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A STUDY OF THE RELATIONSHIP OF THE PRESENT-DAY
PATTERNS OF FAMILY LIFE WITH THE
EMOTIONAL STABILITY
OF CHILDREN

A Thesis Submitted to the Graduate Division in Partial
Fulfillment of the Requirements for the
Degree of Master of Science

By
Margaret Ruth Dresslaer

KANSAS STATE TEACHERS COLLEGE
Pittsburg, Kansas
July, 1958

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ABSTRACT

Problem. This is a study of the pattern of living in the present-day family and the possible effect that it may have upon the emotional stability of children. Also, the writer seeks to cite to the reader the elements that were common in the lives of "sick personalities" that she had known and the emotionally immature children under study.

Method of Research. The investigation comprised case studies of fifty pupils of the Lamar Elementary School who were grouped according to chronological age. Information for the case studies were obtained from school records, conversations and conferences with parents, and surveys within the classroom. In addition, case studies were made of four individuals who had been mentally ill, but had recovered. The information concerning their early life was obtained from conversations with them or from their relatives. Data concerning the prevalence of emotional immaturity of pupils in the Lamar Public Schools were obtained from the teachers of that system through the use of a personality rating scale.

Results. The writer found that, according to the diagnosis made by the teachers, there is a high percentage of emotional immaturity among the pupils from the first grade through the twelfth grade in the Lamar School. Forty-eight per cent of the children studied were considered emotionally

immature for their age by the writer. Most of the homes had one or more practices in family living which were conducive to a feeling of insecurity among the children. The homes showed a marked tendency not to assume the responsibilities of directing child growth and development toward healthy personalities. The factors, especially noted, which might be responsible for frustration among children were hospital birth, bottle feeding, broken home conditions, failure to give children responsibilities, failure to guide the use of their leisure time, and the practice of baby-sitting. According to this study the closely knit family structure of earlier periods is disappearing and with its disappearance is emerging an emotionally immature generation.

Conclusions and Recommendations. The study clearly indicates that the general pattern of home life today has more practices which are likely to produce a feeling of insecurity among children than the home life of previous eras. This feeling of insecurity may be overcome or cultivated by the prevailing favorable or unfavorable home conditions. The writer recommends that further study be made of the problem and that mental health services be established in each community for the furthering of education toward mental health among the masses of the people.

CHAPTER I

INTRODUCTION

The current prevalence of many problems resulting from maladjustment to the cultural standards of the civilized world and the apparent tendency toward increase in the prevalence of these problems impelled the writer to investigate the possibility of the current trends of family living being a causal factor of the personality structure of individuals which, if amassed, will weaken the walls of our societal structure and may lead to the destruction of civilization.

Statement of the Problem

The purpose of this study is to determine the relationship of the present-day pattern of home life and the prevalence of personality maladjustment.

Need for the Study

The problems which arise from personality maladjustments are harassing to America and to the world today. They present themselves in the forms of juvenile delinquency, crime, broken homes, alcoholism, drug addiction, mental illness, and the failure of all people to develop to their maximum ability, which constitutes the waste of our greatest resource, that is, the potentiality of human beings. More broadly, industrial

strife exists within nations today and the international disharmony has developed to such a state that all nations of the world are on the brink of a veritable holocaust, awaiting the action of either a frustrated leader to light the torch which may destroy civilization, or the steadying hands of many mentally healthy individuals to lead the world to peaceful understanding of all mankind. It has been recognized since World War II that there has been a "disproportionate advance of physical sciences in comparison with behavioral sciences."¹ The results of this imbalance in the progress among the sciences may lead to "the use of weapons against enemies which would automatically incur retaliation in such magnitude that the ultimate effect would be essentially race suicide."²

Each of the above mentioned problems is of great magnitude within our country. According to the statistics compiled by the Bureau of Census³ for the year of 1956, all of the problems are on the increase with the exception of divorce. This is shown by the following figures: the number admitted to prisons for all crimes in 1954 was 2,267,250; in 1956, this figure stood at 2,563, 150.

In 1956, five million patients were being treated for

¹James J. Miller, "Mental Health Implications of a General Behavioral Theory," American Journal of Psychiatry, CXIII (March, 1957), 776.

²Ibid.

³World Almanac and Book of Facts for 1958, (New York: New York World Telegram and the Sun, 1958), p. 311.

alcoholism which has been recognized by the American Medical Association as a disease. More than twenty million people are affected by the sickness either directly or indirectly. The number of children under eighteen years of age who were arrested by police in 1954 were 163,666 while in 1955 this had increased to 195,626.⁴ While the number of divorces has steadily decreased since 1947, this is still a major problem with 2.3% of the population being involved.⁵

Mental illness is a growing menace to society. Twenty years ago the prevalence of mental illness was at the rate of one in twenty. A recent study made by the Commission on Chronic Illness states the rate to be one in ten at the present time.⁶

Many top authorities feel that mental illness or other personality disturbances are usually significant factors in criminal behavior, delinquency, suicide, alcoholism, narcotic addiction and very often in cases of divorce.⁷

The difference in the cause of each problem is not in nature but in degree. Each problem stems from the individuals involved being emotionally immature and thus unable to adjust to the environment in a way that is acceptable to society.

⁴Statistical Abstract of U.S., 78th Ed., U.S. Department of Agriculture, Bureau of Census, Washington, D.C., U.S. Government Printing Office, 1957, p. 142.

⁵World Almanac and Book of Facts, loc. cit.

⁶Facts About Mental Illness, National Association for Mental Health, New York, 1957, p. 2.

⁷Ibid.

Definition of Terms

In the report, the writer will use various terms to refer to the individual whose personality structure is such that it marks that person as one who does not conform to the mores and customs of our societal cultural pattern to the extent that he is a social problem. The classification of these individuals is a matter of degree. The variance of a personality ranges from a state of mental health to a state of mental ill health, which has several stages in itself. The mental health of an individual depends upon his emotional maturity.

At this point, the writer presents several definitions of mental health and mental illness derived during the course of documentary research upon this subject.

"A person is mentally healthy enough when he is sufficiently free emotionally to a satisfying social and intellectual capacity."⁸

"Mature emotional development is one of the pillars of mental health."⁹

"The child who fails to develop emotional control, who remains infantile in many of his reactions, and who is

⁸Lee Edward Travis and Walter Dorothy Baruch, Personal Problems of Everyday Life, (New York: Appleton-Century Company, Inc., 1941), p. 21.

⁹Louis Kaplan and Denis Baron, Mental Hygiene and Life, (New York: Harper and Brothers, 1952), p. 26.

egocentric in his thoughts and concepts is referred to as emotionally immature."¹⁰

A disintegrated adult is "one who has not learned to face objective conflicts with a unified personality."¹¹

"Mental health is a condition in which the individual concerned has come and is coming close to the development of his potential."¹²

"When an adult does the right thing in a crisis before he has an opportunity to become emotional it is a fairly good sign that he is emotionally mature."¹³

From extensive reading, observation of others who are disturbed, and self-analysis, the writer presents the definition of mental health as being a state in which an individual finds himself completely at ease in the environment which is his at the moment. This, of course, would infer that all people are mentally unhealthy at some time or another, just as they are physically unhealthy sometimes. However, the concern is not great unless the mentally unhealthy conditions occur consistently, or unless they occur at times when there

¹⁰Karl C. Garrison, Psychology of Adolescence (New York: Prentice-Hall, Inc., 1951), p. 243.

¹¹John J. B. Morgan, Psychology of Abnormal People, (New York: Longman, Green and Company, 1940), p. 20.

¹²Harold Wright Bernard and others, Guidance Services in Elementary Schools, (New York: Chartwell House, Inc., 1954), p. 14.

¹³Morgan, op. cit., p. 238.

is no apparent cause for the occurrences and the responses resulting from these are in extreme conflict with the minimum cultural standards set up by society.

All degrees of deviation from the state of true mental health reflect themselves in the actions of the individual. A slight emotional upheaval will result in slight personality aberrations and physical changes noticeable to the person himself, such as quickened heart beat, nausea, loss of appetite, or more rapid breathing. If the experience which aroused the emotions was unpleasant, it manifests itself to others, probably, by aggressive actions in the form of words or actions of anger, resentment, hate, jealousy, or perhaps by withdrawal from social situations. Over-emotionality from pleasant experiences may also result in physical changes and in actions of hilarity such as crying or laughing to excess. An individual may recover quickly from slight personality aberrations or they may remain constant without marking that person as being maladjusted.

As the degree of personality deviations from the state of true mental health increases, the reactions of the individuals become more pronounced in aggressive acts or withdrawal tendencies that are not acceptable to the social group of which he is a part. This person is then said to be a maladjusted individual.

