

General Disorders of Attitude in Childhood

By

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THE PROBLEM

Attitude, every-day behaviour, being one of the decisively characteristic manifestations of personality, its transitory or lasting disorders are indicative of disturbances of the actual personality. These disturbances are, however, not the only manifestations of personality disorders in childhood. In certain instances, even with grave personality disorders, no deviation from normal every-day behaviour occurs. Instead, somatic symptoms, the production of diseases, point to the disturbance occurring in the personality.

In the present study the disorders of general attitude and every-day behaviour in childhood will be discussed. The methods used in diagnosis and therapy have been described in detail in another paper. [This journal **3**, 99 (1962).] We only mention that in every case the detailed somatic, environmental and psychologic statuses were carefully registered, the symptomatological and essential diagnoses established, and treatment was planned on the basis of the comparison of those data. In that paper our theory con-

cerning therapy as well as our therapeutical technique have also been described. In the cases to be discussed in the present paper only those data of the somatic status will be reported which were thought to be in some direct or indirect relation with the disturbance of attitude.

CLINICAL OBSERVATIONS

Case 1. O. L., a male patient, 13 years of age, born in 1948.

Complaint. According to the mother, he is a "naughty child", difficult to handle. He had been referred to the Child Guidance Centre of the First Department of Paediatrics by the local Council, who made the mother to have the child examined because of the information of neighbours that she was mistreating her son.

Somatic status. The child had been born of an unwanted pregnancy, with breech presentation, in livid asphyxia. He had been enuretic and became sphincter trained only with difficulty at the age of 5 years.

Environmental status. The mother is highly nervous, she suffers from headaches and goitre, is reticent, of a peculiar nature, insincere, obstinate, reserved. She does not

take matrimonial fidelity seriously. According to her, the father is a drunkard and a waster. One of the father's relatives had died in a mental hospital. The father had left the family a long time ago, taking along the older child. The marriage of the parents had been bad, the father having been a drunkard; they quarrelled often and fought before the children. They have divorced and the mother is living alone; she has many love affairs. She did not want this child, suffered much before delivery and now not only dislikes but definitely hates her son and wants to get rid of him.

Psychological status. History. The patient had been put in a nursery, then visited a kindergarten in one of the communities near Budapest. At that young age already he had allegedly been insupportable and had been expelled from the kindergarten with the motivation that "he is unfit to be brought up in a community". He had fought and hurt the other children, hitting them with a chair and had fits of rage. When reaching school age, he was placed by the father in an institute in the country, but they soon asked the mother to take him away. On the way home, she made the acquaintance of an elderly couple who took the child as foster parents for the sum of 500 Florins. The bargain had taken place before the boy and he related this event to us as "having been sold by my mother for 500 Florins". This is how he came to live in another community near Budapest, with the foster parents, who were old, whimsical people, treating him rigorously, often beating him up. The child stayed with them only for a short while: he did not like to be there, longed after his mother, and finally escaped. The foster parents followed him and took him back to the mother. The mother locked the child out of the house and did not give him to eat. He spent the day in the garden or in the cellar and lived in this manner for weeks during the cold winter. This was the time when the neighbours reported the case to the local Council.

The child was brought to us at the age of 8 years in September, 1956. At that time, the intellectual development of the patient was mediocre. His emotional development showed grave disorders. He was extremely impulsive, explosive, aggressive, at the same time anxious, uncertain, had no emotional ties to anybody or anything. He had the feeling of being wanted by no one, loved by no one.

Because of his dangerous situation, the patient was referred to one of the transitional Children's Homes, in State care. Having been judged as "defective" because of his aggressive attitude, he was sent to one of the Budapest schools for defective children. The opinion of the school of the pupil visiting the 2nd primary form, was, "although intellectually he is relatively developed, with correct judgement and reasoning power and logic, his character shows grave defects. He is insincere, libellous, terroristically rude, rough, avenging, sadistic, he illtreats others. He forces smaller or weaker children to give him their belongings (food, nice school equipments) or robs them. He strives to take a leading position, and feels only well in such situations; he is brutal and inconsiderate. He does not take part in common school work, disturbs the quiet atmosphere, if not by other means, so by calling attention to his person by eccentric behaviour (he is always doing something else than the others). He wants to be the centre of events, it is almost impossible to punish him; he wants to avenge himself, makes endless scandals, loud scenes, and if one tries to persuade him, he has thousand and one arguments, striving all the time at keeping the upper hand. If something happens against his will, he throws himself upon the floor, kicks about and screams. Following such hysterical outburst, he calms down very slowly and only with the pedagogue's aid. He does not know discipline, authority, hinders common work, keeps his companions in fear, threatens them physically and damages their property".

Intelligence tests at our Child Guidance Centre have shown that the patient is not intellectually defective, but highly worried, emotionally damaged, solitary, emotionally defective. On our advice the boy was transferred to an institute for normal children. From here, he escaped several times to his grandmother living near Budapest. (This grandmother is the only person to whom he is emotionally attached). He was brought back to the institute every time. After several such incidents the child was transferred to another institute in October, 1961, from where they reported the following. "The child had been abandoned by the mother who in 1956 left Hungary and settled in Austria where she married again and has children of this marriage. Since then all she does for her son is to write him twice or three times a year. Unfortunately, all efforts taken by the masters have been unsuccessful. He had started with an intolerable attitude towards adults. He boasted that he has escaped from every institute, they have been unable to discipline him, that he plagued every master to death and he will not stay here either. Although he did not escape, he has succeeded in plaguing us. During classes he jumped up and started to hit one of his companions with a stick and boxed the instructor who was trying to calm him. The master had tried to engage his attention, to persuade him to join some positive activity. The child was seemingly willing, but every effort had ended in a scandal. If this was brought, up his activities were criticized, he started a hysterical scene. He knocked down one of the best pupils of the class, clinged to his hair and tried to strangle him. During several such fits he ran out of the building, shouting in the street. He has become known for this in the whole neighbourhood. If some older children tried to bring him back, he threw himself down and screamed "I shall commit suicide", "I will jump into the Danube". Last winter, he threw a burning paper box into a case of toys and the school nearly burned down.

He hit one of his schoolmates on the head with a chair, stabbed another in the back with a pair of scissors, threw his slippers at the instructor. If we tried to talk to him after such an event he started to prove that he was not responsible for his behaviour. He seemingly calmed down if the other child was also called to account. His schoolmates are fed-up with him. We have been expecting a decisive change, but until now in vain. He is sometimes very clever, especially with his hands, polite, but the next moment uses rude words. He never listens during classes, occupying himself with something else all the time, he goes to the toilet and does not return. One of his positive traits is that he respects personal property, never steals anything. He does not like to wash, criticizes his schoolmates who do not like him, he exerts a disquieting effect on the whole group, and hinders the master's work. We have tried everything with this boy, but now we have arrived at a point when we must ask for psychiatric treatment and his admission to an institute where he does not hinder the work of the other children, and does not endanger his own and his schoolmates' life."

On November, 1961, the patient had been referred to our Department with an acute illness. He was treated at the medical ward for a postpneumonic state for 7 days.

The psychological status of the then 13 years old boy was as follows. His intelligence is adequate for his age, his perception is quick but his capacity of attention is decreased as also his tolerance to strain. Emotionally, he is worried, anxious, uncertain and solitary, has no positive emotional relation except to the grandmother and the psychologist of the Child Guidance Centre. The patient is quick-tempered, impatient and starts fights often and can therefore hardly establish relations with his environment. He feels pursued among his schoolmates, who treat him badly because of his attitude. Any small event may upset him, in such instances he shouts, flies into a rage and starts fights with the

result that both his teachers and his schoolmates turn against him. On the other hand, he is easy to treat with kind words and patience, remaining, however, always inclined to extreme temper tantrums. He longs deeply for his mother whose post cards are his most treasured property. The beautifying distance has already idealized the image of the mother.

Diagnosis

Considering the inadequate biological environment, the patient had suffered different serious damages at an early age, first of all through the family. The irresponsible father, leaving the family, caused a serious trauma to the patient; so did the bad mother, who hated the boy and really "sold" him to foster parents, then locked him out, starved him, etc. Because of his emotional disturbances, the community of the institute was unable to treat him adequately and he was unable to form an attachment. Thus, although he was not intellectually defective, a serious break occurred in his emotional development and he became emotionally defective. This had determined his attitude and rendered his environmental situation impossible. A vitious circle developed, he was regarded as a bad child and became even worse due to inadequate handling, exerting an even worse environmental effect. A state of excitement had developed, increasing during prepuberty and especially the puberty. The case is, accordingly, one of a disturbance of behaviour and attitude due to inadequate environmental effects since

early childhood. It is probably by chance that this endangered state did not lead to criminality. The aggression, his loud temper tantrums, the repeated scandalous scenes are, in our opinion, in reality distorted calls for help. The environment, however, evaluated them according to their face value and reacted accordingly.

Therapy

We observed the patient for 4 years, intervening from time to time in his life and subjecting him to regular treatment. We helped him to adjust his acute conflicts, his tutors in the different institutes were instructed by us as to his history and actual situation and state. We have succeeded in establishing with him a sometimes interrupted and not too deep, emotional relation. In the course of the years he arrived at a point when he considers the Child Guidance Centre and its team as his only emotional relationship in which he has confidence. Whenever he has some problem he returns to us. We succeeded in finding him a place in one of the homes for boys in Budapest, from where he visits the Child Guidance Centre twice every week. By establishing slowly and continuously a relation with the psychologist who is treating him regularly, his behaviour has improved and he is calm.

The case illustrates that behind the complaint "bad child" a deep human tragedy is concealed and that bad behaviour, the disorder of attitude

is in reality the manifestation of a serious personality disturbance. Essentially, the disorder of the personality is its disturbed emotional development and consequently, the disorder of the emotional sphere at its centre is the gravest symptom, the feeling of unbearable loneliness.

Case 2. O. I., a male child 14 years of age, born in 1948. Complaint: truancy.

Somatic status. Only child, born in asphyxia, had to be resuscitated. Up to the age of 4 months he had been breast fed, and up to the age of 11 months, fed with mixed food. Since one week he hardly sleeps in spite of promethazine, 25 mg t. i. d., prescribed by the physician. He is anxious, sees figures on closing the eyes, imagines that he goes to the cemetery, is afraid of death, very restless, afraid to stay alone so that the mother has to accompany him everywhere, even to the toilet. He has no appetite, is tired, cannot bear noise; refuses to go to school and avoids children of his age.

Environmental status. Living conditions and economic situation of the family are adequate. They live in their own house in two large rooms with a garden. The child had his own room where he slept alone. Since the complaints began he is afraid to sleep alone and goes into the parents' bed-room. Both parents are working; they live in a favourable atmosphere. Culturally the environment is primitive. The father is benevolent industrious, uneducated, narrow-minded. The mother is nervous, has often haemicrania with vomiting. She is too closely, too sentimentally attached to her son.

Psychologic status. Intelligence: the boy has mediocre qualities, he is a third grade pupil, and even this he can achieve only with efforts. No special conflicts have, however, arisen in his studies. Although he is basically slow, of somewhat dull per-

ception, his intellectual level is in accordance with the lowest limit of his age. His interest is orientated mostly functionally. At present, he is inhibited also intellectually, his capacity of attention had greatly decreased; he is almost unable to think, deconcentrated.

Emotionally the patient is in an acute state of excitement, restless, anxious and uncertain. He has anxiety dreams, he dreams that his parents are dead and he is threatened by death. Since some time he has been more and more anxious. He does not leave the house, does not stay alone, clings to the mother, and a child-mother relation corresponding to that usual in early childhood, has developed (archaic personality).

In the first psychological session no real relation could be established, the patient complained only of being tired and anxious. It was impossible to test him. His state appeared so grave that in the course of the neurological investigation the possibility of beginning schizophrenia was taken into consideration. In the course of the following conversations the relationship improved and he gradually told us of the events which happened to him and was willing to speak of his dreams and the real content of his fears. It became evident that the causes of his excited state were partly sexual problems of an explosive intensity and different conflicts with his environment, which had arisen in different areas. The problems were gradually told by him. He fell in love with a girl of 12 years. He often walked around her house to speak a few words to her. The girl's father caught sight of the boy before their house, and scolded him in public in a most humiliating and aggressive fashion and chased him away. At the same period, it happened that in school during a polytechnic class, in which the boy is not too skilful, the teacher scolded him harshly because of some clumsiness and when the boy tried to offer an explanation, he was smacked on the face in front of the other boys. This fact affected the patient very seri-

ously, the more so as he was accustomed to be treated well and had never been thrashed. The beating has shaken the boy; the professor continued to treat him rudely. His schoolmates mocked him both for the humiliation he had suffered from his girl's father and the beating in school. The state of anxiety began following these events and continued with increasing acuteness.

Diagnosis

Grave actual emotional disorder in a boy with a somewhat poor biological basis, in the period of puberty, in an overstrung excited state, narrowing of scope of intellect and interest and serious anxiety accompanied by fear of death. The damaging trauma was caused not by the family, but by the environment and the school. The patient's feeling of security was shaken in a basic manner. The core of the conflict was the humiliating beating and rudeness of the professor. The cause of the disorder of attitude manifesting itself in truancy was the grave actual personality disturbance affecting emotional life.

Therapy

The patient was treated at our Child Guidance Centre first daily, then at gradually increasing intervals, for 3 months. During this time, sedatives were prescribed. The problem of the boy was discussed also with the parents, the headmaster and the teacher leading the polytechnic class. In 6 weeks the state of the patient improved so much that he was willing to go to school. He

began to learn, finishing the 7th form. As an illustration of his emotional lability it has to be mentioned that in the 6th week of treatment the event that a cat had stolen one of the pigeons of his breeding upset the boy to such a degree that for days he slept in the garden with a slingshot and watched for the cat. By this fact he was able to give full vent to the aggressive impulses developed in the former conflicts, so-to-say in a socialized manner as he was protecting his pigeons. By this conflict, however, a new phase had begun. He started roaming about, staying out without the parents' permission, and courted the girls. We advised the parents to handle the boy with patience and fair words. They succeeded, and the phase of vehement excitement was gradually reduced to the normal puberty level. After the school examinations he went for holidays into the country and when he left he seemed to be entirely coordinated.

The case illustrates that in a child with inadequate biological basis, brought up in a comparatively favourable family environment, some rude, unfavourable effects outside the family may cause grave emotional disorders during the period of puberty and produce serious disorders of attitude.

Case 3. M. Á., a female child 10 years of age, born in 1952. Complaint: Unreliable, impatient.

Somatic status. The mother had not nursed the child who for some time has been tired, moody, irritable. She suffers

from headaches. Clinical examinations revealed no organic change.

