# LONG-TERM DEPENDENCY AND MALADJUSTMENT

## CASES IN A FAMILY SERVICE AGENCY

An Exploratory Study
of Data and Method

by

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## ABSTRACT

So-called "hard core" cases have long been known to welfare agencies and to communities; but proper definition and understanding is still often lacking, while attention has not been sufficiently directed to the problems of adequate diagnosis, early recognition, treatment and prevention and the social or community aspects as well as the personal or single-agency implications.

The present study is an exploratory analysis, examining data and methodology, of such groups in a particular but strategic setting - the family service agency. After (a) considering popular and more acceptable definitions of "hard core" cases, it (b) reviews briefly some of the statistical indications of long-term cases in the Family Service Agency of Greater Vancouver, and proceeds to (c) a detailed analysis of a small selected group who manifest all the characteristics of chronic dependency and maladjustment. The systematic exploration of all the complex elements in the pattern of multi-problems dependency is the main theme of this study.

Despite gaps in information it proved possible to list these factors within three subdivisions:- (a) Socio-economic factors and presenting problem, (b) physical and mental health, and (c) premarriage history. A significant number of common elements were shown to be operating within each family. These elements were studied in conjunction with family behaviour patterns and a further correlation between them and the behaviour patterns seemed apparent.

In spite of the complex inter-relationship of personality and environmental factors, it is possible to advance the view that multiproblem families and potentially chronic cases are susceptible of relatively early identification. This would be a major step towards more effective diagnosis and treatment planning for the multiproblem family. Effective treatment planning and possible preventive techniques however, raise the essential issue of adequate community and agency resources. A Family Mental Health Centre is one special medium, as are some of the environmental services developed in such countries as Sweden and Great Britain. The tentative conclusion favours a balance between the American "mental health" approach, and that of coordinated social and environment services. As an exploratory study, it does not minimize the urgent need for further research.

## ACKNOWLEDGMENTS

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## CHAPTER I

## GENERAL NATURE OF THE PROBLEM - HISTORICAL AND CONTEMPORARY

Within recent years there has been increasing evidence of the extent to which a small proportion of maladjusted or dependent families have absorbed a disproportionate share of the time, money and resources of the community, and of the public and private welfare agencies giving service within the community. Until recently there have not been many studies of a community-wide nature, or surveys which resulted in definitive measurement on a statistical basis. David G. French cites one such survey, the figures for which are taken from a publication of the Council of Social Agencies of Detroit.

Table 1. Number of Cases or Persons Receiving Service from Selected Voluntary Social Work Programs, Detroit, 1950 [1]

| Program | Number of Cases or persons |
|---|---|
| Family Service (monthly average of active cases) | 3,298 |
| Mental Hygiene Clinics (monthly average of patient visits) | 2,829 |
| Institutional care of the aged (daily average of individuals under care) | 3,782 |
| Institutional care of the transient and homeless (daily average of persons cared for) | 1,560 |

(more)

1 Source: Reproduced from French, David G., An Approach to Measuring Results in Social Work; Columbia University Press, New York 1952. Basic Source, Statistical Bulletin XI, No.5 (1951) Council of Social Agencies, Metropolitan Detroit.

| | |
|---|---|
| Service to transients and travelers (monthly average of cases served | 2,839 |
| Building-centred group work and recreation (total membership during year) | 112,753 |
| Non-building-centred group work and recreation (total membership during year) | 90,373 |

While the foregoing figures are based upon such different units as "cases" and "patient visits" and some of the same persons are undoubtedly included in the figures for different programs they do give some notion of the day-by-day flow of people to the voluntary social agencies in this community. It is an essential step in the evaluative procedure. As French said in his text, quoting Kurt Lewin, "Realistic fact finding and evaluation is a prerequisite for any learning."

Research into this area of human needs on the American continent has been given considerable impetus by the studies of Bradley Buell and his associates. The first such major study was conducted in St. Paul, Minnesota in November 1948. It was directed towards what Buell has designated as the four major problems toward which community-supported services are directed - dependency, maladjustment, ill-health and recreational needs.

In Minnesota, the survey revealed that a small group of families - 6.1% of all the families in the city, were suffering from such a compounding of serious problems that they were absorbing over 50% of the combined services of the community's dependency, health and adjustment agencies. Specifically, these families accounted for 77% of the

relief load, 51% of the drain on health services, and 56% of the load carried by adjustment services in the mental health, casework and correctional fields.

A contemporary study, that in San Mateo County, California, now underway by Community Research Associates, shows that 5.8% of the families there are also absorbing over 50% of the community's public and private relief and welfare services and resources.

This problem is not confined to isolated communities in the United States. As yet unconfirmed observation suggests strongly that the same situation obtains in Vancouver.

These long-standing cases, whose chronicity is characterized by a frequently bewildering aggregate of problems have come to be described by the term "hard core", by social scientists and social workers, both on this continent and in Great Britain.

At the Symposium held in October 1955 on the occasion of the 25th. Anniversary of the School of Social Work of the University of British Columbia, particular reference to such cases was made by Dr. Eileen Younghusband, Director of the Social Work Course at the London School of Economics, who instanced cases of families which had been on the records of welfare agencies for two and even three generations. In the panel on "Humanizing the Social Services", Dr. Gordon Hamilton made further reference to the urgency of the problem posed by these "hard core" cases.

It is within the family constellation, as Buell has observed

in his St. Paul study, that "these destructive forces move continuously to reinforce each other". The evidence is that they then become unable, or unwilling to maintain themselves independently even in a period of relative prosperity or relatively high employment such as we have had since the war. Are there such families in Vancouver? How far are those known to family agencies typical? What kind of causes operate?

It would appear appropriate that an agency such as the Family Service Agency of Greater Vancouver, whose primary focus is the family unit, should be the best starting point for an exploratory study of this challenging area.