The inability to make satisfying social adjustment is

not only a symptom of maladjustment, but it becomes a cause for further maladjustment and greater personality deviations from the state of mental health until the acts of aggression become known as acts of delinquency among youths, or crime among adults. The person involved is really mentally ill, although he may or may not be recognized as such. Instead of being aggressive the person in question may become more retiring. He may completely withdraw from society and break with reality. Accompanying the outward manifestations of the emotionally disturbed individuals are apparent physical disorders which present themselves as nausea, indigestion, colitis, ulcerous condition of the stomach, high blood pressure, or heart palpitations.

When a person is recognized as being mentally ill, he may be a victim of any of the various types or degrees of mental illness, namely, neuroses, psychopathological state, alcoholism, senile dementia, or psychoses taking the form of schizophrenia, manic-depression, involutional melancholia, or general paresis.¹⁴

Sources of Data

The source of the documentary evidence forming the background for this study is from the vast number of books, pamphlets, journals, magazines, and statistical data found in Porter Library at Kansas State Teachers College. The data

¹⁴Garney Landis and M. Marjorie Bolles, Abnormal Psychology, (New York: Macmillan Company, 1949), 556 pp.

obtained from the case studies came from information given by parents of the individuals studied or, in the case of adults, from the individuals themselves or close relatives. The data showing the prevalence of emotional instability as a factor deterring learning in schools of Lamar, Missouri, was provided by the teachers of the Lamar Public Schools through the use of a personality rating scale. (See Appendix).

Limitations of the Study

This study is not completely conclusive because of the impossibility of isolating any one factor or factors of family life which influenced personality development for study. The complexity of the interaction of forces of environment made this impossible. Also the study of only fifty persons in one community would only be indicative of the pattern of living in general. A study of a larger number of cases in different communities might prove the findings of this study to be false. The number of case studies, also, of maladjusted persons is relatively small upon which to base final conclusions. The data given concerning the prevalence of emotional immaturity within the community under study would be more dependable had the rating been by one person who was trained to recognize the symptoms of emotional immaturity.

CHAPTER II

RELATED RESEARCH

The Beginning of Mental Illness

The ability of a person to feel at ease in the environment of the moment¹⁵ depends upon the feeling of security that the individual has. He may feel insecure because of his appearance, his educational status, his finances, or his social status. Whatever the apparent reason for his feeling of insecurity, or the way to account for his feeling of security, it lies either in his egocentric nature or his social tendencies, both of which can be traced back to conditions which existed in the first six years of his life.

Mental health or its antithesis, mental illness, is the result of a well-developed personality or one that has been warped or twisted from the pattern that it was intended for human beings to have. Morgan¹⁷ states that "internal harmony is essential to a wholesome personality."

Most psychiatrists agree that the pattern for mental health, accompanying an integrated whole-being, or mental illness, resulting from an imbalance in personality growth, has its beginning in infancy and early childhood years.¹⁸

¹⁵Supra, p. 5

¹⁶Garrison, op. cit., p. 360.

¹⁷Ibid., p. 23.

¹⁸Robert Paris Carroll, The Emotions, (Washington, D.C.: Daylton Co., 1937), p. 147. Garrison, op. cit., p. 243. Morgan, op. cit., p. 17.

By nature human beings are "we-beings."¹⁹ The existence of the infant in the pre-natal period of development conditions it for identification with its mother. The only concern of a very young baby is its own existence. From its very emergence through birth into society it is confronted with circumstances that are frustrating to that concern. Birth itself is the beginning of a series of "trauma" that the individual is exposed to throughout his entire life and to which the individual must make adjustments in order to overcome the problems set up by them.

The Process of Emotional Maturity

The first natural feeling that a baby has is hunger. By instinct he overtly expresses his desire to satisfy the feeling by manipulating certain muscles into sucking motions which are intended to signify to his mother that he has this need. If it is possible for her to respond immediately, then his need is met and he feels secure. If circumstances, unavoidable, or otherwise, prevent this response from the mother, there is an immediate feeling of insecurity in the infant, varying in degree to the amount of frustration that the infant has experienced. This feeling of insecurity in infants can only be overcome by a balancing amount of affection from the mother. If, by choice or otherwise, the mother does not

¹⁹Fritz Kunkel, We-Psychology, (New York: Scribner's Sons, 1940), 274 pp.

endow the baby with the satisfaction of security or enough love to counteract any concern for himself, then it will require greater effort on the part of another individual to supply this native maternal service.

As the infant develops, he finds that he is constantly being urged to forsake his own interests of mere existence and to conform to standards that society has established. He becomes frustrated at each request. This is the beginning of the period of adjusting which will prevail through the remainder of his life. The ease with which he can make the needed adjustments depends upon how quickly he is made to feel secure in the new situation.

The concern for self in overcoming the trauma experienced through birth and the frustrations that follow is a natural phenomenon. Through an abundance of love and guidance toward independence in times of stress he becomes able to pass each hurdle as it appears, with a minimum of insecure feelings, yet with deep concern for himself in every situation. The height of this egocentricity is reached at about four years of age.

Normally, near his fourth birthday the child reaches the stage of development in which his growth of mental powers, interest, and experience enable him to lose his intense self-concern, and through guidance over a period of time he may again emerge into the mature "we-being" state of existence designed for human beings. In the words of

Morgan,²⁰ "man's adaptation is not an adaptation to his own existence but to his existence in relation to others."

This emotional maturity does not happen over-night; neither is there a sharp line of distinction between the mature and the immature individual. Emotional maturity follows a pattern of development similar to physical and mental maturity, but the three do not always progress at the same rate. Emotional growth passes through three main stages with allowances made for relapses. These three stages which were discussed in the preceding paragraph are: (1) the we-nature of the infant resulting from the close pre-natal association with its mother, (2) the period of extreme self-centeredness developed as repeated frustrations challenge the child to adjust to the demands of society, and (3) the mature "we-being" stage reached if the individual finds a "niche" in life satisfying to himself and acceptable to society. Every individual must go through each of the three stages if he becomes emotionally mature.

In each stage of emotional growth the human being manifests its basic need for a feeling of security. The entire life of every person is spent in striving to attain or maintain this essential element. The tools for achieving security which man uses from the time of his birth are (1) love from those with whom he is closely associated,

²⁰Morgan, op. cit., p. 9.

(2) acceptance by the group with whom he associates, and (3) approval by the society of which he is a part. The latter three items are so necessary to achieving security that they may be called supplemental basic needs of man. To meet these needs the individual develops many desires. Blockings, which occur to prevent him from achieving his desires, cause conflicts or frustrations which he must overcome. The ability of a person to overcome these conflicts, thwarts, or frustrations, and to adjust himself to a state of harmony within is the test of his emotional maturity. High emotional maturity signifies mental health.

Maladjustment

The person who does not reach emotional maturity is a potential for mental illness. He is not able to resolve his own conflicts in times of stress. At this point it might be well for the writer to define her use of the word stress. Stress is not the same to all individuals.²¹ What may be stress to one individual in a certain circumstance might be an incentive to another individual, or in another circumstance. Stress occurs when the individual faces the futility of achieving very strong desires, or when he experiences an extreme fear from which he sees no escape. Fear is the

²¹J. C. Whitehorn, "Stress and Emotional Health," American Journal of Psychiatry, CXII (April, 1956), p. 776.

aftermath of insecurity. It may result from feeling insecure physically, financially, socially, or emotionally. An individual or a society does not become mentally healthy "by removing conflicts or by reducing stress but by helping them become more able to deal with them."²²

Whitehorn²³ states, "Experience seems to favor in general the view of those who said that nearly every man has a breaking point under extreme and prolonged stress" There are two periods in the natural growth and development of a child that present many conflicts and frustrations. These are before the age of four years and during adolescence. During these two periods children need extra portions of love, extra efforts from individuals to understand their problems and extra consideration from adults.

As the individual progresses in his maturity, he displays many types of overt and repressed behavior. If this display of behavior is of short duration and occurs at a time when the individual is normally adjusting to certain changes in his environment, it is of little consequence. However, if it prevails over a long period of time and continues past the time of its normal occurrence, then the adult observer--teacher, parent, social leader, doctor, minister, friend--should recognize it as a symptom of maladjustment and promptly seek the reason for it. Persistent portrayal of

²²Ibid.

²³Ibid.

these symptoms are indicative of tendencies that lead to mental illness. Some of the common emotions that build up within an individual due to a feeling of insecurity from one cause or another are (1) fear, (2) anger, (3) jealousy, (4) sadness, (5) hatred, and (6) excitability.²⁴ Adults who are entrusted with the care and direction of children should be alert to undue build-ups of these emotions. Behind each one is an unsatisfied desire, a feeling of insecurity, a focus of egocentricism. The action which attracts one's attention to the person's behavior may be aggressive or regressive. Aggressive behavior may take the form of fighting, impudence, lying, stealing, attracting attention, delinquency, and general anti-social behavior. Regressive behavior is usually overlooked longer, since it is less disturbing to other individuals. It is the result of repressed emotions, which often accumulate within the individual, until he reaches the breaking point, unobserved by those with whom he is in contact. Withdrawal, daydreaming, worrying, evasiveness, depression, deceit, and pessimism are forms of regressive behavior. These traits indicate deep concern for self. The person who displays them has either never passed the stage of egocentricity or has relapsed into it.

