

BY

*Director, Indiana University Psychological Clinics*

L. T. MEIKS, M.D.

James Whitcomb Riley Hospital for Children



NEW YORK AND LONDON

6.7  
L 936

CLINICAL PSYCHOLOGY

Copyright, 1936, by Harper & Brothers  
Printed in the United States of America

All rights in this book are reserved.

No part of the book may be reproduced in any  
manner whatsoever without written permission.

For information address  
Harper & Brothers

A-T

UNDER THE EDITORSHIP

# CLINICAL PSYCHOLOGY

*A Handbook of Children's Behavior Problems*

C. M. LOUFTT

*Director, Indiana University Psychological Clinic*

WITH A FOREWORD BY

H. L. ADAMS, M.D.

*Professor and in Charge*

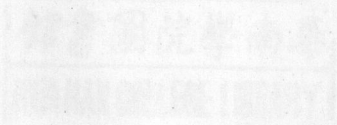
*Johns Hopkins Wiley Hospital for Children*



19703

WARPER & BROTHERS PUBLISHERS

NEW YORK AND LONDON



UNDER THE EDITORSHIP

OF

GARDNER MURPHY

« »

TO

LAURA

BOB

AND

DICK

« »

—LAST INSCRIPTION.

*The Three Hundred Rules of Ceremony could not control men's natures. The Three Thousand Rules of Punishment were not sufficient to put a stop to their treacherous villainies. But he who knows how to cleanse the current of a stream begins by clearing out its source. And he who would straighten the end of a process, must commence with making its beginning correct.*

—TAOIST INSCRIPTION.

## FOREWORD

L. T. MEIKS, M.D.

Ass't. Professor of Pediatrics, Indiana University  
Medical School and Pediatrician-in-charge, James  
Whitcomb Riley Hospital for Children.

IN OUR modern civilization, otherwise so much concerned with industry and machines, one of the outstanding phenomena has been the growing interest in the welfare of children. The child has come to occupy an increasingly important place in the home and the community at large. Interest in education has increased and educational facilities have been greatly improved. There has been more and more concern about the proper care and training of children, and greatly increased attention to their proper feeding and medical care.

With all this there has of course been no lack of interest in the psychological development of these same children. An increasing recognition of psychological and behavior disorders in children has been manifested. This recognition is partly due to the more general realization that certain undesirable traits are an indication of psychological maladjustments, that this behavior might have been prevented, and that it may be possible to correct it. What we now call a disorder was formerly simply accepted as a part of the individual's personality which was inherent and about which nothing could or need be done. A certain amount of what may be regarded as imperfect behavior has always been present in children; with greater knowledge, more attention is being paid to it so that part of the increase in interest is more apparent than real. In addition, there are many factors in our social organization which introduce, more or less inevitably, circumstances in the child's training and surroundings which are apt to lead to difficulties in adjustment. This has resulted in a real increase in the number and severity of the psychological maladjustments of children. Since it is extremely unlikely that these social and economic factors will be soon corrected we may expect that, unless adequate prophylac-



tic procedures are learned and carried out, this increase in behavior difficulty will continue.

This book is a presentation of the present state of our knowledge of the psychological development and behavior disorders of children. It was written by a practicing clinical psychologist whose experience has embraced university teaching, research and work with patients referred to him from a large children's hospital, from private practice, and from schools. His training and point of view are those of a psychologist, but he has had what we as physicians are pleased to call the benefit of considerable contact with members of the medical profession whose principal interest is in the disorders of childhood. The proper care of children with personality, developmental or behavior disorders must usually be a cooperative undertaking involving members of several different professions, and the necessity for this cooperation is stressed throughout the book.

The common types of psychological disorder are described and the genesis of these disorders is outlined. The principles underlying the treatment and handling of these patients are discussed, and many actual cases are set forth. The importance of an individual approach to each patient, with all possible information at hand, is emphasized. Particular stress is laid upon the necessity for considering the patient as a whole, with all his family, neighborhood and school background, along with his physical condition. No short cuts are suggested, no new theories are advanced, and no fads are advocated. The vital importance of common sense in dealing with these troubled people is clearly brought out, and much common sense has entered into the writing of the book.