Firstly, the existence or otherwise, of a "hard core" at the Family Service Agency must be determined. If so the data must be examined in order to establish some method for analysis of the facts thereon. If this can be done, the way is open for further studies on these lines: Why do some families become and remain dependent upon the social welfare resources of the community? What particular constellation of disabilities accelerate family deteriroation to the extent that dpeendency and maladjustment becomes chronic?

Might any family become chronically dependent, or is it only those who are poor, unlucky, inefficient or underprivileged? Do such families have constant needs, or do such needs arise only in times of crisis such as might be induced by depression, illness, death, or special events like desertion, orphanhood, unmarried parenthood? What are these needs and to what extent does society meet them? The twentieth century,

and more particularly, the last decade, has brought with it the ever-increasing recognition that many of man's needs must be met by the State. Such needs would include provision for adequate education, minimum health services, insurance provisions for old age and unemployment, and workmen's compensation legislation.

These needs, generally accepted as normal, are today being met, either wholly, (although not necessarily adequately), or in part.

But what of abnormal needs - the needs of the mentally deficient, the emotionally disturbed, the physically disabled, the unemployed employable -- and the otherwise maladjusted and dependent? To what extent are the needs of this group still unmet?

Western civilization has moved a long way from the punitive, repressive pattern of the old Poor Laws of the 18th century. Yet even today, in parts of this continent, vestigial elements of this harsh and judgmental philosophy remain, and some outmoded institutions continue.

The reform of the English Poor Laws following upon the minority Royal Commission Report of Beatrice and Sydney Webb and their colleagues, towards the end of the last century ushered in an important period in the development of social work. Legislation advanced from inadequate provision for poor relief to contributory or tax-financed social legislation available to all. Service to individuals and families developed, during this century, from the Charity Organization Society's concept of self-help to modern casework. This, too, was a period of advancement in methodology and in knowledge. It was a period which saw

the social sciences develop new skills making possible the assembly of an exhaustive body of knowledge about whole generations of maladjusted and dependent families. A generation ago there were such studies as those of the irredeemable Jukes and Kallikak families. Today there is the new experimental approach to the social pathology of entire communities envisaged by such surveys as those of Bradley Buell and his associates.

The present study, as already emphasized, is an exploratory study only, of data and methodology with respect to long-term maladjustment and dependency. It is an attempt to open up the whole idea of what is "hard core" and to determine, if possible, how such cases can be analyzed. This is the main goal of this particular thesis. The magnitude of this problem does not permit of exhaustive treatment within the scope of this reconnaissance and because of the numerous facets of this question which require further research the conclusions can only be provisional.

## Is The Term "Hard Core" Valid?

The term "hard core", as has been indicated, is frequently used within the fields of social work, sociology, and other social sciences to describe the long-standing cases of dependency and maladjustment. By their very nature these are apt to absorb a large amount of community welfare resources and services. While this term has a certain merit, derived primarily from usage, it lacks precise

definition, and from a semantic viewpoint may be subject to serious question. The meaning of "hard core" has never been precisely defined - apart from its original technical definition, which is hardly relevant without much interpretation.[1] This is primarily because it is only recently that social research has sought to determine what factor or combination of factors - environmental or emotional, make for that type of chronic maladjustment which the community appears powerless to prevent, and for which, thus far, treatment has been largely ineffective.

For the purpose of preliminary measurement, a long-term case was defined as any family whose date of referral to the Family Service Agency was 1949 or earlier, and which was active at any time in 1955 (up to the date of the survey. 185 cases at the Family Service Agency were thus defined. Certainly it would be incorrect to assume that all long-term cases are necessarily "hard core" cases. Thus in this particular survey, made from Family Service Agency files, cases were characterized as long-term if they had been referred at least six years ago. Had it been decided to make the criterion for long-term cases 1946 or earlier, (i.e. at least ten years old), only 99 instead of 185 cases would have been classified as long-term. Merely because a case is long-standing does not mean it is characterized by chronic dependency and maladjustment, or that treatment techniques have not been helpful to the family. Among long-term cases it is of course likely that there will

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1 "Hard core - heavy material forming foundation of road." The Concise Oxford Dictionary of Current English; Third Edition; Clarendon Press, Oxford 1934.

be many with such a complex constellation of disabling problems that they render the family virtually permanent dependents. But it still remains to analyse these problems rather than their duration. Moreover, it should be noted that the problem of chronic maladjustment and dependency is essentially a community problem. Families or individuals are long-term (or "hard core") in terms of the total community - not a particular agency. From the point of view of a particular agency, a case which has been active for say, 15 years, whether called "hard core", long-term, or anything else, has, in fact, absorbed a disproportionate amount of the agency's resources. Yet, in terms of the total community, a family active only one month at that agency, may, over a greater number of years, have already absorbed a far greater amount of the community's total resources through its relief giving agencies, medical services or other case-work agencies. Thus, in this study, while the particular focus is on the defined 185 long-term cases in the Family Service Agency of Greater Vancouver, the findings are subject to the important qualification that they are susceptible to broader and more significant interpretation as part of a community-wide survey rather than one focussed on a single agency. The ultimate goal of agency-focussed research into this problem must be that of integration and correlation with the broader research focus of the community.

Chronic dependency and maladjustment is a self-perpetuating mechanism. Although essentially a problem of the whole community it

is appropriate that the task of full diagnosis and co-ordination of services for such groups be undertaken by a family-oriented agency. There exist public agencies which function as primary economic resources for the family such as the Vancouver City Social Service Department. Such agencies perform a vital service in meeting emergency needs, frequently on very short notice. But there must be agencies such as the Family Service Agency which can take over the essential job of psychosocial diagnosis and treatment planning for the entire family.

The importance of the total family constellation in such work is today so generally recognized as to be almost axiomatic. In our Western Civilization the family is the basic unit of society.

