

THE INSTITUTIONAL MANAGEMENT OF SEX IN EMOTIONALLY DISTURBED CHILDREN*

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While the institutional management of sex in emotionally disturbed children constitutes a difficult and delicate psychological problem, it receives surprisingly little systematic delineation in the professional literature. Drawing illustrations from a clinical training center dealing with emotionally disturbed and delinquent boys, a series of general principles of adult response to child sexuality is defined and discussed.

SURPRISINGLY, the many volumes written about the institutional care of emotionally disturbed children rarely make systematic reference to the problems of dealing with sex.^{1-3, 5-7, 9, 14, 18-20} An examination of the indexes of such books would give little clue to the seriousness of the problem of behavior among institutionalized children. While sex is discussed and commented on, it is not delineated as systematically as are other impulse systems such as aggression. Most descriptions of sexual attitudes, feelings or behavior are limited to the confines of a case history format and suggest that problems, when they occur, are individual rather than group issues. The paradox presented by this relative lack of attention arises from the

fact that professionals experienced in caring for emotionally disturbed children regularly report that sexual behavior is a delicate and difficult psychological problem requiring sensitive management by responsible adults. In theory, sex is accorded the role of prime mover; in the literature of practice it does not seem to be accorded this status.

In rare instances, clear and detailed accounts are given both of the nature of sexual behavior among institutionalized children and of the techniques and principles of adult response to it. There is substantial question whether these reports reflect practices typical of most institutions but the norms for comparison are not readily available. Probably the most extreme statement of practice

*Accepted for publication, April 23, 1962.

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and belief is to be found in A. S. Neill's¹⁷ description of Summerhill. He maintains, for example, that "sex is the basis of all negative attitudes toward life" (p. 206), "that heterosexual play in childhood is the royal road . . . to a healthy, balanced adult sex life" (p. 206), and that "at Summerhill, nothing is unmentionable and no one is shockable" (p. 233). The discrepancy between his theory and practice is made clear when he notes, "If in Summerhill I approved of my adolescent pupils sleeping together, my school would be suppressed by the authorities" (p. 209). It is difficult to find a modern, systematic and detailed representation of the more conservative point of view, which probably characterizes the average institution.

The scarcity of careful delineation of the principles of institutional management of sex in emotionally disturbed children exists with good reason. In part, it occurs because professional views of the sexual attitudes and behavior of children are probably more "radical" and "permissive" than those held by the average member of society. Then too, institutional life is a highly artificial sub-society that has unique needs and demands that must be met if it is to maintain an operational stability. A vital additional force promoting the avoidance of this aspect of clinical management can be traced to the fact that, even among professionally "liberated" child-care workers, sexual behavior in children is not responded to with as much psychological comfort as are other forms of behavior. Finally, there is an illusion that extensive agreement exists regarding a psychologically healthy approach to sex education for children—an illusion that retains its apparent substance by avoiding close scrutiny.

THE VARIETIES OF SEXUAL EXPRESSION

As an example of the problems of institutional management of sex, we will refer to some aspects of the behavior of the population of emotionally disturbed boys who attend the University of Michigan Fresh Air Camp.^{11, 13, 15, 16} The camp is a clinical training center for graduate students drawn from the fields of clinical psychology, psychiatric nursing, psychiatric social work and special education; the campers are boys recruited from detention homes, training schools, mental hospitals and clinics throughout the State of Michigan. As a short-term diagnostic and therapeutic training center, we deal with a broad spectrum of symptoms and degrees of emotional disturbance.

The range of sexual behavior that may eventually emerge among some campers in this setting includes sexual language and gestures, "playing the dozens,"^{4, 8} group and individual masturbation, homosexuality, exhibitionism, attempts to promote heterosexual experience and some standard and not-so-standard perversions. Lest the wrong interpretation be made, it should be noted that this kaleidoscope of sexuality is a range of behaviors and not the mode.