This book is intended as a textbook for students of clinical psychology. Some medical terms have of course been necessary, but fluency in medical terminology is by no means necessary for reading it. For the sake of completeness accounts of some strictly medical conditions have been included. These are not, and are not intended to be, technical; they are inserted simply to provide the student with some knowledge of physical conditions which are rather frequently present in patients seen by a clinical psychologist.

Because of their opportunities for observation and intimate knowledge of the family background, the family physicians and pediatricians are in a strategic position to recognize many of these behavior disorders in their incipency, before the untrained associates of the child



realize that the reactions are in any way undesirable. An enlightened medical profession can do much to prevent the development of these disorders and to handle them in the proper fashion once they have appeared. Many cases, however, require specialized technics involving an amount of time and experience which are not possessed by the ordinary physician; and for the proper care of these patients there is a real need for trained psychiatrists and clinical psychologists who are abundantly endowed with common sense and wisdom.

## PREFACE

SEVERAL YEARS ago the writer was confronted with the task of developing a didactic course which would be a broad survey of that field of applied psychology known as "clinical." The delimitations of this field were, and are, vague. Workers who call themselves, or who are called by their colleagues, clinical psychologists are engaged in all sorts of activities from the devising of mental tests to therapeutic procedures but little short of outright psychoanalysis; they deal with individuals ranging from the newborn baby to the aged infirm; they are concerned with problems of child training, educational adjustment, delinquency and crime, mental deficiency, mental abnormality, dependency, vocational guidance and a host of subdivisions and overlapping areas. This confusion is reflected in available textbooks. Of books purporting to deal in a comprehensive way with the entire field there is no single one that is not deeply tinted with the professional bias of its author. Quite evidently this cannot be entirely avoided, nor would it be desirable. Specialized books on segments of the field there are in great number. The monographic and journal literature is literally vast. Yet an attempt to organize the widespread materials into a somewhat systematic presentation has thus far been entirely lacking. It is an attempt to meet this need that the present book has been written.

One important thesis upon which the book is based is that the field known as clinical psychology is not, and cannot be, limited only to psychology as its basic science. Rather the work of the clinical psychologist is intimately bound up with at least four major fields, viz., psychology, medicine, education, and sociology. Each of these has a very necessary contribution to the practical working of the psychological clinic. Unfortunately, there is at present no academic curriculum anywhere available which embodies desirable minima of training in each of these fields. If the clinical psychologist is ever to attain a socially recognized professional status some modification of training in the direction suggested will be inevitable.

In the present book there is a definite limitation of interest to the behavioral problems of children. This reflects the author's bias, but

it also is a logical delimitation in the light of diagnostic and corrective technics at present available. There is abundant evidence that the reactional biography of the child is the foundation of adult behavior. "And," to quote from an inscription on a Taoist temple in the town of Lao-Tze's birth, "he who would straighten the end of a process must commence with making its beginning correct."

It will soon be evident to the reader that I am in debt to many experimentalists and clinicians. In the only way that I can, I wish to acknowledge my gratitude to the many people who have indirectly contributed to this book. Clinical case material has been drawn from the published works of others as well as from my own clinics located at the University in Bloomington, and at the James Whitcomb Riley Hospital for Children in Indianapolis. For case material which did not originate in our clinics I am grateful to the authors and publishers who have been generous with their permission to reprint.

The following have granted permission to use the indicated figures: C. H. Stoelting Co. (Figs. 2, 4, 5, 6, 7); Narragansett Machine Co. (Figs. 1, 3); E. A. Doll (Fig. 8); Massachusetts Society for Mental Hygiene (Fig. 10); D. C. Heath & Co. (Figs. 12, 13); Better Vision Institute, Inc. (Fig. 17); Westinghouse Lamp Co. (Fig. 19); and the National Society for the Prevention of Blindness (Fig. 20). The following publishers have granted permission to reprint material from works published by them: The Macmillan Company, D. Appleton-Century Co., W. B. Saunders Co., University of Minnesota Press, University of Chicago Press, Houghton Mifflin Company, Clark University Press, and the National Society for the Study of Education.