Environmental status. The parents had divorced when the patient was 3 years old. Previously, loud scenes had occurred between them, often before the child. She lived with the mother until she was 8 years old. The father remarried and had a son from the second marriage. The patient likes this child who is now 4 years old. The mother remarried when the patient was 8 years old and from then on she lived with friends of the mother. Although the dwelling conditions were favourable, the patient could not make friends with the 8 years old daughter of this family. Since the mother lived in a one-room flat with her second husband, she did not take her back but gave her to the care of the maternal grandmother, a whimsical, severe, rigid old woman, living in a one-room-kitchen flat without adequate conveniences. According to the mother, the patient has to stay with her grandmother not only because of objective conditions, but also as "my poor mother lives alone and this is not good for her". The grandmother does not permit the little girl to make friends with other children, saying that children of her age are using bad language. She makes the child to spend all her leisure hours with her. The educational attitude of the grandmother is well illustrated by the following. One day, at 3 o'clock in the afternoon, she took the girl along with another old woman to a park where the three of them spent the whole afternoon. The two old women were knitting and chatting, the patient was forbidden to leave them and to go to play with other children. On such occasions the child is tired and moody; at home, the grandmother holds long speeches about her behaviour, disapproving of her boredom.

According to the mother, her new marriage is excellent. In this way it is most comfortable for her that her daughter from the first marriage does not stay with them. In the meantime, she tries to turn the child against her father and his new

family; the patient, on the other hand, is fond of her young brother, is attached to her father and also to his second wife.

Psychological status. Intellectual development: the child is intelligent, prematurely old, with good reproductive and combinative intelligence, independent opinion, very grown-up, who would like to be an adult. She is an excellent pupil. Emotional situation: the patient is under the stress of grave emotional problems; has no doubts as to the fact that essentially the mother's relation to her is that "she does not want her", uses her, however, at the same time as a trump against her former husband. Although the mother's relationship with her own mother is bad, she throws onto the child the responsibility of her own emotional obligations towards her mother. This attitude and behaviour of the mother causes grave emotional conflicts in the patient. Another disturbing fact of her emotional life is that she loves her father, is attached to him, but had, nevertheless, been adjudged to the mother at the time of divorce. The mother, on the other hand, is a selfish and tyrannic personality, of a much lower intellectual level than the father and tries to turn the child against him and his son. The patient's relationship with the grandmother is definitely bad. She says that her grandmother is unjust, moody, and precludes her entirely from the possibility to meet her own contemporaries. Essentially, her problem is the total emotional solitude in beginning puberty. The emotional and intellectual stress is increased by the fact that in the course of the last school year she was forced to change schools four times without any valid reason. Characteristic of her intellectual qualities is that even so she was an excellent pupil.

Diagnosis

The disorder of attitude of which the environment complains, i.e. the child's unreliability and impatience,

is explained by the grave emotional situation. This situation was related by the patient in the course of one of the conversations as follows. "I have a classmate who has a father, a mother, a home and says nevertheless that she has a hard life, — what would she say in my place" . . .

Therapy

We are endeavouring to settle the situation and the disorder of attitude with our usual methods.

Case 4. Sz. S., a male child 8 years of age, born in 1954. Complaint: indisciplined at school, restless, does not follow school orders in spite of being a good pupil.

Somatic status. Unfavourable pregnancy, as the mother has a decreased respiratory capacity due to pleural adhesions, and grave heart complaints. During pregnancy, a flood had destroyed their home and the mother had great worries. In the 8th month, difficult premature delivery, the fluid had passed early, and the child was delivered a long time afterwards, in livid asphyxia, had to be revived. He had been fed bottled mother's milk, later on formulas. Until the age of 6 years he was periodically enuretic. He is left-handed. One of his siblings had died from a cerebral tumour and the mother fears that the patient also suffers from a beginning tumour. This fear overshadows the entire life of the boy and also the mother-child relation, which sometimes is much too close and anxious.

Environmental status. The family environment is sound in every respect.

Psychological status. Intellectual qualities are according to age, with excellent memory, predominantly reproductive intelligence; he is a good pupil, learning easily, tolerates school-life well. Intellectual quali-

ties are at their best when spontaneous intellectual activity is based upon memory. In spite of this favourable situation, astounding omissions occur. As soon as the use of combinative intellectual activity is required, his logical capacity becomes blank and instead of intellectual constructions, uninhibited elements of phantasy appear on the surface. Although intellectually the patient has no troubles with his studies, he is much more infantile than it would correspond to his age. He is brought up severely, he is overdisciplined, and trained to right-handedness.

Emotional situation: he is worried, uncertain. In the course of the sessions, it became evident that at the time when his indiscipline in school had begun, a grave mental shock had affected the patient. During a family quarrel taking place in the next flat, an old man jumped out of the window and died on the spot in the street. The boy looked on from the window of his room. Preceding the suicide, a loud quarrel took place, the old man had locked out his family from the flat, did not open the door and when they opened it by force, he jumped out of the window. The loud and fearful scene greatly excited the boy, the more so as he had known and liked the old man. In one of the later sessions at the Child Guidance Centre the patient related the events transformed by his subjective attitude, regardless of the objective facts. The way he then told the story was that it was the old man who had been locked-out of the flat, not caring during this transformation of the truth that in this way he could not have seen the suicide.

After the suicide the ambulance had been called and the boy saw this from the window. In the meantime the child was left alone. This detail of the situation had been told by him later as follows: "I waited, together with the ambulance to see who else was going to jump out of the window." The emotional situation and excitement had been increased by the fact that his mother took the old man's family into their home, since they were afraid to stay

in their own flat. They were staying for a fortnight and discussed their own family problems and anxieties in front of the child. Nobody cared for the boy who could not understand clearly the entire event. The only fact that remained was that something incomprehensible, fearful and terrible had happened to the old man whom he had liked, that he had died on the spot, "his head was bashed in and his brain spilled". Then, by the presence of the other family, the usual family life and occupation with him was upset. The result was that besides the grave alarm and the serious emotional trauma of suicide, he was left in total emotional solitude.

Diagnosis

The behaviour disorder, the indiscipline in school, the confusion, had developed on the basis of a grave emotional trauma in a child with an unfavourable biological background.

Therapy

To solve the attitude disorder of the child, the Child Guidance Centre applied our usual methods.

Case 5. Cs. Á., a female child 15 years of age, born in 1947. Complaint: she does not learn, had grown more and more incapable of learning, her school results are bad.

Somatic status. The patient is incapable of attention, suffers from insomnia, cries often, had headaches and complains of chest pain. Detailed clinical examinations revealed no organic change.

Environmental status. The father had died of lung cancer one and a half years ago; the mother had a cerebral tumour, was operated on and is incapacitated. The

marriage of the parents had been a love match, later on they have, however, drifted apart emotionally. During the disease of the mother, the father had become attached to another woman and left the family, not caring for his daughter. The parents divorced and the girl remained with the mother until her operation since when the child is in state care and lives at a college. Although teachers and school-mates treat her with consideration, she is almost unable to bear college life. Her mother lives in a nearby village, visiting her every Sunday. These visits are most trying for the child. Although the divorce had taken a smooth course, it meant a grave emotional problem for the patient; the loss and death of the father and the grave disease of the mother with its consequences, have meant a serious trauma for her. — All this involves the objective facts that she has lost her home and, staying first in a sanitarium and later in the college, was forced to emotional solitude. The forgetful, absent-minded mother, who is hardly fit to direct her own life, is deeply attached to her daughter, loves her and tries to care for her by all her means. So, for instance, she buys her dresses and does everything that is within the scope of her limited possibilities. She is tied to the child so deeply that she represents the sole meaning of her life.

Psychological status. Intelligence: a girl with excellent qualities, somewhat prematurely old. In the present state, her intellectual capacity is significantly affected. Emotional situation: depression due to extremely grave emotional events. Although she loves her mother and is sorry for her she is not able to keep up any relationship with her, saying that "she can't bear her", but has feelings of guilt because of this. Her problem is that she cannot finish the school term because of her absences, on the other hand she is unable to learn and at the same time does not want to go home. Partly it is her objective situation which had become critical, partly, she had become emotionally insecure.

Diagnosis

In this case the attitude disorder manifested itself with poor learning. The cause of this is a grave emotional disorder, the depressive state which could be traced back on the one hand to objective circumstances — the divorce of the parents, the death of the father, the disease of the mother, — and on the other, to the obstacles in the emotional development due to emotional solitude.

Therapy

The main purpose of treatment was to organize her school situation and her regular, every-day occupation. In addition, we helped the child in the course of guided talks to clear up her emotional disorder, to stop her feeling guilty and to escape into somatic diseases from the situation which for her seems hopeless. We tried to solve her dissatisfaction and ethic conflict by emphasizing in the course of further sessions that in the toleration of our own emotional reactions not only ethical, emotional, or theoretical aspects play a decisive role, but also one's own personality and the actual endurance of the organism. In the course of these conversations she realized that her producing organic diseases and complaints is the result of hidden tendencies directed at concealing the real problems. This was supported by the negative results of the clinical examinations. She recognized and accepted that the production of symptoms of somatic diseases is not the way out,

but by real efforts it is possible to find a solution of the seemingly hopeless situation.

It is noteworthy that when the intelligent patient recognized the trend of our efforts, it meant a sensation for her. She said: "Never before was I asked such things by a physician."

Her state had improved so much that now she is able to learn; her depression has significantly diminished and her attitude towards her own complex problems has changed, she had ceased to consider her life and her situation as hopeless.

The disorder of attitude manifesting itself in poor learning was essentially a personality disorder due to environmental traumata, the decisive factor being a disorder of emotional development and emotional life and the moral conflict which had seemed hopeless and insoluble to the child.

Case 6. B. É., a female child 13 years of age, born in 1949. Complaint: school results had deteriorated, she is restless at school, excited.

Somatic status. The mother suffers from disseminated sclerosis: she did not breast feed the child.

Environmental status. Objective as well as subjective family and living conditions are sound.

Psychological status. Intelligence: the patient has good qualities, she is intelligent, used to be an excellent pupil, liked her studies, had proper manners and was well disciplined.

Emotional situation: puberty had begun normally. The patient is, however, in an excited state. In the course of sessions we found out that a young man appeared repeatedly in the vicinity of her school. When the girls came out, he stood under

the porch of the opposite house, opened the slit of his trousers, exhibited his penis and masturbated while shouting obscene words at the girls and calling them there. He also followed the girls talking obscenities and making passes at them; coming to deserted streets, he again showed his penis and masturbated. This lasted for weeks when at last the teachers found out about the man and instructed the girls to call a policeman. By that time an excited, highly-strung atmosphere had developed in the school, causing intensive tension and curiosity mixed with anxiety in the girls in the puberty period. The result of the whole class including that of the patient had deteriorated. Characteristic of the intelligence and otherwise well-ordered life of the patient is that she tried to master her excitement by intellectual means. She described precisely the features of the man. She said that, by his appearances, he does not seem to be mad; she thought the man must be left-handed, since he was using his left hand for masturbation. This fact was proved later at the police-court where the patient had to repeat her evidence.

Diagnosis

The disorder of attitude manifesting itself in a restless, excited state, and the consequential deterioration of learning had been caused by serial rough and unfavourable stimuli of sexual character which, although not affecting her bodily, had occurred at the beginning of puberty. The trauma did not cause grave damage, it had not upset her balance, and brought about only an excited state in the patient of good qualities who was brought up from early childhood under favourable environmental and family conditions and had a relatively wide tolerance to damaging influences.

Therapy

In the course of treatment, the state of excitement ceased.

Case 7. F. A., a female child 12 years of age, was born in 1948. Complaint: since one month her school achievements have deteriorated, she does not learn, is inattentive at school. The patient wakes up at night, cries, shouts and lately has sometimes wetted her bed.

Somatic status. Clinical examinations revealed no organic change.

Environmental status. Maternal grandmother suffers from grave arthritis; paternal grandmother had died from cancer; maternal uncle is left-handed. The mother is nervous. The father is an alcoholic, neuropathic person, pathologically jealous, sometimes deranged, unbridled, aggressive, violent. In his aggressive periods he threatens "I shall commit suicide, but not alone". He is aware of his uninhibitedness, but says that he cannot do anything against it.

Objective living conditions are good. Mother, grandmother and the child live together, their economic situation is sound. From the subjective and emotional points of view, the environmental conditions are disturbed. The patient sleeps between mother and grandmother. The parents had divorced when the patient was 4 years old. The father had left Hungary in 1956, then later returned. The mother, at this period, was still willing to take him back, since he promised to stop drinking and to behave properly. He had kept his promise only for a short time. First, the parents only separated, the father moved to another place; later they divorced. In spite of this, the father goes home sometimes, making such scenes that the police had to be asked in at several occasions. It was after the last family scandal that the attitude of the girl became disturbed. The father came

home intoxicated after a ball and wished to stay for the night. The woman did not dare to oppose the drunken man. During the night the man tore off the woman's dress and underwear. The girl tried to defend the mother, but without success, and her father raped her mother in front of the child. The behaviour disorder of the patient started following this event. She does not learn, is inattentive at school, her achievements have deteriorated; she wakes up at night, wets her bed during sleep, she is anxious.

Psychological status. The patient is incapable of action or attention; she is anxious, uncertain, panicky. She is very sentimental and has an extreme need for affection. We had several sessions with her, but until now she was unable to formulate her emotional problems, neither did we succeed in making the mother to accept that it was urgent to solve in a radical manner her family situation, her inadequate relationship with the former husband. She did not do it yet, so that no therapeutical result could be achieved with the patient either.

Diagnosis

The disorder, manifesting itself in a failure to learn, a lack of attention, deterioration of school achievement, can be traced back to the disorder of emotional life developed on the basis of grave environmental traumata.

Therapy

We advised the mother to seek the help of the authorities. She promised to do so, but being ambivalent to her husband, took no action. We tried to treat the child on several occasions,

but since the mother failed to bring her, the case remained unsolved and our therapeutical venture was unsuccessful. The case proves that individual psychotherapy in itself cannot succeed if there is no way to alter the unfavourable environmental circumstances.

Case 8. R. Á., a female child, 12 years of age, born in 1950. Complaint: she steals money from the parents.

Somatic status. Following an episode of influenza, abdominal complaints and otitis occurred two months ago. The patient has no appetite, lost weight, has sometimes eczema, suffers from enuresis. Radiography showed spina bifida occulta.