Unlike a "closed" institution, the camp is an "open" setting, which tends to exaggerate or highlight the range, frequency and intensity of sexual expression. The camp community is effectively isolated from the traffic of persons who usually enter and exit from the typical hospital ward while performing their specialized duties. The pattern of shift working is less pronounced and 24-hour-a-day contact through the sharing of meals and recreation areas breeds a quick familiarity among all community members. Thus, while a clinical camp

for disturbed children is not representative of other institutions, the uniqueness of its social and psychological structure is particularly advantageous for the study of sexual behavior in its full-blown form.

At camp, the first few days constitute a nonsexual "honeymoon." During this time of ferreting out the social and sexual mores of the institution, a polite facade masks the underlying motives of some campers. Before long, there is an outburst of rage on the part of one of the children and this rage is accompanied, naturally, by profanity or sexual reference directed at a fellow camper or restraining counselor. The ripple of shock that accompanies this action is apparent in the other campers even when it is treated casually by the counselors. The ability to shock or to take others aback carries with it a substantial prestige value and what was done in rage soon becomes the product of cold calculation. Rapidly, sexual reference is employed in behalf of aggression, resistance and defiance of adult authority and the degree of contagion is substantial. While many of the younger children know the words but not the music of sexual swearing, its spread and elevation to the commonplace is rapid.

Sexual language, when repeated with sufficient frequency, tends to bleach out the affect associated with it. It soon suffers the impotence of the commonplace and thus the originator is forced to a new level of innovation. This often takes the form of sexual gestures. The advantage accruing to these manifestations of sex lies in the space-conquering capacity. An emotionally disturbed child can signal some insult across the length of a dining hall and accomplish his nefarious ends at long distance. Any form of sexual expression at these lower levels

must be promoted constantly to a new, more complex and more dazzling achievement if it is to maintain the interest of the peer audience. Sexual language may evolve into "playing the dozens" as an exercise in verbal sexual proficiency, it may take the form of peer sexual invitation, or it may find its outlet in an exhibitionistic display of sexuality on the part of the child. Sexual conversations often focus on fantasies about adult sexual behavior and it is apparent that these contain thinly veiled anxiety and curiosity about parents, rather than adults in general. For the child, aggression has become a paramount issue and sex is pressed into its service. Physiological events such as enuresis and encopresis become suspect as subtle sexual expressions (or at least complications in the direct expression of sexuality) and, because of the varying levels of psychological and psychosexual maturity among the witnessing children, confusion reigns.

What was an individual sexual enterprise often becomes a group phenomenon within small subgroups. The level of dynamic group excitement that can be provoked by sexual overtures is unparalleled. The final phase of this burgeoning sexuality for the minority of the children expresses itself in two fashions: (1) an intense concern with the personal life (translated "sexual life") of the counselors and (2) an attempt to promote sexual experience with the female counselors. This latter has a quality reminiscent of the early 1900s about it. The male children view the female sex impulse as something akin to a raging beast that needs only to have the bars of its cage rattled. Sex talk and exhibitionism (pulling down one another's trousers, provocative dances, and the like) are viewed as potent stimuli that will some-

how sexually excite the female of the species. The fact that the reality never matches the fantasy does not deter a child who may be acting out a seduction fantasy.

It must be emphasized that sex constitutes only one of the huge variety of problems we deal with among our disturbed boys. There are many of our 70 clients who *never* get involved sexually at any level and while a steady undercurrent of sexuality may exist for some cabin groups it may remain fairly quiescent in its expression, flaring up only occasionally. Our clinical efforts are directed, primarily, toward the management of aggression and in dealing with a number of kinds of neurotic conflict.

The management problems posed by these sexual expressions can be arranged under three broad headings: (1) the management of sexuality, (2) the fusion of sex and aggression and (3) the adult response to various sexual actions.

THE MANAGEMENT OF SEXUALITY

Perhaps the single greatest error made by adults dealing with disturbed children is in underestimating the amount of guilt and anxiety that is generated by sexual activities and thoughts. These emotions complicate the process of management, since they serve to produce an emotional hangover which, in turn, becomes motivation in other situations. It is difficult to deal with sexual events and achieve closure for specific incidents in the short run. In most institutions the child comes into continuous contact with a variety of persons, and a sexual situation mishandled by one adult can trigger a chain of emotional outbursts the source of which is almost undetectable. The subsequent mishandling compounds and complicates the original event.

