumstances accordingly. One of the Affectionless thieves, No. 34, Derrick O'C., showed this tendency very strikingly. Over a long period he came regularly to see me once a week. He proved unexpectedly co-operative and did much to unearth the causes of his own stealing but he was always pathetically anxious to please and was obviously worried when he was unable to answer some query I might make. One day when he came his presence was overlooked in the hall and I was told he had not arrived. This was not surprising as he had slunk in so quietly with other patients and remained so quiet that the receptionist had simply not seen him. However, on going into

the hall 45 minutes later I found him patiently waiting, and, since I had a little time to spare, arranged to see him. The analysis soon got on to his fear of people punishing him, and I asked him if he sometimes felt I might punish him. To this he replied that he thought his being kept waiting so long in the hall was my way of punishing him for not always answering my questions. Such a misinterpretation implies not only that the analyst is a bad and hostile person, but also that the patient is bad and worthy only of punishment.

Now such misconceptions regarding both the motives of others and of their own unloveworthiness, in each case the result of phantasy, are common to all neurotics. Normally, however, these misconceptions co-exist with other more realistic conceptions of the situation, with the result that object-relationships continue possible, though disturbed. The Affectionless thief on the other hand seems to be dominated by these phantasies; the real situation is obliterated. This, it would appear, is the result of the separation they have suffered being a prolonged one. Normally when such phantasies arise in children they are soon corrected to some degree by contact with the real mother, who, whatever her shortcomings, is never so bad as the bad mother which the child pictures to himself when he is in a rage. The mere presence of the real mother, therefore, almost irrespective of what she does, will go far to offset the phantasy figure and so will reassure the child as regards both her and himself. But where a child does not see his mother for many months there is no opportunity for this correction of phantasy by reality-testing to operate. Extravagant phantasies of the kind described then become so entrenched that, when the child returns to the real situation, he can see it in no terms but those of his phantasies. The progressive modification of phantasy by contact with reality is thus stultified and the child is doomed to see both himself and the world of people as reflections of his own angry and horrifying conceptions of them. And the result is that both he and they appear untrustworthy and unlovable.

The presence of such phantasies goes far to account for the suspicion, secrecy and guilt which characterize these children. For instance, No. 27, Betty I., and No. 34, Derrick O'C., were said never to ask for anything, which suggests that they expected to be given nothing and felt they deserved nothing. Moreover, several of them (No. 27, Betty I., No. 30, Norman K., and No. 31, Nansi F.) gave their spoils away to other children, again suggesting a feeling that they ought not to have anything.

Two principal causes of an inability to form and maintain loving relationships have been proposed, the failure of development of the capacity owing to absence of opportunity at a critical period and the inhibition of love by rage and the phantasies resulting from rage. There is one other factor

which is probably also important, perhaps particularly so in the child who suffers separation at the age of two or three. This is the determination at all costs not to risk again the disappointment and the resulting rages and longings which wanting someone very much and not getting them involves. If we are indifferent to others or dislike them we disarm them of any power to hurt us. Now this *indifference* was absolutely characteristic of every one of these children, although in some cases it was little more than skin-deep. They neither

showed affection nor appeared to care whether they got it. 'Whatever we do', we might imagine them saying, 'do not let us care too much for anyone. At all costs let us avoid any risk of allowing our hearts to be broken again.' This, I think, is the explanation of much of their hard-boiledness and apparent indifference, traits which puzzle and irritate almost everyone who has to deal with them. It is a policy of self-protection against the slings and arrows of their own turbulent feelings.

(VI) STEALING AND ITS RELATION TO OTHER OFFENCES

After stealing, truancy and sexual misbehaviour are probably the commonest childhood misdemeanours. Sixteen of the children in this series of 44 thieves were guilty of truancy and wandering. This compares with only three of the control group, a difference which is statistically significant.²⁷ (The only serious case amongst the controls was the Aggressive Hyperthymic, who seemed himself clearly destined for a delinquent career.) There is thus a definite association between stealing and truancy. It is, moreover, particularly characteristic of the more serious offenders, the Affectionless Characters and the Aggressive Hyperthymics. Of the 14 Affectionless Characters, no less than nine truanted, mostly persistently, an incidence which is significantly greater than that for all the remaining thieves, which is 7 out of 30.²⁸ The figures are set out in Table XIII.

TABLE XIII
Incidence of Truancy

Type of Case	Truants	Non-truants	Total
Affectionless Thieves	9	5	14
Other Thieves	7	23	30
All Thieves	16	28	44
Control Cases	3	41	44

Of these other seven, four were the four Aggressive Hyperthymics, one, No. 22, Winnie E., a Cheerful Hyperthymic, and one, No. 44, Charles K., a Schizoid. There was only one Depressive, No. 6, Denis H. He had truanted from school for a number of months, but this had come on after his appearance in Court and one got the impression that it was the direct result of anxiety about going to school rather than a positive desire to go elsewhere.