Environmental status. The patient had been adopted at the age of two and a half years. Very little is known of the newborn period and infancy. At the time of adoption, she could stand, walked easily and talked a few words. According to her foster mother, she had been a lovely child at the time of adoption, but conspicuously quiet, alarmed, stubborn, obstinate and reticent, she never played alone. She had difficulties forming an attachment to her new environment, could hardly get accustomed to her foster father. The foster mother had been told that the real mother, the daughter of honest peasant parents, does not work; she is a prostitute who has in state care 5 children of different fathers. The foster mother is an intelligent woman, but neurotic and her education is poor in comparison to her qualities. She works much, has a government job in a responsible department. She has many emotional problems due to her deficient education which she tries to counterbalance by human and moral qualities. She is a hard and masculine personality, she has had a difficult life and regrets not having had an own child. The foster father is much older than his wife. He is an honest, cordial man, but entirely uneducated. The atmosphere of the mar-

riage from the point of view of the child is good. The head of the family is the wife, she directs the entire household and everything depends on her. Objective living conditions and economic situation are sound. The form of life of the family is nevertheless much too rigid, since the woman is entirely lacking the sense for feminine family occupations. It is desired of the patient to be an excellent pupil, but a lack of capacities and the slow intellectual development caused by neglect in early childhood, make this impossible. To achieve a mediocre grade at school is only possible for her with help and even so her learning is a constant problem. The foster parents complained that since school age it happened several times that the child has stolen money at home.

Psychological status. Intelligence: according to the foster parents, the patient's mental development was slow, she could catch up with her contemporaries only at about the age of 8 years. At present she is a mediocre pupil, of mediocre capacities, slow, somewhat inhibited. Her association capacity is poor, with a tendency for perseveration. Although her concepts are poor, they are normal. She concentrates with difficulty. The emotional attitudes are labile; these manifest themselves, however, not in her every-day attitude, she rather makes the impression of an impassive and dull child, lonely and suspicious, almost unable to form an emotional attachment. If, however, she succeeds to establish a relationship, it becomes extreme and unhealthily close. To her foster mother, whom she believes to be her mother, she is attached too closely. Quality and intensity of this emotional relationship correspond to that of a 4 to 5 years old child. Her emotional activity manifests itself, therefore, either with total indifference or with an extreme, unreserved closeness. She is reticent to make friends with other children of her age and shows a defensive attitude towards the external world. She has no friends and her relation to the foster father is also just one of polite indifference.

Diagnosis

The attitude disorder manifesting itself with stealing had developed on the basis of a personality disorder due to emotional loneliness, emotional and intellectual backwardness and slow development, in an adequate, even good, environment. The good, but unfavourable foster-mother-child relationship resulted in a feeling of loneliness and, in consequence of too high demands at school, in grave depression.

Therapy

A continuous relation was established with the foster-mother. We tried to instruct her and to make her understand the problems of the patient which, as she said, she had not seen until then. In the course of the treatment of mother and child, the emotional problems of the mother have also come to the surface, i.e., the lack of an own child, the drawbacks of the marriage, the extreme emotional bond with the patient and her escape in exaggerated work from her own problems. We have succeeded in altering the entire situation. The mother was willing to change the patient's way of life, to decrease her demands as to school results. By "guided talks" with the child, we have succeeded to clear her main emotional problem, the feeling of emotional solitude and the fact that she was unable to fulfil the demands of the "adored" mother. Her feeling of guilt caused by that fact was

relieved. The depression ceased, her school results improved and she stopped stealing.

Case 9. B. Z., a female child 10 years of age, born in 1952. Complaint: she steals in school and lies.

The patient was sent to us by the school mistress as the child had been caught stealing on several occasions. At first, she had stolen 50 Florins from her mother and spent the money on sweets and the movies, then she started stealing in school pencils, rubbers, fountain pens, and then money. Recently she has stolen 100 Florins from the schoolmistress' purse of which she spent 20 Florins, the rest was found on her.

Somatic status. Clinical examinations revealed no organic change. The patient had been delivered with forceps, in asphyxia and had to be resuscitated for a long time.

Environmental status. The father is a tramp, a criminal, a fraud. The mother was treated for nervous breakdowns on three occasions at a neurological department. In a traffic accident she had suffered a skull fracture and grave commotion. Since then, she has often headaches, does not bear sunshine, is irritable and labile.

The mother now lives with her third husband. The patient had been born of her first marriage; the mother then was very young and loved her husband. Soon after they had been married, the man accepted a job in the country. Although the woman did not feel at home in the strange country environment, at first there were no conflicts. During her pregnancy with the patient the husband acquired loose habits. He had affairs with all sorts of women. Sometimes strange women came to look for the husband and even pregnant women

appeared looking for the father of their child. The wife endured these matters less and less. When the patient was born the husband was again absent. He had told her that he accepted some work elsewhere, but she discovered that he was in gaol for theft. In spite of all this, she was still devoted to him and most of the damages were repaid by her, selling her house and furniture. The attitude of the husband, however, did not improve, his intemperance even grew worse. The woman finally had a nervous breakdown and had to be treated at a neurological department. In the meantime the children were cared for by the maternal grandmother. When she had recovered she divorced, returned to Budapest and started to work. She advanced in her profession, and was highly esteemed. It was then that she suffered a traffic accident with skull fracture and commotion, and was again treated at a neurological department. After she had recovered she continued working, was promoted and married one of her colleagues. This marriage had been ideal until its tragic end. She was in hospital to deliver her fourth child when the husband had a traffic accident and died on the spot. When next day the news of his death were told her she had her third nervous breakdown. Then she lived alone in a very bad nervous state. (She says that she could never overcome his death.) After a year she made the acquaintance of a similarly unhappy man, who had stepped on a mine which exploded and tore off one of his legs. He had been ill for a long time, then lost his sight because of a cataract which had to be operated. Unhappiness and loneliness brought the woman and the man together and they married. This present marriage is the third one of the woman.

Until last year it was the maternal grandmother, living near Budapest, who brought up the children. In the rural environment the children lived in great freedom, the grandmother loved them very much. As long as they were staying with her they had no complaints. When the

mother remarried for the third time, the present husband adopted all the children and so they came to live in a new environment and are going to school in Budapest. None of the children liked this change and their learning and behaviour have deteriorated. The mother is occupied with her work so that the children live in a day-school and are brought up by the foster father. He educates them, however, with entirely different methods and follows different principles than did the grandmother during all the previous years. He is strict, shouts at them, and if he thinks to have found some fault, spanks, canes and thrashes the children. Therefore, although this third marriage is excellent for both adults, its adequacy is most doubtful as regards the children. It has upset their previously favourable life. The aggressive and rough educational methods of the foster father are badly tolerated by the patient who had been a favourite of the grand mother. Her situation is aggravated by the fact that her three brothers are against her, it is especially the oldest one who treats her badly. There is a characteristic collaboration of the brothers against the little girl. The eldest, who now is 12 years old, is big, strong, aggressive, eats much and greedily, nothing is enough for him. He takes the food of the younger children by blackmailing them: "If you give me your portion of sausage, I shall protect you at the day-school." He terrorizes his two smaller brothers by his strength, instigating them against the girl. He is also afraid of the foster father, is very mistrustful and formed a real gang within the family with his two brothers.

The living conditions are adequate, the family lives in a two-room flat. The mother, as far as possible, cares for the children, the main part of the housework is, however, done by the invalid foster father. In spite of the sound conditions and the fact that the parents strive to keep up this well-ordered life by all means, emotionally the environment is inadequate, especially from the patient's point of view.

Psychological status. Intelligence: the patient is intelligent, with good qualities and quick perception. Her intellectual level is in accordance with her age, her attention is, however, somewhat deconcentrated. She is prematurely old. Emotional state: the patient is worried, anxious, uncertain and feels lost emotionally. She has, with the exception of the grandmother, no positive emotional relationship, is afraid, mistrustful and unsincere.

Diagnosis

The attitude disorder, manifesting itself in stealing and mendacity at school, can be traced back to the upsetting of the established form of life of the patient and her habits by the new environment. The foster father is rude, severe, thrashes and canes the children, the mother is occupied, nervous and the three brothers illtreat the girl and are aggressive with her. Neither is the new school environment suitable, being unfriendly in comparison with the old country one. The patient feels lost. Her mendacity is the result of constant fear, of mistrust. Stealing is the result of her emotional uncertainty, loneliness. She developed a personality disorder due to the emotional traumata.

Therapy

Consisted of a series of conversations, family-group-therapy, with the mother, foster father, the three brothers, the schoolmaster, and "guided talks" with the patient. We have succeeded to change the environmental situation in the family to a

certain degree and to settle gradually the behaviour disorder caused by the disorder of personality development.

Case 10. B. T., a male child 8 years of age, born in 1954. Complaint: he steals regularly at home and at school. At school he took rubbers, pencils, on one occasion a fountain pen, but later he returned everything. He was found out when he had stolen the money sent for meals at the day-school. It then became evident that he steals money at home. He took 2, 3 and 5 Florins from the purse of the mother, then 200 Florins from her savings. He bought sweets and toys, most of which he gave to his schoolmates.

Somatic status. Except for traces of thrashing from the father, no organic changes were found.

Environmental status. The mother had had tuberculosis for 6 years. She has recovered. Her younger sister suffers from epilepsy. The father has a most rigid personality, adapting himself only with difficulties, he adheres to principles strictly, almost dogmatically. The marriage of the parents had been a love match. The woman now is ambivalent and fears her husband who is not only strict, but also extremely impulsive. The mother had a difficult childhood, having been brought up by foster parents; she had been tossed about, could not attach herself emotionally to anybody. At present, she tries to compensate all her unsatisfied emotional demands in her marriage and her relationship to her child. Quarrels are frequent between the couple, first of all because of the child's educational problems. The father would wish to bring up the child according to strict principles. The mother does not share this opinion, but does not dare to oppose her husband. She brought the child to us without the knowledge of the father: she had scruples after an incident of thrash-

ing. The father beats the child often and roughly. This fact was supported by the report of our out-patient department a week after the beating. "Suffusion measuring 3 cm by 2 cm in the right temporal area along the hairy scalp in the state of absorption. On the buttocks a bluish suffusion 3—4 cm wide and 10 to 18 cm long, in the state of absorption. Suffusions about 10 cm in length on the inner and left surfaces of the left thigh and on the upper part of the right thigh. On the inner surface of the left thigh there is an epithelial injury measuring 6 cm by 4 cm in the state of scarring, surrounded by a purple discolouration with petechiae."

The living conditions as well as the economic standards of the family are adequate, they live in a two-room flat with every convenience. Both parents are working. The patient was kept first in a day-nursery, then a kindergarten and now at a day-school. The objective living conditions are therefore, adequate, but emotionally most unhappy for the child.

Psychological status. Intelligence of the patient is good, his perception and reaction time are quick. He is a good pupil, learns easily. Emotionally the patient is in a grave anxiety state, lonely. He loves his mother, the mother dares, however, not return his love openly, or to spoil him, in view of the educational principles of the father. The father learns with the child and thrashes him often and roughly. The child is afraid of these learning hours.

Diagnosis

The behaviour disorder leading to stealing at school and at home is the consequence of the personality disorder, an attempt at compensating constant fear and state of anxiety. By giving away sweets and toys bought of the stolen money the child tried to form some affectionate friendly relations.

Therapy

In the course of conversations with the father it became evident that he thought that he is doing something good to his son by using the same educational methods which had been applied to him during his own childhood. After our explanation he soon realized the basic difference between the form of society prevailing during his childhood and the present social structure. He had not imagined that by playing and talking with his son on familiar terms would not damage his adult, parental authority but he soon accepted even this. We talked to the teachers of the patient, calling their attention to the quality of the personality disorder and asked their help. The teachers were not aware of the acute environmental disorders, since on superficial observation the life of the family seemed absolutely well-ordered. Finally, we talked simultaneously with both parents. The mother took courage during these conversations and told her husband all her problems and objections in connection with the family attitude which have intimidated herself as well. This sincerity had an upsetting effect on the husband who is an intelligent, but emotionally cheerless individual. Until then, he never had doubts as to the correctness of his principles and standards. He was, precisely because of his intelligence and upset state, willing to change his former attitude and principles and the family's every-day life. He gradually tried to correct his former errors and to gain the confi-

dence of his son by adequate educational methods. The atmosphere of the family has totally changed within a few months; the open and concealed problems between the couple were settled, frankness between them was established and in this situation the behaviour disorder of the patient, i.e. stealing, had ceased altogether.

In this case, the disorder of attitude, manifesting itself in stealing episodes at school and home, which had been formed on the basis of inadequate environmental effects, could be healed by changing the parents' behaviour and especially the attitude of the father. The school has also lent assistance. It has to be emphasized that the decisive part in the change of the father's attitude was played by his social attitude and morality.

Case 11. M. A., a female child 10 years of age, was born in 1952. Complaint: stealing at school, truancy. She had stolen rubbers, writing materials, later money for day-school meals, so that she did not eat and loafed instead of going to the day-school. In the absence of the parents, in spite of their strict orders, she brought her schoolmates to their house: she is disobedient.

Somatic status. The mother had heart complaints during pregnancy; delivery had been complicated by weakness of contractions and had to be started by injections. The newborn had a larger than usual haematoma on the head. Half a year ago the patient fell on her head, lost consciousness and vomited, and was treated for brain commotion in a hospital for 17 days; since this episode she has headaches.

Environmental status. The father is of a peculiar, somewhat feminine type, with an impassive face. In his childhood he had had kleptomania which, however, ceased spontaneously. The mother is nervous, tired, impatient, somewhat masculine in personality and constitution. The marriage, according to the parents, is good, they have no problems. The family structure is, however, fashioned according to the despotic methods of the father and the atmosphere is restless. The father — according to himself — educates the child with Spartan methods, in military discipline, thrashes her. The mother does not occupy herself with the child. In the development of this educational method the living conditions have also played some part. The family had been living with an aunt in a tripartition co-tenancy in which one of the co-tenants had also three children. To avoid conflicts, the patient had been disciplined most rigorously. At present, they live, although very crowded, but in a well-ordered two-room co-tenancy with every convenience; one other adult woman lives in the flat. The patient had been kept in a day nursery, later in a kindergarten, at present, she spends her time after school at a day-school. According to the patient, "she detests the day-school".

Psychological status. The patient is of mediocre intelligence, but in her present emotional state even this mediocre capacity is inhibited by the anxious state. To achieve a mediocre grade in school means a great effort to her. Emotionally she is worried, lonely, anxious, uncertain. She has no emotional support whatsoever, neither emotional ties of positive character. The emotional disorder and worry is so grave that it had to be considered whether beside the unfavourable environmental effect the brain commotion had a part in it.

Diagnosis

The cause of the disorder of attitude manifesting itself with stealing and truancy, has to be sought for in the

personality disorder caused by an unfavourable biological basis and an organic injury (commotion). The personality disorder had reached such a degree that it decreased the patient's intellectual capacity. Some unfavourable environmental and unsuitable educational methods have also played a part in it. The mother-child relation had been inadequate since infancy, the patient had been deprived of every kind of affection in the family environment. On the basis of the personality disorder had the stealing developed, obviously as a compensating tendency. (The patient attempted to satisfy her unformulated feeling of want) and sought "the non-existing" by truancy.