These repressed feelings may appear to take the form of a physical illness. The person may become nauseated,

²⁴Carroll, op. cit., p. 24.

have fainting spells, have a rapid heart beat, suffer from frequent headaches, complain of pain in the back of the head and neck, feel pains in the chest region and in the stomach, and have other symptoms of physical illness. He may develop twitching of muscles or "tics." Frequently skin irritations are the result of disturbed emotions. Schindler²⁵ states that the Yale University Out-patient Medical Department has reported that seventy-six per cent of all the patients coming to them for treatment were ill from emotional stress.

²⁵John A. Schindler, "How to Live 365 Days a Year," Reader's Digest, May, 1956, p. 85.

CHAPTER III

PRESENT-DAY LIVING COMPARED TO EARLIER HOME LIFE

Practices of home life have changed with modern conveniences. Beginning with the birth of the child there is less close association between the parents and child which is conducive to a feeling of insecurity. Modern practices of medicine make it adamant that child-birth takes place in a hospital. The infant, being isolated in a nursery, is separated from its mother during the first hours of its life except for short periods. Before the advent of this practice, babies were born in the home and knew continuous close mother contact that tended to counteract the feeling of insecurity perpetrated by the "trauma" of being born.

Today the mother is out of the home much more than in previous times. Many mothers find it desirable or even necessary to bolster the economic status of the family. Most women have training or semi-training for a career previous to their marriage and continue to work afterwards. In the case of pregnancy some of them still continue to hold their jobs, taking a short leave prior to the birth of the child and for a short while afterwards. Arrangements are made with relatives or a baby-sitter to "stay with the baby." If the mother does not work, modern conveniences of home living make it possible for her to have much leisure time. During this time she

assumes many social obligations which take her away from home. Baby-sitters are in demand in all communities and provide convenient employment for many teen-age girls.

How different is this from the home life of previous generations! It was generally considered that a woman's place was in the home. Few women were prepared for work outside the home and there were fewer opportunities for them to work. Most home work was slow and time-consuming, generally leaving little time for social contacts. Children knew close association with the homebound mother and early learned to feel the security that the close contact afforded.

With the absence of labor-saving devices of the present generation, family living required the close cooperation of all of its members. Children necessarily were trained early to assume the responsibilities of caring for themselves and assisting in the performance of tasks about the home. In today's home children are not given responsibilities because there is no apparent need for it. Hence, they have much leisure time with nothing to do except what is "manufactured" for them by social agencies. Seemingly, there is a feeling by parents and welfare agencies that the solution to the problem lies in providing opportunities to keep the child occupied. Even though these efforts are well intended the gap of a closely knit family is not filled.

Modern living places the child in the role of one to

be entertained. As stated above, he has few responsibilities, but parents feel that they must provide him with something to "pass the time away." The television fills a great void in the problem. As a result it is turned on early in the day and furnishes continuous entertainment until a late bed time. The programs include distorted comics, an over-abundance of gun-shooting westerns, murder mysteries, tracking down criminals, fabulous give-away programs, and rock-and-roll music.

If the child tires of TV, he may turn to his library of comic books. The themes and distorted pictures in many of these are stimulating to the imagination and to his emotional experiences. He may be provided with other books, too, but there is little time for learning appreciation of Mother Goose Rhymes and children's stories at the knee of a fond parent. Children are permitted to go frequently to shows of their own choosing unattended by a parent or other adult. An over-abundance of toys are supplied most children until there is a lack of appreciation of toys.

The independence that the working mother knows financially, the difference in the working hours of the parents, and the difference in their social interests and contacts are factors which tend to reduce the probability of a closely knit family life and harmony within the home. Broken home conditions may exist without an actual separation or divorce of

the parents. The dissension between parents is either the result of, or a cause for their emotional instability which, in turn, tends to create emotional instability in the children.

Modern parents feel the need for some entertainment of their friends or business associates in the home. The type may range from cocktail parties to picnic suppers in the back yard. Many times the children are excluded from these social functions, or if they are allowed to participate, the influences might be in conflict with practices that tend to foster integrated personalities.

Perhaps people today are better informed concerning nutrition than in previous generations. However, a hurried meal by a mother who has only an hour off, or who is too tired after a day at work to plan and prepare a good meal frequently does not put good nutrition principles into practice. The ease of purchasing prepared foods, of satisfying a child's appetite with knickknacks, leaving the responsibility of meal preparation to disinterested babysitters, or catering to the whims of a teen-ager who prefers to go to the drugstore with the gang for a snack often results in undernourished children.

That the pattern of home life has an effect upon personality development is corroborated by Hoisington²⁶ in

²⁶L. B. Hoisington, Psychology, an Elementary Text, (New York: Macmillan Company, 1935), p. 100.

his statement that "we are molded into social beings by social conventions we are trained to observe." From the background of the lack of close parental contact and affection, having few responsibilities, and growing up in an environ of dependency the period of childhood is prolonged. Even by the time of late adolescence he lacks the experience that is necessary to become an independent individual ready to take his place as a well-adjusted member of society.

The writer has presented the above comparison of modern living with earlier home life, not with the idea that all of the one was good or all of the other is bad. She recognizes that "new ways of responding arise with new inventions and with changes in the social order."²⁷ She merely wishes to point out that perhaps in the change of social order there is an unrecognized effect upon the personality development of children of this era which makes them susceptible to unhealthy mental states as they advance into adulthood.²⁸

There are unavoidable reasons for anxiety and insecurity in the present age in addition to those which come as the result of a changed home. The technological advancement of this age of air travel, new scientific discoveries, war weapons of destruction, space travel, and plans for moon and

²⁷Hoisington, op. cit., p. 85.

²⁸Elizabeth B. Herlock, Adolescent Development, (New York: McGraw-Hill Book Company, Inc., 1949), p. 9.

planet habitation is disconcerting to the security of an individual. Survival of self is jeopardized and the individual who has grown up in an atmosphere of self-concern will be poorly prepared to meet the problems which seem apparent in the future. To counteract this feeling of insecurity, how apt is the individual to resort to methods of the criminal or the dictator, or to break with reality under the stress in which he finds himself.²⁹

If the conclusions that the writer makes are correct, wherein lies the answer? She further concludes that the solution of the problem lies in the mass education of people in regard to the importance of a closely knit family life to the prevention of all problems which are the result of warped personalities.

Robert J. Needles infers that man is attempting to change his own nature by forcing himself to live under conditions that are not satisfying to his natural instincts.³⁰

Hoisington³¹ raises the question "within what limits or to what degree can the organism adjust itself" and still maintain an equilibrium in the personality development?

²⁹Travis and Baruch, op. cit., p. 32.

³⁰Robert J. Needles, "Why Are You Nervous?" American Mercury, August, 1957, p. 89.

³¹Hoisington, op. cit., p. 74.

That there has always been a lack of understanding of the relationship between personality development and the sociological problems of mankind is evidenced by reference in the Bible³² to "those possessed with devils" and the "lunatic." The disgrace attached to mental illness is just beginning to be erased, and it is being recognized as an illness with a cause and a reasonable chance for recovery just as there is for any other kind of sickness. The frontier of mental health has been only recently attacked by the profession of medicine, partly due to prejudice and partly to the difficulty of "studying the causes of mental illness."³³

The state laws in many states do not recognize the right of a doctor to declare that a person is mentally ill and needs hospitalization for his recovery as sufficient reason for his being entered into a hospital, but the individual must be given a public hearing and, in some cases, must be placed in jail to await this hearing.³⁴

It is the opinion of many that, although there is opportunity for people who work with children to know more about personality development, it is not always practiced by these individuals. The writer cites from the writings of

³²Matthew 4:24.

³³Morgan, op. cit., p. 12.

³⁴Max Levin, "Is it Safe to Withdraw Sedative Drugs?" American Journal of Psychiatry, CXII (March, 1956), 910-911.

two educators on the subject: "And even with the availability of knowledge of child psychology, far too many parents know little and practice less of child psychological principles in helping their child to mature⁷."35

As children progress from early childhood through later childhood and into adolescence, the adults who deal with them show less and less insight into the role or position of a particular child in his social group.³⁶

The writer is presently concerned with possible means of extending education concerning the importance of the role of the home and school in the prevention of personality disintegration to the present generation and to children of this generation that tendencies toward warped personalities may be arrested and the present indication of an increase in sociological problems may be averted.

Garrison³⁷ reminds his readers that the "best preventive measure against a disorder or maladjusted condition was a well-developed personality" and that this prevention will come about with "increased knowledge and understanding of the growth and development of the personality, especially, in the area of the emotions."