Unfortunately, practical application of this concept seems at times to lag behind its theoretical acceptance.

Mary Richmond gave cogent expression to this idea thirty-nine years ago when she wrote:

> "As society is now organized, we can neither doctor people nor educate them, launch them into industry nor rescue them from long dependence, and do these things in a truly social way without taking their families into account." [1]

The paramount importance of broadly focussed and efficient diagnosis for these long-term cases is clear if effective treatment planning is to be made possible. Social casework seeks to help the individual

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1 Richmond, Mary, Social Diagnosis, Russell Sage Foundation, New York, 1st Edition, 1917, 14th Edition 1936.

adjust to his environment in such a way as to achieve both his own, and society's betterment. Diagnosis is an integral part of the process and it must be so ordered that it takes into consideration all the emotional and socio-economic factors within the environment.

Every diagnosis is a configuration, made up of the individual acting on and responding to his environment. Individual and setting are interdependent and inter-acting. This is why Gordon Hamilton has said: "--- (casework) makes no pretense that treating each case one by one is a substitute for changing the environmental systems which may fundamentally cause the unadjustment."[1] This becomes very relevant later in the present study, when concrete examples of families are given extensive analysis. The analysis of the "hard core" group is so important that it is set out further below in graphic form. One other aspect of this particular topic warrants consideration. This is, that to many persons the term "hard core", within the context of this type of survey, has a subtle connotation of moral failure. The "hard core" families or individuals are considered somehow morally inferior rather than physically and emotionally deprived or disturbed. There is a faintly discernible judgmental quality about the use of the term which would indicate the desirability of finding a more apt expression. Bradley Buell uses the term "disordered behaviour" in the San Mateo survey to describe such chronic maladjustment and dependency. But the term may be questioned

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1 Hamilton, Gordon, Theory and Practice of Social Casework; New York School of Social Work; Columbia University Press; New York; Second Edition Revised 1951.

## CONSTITUENT FACTORS IN LONG-TERM ("HARD CORE") GROUP [1]

### Applied to Families Only

I. TIME

a) Prolonged economic and/or emotional dependency on:-

-- the agency
-- the community

II. DEPENDENCY

a) What are the:-

-- social causes?
-- social implications?

The community has a primary responsibility for the security of the family.

b) Who?

-- the single individual
-- each separate person within the family
-- the family as a unit

The family is the strategic unit for diagnosis and treatment planning.

c) What kind?

The morbid manifestations of these characteristics interlock to make up the multiproblem long-term cases with which this study is concerned.

1. Socio-economic

-- employment (training, opportunity)
-- housing (adequacy, cost, location)
-- education (opportunity, cultural factors)
-- income (size, stability, housekeeping, hazards or interruptions)

2. Emotional (Psychological)

-- personality
-- behaviour
-- attitudes
-- intelligence

(as they affect maturity, work capacity and habits, discipline, marital and parental strengths, etc.)

3. Health

May be cause or effect

-- physical
-- mental

acute, intermittent, or emergency

Effect on:-
a) budget
b) working capacity
c) morale and relationships

4. Mobility

May be cause or effect

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1 Other kinds of cases, (E.g. foster children, delinquents without parents, single men, unmarried mothers, etc.) would require different consideration.

on the ground that it is somewhat more general than the specific connotation of chronicity and indeed could be applied to almost any form of anti-social behaviour or personality disturbance. Thus, although in some respects a more suitable expression than "hard core" since it is relieved of negative connotation, it nevertheless lacks the definiteness of the term "hard core" - and the sense of challenge to the social researcher evoked by this later term.

In the present study the expression "long-term" is used, as it is a means of including all types of disordered behaviour, whether acute or chronic, with which this agency and the community must be concerned. Besides a general exploration of the subject of long-term dependency and maladjustment, this study examines in detail a group of long-term ("hard-core") cases. As of November 1955, these cases had been continuously or intermittently active at the Family Service Agency of Greater Vancouver since their initial referral in 1945 or 1946. Thus, these cases may be considered as currently active, and to have been so, either steadily or at intervals, for a period of either 10 or 11 years. Certain criteria which will be detailed later in this chapter were applied to the selection of these cases.

Long-Term Cases at the Family Service Agency

The first step in the investigation was an overall review of the 1955 case-load at the Family Service Agency in order to get a more definite idea of what long-term cases are, and how many.

This review was conducted in December 1955.

As previously stated, a long-term case is one which is now six years old or older, as well as being active at any time in 1955 (up to and including November). Some of these long-term cases (in fact, the majority of them) were "closed" at some time during 1955. However, it is proper to include such long-term cases in the survey even though they may have been "closed" in the last month surveyed in 1955, because, as experience at the Family Service Agency has shown, (and this is corroborated by the findings of Bradley Buell in his St. Paul and San Mateo surveys), long-term cases are either continually active, or they are characterized by a pattern of intermittency, i.e., they are continually being re-opened. In some agencies these long-term cases would not have been closed. At the Family Service Agency, however, it is usual to close, even if only temporarily, all cases which have been inactive for more than a month unless imminent reactivization is anticipated.

The cut-off date of January 1, 1955 is arbitrary. Thus long-term cases closed before January 1, 1955 and which have not been re-opened since are not included, despite the possibility of their re-opening again. In a more exhaustive study than the present one all cases which were active over a certain stipulated number of years would have to be taken into consideration.

Subject to the foregoing qualifications, this initial review showed that a total of 185 cases at the Family Service Agency conformed to the definition of long-term cited on the preceding page.

Of these 185 long-term cases:-

27 originated during the period 1931 to 1939 inclusive
37 " " " " 1940 to 1944 "
35 " " " " 1945 to 1946 "
86 " " " " 1947 to 1949 "

These cases constitute a disproportionately high percentage of the total case-load of the Family Service Agency - 25.8%. The relevant further statistics and the implications of this finding will receive further consideration in the appendix to this study.