Therapy

Besides drug treatment of the post-commotional state, conversations were started with both parents separately, endeavouring to change their treatment of the child and the development of an emotionally suitable family atmosphere. Later "family group-therapy" was applied to develop an unanimous attitude. By continuous, repeated "guided talks" with the patient we tried to help her to formulate her emotional problems and emotional demands and to develop an adequate attitude for the satisfaction of these. As a result of 9 months' treatment, the family situation had changed significantly; stealing and truancy ceased altogether, the episodes of headache improved and became less frequent.

Case 12. F. L., a male child 16 years of age, born in 1945. Complaint: stealing of common property, fights within the family, rudeness, neglect of school duties.

Somatic status. The patient had been breast-fed for a short time, the nipple of the mother having been unsuitable. Some time ago the suspicion that the patient had had encephalitis, had arisen. Clinical examinations at our Department, however, did not support this supposition.

Environmental status. The parents before their marriage had been living together for 4 years. Pregnancy had been desired. Between mother and father there is a great difference of age and also a great difference as to intellectual qualities and educational level. The father had an important post which he had to leave when the child was 4 years old, then he had been imprisoned. 6 months later, he was paroled. As the result of the changed circumstances, the woman lost her faith in her husband. She had no talent for household work, neither could she manage the economic matters of the family. After his release from gaol the man accepted a post which made him to stay away frequently from the family, and so the two children, the patient and his sister, were brought up by the mother and the maternal grandmother. Both mother and grandmother treated the girl as their favourite. The girl, who was also examined by us, proved to be a provocative, aggressive, sexually premature child who had only boy friends and played all sorts of sexual plays with them. She is aggressive, provocative and often brutal with her brother. As the favourite of mother and grandmother, she could do all this without being punished. Besides the girl influenced her mother and grandmother against the brother who, feeling that they were treating him unjustly, hit his sister. The family situation and the boy's behaviour were later aggravated by the fact that the mother was courted by

strange men. The patient had become aware of the adultery of the mother just in the period of puberty. It was at this same period that he became involved in stealing from common property. First the parts of a refrigerator of a holiday home, later those of a tractor were stolen by a gang for which he stalled, and legal proceedings were instituted against him. In the meantime the marriage of the parents became from bad to worse, the father moved back to his mother in Budapest. We advised him to separate the two children and the boy was brought to Budapest and given in the care of a family. During his stay with this family, no complaints arose and the patient finished the 8th form with mediocre results. In the meantime, the temporary release of the father had been withdrawn and he was again imprisoned to serve his term. His wife then divorced him. At the time when the father was in gaol, we helped to place the boy in an institute and working jointly with his instructors, have kept him under our continuous care.

Psychological status. Intelligence: the patient is very intelligent, prematurely old, with good combinative intelligence, of definitely abstract interests. Owing to the emotional disorders, his intellectual accomplishments have become somewhat inhibited. Emotionally, the boy in puberty is worried, confused, rootless, attached only to his father. His central problem is the behaviour of his mother and sister, and the loss of confidence in women.

Diagnosis

The disorder of attitude, manifesting itself in stealing, fights in the family, roughness, and neglect of school studies, originate from a personality disorder which essentially is the disorder of emotional life and development caused by the damaging effect of the family environment.

Therapy

The patient was treated for two years. He had been removed from the unsuitable environment and helped in solving his practical problems and objective learning possibilities. He was supported emotionally. During guided talks, we helped the boy to understand and evaluate his emotional and actual problems and to organize his life; we have also helped him to work up the cause of the dissolution of the parents' marriage. At present the problem of the patient seems to be solved. He now finished the 3rd class of secondary technical school, with a mediocre result; he lives with the father who has been released; their relation is well-ordered, excellent. His periodical problems do not surpass the frame and intensity of those accompanying normal puberty.

Case 13. Z. M., a male child 14 and a half years of age, born in 1947. Complaint: burglary, robbery, loafing. According to the mother he is absent from home sometimes for one, at other times even for 5 days: they have no idea where he can be. In one instance he did not come home for a week in the winter. Later, he was found to have been at such periods in city parks, or somewhere in shacks or pits, sometimes not eating at all, begging, sometimes stealing. He comes home mostly in rags, dirty, totally exhausted: either some acquaintance or a policeman spotted the boy and brought him back. At the end of the 8th primary form, legal proceedings were instituted against him for stealing

a motor-cycle. Two weeks later, with another boy they burgled a house where they stole money, suits, jewels and a magnetophone. The boys were arrested. In the course of the enquiry, it was found out that the patient was the instigator and executive of the burglary, the other boy only stalled.

Somatic status. The patient is an only child, of unwanted pregnancy. The mother had many worries during pregnancy. The husband had left Hungary for good, leaving the pregnant woman in a grave economic and emotional situation. After delivery, breast feeding was stopped after two weeks, that the newborn should die. The grandmother visited them just at that period and took the infant in a seriously deteriorated state with her into the country. From this time on, it was the grandmother who had brought up the boy. Development was normal, but he was always enuretic. Radiography revealed an occult spina bifida.

Environmental status. The patient had not known his father, who had never cared for his family. The maternal grandfather had been a drunkard, the maternal grandmother was irritable and quick-tempered, one maternal aunt became a prostitute, one of the mother's sisters is a fraud and a thief. The mother is an alcoholic and lived with numerous men.

History. The patient was brought up from early infancy by the maternal grandmother, first on a farm, later in a village, as an only child, so-to-say unrestricted, he could do whatever he liked. He visited the village school and was an excellent pupil. He had no complaints whatsoever during that period. The mother lived in Budapest, did not care for her son, had no personal contact with him, except sending money to the grandmother for his support. The grandmother then had an apoplexy, became disabled and had to move to one of her daughters. The patient then was sent to the mother who had

remarried. The boy of 12 years continued his life in an emotionally strange family. His situation was aggravated by the fact that an old neighbour had told him that his mother wanted to kill him when he was a baby and frightened the boy by telling him: "You poor child, now you must live with your bad mother who did not want to feed you because she wanted you to die, what will become of you". The second husband of the mother was a correct man who, however, drank periodically. He received the boy cordially and treated him well at the beginning. The daily enuresis of the child caused, however, troubles, he was scolded and humiliated. Gradually the relationship between the mother and the second husband deteriorated because of the boy. Daily quarrels began. The environmental situation was aggravated by the fact that they lived in the flat of the husband's aunt, who did not like the woman. There were many conflicts between them and these were further intensified by the boy. His loafing started at this period, i. e. at the age of 12 years. The unfavourable change of life conditions coincided with puberty. His first examination at our Department was carried out at this period.

Psychological status. The patient is of exceptional intellect and quick perception. He used to be an excellent pupil in the country school, but his results fell temporarily in Budapest due to the changed environment. When we succeeded in placing him in an institute, he again became an excellent pupil. Emotionally he is worried, in the period of puberty. He does not like anybody or anything. The only human being to whom he has ever been attached emotionally was his grandmother. He definitely hates his mother and does not like his foster father either.

The patient is an emotionally disturbed dissimulating personality, who lies and steals. He throws away the stolen things; destroys without reason and cause; tries to destroy his mother's life deliberately and methodically, to take revenge on her.

Our Child Guidance Centre as well as other institutes have treated him during a long period without any success. It was not possible to establish any emotional relationship with him. He had acquired pulmonary tuberculosis at that time and spent 9 months in a sanitarium where he recovered. Subsequently he became even more riotous and his situation in the family became unbearable as it destroyed the marriage of his mother. For instance, he defecated in a paper and put the parcel in the bed of the foster father under the blanket, or knocked the newly bought couch into pieces with an axe. The situation at the institute became, however, also gradually bad. He started homosexual plays with the boys, usually with the smaller ones and in every case he was the seducer. Then his behaviour had changed, he was loafing or destroying things without reason or cause. For instance, he smashed several windows of the institute to force his mother to spend her money covering the damage. It is, however, characteristic of his intellectual qualities that he finished the 8th primary form with excellent results. It was at this period that the burglary and theft occurred for which he was arrested. In all probability, he will be placed into a reformatory school.

Diagnosis

The grave disorder of attitude originated from a personality disorder which had developed on an unfavourable biological basis under the effect of environmental damages. The personality disorder is purely emotional, without affecting the intellect; in consequence of emotional traumata in the puberty period, the patient became "emotionally deficient". The break in the emotional development at that period of life was of such a degree that therapy proved unsuccessful.

ful and the patient's behaviour became worse and worse until in the end it had resulted in criminality. The prognosis is bad as the trend to compensate the arrested emotional development makes a further aggravation of the criminality probable, except if the reformatory school exerts a favourable effect and brings about some change in the boy's emotional state and personality structure.

Case 14. B. L., a male child 14 years of age, born in 1946. Complaint: the patient is member of a gang, they stole a broadcasting set and then tried to escape into a foreign country, when they were arrested. His behaviour after this incident did not improve; he quarrelled often, loafed frequently, sometimes for a week. On such occasions, he slept with his friends at his old school. He was brought to the Police Department for Juvenile Delinquency and referred by them to our Department.

Somatic status. The patient had been born in livid asphyxia, had to be resuscitated. He had been breast-fed until the age of 13 months. In 1955 he had a traffic accident with brain commotion and hip fracture. In 1956 he again had a traffic accident, the train cut off one of his feet and he again had a brain commotion. At present, clinical examination revealed no pathologic change.

Environmental status. The father is quick tempered, aggressive and sometimes rough with his family. The mother is occupied with her work, a fact well illustrated that she had fed the baby at her working place. The mother is so strongly attached to her own mother that she

refused to move from her home to the service flat offered to the husband. Later, she regretted this but then it was too late to change flats and now they live in the flat of the maternal grandmother under complicated conditions in one room and a kitchen. The mother-in-law interferes with everything and her relation to her son-in-law is bad. The marriage of the parents had been a love match, they wished, however, no child, and the patient was born of a chance pregnancy. According to the father, the marriage is good; we had no possibility to speak to the mother since she refused to come to see us. According to the social case worker, the data told by the father as to the marriage are not reliable and the marriage is not a success. Environment, living and family conditions as well as the economic situation are well-ordered, although culturally primitive.

According to the father, development and behaviour of the child until the age of 9 years had been in every respect normal and according to age. At the age of 9 years, he had been run over by a motor-cycle. He had three fractures on one leg and brain commotion; he was treated in a hospital for weeks. In 1956, at the age of 10 years, he had gone to a railway station with several friends, allegedly to collect scrap iron. He was run over by a train which cut off one of his feet. During the accident he had not lost consciousness and could, by holding the injured leg in his hand, roll away before the arrival of the next waggon. He again suffered a brain commotion and his foot had to be amputated. The details of the accident were not quite clear, since his friends with whom he had been have left the country. According to the father, until the second accident the boy liked to go to school and to learn and when recovered, receiving his crutches he hurried back to school, not to lose the school year. From the next year on, i. e. from the age of 11 years, his attitude deteriorated gradually, he did not learn, loafed, mixed with bad society. The parents, because of his accident, assented to everything. His

behaviour became worse and worse and his situation at school was aggravated by the fact that the father in 1957 had a conflict with the headmaster and, according to him, the headmaster avenged himself on the boy. The director of the school advised the father to take the boy into another school. The father, however, sent the boy into the same class next year. The boy failed in 6 subjects in the 6th form and since then has detested school. He repeated the year in another school. In the meantime he had reached the age limit, was older than his schoolmates and the parents had to ask for a special permit. During the first 3 months of the 7th form, the boy loafed practically the whole time. The father then put him in a 6-hour job. The situation, however, did not improve. The patient made friends with the members of a gang. His best friend was a boy who had committed 16 thefts. The patient stalled while the others stole a pocket radio. They also tried to kill a taxi driver, but they did not do it as they became sorry for him, only did not pay the fare. They tried several times to go abroad but were caught and for unauthorized crossing of the frontier in 1961 he was sentenced for 6 months' imprisonment. The penalty was suspended for 3 years. After the hearing he was led back to his working place, but a few months later, still in 1961, the gang again committed theft, burglary, robbery and injured a man. Again, legal proceedings were instituted.

Psychological status. The patient's intellectual capacity and attention are weak. Although he is not intellectually deficient, he is definitely limited. His sphere of interest is narrow, he lacks ambitions, he likes to live easily, has no moral standards. His emotional attitude is impulsive, he is uninhibited, irritable, aggressive. Irascibility is controlled by nothing, at the same time his emotional life is poor, he is attached to no one; he is suspicious towards everybody and everything, he can be approached only with difficulty; he lies and is impudent.

Diagnosis

The development of the grave attitude disorder (criminality) was due to a basically uninhibited, impulsive personality formed in an unsuitable emotional and cultural environment. The personality development was made worse by brain commotions and the leg amputation, as well as by the trauma suffered in school. All this happened to a personality whose life had started on an inadequate biological basis. The disorder of the personality is essentially in the emotional sphere.

The actual personality disorder was so grave that our treatment was unsuccessful; the danger of further criminality persists.

Case 15. B. B., a male patient 17 years of age, born in 1943. Complaint: the patient participated in criminal activities, he is member of a gang. He raped a girl. Since one and a half years he is very irritable, restless and his school results have deteriorated.

The father had sought the help of the Police Department for Juvenile Delinquency when during the summer the boy had been invited to a party where the boys raped collectively the daughter of the house. The parents of the girl reported it to the police, the boy was sentenced and has served his term. When he had been accused, he defended himself by saying that for about one and a half years he had been impotent and had been treated for it.

Somatic status. The mother had had several spontaneous abortions. Owing to

endocrine disorders she had had a difficult pregnancy with the patient, she had been ill during the whole time, vomited and had to stay in bed. She had had many psychic troubles, the family lived in want. The boy had been born two weeks before term, the mother could not feed him, as she had no milk.

At the age of two and a half years, the patient had suffered a brain commotion and was unconscious for two weeks. Then he had a second brain commotion during a knock out at boxing. His state was so serious that further boxing was forbidden. He did not follow the physician's advice and did not stay in bed, although he felt very ill. It is since then that he has often headaches, is irritable; impotency started at that period.

Environmental status. The family is living under cultured, well-ordered conditions on a favourable economic standard. The marriage of the parents had been a love match and is still undisturbed. Relationship of the parents and the children is most favourable.

