

TRUANCY.

By J. M. PARTRIDGE.

Fripp Fellow in Child Psychology, Guy's Hospital,

TRUANT is an old French word meaning "vagrant", and the term "truancy" means "unlawful absence". The study of truancy in children is chiefly concerned with wandering, staying out from home, and staying away from, and refusing to go to school.

As the prevention of unlawful absence is an essential factor in all discipline, it might be expected that truancy would be commonly associated with delinquencies of other kinds, and this is in fact the case. A study of this matter, therefore, is not without importance in child psychiatry.

Although passing mention is often made in the very large amount of literature that has accumulated on juvenile delinquency, it appears that comparatively little attention has been paid to truancy itself. Williams (1) has emphasized that delinquencies (including truancy) are not to be met by routine and simple punishment, since underlying factors, both hereditary and environmental, render these complex matters demanding study of individual cases.

Dayton (2) has also stressed the varieties of factors causing delinquency and gives special mention to maladjustment at school, lack of recreational facilities, poor home conditions and poor physique. He further stresses that inferior intelligence is only an indirect cause of delinquency, and in truancy is of less importance than may be generally supposed.

Many authors lay particular emphasis on this intelligence factor. Mercer (3) studied 85 white Ohio delinquents, and found that 37 were truants. Only 12 of the whole number showed satisfactory school adjustment; 26 were doing too difficult work, 2 were doing too easy work, and 75 showed an intelligence quotient below the normal. McElwee (4) found that in 110 New York river-front truants nearly half were of the borderline group, between dullness and actual defect, in intelligence, and that the median amount of school retardation was two terms. Haase (5) found that of 79 systematic truants 74.5% had repeated a grade one or more times as compared with 38% of the whole school population who showed that amount of retardation. Of the truants, 45.6% were children of unskilled labourers, as compared with 24% of the whole school population. 34.9% of the boys and 8.3% of the girls had truanted at one time or another.

Kirkpatrick and Lodge (6) found that in a series of 752 truants, 481 were boys and 271 were girls. The ages ranged from 6 to 17, with a peak for both

girls and boys at 16, although the girl truants tended on the whole to be a little older than the boys. 25% of the group were 2 years retarded, 22% 1 year retarded, 16% 3 years retarded, and 7% 4 years retarded. Only 7% were at the average level for their age.

Some authors, on the other hand, have laid stress on factors other than intelligence. Lippman (7) has urged that neurosis is a more potent factor in delinquency than has hitherto been recognized, and Broadwin (8) has drawn attention to a particular type of truancy which is part of an obsessional neurosis. Mention of this will be made later in considering our own series.

O'Connor (9) has made observations on 119 truants with a control group, keeping in view both the intelligence and the personality traits, but no conclusions are proffered as to the relations between the two.

Mention is made of truancy in various text-books, but no exhaustive survey of the matter has been found (10, 11, 12).

Truancy is in no sense a clinical entity, but a symptom. In any case it may be a predominant symptom, or a minor one, but wherever it occurs with any frequency it usually indicates that other abnormalities are likely to be found or to be in process of development. In a series of fifty truants investigated for the most part in the Department of Psychological Medicine at Guy's Hospital, there were only three in whom truancy was the sole symptom, and in two of those three the appearance of other disorders of behaviour seemed imminent.

Lying was associated with almost every case, but the lies were for the most part of a purely protective rather than of a fantastic kind, although in some instances the excuses given were highly imaginative.

Stealing was associated with 26 cases and in most of those was habitual.

Of the habit disorders, enuresis occurred in 4 cases, faecal incontinence in 3.

Abnormal emotional states were found in 23 cases, 16 of which showed jealousy of other members of the family to an extent that was considered pathological, 6 showed states of gross over-attachment to the mother, 1 showed a general negativism.

There were signs of physical disease, apart from carious teeth, which were fairly frequent, in only 3 cases; one had eczema-prurigo, another congenital syphilis, and the third a postural kypho-scoliosis.

The connection between these various associated psychological conditions and the truancy did not in all cases appear obvious, but there was something in each case to suggest that their co-existence was beyond the possibilities of coincidence. Although an occasional truancy in a child with an adventurous turn who has no particular fondness for school life is not necessarily of ominous significance, the frequency with which truanting is associated with other disorders of behaviour and with abnormalities of the personality is suggestive.

One of the chief difficulties in the study of truancy is that of drawing from it any general conclusions. Attempts at classification are apt, as so often in psychological medicine, to leave the observer dealing with groups of one, owing to the diversity of the underlying motives. And yet this diversity is itself of value in understanding the development of abnormal behaviour. Classification according to the severity of the truancy or according to the type, whether from home, from school or from both, seems profitless, and it is therefore preferable to adopt a less simple method—that of classification according to the psychopathology. That is to say, that we shall try in each case to assess the impulses which are at work in the minds of the truants, and we shall group the cases according to what appear to be those impulses which, dominating the situations, are the main factors in determining the behaviour.

In order to reach this conclusion, it is necessary to consider the origin of the patient, his heredity, his past history, his home and his intelligence. When we have integrated these factors we shall have formed a conception of the patient, of the patient's environment and of the relation between the two. We may then be able to decide upon a reasonable conclusion as to the main factors determining his behaviour.

There are, however, two difficulties in this connection. The first is that we are not able to depend entirely on our own direct observations, but are forced to rely on information relayed to us by the relatives—on this we have to form our own opinion—and on information supplied to us by the child, who, we must remember, may be a highly unreliable witness. The second difficulty is that the child cannot as a rule tell us why he truants, partly owing to lack of verbal facility and partly because he often does not know. These two difficulties, therefore, inevitably introduce an element of speculation, and instead of dealing with objective criteria, we have to deal with what are to a greater or less extent matters of opinion. In these cases the conclusions have been reached according to what was thought to be the balance of the evidence. Lack of space has precluded the inclusion of every case-history, but typical specimens of each group are given.

UNDISCIPLINED GROUP.

Since truancy means "unlawful absence", and since the term "unlawful" implies a certain establishment of discipline, the simplest form of truancy which we can conceive is that which is the result of lack of discipline. Our truants can be divided, therefore, into those who truant because they were not subjected to discipline, and those who continued to truant despite application of disciplinary measures.

We will take as our first group those children who truant because they were undisciplined. Of the psychology of such behaviour there is little to say. It is a natural result of the environment. No child can escape discipline

entirely, and it cannot be claimed that there were no factors other than lack of discipline operating to effect the disorders of behaviour shown by this group ; but it is claimed that the lack of discipline was overwhelmingly the most important cause. There were in this series 5 truants who, never having been taught discipline, were out of control.

In 3 of these 5 cases the trouble was that the child concerned could easily manage his parents. One of them, a boy, æt. 12, was allowed to do exactly what he liked without fear of reprimand ; his parents were not at home in the morning to see that he went to school and did not care at what time he returned home. His father, an artisan, allowed the boy pocket-money varying between two and ninepence and five shillings a week. Neither parent was in the least concerned about the boy, and neither at any time attended the hospital despite the proffered arrangement of special times to suit their hours of work. The school authorities realized that some form of anti-social behaviour was imminent, and it came as no surprise that, in the course of doing just what he pleased, the boy was apprehended for house-breaking.

Another boy, aged 12, submitted quite readily to discipline at school, but was able to bully his parents into allowing him a latchkey, with which he admitted himself into his home at any hour he chose. He readily feigned repentance when rebuked, but was never punished, and the only method of dealing with him adopted by the parents was to threaten him with the police. This was singularly unsuccessful, as the boy had always managed to keep within the law. He truanted only from home, where he could do exactly as he liked.

A third boy, aged 13, stole and truanted both from home and school. He was never punished by his parents, and his stealing, originally prompted by his poverty and a feeling of deprivation due to financial lack, came to be part of a general licence which he allowed himself in the absence of any home discipline. He was wayward, with a taste for adventure, and easily led, and gradually became entirely beyond control.

The other two cases were equally out of control for different reasons ; one was a child, aged 7, whose bad behaviour was not only connived at but openly encouraged by a drunken wastrel father living apart from his wife. The father saw the children more often than the mother, who was too busy to exercise any control, as she tried to make enough money to feed the children. The last case was that of a child aged 9 who, though of normal intelligence, was the offspring of defective parents. Her mother had a mental age of 4 or 5 and had spent part of her life in a mental hospital, to which she wished to return in order to escape from her husband, of whom she was terrified. She entered the consulting-room saying, " I can't manage them, but she's been better since I slit her head open with a boot ". The child herself was surprisingly normal, but was out of her mother's control.

The likelihood of truancy in the foregoing cases is obvious enough, and one cannot be surprised that it occurred. But the other 45 cases were those of children who were not out of control, who were subjected to discipline, but who truanted in spite of it. With regard to these it may be profitable to discuss the nature of truancy further.

It may be said at the outset that truancy is a sign of a failure to adjust, and therefore it is also a reaction to difficulty. Now, a difficulty may be one of two kinds; it may be an objective difficulty, lying in the environment, or it may be a subjective difficulty, lying within the personality. Objective difficulties may be of any kind, but subjective difficulties arise in one of two ways—either through personal limitations or through conflict of motives. Thus, if we consider the difficulties with which a child is liable to be confronted, we see that there are environmental difficulties of many kinds—the cruelty of the parents, the impatience of the teacher, the poverty of the home, and so forth; and we see that there are those subjective difficulties caused by limitations of intelligence and physical defect, and those caused by such conflicts as feelings of jealousy towards other members of the family and feelings of guilt engendered by that jealousy. In addition, of course, the subjective and objective difficulties often combine, as when the hostility of an irascible and impatient schoolmaster may be aggravated by the dull intelligence of the child, or when obsessional thoughts cause a failure of concentration in school with consequent punishment.

If we bear in mind these types of difficulty, and remember at the same time that truancy is a reaction to one or some of them, it is then not surprising that truancy should be associated in some cases with behaviour disorders, and in others with personality deviations, and in yet others with both. For behaviour disorders in their very simplest form are reactions to objective or environmental difficulties, whereas personality deviations are the outcome of difficulties which are mainly subjective, and behaviour disorders also occur in persons who are the subjects of personality deviations. Further, in considering the psycho-pathology of our truants, we should be able to find some correlation between the type of difficulty and the type of behaviour, and thus gain some understanding of the motives which dominate the mind and thus determine the truancy.