Selection of Cases for Intensive Analysis

It then became necessary, because of practical considerations, to establish additional criteria for the purpose of selecting a manageable number of cases for more intensive analysis. This is not to suggest that all 185 cases were not equally appropriate, especially if a more exhaustive study of long-term dependency and maladjustment could have been made. But some limits had to be set; and the first criterion was as follows:

1. The cases should have originated within, and continued active, during a period of relative stability.

Since the only period of relative stability since 1931 has been the post-war years, this indicated use of cases originating in the years 1945 to 1949 inclusive. Cases originating in 1945 and 1946 (of which there were 35), afforded the most suitable grouping from which to select those for more intensive analysis as such cases constituted

those which have remained continuously or intermittently active during the past ten or eleven years of relative economic stability and relatively high employment.

Schedules were filled for each of these 35 cases, to indicate for each, the following Agency face-sheet information, where available:-

1. Name of client.
2. Name of present caseworker.
3. Status of family.
4. Number of children in family at present time (Dec. 1955)
5. Sex of children.
6. Date of birth of children.
7. Occupation of head of family.
8. Birth-places of husband and wife.
9. Birth-dates of husband and wife.
10. Date of marriage.
11. Religion of husband and wife.
12. Source of application to agency.
13. Social Service Index listings.
14. Presenting problem(s).

Three further criteria were then applied to these 35 cases as follows:-

2. Only legal family constellations as of the date of referral to the agency, (1945 or 1946) were to be considered.

3. Only family constellations where the father has been the nominal family head and provider during the ten or eleven year period were to be considered.

4. Only relatively younger families with children at the date of referral, were to be considered.

Application of criterion 2 showed that there were 21 legal family units in the group of 35 cases. Criterion 3 eliminated all families where there was no father, where the father died during the 10 or 11 year period, or where the primary cause of continued dependency and maladjustment was physical illness or handicap.

Application of the final criterion left of the original group of 35 cases, a group of seven families, which although they varied with respect to presenting problems, religious and cultural backgrounds, number of children and economic status, had certain characteristics in common. These were:-

1. Each of them is a legal family constellation.
2. In each of them the father is the nominal head of the family, and the nominal provider.
3. In each family there are currently two or more children. The number of children per family ranges from two to eight.
4. Each family is Canadian-Caucasian.
5. In each family but one the husband was born between the years 1915 to 1923 inclusive. Thus in 1945, the ages of six husbands in this sample ranged from 22 to 30 years of age. The 7th man was 43 years old.
6. In each family the wife was born between the years 1910 to 1924 inclusive. Thus, in 1945, the ages of the wives in this sample ranged from 21 to 35 years of age.

Even within these limits there are many more questions than can be fully answered. But it is helpful to set them down.

Why have these young families become - and remained, chronically dependent or maladjusted? What kind of people are they? What kinds of dependency do they have? What patterns of maladjusted behaviour are found in these families? Are there any clues to the causal factors responsible for long term maladjustment and dependency? What types of services do these families require --- what are provided --- and how are they utilized? Finally, what is the prognosis for these hard core cases?

Analysis of the psychosocial, health and environmental factors influencing, and operating within each of these family constellations may provide us with answers to some of these questions. There may be psychogenetic or environmental factors common to all, or most, of these families which will provide clues to clearer diagnostic thinking and formulation.

Analysis of the characteristics of chronic maladjustment and dependency within this sample of long-term cases, however limited, and although of an exploratory nature only, may help to indicate more clearly the further investigation required, within the field of social work if it is to arrive at effective techniques for prevention and protection.

Essentially, these are the same research goals as Bradley Buell postulates in his current community surveys. In his text, Community Planning for Human Services, he summarizes the situation in the following

words:-

> "Analysis of the community-wide characteristics of the problems creating the need has not kept pace with the promotion of resources for their remedy. Study of methods to reduce the prevalence of certain problems, has been neglected. Research into the causes of problems, a move which might produce the key to their prevention, has, in many areas, taken a minor place. Scientific evaluation of the results of service has been by-passed." 1

Before proceeding further with this study we must define the two concepts associated with our previously defined term "hard core" or long-term. These concepts are those of dependency and maladjustment.

Maladjustment

Buell, in the St. Paul study, defined maladjustment as based on two main types of evidence of the inability of people to adjust successfully to the necessities of social living. These were:-

1. Evidence of anti-social behaviour as reflected by the formal judgments of society - i.e. records of crime, delinquency, child neglect, and other types of behaviour in respect to which society takes official action.

2. Diagnostic evidence: Mental deficiency, mental disease, emotional disorders of instability as recorded by psychiatrists, and failure to discharge primary social obligations towards home, school or work as identified by social workers.

In a preliminary report on the San Mateo Survey, Bradley Buell and his associates offered a simpler definition of maladjustment -

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1 Op cit. P.5

"---- a relative incapacity to adjust to the requirements of social living".[1]

These two definitions of maladjustment have recently been synthesized into another, but essentially similar definition by Buell, in an article he wrote for Mental Hygiene. In this article he states: "The term maladjustment has been used since the beginning of our research to characterize types of disordered and 'unsuccessful' behaviour about which the community generally assumes responsibility."[2]

Here, then, are three definitions of maladjustment. All are essentially similar and equally valid insofar as our use of the term is concerned. However, the final definition is worth particular note as it adds to the earlier definition the important concept that from a survey or research point of view we must necessarily consider maladjustment as "behaviour about which the community generally assumes some responsibility."

Dependency

The concept, "dependency", has been used in a preceding section of this chapter in its economic, and not in its casework or psychological sense of emotional dependency. It is used throughout in the

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1 Community Research Associates, The Prevention and Control of Disordered Behaviour in San Mateo County, California, N.Y. 1954, P.6.