Psychological status. The patient is an extremely intelligent, prematurely old, handsome boy with good manners. He has no moral standards whatsoever. He still finds the events amusing and can find nothing objectionable in the fact of rape. Emotionally the patient since the last commotion has been indifferent, irritable, impatient and easily tired. His central problem is his sexual impotency. He has told us that since the age of 14 years he had regular sexual intercourse, has, however, since the commotion had no erections and has become most irritable. He tried all sorts of sexual tricks, even sadistic plays, but nothing could change his impotency. He had been examined several times at neurological and urological departments, but without success. He had hoped that when joining the gang, the excitement accompanying the felonies would interest him and he would regain his potency in these situations. These hopes, however, did not materialize.

Diagnosis

A child with an unfavourable biological basis had suffered brain commotion in early age. Then following a second brain commotion, a chronic postcommotional state developed with a consequential change of personality and character, and potency disorders. Thus an attitude disorder developed, increasing to criminality. The organic damage (double commotion) was not counterbalanced by the favourable environmental situation.

Case 16. H. Zs., a male child 15 years of age, was born in 1944. Complaint: burglary, robbery, theft, homosexuality, member of a gang.

Somatic status. Clinical examination was negative.

Environmental status. The father is emotionally poor, solitary, a misanthrope. The paternal grandmother had been a peculiar personality, who lived for 28 years with the grandfather without marrying him. The father had been born as an illegitimate child, he had not been adopted by the grandfather, and the grandmother had brought him up alone. The relation of the patient's father to his own father had therefore been very bad. Nearly all members of the father's family are queer persons. At the beginning, the father had been fond of his son. Later, this relationship became worse and worse, and gradually he arrived at the point to detest his son. The mother has a nervous, labile personality. She owned a dressmaker's showroom before the war, her customers were mostly actresses; she is a spendthrift, who cares for nothing. One of the maternal aunts was schizophrenic. The marriage of the parents had been a love match. It deteriorated gradually, because of the avarice of the husband and the wastefulness of the wife. At the divorce, the father took the daughter, the boy remained with the

mother. The mother had left Hungary with the boy, then later returned.

History. Poor father-child relationship, bad child-father relation; bad mother-child relationship, bad child-mother relation. The patient as an infant was panicky during air raids. From the age of 5 years, he had nocturnal pavor every night. Precisely 15 minutes after going to sleep he woke up screaming. Since the age of 5 years he lied, cheated and stole more and more money from the mother. When, after the war the father had returned, the parents divorced and the mother remarried; she works in a cooperative and lives with her second husband in a one-room subtenancy. The boy had been placed in an institute from where he escaped on different occasions; he stole more and more, from his sister 200 Florins, from the father, 300 Florins, from strangers 100—150 Florins, and all sorts of objects. At the divorce, the father took the 19 years old daughter with him but did not wish to have any relation with the son. The development of the boy's personality was further aggravated by the fact that his sister, being the father's favourite, lives an ordered life under good economic circumstances in a two-room flat while he had to live crowded with the mother and her second husband. He never had a real home, never received an emotional education, never experienced an emotional attachment. The relationship between the boy and the mother is bad because she always took all her bitterness and aggressivity out on the boy. The patient's situation further deteriorated when the mother sent him to live with a homosexual uncle, throwing the boy at the mercy of an adult homosexual man; as the boy said, "mother has sold me". He became entirely uprooted, since the uncle saw in him a possibility for homosexual bargaining. The boy's emotional relationship with the mother and every adult person was definitely spoilt. In this state of total solitude, he became acquainted with several homosexual youths of the same age, most of them more or less cor-

rupt, who made him a member of their gang. This meant for the boy a community willing to accept him. He did his utmost to be one of the best members of the gang and was more and more involved in the organization. They carried out thefts and burglaries. The task of the patient, having been accepted by the gang as a homosexual, was to make passes at elderly homosexual men about whose economic situation they had information, and to arrange appointments with them. There he was accompanied by several of his pals and when the man was caught in the act the boys immediately blackmailed him.

Psychological status. The patient is prematurely old, with good practical qualities, but tires very soon. He gives the impression of a 18—19 year old youth, being conspicuously well-developed. Emotionally he is impulsive, labile, without any emotional support. On the whole, he is a gravely traumatized, embittered, lonely boy in the period of puberty.

Diagnosis

The attitude disorder increased to criminality, was caused by a developmental disorder of the personality due to grave environmental damage. The boy's personality lacks every emotional, social and ethical control, he feels solitary in the period of puberty. His personality structure is aggravated by a sexual disorder (homosexuality).

Therapy

By our usual method a personal relation was established with the patient who asked us himself to find him a job. We succeeded in placing him as a tractor-driver in the country. We also helped him to improve his relationship to his father and he

moved to his father. At the new working place, he has reached some kind of a balance.

Case 17. H. G., a male child 15 years of age, born in 1946. Complaint: Theft, burglary, rape, attempt of unauthorized crossing of the frontier, assault of murder, member of a gang.

Somatic status. The patient had been born 3 weeks after term. The mother had had many psychic troubles during pregnancy, the husband having lost his job. She could breast-feed the infant only for 2 weeks having no milk. The patient had been ill often during early childhood.

Environmental status. The family lives in a good 2-room flat, the boy has a separate room, they have no economic problems. The mother has congenital nystagmus. In 1953, when the child was 7 years old, the mother became a heavy drinker, did not care for anything, suffered a nervous breakdown and was treated with electroshock at a psychiatric department. Subsequently, she could not see for 4 years she had suffered from a protruded disc and could not walk for a time. The family moved from their provincial home to Budapest in 1959. Since 1961, the mother works again. The maternal grandfather had tried to commit suicide on several occasions, by severing his arteries. He had married three times; after the second marriage he became a drunkard; after the third marriage he again committed suicide and died. The father used to be a rough man. Marriage of the parents had never been a love match, serious matrimonial and family problems have always prevailed because the sexual demands of the husband surpassed the measure the woman could tolerate. The husband had beaten the mother several times and on one occasion the then 10 years old boy defending his mother turned against the father and beat him. The patient had been born of unwanted pregnancy and remained a problematic child

all his life. Between the age of 2 and 4 years, he often stayed with the grandmother. When he was 4 years old, the grandmother who treated the boy tyrannically, came to live with the family. Although both parents were teachers, they could not educate their child. They had exaggerated demands mainly as regards learning. At home, it was the mother who learned with the boy, often thrashing him during these lessons. If the boy did not know something, she immediately smacked him on the face. If he did not go to wash or was disobedient in the least matter, she again smacked him. On the occasion of one of these washing discussions, the tension between mother and son became so great that when the mother wanted to beat the boy, he jumped out of the window, ran away and did not return for two weeks. Another time when the mother demanded an exercise book of the boy which he refused to give her they begun to wrestle and the father beat up the boy. Following this incident, the boy did not go to school for 3 days, loafed about and did not return home during the night. Then he tried to cross the frontier. This happened when the patient was in the first year of technical school. He did not like to learn and wanted to go to work. 6 weeks prior to his examination at our Department, he again tried to cross the frontier together with another boy. They did not succeed, were arrested and taken back to the parents, wherefrom the patient again escaped and did not return for two weeks. The parents did not know of his whereabouts. At last, he was found in the outskirts of Budapest in a cave, where he lived with a 19 year old boy and an 18 year old girl. We had been informed by the police Department of Juvenile Delinquency that before the trial, legal proceedings had been instituted against the patient and 3 other boys for the rape of a 16 year old girl and for being the member of a gang responsible for several burglaries. The boy was arrested. He escaped with one of his friends knocking down the lodgekeeper.

Psychological status. At our first examination, in 1961, the patient was 16 years of age, of good qualities, quick perception and very intelligent. He is, however, incapable of intellectual efforts of longer duration because of a constantly overstrung emotional state. He is, therefore, not able to learn and his capacity of attention is decreased. Emotionally, he is in a grave anxiety state, he dissimulates, is irritable, aggressive, impulsive, but seemingly calm and disciplined. He is insincere, does not speak of his real problems and mistrusts everybody and everything. His moods change rapidly and whimsically; he feels no responsibilities; hates his father and likes the mother in an ambivalent way; has no friends in the real sense of the word. At the given moment he had walked out on his friends in the gang, shows no solidarity with them; he acts according to his momentary moods, lies easily, smoothly and with talent. Essentially, the patient is emotionally barren, attached to no one and nothing.

Diagnosis

The grave attitude disorder leading to criminality is interpreted as the sign of a personality disorder developed on an unfavourable biological basis under grave environmental damaging effects. This disorder is essentially an inadequate emotional development, the patient is emotionally defective.

The patient was sentenced to 4 years' imprisonment.

Case 18. Z. P., a male child 13 years of age, born in 1949. Complaint: he is member of a gang, truancy, knifing, theft, suicide.

Somatic status. At admission the patient displayed grave central nervous system symptoms pointing to cerebral tumour.

They were revealed to have been caused by poisoning.

Environmental status. When the parents appeared on our summons, they were both under the influence of alcohol. The father earns well, he is impulsive and a drunkard. He beats his children wherefore once legal proceedings had been instituted against him. The mother is inhibited and insincere. According to the parents, their marriage is good, the only problem being the dwelling conditions as they are forced to live with the mother-in-law. Quarrels are frequent. Characteristic of the environmental situation is that the other boy is also a truant. The living conditions and their economic situation are good.

At the age of 7 years mild behaviour complaints had presented themselves. From the age of 10 years the disorders increased and the patient had to repeat the 5th primary form. He was mocked by his schoolmates and as a reply he thrashed them. From the age of 12 years, his attitude became so-to-say insupportable. He loafes, lies, steals at home. He sometimes does not come home for 3 to 4 days; on such occasions the parents do not know about his whereabouts. Sometimes, he asks for a place to sleep with relatives, telling phantastic stories. Because of behaviour difficulties he had to change schools. Difficulties, however, arose also in the new school and on one occasion the leader of the parent-teacher association said in front of the child that such a child should commit suicide, instead of grieving his parents. Prior to admission to our Department, he was loafing about and was found only after a 3 days' search in the woods near Budapest. The Department of Juvenile Delinquency let the father to take the boy home. At home, the mother put him to bed, waited until he went to sleep and went to work. Next morning he did not wake up by himself and when he was awakened with great difficulty, he could not speak, staggered, complained of vertigo and did not see well. He was sent to us with the diagnosis of central nervous disease. After

some days' treatment his state improved. Later, we have learnt that the patient was the youngest member of a large gang, the leader of which was a 17 year old juvenile delinquent. The gang functioned in the vicinity of Budapest, committing burglaries, thefts. On the day preceding admission of the patient, the gang became mixed up in a knifing affair and the gang-leader was knifed. The police arrested the boys. Their leader committed suicide at the moment of arrest with a drug he had on him and was taken to hospital. He had given some of the drug to our patient, so that he could take it in case of need. The boy did not take the drug immediately since during the night he was looking for his friend, going from hospital to hospital. On his way home, the police found him and he was taken home. When his mother left for work, he took the drug and all the drugs belonging to his grandmother.

Psychological status. Following recovery from his toxic state, the patient was continuously treated by us. His intelligence is in accordance to age, his perceptive capacity is quick, his sphere of interest is romantic, of a somewhat prematurely old character with traits of puberty. Emotionally, the patient is in a state of vehement puberty. He has lost his moral balance, has no emotional relationship to his father, mother, brother, and is attached to none of them. The leader of the gang and the gang mean the community to which he is emotionally attached. His emotional solitude had led him to adore the leader of the gang who is older than he is and who means some kind of an ideal. Because of the emotional defenselessness resulting from this feeling, he has become, in a way, the slave of the leader and lives in an emotional bondage. His defenselessness is aggravated by the emotional and impulsive tension due to the stress of puberty as also his romanticism originating from a lack of adequate educational and intellectual standards. His suicidal attempt should also be evaluated on this basis; "he prefers death to betraying his ideal

and friends". In the sense of his fictitious romanticism, he thought to have accomplished a positive moral action by committing suicide.

Diagnosis

The foundation of the attitude disorder manifesting itself in criminality and the suicidal attempt has to be sought for in the personality disorder developed under environmental effects. The decisive factor in the personality disorder is the disorder of emotional development. In his emotional and moral solitude, defenselessness, an emotional bond of puberty and disturbed ideal and relationship had formed and lead the boy towards criminality.

Therapy

The therapeutical task was difficult. The relationship of the patient to his parents could not be settled; his placement in an institute did not help, since he had escaped from there. We placed him in a reformatory school.

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CONCLUSIONS FROM THE CLINICAL OBSERVATIONS

(i) General Conclusions

a) From the patient material of over 10 000 cases collected during nearly 40 years in our Child Guidance Centre the cases presented above have been selected according to such attitude and behaviour disorders which signify a problem for family, school

and society. The order of the cases presented was to illustrate increasingly grave disorders of attitude and behaviour. First, a case of a bad child, then truancy, unreliability, undisciplined behaviour in school, deterioration of school studies, small thefts in the family, loafing, theft of common property, burglary, theft, grave criminality committed in a gang, attempt of murder, attempt of suicide, have been discussed.

We are of the opinion that from the material presented it is clear that in childhood every form of attitude disturbance may be encountered, from mild disorders of attitude and behaviour to grave criminality. It is also clear that disorders of attitude and behaviour in childhood need not be traced to some mystic cause, their connections are not unknown. Their development can be followed well, the eliciting causes may be explored, and cause and effect can be elucidated and demonstrated. It follows that the therapeutical methods may be successful and, what is more important, by proper exploratory work the development of attitude and behaviour disorders can be prevented.

The earlier parents and school are seeking the help of a specialist, the easier and more successful will be the therapy. Mild disorders of attitude disappear if suitable medical and psychological methods are applied in time. Grave, neglected cases, when the personality structure has already been distorted, cannot be treated successfully, neither with utmost care nor expertness or patience.

The situation in these instances is the same as in the case of an inoperable tumour, the pathological dynamism having entirely interwoven the personality structure. The disorder of attitude manifesting itself in criminality surpasses the possibilities and sphere of activity of medical and psychological therapy. The only hope in these cases lies in the correcting-reforming-educational methods of society, provided they are applied in an adequate form. In cases of a promising outlook the favourable circumstances during the correcting-reformatory-educational and isolating methods may exert a personality-transforming stimulating effect on the pathological personality. During this period, a new form of life, new evaluation and new standards, reactions and functions have to be built-in into every component of the personality structure. In the course of this procedure, the pathological personality has to be transformed into an adequate adult personality.

b) The above cases of attitude disorders also prove that the environment has a decisive role in the formation and development of the child's personality and behaviour. It depends on the environmental effect whether the attitude of the child will be according to age or takes an abnormal form. As we have pointed out, the younger the individual the more decisive the importance of the family environment. The significance of the different members of the family also changes with age. The younger the individual, the higher the significance

of the mother. Later, in the period between 2 to 6 years, the significance is divided between mother, father and the other members of the family, the emotional situation of the whole family. The significance of the emotional mother-child, father-child, mother-father, relations, that of the most powerful personality and the other members of the family, changes with age in the same way. It is in the later phases of childhood that the environment outside the family gains significance; then its importance increases during school age from year to year, without a decrease of the significance of the family environment. This means that for the young child it is the mother, later the father, then the entire family which represents society. In kindergarten and school age, the family is completed by the adults dealing with the child, further the child's play- and schoolmates, his contemporaries. The entire society in the broader sense of the word joins in only at a later phase of school age, as a directly affecting factor. At that time, the environmental effect becomes manifold, complex and interwoven.