The persons most directly concerned with personality development of an individual are those who have close contact with him during his formative years. These are mainly

³⁵Elizabeth Harrison, Self-Expression Through Art, (Peoria, Ill.: Charles A. Bennett Co., Inc., 1951), p. 5.

³⁶Garrison, op. cit., p. 286.

³⁷Ibid., p. 36.

his parents, his teachers, and the individual himself, with the greatest amount of responsibility resting upon his parents. Understanding of the problems of personality development may come through the cooperative efforts of the home, school, family physician, minister, and social workers of the community.³⁸

The writer has previously stated "that many types of mental illness or personality disorders" stem from unresolved problems that developed in early childhood.³⁹

Mr. Smith⁴⁰ reminds us that the best time to recognize and try to deal with problems is before the age of five years, because preventive measures are most effective at a younger age. Just as the "child is father of the man,"⁴¹ so is child psychology the beginning of adult psychology.

The writer suggests that every community should have an organized mental health service with the objectives of extending education concerning the causes of problems due to personality deviations to parents and to others who have contact with children and youth and are responsible for their development. This agency could be instrumental in organizing community study groups to bring the necessary educational

³⁸W. Carson Ryan, "Mental Health in Education," American Journal of Psychiatry, CXII (January, 1956), 554.

³⁹Supra, p. 12.

⁴⁰Hyrum Mack Smith, "Studying the Child in Kindergarten," N. E. A. Journal, XLV (February, 1956), 80-81.

⁴¹William Wordsworth, "My Heart Leaps Up."

facilities to the ones who need to know. More literature must be written concerning the practical aspects of mental hygiene and made available to the masses of the people. The home must recognize its importance and assume the responsibilities that cannot be adequately executed by any other agency. Mental hygiene must become a functional part of home life with understanding to replace strife and indifference. Parents must realize that they are not fully assuming their responsibilities by providing for the biological needs of their progeny. They have an equal, if not more important, role in supplying the psycho-social needs.⁴² It is recognized that the "family is the only affectional unit among social institutions"⁴³ and thence, is the only force capable of supplying the love that is the antidote for fear, distrust, and insecurity which result in an egocentric, anti-social personality.

Second to the home in personality formation is the school. Teaching is "essentially a problem in human relationship."⁴⁴ Mental hygiene must be a functional part of the school just as it must be a functional part of the home. Garrison⁴⁵

⁴²Supra, p. 13.

⁴³Fifty-Second Yearbook of National Society for Study of Education, "Adapting the Secondary School Program to Needs of Youth," (Chicago: University of Chicago Press, 1953), p. 13.

⁴⁴Robert Nelso Bush, Teacher-Pupil Relationship, (New York: Prentice-Hall, Inc., 1954), p. 1.

⁴⁵Garrison, op. cit., p. 368.

stresses the importance of the teacher in the prevention of maladjustment as he says:

Teachers who gain the confidence and good will of their pupils, who are eager to aid them in their problems, who are sympathetic with them in their troubles, and who manifest an interest will be able to exert a profound influence in the prevention and treatment of the growing problems of maladjustment.

He lists the functions of the school curriculum as a potential factor of personality development to be:

1. To teach the child to "live with others."
2. To train him to have "consideration for others."
3. To allow him to "gain satisfaction from achievement by self or group."
4. To cultivate an understanding and appreciation of the "orderliness of nature."
5. To enable him to recognize and accept "ideals for guiding his daily activities."
6. To enable him to recognize and accept his role in both "giving and receiving help."
7. To aid him in formulating a "framework of values to judge himself and his peers."⁴⁶

The study of the physical needs of the human mechanism has long been incorporated in the school curriculum beginning with the formation of good health habits in the primary grades and the actual study of the physical nature of the human body in the upper elementary grades with continued stress

⁴⁶Garrison, op. cit., p. 398.

upon the practice of health habits and the reason for them. Little attention has been given to mental hygiene in the curriculum. The child must be given the opportunity to recognize the human body as an entity with the mind and its functions as a part inseparable from the physical nature. He must be informed about and recognize the significance of emotional behavior. He must be guided in his emotional growth simultaneously with his physical growth and mental growth. These understandings may be started in the primary grades and continued progressively as the child is able to comprehend them. These three phases of growth are equally important in the elementary curriculum with continued stress and more advanced understandings in the secondary school. If the child is to emerge from high school with all the formal education that he will have during life, he must be given the means of understanding himself. Even if he goes to college, he should not have to wait until that time for the technique of self-analysis and to realize the importance of it.

As a counterpart of understanding the adolescent emotional upheavals and helping the teen-ager to understand himself and emerge from high school with adequate means of self-adjustment and a set of values which are acceptable to adult society are courses in home living, mental hygiene, family relationship, and psychology. The writer thinks that these should not be offered as electives for the student who

is looking for an easy course, or for girls only who are not planning a career, but they should be given the importance that they are doomed to hold in everyone's life if the individual is to fill his place in society as the progenitor of a mentally healthy generation of the next decades.

CHAPTER IV

DATA COLLECTION

The data for this study was obtained through case studies. The subject has been under study by the writer for three years. During this time she collected data concerning students with whom she worked. The information was obtained from school records, parents of the children, and from the children themselves. Realizing that parents might be suspicious of the motive, if told that the information was wanted for a study, and would not reveal accurate information, the writer subtly and tactfully obtained the information in informal conversation, and conferences with parents, surveys in the classroom, and school records.

The case study for the child is constructed to yield the following information to determine reasons for a feeling of security or insecurity of the subjects under study as the case may be:

1. Conditions influencing the feeling of security during infancy and early childhood.
2. Family status.
3. Responsibilities delegated to children.
4. Recreation provided for children.

In studying the conditions during infancy and early childhood, the place of birth was considered in view of the fact that in hospital births the infant is separated from the mother more than in the home births of former times.

The manner of feeding was considered, not because of the injury done by bottle feeding itself, but because of the "coldness" of such bottle feeding. The child is deprived of the warmth and affection that comes with the close mother-child contact of breast feeding. The baby-sitting factor was included because of possible effect that this practice may have in creating a feeling of insecurity in children. The experience during toilet training and weaning would indicate the ability of the child to adjust at that period. Part III of the case study deals with the family status indicating the presence or absence of a closely knit family structure as do the items considered under recreation and food habits. Item e under Television is designed to show the child's tendency toward adjusting to present-day world affairs. The broken home or broken home condition was based on whether the parents were separated, divorced, or deceased, and, if living, whether there was apparent congeniality between them. The items in the case study which were not studied as being causative factors of emotional instability were used to determine the degree of emotional maturity of the individual.

A similar study was made of four individuals who had been ill from emotional disturbances. The writer had fairly close contact with all of these persons and was able to get fairly reliable information about the conditions in their early life which possibly accounted for their susceptibility to

mental illness. Each of these people were seemingly well-adjusted and only those people who were familiar with the symptoms of emotional stress would have recognized them as having a "sick personality" before the onslaught of the disease.

The group of children studied was a group of thirty-seven sixth-grade pupils grouped according to chronological age with I.Q.'s ranging from 72 to 145. In addition to these pupils the writer included thirteen pupils whom she gave remedial instruction during summer sessions, making a total of fifty pupils under study. The pupils were from families of a small urban area in a school system of approximately 500 elementary students. In the writer's opinion, the community should be typical of most small urban areas and the home life would probably be more stable than is the case in the larger urban areas.

To determine the extent of emotional stress among the students of the above mentioned school system the writer enlisted the aid of the teachers of the system. To each teacher she gave a rating scale of forty personality attributes with instructions for interpretation.⁴⁷ She asked each teacher to give her the information of the number of pupils in his class and the number whom he considered emotionally immature to the extent that it deterred their academic progress in school or their social adjustment, or both.

⁴⁷See Appendix.

CHAPTER V

PRESENTATION AND ANALYSIS OF DATA

In determining the extent of the effect of emotional stress among pupils of the Lamar Public Schools, the writer presents the following table.

TABLE I

PREVALENCE OF EMOTIONAL IMMATURITY AMONG STUDENTS
OF A TYPICAL RURAL COMMUNITY ACCORDING
TO TEACHER DIAGNOSIS*

Class	Number in Class	Number Judged by Teacher to Be Emotionally Immature	Percentage of Emotionally Immature Pupils
Senior	52	1	.019
Junior	46	13	.282
Sophomore	96	7	.072
Freshman	115	22	.191
Grade 8	54	6	.111
Grade 7	39	3	.076
Grade 6	74	22	.297
Grade 5	82	12	.146
Grade 4	75	17	.226
Grade 3	83	9	.108
Grade 2	69	33	.478
Grade 1	82	12	.148
Total	867	157	Average % .182

*The difference in the number judged to be immature by different teachers can be accredited to the difference in training and experience among them.