With this in view, then, we will consider the remainder of our truants, those who truanted although they were not entirely unaccustomed to discipline. It is at once apparent that, in contrast to the first group, these show widely differing forms of behaviour, both as to general behaviour and as to the type of truancy. It is not until we examine the difficulties with which these 45 truants were confronted that we see that, in relation to the difficulties, a certain uniformity of behaviour is to be found. In fact, these cases show four main types of reaction to difficulty, and they can be divided accordingly into four groups, which can be described in the following terms:

1. Hysterical.
2. Desiderative.
3. Rebellious.
4. Psycho-neurotic.

We will consider these groups in turn.

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THE HYSTERICAL GROUP.

This group is composed of those who showed the simplest type of reaction to difficulty; that is, they ran away from it. This is a hysterical type of reaction—the “dodging” reaction, as Adolf Meyer calls it. The difficulties encountered by this group were of a single, objective kind, and the behaviour was correspondingly simple.

There were only 4 cases in this group. The first was that of a girl, aged 11, who had run away from her boarding-school. She was being taken to the dentist on one of a series of visits. She much dreaded the dental drill, and eluded her escort on the very threshold of the consulting-room. She had hoped to board a train for her home town, but was brought back to the school by the police. On a previous occasion she had escaped from her parents when about to be put on the train to return to school at the beginning of term, and on yet another occasion she had stayed out of school and had gone instead for a walk with another girl. The girl showed no abnormalities other than a difficulty in standing up for herself, probably attributable to her having been dominated too much by her mother. Her reaction appeared to be a simple one of running away from difficulty.

The second case was that of a boy, aged 9, who stayed out from home on a number of occasions, on each of which he dreaded punishment for misdeeds from a severe stepfather whom he feared and detested. He also truanted from school on another occasion when he feared further punishment from a master to whom he had spoken over-boldly following a punishment which he considered to have been unjust. This reaction was a simple one of running away from difficulty.

A boy, aged 14, of a rather solitary nature and given to apprehensiveness, which he tried to repress, ran away during his first few days at a public school. On his arrival he had been thought to look unwell, and had been isolated from the other boys for the first day and a half. On the third day he attended chapel with the others, but disappeared shortly afterwards; it transpired that he made his escape just before luncheon, which he had felt would be something of an ordeal. He appeared to have an amnesia for the period from the time of his running away until his discovery at an hotel in his home town; but under a mere pretence at hypnosis he recollected the train of events perfectly well. It seemed that he had been overwhelmed by the prospect of adjusting himself to life in a strange place with hundreds of other boys, had run away from the difficulty, but on reaching home had hesitated also to face the difficulty of meeting his parents and so had stayed at an hotel. His escape, his hesitation over returning home, his amnesia were all examples of the simplest type of reaction to difficulty.

A girl, aged 11, stayed away from school for a number of days before it was discovered that she was playing truant. Her reason was that she had embezzled the money she had been given for milk, and had obtained the milk by forging a note to say that her father was on reduced wages. When she knew this had been discovered she stayed away, fearing both punishment and disgrace. This was a reaction to difficulty of a simple kind, and her truancy was thus of the hysterical type, though her stealing, which led to it, was behaviour of a kind described in the next group—a desiderative type of behaviour.

The motivation in the undisciplined and hysterical groups, which we have now discussed, is simple and easy to understand ; although the policy of running away from difficulty is a short-sighted one, it is not unnatural ; it does not involve any deep emotional processes, but is a reaction of a very simple type.

DESIDERATIVE GROUP.

In considering the behaviour of what we have termed the "desiderative group", we see, however, that the problem is assuming a greater complexity. The motivation underlying the behaviour of this desiderative type is often obscure, but just as the hysterical type of reaction is intelligible only when considered in relation to the difficulties to which it is a response, so does consideration of the difficulties throw a certain amount of light on the desiderative behaviour. The behaviour of this group appeared, in the main, to be designed to fulfil a want ; the wants were in some cases material, objective wants, but in some cases they appeared to be of an abstract kind, lying in the minds of the children and therefore subjective.

"The thirst that from the soul doth rise
Doth ask a drink divine."

And the behaviour appears often to have been the expression of an inner need. It is for this reason that the term "desiderative" has been used. This is derived from the Latin *desiderare*, meaning "to long for", "ardently to desire", and sometimes used in the sense of "to miss", or "to recognize that something is missing". The noun *desiderium*, declared by some scholars to be beyond translation, means something more than longing; it is rather "a craving", "a yearning". Some persons may prefer the term "libidinous" as being already in general psychological parlance, but the other is thought preferable in this connection, both because it is more exact, and because it avoids confusing associations with Freudian complexes, with sexuality and sensuality, between which and truanting the connection might seem elusive.

We shall see something of the nature of these inner needs in considering the cases. There were 15 cases who showed behaviour of a desiderative kind, and these had varying needs and hence showed varying behaviour.

The simplest type of behaviour was that which consisted merely of staying out at night, and this was the response to a simple need. There were three such cases.

The first was that of a boy, aged 12, illegitimate, of dull intelligence and easily led, who lived with a blind foster-father, aged 71. The foster-mother had died when the patient was aged 8. The boy naturally preferred play in the streets to the long evenings at home, for the foster-father, though affectionate and indulgent, was hardly companionable. The neighbourhood was rough and gang play was becoming common ; money was short, recreational

facilities were few ; subsequently the boy, having often borrowed bicycles, stole one. In this case one thing led to another, but on the whole the behaviour, considering the shortcomings of such a life for a boy of 12, was almost exemplary ; it plainly expressed his wants.

A similar case was that of an illegitimate boy, aged 9, living with an irascible crippled grandfather, aged 66, grandmother, aged 65, and their daughter, aged 34. They were fond of the boy, but too old to be enthusiastic over his upbringing ; their attitude was well reflected by a remark of the grandmother's : " Yes, I think I have heard him say he plays cricket." The boy found better company and an escape from his repressing grandfather in playing in the streets. This led to his staying out late in order to prolong his hours of enjoyment.

An illegitimate girl, aged 9, having had an unsettled early life, had come to live with her aunt, uncle and grandmother. She became used to discipline gradually, but would allow herself occasional indulgences in the form of staying out from home to enjoy more companionable company among her school-friends in the street.

In these three cases the home situations were clearly unsatisfactory to young children. In at least two of the three cases there was a comparative lack of affection, the illegitimate children having been accepted by the relatives from a sense of moral obligation ; in none of the cases was there suitable companionship at home. It is easy to see how the children would tend to escape for their amusements into the streets, and how the philosophy of the streets might become the main influence of their lives.

In many of the other cases the wants were both more numerous and more complex. In 10 of the 15 cases there was an evident lack of affection in the child's life ; in 8 cases there was an unequal distribution of favours in the home ; in 2 cases there was affection but a lack of companionability ; in 3 cases there was a lack of continuity of environment, causing difficulties in re-adjusting to new situations ; in 2 cases the early discipline had been so inadequate that control was rendered inordinately difficult ; and in 2 cases so much discipline was attempted that there was inadequate freedom for self-expression.

In all the cases two at least of these factors were combined, and the following indicate the type of situation that was found :

A girl, aged 12, was referred for disobedience, stealing, lying and truancing from school. She had had an unsettled early life, and had been in several homes (as to the pleasantness of which there is some doubt) for varying periods between the ages of 18 months and 8 years. This was due to her tuberculous mother's frequent visits to sanatoria, between which the child would return home. When the child was aged 8, her mother having died, she came to live with her father, a housekeeper and the housekeeper's son, also aged 8. There was very considerable quarrelling between the children, but after a year, when the girl was 9, the father married again. All went well until another child was born, at which time the patient was sent for six weeks to stay with her grandmother, whence she returned " like a wild animal ; they'd let her do anything she liked ". She became markedly disobedient, and though this

change persisted for two years, it was attributed by the stepmother solely to those six weeks of relaxed discipline. It appeared that the truth of the matter was that the girl resented the arrival of the baby, owing to which the attention she received from her stepmother, never very great, was of necessity even less than before. She felt "left out".

The mother admitted the jealousy between the children, but did not appreciate its significance. There was some further friction in the home, for the father, an intensely suspicious and rather sadistic man, did not co-operate with his second wife.

After a year of disobedience and negativistic behaviour the girl started some petty pilfering from home and school, which culminated in her carrying out operations in a big way. She stole by gradual degrees £3 10s. from a pile of notes, one by one, until the pile was finished. She also broke open a cupboard and stole a further pound. When the loss was discovered the girl showed herself much interested, speculated as to the possibilities by which it might have occurred, asked the neighbours if they had seen suspicious persons about, and so forth. Detectives were actually called in and suggested pointedly that the first step in detection was to exclude the possibility of the culprit being a member of the family. The truth gradually dawned upon the stepmother, but the father flew into a rage at her idea, said that she was biased against the child, and started making arrangements for a separation. It was, however, finally established that the patient had stolen the money, part of which she had hidden in a chimney, whence it is still irretrievable, and part of which she had spent during three glorious weeks of truanting from school, at the end of which she forged a note to say that she had been suffering from influenza.

On being interviewed the child was small, pale, worried and inhibited, with an I.Q. of 118. She was quite friendly, admitted the theft, and relapsing into floods of tears and remorse said she had been terrified by the arrival of the police, and though she had managed to carry off the situation, had thought she would be sent to a reformatory. She had no friends at school and, apart from two aunts, no contacts outside the home. She was exceedingly unhappy, and what her stepmother had taken for wicked indifference was in reality an elaborate mask. She admitted that several stories which she had told to her aunts of her stepmother's cruelty were quite untrue.

The child's wants were evident. She lacked affection, she lacked companionship, she wanted the attention which was being absorbed by her infant half-brother, and she wanted to express the resentment which she felt at his intrusion. Her repeated changes of home and surroundings had made repeated demands on her powers of adjusting to new situations, so that she had been subjected to no lasting influences, but always to change. This was not a good background for the development of a stable personality. It is presumed that her behaviour was an attempt to fulfil these wants; her disobedience drew attention to herself and thus distracted it from her half-brother; the stories of her stepmother's cruelty which she invented were demands for sympathy; her stealing was an indulgence to compensate her for her sense of deprivation, and both this and her truancy were probably expressions of her resentment against the baby, for she could not revenge herself on him if she stopped short

of murder, but vengeance on her family and on the school were better than no revenge at all. It is difficult to say how far this motivation was conscious and how far it was unconscious, but the behaviour appears to have been designed to fulfil the wants of the situation, and therefore has been termed "desiderative".