Next to the outstanding significance of the environmental effect, the formation of personality disorders is always dependent on certain biological factors. This has been supported by the quoted cases. According to our experience, certain biological factors (in the senior author's terminology "historical environmental factors") bring about in the organism of certain individuals a *locus minoris resistentiae*,

inherited from ancestors and parents. In nearly every case it has been possible to prove that some peculiarity of ancestors, family, parents, pregnancy, birth, or some congenital constitutional particularity has been present; one or the other, sometimes several of these factors, have in some respect been unfavourable. It has to be assumed that the organism of the individual affected by untoward hereditary factors becomes potentially narrowed in its tolerance to unavoidable, every-day difficulties and damaging effects during collective, social life. This refers also to difficulties, damaging effects, of psychological character. Individuals of such biological background cannot tolerate environmental difficulties without developing personality disorders, while others eventually endure them without any trouble.

We believe that our cases have proved convincingly that within the personality structure an imbalanced dynamism is the decisive basis of the attitude and behaviour disorders in childhood, formed as a consequence of disorders of emotional development. The answer to the question why a disturbance of emotional development involves such grave consequences in the child's personality is that evaluation and judgement in childhood are an emotional function. The child compares, orders, criticises and evaluates everything on an emotional basis and this is what determines all his activities. According to the child, the world is built up of connections of "emotional logic" and so

he has to obey these. "Intellectual logic", which takes into account also the future, plays a subordinated role in the child's world, where the present seems to have no future consequences, everything derives its significance from the direct emotional present.

Our cases of attitude disorder demonstrate the correctness of the observation that due to primary environmental damages grave personality disorders may develop in the child without producing a pathological change in the intellectual function. Some patients showed excellent intellectual qualities. In the mechanism of the formation of personality disorders, disturbances of the child's emotional life and its deviations from the normal course play a decisive role. At the same time, if the personality disorder due to disturbances of emotional life is lasting, the originally good intellectual function also deteriorates.

(ii) *Ensurance of a Normal Development of the Child's Personality*

The development of the child's personality is determined by, and closely connected to, three factors.

a) *Biological factors* ("historical environment" in the senior author's terminology). These are of morphological character (systemic, organic morphology, the ratio of the mass of the single organs, etc.). From the functional point of view, they mean potential possibilities. This group comprises the inherited morphological

and functional capacities of ancestors and parents, positive and negative qualities, gifts, diseases, etc. The results of these inherited factors or biological traits are seemingly impossible to influence in the individual, we are confronted by ready facts. Modern medicine, paedagogics, and physiology, have, however, proved that the individual is not at the mercy of fate as regards the effects of these inherited factors. By adequate educational regulation of the individual's life, by adequate formation of the conditions of life from early childhood, by adequate nutrition and environmental effects, even a grave congenital potential danger may be kept latent. Somatic as well as mental function and development of the individual can so be influenced that the desirable and favourable factors should come to predominate over the undesired properties.

b) *Physiological factors*. The qualities of foetal life, i. e. the mother's pregnancy, life conditions and the development of the foetus, belong to this group. From this point of view, the first trimester of foetal life has to be considered separately as certain factors affecting the foetus in this period cause genuine developmental malformations. In the second trimester, and especially in the third one, diseases, inflammatory and degenerative processes, or a combination of these, may cause "scarring" in the foetal organs. These are brought along at birth by the individual as congenital lesions. Belonging to this group are the conditions of delivery,

causing in unfavourable cases organic lesions in the central nervous system which may also influence the formation of personality.

c) *Environmental factors*. These are dynamic effects affecting the development of personality as morphological and not as functional factors. In present society, these environmental effects can be divided into two eras, A) the era of predominating family effects and B) the era of predominating school effects.

1. *The age of predominating family effects*. In consequence of the special developmental process of the human organism, society, concretized in childhood by the family conditions, determines the factors of personality development and thus the whole structure of the personality. It is an important fact that in comparison to human life-span, the child's development is extremely long. Of the same importance is also the fact that the individual is helpless for a long time after birth and many of its functions are undeveloped. Of these two basic facts and the interaction of the social effects within the individual features of human life, issue the factors forming the structure of personality. This means that manifestations and development of the biologically determined properties as well as the formation of acquired dispositions depend not only on biological, evolutionary and physiological, but also on psychological factors. The quality of the environmental society, its structure, within that the position of the individual's family, and within all that,

the special structure, education, economic and other subjective and objective qualities of the family, further the influences of later childhood and school environment, affect the personality as formative factors. During the long development of the child, biological, physiological, social and environmental factors exert a deep and complex effect on the young organism. Intensity and action mechanism of their effect also depend on whether they are acting in accordance to the congenitally determined properties and qualities, or in opposition to these. Environmental stimuli are essentially affecting the organism at a single level and the newborn, the infant or the child endeavours to adapt itself to them. In the course of this adaptation, mode of reaction, conditional reflexes, reflex systems, are built-in in the child's functional system, becoming later the basis of the individual's modes of utilization, the basis of the dynamism of attitude, its pattern. The child's developmental process in society is therefore not determined by constitutional and biological structures. For the development of qualities environmental stimuli, effects, education, are required. From this it follows that, on the one hand, the interaction of congenital qualities and adequate social environmental stimuli has a more decisive role in man than in any other being and, on the other hand, that owing to the structure of human social life, the environmental effects exerted upon different individuals are manifold and complicated, and therefore

different forms of adaptation and varying personality structures arise under their effect. The individual development of man deviates qualitatively from the adaptation forms of other beings, whose development is more deeply determined by biological factors than that of man. The manifold possibilities of individual personality development in man, involve the risk that its deformation, its shift towards the pathological, occurs easier than in non-human beings. Individual varieties, the richness of factors influencing individual development, the relative biological freedom of personality development, involve grave dangers for man. As to the importance of social factors, in certain phases of life their significance is primary. It may even occur that their importance surpasses that of the biological factors. The above statement, however, does not exclude the importance we must attribute to innate congenital possibilities.

The formative effect of society and culture asserts itself in the form of conditioning, formation and education. All these effects are personality-forming tendencies, determining the attitude and manifestation methods of the developing child, the harmonic or disharmonic development of personality structure. A complex action mechanism is found in this forming process. Formation of the personality proceeds simultaneously on three levels. (i) Attitude is developed by imitation, by means of spontaneous learning of adequate vegetative, motor and emotional habits and modes of

reaction. (ii) Formation of the intellectual conscious level of the personality and by the voluntary identification with the chosen ideal. (iii) By learning, repeating, memorizing known data, the learning of adequate notions and concepts. Manifestation of qualities, formation of attitude and behaviour, occur therefore by transmission of conscious concepts, forms, their recognition, memorizing and acceptance and use, and their cultivation as one's own. These forms are basic factors learned by the individual in his earliest life period, as family effects according to norms set by the environmental social culture, through intervention of the family. Learning occurs throughout by intellectual and conscious methods, but partly, especially in the early phases of life, also by emotional identification, imitation, repetition, partly spontaneously. Only part of the reaction patterns acquired during development, is under conscious control in later periods, when only those modes of attitude remain under conscious control which had been learnt consciously because of some special emotional cause. Practical dispositions, complex modes of attitude, are generally built upon automatisms and are accomplished automatically also in the later course of life. Therefore they are accessible for conscious control in special cases. All this points to the fact that man lives his life simultaneously in different spheres, in the spheres of vegetation, emotion, general attitude and cogitation. Although they form a close unit, a functional system coordinated

by the cortex, there exists the possibility for isolated events. So, for instance, in some cases, owing to a decrease of conscious control, behaviour is determined by deeper spheres, such as primarily emotional factors. One of the main tasks of adequate education is therefore to develop, next to the conscious territory of the highest level, emotional and impulsive tendencies manifesting themselves in behaviour, according to the demands of the society.

It is a known fact that the process of individual development is divided into clear-cut phases. Although the single phases are the same in every human being, their material contents depend on the individual's constitutional and social environmental factors. The connection of these two kinds of factors pertaining to the individual, determines the characteristics of the single phases of life. In the different phases of life the normal and damaging effects exerted on the child are the formative factors and the different variations of these are forming the personality-structure of the individual in question. It is not indifferent in which phase of life the damaging environmental effect is exerted, and from the point of view of subsequent personality development, the disorders arisen in the different phases are not equal in significance. In the earliest phase of life, the vegetative effects and the quality of the vegetative relations to the mother play the most important role. The importance of the mother-child relationship does not cease in the

course of the later developmental phases, but is transformed and asserts itself in other components of the personality-structure and on a different level. After the formation of vegetative relations and reaction modes, the emotional relationship and modes of reaction become predominant. Their production and formation is at the beginning bound to the person of the mother and is only gradually extended to other persons, first of all the father and then to the other members of the family. At the age of 2 to 3 years the emotional relations are already extended to the entire family, to the emotional milieu of the entire family, i.e. to all those who play some role in the every-day life of the child as a constant source of stimulation. The formation and system of emotional relationship and modes of reaction become more complicated in children who are placed in day-nurseries from early infancy. These children are confronted at a much too early stage by complicated tasks of emotional adaptation which are sometimes too difficult for them. To mention only the greatest difficulty for the young infant, the sequence of that stimulus-excitement-solution which means the "mother" for the infant, is divided into different parts, into the duality of mother and nurse, or in families in which the child is brought up by the grandmother, into mother and grandmother. Both possibilities mean a serious emotional burden for the young infant and may be the source of difficulties and emotional adaptation problems. In kinder-

garten age, the environment extends gradually outside the family, including new adults, the leader of the kindergarten, its community, the contemporaries of the child. Often it is the community of the kindergarten which replaces the many children of great families of the past. The kindergarten age is the phase of the formation of new gifts and concepts and to live together with contemporaries in this period is definitely useful. The community of the kindergarten is in a way the basis of school and in fortunate cases it prepares for it in a playful manner.

The phase of life of "the predominance of family effects" extends to the age of 6 to 7 years, i. e. to school age. This period means essentially that from the point of view of environmental, social effects, nearly everything is concretized for the child by the family and its members. At that age, therefore, for normal personality development, the decisive factors are the family's quality, personality, attitude, behaviour, educational level and the adequate subjective, objective and economic conditions.

2. *The age of school effect predominance.* For children in school age, between 6 and 16 years, it is the school which for the first time means society presenting itself to some extent with adult demands. At this stage, the community effect becomes a direct social effect surpassing that of the family.

Emphasizing the importance of school in personality formation in every society, it is definitely necessary

for useful adaptation that the individual should in childhood learn certain theoretical knowledge determined by the structure, culture and quality of society, as well as the practical modes of procedure and attitude; this is even important in primitive societies. In the present era of technical civilisation, the growing individual has to learn a varied and large scope of knowledge. Formation of methods of attitude and procedure after the age of 6 to 7 years, is next to the family the task of school and education. The relation of teaching and education at school is different in the different phases of life. The individual developmental level of the child and the social structure, the simple or complicated quality of the family relationships are various. Utilization of the effects of teaching and education confronts the schools with a big task. The necessary scope of knowledge to be taught is increasing with the constant development of science. The learning and teaching of this material thoroughly burdens the growing child as also the schools. "Teaching" in the limited sense of the word thrusts in many cases the duties of "education" and the formation of behaviour into the background. The educational system of our culture is threatened by the danger that "teaching" will preponderate in the teacher's duty, with the problem of "education" thrust into the background. Teaching-learning, the learning of ready skills and the process of "education" cannot be separated. Teaching is an

instrument of education and in the course of education teaching of the objective scope of knowledge is also possible.

Teaching in our present society is the task of the state and the accomplishment of this task is in the hands of the schools. Since the schools are supported by the state, uniform points of view prevail in the draft of the subject matter as well as in the methods of teaching. This uniform concept favours the reaching of general aspects; their elaboration and adaptation for local or individual demands is reduced. This central uniform concept in the determination of the subject matter, in the teaching programme results in that the quantity of data and the standard to be achieved is related in the first place to theoretical demands and to a lesser degree to the individual capacities of the children. The consequence is that owing to the primary importance of the programme for the entire society children who would need a school with a special subject matter and special methods are in an unfavourable situation in the present stage of social development. This is the cause why for certain individuals the subject matter being principally correct, selection and the system of grading becomes more and more severe. Consequentially, children of mediocre capacities can only with great difficulties and those of lower than mediocre qualities, not at all, accomplish their tasks during the first school year. This is the situation in the case of slow development.

In this manner, with few exceptions, "teaching" predominates over "education". In the majority of the schools, owing to the large material to be learned and last but not least to the large classes, individual occupation with the pupils becomes impossible. The teacher, the only person having a possibility for group-occupation, has to use an administrative discipline. This often affects the child unfavourably in the formation of behaviour. At the same time teaching also suffers, becomes mechanical, and thus affects unfavourably the development, the formation of thinking activity.

The burden of school causes in many a child overwork, results in the deterioration of productivity in the manner of a vicious circle, and may even cause serious symptoms. GERÉB has instructively elucidated the problem of overwork. In his opinion, it causes a decrease of satisfaction in learning, relaxation, sleep, exercise and, as a vicious circle, increases tiredness and so deteriorates productivity.

A special problem arises with children who, owing to a slow development or some disease, although they have reached school age, have not yet reached the necessary maturation. For these, it is mainly the first year in school which means too much of a burden. At the same time the kindergarten occupation has ceased to interest the child. With the present compulsory schooling system, such children start their life in the community under conditions which affect

unfavourably their intellectual development during the entire school life and thus the development of their personality. It determines their relation to learning during all the school years.

The organization of good preparatory classes creating a step between the kindergarten of playful character and the school operating with serious demands, would be most important for bridging over the break between the collective demands of the kindergarten and those of the school, pondering heavily especially on children with a slow development. This refers mainly to behaviour and the actual personality. Under the prevailing circumstances, one of the greatest difficulties for the child is that from the relatively free atmosphere of the kindergarten he is transferred without transition into a community which in a way demands an "adult" attitude from the child. This is a serious trouble because the personality development and so the attitude of a child of high intelligence is often lagging emotionally. This is due to the fact that only part of the factors determining the child's attitude and personality are intellectual. Features of the child's personality and attitude are determined next to intellectual factors mostly by emotions, impulses, conditioning and vegetative traits. Children in whose intellectual developmental level and personality and attitude there is a serious deviation, i.e. their personality development is uneven, have many difficulties. A preparatory class meaning a transitional

stage would be required also for such children.