The table indicated that the emotional factor among pupils is a matter of major concern. Although there is a wide range of difference in the percentage of emotional immaturity in the different grades as recognized by different teachers, it is worthy of note that the teachers who placed the least weight upon it still judged seven per cent to be emotionally immature with the exception of the Senior Class. The low percentage in this class can be accounted for by the fact that possibly those who were in danger of failing had dropped out by this time. These would probably include those who were extremely emotionally immature.

Following is a series of tables (II, III, IV, V, VI, VII, VIII, IX, and X) which describe the conditions in the homes of the children studied which are determining factors in the emotional stability of children.

Table II indicates that most of the children under study were emotionally immature or showed signs of emotional disturbances which either deterred their progress in school or were indications of personal problems that they might have. The writer accounts for this seemingly high number in this particular group in two ways. First, as a student of mental hygiene and as one who has had close contact with those who have been emotionally disturbed, she readily recognizes such symptoms that others might not regard as pertinent to emotional stability. In the second place, this group of children was largely an educationally retarded group,

ten of whom had been retained at least once during the six-year period. Many of the children came from the lower social economic group of this community, although the stratification in the community is not of marked significance.

TABLE II

DEGREE OF ADJUSTMENT AMONG THE FIFTY PUPILS STUDIED

	Well-adjusted with no Symptoms of Emotional Stress	Fairly Well-adjusted with Some Tendencies Toward Emotional Stress	Poorly Adjusted with Many Emo- tional Tendencies
No.	4	22	24
%	8%	44%	48%

Although there is nothing conclusive about the evidence in Tables III and IV, they do indicate that many emotionally immature children are the products of hospital births or bottle feeding or both. Of the four pupils whom the writer judged as quite emotionally stable, two were born in the hospital and fed on a bottle. Again, the writer wants to emphasize that the danger of hospital birth lies in the lack of warmth and affection from mother to child which is brought about by the separation of the child from the mother in the hospital. Then, too, the bottle feeding practices can be extremely "cold" with little or no feeling of affection being transferred from mother to child. However, if the mother is aware of this danger and makes especial effort to

counterbalance the effect, probably no harm would be done by either practice.

TABLE III

CONDITIONS AFFECTING SECURITY DURING INFANCY

	Home Birth	Hospital Birth	Bottle Fed	Breast Fed
No.	18	32	36	14
%	26%	64%	72%	28%

Considering home birth and breast feeding as factors more conducive to emotional stability, Table IV shows that 11.2% more of the emotionally immature children were deprived of both of these factors.

TABLE IV

FURTHER DESCRIPTION OF PLACE OF BIRTH AND MANNER OF FEEDING OF THE FIFTY PUPILS STUDIED

	Home Birth and Breast Fed		Hospital Birth and Bottle Fed		Home Birth and Bottle Fed		Hospital Birth and Breast Fed	
		%		%		%		%
Adjusted	3	11.5	9	34.6	8	30.6	6	28.0
Maladjusted	1	4.1	11	45.8	8	33.3	4	16.6

Table V points out the prevalence of baby-sitting practices. The practice appears to be about equally employed in

the homes of the well-adjusted children and those who are emotionally disturbed. It would seem from the table that most of the women who work do not employ baby-sitters for social reasons which would indicate that these women were with the children at night. However, twelve per cent of the children studied were left because their mothers worked and, also, for social reasons which indicates that those mothers feel little personal responsibility for being with their children. The type of baby-sitter most frequently employed in this study is the teen-ager. This is significant in that not only are the children left with baby-sitters, but a teen-ager could not be trained in child psychology and care that would in any way make her a mother-substitute. The

TABLE V

BABY-SITTING PRACTICES*

Families Employing Baby-Sitters	Reasons for Employing Baby-Sitters			Type of Sitter Employed			
	Social	Working Mother	Both	Teen-Ager	Woman	Just Anyone	Relative
35	15	14	6	18	11	5	2

*Seventeen were from the children considered well-adjusted eighteen were from the maladjusted children.

reason that this type of baby-sitter is so frequently employed is that, perhaps, they will work cheaper, and there probably are not enough mature women to supply the demand.

Many of the factors which affect the emotional development of children are interrelated so closely that it is impossible to isolate one from the other. Table VI presents figures that describe the concern of the family for its responsibility of child training. Fifty-four per cent of these children were from broken homes or from homes having broken home conditions. Forty per cent do much home entertaining which does not include the children. More than one-third of the families provide no reading program at all in the home and only fourteen per cent has a guided reading program. Forty-eight per cent of the families do not regularly participate in whole family recreation. Seventy per cent of the children do not have responsibilities of any importance in the home. While ninety per cent of the families have television sets with fifty-eight per cent of the children watching from six to eight hours per day as shown in Table VII, Table VIII reveals that there appears to be little guidance in the type of program which children watch.

In this study, the writer has given attention to several practices of present-day family living as they may possibly affect the emotional stability of children. Stated

TABLE VI

FACTORS DETERMINING THE PRESENCE OR ABSENCE
OF A CLOSELY-KNIT FAMILY LIFE

	Number	%	Condition		
Broken Home or Broken Home Conditions	27	54%			
Families Who Eat Meals Together			Usually 30 - 60%	Seldom 20 - 40%	
Families Who Entertain in Home Excluding Children			Much 15 - 30%	Some 10 - 20%	
Families Who Provide Reading Program for Children			Guided 7 - 14%	Unguided 26 - 52%	None 17 - 34%
Families Who Participate in Whole Family Recreation			Often 19 - 38%	Seldom 24 - 48%	Never 7 - 20%
Families Having Television Sets	45	95%			
Children Who Have Home Responsibilities	15	30%			
Children Who Have No Home Responsibilities	35	70%			

negatively these factors are:

1. Hospital birth
2. Bottle Feeding
3. Baby-sitting
4. Broken home or broken home conditions
5. Being given few or no responsibilities
6. Other evidence of loosely knit family life based on these questions:

Does the family usually eat their meals together?

Does the whole family usually take part in group recreational activities?

TABLE VII

HOURS SPENT WATCHING TELEVISION

Number of Hours						
0 - 2	3 - 4	5 - 6	7 - 8	9 - 10	11 - 12	More than 12
No. 8	9	14	15	2	1	1
% 16.0	10.0	28.0	30.0	4.0	2.0	2.0

TABLE VIII

TYPES OF TELEVISION PROGRAM PREFERRED BY CHILDREN

Science	Quiz	Western	Crime	Adventure	Comedy
No. 3	1	20	16	2	4

Table IX is a summary of these six factors and a comparison of the number of families of each of the two groups who practiced each factor. A greater percentage of the families of the poorly adjusted children participated negatively in the factors under study. Attention is called to the fact that none of the poorly adjusted children had well-defined

home responsibilities. The factors having the greatest effect on the personality development of the children appear to be bottle feeding and the lack of unity in family life as evidenced by factors 4, 5, and 6. The fact that the same children were not subjected to all of the same elements discounts this conclusion, however. This is revealed in a study of the tabulation sheets shown in the Appendix. Every child was subjected to at least one of the factors and the same combinations of factors is not present in any two of the cases except in those cases where the child was subjected to all factors.

Hence, it appears that no one of these factors alone can be said to be the cause of emotional instability among children. However, if the same child is subjected to several of the factors, it would be logical to state that the effect upon the emotional immaturity would be greater. This reasoning is corroborated by the information shown in Tables IX and X. Only 34.6 per cent of the well-adjusted children were subjected to more than three of the negative factors under study while 79.9 per cent of the poorly adjusted children were from homes which practiced more than three of the negative factors. All of the maladjusted children were subjected to more than two of the negative factors while 34.5 % of the well-adjusted children were from homes which participated in two or less of the practices.

TABLE IX

SUMMARY OF THE PRACTICES OF PRESENT-DAY FAMILY LIFE UNDER STUDY
AND THEIR RELATION TO THE EMOTIONAL MATURITY OF CHILDREN

Factor	1	2	3	4	5	6	Number of Children		
	Home Birth	Hospital Birth	Breast- fed	Bottle- fed	Baby Sitting	Broken Home	Having Few or No Evidence Home of loosely Responsibili- ties	Other Evidence of loosely Knit Family Life ditions	Number of Children Affected by Four or More of These Con- ditions
Adjusted	10	16	9	17	17	10	11	11	9
%	52.0	38.4	61.3	34.6	65.3	38.4	42.3	42.3	34.6
Maladjusted	24	8	16	5	18	17	24	20	19
%	48.0	33.3	66.6	20.8	75	70.8	100.0	83.3	79.9
Total	26	24	25	22	35	27	35	31	28

TABLE X

COMPARISON OF THE ADJUSTED AND MALADJUSTED CHILDREN IN
REGARD TO THE NUMBER OF CHILDREN SUBJECTED
TO THE SAME NUMBER OF FACTORS

Number of Children Subjected to		Factor 1	Factor 2	Factor 3	Factor 4	Factor 5	Factor 6
Well- adjusted	<u>Total</u> 26	2	7	8	7	2	0
Percentage		7.6	26.9	30.7	26.9	7.6	0
Mal- adjusted	24	0	0	5	4	7	8
Percentage		0.0	0.0	20.8	16.6	29.1	33.3

The case studies of the four persons who had been emotionally ill reveal these pertinent facts which may be used comparatively with the case studies of the children of this study:

1. Three of the four persons were from broken home conditions, that is, uncongenial parents.
2. All were born in the home, and three were bottle-fed.
3. Due to illness of the mother, one was mother-rejected at birth and for several weeks afterwards. This person was overly-protected by the mother later.
4. All were members of home groups before the period of television and extensive entertainment outside the home, also, before the baby-sitting era.