The attempt to short-cut the intensification of psychological distress follows

a general set of principles at the Fresh Air Camp. We start with an assumption of the naturalness of the urge to sexual expression, an awareness of the extensive social prohibitions that apply to it and a wariness about the overdetermination of sexual behavior. Sexual language, for example, is not reacted to with shock or surprise but it is *not* encouraged by any staff member. Since such behavior is socially unacceptable, attempts are made to analyze its source, to help the child understand the motivation behind it, to substitute some more acceptable form of expression and to restrict its appearance to private situations if it does not abate. The logic of this modified form of social control is that public sexual language, or behavior for that matter, infringes on the freedom of others, is socially disapproved and produces emotional difficulties for other disturbed children. Thus, although the fact of sexuality is not disapproved, it is classified as a private activity and the source and nature of public views of sex are explained. Children—even most emotionally disturbed ones—seem to be able to comprehend the logic of firm but understanding social control of sex. This is not to say, of course, that this necessarily results in adequate control.

Sexual information is supplied to the children whenever it is requested and the request is deemed legitimate. More than once our graduate student counselors have been duped by the children in this respect. The counselors' emotional investment in education, learning and the "facts" of life makes them leap to the unwarranted conclusion that childish ignorance is the prime offender and prime source of sexual activity. Disturbed children as well as normal ones can use a sex education lecture as a sniggering, leering, vicarious source of sexual excitement. While there is a vast amount of

misinformation mixed with patches of sophistication, even the child who needs information needs more than that. He needs a thorough exploration of his attitudes, beliefs and feelings, since it is in that area that he suffers most.

A usual device for the management of sexuality is to reduce the level of temptation to which the child is exposed. This need not be perceived as "spying" or "patrolling" by the children although, in fact, it achieves this end. The presence of adults during most of the waking hours of the child, if it is not restrictive, helps him past times he could not otherwise manage comfortably. These adults ought to be able to deal with sex in a calm, unemotional and intelligent way.

FUSION OF SEX AND AGGRESSION

The problems of controlling sexual behavior and its attendant anxiety and guilt come primarily as a consequence of the fusion of sex and aggression. Among disturbed boys, both the sexual behavior and its concomitants soon are tinged with aggressive overtones. The camp specializes in "children who hate" and most of their psychological problems sooner or later become focused on aggression, yet any disturbed child is an easy prey for this admixture of motives. The male sexual role is normally one of enterprise and domination and its regulation and balance require a high degree of sensitivity to the more passive female partner. The blunted sensibility of damaged children blurs the distinction between self-assertion and hostility; in this way, sex and aggression become almost indistinguishable. Whether his excursions are homosexual, heterosexual or exhibitionistic, they have an assaultive quality about them. Sex language and gesture become almost desexualized in these children as they use them to offend adults and peers alike. The child who

hates adults, who have always been viewed as punishing, finds sexual acting out a natural weapon.

The sorting out of sex and aggression is difficult for both the therapist and the child since sex has a physically pleasurable side to it. The child maintains that the excitement and gratification is a sufficient end in itself and the attempt to outline its aggressive components meets a wall of resistance. Adults suffer the same confusion of interpretation of motives and this complicates the task of therapy of sex problems. It is necessary to distinguish clearly between these motives since control is otherwise impossible. Even anger uses sex as a weapon.¹⁰ Since the most potent taboo is that referring to incest, it comes as no surprise that in almost every culture—as well as a delinquent one—the accusation about the sexual relations between mother and son are the most provocative. We have never seen a delinquent subculture whose members were not immediately ready for combat at the imputation that one of them had intercourse with his mother. The taboo adds vitality to the level of offense and this pattern is repeated over and over. In much the same way, homosexuality via intercourse or fellatio usually requires substantial aggression to accomplish its aim. Acts of this sort are dealt with as one part of the total manifestation of the sexual impulse but their socially disapproved nature is made quite clear. An attempt is made to teach the child—without criticism—the reality of social life, and it is usually a tempered version of middle-class reality.