The basic social changes which have occurred in Hungary since 1946 have lead to the radical transformation of the school system. The school has adapted itself to the changed circumstances and tasks, and through many trials, it has greatly developed. In the solution of educational problems, family and school are assisted by the educational influence of youth organizations. In spite of all this, further improvement is necessary. In the same way as in the industry where the norms by which optimal productivity can be achieved are determined on the basis of precise experiments in the single professions as to biological, physiological and psychological aspects, comparative tests should be carried out as to school tasks and their tolerance by children of different age groups and of different developmental degrees. Norms of school demands should then be determined on the basis of these tests. The problem could be solved without great difficulty, on the basis of up-to-date medical, paedagogical and psychological investigations. The solution would be worth the work invested. Learning norms determined on this basis would ensure optimal results of the pupils and the working-up of the problem would at the same time result in that the formation of secondary functional and somatic symptoms, many disorders of personality and attitude brought about by overwork, could be prevented and total harmony be developed between

the teaching and educational functions of the schools.

(iii) *Prevention of attitude anomalies.*

Prevention and the ensurance of normal personality development are inseparable. The development of the child's personality depends on biological, physiological, social, environmental, psychological and economic conditions. Their harmonic order guarantees the normal course of personality development. In biological as well as in psychological development numerous disorders may occur. Anomalies of parents and ancestors, intrauterine and birth injuries, diseases contracted in the different phases of life, inadequate way of life, unsuitable nutrition, etc., may be the causes. The severity of these can be different. Even ordinary accidents occurring in a conspicuously high number in healthy children may cause damage. A damaging effect may be exerted by special accidents due to town life and, finally, such damaging effects which influence physiological development primarily or secondarily and indirectly cause disorders in the development of personality. In the psychic development during infancy and childhood, first of all the influence of emotional factors is important. As already mentioned, it is mainly the emotional atmosphere in which the child thrives, i. e. the mother-child relationship and the child-mother relation, as well as the structure, emotional atmosphere, of the family, the harmonic or disharmonic relation between the members of the family, the family's cultural atmosphere, the

objective and economic situation, and apart from all these the characteristics which determine the forms of attitude and life of the adults living in the child's environment. Considering that only a small part of the emotional factors affects the intellectual sphere and the intellectual influence does not affect attitude, the emotional effects have a deep and often irreversible influence on the individual in the stage of development, they can exert a personality-forming influence which can hardly be controlled later.

The role of these emotional effects lies in the fact that the anxieties produced by these stimuli seem to be absolute realities for the child, they are real influences in his every-day life and are sensed in the form of forces settling questions which appear important for the child. The frame and the every-day events of the child's life are formed by them and the child is forced to tolerate these effects, to adapt himself to them, even to identify himself with them. If he is not able to do so, he will try to oppose them. The result will be resistance and later rebellion. The rebellion is tolerated badly not only by the parents but also by the child. For the child it is even more difficult to tolerate rebellion, as he is not only objectively but also emotionally at disadvantage. These rebellions manifest themselves usually in anomalies of attitude and behaviour. This clearly follows from the fact that in that process everything which means a basis, a measure to be evaluated

by the child, falls apart; everything becomes uncertain.

Apart from the physiological and psychic effect of the family environment, although not to be isolated from these, are those exerted by the general social environment. Social, economic, political and cultural effects, the quality of society, the class situation of the family, are inseparably connected. Their interwoven effect determines the quality of the family, of the adults and children in the family, as well as the possibilities of the family and its members, since the family means society for the child and its members concretize society. As already mentioned, the younger the child, the more decisive is the role of the mother and only in the course of development will this role be divided between the mother and the rest of the world, while the part of the mother remains of central importance throughout. Evidently, if one of these factors exerts a damaging effect, the development of the child living in the family suffers some disturbance. The ideal situation would be if the biological factors, physiological and personality development, as well as the social factors, would create a harmonic unit in their effects. This ideal situation is, however, unfrequent. The ideal concept is rather a theoretical norm to which the individual cases can be compared. In setting the diagnosis we are formulating what had developed in the individual case under the effect of these factors; in the course of therapy, we endeavour to create a

situation in the frame of the possibilities of the given case which approaches best the demands of the theoretical norm. When determining the tasks of prevention, we try to formulate such social, educational and teaching methods and strive at realizing these in the family and school environment of the child which under the given political, cultural, economic, family and school conditions approaches the realization of the ideal demands, or, at least, make this possible within certain limits.

The objective realization of these demands is, in the first place, a social task and not a medical or psychological one. The sciences have worked out the tasks and for the practical utilization of the results have supposed the existence of an adequate social form, ideological and social concepts, economic system and, supported by these, a network of adequate social and hygienic institutions. Included in these tasks is the adequate protection of pregnant mothers, their somatic and psychic care, the establishing and maintenance of adequate institutions for pregnant women, infants and children (for intact as well as traumatized children), and the suitable education of the members of the family. This last task is especially important, since in prevention not only mother and child protection, but also family protection plays a decisive role. From among institutions whose activity extends to prevention, suitable kindergarten and school systems, adequate numbers of hospital beds, adequate special out-

patients departments are the most important. Special attention has to be paid to institutions suitable for the diagnosis and treatment of beginning or hardly manifest somatic and psychic symptoms, or of pathological manifestations in the initial phase. A further problem arises in connection with institutes dealing with problems in prepuberty, puberty and adolescence. The task of such institutes is the occupation with emotional, sexual and general social adaptation problems of individuals between 14 and 18 years of age. In this task, youth organizations directed by specialists with adequate professional skill may accomplish useful work. The *sine qua non* of this work is that such institutions and organizations should in addition to political and social education dispose of adequate routine in educational psychology.

From the point of view of prevention, an important educational psychological problem is the question of the child's "suitable place" in every developmental phase. This "suitable place" signifies for the young infant and child the connection with the mother, later his belonging to the family. The question becomes complicated when the child starts its life in the kindergarten and school, i. e. in the larger community. At this period, the sphere of the belonging to the family group is extended. The child has to find its place in the larger community and, from its relation with the larger community, to find its individual methods for the formation and favourable maintenance of

this relation. This is the more important as the relation of the individual to other human beings, i. e., to the group, later to the large group of society, the formation of the feeling of "belonging there" is the result of a continuous developmental process. If one of the links of the developmental process is lacking or damaged, the direction of the entire developmental process is altered since every further phase is built up directly upon the preceding one. A correction of the altered direction requires extreme effort.

Analysing the process of social adaptation and the joining of society, direct conclusions can be drawn as to the factors determining prevention. For effective prevention it is most important to determine the period in which the personality development of the child has started to deviate in a pathological direction. Healing and leading into the proper direction is a much easier task at the initial phase of deviation regardless of whether it manifests itself in a somatic or psychic disorder, than at a period when the personality has already adapted itself to the damaging environment. The older the pathological process of personality development and the more fixed the undesired "habits", attitude disorders, stabilized pathological personality forms, the more difficult it is to reestablish the desired and normal balance of the personality structure. Therefore, it is most urgent to establish institutions ensuring the possibilities of early diagnosis of disorders manifesting

themselves with one or several symptoms. This means the necessity of establishing a network of diagnostic and therapeutical institutes attended by suitable specialists. Since it is not indifferent from either the economical or the moral point of view whether the development of personality disorders can be prevented, and if they had already developed, what kind of adults will be formed of children who had suffered some disturbance in the course of development, the diagnosis of the pathological personality disorder and its treatment at the earliest possible stage is of general interest for the entire society.

We have already pointed out the significance in prevention of the objective conditions of the environment (family, housing facilities, etc.). If the effect of the environment is otherwise inadequate, proper objective conditions by themselves do not suffice to prevent the development of personality disorders. In view of the special quality of the actual personality in the different phases of childhood, to ensure proper personality development, material support alone is also insufficient. It is not enough to provide the child with an adequate home, food, clothing, school equipment, gifts or money. A most important precondition of normal personality development besides adequate living conditions is the adequate subjective conditions of the environment. The younger the child, the more decisive are the influence of his emotional relationship to the mother, in the later phases of life, the quality

of the relationship of mother and father, the parents and other members of the family, i.e. the quality of the emotional atmosphere of the family, and within this, the characteristic traits of the emotional structure in the family. Still later, it is the quality of the emotional relationship to the father which predominates, then when the child starts life in the kindergarten, at school, or as a youth at a working place, the emotional relationship to the instructor, teacher, schoolmates, colleagues, the objective conditions of every-day life, and the moral standards of the collective. For effective prevention and at the same time for ensuring a normal personality development, it is absolutely necessary that the stimuli affecting the child in the course of every-day life, emotional stimuli in the first place, should in intensity, quality and quantity not surpass the child's actual tolerance, and at the same time should satisfy his healthy demands.

In the prevention of personality disorders in childhood, we must therefore ensure in and outside the family adequate environmental influences. For the realization of this it is necessary to inform and educate the population on a large scale. Adults should become acquainted with the relevant data before the birth of their child: educational lectures should be held for parents and all those who occupy themselves with children, informing them about all the necessary and specialized tasks in the different phases of childhood.

By this kind of prevention we

help the child to realize and evaluate its position in the environment at a level according to its age; we show him the methods by which he can live his life properly in spite of eventual undesired events and to learn to live in such a manner that he should have no conflicts with the objective demands of the environment. We must endeavour, however, that no such exaggerated adaptation should take place which bears the traits of servility, because that would spoil the child's joy of life, hinder the development of hidden possibilities and the satisfaction of his healthy demands. The child should recognize the social characteristics of human life, be able to set and follow a correct aim at the time when the independence of its personality has been reached, find joy and satisfaction in work and creation, and not only in the pursuit of fleeting pleasures and joys.

The *sine qua non* of a favourable personality development is the satisfaction of the organism's vegetative demands, a suitable mode of life, adequate nutrition, relaxation, adequate quantity and quality of sleep. Adequate exercise is especially important in the periods of rapid growth and the years of prepuberty and puberty. The significance of relaxation and sufficient sleep should especially be emphasized. The importance of suitable nutrition has become common knowledge.

An important preventive factor is to set a suitable aim of life to the child and to ensure its acceptance by

him. At the beginning, the purpose of life has no verbal character but means the perceived quality of the mode of life of mother, father and the family. This way of living of the members of the family, idealized by the child, is accepted spontaneously, lived and accepted by him as his purpose of life. This is the basis upon which at a later period the purpose of life is built up in the personality and then formulated verbally. In the formation of the aim of life, the personal example of father and mother in the course of their every-day life is decisive. It is important that the members of the family should live and give a personal example which can be incorporated into the actual personality of the young child as an aim of life, that life essentially means creative work, the life of the members of the family, of the members of the community, mutual esteem and help as well as joys and happiness of life, success and results. It should be built-in deeply and strongly in the young child's actual personality that the purpose of life is not the pursuit of pleasures and joys, that to live well does not mean pleasures without work. It is wrong if the child expects that he has right to everything which exists and the parents are there to create all that for him. It is most important that the demand of personal possessions should not prevail in the child's aim of life. Next to the pleasure of creation and work the achieved intellectual, emotional, moral and objective results should only figure as the natural concomitants of the

purpose of life. If instead of the attainments of certain capacities, of the quantitative and qualitative creation corresponding to the individual's abilities, the joy of work, it is the attainment of personal possessions which prevails and becomes the aim of life, serious troubles will arise later. The quality of the demand of the choice of a partner is being formulated in the personality simultaneously with the formulation of the purpose of life. When evaluating the occurrences in this period, it has to be taken into account that simultaneously with physiological hormonal development, decisive psychological changes take place in the individual during the process of becoming independent.

A) All this means that the basis of effective prevention is to guarantee the uninterrupted development of personality, of the personality structure corresponding to every period of life. Which are these personality structures in the different phases of life and what kind of personality structure will finally develop? The components of the final personality structure are the vegetative personality, the motor personality, the emotional personality and the intellectual personality. In the course of individual development, not all elements of personality structure develop and manifest themselves in every phase of life and so in the actual personality structure characterizing a certain phase of life they may not appear as manifest functions. The personality of the few days old newborn is a vegetative personality. The personal-

ity of the 6 months old infant is predominantly vegetative, containing, however, some elements of motor and emotional personality structure. After learning to speak, in early childhood the emotional personality dominates, with definite elements of vegetative and motor traits. Intellectual personality is already present, its significance, however, is still in the background. In the personality structure, therefore, either the vegetative, or the motor, or the emotional or the intellectual personality represents the predominating factor in the dynamism of the actual personality which determines the given phase of life. It is important during the period of growth that each actual personality should smoothly be built up on the preceding one, incorporating the actual personality into the new personality structure.

B) The tasks of education and teaching should be increased only gradually, taking into account the tolerance in the given phase of life and the correct developmental plan.

C) Education and teaching should promote the actual personality of the given phase of life, the functional predominance in the personality structure the adequate personality component should be emphasized. This is accomplished if the actual personality structure of a certain phase of life does not come to a standstill, is not fixed rigidly, but the uninterrupted continuity of personality development is ensured. Development of the personality structure is

normal when the vegetative, motor, emotional and intellectual components of the personality develop always in accordance to age and at the same time are enriched by experience, so that within the personality structure the tolerance of the single components are proportionate. This is furthered if (i) the child is able to keep up a continuous emotional state of answer-stimulus-excitement effects in accordance to its age; (ii) the educational-teaching method is such that parallel with ageing the child is able to solve the corresponding tasks and thus to satisfy the demands of his beloved environment. At the same time the child continuously practices the learned things and gladly and voluntarily learns new skills.

If this pattern is not continuous, if any of the links is missing, or the chain is interrupted by some trauma, or the predominance of a trait becomes rigidly fixed in the entire dynamism, in the course of further development the personality structure will not be in accordance to age and its components will cease to be balanced. In these instances, it is the actual personality which is disturbed. This personality disorder may take very different clinical forms, manifesting itself, for instance, with disorders of attitude and behaviour. According to our experience, the disorder of a normal personality development occurs first of all in consequence of disorders of the emotional sphere caused by unfavourable environmental effects. Such environmental effects are the following.

a) Disorder of the mother-child relationship, causing the disorder of child-mother relationship.

b) Disorder of father and child relationship and consequential child-father relationship problems.

c) Disorder of the entire family-child relation causing disorders of child-family relationships.

d) School: teacher-child, child-teacher relation.

e) School: schoolmates-child relation.

f) The unfavourable influence of some specific somatic pathological effect (accidents, brain commotion, injury, amputation, diseases, etc.).

