

Forty-Four Juvenile Thieves: Their Character and Home-Life

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There are probably few people who do not work in the court system who realize that in nine criminal cases out of ten the charge is theft. During 1938 for instance there were about 78,500 persons found guilty of an indictable offence, a category which excludes drunkenness, traffic offences and other minor delinquencies. Of these over 56,000 (or 72 per cent.) were found guilty of larceny and another 16,000 (or 20 per cent.) found guilty of breaking and entering, frauds or receiving stolen goods. This leaves only 6,500 (or 8 per cent.) for all other offences.

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

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

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

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

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

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

The enquiry reported here was carried out at the London Child Guidance Clinic during the years 1936-39. The procedure was as follows. On arrival at the Clinic the child was given mental tests in which

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

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

These defects seriously limit the value of the very comprehensive survey recently published by Carr-Saunders, Mannheim and Rhodes (5), defects which of course the authors clearly recognize. In

their analysis of factors conducing to delinquency, all types of delinquent are considered together and no differentiation is made between delinquent characters, stray offenders and other types. As a result, trends which would perhaps have been highly significant had different groups been treated separately may well have become obscured or even obliterated.

Conversely a limited enquiry of the type here presented is also inadequate in itself. It needs to be extended both in numbers and in intensity. Several more carefully selected groups of 50 to 100 cases need to be investigated in a similar way, whilst a few individual cases, chosen as being typical of particular groups of case, need to be analysed in detail. Only such a comprehensive and planned research by a team of workers over a long period will lead to the understanding of these problems and rational attempts to remedy them.

(1) Source of Referral

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

TABLE I

<i>Source of Referral</i>	
School	22
School at Parents' Request	2
Parents direct	8
Court at Parents' Request	3
Probation Officers	9
Total	44

Though these cases are fairly representative of those who come to a Child Guidance Clinic, they are by no means typical of delinquents who come before the Courts. In the first place 11 of them are under age to be charged. In the second there is naturally an undue proportion of chronic delinquents. The material, therefore, whilst permitting us to draw conclusions regarding the origin and nature of chronic delinquency in children of adequate intelligence, does not permit of conclusions regarding the problem of delinquency as a whole. Before any such conclusions could be drawn we should require to know what proportion of children coming before the Courts were of the different types here described.

(2) Control Group

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

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

(3) Age

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

Character Types

Introduction

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

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

In the psychiatric examination of young delinquents the most striking differences between them are to be found in the personal make-up or character of the delinquent. Some are normal human beings who have been found out in an exceptional moral lapse, some are children who have suffered a severe

emotional shock, such as bereavement, and are thrown temporarily off their balance, whilst others have been unstable characters or hardened criminals for a number of years. It is true that, owing to the infinite variability of human character, many intermediate types exist, but this fact does not invalidate the conclusion that certain categories of character can be distinguished which differ radically from one another in present nature, past history and future destiny.

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

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

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

Of the many sources which contribute to this picture undoubtedly the most valuable is the intimate description given of the child by his near relatives. School reports vary in value. An observant mistress

TABLE V
Distribution of Thieves by Character Type

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

will often give most illuminating reports but others give reports which are useless. Probably the least valuable though, none the less essential sources of information were the psychological and psychiatric examinations of the child. The difficulty is that at examinations of this kind children are on their best behaviour and so mask much of their true natures. The majority of children are deliberately concealing much of the information which we require and it often takes a very perspicacious psychiatrist to see the relevant signs in a first interview.

Precisely the same difficulty is experienced with adults who are brought to the psychiatrist more or less unwillingly. For this reason I regard my own preliminary psychiatric impressions of a child with some suspicion. Sometimes of course one gets a clear impression. The child for instance may be over-talkative, boastful and show all the signs of a hyperthymic (manic, over-active) personality, or he may be obviously depressed. But a large number of the children, perhaps half, at their interview appeared fairly normal. This impression is grossly misleading in a majority of cases and if taken seriously results in disastrously erroneous diagnosis. For this reason I habitually ignore my psychiatric interviews

when no positive signs of disorder have been found and base my diagnosis on the reports of the mother and teacher. It has often been on a consideration of these reports, whose veracity I am naturally at pains to check both by comparing one against the other and also by their internal consistency, that I have formed the opinion that the characters of the thieves in this series were abnormal. In the many cases where further work has been done this course has always proved justified. In future, of course, the use of projection tests is likely greatly to enhance the value of the clinical examination.