While all of my colleagues have been generous in their cooperation I feel there are several who should be specifically mentioned. Dr. E. W. Dyar, of the Department of Ophthalmology, read and made valuable criticisms of the section on visual defects; Dr. W. W. Wright, School of Education, read Chapter VI; Dr. E. S. Conklin, Chairman of the Department of Psychology, read several portions of the manuscript; W. A. Livingston, D. R. Craig, J. W. Carter, Jr., and Mrs. G. A. Davis have all been of invaluable assistance. To Dr. L. T. Meiks I am indebted not only for his interest in my book, but also for his freely given advice and cooperation which has made our work at the James Whitcomb Riley Hospital so pleasant.

C. M. LOUITT

Bloomington, Ind.  
April, 1936.

# CONTENTS

FOREWORD

ix

PREFACE

xiii

## *PART I. METHODS*

I. INTRODUCTION	3
II. DIAGNOSTIC METHODS: ANAMNESIS AND EXAMINATION	12
III. DIAGNOSTIC METHODS: PSYCHOMETRICS	45

## *PART II. PROBLEMS CORRELATED WITH ABILITIES*

IV. MENTAL DEFICIENCY OR FEEBLE-MINDEDNESS	95
V. SCHOOL RETARDATION	163
VI. SPECIFIC DISABILITIES IN SCHOOL SUBJECTS	185
VII. SUPERIORITY	231

## *PART III. PRIMARY BEHAVIOR PROBLEMS*

VIII. BEHAVIOR PROBLEMS: INTRODUCTION	251
IX. CONDUCT PROBLEMS	297
X. JUVENILE DELINQUENCY	367
XI. SPEECH DEFECTS	423
XII. PERSONALITY PROBLEMS	453
XIII. PSYCHONEUROSES AND PSYCHOSES	492

## *PART IV. PROBLEMS CORRELATED WITH ORGANIC DISABILITIES*

XIV. SENSORY DEFECTS	557
XV. NEUROLOGICAL AND PHYSICAL DISABILITIES	597
LIST OF REFERENCES	634
INDEX	679

## LIST OF TABLES

I. BALDWIN-WOOD HEIGHT-WEIGHT TABLES	18
II. AVERAGE HEAD CIRCUMFERENCES	20
III. CONDENSED PERCENTILES OF CRANIAL CAPACITY	22
IV. CREDITS ON STANFORD-BINET TEST	53
V. MENTAL AGE STANDARDS FOR THE DIFFERENT GRADES	56
VI. COMPARISON OF SOCIALLY ADJUSTED AND MALADJUSTED CHILDREN ON THE PORTEUS MAZE AND BINET TESTS	61
VII. CONDENSED NORMS FOR WITMER FORM BOARD; FIRST TRIAL TIMES	66
VIII. PERFORMANCE TESTS	68
IX. GROUP TESTS	77
X. EDUCATIONAL ACHIEVEMENT TESTS	81
XI. APTITUDE TESTS	83
XII. EFFECTS OF PELVIC X-RAY IRRADIATION OF PREGNANT WOMEN ON THEIR CHILDREN	105
XIII. FERNALD'S TEN "FIELDS OF INQUIRY"	112
XIV. M.A. ON SUCCESSIVE EXAMINATIONS	126
XV. DIAGNOSTIC SIGNS OF MONGOLISM	129
XVI. DISTRIBUTION OF SPECIAL CLASSES FOR SUBNORMALS	142
XVII. ECONOMIC STATUS OF SUBNORMAL AND NORMAL GROUPS	152
XVIII. TYPES OF OCCUPATION OF SUBNORMAL AND NORMAL GROUPS	152
XIX. OCCUPATIONS SUITABLE FOR VARIOUS MENTAL AGES	158
XX. PERCENTAGE OF ACCELERATION AND RETARDATION IN THIRTY-SIX CITY SCHOOL SYSTEMS	164
XXI. AMOUNT OF RETARDATION OF SIXTH-GRADE CHILDREN	164
XXII. TEACHERS' REASONS FOR SCHOOL FAILURES	166
XXIII. THEORETICALLY EXPECTED RETARDATION	168
XXIV. PERCENTAGE OF ABSENCE AMONG RETARDATES	179
XXV. PERCENTAGE OF FAILING CHILDREN FROM FOREIGN LANGUAGE-SPEAKING HOMES	180
XXVI. CORRELATIONS BETWEEN INTELLIGENCE AND READING	190