Another case was that of a girl, aged 12, who was referred for stealing, truancy, lying and "odd behaviour", which appeared to consist of hiding various objects such as bread-boards and bottles about the house and mixing the contents of medicine bottles. She lived in poor circumstances with her mother and a brother, aged 8. Her father, to whom she had always tended rather than towards her mother, had died when she was 6. The young boy had always been the mother's favourite, and after the father's death, which he was too young to remember, she lavished her affection upon him. He was a bright, bouncing, pert, intelligent and capable child. The patient was fat, dull (I.Q. 85), awkward and unattractive. The boy petted the mother and was petted reciprocally. He was very successful at school and the world admired him. Over the years, in face of this uneven competition, the patient withdrew and withdrew. She started by ceasing to show affectionate behaviour towards her mother, who, when she said, "You haven't kissed me good-night", received the reply, "What's the use of kissing; you can kiss Frankie". She became negativistic and lost all zest for life, so that the contrast between the two was heightened. After a time the girl began to steal, and exercised much ingenuity unsuccessfully to conceal petty pilfering; she began to be disobedient, independent of the mother's feelings, to stay out from home and to refuse to go to school, in which matter she took full advantage of her mother's absence at work at 9 a.m. and 2 p.m.

Here, again, the patient wanted affection and attention, neither of which she had in satisfactory degree; she resented her younger brother's monopoly and wished to express that resentment. She was also short of money. Her behaviour enabled her to express her resentment through grumbling, occasional violence, and disobedience, by which also she drew attention towards herself. The mixing of the contents of medicine bottles presumably served the purpose of an act of aggression. Her stealing was conducted partly because she was very poor, and partly to compensate herself for the shortcomings of life; she possibly hid bottles about the house to satisfy an unconscious wish to have something of her very own which she could cherish without the interference of others. Her behaviour seems thus to have been an indulgence designed to compensate her for her feeling of inferiority, of jealousy and lack of maternal affection.

Analysis of the other 10 cases of this desiderative group shows similar motives underlying the behaviour. In some cases the wants were simpler, as in the case of a boy who ran away on a Speech Day from the public school, to the life of which he found difficulty in adjusting, to seek consolation from an aunt whom he used as a substitute for unaffectionate parents, when the parents

had suddenly revoked their decision of coming down to the school to see him and to take him out. In other cases the connection between the truancy and the wants is more elusive, but in every case the behaviour considered as a whole appears to have been designed to fulfil wants of one kind or another, and is therefore considered to be of desiderative type.

Now we have already said that truancy is a reaction to difficulty, and further that difficulties are of two kinds, objective or lying in the environment, and subjective or lying within the personality. Desiderative behaviour may be considered as a reaction to objective difficulty, since it is an attempt to compensate for an unsatisfactory home environment. But in order fully to understand it we must also consider whether there may not be further difficulties, either objective ones in the school life or subjective ones in the personality. Consideration of the cases shows that in a considerable number these further difficulties did in fact exist, but on the other hand, it would appear that these were secondary factors, and that the prime cause of the behaviour lay in the home situation.

Three of the cases truanted only from home, 4 only from school, and 8 from both. It might have been expected that the difficulties of school life would have proved a major factor in those who truanted from school only, but that does not appear to have been the case. If the school were the major factor in the truancy, one would expect to find in the history one of two things, or a combination of both, namely backwardness, or a failure to adjust socially. We might therefore take as our criteria of adjustment at school the following points :

1. Ability to make friends.
2. Ability to keep friends when made.
3. Age of friends, whether the same age, or older or younger than the subject.
4. Ability to tolerate discipline.
5. Type of play shown.
6. Academic record.

By considering these various factors we should be able, in each case, to arrive at some conclusion as to whether or not the subject were properly adjusted. In fact, in all 15 cases of the desiderative group, with the possible and doubtful exception of one, there were signs of poor adjustment. All, except the one mentioned, were markedly solitary, and all tended either to be inhibited or to be unduly rough in play. The academic records were poor in 8 cases, average in 6 and good in 1. The intelligence quotients showed :

Seven cases in the dull and backward group (I.Q. 70-90) ;

Six in the average group (I.Q. 90-110).

Two cases were of superior intelligence (110 and over). But, of the group who truanted only from school, 1 was of superior intelligence and 3 were average. On the other hand, of the 7 dull and backward children, 2 truanted

from home only, and 5 both from home and from school. Thus, there does not seem in this desiderative group to be any direct relation between the feebleness of the intelligence and the truancy from school; rather is there a general inability to adjust. Nor is there any special feature in those cases who truanted from school only which would point to their school adjustment being any worse than those cases who truanted from home only, or both from home and school. We must conclude, therefore, that the school is not a major factor in producing the truancy, even in those cases where the truancy was from school alone.

With regard to the subjective difficulties, it appears that these, too, play a secondary part in determining the desiderative behaviour. Three types of subjective difficulty were found in the desiderative group:

1. Limitation of intelligence.
2. Instability of temperament.
3. Emotional inhibition.

Limitation of intelligence did not appear to play an important part in determining the behaviour; and although 7 of the cases were in the dull and backward group, 8 of them were not.

Instability of temperament, apparently of a constitutional kind, was observed in 1 case, and this played a certain part in antagonizing the guardians and thus producing environmental difficulties; it was associated with a marked deterioration of intelligence between the ages of 8 and 13, and was perhaps referable to congenital syphilis.

Emotional inhibition of a marked kind was observed in 1 case, probably attributable to repression in early life, during which the patient had been almost entirely neglected by her parents; this caused her to have difficulty in responding to any affectionate overtures offered by her guardians, and thus to feel shut out from the family compared with the other children.

But these subjective difficulties were not more than contributory factors to behaviour of which the main determinant seemed to lie in the home situation.

With regard to this question of the home situation, a point is at once evident, and that is that all of the 15 cases are seen to have held anomalous positions in their family lives.

Thus:

Seven cases were living with guardians.

Two were living with step-parents.

Three were in well-marked jealousy situations.

One was both evidently unwanted and also in a jealousy situation.

Two cases, before the jealousy or the stealing started, were marked as the bad boys of the family.

It is considered that it was these anomalies in the home situation that were the main causes of the abnormal behaviour, and this conclusion is reached for the following reasons.

Since truancy is an abnormal form of behaviour, it must be determined by abnormalities either in the child or in the environment. We have considered the abnormalities found in the children in this group, and we have seen that they are few, that they do not appear to be main factors in determining the behaviour, and that even in those cases where they exist there are abnormalities in the home situation of a kind broadly similar to those occurring in the rest of the group. We have considered the abnormalities in the school situation, and we have seen that they do not appear to be of prime importance in determining the truancy. We are therefore driven to look to the home situation for the explanation of the behaviour.

The conviction that it is here that the explanation lies is strengthened by the experience that behaviour of a broadly similar kind, although it may be without the truancy, occurs in other cases in similar home situations, and further that if the circumstances are favourable enough to allow of re-adjustment on a satisfactory basis, then the abnormal behaviour does not continue; that is to say that when the wants are fulfilled the abnormalities of behaviour cease.

It remains, then, if we are properly to understand the nature of desiderative behaviour, to correlate the type of behaviour with the type of environmental abnormality; we may then be able to trace the development of the behaviour, and to make some evaluation of the importance of the underlying factors.

In trying to find the precise relation of the behaviour to the want we shall see that in some cases this is fairly plain, but that in others it is so elusive as to necessitate the introduction of theory and speculation. The reason for this lies partly, as has been said, in lack of verbal facility causing the child to have difficulty in self-expression; and partly in the fact that children, lacking standards of comparison by which to judge whether their home lives are satisfactory or not, and therefore even less capable than adults of analysing their dissatisfactions, are in this connection impelled by motives which are either unconscious or only partly conscious. This causes an apparent irrelevance in the behaviour which makes it seem puzzling.

Nevertheless, from considering the environments of the 15 cases in the desiderative group, we can formulate the following as being things that the children need, i.e., as desiderata:

1. Affection.
2. Personal interest.
3. Equality of rights in the home.
4. Reasonable freedom of self-expression.
5. Continuity of these.

Further, as we have said, there was an evident lack of affection in 10 of the 15 cases; there was considerable affection, but lack of personal interest, i.e., companionability, in 2 cases; there was lack of equality of rights, i.e., an unequal distribution of favours, in the home in 8 cases; there was inadequate

freedom of self-expression in 2 cases ; there was lack of continuity of environment in 3 cases.

It appears then that the behaviour of the desiderative group exemplifies the results of the lack of any one or of any combination of these basic needs. Thus :

1. Lack of affection may have endless combinations of effects on the child mind, the ramifications of which are too wide to trace here. But in considering the matter in very simple terms, it may be said that children sense indifference on the part of the parents at an extremely early age, and the childish will-to-power, desire for attention—whatever it may be called—may cause the child to make tremendous demands in an environment where it remains unsatisfied. The child thus becomes “troublesome”, and may cause the parents’ indifference to verge upon or to become antagonism ; feeling repulsed, he may later become withdrawn, concealing his feelings, and hence unresponsive. This may lead to his developing, as the result of his aggression, a desire for revenge, so that he may become negativistic and intolerant of discipline. The child will then rebel, and from rebellion any form of anti-social behaviour may develop.

2. Lack of personal interest may, like lack of affection, have results expressed in the couplet :

“ I care for nobody, no not I,
If nobody cares for me.”

And it may lead to a reciprocal carelessness of society with disregard of discipline.

3. It is easy to understand how a child feeling that he is, compared with other members of the family, receiving insufficient, may be led to compensate himself by petty theft or the pleasant breaking of an irksome rule. He may feel materially in want, or the want may be an abstract one. He may pilfer things of value, or he may take things useless in themselves, but which none the less he can keep for his very own as something gained from an ungiving world, something which he can gaze at or secretly admire. He may even hope to gain the affection which he lacks by giving to friends or parents the fruits of his theft. Further, if he cherishes a sense of injustice he may by stealing or rule-breaking be expressing his aggressive feelings, and bring upon himself a measure of attention which, of however unwelcome a kind, is yet better than none.

4. Too much discipline, i.e., insufficient freedom for self-expression, is clearly likely, unless the child is feeble enough to be beaten into a dumb stupor of complete subjection, to produce either open rebellion, or behaviour of some excessive kind when opportunity presents itself.

5. Lack of continuity of these desiderata is bound to cause difficulties in adjustment which the child may not at first, or ever, be able to overcome. It may therefore lead to disobedience, rebellion, negativism or flouting of discipline.