This conception of abnormality is naturally not confined to obviously anxious or hysterical characters. There are certain obsessive and perfectionist children who are regarded with admiration by their parents and teachers, but whom psycho-analysts have no hesitation in regarding as abnormal, if only because of their great susceptibility to develop somatic symptoms such as stammer or headache and also depressions of every degree of intensity. Another type of child who is often thought to be anything but neurotic is the happy-go-lucky boastful dare-devil. Were it not that these children are unable to adapt to any form of authority and are sometimes

clearly suicidal, we might agree with those who speak of their normality ; but the evidence pointing to intense internal anxiety and guilt in these hypomanic personalities is too conclusive to be ignored. If further evidence of the essential instability of these two types is required it may be found in the fact that about 75 per cent. of patients suffering from a form of the affective psychosis have previously had personalities of these kinds (2).

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

GROUP A: 'NORMAL' CHARACTERS

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

No. 1. Claud W.

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

History. Claud was the second of three children. The first, a girl of 21, was by the mother's first husband; the second, Claud, was by her second husband; the third, a boy aged 8, by a man with whom Mrs. W. had lived unmarried for a number of years and with whom she was still living. Claud's early years seem to have been normal although there had been some enuresis for a time. He had lived all his life with his mother but when he was about 7 she had divorced his father. It was not known how long the marriage had been unsatisfactory prior to this time. After divorcing her husband Mrs. W. went out to work to earn money, leaving the boy with a friend during the day. For some years another man to whom she was not married had been living with her.

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

Personality. Claud was said to be sociable and friendly and to keep his friends. He got on well with

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

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

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

After being in a hostel for a few months he appeared a much happier boy, and seemed to be getting along well. He saw his mother from time to time but was in no hurry to return home.

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

GROUP E: AFFECTIONLESS CHARACTERS

Fourteen of the 44 thieves were distinguished from the remainder by their remarkable lack of affection or warmth of feeling for anyone. It is true that one or two of the depressed children lacked the normal expression of affection during the depression, but this was regarded as a change from their normal characters. In this they differed from the fourteen children in this group who had apparently never since infancy shown normal affection to anyone and were, consequently, conspicuously solitary,

undemonstrative, and unresponsive. Many of their parents and foster parents remarked how nothing you said or did to them made any difference.. They responded neither to kindness nor to punishment. Such remarks as 'he is so deep' or 'we never seem to get near her' express the feeling of social frustration produced in others.

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

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

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

In general demeanour they differ much amongst themselves. A few seem unsociable and apathetic. But quite a number are energetic and active. No. 28, Derek B., and No. 32, Kenneth W., were cases in point. Derek B. appeared as a genial attractive little rogue, whilst Kenneth W., although full of hard luck stories, was alert and resourceful. Many of the more active children were aggressive and bullying, in this respect simulating the aggressive hyperthymics. One boy, No. 37, Kenneth G., was actively cruel, having

deliberately burnt his sister's leg. In two or three cases, notably No. 32, Kenneth W., and No. 37, Kenneth G., one got the impression that they might easily develop into desperate and dangerous criminals.

Of course there can be no hard and fast lines to be drawn in a classification of character and it is obvious that some children will be on the margin between the different typical groupings. My own criterion for diagnosing an active delinquent in the Affectionless group depends upon his personal relationships. The Hyperthymic Characters of Group D have genuine attachments to their homes. They may have periods of being aggressive and difficult, but affection is there and they are capable of loyalty. The Affectionless Character on the other hand is capable of neither attachment, affection, nor loyalty.

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

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

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

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

On the other hand one case of the present series of Affectionless Characters may have been truly Schizoid. No. 40, Charles II., had a schizophrenic heredity his father probably and his grandfather almost certainly being schizophrenic. It is noteworthy that he was one of only two Affectionless Characters who had no history of early separation from their mothers. At present I would hesitate to put forward diagnostic criteria for distinguishing the shut-in Affectionless Character from the Schizoid, though I believe that, in the majority of cases the distinction is a true one.

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

Despite variations then, these Affectionless children have so many traits in common which distinguish them from the other thieves that I have felt justified in grouping them together and regarding them as examples of a distinct clinical syndrome. When to the similarity in their personalities is added the discovery that they have a remarkably distinctive early history-prolonged separations from their mothers or foster-mothers, the conclusion forces itself upon one

that we have here not only a distinct clinical syndrome, that of the Affectionless thief, but also an unusually clear example of the distorting influence of a bad early environment upon the development of personality. For all these reasons full case histories of all fourteen children are presented.

No. 27. Betty 1.