XXVII. CHANGE IN EYE MOVEMENTS IN READING WITH ADVANCE IN GRADE	194
XXVIII. SUMMARY OF CORRELATIONS BETWEEN INTELLIGENCE AND SPELLING	214
XXIX. DEFECTS IN WRITING AND THEIR CAUSES	220
XXX. SUMMARY OF CORRELATIONS BETWEEN INTELLIGENCE AND HANDWRITING	221
XXXI. MINIMAL MENTAL AGES FOR ARITHMETIC PROCESSES	224
XXXII. SUMMARY OF CORRELATIONS BETWEEN INTELLIGENCE AND ARITHMETIC	226
XXXIII. OCCUPATIONAL STATUS OF FATHERS OF SUPERIOR CHILDREN	232
XXXIV. FREQUENCY OF OCCURRENCE OF SUPERIOR I.Q.'s	235
XXXV. PROBLEMS FREQUENTLY SEEN IN CLINICS	260
XXXVI. SERIOUSNESS RANKINGS OF PROBLEMS BY DIFFERENT GROUPS	261
XXXVII. CHANGES IN PROBLEM SCORES DURING A TWO-YEAR PERIOD	264
XXXVIII. PROPORTION OF CHILDREN FROM HOMES BROKEN FOR DIFFERENT REASONS	273
XXXIX. INCIDENCE OF TYPES OF ENURESIS	306
XL. INCIDENCE OF ENURESIS	307
XLI. FAMILY INSTABILITIES IN FAMILIES OF ENURETICS	310
XLII. SUMMARY OF NORMS FOR TOTAL SLEEP OF CHILDREN	315
XLIII. INCIDENCE OF SEX PROBLEMS	322
XLIV. REPORTED INCIDENCES OF MASTURBATION	323
XLV. AGE OF STARTING MASTURBATION	324
XLVI. REASONS FOR BEGINNING MASTURBATION	326
XLVII. INCIDENCE OF NAIL-BITING IN 3000 SCHOOL CHILDREN	335
XLVIII. INCIDENCE OF TICS	337
XLIX. REASONS FOR REFERRING TO JUVENILE COURTS, 1932	369
L. CLASSIFICATION AND FREQUENCIES OF DELINQUENCIES	370
LI. INCIDENCE OF FEEBLE-MINDEDNESS AMONG ADULT CRIM- INALS	373
LII. TYPICAL I.Q. DISTRIBUTIONS OF JUVENILE DELINQUENTS	374
LIII. AVERAGE I.Q.'s OF JUVENILE DELINQUENTS	374
LIV. OCCUPATIONS OF JUVENILE DELINQUENTS	377
LV. PERCENTAGE OF COMPANIONSHIP IN COMMISSION OF DE- LINQUENCIES	377
LVI. AGE OF ONSET OF DELINQUENCY	379
LVII. PARENTAL NATIVITY OF JUVENILE DELINQUENTS	379