In considering these five desiderata we have laid great stress upon discipline, but it must not be thought that the child is necessarily undisciplined or rebelling against discipline before desiderative behaviour can be shown. That is not the case. Many children show desiderative behaviour (usually in the way of quiet stealing) of a particular kind, while remaining perfectly amenable to discipline in other respects. We are here concerned, however, with desiderative behaviour involving truancy, and in this group where truancy appears to be part of a desiderative reaction there seems to have been considerable disobedience and refusal to submit to disciplinary measures. That is to say, that the above outline of the way in which desiderative behaviour may develop is true of this group of these cases, but is not to be taken as necessarily true of the development of desiderative behaviour in other cases.

Now misbehaviour, developing in this way, easily becomes a matter of habit. For the child who has not developed a conscience, or a super-ego, or whatever it may be called, there is no difficulty in persistent misbehaviour. For the child who has developed a conscience the path appears to be comparatively easy once the scruples have been overcome the first time. The power to overcome the conscience becomes greater with practice, and casual thoughts of disobedience or of stealing may become real temptations. Further, once one form of misbehaviour has been indulged in, the weakness or diminished strength of the super-ego leads more easily to misbehaviour in other directions, and the whole restraining force is less.

It is natural, in this way, that the child should sooner or later play truant. The question of compulsory attendance plays a very large part in the child's life, which is largely determined by rules as to the time by which he is to be at school, or at home, whether for meals, for the evening or for bed. It is not surprising that when the child learns that he can become a law unto himself, when he has overcome his initial scruples and by exercising care has misbehaved without detection, he should then, since he comes into contact at once and inevitably with this tiresome restraining force of compulsory attendance, find in truancy one of his first ways of indulging his new-found power, his power of being independent of an unsatisfactory social regime.

We may conclude our consideration of this group of cases, then, by saying that certain subjective difficulties (limitation of intelligence, instability of temperament and emotional inhibition) have in a few cases been contributory factors towards the truancy, but that the basic factors have lain neither in the children themselves nor in the school, but in the home situation. Analysis of the case-material of this group has shown that these essential factors may be expressed in simple terms of what the children need ; that these needs are five

in number—affection, personal interest, equality of rights, reasonable freedom, and continuity of environment ; and that in the absence of any one or more of these it is likely that desiderative behaviour may ensue.

It would be rash, on the basis of 15 cases, to lay down any general rules, but it may be tentatively suggested that if these conditions, together with reasonable discipline and an adequate economic status relative to the environment, obtained in all homes, the incidence of juvenile delinquency would be very much diminished.

In this group, 3 cases truanted from home only, 4 from school only, and 8 truanted both from home and from school. Since the behaviour is an attempt at an independence of an unsatisfactory social system, it is likely to become worse as the child naturally gains independence of the family life by increasing age, stature and familiarity with the world ; this perhaps explains why the beginnings of the desiderative behaviour (e.g., stealing, disobedience, negativism, unmanageability at school, failure to make friends, etc.) may appear some time before the truancy. The truancy demands a greater measure of moral courage and independence, and that is perhaps the reason why it did not occur in this group until the ages of 8 (1 case) and 9 (5 cases), although other manifestations had been present for some time before.

In this independence, or refusal to identify with the social system, it seems that there is some element of aggression ; it is possibly for this reason that the truancy is observed nearly three times more often in boys than in girls.

REBELLIOUS GROUP.

We come now to our next group, which shows behaviour of a type which we have called "rebellious". This rebellious group is so named because rebellion is the most striking feature of those truants who comprise it. It is not thought that there is any fundamental difference between this group and the foregoing one ; rather is the one a development from the other. It appears that the behaviour of these children of the rebellious group had been originally of a desiderative kind, and that this, leading to long-continued disobedience and to misdemeanours such as stealing, of which the true nature was never understood by the parents, had caused a state of such dissension between the truants and their environment that any harmony of life became impossible. When the abnormalities of behaviour had first started, the attitude of the parents had been one of apprehension and dismay ; with the continuance of such conduct it had become despairing and unmistakably hostile. This hostility the children had begun cordially to reciprocate, so that the atmosphere was charged with hatred, mistrust and rebellion. It had begun, therefore, to be expected that the children would behave badly, and the children were, in consequence, not slow to fulfil that expectation. Their chief difficulty in life had become something much greater than an inner need, a feeling of want ;

it had become an objective environmental one—the antagonism of those who looked after them. They had begun to find life intolerable, and they asserted themselves against it. In the worst cases they rebelled with a pugnacity, with a calculated disobedience, with a wilful obstreperousness which drove the parents to despair, and they continued their warfare with a pertinacity that commands admiration.

There are, of course, grades in such a process of development. In the desiderative group, although disobedience and staying out from home can hardly be anything other than overt, the grosser forms of misbehaviour such as stealing, onslaughts on other children, truancy from school, etc., were for the most part conducted with discretion and fairly unobtrusive; there was an element of deception. On the other hand, in the rebellious group the warfare was in many cases open and determined and always obtrusive. Though the children might lie in denying their misdeeds, this was more or less of a formality, either a design to avoid punishment, or a lingering concession to the social system from which they sought emancipation. But between these two extremes there were some intermediate cases which seemed to show the trend from the desiderative to the rebellious.

These cases that were considered to be intermediate were three in number. We will quote one as an example.

A boy, aged 7, was referred for truanting from home, stealing, sleepwalking and enuresis.

He lived in very poor circumstances; he had two sisters, aged 16 and 9, and two brothers, aged 9 and 3. His father was an habitual criminal who spent most of his life in prison. His mother was an intelligent woman, separated from her husband, and always dreading that the husband would find her whereabouts and that the children had inherited his criminal tendencies. The eldest boy had replaced the father both as head of the family and in the mother's affections, and he thus tyrannized over the other children and shut them out from their mother. He particularly turned his attention towards the patient, with whom he slept and whom he bullied atrociously at nights.

The patient took to truanting partly as an attempt to escape from, and partly perhaps as an active protest against, this torment. His stealing was probably of a desiderative kind, for he felt that he lacked both maternal affection and material comforts. In addition, there was always the shadow of the father's possible return which hung over the family alarmingly; the mother dreaded it, the eldest boy feared social ruin. It was not the sort of atmosphere in which tempers are likely to remain even, and the patient gradually became more and more unmanageable.

When the position was explained to the mother at the hospital, she showed good insight and handled the situation well. The elder boy was approached by letter with surprisingly good result; he took to championing and shielding the patient, though he later turned his unwelcome attention to the younger sister instead.

With this family re-orientation the patient's symptoms disappeared, except for the enuresis, which persisted, possibly as a lingering revenge against his brother.

This case might have been included in the desiderative group were it not for the fact that it appeared to be not so much a reaction to want as a protest against tyranny, and the behaviour was therefore of a rebellious kind. But the child was not a confirmed rebel, and responded with remarkable readiness when the tide of events turned in his favour. He had been ready to respond all the time. On the other hand, had the state of affairs continued he might have become a confirmed rebel when he had antagonized all with whom he came in contact.

The other two intermediate cases showed a similar trend from the desiderative to the rebellious; they rebelled often but not perpetually. Both were girls, both were markedly aggressive and markedly backward, and both showed that difficulty in controlling their aggressive behaviour that aggressive and backward children so often do show. It is as though this type of child had more to control than other children, and less with which to control it. Both were in jealousy situations, both had been in residential homes and had had unsettled early lives. Each had found out that she could get her own way at home by violence. Hence, the girls showed sporadic rebellion, by which they relieved their aggression, gained whatever they wanted, which compensated for their jealousy, and were mistresses of the situation. At such times they were quite unmanageable.

When we consider the rebellious group itself, we see that the attitude of rebellion is, on the whole, much more persistent. The group can be divided into two parts, consisting of those who rebelled against home and those who rebelled against school. If we consider first those whose behaviour was a rebellion against the home circumstances, we shall see that the situations found were much the same as in the desiderative group.

An extreme example of the type of situation found is shown by the following case:

A boy, aged 9, was referred for truancy from home and school, stealing, destroying letters and habitual disobedience. He was the illegitimate child of an unintelligent mother. He had spent the first 16 months of his life in an institution, and had then lived with his mother, who was in service, until he was aged 4. She then married, and since neither she nor her husband were interested in the boy, he lived in another institution until he was aged 8, when his stepfather unfortunately fell out of work and there was not enough money to pay the charges of the institution. He therefore returned to his mother and stepfather who, at the time of the referral, had two children, aged 2 years and 2 weeks respectively. The patient from the start had been considered a nuisance, and not the slightest interest was taken in him other than punishing him with undue severity for mild misdemeanours. Always made to feel in the way, always contrasted with the younger child, who was too young to commit many misdeeds, he was entirely rejected by both mother and stepfather, and at home had no affection, no companionship, no toys, no money, no amusements. At school he did not do well; he found it difficult to make friends, and felt it a disagreeable change from the school at the institution

where he had done well and been happy. He had an intelligence quotient of 84, and was frequently in trouble.

He rebelled against this situation by staying away from school, wandering, and repeatedly staying out at night. He would sometimes sleep out, no one knew where; sometimes he would creep into the tenement where he lived in the small hours and sleep on the landings. He stole, mainly from home, and performed such acts of aggression as deliberately infuriating his stepfather in spite of thrashings, and opening letters addressed to other members of the family. His mother, on being asked if she felt any responsibility towards him, replied, "None whatever". The boy, on being interviewed, was miserable and depressed, but a spirited person and surprisingly responsive. He said that he much disliked his mother, stepfather, half-brother and half-sister, and that the thing he wanted most was to get back to his institution.

In such circumstances it was futile to attempt any treatment, and the boy was finally returned to the residential home, where, as before, he did well.

This case was possibly the most extreme example of unhappiness in the home situation found in this group, but in all the other 6 cases of children who were rebelling against the home situation there was the same element of hostility, if in lesser degree, felt towards the child by the parents.

Two of the 7 children were illegitimate, and 5 of the 7 were living with step-parents or guardians. In all 7 cases great antagonism had developed between the children on one hand and the adults of the family on the other. The adults had shown lack of sympathy and understanding, shortness of temper and impatience; from this had developed a gradual hostility and regret that they were saddled with the liability of the child. Their rejection had been evident almost from the outset. Thus, all 5 of those cases living with step-parents or guardians showed lack of affection; and, in fact, the two children of this group who were living with their own parents were in no better case.

In one of those two cases there was intense domestic disharmony owing to a drunken father who habitually beat the mother. A person of little initiative, she frequently went to the Court Missionary but never took his advice, and though she wanted a separation, would never muster the courage to get one. In addition, she was in love with a man married to one of her nearest friends. The home was poor, the finances worrying, and the boy rebelled against the perpetual friction and high temper of the home, with its poverty and frequent beatings, by staying out, stealing and violent disobedience.