2 Buel, Bradley; "Preventing and Controlling Disordered Behaviour A Community Experiment", Mental Hygiene, Vol. XXXIX, No.3, July, 1955, Pp. 365-375.

material sense defined by Buell in his initial report on the San Mateo Community research project as being " --- without the necessities of life unless the community made some provision for them --- food, clothing and other essentials."[1] Emotional dependency comes within the previously cited definition of maladjustment.

Multiproblem Families

Serious maladjustment, characterized, as Buell's studies have shown, and our preliminary survey indicates, by chronicity and a multiplicity of problems, combined frequently with economic dependency, accounts for those multiproblem families who absorb the disproportionate amount of the social welfare, health and relief services we have already referred to.

We would observe, however, that the concept "multiproblem" is not characteristic solely of long-term cases. A uni-problem family would be a rare situation as even under normal, or relatively normal conditions, it would be unusual to find that a family has only one problem with which to cope.

Buell uses the term "multiproblem" in describing his dependent and maladjusted hard-core of cases who use the greater portion of community services. Nevertheless, we believe that the term multiproblem is used in that context is no more valid than when applied to those other families in the community with multiple problems but

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1 Op Cit, p.

which do not result in chronic maladjustment or dependency.

Table 2 below is a listing of presenting problems at intake for the 185 long-term cases at the Family Service Agency. The table serves a dual purpose. It lists the number of presenting problems within each category and thus illustrates their nature an multiplicity in this group of long-term cases. The other purpose, which accounts for the format of the table, is to illustrate the "split-halves" method of assessing the consistency of samples. It indicates a high degree of consistency.[1]

Table 2. Presenting Problems at Intake

| Problem | Sample A | Sample B | Total |
|---|---|---|---|
| Alcoholism | 1 | 4 | 5 |
| Economic/Employment | 40 | 36 | 76 |
| Housing | 1 | 4 | 5 |
| Intellectual Retardation | 4 | 3 | 7 |
| Legal | 7 | 11 | 18 |
| Marital | 40 | 41 | 81 |
| Mental Illness | 4 | 2 | 6 |
| Personality | 20 | 26 | 46 |
| Physical Illness | 15 | 21 | 36 |
| Parent-child Relationship | 22 | 20 | 42 |
| Substitute care of Children | 12 | 15 | 27 |
| Unmarried Parenthood | - | 3 | 3 |
| Old Age | 1 | - | 1 |
| Educational/Vocational/Rec. | 1 | 2 | 3 |
| Total | 168 | 188 | 356 |

It is proposed now to explore, as far as possible, the way to find the answers to some of the questions posed earlier in this chapter.

1 See Appendix A ("Some characteristics of long-term family cases") which further illustrate this method.

The answers, it is hoped, may suggest a methodology which will lead to the improvement of present techniques aimed at the prevention and control of this disabling and costly social phenomenon.

## CHAPTER II

## CONSTITUENT ELEMENTS IN LONG-TERM CASES

How are the many influences at work within the psychodynamic and environmental constellation of each of the families to be sorted out? As a beginning an answer has to be found to two basic question: (1) What psychosocial factors may be seen operating within each of these family groups? (2) Which psychosocial factors must require consideration in the interest of accurate diagnosis and effective treatment planning?

The first answer can be sought by analysis of the case records for each family. These original case records varied in length from as few as 8 to as many as 120 pages of single-spaced recording for each family. Each case record was re-written in abbreviated form, with particular focus on the psychosocial areas which can be distinguished, and the behavioural manifestations which are recorded for the individuals within each family.[1] Subject to gaps in information recorded a scheme of classification has been evolved which seems to give room for all the known psychosocial factors operating within each family group.

The second question is perhaps the most challenging and pertinent question applicable to the subject; and it is properly a subject for continuing research.

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1 See appendix for these abbreviated records.

At this exploratory stage it can hardly be expected that the final answer can be produced to the question of which psychosocial factors are most significant for accurate diagnosis and treatment planning. As has been repeatedly emphasized, this is a reconnaissance study. Interest is centered on at least a first-approximation analysis of those psychosocial factors known to have been operative within the family groups. Many psychosocial components, some possibly of great significance, were not ascertained, or investigated, during the time these cases were active in the Agency. For example very little (or more frequently, nothing) has been recorded in any of these seven cases about the possible effect upon family and individual behaviour of such things as cultural traits or religious beliefs whether in the past or present, or psychogenetic factors such as maternal deprivation, orphanhood, etc. which may have radically influenced subsequent behaviour. Such additional psychosocial factors - and there are many, as for example, affectional patterns, patterns of self-esteem, attitudes and patterns of behaviour in the sexual relationship of the marriage partners, leisure time activities, etc. have properly been receiving the careful attention which is merited within the scope of the more detailed surveys such as those currently underway by Community Research Associates in the United States. The prime objective of this reconnaissance is to make a start in perceiving causal relationships. Within its limitations, the study must be confined to the known elements operating within these family groups. If these seven cases are examined analytically and the

influences operating within them classified, the following grouping seems reasonable:

| Socio-Economic (and Presenting Problem) | Health | Pre-marriage Social History |
|---|---|---|
| a. Employment | a. Physical | (For husband and wife) |
| b. Income | b. Mental (psychological) | |
| c. Housing | | |
| d. Education and training | (for each family member) | |

These components or sub-areas are all illustrated by the case material in the balance of this chapter.

1. Socio-economic

Environment and personality interact upon each other. It is in response to the strains and stresses of a hostile environment that the pre-existing personality defects become apparent; or that hitherto adequate defences break down and can no longer help the individual maintain emotional stability.