The high degree of association between persistent stealing and truancy shown here was also found by Burt (4). Conversely, Partridge (11) discovered that 26 out of a group of 50 truants stole, mostly habitually. Very many of his cases seem to have

been of the Affectionless Character and had a history of early mother-child separation. The evidence therefore strongly suggests that chronic stealing and truancy are closely related symptoms. They appear together typically as features both of the Affectionless and of the Aggressive Hyperthymic characters. The existence of truancy as a typical feature of the Affectionless Character could almost have been predicted; it is obviously very likely to occur in a child with no strong feelings for his home or parents. This association of truancy with disturbances in the child-parent relationship has been studied by Stengel (12), who presents evidence in keeping with the theories advanced here. After studying 22 cases of truancy he concludes: 'They are persons during whose development there has occurred a serious disturbance in the child-parent relation, usually of such a nature that relationship to one or both parents was either completely lacking or only partially developed.' Many of them had periodic depressions during which the wandering compulsion arose. 'A few became conscious of the desire to seek for the dead or absent parent.' It is a pity that Stengel has not given us the exact details of these children's early lives. Nevertheless his evidence and conclusions are valuable as confirming the general thesis of this paper.

Sexual offences were surprisingly few considering the characters we are dealing with. This may be explained in part by the youngness of the group as a whole. No. 18, Headley J., aged 14, had been involved in a homosexual incident at camp, but he does not seem to have taken the initiative and it was an isolated occurrence. No. 41, Rosemary B., aged 16, a Schizoid girl of hysterical tendencies, was given to picking up with any man she might meet. (She has since had an illegitimate child.) Two of the younger children had been in trouble for minor sexual activities.

Oddly enough none of the Affectionless group appear as sexual offenders. It is strongly my impression, however, that many of them will become promiscuous, and in some cases probably sadistic. This view is suggested both by their

²⁷ Chi-squared equals 11.34 for one degree of freedom. P is less than .01.

²⁸ Chi-squared equals 6.92 for one degree of freedom. P is less than .01.

psychopathology and also by one or two cases. For instance, Ronald M., an Affectionless thief aged 9.9 who lies outside the present series, was on one occasion found threatening the four-year-old daughter of a neighbour with a knife. Details suggest a specifically sadistic act. This is reminiscent of a case (No. LIX) described by Norwood East and Hubert (10). This man had been guilty of numerous indecent assaults and attempts at rape. He appears to have been of an Affectionless Character (he showed little genuine affection, was unreliable, plausible, callous and shameless) and was a many-times-convicted thief. It is interesting to note that both his parents had died when he was an infant.

My impression that many of the girls of Affectionless Character might become prostitutes in later life was originally founded on the fact that many prostitutes have the same combination of a desire for libidinal satisfaction and an inability to make affectionate personal relationships which characterizes the Affectionless thief. Subsequently I have found direct evidence in support of this view. In the League of Nations enquiry into prostitution (14) it was found that a remarkable proportion of prostitutes had lost one or both parents through death or separation whilst they were still young. It is unfortunate that the specific trauma inculcated here, the separation of infant from mother, was not specially investigated. Nevertheless, it may be expected that not less than about half of those who had lost one parent had in fact been separated from their mothers in their first five years and so had become Affectionless Characters. The findings were as follows: 'Apart from the small percentage who were illegitimate, in most of the lists between one-fifth and one-third had lost one parent through

death or separation while they were still young. In addition, the percentage brought up in institutions, by foster-parents or relatives, is 20 per cent. or more in four lists, and over 10 per cent. in thirteen of the sixteen lists which give information on this point.'

Dr. Tage Kemp, who collected information on 530 women in Copenhagen, found that one-third of them had not been brought up at home but had spent their childhood under troubled and shifting conditions: '3 per cent. were brought up by the grandparents or other close relatives; an additional 3 per cent. were boarded out or sent to homes, and the remaining 27 per cent. were raised under combined conditions—now in an infants' home or almshouse, now in an institution for the feeble-minded or hospital for epileptics. Possibly they were at home for a short time or with near relatives. Sometimes they had three or four different foster-homes during the course of their childhood.' No less than 17 per cent. of the total were illegitimate.