ADULT RESPONSE TO SEXUAL BEHAVIOR

Some of the general principles involved in adult reactions to sexuality can be described even though an exhaustive list is beyond the scope of this paper.

The dangers of suppression. The most common method used by child-care workers in institutions as a whole takes the form of a generalized suppression of sexual behavior in the child. While motives for this action may be credible, its effect is seldom therapeutic. It acts first to ignore the meaning of the sexual act. Any such single remedy must necessarily omit consideration of the causes and be ill-adapted to the individual case. There is much too thin a line between "you shouldn't" and "it is wrong" for the child to discern, and the ease with which such adult actions can be misinterpreted by the disturbed child is too great a risk to take. Suppression, too, is self-defeating, since it attempts to cover up symptoms rather than to deal with causes and sets the stage for a much greater outburst at some later time.

Protection of the innocent. This becomes the basic reason for dealing in detail with disapproved forms of sexual expression and there are many "innocents" to be protected. Innocence in this respect can refer to the kind, quality and timing of the child's previous experience. The unsophisticated child who is introduced to advanced levels of sexuality without comprehending what it is all about cannot put the experience into a meaningful or reasonable perspective. In such circumstances the emotions he will experience will not match the behavior he displays or to which he is exposed.

Among the innocents are the adults whose own adjustment may be perilous in the sexual area and for whom such events are a threat to their personal defenses. The child can provoke highly negative counterbehavior in the adult and then use this as a source for subtle and unspecified psychological blackmail in future interpersonal transactions. Parents of institutionalized children who

witness or hear reports of overt sexual expression in the institution can use this as the basis for countermeasures directed against the institution and its staff, and this continuing threat undermines the child-care worker's resolve to deal dispassionately with youthful sexual expression. Objections to the sexual acting out of institutionalized children may even come from professionals unacquainted with the facts of life of living with disturbed children and not just from disturbed parents. All sexual incidents are potentially explosive since they may produce so much injury to "innocent bystanders."

Criterion for intercession in sexual behavior. It is apparent that all the usual concerns about understanding the individual child should be invoked here, but the question of determining the exact moment of interference has ramifications that go beyond the individual case. If the effect on the group is the determining factor rather than the act itself, then we must consider dimensions such as the cohesion of the group, its leadership structure, the role of the child in the group, the social class of the group's members and the sociometric character of the interaction of the individuals.¹² The style of life of the group and the group mechanisms for meeting threatening situations must all be considered. It is apparent that an act that would be dangerous if viewed solely from the vantage point of the individual case history may be rendered innocuous by group support. The decision to intercede and the timing and technique for doing so are, of course, functions of the clinical experience and philosophy of the worker. No rule of thumb is applicable but a general tendency to ignore the structure of the peer group in such decisions is too widespread for comfort.

The role of neutrality. It is axiomatic

that there is no neutral zone for adults dealing with the sexual expressions of children. Adults who lean too heavily on a device such as ignoring low-level expressions of sex will soon find the child taking advantage of this tacit permission to promote a more advanced form of behavior. Too, adults react to sex as though legal rules of evidence were necessary for it to be discussed. Where a child will be queried about the possibility that he stole or aggressed against another child, adults may require incontrovertible evidence before initiating an inquiry about sexual misbehavior; the children capitalize on the adult's reluctance to probe the area of sexual behavior and use this lack of adult attention as a lever against the adult. Exploration of possible sexual incidents is, of course, an extremely tortuous task. Children obfuscate, lie, cover up and deny with an unspoken agreement to maintain a wall of silence toward the controlling adults. The tentativeness of the adult's approach to the task often is a sufficient cue for the child and he reacts accordingly, that is, he launches his most powerful weapons at what he detects to be a flaw in the adult psychological structure. Adult neutrality most often is a defensive avoidance of sex; true neutrality is an infinitely complex therapeutic maneuver.