People, or families, do not "crack up" purely by chance. The The tolerance level of individuals varies markedly, but given sufficient environmental stress, every individual will break down eventually. The breakdown may be manifest in many different ways -- by neurotic escape, by psychotic flight from reality, or, as in the cases under study

by regression to long-term dependency and maladjustment. Modify the environment beforehand so as to eliminate its' stresses and most of these breakdowns can be averted. Modify the environment after the breakdown and many of these individuals and families can be fully or partially rehabilitated.

A parallel with the science of medicine may be drawn here. The germs of tuberculosis are dormant within most individuals. Expose anyone to prolonged economic deprivation with its attendant unemployment, malnutrition, bad housing, etc. and the latent disease will germinate; to result ultimately in the death of that individual unless there is prompt and perhaps radical modification of the environment. Medical science has evolved effective preventive techniques for such diseases as tuberculosis. Perhaps the science of social work will be able to do the same for social breakdown.

Presenting Problem(s) as Seen by Client The presenting problem can be a significant factor in diagnosis. It is brought to the Agency by the client personally or by referral from another source. In practice it has been found that, for the thirty-five long-term cases originating in 1945 and 1946 and cited in the Appendix 70% of the cases came to the Agency as a self-referral. Of the seven cases under close analysis, four were self-referred.

The presenting problem -- and it is frequently only a symptom, although behind it lies a significant etiology, arises, as already suggested, in response to precipitating psychosocial elements. The point at which it becomes a matter of urgent concern to the client or

clients -- the precise time at which, particularly if a self-referral, it is brought to the Agency, is not fortuituous. The reason it becomes an emergency problem at that particular time must be closely examined in the interest of accurate diagnosis. Moreover, there may be a difference between the problems as seen by the client and as they really are. This is diagnostically significant for many reasons. Is the client's perception of reality sound? To what extent does denial, rationalization, projection, or other indications of repression enter into his statement of the presenting problem?

In Schedule A following, the presenting problem as seen by the client, (or more accurately -- as stated by the client) is listed. The reality or otherwise of this client statement then becomes readily apparent in terms of the psychosocial factors listed in this and the two following schedules.

The presenting problems as they actually are, are listed on the face sheet pages of the abbreviated records in the Appendix.

1. Employment

In any analysis of long-term maladjustment and dependency we are inevitabley confronted with the negative aspect of employment -- unemployment. To draw a parallel from pathology the diagnostician's paramount concern is with morbidity. But the nature of the healthy organisms must also be noted. In the same way the social scientist can learn much from both the positive and negative aspects of employment. Within the pattern of employment there are numerous significant indicants of the individual's personality structure. These are

evidenced through attitudes towards authority, toward peers, and through patterns of mobility. There are other indicants of causal relationships. Unemployment is at the same time both cause and effect. It may be due to economic considerations beyond the particular worker's control -- to such circumstances as seasonality, depression, or war. It may be influenced by other socio-economic factors such as income, housing and education. In turn it affects the rest of the person's environment, leading to both economic destitution and not infrequently, pauperization of the spirit. Unemployment drags men down, destroying both morale and efficiency. The significance of this factor can then, be neither ignored or considered only superificially.

Since these seven cases are being subjected to analysis through the period 1945 to 1955, a period of relatively high employment, any deviation from the norm with respect to this socio-economic constituent may carry with it significant implications for diagnosis.

2. Income

This, like all other socio-economic factors, is part of a larger configuration. The social diagnostician is concerned with the adequacy of individual or family income per se. He is also concerned with all the numerous other facets of income -- ability to budget; ability, whether due to emotional or educational background influences to earn an adequate income; psychological implications of unrealistic attitudes towards money and debts if they exist. All these aspects

of income in turn bear directly, or indirectly, upon the emergent symptoms of dependency and maladjustment in the cases under survey.

3. Housing

The relevance of this sub-classification will be apparent. Shelter is one of the individual's -- and the family's primary needs. It demands the closest consideration as a component in competent social diagnosis. Indeed, it has given rise to a relatively new discipline within the field of sociology -- human ecology, which deals with society in its biological and symbiotic aspects; that is, in those aspects brought about by competition and by the struggle of individuals, in any social order, to survive and to perpetuate themselves. The term ecology itself, was derived from the Greek word meaning house, abode, dwelling.

Not all personality problems or defects come to "term" as a result of bad housing. But a disproportionate number of welfare agency cases do originate in blight areas. A housing survey undertaken in Vancouver in 1950 refers to "--- the difficulties of coping with distress and social ills when they are lodged in living conditions which destroy morale".[1] Within the same context the survey cites a commentary of the City of Vancouver Social Service Department which refers to "the multiplicity of,housing and emotional problems" bred in such blighted areas.

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1 Marsh, Leonard C., Rebuilding a Neighbourhood; University of British Columbia, Vancouver, Canada, 1950. P.25.

Thus, housing, particularly in its broader sens of neighbourhood, recreational and cultural outlets, and mobility, meshes closely with all other socio-economic factors influencing individual and family patterns of behaviour.

4. Education and Training

This frequently ill-explored socio-economic factor can often throw needed light upon the reasons for sub-marginal conditions and standards with respect to other socio-economic constituents, particularly the three just reviewed. In turn, analysis of this component demands consideration of a wide list of other psychosocial factors. If education was inadequate, why? Were there cultural factors influencing the extent and type of education? What was the individual's emotional reaction to limited or restricted education? Should education or training have been more specialized, more technical? Can educational lacks be made up? These questions are only a partial indication of the very considerable ramifications of this factor.