The story is a familiar one and the figures impressive, especially when we remember that in other cases a history of mother-child separation due to hospitalization and other causes may well have been missed. The evidence available therefore suggests that a substantial proportion, perhaps even 30 per cent., of prostitutes are Affectionless Characters whose maldevelopment has followed separation from their mothers in their early years. If this proves to be so, persistent stealing, truancy and prostitution would be shown in many cases to be the different manifestations of the same underlying condition. The psychopathology would be identical and so scientific measures taken to prevent any one of them might be expected to lead to a reduction of all three.

(VII) CONCLUSION AND SUMMARY

From its earliest days psycho-analysis has emphasized the critical importance of the child's first few years. Despite this there has been relatively little systematic investigation of possible adverse factors in the young child's environment. The investigation reported here has sought to remedy this situation by enquiring into the early environment, and in particular that part of it comprised by the parents, of a number of habitual thieves. The result has been that certain specifically adverse circumstances have been identified and their significance demonstrated both statistically in the whole group and clinically in a few individual cases. The conclusion has been drawn that, had it not been for certain factors inimical to the healthy development of the capacity for object-love, certain children would not have become offenders. Conversely, and equally important, it may be concluded that the socially satisfactory behaviour of most adults is dependent on their having been brought up in circumstances, for-

tunately common, which have encouraged or at least permitted the satisfactory development of their capacity to make object-relationships. These findings thus not only confirm the general psycho-analytic thesis that it is the early years which count in character development, but demonstrate beyond doubt that the elucidation of the problem of juvenile delinquency is dependent upon psycho-analytic investigation. Nevertheless it would be foolish to suppose that psycho-analytic investigation alone, even extended to cover statistical enquiries of the kind reported here, would be sufficient. Though juvenile delinquency is to a great degree a psychological problem, it is also a problem of sociology and economics.

We must remember that the cases studied in this investigation are not a typical sample of Court cases. They are a highly selected sample, referred to a Child Guidance Clinic because they were specially difficult or because the child was obviously not emotionally normal. There are many other

sorts of children charged in Court and in these cases factors of the kind inculcated in this paper may well be few or indeed absent. On the other hand, poverty, bad housing, lack of recreational facilities and other socio-economic factors, will play a large part. Juvenile delinquency as a total problem is in fact the outcome of many and complex factors and until the effects of these are studied *together* in an adequately planned and combined research the weight to be attached to each will remain unknown. In consequence, though this research has placed emphasis on the psycho-analytic factors, we have no method of ascertaining how important these factors are in the total problem which the Home Office and the Courts have to deal with. The remark of an experienced probation officer that about one-third of the cases coming into Court are of the kinds described in this paper is our only clue.

Should this estimate be accurate or even nearly accurate, the problem of providing adequate treatment would be vast, for it is evident that no treatment which leaves the basic emotional problems in these cases unsolved can be more than palliative. Moreover, even when psycho-analytic treatment can be attempted, progress is extremely slow and difficult. One outstanding reason for this is, of course, that the disorders are already of many years' duration when they first come for treatment. For instance, the average age of the Affectionless children in this series was about ten years. This means that the condition had been present and progressing for at least seven years. My conclusion therefore is that all these cases must in future be diagnosed and treated before the child is five, and preferably before three. This may appear a fantastic view. But no doubt the same might have been said of physicians who advocated the early treatment of tuberculosis in the days when only advanced conditions were seen. Since those days, we have learnt to diagnose tuberculosis, whether of bone or joint or lung, in its earliest stages, and no sacrifice is thought too great to secure its cure, even though the symptoms presented are, to the layman, trivial.

In precisely the same way we may look forward to a time when the diagnosis of delinquent character is regularly made in the child's early years. That we can learn to do this there can be not the slightest doubt. The case of Florence W., aged 3½, demonstrates that if we are on the look-out for the diagnostic signs in early life, they can be detected. The help of infant welfare centres and nursery schools must be enlisted. Well-trained play-analysts must be provided to give treatment. Medicine must step in and cure these cases long before they are even eligible to come before a Court of Law. For in dealing with chronic delinquents the machinery of law is starting at a serious disadvantage. No child may be charged before the age of 8 years, by which time the disease is far

advanced. Looked at as centres for the prevention and cure of crime, such an arrangement might be compared to a national network of cancer-clinics, pledged to take no case of less than five years' standing.

But if early diagnosis is important, how much more vital is prevention. Certain factors, it is true, cannot be prevented. Deaths, whether of mother or little brother, will occur, but even here an understanding of the child's emotions may enable timely help to be given. Anxious and nagging mothers also may always be with us, but again an understanding of their problem and the provision of play centres and nursery schools will go far to ameliorate the lot of their children. The prolonged separation of young children from their mothers may also on occasion be unavoidable. Nevertheless, if all those who had to advise on the upbringing of small children, and not least among them doctors, were aware of the appalling damage which separations of this kind have on the development of a child's character, many could be avoided and many of the most distressing cases of chronic delinquency prevented.