In the remaining case the child had been conceived by mistake, was rejected by both parents, and being by nature aggressive and rather unintelligent, violently resented the desultory and indiscriminate discipline to which he was subjected. He carried this resentment of authority to school, where he was difficult, disobedient and truculent, and he rebelled both against home and school by continually running away and wandering.

Thus, in all those cases rebelling against home, whether living with their parents or not, we see in the home life the same want that we found in the desiderative group, namely, lack of affection.

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With regard to the other desiderata that we have considered in connection with the previous group, we see that in this rebellious group also much the same position obtains.

Thus, 5 out of the 7 children were living alone with the hostile adults, and in the other 2 cases parental attention and interest tended to be focused on younger children who were not old enough to be companions for the patient. There was, therefore, lack of personal interest and of companionship.

Lack of equality of rights in the home was not an important factor in this group, but nevertheless it probably operated to produce resentment in the mind of the child in 2 of the 7 cases.

Lack of continuity of environment was an important factor in 4 of the 7 cases. It was important not only because the various changes to which these 4 children were subjected caused them to have difficulty in adjusting to new situations, but also for another reason—that is, that it appears that children, when released from residential homes and returned to family life, often tend to show certain excesses of behaviour. This happens for two possible reasons firstly because they are again individuals rather than parts of a disciplinary organization, and hence tend to emphasize their individuality, and secondly, because they wish to find out how far they can go without alienating the adults, and so test the genuineness or otherwise of the affection shown them. Several of these children succeeded in showing the shallowness of the apparent affection of the step-parent by this method.

Thus, we see on consideration of the case-material that the same conditions obtain in the rebellious group as in the desiderative, and that there are the same wants in the home environment. But in the rebellious group it would appear that lack of affection has been a factor even more important in determining the behaviour than it was in the desiderative group, and that the other factors are here subsidiary.

We come now to those cases whose rebellious behaviour was directed *against the school*. There were 6 of these cases, and the motives underlying their behaviour were diverse.

It is easy to understand that a high-spirited child, with an appetite for life and easily led, may occasionally escape from school in the hope of finding something more exciting. This is the more likely to happen if the child is of dull intelligence and shows no great fondness for academic study. It is on the whole surprising how seldom this happens, unless the reason be that it is far more frequent than one supposes, but remains undiscovered. There were only 2 such cases of truancy in this series.

Both were boys, both were high-spirited, both were easily led, both were of dull intelligence (I.Q.'s 77 and 74), and the truancy in both cases was infrequent. Neither of them liked school, and one was on hostile terms with a master who had managed him somewhat injudiciously, but the main factor was the low intelligence, which caused school hours to be dull and unattractive.

The other cases were somewhat different, and showed the results of an excessive domination by the parents.

A boy, aged 13, was referred for truanting from school and for being unmanageable at home. His father, though socially and financially ambitious, was not a successful man, but he had great designs for the boy. He took little interest in him beyond a scholastic one, and his great anxiety was that his son should obtain a scholarship to a secondary school or pass the examination for a central school. Although in the average group, with an intelligence quotient of 103, the boy had not the ability for either feat, and when this became apparent it was made plain to him that he was a disappointment and a failure. He was pressed too hard at school, found the work beyond him, and was given no opportunity for success in other directions. His interest in school work therefore waned, and it appeared that he truanted in protest against the undue stress laid upon the academic side of his life by an unduly dominant father.

A boy, aged 15, of very high intelligence and at a secondary school, was referred for persistent truancy. He refused to go to school, and gave as his reason that it was too far to go and that he did not like it when he got there. These reasons are not as adequate as they may perhaps sound. Many children may dislike school and many have considerable distances to go before they get there, but it is very unusual for them persistently to refuse to go. On further investigation it appeared that this truancy was only part of a general campaign of negativism and obstinate disobedience which the boy directed against a hectoring, nagging, energetic and overpowering mother. This lady suspected, with good reason, the fidelity of her husband, and was determined that the two children should be influenced by herself and not by anyone so untrustworthy as their father. Living in considerable domestic disharmony they were thus ruled absolutely by the mother; the younger one submitted, probably on account of his youth, but the elder one had started to rebel.

It transpired that the mother ran a dispensing business, apart from her husband's employment, and that she intended her elder son to qualify as a dispenser and to work there from nine till eight. This did not in the least coincide with his ideas either of having a good time or congenial employment and he therefore rebelled.

These two cases thus show an attitude of rebellion against parental dominance; in the former the truancy was a reaction against both objective and subjective difficulties—that is, against a pompous and aggrieved father and against limitation of intelligence; in the latter the truancy was purely a reaction against an objective difficulty—a tiresome, hectoring and determined mother.

The remaining two cases of the rebellious group truanted for social reasons.

One was a boy, aged 13, who was referred for wandering. The truancy always started by his failing to appear at school, after which he would fail to return home. There did not appear to be anything in the home situation which could account for his behaviour, but on investigating the school situation, it appeared that marked social distinctions were made at the school,

which militated against the patient's happiness and success. The boy came of a large family and could not afford good clothes. He was accustomed to be told that his appearance lowered the smart standard of the rest of the class. He admitted that there were other boys no better off than he, but he said that in every 10 boys there would be 7 or 8 who formed a "smart set", and that these would not mix with the others. He was very conscious of this social distinction, which had not existed at his previous school, and he very much resented it in that it gave him an inferiority which he felt to be apparent but not real. His intelligent, sympathetic but not over-protective mother independently corroborated this, and said that she felt that the masters quite unconsciously favoured the "better class of boy" and that many of the pupils did not have an equal chance.

On his being transferred to his previous school no complaints were received, and it appears that the truancy was in this case a rebellion against a social system which the patient considered unfair and to which he refused to submit.

The remaining case was that of a boy, aged 8, of high intelligence who, owing to his family's financial losses, was suddenly transferred from a private school to a council school. Here he found it at first difficult to adjust, partly owing to certain emotional difficulties arising from a jealousy situation at home, and partly owing to the type of boy being different from that with which he had previously been in contact. He succeeded in making a number of friends, but his mother invariably disapproved of them as being too rough or too dirty and thus successfully discouraged his efforts at adjustment. This situation, together with that of unaccustomed poverty and other home difficulties, induced the boy to misbehaviour which was in general of desiderative type, but the truancy, which was a very minor symptom, appeared to be a definite rebellion against the new order of things, and the case is therefore included in this group by way of contrast with the foregoing case.

In considering those cases, then, that were rebelling against the school, we reach the rather surprising conclusion that the school was not a main factor in determining the behaviour. In the first two cases there was nothing in the school *per se* to cause the truancy; rather was this the result of the patient's own lack of intelligence, and therefore a reaction not to the objective difficulty of the school, but to a subjective difficulty. The fault lay not in the school but in the children themselves.

In the next two cases, although the behaviour appeared to be directed purely against the school, this was not really the case; the truancy was only part of a general rebellion against the parents, in which the dislike of school was a quite subsidiary factor.

In the last two cases the reaction was directed against the school, and the school was the primary cause, as far as the truancy was concerned; but this arose only because the children were transferred to different environments, one to a more wealthy school where his economic status was inadequate, the other to a less wealthy school to which he could not get used. In fact, the ultimate reason for the misbehaviour was one of the desiderata that we have already considered—lack of continuity of environment.

If we now briefly consider the whole of the desiderative and rebellious groups, together with the three cases that we have mentioned as intermediate between them, we see that of the 31 cases, 23 were boys and 8 were girls; that the ages range between 5 and 15, with a maximum incidence between 9 and 12; that the intelligence quotients range from just over 70% to over 130%; that 11 of the 31 cases were of dull intelligence, while 20 were of average intelligence or better; that taking the level of mental defect as 70%, only 2 of the cases were mentally defective.

Further, of the 31 cases, 5 truanted only from home, 11 from school only, and 15 from both home and school. Throughout all the 31 cases we find that those who truanted from school only were no less well adjusted than those who truanted from home only, and in only 4 of the whole series of cases can it be claimed that dislike of school was a major factor in precipitating the truancy; and in those 4, the factors which are ultimately responsible for the behaviour were limitation of intelligence in 2 cases, and a sudden change in environment in 2 cases. In fact, in truancy from school, the school is not the most frequent factor, but in truancy from home and in truancy from both home and school the home is the major factor.

Contributory factors are such subjective difficulties as limitation of intelligence, operating in 8 cases, instability of temperament, operating in 3 cases, excessive inhibition operating in 1 case, failure of inhibitory powers operating in 3 cases.

But these are subsidiary factors only, and the main reasons lie in the unsatisfactory home life, and are found to be lack of affection, lack of companionship, lack of equality of rights, changes of environment, lack of money and lack of discipline.

Desiderative and rebellious behaviour is, therefore, a reaction to difficulties which may be subjective or objective, or both combined. But whereas in the desiderative group the difficulties are negative quantities, things that are missing, an absence of something needed in the environment, in the rebellious group the difficulties are quite objective, namely the hostility of the adults who rule the children's world. In fact, the children understood that they were struggling against well-marked difficulties, the nature of which they were quite able to recognize, and the recognition of which lent a force and direction to their activities which was not apparent in the behaviour of the desiderative group, which was a reaction to a vague, elusive and ill-defined sense of want. Thus, the children of the rebellious group wielded to great effect the chief weapon of the juvenile armamentarium—that of being able to make the adults angry. This, of course, applies only to the persistent rebellion of those who were reacting against the home situation, and not to the casual and desultory truantries of those who for social reasons or through boredom occasionally rebelled against the routine of school.

PSYCHO-NEUROTIC GROUP.

We come now to the last group of truants, the psycho-neurotic group.

This group is composed of 10 truants, whose behaviour differed from all the foregoing cases. None of these 10 truants were undisciplined children, nor could their reactions be aligned with those of the hysterical, desiderative or rebellious group. Their truancy was not a means of dodging simple environmental difficulties, nor was their behaviour designed to fulfil the wants arising from an unsatisfactory environment, nor was it a revolt against circumstance. There was in this group no stealing, and practically no overt disobedience other than a refusal to go to school. Only one of the cases truanted from home, and that very seldom. Further, all the children seemed quite to like their schools, and were reasonably well adjusted there. Yet they refused to go.

Thus, their behaviour had certain peculiarities, and yet their environments did not seem to show any evident abnormality with which the anomalies of conduct could be linked.

It seemed, then, that the reason must lie in the children themselves, yet there were no evident limitations such as we have seen in some of the foregoing cases. Only one of these 10 children was much below the average in intelligence, nor did any of them show violent or marked changes of mood. They appeared neither stupid nor particularly unstable. But on further acquaintance it gradually became apparent that these children were subject to peculiar states of mind. It was from these that the misbehaviour arose; the origin was an inner one, the difficulty subjective. The behaviour was the result of a conflict of motives; it was endogenous, not referable to the environment.