Charlotte Towle gave succinct expression to the function of education, particularly in the sense of educational opportunity when she wrote:-

> "Public assistance workers frequently have not realized the many implications for both the individual and society when educational opportunities are not commensurate with an individual's abilities. First, there is the loss to society of the richer contribution which he might have made; second, the loss to the individual of a more satisfying and productive life work; third

> the deep frustration which may be experienced when aspirations cannot be attained, a defeat which may lead to embittered rage or to discouraged inertia. Thwarted mental powers seek destructive outlets. Deep personality disturbance and regressive behaviour trends of many sorts may be induced when the mind is obstructed in attaining its full growth." 1

2. Health

Health inter-relates closely with both the socio-economic and the emotional functions of behaviour. Its effect upon these functions can be marked.

Under physical is listed both chronic and acute physical illness as well as any physical handicap whether disabling or not.

The listing of health factors under the heading mental (psychological) is a more complex matter since as Warren C. Lamson of the National Institute of Mental Health, Public Health Service, Maryland, has said: "--- the term 'mental health' resists definition. It has therefore come to have multiple meansings, including preventive psychiatry, environmental medicine, the psychological, aspect of public welfare, applied sociology, social psychology, community psychiatry, and so on." 2 Thus psychological health is a very large area including what some people call "morale", others "adjustment", and others "feeling tone".

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1 Towle, Charlotte, Common Human Needs; American Association of Social Workers, New York, 1953.

2 Lamson, Warren C., "Integrating Mental Health Services Into the Community Health and Welfare Program," Journal of Psychiatric Social Work, September, 1955.

For each condition listed the source of the judgment is cited. This encompasses a broad range, from the diagnoses of medical psychiatrists to the other extreme where we have nothing but the client's own subjective judgment of his or a family member's condition. Under this heading, then, would be listed the following:-

a) Clearly defined mental illness: This would include such diagnosed conditions as schizophrenia or manic-depressive psychosis.

b) The neuroses: This would include such conditions as anxiety state, hypochondriasis, etc. usually diagnosed as such by psychiatrists or social workers.

c) Other emotional disturbances: These are vaguely defined or perhaps inaccurately described emotional disturbances which may be indicative of more serious problems or which may be within the norm although coloured by subjective attitudes of the person concerned or of immediate relatives. They may also be behavioural manifestations as seen by the social worker or other professional worker concerned with the case. While strictly speaking some of these judgments may not be valid, they are listed as having a greater or lesser degree of diagnostic significance. Within this group would come such concepts as "emotional immaturity", "violent temper", "nervousness", "tenseness" etc.

d) Mental retardation: Unless known to be of organic origin, even if not proven otherwise, this condition has been listed under mental (psychological) health.

c) Psycho-somatic illness: This condition is not always susceptible of accurate diagnosis. When a psychiatrist states, following medical and psychiatric examination, that enuresis is due to a poor home environment it is clearly psycho-somatic. However if a client reports to the social worker that she has asthma or eczema, then unless the psycho-somatic origin of this condition can be validated, it is listed under physical.

3. Pre-marriage History

No competent diagnostician, whether in social work, medicine or psychiatry, will neglect the highly important background social history of a patient or client. The individual and the family's behaviour is determined by environmental and constitutional or hereditary factors. And environment too, may be inherited in a special sense. The adult with a crisis problem in the area of marital or parent-child relationships may have brought to this situation both psychogenetic influences and the influences of socio-economic factors within the family into which he was born-- or within preceding generations. By this we do not wish to suggest the belief that the disturbed family or person always comes from "the other side of the tracks". It is none the less important, however, to know which side of the tracks the family comes from.

It will be noted that we have included in this table background or antecedent psychosocial history to the date of marriage. This has been done for a specific purpose. In many of the long-term cases under review the first child was born out of wedlock, or before

none months elapsed after marriage. This circumstance is, however, difficult to validate as the mother will frequently alter ages, birth dates, or marriage dates in order to conceal this fact from the social worker, particularly in the initial stages of agency contact. Yet since this situation may have profound emotional connotations for the mother or the couple concerned, it is of considerable diagnostic importance to the social worker or psychiatrist.

The three schedules so far described are so important in themselves that they are appended, with summarized material from the sample records, to round off this chapter. The families are simply described to preserve anonymity as "A", "B", "C", etc. In places it is necessary to indicate certain kinds of material which are not in the record. These summaries of course indicate what is in the record, not necessarily the optimum or most significant kind of information which ought to be there to permit a full diagnosis.

SCHEDULE A (Section 1)

SOCIO-ECONOMIC FACTORS

| Family | Presenting Problem(s) As seen by Client | 1. Employment | 2. Income |
|---|---|---|---|
| A | Marital | Man works sporadically as painter. Numerous other jobs. Record not specific, but appears to have worked about 50% of possible time. Wife has interest in cafe. Throughout most of this period works long hours for low earnings. | Family on relief in Alberta for 12 years during depression. Income never adequate. Received intermittent financial and other help from agency throughout this period. Unrealistic about money and debts |
| B | Marital Economic Employment | Reported as having a poor job record before joining R.C.A.F. At intake interview said he wanted to learn "a trade". Worked at several jobs (unspecified) until 1949, when hired by Post Office. Quit in 1952 just before he would have been fired for drinking. Was then employed as bus driver for 4 months until fired for drinking. Sporadic employment until 1954 when hired by refinery. | Reported as having heavy debts throughout period. Earnings low until 1954. Received intermittent financial and other help from this and other agencies throughout this period. Unrealistic about money and debts. On Social Assistance for several months in 1952. |
| C | Marital Illness | Worked intermittently, chiefly as semi-skilled worker in shipyards. Constant dissatisfaction with jobs and numerous changes. (No specific details in record). Joined Navy in 1954 and still there. | Family worried constantly over expenses and debts. Despite Navy earnings of over $300 a month remained in debt. Unrealistic about money and debts. |
| D | Economic | Record vague, but indicated man untrained and intermittently employed during part of period. Wife went to work in laundry in 1954 for 18 months. Quit "because of children" but later took office job. | Heavy debts. Clients said they owed bank $2000 in 1955. Unrealistic about money and debts. |
| E | Marital | Steady job as policeman | Income apparently adequate |
| F | Marital Substitute | Steady job as electrician and later elect. inspector. Dissatisfied with earnings. | Man kept most of his earnings Gave his wife an inadequate amt. for household expenses. |
| G | Marital Illness Parent-child relationship. | At first self-employed oil-burner serviceman-low income Later various jobs, much unemployment, (record not specific). At end of 1955 had serviceman job at $62 week. | Refused to tell wife his earnings. Heavy debts. Received intermittent financial and other help from this and other agencies throughout this period. Unrealistic about money and debts. |