SUMMARY

(1) The characters and psychiatric history of 44 juvenile thieves referred to a Child Guidance Clinic are compared with those of 44 children also referred to a Clinic who did not steal. About half the thieves had indulged in regular and serious stealing, in most cases over a long period of time. In only 12 had the stealing been relatively slight, and one of these later turned out to be a chronic thief.

(2) In sex and intelligence there was no significant difference between the groups. Only two thieves were of low intelligence.

(3) Economic status was not specially investigated, but was believed not to differ between the two groups. Few in either group were dependent on support from public funds.

(4) The thieves are classified according to their characters. Only 2 were regarded as fairly 'Normal' emotionally, 9 were Depressed, 2 Circular, 13 Hyperthymic, 14 of a character type which has been christened 'Affectionless' and 4 Schizoid or Schizophrenic. There are no Affectionless Characters amongst the controls, a difference which is significant.

(5) The Affectionless children are significantly more delinquent than the other thieves. All but one were serious offenders, the majority truanting as well as stealing. They constitute more than half of the more serious and chronic offenders. It is argued that these Affectionless delinquents constitute a true psychiatric syndrome hitherto only partially recognized.

(6) Aetiological factors are discussed under three main headings: possible genetic factors, early home environment and contemporary en-

vironment. The difficulty of isolating the influence of genetic factors from environmental factors is discussed. Five factors are treated statistically: (i) genetic, (ii) prolonged separations of child from mother or foster-mother in the early years, (iii) ambivalent and anxious mothers, (iv) fathers who openly hate their children, and (v) recent traumatic events.

(7) Eighteen thieves had a parent or grandparent who was mentally ill with psychosis, psychopathic character or severe neurosis, an incidence of mental illness which is almost identical to that in the control group. Though comparative figures are not available, this incidence is almost certainly higher in both groups than it would be in a control group of normal children. Both genetic and environmental factors are likely to play a part in producing this association.

(8) Seventeen of the thieves had suffered complete and prolonged separation (six months or more) from their mothers or established foster-mothers during their first five years of life. Only two controls had suffered similar separations, a statistically significant difference. 12 of the 14 thieves who were of the Affectionless Character had suffered a prolonged separation in contrast to only 5 of the remaining 30 thieves, a difference which is again significant. Clinical evidence is presented which shows that a prolonged separation is a principle cause of the Affectionless (and delinquent) Character.

(9) Of the 27 thieves who had not suffered an early separation 17 had mothers who were either extremely anxious, irritable and fussy or else rigid, domineering and oppressive, traits which in all cases mask much unconscious hostility. Five of the 27 had fathers who hated them and expressed their hatred openly. In these respects, however, the thieves do not differ from the controls, although it is extremely probable that both groups would differ substantially from a group of normal children.

(10) Five of the thieves had suffered traumatic experiences, four in connection with their mothers' illness or death and one over a brother's death. Six others had been seriously upset by a relatively recent unhappy experience. Evidence is brought to show that stealing is in some cases a symptom of a Depressive State.

(11) The incidence of the five factors enumerated does not differ significantly as between the less serious cases of stealing and the controls. The incidence both of ambivalent mothers and recent traumatic events is lower in the case of habitual thieves than it is in the other two groups. The incidence of prolonged separations of the small child from his mother or foster-mother is significantly greater in the case of the habitual offenders than in the other groups. It is concluded that whilst the other four factors may well be of considerable importance for the pathogenesis of

unstable and maladapted children in general, including some delinquents, prolonged separations are a specific and very frequent cause of chronic delinquency.

(12) The pathological effects of prolonged separations and the psychopathology of the Affectionless thief are discussed very briefly. Attention is drawn (a) to the strong libidinal and aggressive components in stealing, and (b) to the failure of super-ego development in these cases following a failure in the development of the capacity for object-love. The latter is traced to lack of opportunity for development and to inhibition resulting from rage and phantasy on the one hand and motives of emotional self-protection on the other.

(13) The relationship of stealing to truancy and sexual offences is discussed. Evidence is advanced that the Affectionless Character is prone to both, and that a substantial proportion of prostitutes are probably of this character.

(14) A plea is made for a combined research in which both psycho-analytic and socio-economic factors are investigated. Without such research the relative effect of either group of factors in explaining the total problem of juvenile delinquency will remain unknown.

(15) The treatment of delinquent character is difficult. Since it is possible to diagnose an Affectionless Character at the age of three years and possibly earlier, a strong plea is made for early diagnosis and early treatment. Above all, attention should be given to prevention; many prolonged separations could be avoided.

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