5. All were members of farm families and had home responsibilities.

6. Three of them showed evidence of being unwanted children at the time of birth.

7. All had at least one factor in infancy which might be responsible for the development of a feeling of insecurity such as rejection, bottle feeding, being unwanted, or having uncongenial parents.

The tabulation sheet for this part of the study is shown in the appendix.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

From this study, the writer concludes:

1. There are many factors in present-day family life which might be responsible for the development of a feeling of insecurity among children.
2. There is an interrelation between many of the factors to such an extent that it is difficult to isolate any one factor for study.
3. The general pattern of home life today has more practices which might produce a feeling of insecurity among children than the home life of previous eras.
4. The most likely factors which produce emotional instability are determined in the first five or six years of a child's life.
5. This feeling of insecurity may be overcome or increased by the nature of home conditions which follow.
6. All personality aberrations, whether pronounced or slight, have the same causative factors, that is, a basic feeling of insecurity.
7. All of the factors studied showed a tendency toward being conducive to emotional instability.
8. The factors studied which appeared to have the greatest effect upon the emotional stability of children are

the failure to give children home responsibilities and the absence of a closely knit family life.

9. Insecure feelings in children are not caused by any one of the negative influences under study, but children subjected to several of the factors tend to be emotionally unstable.

The writer recommends that a further study of the effects of hospital births and bottle feeding upon the emotional development of children be made under conditions in which these factors may be isolated and controlled. She also recommends that mental health services be established in each community so that the mass of the people can be informed of the mental health hazards of present-day family life and the importance of the family in determining whether we, as a nation, will become more stable emotionally or whether we will develop into a nationality in which "sick personalities," as we now know them are accepted as normal and are not considered pathological, as in the case of the Balinese and Marquesans.⁴⁸

⁴⁸Kimball Young, Social Psychology, (New York: Appleton-Century-Crofts, Inc.,) 1944, pp. 54-55.

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APPENDIX

APPENDIX A

Rating Scale⁴⁹

Directions to Teachers:

This is a rating scale to judge the emotional stability of a child. After studying these forty attributes of personality, please make an estimate of the number of children in your room who are emotionally disturbed to the extent that it deters their progress in academic learning. A child who responds negatively in more than four of the attributes is declared to be emotionally immature. I would like to have this estimate for a study I am making.

⁴⁹Frances Lightfoot, Personality Characteristics of Bright and Dull Children, (New York: Bureau of Publications, Teachers College, Columbia University, 1951), pp. 83-86.

RATING: FORTY ATTRIBUTES OF PERSONALITY

Name of Child _____

Class _____ Teacher _____

Date _____

Rater _____

Directions

1. To insure marking of all attributes on the same basis of meaning by all raters, please consider them only in the light of the definitions given below.

2. Make judgments independently; do not discuss the rating with others.

3. Do not think of these traits as desirable or undesirable, but simply indicate whether the child is high or low in possession of the quality.

4. On each characteristic, compare the pupil being rated with the average child of all the children of the same age you have known.

5. Try to avoid the "halo effect"; when rating on a particular trait disregard every other trait but that one. Ratings are valueless when the rater allows himself to be influenced by a generally favorable impression of an individual.

6. Place a check at any point on the line which indicates the child's position with regard to the characteristic described. The check will not necessarily be located directly above any of the given phrases--it may be placed between them whenever that seems suitable.

7. Place an (x) on the line at the right of those traits with respect to which you judge the child most confidently; a (?) at the right of those about which you have a doubt.

Sample

Impoliteness (Rude, Discourteous, Rough, Manners)

Rude	Often displays rough manners	Usually Courteous	Rarely Impolite	Never rude or Discourteous
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Rate All of the Following

1. Impoliteness (Rude, discourteous, rough-mannered)

Rude	Often displays rough manners	Usually courteous	Rarely impolite	Never rude or discourteous
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2. Bluffing (Misrepresents, deceives, puts up false front, pretends)

Consistently misrepresents	Puts up false front, usually	Sometimes	Rarely	Never pretends or tries to get by when unprepared
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3. Cooperation (Works or plays with others; works or plays jointly)

Makes a definite effort to work or play with others	Enjoys group activities	Cooperates when asked	Prefers to work or play alone	Resists group activities
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4. Selfishness (Cares supremely for self; regards own comfort, advantage first)

Always puts pure self- interest first	Seldom considers others	Not conspicuous for this trait	Rarely puts self first	Self- sacrificing
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5. Showing off (Boasts, brags, swaggers, is conceited, attracts attention to self)

Constantly boastful	Frequently calls attention to self	As often as not	Modest	Never draws attention to self
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6. Physical aggression (Assaults, injures, pushes, hits others without provocation)

Assaults, in- jures others	Often initi- ates physical conflict	Occasionally takes offensive	Responds to attack; hits back.	Never fights
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7. Ability to make friends (Makes friends quickly; arouses esteem and affection)

Has more friends than anyone else	Marked capacity for making friends	Ordinarily skillful in this regard	Has few friends	Practically friendless
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8. Leadership (Has initiative, self-reliance, decisiveness, and tact to inspire others to follow or to cooperate)

Always foremost	Most others are followers compared to him	Sometimes leads	Lets others take lead usually	Never leads
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9. Obedience (Submissive to authority, restraint or command)

Generally submissive to all instructions	Disobeys only in exceptional instances	Complies with rules applicable to group of which he is a member	Follows orders only when refusal would cause difficulties	Thoroughly negativistic
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10. Achievement (Strives to excel; sets high standards; enjoys difficult tasks)

Attains high standards; determined to win	Much enjoyment from mastery of problem	Average pleasure in accomplishment and willingness to put forth effort	Less than average ambition, output of effort	Very low level of aspiration; indifferent to success that must be won by effort
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11. Kindliness (Good-natured, warmhearted, obliging, considerate)

Always considerate of, helpful to others	Usually helpful	When convenient	Only when a personal advantage is to be gained	Thoughtless; refuses to help others
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12. Rivalry (Shows person competition; strives to equal or excel)

Always striving against others	Frequently enters competition	Enjoys some rivalry	Dislikes competition	Never competes
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13. Verbal aggression (Belittles, harms, blames, maliciously ridicules a person)

Maliciously ridicules, blames others	Often belittles others	Occasionally	Rarely	Never uses harsh words
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14. Desire for approbation (Seeks commendation, notice, sanction)

Constantly demands praise	"Fishes" for compliments	Average desire for approval	Rarely	Prefers to remain unnoticed
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15. Concentration on own activities (Works intently, almost oblivious others)

Works intently, almost oblivious to others	Industrious	Average application	Usually has an eye on activities of others	Unable to concentrate on own work
--	-------------	---------------------	--	-----------------------------------

16. Initiative in social activity (Starts social contacts)

Initiates a large number of contacts daily	Frequently	As often as not	Infrequently	Almost never initiates contacts
--	------------	-----------------	--------------	---------------------------------

17. Self-distrust (Lacks faith, trust, or confidence in self)

Fearful, never trusts own judgment	Frequently hesitates to act independently	Has usual doubts of own ability	Rarely questions own judgment	Invariably sure he is right
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18. Zest (Shows alertness, vigilance, freshness, vitality, strength, pep, enthusiasm)

Enthusiastic, active, full of vitality	Usually alert, vigorous, interested	Moderately active	Markedly quiet, inactive	Lacking in energy, apathetic
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19. Sympathy for friends (Response to discomforts, pains, injuries)

Very frequent response to discomfort, pain, injuries, etc.	Friendly, understanding desire to help	Average amount of regard	Little understanding or willingness to aid	Almost no response; callous
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20. Physical timidity (Hesitant in approaching new things, places, situations, people; cowardly)

Cowardly	Often fearful	Usually free from fears	Rarely displays fear	Bold
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21. Dominance (Influences, controls, persuades, prohibits, dictates, leads, directs, organizes)

Assertive, authoritative, dictates what others shall do	Usually prefers role of ruler	Equally often controls and is controlled	Little or no desire for power	Submits to coercion and dominance without rebellion or complaint
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22. Gregariousness (Sociable, joins groups, forms many friendships and associations)