Again, the problem arises, How far can we connect these abnormal states of mind with the truancy? The answer seems to be that there must be some relation between the two. The normal child does not normally truant. Here we have children who truant, and the only abnormality that we can detect on detailed investigation is a peculiar state of mind. The behaviour and the state of mind cannot, therefore, be independent. The discovery of the link between the one and the other is not easy, but in some cases the connection seems to have been established. Since the symptom is the same in each case, and since the states of mind show a general similarity, there is presumptive evidence of a kind that in all the cases there is a relation between the symptom and the state of mind, even though this has not been precisely evaluated.

The following case shows how truancy can arise from an emotional situation:

A girl, aged 7, was referred for refusal to go to school. She was one of twins, who lived with their father and mother in fairly good economic circumstances.

The mother was a tense, anxious woman, who had been excitable and of worrying type since her childhood; the father was a reasonably phlegmatic British working man.

The children were born at an unfortunate time, when the father was out of work and there were financial worries. This was of significance, in that it enabled the husband to ease his wife's burden and fill in his own time by looking after one of the children. This arrangement persisted more or less ever since, to the extent that the mother was wont to consider one of the children as hers, and the other as his. It is thought to be more than coincidence that the father's child was a normal girl and remained so, while the mother's child soon developed nervous symptoms. It seems likely that she reflected her mother's anxiety, which had been increased even more than usual at that time by the financial worries and unhappy relations with her own family.

The mother's child, our patient, soon showed undue timidity, was nervous of the dark, did not like to be left alone, and found difficulty in making friends with other children. The father's child had no such difficulties.

The time duly came for the girls to go to school, and both went to the same school in the same term. After about a year our patient refused to go. She had been less happy at school than her normal sister, and, though her native ability appeared to be no less, she had not done so well at work, was more inhibited in play, and had made no friends. When she first refused to go she was taken to the school by her father, but she screamed so long and so loudly that she had to be returned home. She was soundly beaten, but this was not successful in persuading her. She became continually anxious about school, repeatedly asked if she would have to go the next day, would beg them to excuse her. She would wake up at half-past five in the morning, go straight into her parents' room and ask if she would have to go to school, and she would continue asking until 8 o'clock. She ate very little, slept badly, became irritable and anxious. When the time came to go to school, she would not.

When seen by her doctor at home she had either remained entirely dumb, or had worked herself, screaming, into a paroxysm of anxiety. At the hospital she refused to leave her mother, so that neither could be interviewed alone. With difficulty she was persuaded to wait outside with an aunt, and she was also willing to wait with her twin sister. In fact, she would agree to anything except what was wanted, which was to see her by herself. But by gaining the confidence of the twin sister it was found possible to induce the two children to enter together, and the difference between them was at once apparent. The patient was thin and discontented, the other child was plump and happy. The normal child played with the toys, showed interest in what she saw, and even adorned the doctor with a pair of plasticine mustachios. The patient followed her sister's movements and would imitate her play at intervals, but spent long periods of time doing nothing.

At later interviews the two played together more readily, but the type of play was dictated always by the normal child. Gradually it became apparent that there was animosity between them. The patient would push her normal sister over on the sly, would interfere with what she was doing, snatch things from her, heap clothes on her head, and would suddenly interrupt her when talking to the doctor. These interruptions were usually to tell quite irrelevantly of some exploit such as locking her sister in the lavatory, shutting her in a box, or pushing her over so that she had hurt herself.

It was evident that the subdued child, although this had quite escaped the mother, felt a marked antagonism. When this was pointed out to the mother she observed at home, and unreservedly agreed.

It was next attempted to separate the children by removing the normal one for an intelligence test. The patient at once burst into tears and was inconsolable. She was neither anxious nor afraid; she did not want to leave the playroom and join her mother; she did not want to stay in the playroom and play; she wanted only the one thing which it was not desired that she should have, namely the company of her sister.

The same thing was subsequently shown when it had become possible to separate the sisters so far that the patient attended alone. She then would not be seen without her mother, but would cry in an aimless way, and would finally consent to do puzzles when she became bored with crying. Later, when her mother had to attend another department, the child quite willingly came and played alone, because she had found the waiting tedious, and the playing was better. But when she came the next time she again made a scene, since the alternative was not one of waiting dully. On being picked up and forcibly carried into the playroom she resisted violently, but once inside she almost immediately dried her tears and related an anecdote with great composure. Thereafter she always came in alone without difficulty, and on such occasions would almost invariably open the conversation with a story of how some minor mishap had happened to her sister—her sister had fallen over, had a black eye, was ill, had cut herself, etc.

The main features of her behaviour, therefore, were negativism, and antagonism towards her twin.

After this had been pointed out to her her behaviour at home gradually changed; in playing she started to take the lead and would openly quarrel, until the patient actually started to dominate the normal child. The antagonism thus became overt, and the child could at last be induced to talk, but never freely. Her conversation was always on superficial matters, and she could not be induced to tell of her feelings, but she would often introduce with seeming irrelevance stories of how she had awakened her sister by punching her on the nose, or of how she had pushed her out of bed. It was usually found that these stories were not, in fact, true, but they were presumably indications of the direction in which her thoughts tended.

In addition to this negativism and antagonism there were, however, certain points in her behaviour which suggested feelings of guilt. These were not conclusive, but suggestive. On one occasion the normal child had fallen over on the way to school. The patient had eagerly questioned the mother: Was there much damage? Had it hurt? Was there a bone broken? And in the afternoon she also had fallen over and related at hospital that she had fallen over and hurt herself on the same day as her sister. On another occasion her sister had cut her finger, and the patient almost immediately afterwards, though expressly warned against playing with a chisel, cut her finger in almost the same place. At the hospital she remarked that she had cut herself just as her sister had, the same finger and the same hand; and she added with seeming irrelevance, "I like doing things after Pat". There had also been certain features of her behaviour which suggested self-punishment, such as when she refused to go to a party to which she had long been looking forward, although she was ready dressed and on the point of starting out. Her negativistic behaviour during play may perhaps be attributed partly to the same cause,

in that she would not allow herself to find enjoyment without her sister's company.

Questioned about her dreams she denied any, but later said that she had dreamed of her sister being eaten by cats. She could not, on subsequent occasions, be induced to tell of other dreams, but if the conduct be considered as a whole it would appear that the pattern was one of intense antagonism, which the patient repressed, but which from time to time found expression in her dreams and her behaviour. It would appear that in trying to inhibit her behaviour the patient could not exercise any selective, but only a general inhibition, which affected her whole personality so that she entered into a condition of negativism. She remained thus, withdrawn into herself, refusing to admit her feelings, and withdrew from competition.

It would appear that the basis for the jealousy lay both in a natural sense of competition between the children, and also in a certain jealousy which the patient felt for her sister's greater ease of mind and freedom from nervous troubles, which rendered it easier to succeed in making friends and in satisfying the demands of school life.

The truancy must be construed as a solution to the difficulty in that it satisfied the girl's feelings of aggression towards her sister; it satisfied them in that her behaviour drew attention to herself, infuriated the parents, and showed her to be independent of a regime to which her sister submitted. At the same time it satisfied her feelings of guilt in that she incurred the disapproval which she felt that she deserved.

Thus, this case shows how truancy may arise from a peculiar state of mind as a reaction to a subjective difficulty. It is not a case of a normal child reacting to an abnormal environment so much as a case in which truancy appears as a sign of a personality deviation.

Similar in type is the case of a boy, aged 8, who was referred for having attacked an old lady in the street with the spokes of an umbrella, with which he had tried to poke out her eyes. He had also greeted lady visitors to his home with the worst flow of language at his command, and had delivered a prolonged barrage of sticks, stones and refuse on a large scale at the windows of a lady to whom his mother was lending moral support during a confinement. He subsequently refused to go to school. The reason here was the intense animosity which he had long felt towards his younger brother, whom he would sometimes assault with a rather unusual violence and of whom he would speak abusively. He would reproach his parents that they loved the younger child better, and felt himself to take second place in the parental affection.

There was in fact no ground for this, but the younger brother was an attractive, aggressive, energetic child who showed prodigious over-activity, and made great demands on his brother's patience by insisting on having certain toys at inconvenient times. In this the younger boy was not sufficiently checked by the parents, who tended to give way to both children, and as he grew older so did he increase his claims of right, until the elder brother found such egotism intolerable. The elder boy was conscientious and self-critical, was ashamed of and tended to deny his misdeeds, and refused at first to admit the feelings of antagonism which he nursed, until in the course of play therapy these became so evident that they could no longer be denied.

When his aggression mounted until it was beyond his control he liberated it by indiscriminate onslaughts on old ladies in the street, other children, visitors, neighbours, etc., after which he was always remorseful and ashamed.

In addition he showed behaviour which was presumably designed to draw attention to himself, such as a dermatitis artefacta of the knee and hand ; and possibly also, though not certainly, by the driving of a spike into his mouth in very suspicious circumstances, so that it had to be removed under anæsthesia, and by the repeated introduction of insects into his hair in spite of extensive daily cleansings.

His behaviour thus showed aggression, guilt and a desire for attention, and his truancy from school, which consisted, as in the previous case, of an outright refusal to go, is thought to be in line with this. It is supposed that this was an act of aggression which also served the purpose of drawing to himself that attention which, of however unwelcome a kind, was better than none, and in addition perhaps assuaged his feelings of guilt by the general disapproval that such behaviour evoked.

These two cases are thus in general similar in that they show how truancy may arise from a peculiar state of mind. There might be some confusion felt between them and certain of the desiderative group, whose behaviour also arose from situations of jealousy. Not only, however, was the type of behaviour different, but the situations were different also. In the desiderative cases the inequality of rights was in all cases real, a part of the environment, and thus an objective difficulty. In the psycho-neurotic cases the patients could not point to any but the most trifling acts of the parents which indicated unfairness or partiality. The feelings involved arose from a subjective difficulty, from an aggressive personality finding itself competing with another and getting the worse of the competition. It was a matter of two personalities grating upon one another ; there was no environmental anomaly in these cases, neither child was preferred by the parents less than the sibling, neither suffered any material lack on account of the competition. It was a difficulty lying in the child himself, not in the environment.

Of the remaining 8 cases in this psycho-neurotic group, 7 show truancy arising from emotional states of mind connected not now with siblings, but centring round the mother.