## LIST OF TABLES

xix

LVIII. BROKEN HOMES AND JUVENILE DELINQUENCY	382
LIX. AGE AT WHICH BREAK IN FAMILY OCCURRED	383
LX. DELINQUENT BOYS' ATTITUDE TOWARD HOME	384
LXI. INCIDENCE OF TYPES OF SPEECH DEFECTS	426
LXII. INCIDENCE OF SPEECH DEFECTS BY TYPE AND SCHOOL GRADE	428
LXIII. SEX RATIO AMONG STUTTERERS	436
LXIV. I.Q. DISTRIBUTION OF STUTTERERS	437
LXV. AGE OF ONSET OF STUTTERING	441
LXVI. BEHAVIOR TRAITS OF JEALOUS AND NON-JEALOUS CHILDREN	461
LXVII. CHARACTERISTICS OF THE SOCIAL ENVIRONMENTS OF JEALOUS AND NON-JEALOUS CHILDREN	463
LXVIII. PSYCHOSES OF CHILDREN UNDER 19 ADMITTED TO STATE HOSPITALS	519
LXIX. PERCENTAGE OF MANIC-DEPRESSIVE CASES HAVING NERVOUS AND MENTAL DISEASES IN DIRECT ANCESTRY OR IN COLLATERALS	547
LXX. FREQUENCY OF VARIOUS EYE DISORDERS AMONG CHILDREN IN SIGHT-SAVING CLASSES	561
LXXI. PERCENTAGE OF CHILDREN OF VARIOUS AGES WITH SPECIFIED REFRACTIVE CONDITIONS	567
LXXII. EYE DEFECTS FOUND IN PRE-SCHOOL CHILDREN	569
LXXIII. DISTRIBUTION OF VISUAL ACUITY BY AGE	569
LXXIV. NUMBER OF BLIND CHILDREN	570
LXXV. PERCENTAGE OF VISUAL LOSS FOR VARIOUS ACUITY FRACTIONS	572
LXXVI. INTELLIGENCE OF VISUALLY DEFECTIVE CHILDREN	574
LXXVII. INTELLIGENCE OF BLIND CHILDREN	576
LXXVIII. APPORTIONMENT OF BLIND AND OF THE GENERAL POPULATION IN THE MAJOR OCCUPATION CLASSES, 1920	582
LXXIX. DISTRIBUTION OF CAUSES OF DEAFNESS	586
LXXX. SUMMARY OF SURVEYS OF HEARING WITH THE 4-A AUDIO-METER	587
LXXXI. AGE AT WHICH HEARING WAS LOST	588
LXXXII. EQUIVALENCE OF AUDIOMETER AND WHISPER TESTS	590
LXXXIII. RELATION BETWEEN INTELLIGENCE AND HEARING LOSS	591
LXXXIV. DISTRIBUTION OF INTELLIGENCE OF THE INDIANA SCHOOL FOR THE DEAF	593



LXXXV. COMPARATIVE SCORES OF DEAF AND HEARING CHILDREN ON THREE PERFORMANCE TESTS	593
LXXXVI. INCIDENCE OF EPILEPSY BY AGE	614
LXXXVII. FREQUENCY OF DIFFERENT TYPES OF EPILEPTIC ATTACKS	615
LXXXVIII. COMPARATIVE PERFORMANCE OF EPILEPTICS AND NON- EPILEPTICS	617
LXXXIX. I.Q. DISTRIBUTION OF CRIPPLED CHILDREN	633

## LIST OF FIGURES

1. STADIOMETER	<i>facing p.</i> 16
2. HAND DYNAMOMETER	17
3. WET SPIROMETER	<i>facing p.</i> 20
4. RADIOMETER	21
5. HEALY PICTURE COMPLETION TEST II	<i>facing p.</i> 70
6. PINTNER-PATERSON PERFORMANCE SCALE—LONG FORM	<i>facing p.</i> 72
7. MATERIAL FOR THE GESELL DEVELOPMENTAL SCHEDULE	<i>facing p.</i> 76
8. TYPICAL CURVES OF ANTHROPOMETRIC MEASURES	119
9. DIAGRAM OF THE CIRCULATION OF THE CEREBROSPINAL FLUID	135
10. SOCIAL MALADAPTATIONS OF A FEEBLE-MINDED WOMAN	147
11. RELATIONS OF LANGUAGE ABILITIES	187
12. EYE PAUSES OF A GOOD SIXTH-GRADE READER	193
13. EYE PAUSES OF A POOR SIXTH-GRADE READER	193
14. MIRROR WRITING	222
15. INCIDENCE OF SPEECH DEFECTS BY GRADES	428
16. MANIC-DEPRESSIVE PSYCHOSIS TYPES	540
17. CROSS-SECTION OF THE HUMAN EYE	558
18. DIAGRAM OF LIGHT RAYS IN REFRACTIVE ERRORS	562
19. APPEARANCE OF PAGE TO THE ASTIGMATIC EYE	564
20. SNELLEN VISUAL ACUITY TEST CHARTS	571
21. LONGITUDINAL SECTION OF THE EAR, SCHEMATIC	584

## PART I

# METHODS