It has to be emphasized that the fundamental condition of an uninterrupted personality development parallel to somatic development is an uninterrupted favourable and acceptable emotional interaction between the child and its environment.

Next to the pathological effect of the state of emotional want, the state of emotional nausea, exaggerated spoiling, has also pathological consequences. From this state a special dynamism develops in the personality which influences the later phases of childhood. The unfavourable influence of spoiling in early childhood causes that later when the child received only kindness and love due to that age, he will find this insufficient; he will say that he suffers from a lack of love, "nobody likes me". And, indeed, he behaves as if he were in a state of absolute emotional want. This state of relative lack of emotion is the late effect of the earlier spoiling. An individual with such a personality

wishes to receive only, and this to such an extent that his needs seem inadequate to his environment and are refused. That is why such an individual has the feeling that "nobody likes me". The child becomes dissatisfied with his environment and believes that it is not adequate. The inadequate environmental effect gradually causes a kind of vicious circle eliciting an inadequate attitude of the child and this elicits a new unfavourable effect from the environment increasing the disorder, — and the wheels of the vicious circle rotate more and more rapidly.

Finally, if a suitable personality development is ensured, the tolerance of the well-balanced actual personality will allow for the child to tolerate unforeseen traumata without producing severe troubles.

(iv) *Medical and psychiatric treatment of disorders of attitude*

It has been pointed out that, according to the degree of the disturbance, two kinds of therapy can be applied, (i) medical and psychological treatment; and (ii) isolating, educational social methods (institutes, reformatory schools, legal proceedings). In the present paper only the medical and psychological methods have been discussed. The social methods required for the therapy of disorders of attitude which have reached the stage of grave criminality, will be discussed separately.

Methods of medical and psychological therapy

From our experience it has been concluded that in cases of attitude

and behaviour disorders good results can be achieved in the early phase of the disorder, and in cases in which these have not yet reached the stage of grave criminality. Had the child been affected by organic injuries, drug therapy and other interventions of classical paediatrics have also to be applied. The complex therapy to be applied in the other cases has been described in a previous paper; its theoretical and practical details will not be discussed here, only its main points.

In case of disorders of attitude manifesting themselves in personality disorders, psychotherapy will lead to success only if in addition to the child, the parents, first of all the mother, eventually the grandparents and other members of the family, are also treated. In cases of children of kindergarten or school age, it is important to deal with all the adult persons who are in contact with the child outside the family, thus the leader of the kindergarten, the school teacher and eventually the school-mates. This form of psychotherapy is called group therapy ("family group therapy" in the terminology of the junior author). Often, several of the above mentioned adult persons have to be included in a group, a continuous and simultaneous therapy of the whole family is necessary to solve the problem. The difficulty has to be taken into account that the environment considers only the behaviour disorder, and is not or does not want to be aware or does not evaluate correctly the environmental situation

to which the trouble of the child can be traced back. The fact that a seemingly similar environmental effect elicits different disorders in different individuals, should not lead one astray. The common symptom of all these cases, is, however, the resistance to the discipline set by the environment.

The aim of the continuous conversational treatment of adult members of the environment in and outside the family (kindergarten, school, etc.) is as follows.

a) To call attention to actual errors in their emotional relationship to the child, as well as to those committed during occupation with the child, education, teaching, assignment of tasks, demands concerning the quality of attitude and behaviour. It is important to achieve in the course of these conversations that mother, father, members of the family as well as all adults who deal with the child outside the family, should unreservedly accept the propositions for the elimination of these errors and should realize their importance and correctness.

b) In the course of the conversations the adults must learn the elementary knowledge of education and a certain amount of factual knowledge concerning the different phases of childhood.

a) They have to be taught the importance of the continuity, quality and desired intensity of the emotional relation between adult and child. According to the given case, the adult person has to be shown whether the

emotional relation between adult and child is not much too close, whether the child is not emotionally overburdened, whether he had developed an emotional nausea, or else, just the opposite, he is in a state of emotional want, of emotional hunger, resulting from a poor, cheerless emotional relationship between adult and child.

β) The parent has to be taught — and has to accept entirely — the possibilities of the child for solving certain circumstances, for the accomplishment of duties and tasks without eliciting troubles. The question of the school results to be expected from the child at a certain period and how far the child can be burdened with extra hours, extra tasks outside the school, is part of this problem.

γ) The adults have to be taught how much exercise, recreation, playful companionship with friends, pleasures, praise, encouragement, are absolutely necessary for the child at a certain period, in order to avoid the development of troubles. The kind of discipline, and the form and quality of punishment have also to be explained. The adult has to know what kind of attitude, behaviour is to be expected in the different phases of the child's life.

The child, suffering from a disorder of attitude (behaviour) is treated by the psychotherapeutical method of "guided talk". These talks are held with the child daily during its hospitalization, i. e., essentially at the beginning of treatment, then after discharge, according to need, 2 to 3 times weekly, later, in case of im-

provement, with increasing intervals, once every two to three weeks, then once monthly or every two months.

The psychotherapy used by us is not some kind of a persuasion method. We do not persuade the child to do his tasks; we have to lead him towards voluntary acceptance and voluntary employment of the tasks desired from the point of view of therapy. The disorder, the special emotional mode of life, the special personality, the undesired form of mind, the undesired attitude and behaviour of the child had been formed under certain biological conditions during the continuous environmental effect of everyday's life and had been fixed as the result of a constant damaging effect. At a certain time the closed system of pathological sequences are already functioning in the emotional sphere of the child; these depend neither directly of our will nor is it possible to influence them directly. The erroneous functional system is the more rigid and fixed, the more the child, being defenceless and having no other choice in its damaging objective environment, has tried to adapt himself to the prevailing erroneous circumstances. One of the factors eliciting the personality disorder is just the mechanism of the undesired, essentially erroneous, but in reality successfully abortive adaptation strive having become a habit.

The different stages of conversational psychotherapy are developed in the following manner.

(i) To evoke the interest of the child;

(ii) to gain his confidence;

(iii) development of a serious, gradual constantly growing emotional relationship between the child and us.

In the course of the conversations, we come to know the events in their precisedetailed connections, the external events experienced by the child as well as the internal events having taken place in his specific emotional and intellectual world, and also his entire actual situation. In the first place, it has to be found out in which way did the child evaluate, judge the external event, and what his feelings and his opinion of his own actions are. To explore this is not always easy. Apart from other difficulties, it is a delicate task so to direct conversation that it be clear what the child tells voluntarily, how much he tells, with what kind of emotional content and mainly at what stage of the conversation does he speak.

The child, in the course of the conversations, may formulate under our guidance, precisely the crucial point of its anxieties. For younger children aid is lent by toys by means of which he can play every event he wants to express, or else he draws the family structure, not being able to formulate it in words. The younger the child, the more it is this manner of expression which he is able to use. In these plays and drawings, in the dramatization, the symbolism of childhood is manifest. For the correct interpretation and reading of these play situations and drawings, i. e. for the formation of the essential content expressed by

play and design, much experience is necessary.

During psychotherapy by means of guided talk it is not the conscious expression of some kind of allegedly suppressed unconscious that takes place. On the contrary, much too well known matters, actual emotional conflicts having been caused essentially by objective environmental effects, pathological emotional, closely related undesired sequences are formulated verbally. Essentially, we try with the help of psychotherapy to assist the child in systematizing and setting into order at the child's intellectual and emotional developmental level, the relation of events that have happened and are going to happen, the relation of memories and the present, and that of the internal environment. The child is lead by means of the conversations to accomplish this systematization according to its own possibilities, although with our aid, and at the same time to accept by its entire personality the new, ordered situation. The problem is to order and systematize the objective event which had been experienced by the child as well as the events taking place during the emotional and intellectual working-up of its inner world. This systematization means that the child, according to the intellectual level at his age and development, recognizes his external and internal situation and on this basis is able to formulate in thought, word and speech, as far as possible correctly, in accordance to reality, the external and internal stimuli, as also the excite-

ment elicited by those stimuli, and his reactions to them, his actions, and his own attitude and behaviour. This formulation in thought, word, and speech, should proceed simultaneously with the emotional evaluation and the intelligent and real interpretation of the connections. As a most important matter, we wish to emphasize again evaluation and interpretation. The correct formulation has to be accepted by the entire actual personality of the child.

If all this is proceeding favourably, the forgetting of the undesired past begins in the advantageous present formed after having set order into environmental life. If the forgetting is satisfactory, the present having been formed in this manner ceases to be burdened by past memories causing pathological anxieties in the form of internal stimuli acting spontaneously and it is possible to start a well-ordered life in the actual present free from pathological stimuli and anxiety, with healthy, qualitatively and quantitatively suitable external and internal stimuli and healthy excitements, demands and satisfactions.

Therapy is considered successful and complete if in addition to the disappearance of pathological symptoms and disorders of behaviour, we have achieved the healthy order of the personality structure corresponding to the age of the child, so that the problem of attitude disorder is settled when we are able to talk over his problem with the child instead of making him talk. Then it will be

possible to discuss the result with the child, looking back, surveying the entire problem while the patient has distanced himself from it, considering it objectively as if it were something apart from its very self. This shedding of the problem is made possible by its realization and formulation in the course of treatment. We believe that the subsidence of the inhibition according to Pavlov's concept, hindering the relief of the emotional tension which has originally caused the problem, is achieved in this manner. At this stage the personality of the child has so been shaped that in a favourable atmosphere he is able to discuss methodically and formulate intellectually its relationship with the environment, understanding it, recognizing what is necessary, accepting and following it in the future course of its life. At this stage the personality becomes so favourably organized that the individual's relation to the environment and his internal emotional and intellectual events are no longer evaluated solely on the basis of an emotional logic.

To solve the problem definitely, evaluation and interpretation with the adult persons who have participated in the group therapy, the newly ordered healthy family and community situation must also be discussed.

It is clear from the course of the discussed diseases that there exist a number of cases in which no results can be achieved by classical paediatric methods, drug therapy and other interventions combined with group-psychotherapy, even if applied in the

most suitable manner, if at the same time the unfavourable objective circumstances of the environment are not eliminated. The tasks concerning these social circumstances are as follows. Objective help for the change of life, dwelling and economic conditions; in certain cases, the partial or total change of family and school environment, temporarily or for good. In this manner the possibility of repeated, damaging external pathological stimuli and so the practice of previously fixed bad habits, pathological excitement due to pathological stimuli, inadequate emotional states, emotional and other sequences and the creation of concomitant inadequate demands and the possibilities for their satisfaction are made to cease.

It has to be stressed that in the treatment of the discussed disorders of attitude there is no "cure-all", no miraculous method which would eliminate the troubles overnight. To achieve success, these procedures have to be employed most tactfully, patiently, carefully, for months, sometimes for years.

In case of an adequate result, a double aim is achieved. On the one hand, it is a direct effect, the cessation of the concrete disorder of attitude. By this direct effect, the pathological dynamism is eliminated by the early cessation of the personality disorder and so the further increase of the disturbance, the development of a disorder of attitude deteriorating to neurosis, psychosis or very grave criminality is prevented. Thus can be

prevented that apart from medical and psychological treatment, social (punishing-educational) methods should be necessary. On the other hand, an indirect late effect, the further normal course of personality development, the adequate dynamism of the final personality structure, is also achieved.

SUMMARY

The disorders of attitude and the special factors giving rise to these in childhood have been discussed on the basis of 18 cases. In these cases all the forms of attitude and behaviour disorders in childhood causing a problem for family, school and society, have been shown in a sequence illustrating the forms in the order of severity. First, the mild behaviour disorder of the "naughty child", then the forms of "truancy", "unreliability", "lack of discipline in school", "deterioration of school results", "thefts within the family" have been discussed. The subsequent cases were of graver character, such as "theft in school", "loafing", "theft of common property", "theft and burglary", "grave criminality committed in a gang", "rape", "knifing", "blackmail in connection with homosexuality", "attempted murder", "attempted suicide".

The damaging factors causing the different forms of personality disorder have been discussed in detail, as well as the injuries suffered during intrauterine life or during birth, causing a decrease of the child's tolerance.

Primary as well as secondary environmental traumata causing in the first place disorders of emotional development have been described, such as emotional solitude, bad marriage of the parents and inadequate treatment of the child associated with several other grave environmental effects. Part of these latter are exerted within the family, another part in school, on the street, in the course of everyday life, forcing the personality development of the child into a pathological direction so that the damaging environmental effects manifest themselves with different disorders of attitude. The characteristics, role and action mechanism of the single causative factors, as well as the connections of the different damaging environmental effects and the specific influence of the single factors on the development of the pathological attitude have been illustrated.

The manifestations of the personality disorder, the pathological stimuli have been discussed according to their characteristic manifestation forms, (i) the somatic status; (ii) the psychological status; and (iii) the environmental status. This tripartition and its connections elucidate the structure of the personality's dynamism in the single cases.

Some general conclusions have been drawn. Of these, the most significant is that the basis of every personality disorder in childhood is a grave damage of emotional life, its traumatization deforming the further course of personality development. Of basic importance in this are the emotional

incertitude, loneliness and the emotional want of the child. The traumatic experience or sequence of experiences is a stimulus-excitement which cannot be worked up adequately and to which the child is still obliged to adapt himself. In this way, every attitude disorder in childhood is considered a form of pathological adaptation to unfavourable environmental stimuli, which then become incorporated as a stabilized reaction into the constant reaction paths of the personality.

Correct therapy, prognosis and prevention, further the conditions of a normal personality development and the duties of family, school and society in ensuring these, have been discussed in detail.

It is emphasized that treatment is the easier and the more successful, the earlier the specialist's help is sought for. Therapy must be three-fold, consisting of classical paediatric procedures, drug treatment and other interventions; psychotherapy (individual and group-therapy); and social methods. Disorders of attitude of a mild form and treated in time can be healed by medical and psycho-

therapeutical methods. The gravest and neglected disorders manifesting themselves in criminality, surpass medical and psychotherapeutical possibilities. In these cases only the punishing-reforming-educating sentences and methods can offer some hope. As to prevention, the younger the child, the more significant is the role of the mother: at later phases of life it is the family environment which is of importance, and only in the further stages of childhood take communities outside the family, such as the school, working place, etc., their part. The fact is emphasized that in the personality disorders developed on the basis of environmental damaging effects, certain pathological preconditions play a role nearly in every case. It is assumed that under the effect of pathological factors inherited from ancestors and parents, the child's tolerance to difficulties, damaging effects of every-day life in the community, decreases. It is pointed out that grave personality disorders may develop in childhood under environmental psychic damaging effects without affecting the intellectual function.

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