Thus, a boy, aged 10, was referred for refusal to go to school. He suffered from timidity, blushing, and difficulty in going to sleep. His refusal to go to school was unexpected in that he was of slightly superior intelligence (I.Q. 113), good at school work, popular, and very good at games. He would go to school when taken by his mother, but the boys laughed at him and so the practice was discontinued. At other times he would get ready to go to school, and sometimes would even start, but would come back almost at once. He gave no reason except that he " felt funny " and afraid of he knew not what.

The only essentially abnormal feature of the case was that the boy was unduly attached to his mother. He did not like leaving her, and though he would go on errands without hesitation and was quite willing to be seen by himself at the hospital, he would always ask where she was when he came in, and liked to be assured that she was in the house before he went to bed.

The reason for this attachment appeared to be that he had replaced in the mother's affection a girl who had died of whom she had been inordinately fond. She had felt overcome with grief and had said that she would never get over it, until when doing some washing one day she had a vision of a bright light whence a voice spoke to tell her that she should have another child. This she did; the patient was younger than the rest of the family by five years, was "the image" of the girl who had died, and the mother had "always worshipped him". As an infant he was never out of her sight, and her anxiety for him was the greater on account of a certain atmosphere of illness which hung round the family. She lavished her affection on him in a way of which the other children disapproved, and transferred to him some of the love she had for her husband, now irritable and crotchety owing to being entirely crippled by rheumatoid arthritis.

It appeared that, fairly smothered in maternal solicitude, the boy rebelled against impending suffocation, for he showed occasional bouts of strange behaviour at home, when he would upset the furniture, strew the floor with oddments, wind wool round the chairs in a manner reminiscent of Dr. Morton Prince's famous case of Sally Beauchamp, and create a chaos, after which he would fling himself down and cry bitterly. These were presumably acts of aggression, and his tears tears of remorse. He had fears that his mother would be run over and that harm would befall her, and these were presumably expressions of phantasies in which he expressed an unconscious hostility towards her. He stayed at home lest these fears should come true. His truancy is therefore presumed to have been an aggressive act in that he refused to submit to being dominated, while at the same time he ensured that his fears did not come true, and possibly alleviated his sense of guilt by enduring his mother's disapproval.

Attention has been drawn to a type of truancy generally similar to this by Dr. Isra T. Broadwin.

A somewhat similar case is that of a boy, aged 14, who was referred for persistently running away from a boarding-school. He was the only son of a clergyman's widow. The nervous heredity on both sides of the family was bad. The mother was an inadequate person, who described herself as "nervously apprehensive about everything"; she doted on her son, always gave way to him, partly without realizing it and partly to save trouble, and tried to discipline him only by bribery.

The boy was constitutionally a nervous child, likely to have a tendency to over-dependence on his parents, and this trait the mother encouraged so that there was a strong emotional tie between them. At home the boy would follow her around, and in the night would say that he felt nervous and would sometimes bring his bed into her room. Away from home he thought constantly of his mother and was always anxious to be with her, so that he much disliked the separation involved in his attendance at boarding school, and this dislike was augmented by his jealousy of his younger sister who remained at home.

The boy was being educated at a boarding-school on special terms, and it was a matter of financial necessity that he should remain there. He was of average intelligence, had no difficulty with school work and got on at least

tolerably well with other boys. Yet he persistently truanted, involving his mother in considerable expense in returning him and himself in considerable odium. He showed not the least remorse over his truancies, which continued over a period of years, and said that he wished to attend a day school in order that he might spend the evenings and week-ends at home. Finally this had to be arranged.

It did not appear that there was any specific recurrent idea which led the boy to truant, but the emotional relation between his mother and himself seemed so strong as to amount almost to a compulsion to leave the school to see her. In a person accustomed to discipline this might have been successfully resisted, but the patient had always been accustomed to getting his own way, and was entirely ruthless in securing it.

Again, a girl, aged 13, was referred for being unable to let her mother out of her sight. She had been a comparatively normal child until she was aged about 8, when she began to cling to her mother, to be nervous of the dark and to have difficulty in sleeping. The onset of these symptoms coincided with the development of frequent trouble between her father and mother. The state of affairs continued until the father left the home, when the girl was aged 11. The child's nervousness then became worse. She would not go away on holiday without her young brother, wrote five letters home in less than a week, counted the days till her return, sat brooding over what her mother might be doing and would think only of their re-union. At home she adopted a very dependent and possessive attitude towards her mother and brother. The mother was a fussy, anxious, clinging type of person inclined to encourage the emotional tie. The girl became so timid that she could hardly bring herself to go out, and would refuse to go to school. She would usually go, however, with other children who were bribed to take her. On examination the child was found to have superior intelligence and a severe postural kypho-scoliosis. She did not appear to entertain any particular set of ideas in her thoughts of her mother; it seemed that, already a nervous child by constitution, the loss of one parent rendered her more over-dependent on the other, and opened the way to an even closer bond than before—an attitude which the mother encouraged.

Remedial exercises strikingly improved the girl's posture, and it seemed that *pari passu* with this she also gained confidence, while the confidence she felt in the doctor also served to diminish her dependence on her mother. She became quite able to depend upon herself, and six months after referral said scornfully that she "wasn't nervous any more".

A less intense state of affairs was observed in a boy, aged 7, who was referred for repeatedly running out of school. He did this only when the weather was bad, and since he did not return home until later in the day he would on such occasions become exceedingly wet. In addition, he was very quiet in company, was afraid of the dark, would not go to bed without his brother, had to have a night-light, and would follow his mother about. At the hospital he would not leave his mother, and when finally induced to do so would make various excuses to escape from the room to see her.

The reason for this emotional tie appears to have been that he was the youngest boy in the family, that he was the only child who resembled the

mother, and that she therefore felt that she especially belonged to him, and he to her. She thus unconsciously fostered a bond between them of undesirable depth. Now, there were certain things in life of which the mother had a particular dread, and these were storms. During storms she had visions of the end of the world and her separation from her family, and she had on numerous occasions gathered her children around her during storms and indulged in an emotional display before their alarmed eyes. This lent colour to the truth of the boy's remark, previously obtained, that he often pictured his mother dead, either through having been run over or more often drowned in a storm, and that when the sky looked threatening the thought struck him with a sense of dread so that he had jumped up and run out of school during sharp bursts of rain. He said that he had not run home because he knew he would be taken back to school and punished. He therefore stayed out until the proper time for his return; his parents had speculated as to the cause of his dampness, and it was not until, gauging the time inaccurately, he had returned too early, they realized he had run out from school. It seemed not improbable that a child, already occupied with obsessional thoughts about his mother, might show an emotional crisis in special circumstances which he knew induced emotional crises in her. It might well be that he would start out from the classroom with the alarmed intention of joining his mother before she died, and then, recognizing the fantastic nature of the thought, be overcome by a sense of the realities of the situation.

With continuance of play therapy the boy became more and more aggressive and was rendered very independent of his mother, whom he ceased to follow about either at the hospital or at home.

Of the next case there is little to say save that it illustrates the extreme to which emotional ties between mother and son, when mutually fostered, can be developed in producing truancy.

It was impossible fully to investigate the case owing to failure of co-operation, but the patient was a boy, aged 11, the fourth of six children living with their father and mother in circumstances of extreme poverty. He was referred for truanting from school, enuresis, fidgeting and sleepwalking.

The mother was hysterical, grossly over-anxious, and completely neglected the home and material welfare of the children; for this reason visits had been made at one time and another by inspectors of the N.S.P.C.C. Possibly in order to persuade herself that she did not really neglect the children, the mother displayed towards them a preposterous emotional solicitude, would keep them at home on the slightest pretext, and at the least complaint of not having slept perfectly or of feeling in the least unwell. A subsidiary reason may have been that she used them to complete such housework as was done. She showed this solicitude towards all the children, but for some reason unknown especially towards the patient, and she exulted in the fact that she had kept him from school in spite of fines which she could ill afford.

The mother was grossly over-attached to and dominated by her own mother, and had an extreme emotional crisis when, on a visit to her relatives one day, she unexpectedly found her mother's corpse and swooned across it. Since then she had had a quantity of seizures in which she fell unconscious to the ground; there was no convulsion, but her hands would be so tightly clenched that even a member of the Millwall association football team who, lodged in the house was unable to unclasp her fingers. She said that during these seizures she was with her mother; they exchanged no word, but communed

silently. These were some of various occasions on which she saw her mother, clad in white and very beautiful, on the summit of a distant green hill. These attacks occurred with alarming frequency over a period of six weeks, during which the major truancy occurred, for the patient and his younger brother remained constantly outside and close to the house. The mother alleged, probably rightly, that this was to ensure that she was not removed to hospital in their absence. She was proud to think that her sons depended on her even as she had depended on her mother, and she regarded their behaviour as a natural and touching piece of filial devotion.

At school the boy was two years behind his age, was markedly solitary, associated with younger children if at all, was given to weeping and blushed easily. Intelligence tests were not completed on his one attendance at the hospital but there appeared to be grounds for his scholastic backwardness. It was thus likely that, finding school unattractive, he would take advantage of his mother's emotional solicitude in order to absent himself, but the persistence with which he stayed near her when she was apparently ill would suggest a strong emotional tie, producing a truancy which was actually connived at by the parent.

These last five cases show, therefore, how truancy can arise through an emotional bond between parent and child, the basis of which lies in undue attachment and over-protection. By contrast there is, in this group, one case in which the truancy was apparently caused by an emotional relation, the basis of which was maternal rejection.

Thus, a boy, aged 5, was referred for refusal to go to school. He was the youngest child by eight years in a large family in very poor circumstances. The father was a persistent drunkard, and there had been a great deal of quarrelling and hand-to-hand combat in the home. In these circumstances the boy had shown nervous symptoms, such as fits of trembling, refusal to eat, difficulty in getting to sleep, nightmares and early waking, presumably referable to a feeling of insecurity. He had been sent to a foster-home, where he had got on well, and whence he had regularly attended, and been successful at school. He was of average intelligence.

The parents, however, separated, and he had been recalled from the foster-home to live with his mother and elder brothers and sisters. From that time he would refuse to go to school, and coercion would produce extreme anxiety amounting almost to terror. He would hardly leave the home to go out into the street and persistently followed his mother about.

Seen at the hospital the child was very anxious, could only with difficulty be separated from the sister who brought him, and was exceedingly inhibited between sudden flashes of conversation.

The mother refused to attend the hospital and was seen by a home visitor, who found her to be of schizoid type. She had no friends, nor wanted any, never went outside the house and said she never intended to, appeared very preoccupied, and after moments of silence when it seemed that she had not heard a remark at all, would answer it slowly. She utterly rejected the child, who would not leave her. She said she could not possibly bring him to the hospital as he was certain to fall under an omnibus, which contingency, she gave the impression, would be highly desirable.

