

PSYCHOLOGY

# Juvenile Delinquency Up

**Just as there is no one cause for juvenile delinquents, so there is no one cure, but youngsters can be helped by being forced to go to a psychiatrist or guidance clinic.**

➤ JUVENILE DELINQUENCY is increasing in spite of the fact that families in general have more money and live in better houses, children have more play facilities and more psychiatric attention is being given to the problem.

Parents, particularly those whose consciences are a "shambles," are to blame, but so are courts that "coddle" the young delinquent and a society in which boys are kept in school beyond the age when they are interested in learning or capable of profiting by what they are taught.

Most delinquents can be greatly helped if the parents cooperate and if the youngsters' own resistance and suspicion can be overcome.

Juvenile delinquents are not, for the most part, neurotic, mentally sick or mentally retarded, or psychopathic. They may come from slums and broken homes, and from homes in good neighborhoods where parents are living together.

Since there is no one cause for delinquency in teen-agers, so there is no one cure or panacea.

These are the conclusions from a special session on the subject held at the meeting of the American Medical Association in San Francisco.

The youngsters can be helped even when they are forced to go to a psychiatrist or child guidance clinic, Dr. Frank J. Curran of the University of Virginia declared at the meeting.

This is contrary to the belief of many psychiatrists that the patient can be helped only when he wants and seeks help.

When terms of probation included regular attendance at the clinic, Dr. Curran found that many of the teen-agers were happy to feel compelled to come for treatment.

Often they really want help, but are afraid of losing face with their friends if they voluntarily go to a "nut doctor," Dr. Curran said in speaking of his experience while on the staff at Bellevue Hospital, New York, where he saw many court cases.

Of 300 such severely disturbed teen-age delinquents, more than two-thirds made a satisfactory adjustment in the community after the 30- to 60-day stay for treatment in the hospital. Only 10% were in correctional institutions when Dr. Curran made his follow-up study.

To aid these youngsters, doctors, social workers, teachers and psychologists must team up. Physical defects must be remedied, reading and arithmetic difficulties must be corrected, and the parents and youngsters must be helped to change their attitudes.

Working with the children in groups is

particularly effective. In the Bellevue Clinic, teen-age boys wrote and acted in plays; were encouraged to do art work, such as drawing, painting and clay modeling, and to engage in other group activities.

The plays often were on such themes as

"Crime Doesn't Pay." Discussion of the plays, drawings and paintings, lead by the psychiatrist, got the boys talking about their problems, even though they were at first suspicious and unwilling to talk.

From the group discussions they found others had the same problems as themselves, and this gave each more confidence to talk and get help.

Taking part in the delinquency conference besides Dr. Curran were Drs. Adelaide M. Johnson, Mayo Clinic, Rochester, Minn.; Harry Bakwin and Leona Baumgartner, New York; Bertram M. Beck, Washington, D. C.; Charles Bradley, Portland, Me., and J. Cotter Herschberg, Topeka, Kans.

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