Never alone; joins all available groups	Fraternalizes easily	Moderately social	Prefers company of a few minutes	Usually alone; not interested in clubs
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23. Sympathy for members of group who are not close friends (Responds to discomforts, pains, etc.)
- | | | | | |
|---|---|---------------------------------|-----------------------------|--------------|
| Frequent response to their hurts, discomforts | Friendly, understanding. Desire to help | Average amount of consideration | Little understanding or aid | Unresponsive |
|---|---|---------------------------------|-----------------------------|--------------|
24. Self-confidence
- | | | | | |
|-------------------------|---------------------------|------------------------------------|--|--------------------------------|
| Completely self-assured | Rarely seeks outside help | Average belief in own capabilities | Usually looks for help when problem arises | Lacks self-confidence entirely |
|-------------------------|---------------------------|------------------------------------|--|--------------------------------|
25. Creativity (Originality and imagination in the handling of words, ideas, and materials)
- | | | | | |
|--|--|---|--|--|
| Great ingenuity and intuition. Highly original | Resourceful in modifying, re-combining ideas of others | Occasionally displays definitely original ideas | Seldom has a novel idea; usually follows a pattern | Wholly imitative; dependent on routine |
|--|--|---|--|--|
26. Emotionality (Frequently excited to show emotion on slight provocation)
- | | | | | |
|--------------------|-------------------------------------|-----------------------|------------|--------------------------------------|
| Very demonstrative | Tends to be easily excited or upset | Usually well-balanced | Controlled | Rarely shows emotion; overtly placid |
|--------------------|-------------------------------------|-----------------------|------------|--------------------------------------|
27. Protectiveness (Nourishes, aids, protects)
- | | | | | |
|---|--------------|-------------------------|------------------------------|--|
| Always protecting, aiding weak and helpless | Warm-hearted | Occasionally benevolent | Reluctant to give assistance | Rarely or never known to aid weak and helpless |
|---|--------------|-------------------------|------------------------------|--|
28. Curiosity
- | | | | | |
|--|--|------------------|---------------------|---|
| Constantly inquiring, exploring, seeking knowledge | More than ordinary interest or desire to learn | Average interest | Usually indifferent | Displays little or no interest or curiosity |
|--|--|------------------|---------------------|---|
29. Antagonism to authority (Resents those in command; refuses to obey; seeks independence)
- | | | | | |
|--------------------------------------|--|---------------------|----------|---------------------------------|
| Defies authority; wholly independent | Resents control; frequently breaks rules | Rarely breaks rules | Conforms | Looks to authority for guidance |
|--------------------------------------|--|---------------------|----------|---------------------------------|

30. Reticence (Mentally reserved, withdrawn, isolated, self-concealing)

Almost completely isolated from group	Inclined to withdraw from others	Sometimes reserved	Usually confiding	Completely outgoing and communicative
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31. Generosity (Unselfish, ungrudging, open-handed, big-hearted; thinks of others first)

Good-heartedly lavish	Gives of resources whenever and wherever need is recognized	Willing to help when convenient	Gives and shares under pressure	Thinks of others last, himself first; grudging
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32. Defensive (Defends self against blame, belittlement; justifies his action; resists probing)

Always offers excuses; highly resistant to questioning	Often	Sometimes	Rarely	Never offers excuses; frank and cooperative in questioning
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33. Courage (Brave, daring, fearless physically, mentally, socially)

Devoid of fear	Seldom fearful	Proceeds in spite of fears	Handicapped by fears	Incapacitated by fears
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34. Dependence (Seeks aid, protection, sympathy; adheres to parents; depends on adults)

Constantly seeking aid; protection	Frequently leans on others	Moderately dependent	Almost self-sufficient	Relies exclusively on own judgment
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35. Deference (Yielding, submissive of own judgment to opinion or preference to another)

Always yields own judgment to that of another	Bows before those considered superiors	Willing to compromise	Defers to judgment of few others	Relies exclusively on own judgment
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36. Self Defense (Protects self against physical aggression)

Always defends self against aggression	Usually	As often as not	Sometimes	Practically never defends self against aggressor
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37. Exclusive (Smubs, rejects, ignores persons, things outside himself)

Smubs, excludes, ignores other people	Rejects most people; pre- fers seclusion	Average amount of sensitivity to, receptivity of, others	Inclined to be warm, friendly, all-embra- cing	Includes all objects around him in his circle of interests
---	--	--	--	--

38. Playful (Has fun; plays games; seeks diversion; laughs, jokes, relaxes, amuses himself)

Seeks diversion very often; knows many games	More than average ability to entertain; desire to be entertained	Usual degree of playfulness; ordinary need for amusement	Seeks amusement less often than most people; less able to amuse others	Rarely seeks diversion; knows very few games
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39. Appearance: Physique (Physical beauty; strength, "Looks")

Superior physical beauty	Above average in good looks	Normal	Plain or homely	Ugly
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40. Appearance: Clothing, etc.

Careful attention to body and clothing; makes most of what he has	Somewhat above average in care of body, clothing	Average neatness, cleanliness	Somewhat careless in appearance	Dirty and unkempt
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APPENDIX B

Case Studies

CASE STUDY TO DETERMINE THE SIMILARITIES AND DISSIMILARITIES
OF THE PATTERN OF LIVING IN THE MODERN HOMES AND
THEIR EFFECT UPON THE EMOTIONAL
STABILITY OF THE CHILD

I. Identification

- A. Child's name _____
 B. Date of birth _____
 C. Date of case study _____
 D. Age at time of case study _____
 E. Description of personality traits _____

 F. Well-adjusted _____ Fairly well-adjusted _____
 Maladjusted _____ Extremely maladjusted _____

II. Early life history

- A. Place of birth
 1. Home? _____
 2. Hospital? _____
 B. Length of time separated from mother at birth _____
 First few days after birth _____
 C. Reasons for separation _____

 D. Method of nourishment in infancy
 1. Breast fed _____
 2. Bottle fed _____
 3. Fed according to rigid schedule _____
 E. Baby sitting practices in the home
 1. None _____
 2. Age of child when baby-sitting began _____
 3. Frequency of times left with sitter _____
 4. Time of baby-sitting
 a. Day _____ Number of hours _____
 b. Night _____ Number of hours _____
 5. Reason for baby-sitting
 a. Social activities _____
 b. Parents working _____
 c. Both _____

6. Type of baby sitter

- a. Child _____
- b. Teen-ager _____
- c. Mature, motherly adult _____
- d. Other type--describe _____
- _____
- e. Is the same person employed regularly as baby-sitter? _____

F. Toilet training

- 1. Age of child when toilet training began _____
- 2. Difficulty experienced during toilet training
 - a. None _____
 - b. Little _____
 - c. Much _____
- 3. Age of child at completion of toilet training _____
- 4. How did child react? _____

G. Weaning

- 1. Age of child at weaning _____
- 2. Difficulty experienced during weaning
 - a. None _____
 - b. Little _____
 - c. Much _____
- 3. How did child react? _____

III. Family Relationship

A. Parents

- 1. Are parents living? _____ Mother
_____ Father
- 2. If dead, what was the age of child at parent's death? _____
- 3. If either parent is dead, who assumes the role of that parent? _____
- 4. Are parents congenial? Yes _____ No _____
- 5. Parents divorced? Yes _____ No _____
- 6. Age of child at time of divorce? _____
- 7. Is either parent over-indulgent or over-protective of child? _____
- 8. Emotional stability of parents
Stable _____ Fairly stable _____ Unstable _____
- 9. Mother working? _____ Occ. _____ Hrs. _____
- 10. Occupation of Father _____
- 11. Education of parents? High School _____
College _____

B. Siblings

1. Number in family
 Brothers older _____ Brothers Younger _____
 Sisters older _____ Sisters younger _____
2. Difference in age between the child and the nearest siblings? _____

C. Other relatives

1. Grandparents
 - a. Frequent contact _____
 - b. Rarely seen _____
 - c. Overindulgent _____
2. Others
 - a. _____
 - b. _____

D. Responsibilities

1. What responsibilities does the child have? _____

2. When did the child begin to assume responsibility?
 - a. Dressing self? _____
 - b. Feeding self? _____
 - c. Tying shoes? _____
 - d. Putting away toys _____
 - e. Putting away clothes _____
 - f. Home chores
 1. Dishwashing? _____
 2. Bed making? _____
 3. Putting things in proper place? _____
 4. Other chores _____

E. Recreation

1. Whole family recreation activities
 - a. Kinds _____
 - b. Frequency _____
2. Literature
 - a. What types of literature are provided for child? _____
 - b. Did child show early interest in books? _____ Age _____
 - c. Were many books provided? _____
 - d. Was child read to early? _____
 1. Type of stories _____
 2. Frequency _____
 3. By whom? _____
 - e. When did child learn to read independently? _____

- f. Types of reading enjoyed by child?
1. Children's stories? _____
 2. Fairy stories? _____
 3. Comics? _____
 4. Mysteries? _____
 5. Science? _____