In such circumstances the processes at work in the mind of the child are difficult to assess, but it appeared beyond doubt that the mother rejected the child, in spite of which there was a strong emotional tie. On analogy with what is so often found in the "mother-following syndrome", it would seem not unlikely that while afraid of losing her (the woman was so negative, said the home visitor, that it seemed as though at any moment she might disappear), the child felt hostility towards her on account of his rejection. It is possible that he felt death wishes towards her, and yet was dependent enough upon her to feel afraid that these might come true and his phantasies develop into fact; or he may have stayed to guard her against the imagined dangers through a sense of guilt. But whatever the precise process, the fact remains that he had been able happily to attend school when away from home, but that while with his mother his every activity seemed to depend upon her presence.

There remain two cases in this group which are yet more difficult to elucidate. The type of truancy in these two cases differs from the foregoing, for there was an element of deception in that the patient pretended to go to school, but did not do so in fact, and the behaviour thus contrasts with that of the stay-at-home neuroses.

A boy, aged 11, was referred for truanting from school, fear of the dark, faecal incontinence and neglect of personal appearance.

Psychiatric examination showed the essential abnormality of the home situation to be an undue attachment of the boy to his mother, but this had become so accepted in the home as a natural state of affairs that it took a long time to elucidate.

The basis of the attachment seemed to be that the patient had been the youngest child for five years, and as such had been greatly indulged, over-protected by the mother and treated as a special pet. In consequence he was very jealous of the child succeeding him, and somewhat so of the youngest child of all. This jealousy showed itself by his extreme annoyance if the mother took out with her any child other than himself, so much so that she was reduced to meeting the other clandestinely outside the house, upon discovering which the boy would be furious, say that evidently he was not wanted, and would reproach the mother for loving the others more than him; and also by his accepting rebukes as though they had been intended to express disapproval of him personally as compared with the rest of the family.

His attachment to his mother showed itself by his inquiring for her always as soon as he came in, by his refusing to go to bed unless she were indoors, by his invariably holding the legs of the chair should she climb upon one to reach something from the shelf, and by his clutching her ankles until she was safely inside the room should she sit on the window-sill to clean the outside of the windows.

So much for the home situation. At school he worked well (I.Q. 110), but disliked his class teacher. He had been popular with the other boys until his habit of faecal incontinence caused him to be shunned and to be called "Stinker". His position was thus slightly anomalous, as he was captain of football and so enjoyed some slight authority. The school had observed that he was always unduly anxious for praise, and on the least provocation would

remind masters of feats of brilliance of former years. This was also reflected in his habit of continuing to wear his football clothes, with their associations of his prowess, throughout Saturday evening and Sunday.

This corresponded with his behaviour at the hospital, where it was seen that he was greatly lacking in confidence, which he covered by a bombastic manner, that he was over-anxious to please, repeatedly giving unsolicited assurances that he would never truant again, and eager to make an impression by saying how popular he was at school and how well he worked and played. But he never expressed his feelings, and his whole conversation was a reiteration of other people's remarks, so that he became a sort of living quotation. He later revealed that he had been wont to have alarming ideas about his mother, frequently thinking that she was ill, or being run over in a particular road near the Crystal Palace, or that she was dying. He recognized their fantastic nature, but they recurred to him none the less.

Of his several symptoms it may be said that the fæcal incontinence appeared to be a compulsion; that his fears of the dark were due to the idea that a large man was waiting for him, either to kill him or to take him away, and that his neglect of personal appearance consisted in a refusal to wash or brush his hair, which possibly brought to him some of the attention for which he craved.

The symptoms had developed rather suddenly, and had coincided in time with his removal from a class at school in which he had been especially fond of the master to one in which he had disliked the master very much.

The connection between the psychiatric findings and the behaviour does seem, in this case, particularly obscure, so that one might be tempted to think that there was no relation at all. Yet the frequency with which truancy seems to be connected with maternal attachment must make one hesitate; and the mere fact of changing masters would seem quite inadequate to explain either the truancy or the rest of the behaviour. Rather would it appear that this factor precipitated the behaviour, the basis of which had been laid by the abnormal state of mind. We have seen that this emotional and jealous child was insecure and liable to depend considerably on others, and that when the moral support he had been receiving from the master whom he idolized was removed, his general insecurity became much more marked. It seems that we must consider the behaviour as a whole, and ascribe it to the insecurity arising from the undue maternal attachment and jealousy situation at home, precipitated by a change from a friendly atmosphere to a hostile one at school. This conception is in line with the type of truancy, which was not an aggressive, but a furtive one. The boy did not brave the situation and stay at home, but went for walks or round with a milkman, returning invariably to be detected either through his sheepish appearance or his failure accurately to gauge the time.

But the precise psychological relation remains entirely obscure. It may be very tentatively surmised that the truancy may have been something of the order of a distraction, which served to remove from the boy's mind the

obsessional thoughts and alarming ideas concerning his mother which were wont to arise in situations of difficulty.

The remaining case is even more obscure. A boy, aged $7\frac{1}{2}$, was referred for truancy from school. He would occasionally stay out from home, had sometimes stolen small sums of money and was fairly often *fæcally* incontinent. These symptoms had been intermittently present since he first started school at the age of 5; he would truant for two or three days consecutively, and would then attend consistently for some weeks. He was quite frank about the truancy as soon as this was discovered; he spent the time in going for walks or playing in the park.

At school he did very well, was top of the class and well behaved (I.Q. 108).

At home he was fond of, and respected his father. He was more demonstrative towards his mother than any of the other children, but less amenable to discipline and not unduly attached. He was not jealous of the younger children, though an older sister was jealous of him. The striking feature of the home environment was the paternal great-grandmother, with whom the family was irremediably burdened. She was arterio-sclerotic, disorientated, given to maniacal screaming, wandering at night, dashing into the street in her night clothes yelling "Murder", and leaning over the banisters bellowing "Fire". Her behaviour alarmed the children, who shunned her; the patient was once overheard repeating to himself word for word one of the grandmother's conversations.

On examination the child seemed to present no marked abnormality. He preferred his youngest sister to the rest of the family, but he dreamed that he was drowned. He had a compulsion, which consisted in pulling the leaves off a bush on the way to school, and when he missed one he had to return to pull it off; this occasionally made him late. He had fears about his mother, but these were vague; he feared that she might be ill, and sometimes that she was actually dying. Asked when he thought these he said, "On the way to school", and on being asked what he thought next he replied, "I think it would be nice to go to the Park". He had phantasies which were perhaps suggestive of inadequate emancipation from his mother. Thus, he would walk round the world under the sea, occasionally taking his ease on chairs conveniently placed at intervals; there were series of vast cupboards along the way into which he had never seen owing to there having been no doors. Again, he would spend time walking around the inside of an electric light bulb, from which he could not see the outer world owing to the opacity of the glass.

These are perhaps symbolically suggestive.

After attending the hospital, for which he developed a marked fondness, so that he always wrangled to be allowed to come sooner and more often (enjoyment of the journey was a factor here), on three occasions the symptoms stopped entirely. In the following year he neither truanted, stole nor was *fæcally* incontinent again. The *fæcal* incontinence appeared to have been a compulsion; the stealing was possibly that of a slightly aggressive child in economic stress; the nature of the truancy, unless as in the last case it served as a distraction from troublesome thoughts, remained obscure.

This ends our consideration of our last group, and our findings on the psycho-neurotic type of truancy may be summarized by saying that of the

10 cases, 8 were boys and 2 were girls. The ages range between 5 and 14, with no special incidence between the two; the intelligence quotients range between 84 and 113. There were only two children, both boys, below the average group, and one of those was average on performance tests.

All these cases truanted from school, and 9 of them from school only. Yet they were all tolerably and most of them well adjusted with the exception of two. In no case can we conclude that the school was a major factor in producing the truancy, but in fact it would appear that the school has practically nothing at all to do with it. This might, at first sight, seem a surprising conclusion, since in this group alone there appears the most persistent form of truancy—that of refusing to attend school at all.

On the other hand we see that the truancy was determined in 7 of these cases almost entirely by an emotional relation existing between the mother and the child; in 6 of these 7 the relation arose from over-protection of the child by the mother, and in one from maternal rejection.

Again, in two of these cases the truancy was determined by an aggressive relation between siblings.

In one case the psychopathology is entirely unexplained.

Finally the psycho-neurotic type of truancy must be construed as an attempt to find a solution to an emotional situation with which the patient is not able to cope.

SUMMARY.

We have considered 50 cases of truancy, of which 37 were boys and 13 were girls.

The ages range between 5 and 13. The average age of the girl truants is 10.7 years, and of the boy truants 9.8 years. The difference between these figures may be referable to the generally greater aggression and independence shown by boys, which leads them to a more overt expression of their reactions to difficulty at an earlier age.

Signs of physical disease were found in only 3 cases, but in all 3 seem to have played some part, although indirectly, in the genesis of the misbehaviour.

With regard to intelligence, 13 cases were in the dull and backward group (I.Q.'s 70-90), 24 were in the average group (I.Q.'s 90-110), 11 were of superior intelligence (I.Q.'s above 110), 2 were mentally defective (I.Q.'s below 70).

As to the type of truancy, we see that 9 cases truanted from home only, 19 both from home and from school, 22 from school only.

With regard to the underlying reasons, we see that sheer failure of discipline can account for only 5 of the 50 cases, and that in the other 45 more complex factors are at work.

These other 45 cases show four different types of behaviour, which have been called undisciplined, hysterical, desiderative, rebellious, psycho-neurotic types of behaviour.

The factors determining these types of behaviour have been discussed.

Observations on these 50 cases have shown that truancy is mainly determined in these cases by the home environment, the most important factors in which would appear to be a proper balance of affection by the parents, and of an even life with absence of rapid change.

Of all the 50 cases we see that dislike of the school can be considered a major factor in producing the truancy in only 4. Two of these were dull and backward boys who truanted occasionally in order to find some more amusing occupation. In the other two cases the dislike of school had arisen from a sudden change of environment.

Of all the other cases in which unlawful absence occurred the truancy was part of a general abnormality of behaviour determined by the home life. It may be said that where truancy from home occurs, the major factors in determining the behaviour lie in the home life; that where truancy from school occurs the major factors lie also in the home life, not in the school, and that in those cases where the truancy is the most persistent, and is from school only, the school life plays practically no part at all in determining the truancy.

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