Combined individual and group management. Sooner or later in every institution, pairs of children or small groups of children will present the staff with a problem of management of sexuality. The jumble of accusation and counter-accusation that usually emerges from the attempt to "get the facts" requires a substantial amount of time to straighten out and the group structure must be put back together after its chaotic falling apart over such incidents. The children must continue to live with one another, and a

shared, public, group understanding must be reached. Each member of the group must be aware of what every other member of the group has agreed to and now understands about the situation, if further group decay is to be warded off.¹⁵

Achieving a group understanding is only the first step in the process. The individual reaction of each child must be dealt with, since he views his relationship with the group in a highly personalized way. His emotions must be "mopped up" and the impact of the group incident must be interpreted in terms of the details of his individual case history. There are always a host of personal reactions that cannot comfortably be exposed before the other members of the group without jeopardizing his standing in it and his relationship to its power structure. This is a step that may be neglected only at considerable cost to the future of adult-child therapeutic transactions, yet it may easily be omitted under the press of time that combined group and individual working-through requires. It is our impression that, on the average, less than the necessary time is devoted to exploring all the ramifications of sexual incidents and that they are inadequately handled as a consequence.

Adult denial of reality. There remains the estimation of relative risk in having the adult over-react to sexuality or having him deny its existence. Denial differs from being neutral in that its appearance is seemingly unconscious. Evidences of sexual activity that would set off an alarm bell in the consciousness of an experienced worker, most often are overlooked by novices. It often seems that those closest to (that is, have a relationship with) the child are unaware of sexual material that seems blatant to an outside observer. Most often, erotic arousal in the child is "therapeutically"

permitted with an unclear view of what is therapeutic about the passive acceptance of overt sexual expression. The distinction between acceptance and permission is an indistinct one and, when an adult is willing to sanction moderate sexual expression, he may not always be willing to sanction the excess to which it may shortly lead. The subtle encouragement provided by remaining passive at the first stages of such expression always exists as a high contrast to the later restrictiveness that appears when the bounds of "propriety" have been trespassed.

Sex education. We have followed a frequent institutional practice of calling on the pediatrician or medical representative for educational efforts around the topic of sex. While it would seem that the weight of medical authority would ease the tensions in such a situation, we have met with variable success with such an approach. It is lamentable that sex should be classified as a physiological problem in such a cavalier fashion. It may be that if we are to be completely honest with children we ought to teach them sex at the level the average child-care worker understands it rather than at the sometimes awkward, esoteric and somewhat clinical and anatomical level of the medical specialist. The continuing efforts to substitute obscure, Latin-derived terminology for sexual parts and functions is again some measure of our own inability to face the reality of sex as adults know it. It seems more rational, psychologically, to rely less on clinical terminology than to use commonplace terms while focusing on the emotional and attitudinal components of sex. This seems logically to involve a frank discussion of the children's own personal sex habits and practices when

called for and suggests that the average child-care worker needs more than casual instruction about the means and methods of sex education. The most usual assumption is that every "normal" adult comes fully equipped with the capacity to educate the young in our society about such matters—an assumption that hardly seems warranted by the facts. The discomfort of adults (as well as the lack of essential vocabulary) should not be underestimated but it regularly is, because of the discomfort most professionals feel about breaching this taboo topic. If we are truly interested in convincing disturbed children that sex is not an area of extensive taboos, then we must look to an extensive reorganization of our current methods of sex education; the reality we all know must be inserted in the sex-educational process.