3. Television

- a. When did child first show interest in television? _____
- b. Was his interest guided? _____
- c. Number of hours child watches? _____
- d. Type of program he enjoys most? _____
- e. What is reaction of child toward discussion of World affairs?
 - Indifferent _____
 - Shows interest _____
 - Shows concern _____
- War threats?
 - Indifferent _____
 - Shows interest _____
 - Shows concern _____
- Space travel?
 - Indifferent _____
 - Shows interest _____
 - Shows concern _____
- Scientific developments?
 - Indifferent _____
 - Shows interest _____
 - Shows concern _____

4. Shows

- a. How often does child go to show? _____
- b. Is he attended by parent or other adult? _____
- c. Is his show interest guided by parents? _____
- d. Type of show child enjoys most? _____

5. Other entertainment in the home

- a. Kind _____
- b. Frequency _____
- c. Does child participate _____
- d. If not, what provision is made for the child? _____

6. Food habits

- a. Did child always participate in regular eating habits?
 1. Before weaning? _____
 2. After weaning? _____
- b. At what age were other foods given to supplement milk? _____
- c. Did child learn to like a variety of foods early? _____

- d. Is daily nourishment planned so that child eats balanced diet? _____
- e. Is child finicky? _____ Messy? _____
- f. Were small servings given and child encouraged to eat all of the food? _____
- g. Does child like milk and drink it daily? _____
- h. Does he show aversion to any particular food? _____ What? _____ Why? _____
- i. Does the entire family eat together? _____
 - 1. Breakfast? _____
 - 2. Noon meal? _____
 - 3. Evening meal? _____
- j. If not, what is the reason? _____

Case Study Outline for Person Who Had Been Mentally Ill

The writer presents a modification of the Rivlin Outline for the Case Study Method as taken from Traxler⁵⁰ to be used in making the case study of the persons who had been mentally ill.

I. Mental Illness

- A. Person's name
- B. Date of illness
- C. Age at time of illness
- D. Family status at time of illness
- E. Sex
- F. Incidents that precipitated the illness in an immediate sense

II. Physical Appearance

- A. General impression

⁵⁰Arthur E. Traxler, Techniques of Guidance, (New York: Harper and Brothers, 1945), pp. 287-288.

1. During childhood
2. At time of illness
- B. Obvious physical or mental limitations
 1. During childhood
 2. At time of illness
- C. Manner of dress
 1. During childhood
 2. At time of illness
- D. Mannerisms
 1. During childhood
 2. At time of illness

III. Personality Traits

- A. General emotional tone
 1. During childhood
 2. At time of illness
- B. Attitude toward school and the value of education
 1. During childhood
 2. Adulthood
- C. Attitude toward family
 1. During childhood
 2. At time of illness
- D. Attitude toward friends
 1. During childhood
 2. Adulthood

E. Attitude toward himself, his abilities and his problems

1. During childhood
2. In adulthood
3. At times of illness

F. Recreation--types interested in and attitude toward it

1. During childhood
2. Adulthood

G. Hobbies

1. During childhood
2. Adulthood

H. Educational and vocational ambitions

1. His own
2. His parents

I. Marked likes and dislikes

1. During childhood
2. Adulthood

J. Unusual fears

1. During childhood
2. Parent's attitude toward them and treatment
3. During childhood

K. Any special personal problems

1. Nature of problems
 - a.
 - b.
 - c.
2. Manner of dealing with problems

IV. Educational Status

- A. School achievement
- B. Extent of retardation or acceleration
- C. Special deficiencies and proficiencies
- D. Record in work and conduct
- E. How behavior in school was dealt with

V. Results of physical examination

- A. Physical defects
 - 1. Childhood
 - 2. Adulthood
- B. Efficiency of sensory organs
 - 1. Childhood
 - 2. Adulthood
- C. General condition of health
 - 1. Childhood
 - 2. Parental response
 - 3. Adulthood
- D. Nutritional status
 - 1. Childhood
 - 2. Parental attitude
 - 3. Adulthood
- E. Comparison with normal height and weight
 - 1. Childhood
 - 2. Adulthood

- F. Muscular Coordination
 - 1. Childhood
 - 2. Adulthood
- G. Reduced or exaggerated reflexes
 - 1. Childhood
 - 2. Adulthood
- H. Twitching, tics, tremors
 - 1. Childhood
 - 2. Adulthood
- I. Peculiarities of gait or speech
 - 1. Childhood
 - 2. Adulthood
- J. Illnesses experienced
 - 1. Childhood
 - 2. Parental attitude
 - 3. Adulthood

VI. Environments

- A. Infancy
 - 1. Nature of birth
 - 2. Feeding problems
 - 3. Toilet training
 - 4. Behavior responses
- B. Number in family
 - 1. Brothers
 - 2. Sisters
 - 3. Family status

- C. Family Adjustment
- D. School adjustment
 - 1. Play
 - 2. Cooperation
 - 3. Evidence of maladjustment
- E. Apparent economic level
- F. Social Status
- G. Parental methods of discipline and his response
- H. Parents' emotional disposition
- I. Parents' attitude toward the child
- J. Effect of religious life and attitudes of the family
- VII. Neighborhood
 - A. Recreational facilities
 - B. Housing and living conditions
 - C. Desirability of playmates
- VIII. Home Responsibilities

Appendix C

Tabulation Sheet for the Poorly Adjusted Children Under Study*

Factors		1	2		3	4	5	6	Other Factors	No. of Neg. Factors
Case No.	Home Birth	Hospital Birth	Breast Fed	Bottle Fed	Baby Sitting	Home Cond.	No Home Resp.			
3	0		0		X	X	X	X		4
4	0	X	0		0	X	X	X		4
6	0			X	X	0	X	X		4
7		X		X	X	0	X	X		3
9			0		X	X	X	X		5
10	0			X	X	X	X	X		5
11		X		X	X	X	X	X		6
15	0			X	X	X	X	X		5
17	0			X	X	0	X	X		3
19		X		X	X	X	X	X		6
20		X		X	X	X	X	X		6
21		X		X	X	X	X	X		5
24	0			X	X	X	X	X		4
26		X		X	X	X	X	X		6
27		X		X	X	0	X	X		3
29		X	0		X	X	X	X		5
33	0			X	0	X	X	X		3
34		X		X	X	0	X	X		6
37		X		X	X	X	X	X		6
38		X		X	X	0	X	X		5
40		X		X	X	X	X	X		5
44		X	0		0	0	X	X		3
46		X		X	X	X	X	X		6
47		X		X	X	X	X	X		6
Total	8	16	5	19	18	17	24	20		

*On the tabulation sheet and the ones that follow, 0 indicates positive factors and X indicates negative factors. The totals in Columns 3, 4, 5, and 6 are the negative factors.

Tabulation Sheet for the Well-Adjusted and Fairly Well-Adjusted Children Under Study

Factors		1	2	3	4	5	6	
Case Number	Home Birth	Hospital Birth	Breast Fed	Bottle Fed	Baby Sitting	Broken Home Cond.	No Home Resp. Factors	No. of Neg. Factors
1		x	o		o	o	x	2
2	o			x	x	x	x	4
5		x		x	o	o	x	3
8		x	o		o	o	o	2
12		x	o		x	o	o	2
13	o	x	o		x	x	x	4
14				x	o	o	o	2
16	o	x	o	x	x	x	x	4
18		x		x	x	o	x	4
22		x		x	x	o	x	4
23	o			x	x	x	o	3
25	o	x		x	o	x	x	4
26		x		x	x	o	o	3
30		x		x	x	o	x	2
31	o	x		x	o	x	o	5
32				x	x	o	o	3
35	o	x	o		x	o	o	1
36					x	x	o	4
39	o	x		x	o	o	x	2
41		x		x	o	x	x	5
42	o			x	o	o	o	4
43	o			x	x	o	x	3
45		x	o	x	x	o	o	3
48		x		x	x	o	o	2
49	o			x	x	o	o	3
Total	10	16	9	17	17	10	11	11

Tabulation Sheet for a Comparative Study of Factors in the Home Life of the Persons Who Had Been Emotionally Ill With Those of the Present-day Children Who Were Studied:*

Case No.	Place of Birth	Manner of Feeding	Baby Sitting	Broken Home Condition	No Home Responsi- bilities	Other Evi- dence of Closely Knit Family Life	Rejection or Being Unwanted
I.	Home	Bottle	0	x	0	0	x
II.	Home	Breast	0	x	0	0	x
III.	Home	Bottle	0	x	0	0	x
IV.	Home	Bottle	0	0	0	0	0

*These cases pertain to individuals whose childhood up to ten years was in the period from 1904 to 1941. The writer recognizes that this is not a sufficient number of cases to completely describe the home life of this period. The information merely reveals the presence or absence in these four cases of some of the present-day factors that were under study.