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

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

This child had been difficult from birth. The mother's milk gave out on the eighth day and there was trouble over bottle-feeding. She refused to suck and had to be spoon-fed. She was precocious in development, however, and was easily trained in cleanliness. But she remained difficult over food and was always crying and screaming. When the child was seven months old and the mother again pregnant, she discovered that her husband, who had proved very difficult, was married to someone else. She promptly got rid of him and married a former friend soon afterwards. But Betty had already been placed in a foster home, where, her mother alleged, she had first refused to eat for 20 days and then had suddenly begun to eat cake.

The child was changed from one foster-home to another and was ultimately in a convent school for a year. In all of them she was unmanageable and was said to have been harshly treated. Her mother and stepfather often visited her, but she always refused to have anything to do with her mother, although she got on well with the stepfather. Finally the mother insisted on having Betty home and she had been there for the preceding seven months. Her feelings about her parents then changed over and she became fond of her mother and against her stepfather who tried in vain to discipline her. All the time she had been at home she had remained an outsider, however. Her mother described how "she looks like a child who has just come in to play and does not seem to belong".

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

Personality. The mother found her an undemonstrative child who was inclined to keep things to herself. The stepfather described her as 'deep' and evidently found it impossible to make any contact with her. He could not understand why she could never ask for anything at meals, pointing out that the children had only to ask to be permitted any food that they could see. She was exceedingly sensitive to criticism and cried very easily, and was always upset because her step father had a bad opinion of her. At school she was said to be deliberately disobedient and provoking.

When punished she never cried, and when the headmistress asked her questions, she became wooden, 'quite unlike any other 5-year-old child, and gave a excuses equally unexpected for her age. Accounts differed about her sociability. At school she was said to be solitary and had no friends until recently when she had made friends with the two most undesirable girls in the school, both liars. Often she appeared to be walking along in a dream. But at home she was by no means solitary and seclusive. She was extremely fond of the baby and liked mothering him. She played well and happily and was popular and sociable with neighboring children. She slept well and ate moderately. Recently she had become extremely interested in the cat's kittens, but as usual had not asked direct questions as her sister had.

Stealing. The mother noticed that she was always stealing pennies from school and telling lies about it. She had failed to deliver her parents a note saying that she was given milk free and so was keeping the 21d. she was given for the milk each week. Moreover she often brought back pennies and toys from school which, she said, the teacher had given her for being a good girl. The pennies she offered to her mother and the toys to her sister and brothers.

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

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

No. 28. Derek B.

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

History. He was the second of two boys, the elder being a cheerful, normal lad who had never got into trouble. He lived with his mother and father, whose marriage was happy and who appeared to treat the children sensibly and kindly and without discriminating between them. On enquiry into his early history it was found that he was a wanted child and had been breast-fed for three months, after which he thrived on the bottle. Indeed he was said to be a happy normal child until the age of 18 months, when he got diphtheria. Because of this he was away in hospital for nine months, during the whole of which he remained unvisited by his parents. In hospital he was said to have been adored by everyone, but when he returned home he was a 'little stranger'. He refused all food and finally was said to starve for a while. His mother described how 'it seemed like looking after someone else's baby. He did not know us, he called me "nurse" and seemed to have no affection for us at all.' She said it was fully 18 months before he settled down, although to an external eye it appeared that in fact he had never done so yet.

Personality. He seemed not to care for anyone except possibly his elder brother, but even with him there were spells of unreasonable temper. Usually he was happiest when playing alone. He was markedly undemonstrative and his schoolteacher commented that emotionally he was 'very controlled for a young boy'. The mother also remarked on this, saying that

he was quite unmoved by either affection or punishment, and she had come to regard him as hard-boiled. On the other hand he was always fighting and was at times destructive of both his own and his brother's toys. The teacher complained particularly of his untruthfulness, 'wanton destructiveness' and habits of annoying other children.

Stealing and Truancy. He began school at 4 1/2 and liked it at first. But later he disliked the teacher and wanted his brother's teacher. This led to truancy on and off for about a month. The pilfering was noticed soon after his beginning school. It seems to have been quite indiscriminating, for he was said to pilfer from children's pockets, the teacher's desk, from shops and from his mother. Any money he obtained he spent on sweets which he would share with his brother and other children, but not with his parents. He had been repeatedly beaten both by school authorities and at home for stealing, but the beatings had no effect on him beyond making him cry for a few moments.

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

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

EW Note: Paper concludes with discussion of the importance of recognizing the link between early experience and later personality.