The need for supervision. This category refers to the supervision of adult workers rather than of the children. In any institutional setting a certain amount of sexual by-play will exist between the adults and these events are highly subject to misinterpretation by the children. Not only must the usual level of social interplay be supervised and regulated, but continuous observations of the day-by-day interaction of adults and children ought to be subject to scrutiny. The stimulus value of an attractive female with an unconsciously provocative manner should not be overlooked. The contagion of sexual behavior is great and an originally innocent action can trigger a totally disproportionate reaction in a group of disturbed children. We have found again and again that female child-care workers make friendly overtures to male children in a manner that may be indistinguishable from the seductiveness that is more appropriately expended on

male courting partners. In much the same fashion, male adult child-care workers can fall easily into a pattern of relationship that closely resembles that of a peer member of the "gang." Swapping tales of early sexual experiences and using a "one of the boys" approach has its dangers if it is not lodged in a properly mature adult worker. Consciously or unconsciously, the male and female child-care workers may slip into a form of relationship that is hardly calculated to contribute to the development and growth of the child. It is in this area that careful supervision is an absolute essential and, at the same time, it is an area that may be neglected. Adults need to distinguish between these personal and clinical sex attitudes and come to some understanding of the congruence between them.

The balance of freedom and restraint. A working institutional code always must walk the tight rope of freedom and restraint. In institutions dominated by the personality of a single outstanding theorist or director, for better or for worse, policy becomes clear if not always coherent. Most institutions are not organized in such an hierarchical fashion and practice becomes the fashioner of theory. For whichever side of the freedom-restraint continuum the policy leans, reasonable theoretical justification can be found, since the objective facts are so hard to ascertain.

The credible arguments for controlling and restraining the overt appearance of sexuality in children tend to focus on the acting-out quality of such expressions. The point is made that institutionalized children (particularly those in psychiatric institutions) usually suffer a substantial degree of regression to begin with and sexual acting out serves only

to drive them deeper into their regressed state. These children need to be protected from the confusion, guilt and anxiety attendant on the deepening regression. The suggestion is made that children need and want to be controlled until they are capable of managing themselves and to deny this control is to abandon the child to his pathology and its destructive effects. While sexual acting out may be cathartic, such expressions may defeat the therapeutic goal of substituting thought processes for socially disapproved action. This line of reasoning suggests that the institution's responsibility for establishing a socially acceptable patterning of child behavior requires that from the beginning it make such behavior ego-alien, not ego-syntonic. An equally cogent set of theoretical principles can be used to defend just the opposite institutional policy; it is this adult theoretical uncertainty that encourages a vacillating policy that shifts with the fashions of the times.

The circle of guilt. It has been noted that sex can be pressed into the service of aggression and thus become a two-headed therapeutic issue. Perhaps a source of equal difficulty is to be found in the regularity with which sexual expression induces a guilt that can be assuaged only by some concrete punishment. Confession and discussion may not seem adequate atonement for what the child may see as the enormity of his transgression. In the magical thinking of the unconscious, the violation of a powerful taboo can be cleansed only by an antidote of equal power. In such instances the offending child may embark on a program of violence and provocation calculated to force the adult to punish and thus "even" his psychic score. The almost compulsive nature of the

child's relentless search for freedom from guilt and anxiety can continue until his goal is reached and the adult finally disciplines the child (perhaps days later) for (in the child's mind) his sexual infraction. By this time in the child's sequence of behavior, he may have provoked so much anger and resentment among his peers or adults that the whole issue circles back on itself in a prolonged series of retaliations and counter-retaliations that can be traced to the original sexual transgression. In much the same fashion, children who commit sexual acts that produce substantial feelings of guilt may redouble sexual as well as aggressive activity in an attempt to relieve guilt by sharing it with many others. The psychic isolation of being the lone offender is intolerable to most children and they feel less guilt-ridden if others share their plight.

CONCLUSION

At the very least it must be concluded that the institutional management of sexual expression among institutionalized children has not received the theoretical attention so vital a topic warrants. It seems evident that the social taboos decried by professionals as prime sources of emotional disturbance have their counterpart among professionals in institutional life. The taboos appear in various guises ranging from the absence of professional concern in the literature through the lack of provision for training of child-care workers to the inadequate supervision of workers who make important daily decisions about managing sex in the institution. The illusion that there exists a high degree of agreement about the principles of hygienic management of sex would be dispelled quickly by any concerted attempt to discuss the issue.

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