## SOCIO-ECONOMIC FACTORS

| Family | 3. Housing | 4. Education & Training |
|---|---|---|
| A | 1945-poor. Recorded as "dark, dirty, in need of paint" Undesirable neighbourhood. 1948 - Family moved to somewhat better district but no description of housing in record. Later that year the A&s received and eviction notice which offered cancellation of two month's rent owing and $50 to boot. The record indicates that they did not move. | Man - to end of Grade 4 untrained. Wife -to end of Grade 8 |
| B | 1945 - Record indicates that couple and their one child live in a small inadequate suite in the basement of the man's parents. Some months later they moved to their own suite, the standards of which are not noted in the record. In 1952 they were threatened with eviction but this was averted. | No information in record. |
| C | 1946 - couple and 2 babies lived in an inadequate semi-finished basement suite. In 1947, after the birth of the 3rd. child they moved into a Wartime House in North Vancouver (The agency had suggested application). | No information in record. |
| D | Nothing noted in record but can be assumed inadequate as man came to Agency in 1945 requesting a loan for the purpose of getting adequate housing. No information in record on subsequent housing situation. | Man - untrained<br>Wife probably had average education in order to hold office job. |
| E | Wife came to Canada in 1943 as War Bride. Lived with her husband's relatives at first but felt unwelcome. She then joined her husband where he was stationed. Then moved to Vancouver, where at first they stayed with friends in over-crowded quarters. They later moved to their own suite. Standards not noted in record. | No information in record. However it may be presumed man had at least Grade 10 in order to obtain his job. |
| F | 1946 - Couple and 2 children lived in cramped unfinished squite in basement of man's parents. A year later they moved into a 2 room shack without plumbing behind a store he was building. Subsequent housing not noted in record. | Man- to end of Grade 11<br>Wife- to end of Grade 10 |
| G | Nature of housing not noted in record. Until 1952 man's mother lived with them which caused discord between her and his wife. | No information in record. |

HEALTH FACTORS[1]

| Family | | | Physical |
|---|---|---|---|
| A | Man: | 1945 - | Operation on prostate. |
| | | 1946 - | Hopsitalized for chronic eczema, this recurs in subsequent years. |
| | Wife: | 1945 - | Ill with pleurisy. Varicose veins. |
| | | 1947 - | Hospitalized for "trouble with tubes". |
| | | 1947 - | Hospitalized for gallstones. |
| | Children: | 1947 - | All children have acute skin infections. Recurs in subsequent years. |
| B | Man: | 1953 - | Operation for chronic hernia. |
| | Wife: | 1950 - | Treatment for anaemia. (V.G.H.) |
| | | 1951 - | Treatment for poor vision and bad skin rash on hands (VGH) |
| | | 1953 - | Constant poor health. |
| | | 1954 - | Hospitalized for advanced T.B. |
| | Children: | 1946 - | Baby born with 2 thumbs on one hand. |
| C | Man: | | No information in case record. |
| | Wife: | 1946 - | Had all her teeth extracted. |
| | Children: | 1946 - | New born twins ill first several months with diarrhoea etc. |
| D | Man: | | No information in case record. |
| | Wife: | | Shrapnel injuries to shoulder, arm, and lung. Bad teeth. |
| | Children: | | No information in case record. |
| E | Man: | | No information in case record. |
| | Wife: | | No information in case record. |
| | Children: | | No information in case record. |
| F | Man: | 1945 - | Discharged from Navy for "minor heart condition". |
| | Wife: | 1947 - | Sterilized at birth of third child at her request. |
| | Children: | | No information in record. |
| G | Man: | | No information in case record. |
| | Wife: | 1946 - | Case record said "ill", nature not specified. |
| | | 1952 - | Mrs. G said she had a "gynaecological condition". |
| | | 1954 - | Hysterectomy. |
| | | 1955 - | Hospitalized for bladder condition. |
| | Children: | | Record suggests poor health. |

1 Schedule B concluded on following page with mental (psychological) health factors.

SCHEDULE B (concluded)

## HEALTH FACTORS

### Mental (Psychological)

| Family | | |
|---|---|---|
| A | Man: | 1945 - Described as "emotionally immature" at intake. |
| | Wife: | 1945 - Mrs. A said that as a child she had attacks "resembling epilepsy". Described by intake worker as "nervous, tense" |
| | | 1946 - "Conversion hysteria" (C.G.C. diagnosis) |
| | | 1946 - Threatened suicide when feeling depressed. |
| | Child: | 1945 - Wilbur, age 12 found to have I.Q. of 70 (school) |
| | | 1945 - Diane, age 15 "poorly adjusted personality" (C.G.C.) |
| | | 1948 - Nadine, age 5 found " retarded" by psychiatrist. |
| B | Man: | 1950 - Described by worker as "tense, nervous, immature, poor health" |
| | Wife: | 1943 - Schizophrenia - in mental hospital 3 months. |
| | | 1946 - Threatened suicide when feeling depressed. |
| | | 1950 - Threatened suicide when feeling depressed. |
| | | 1952 - "Schizophrenic" (V.G.H. O.P.D. diagnosis) |
| | Child: | 1950 - Don, age 4, exhibitionism "assaults" girls. |
| C | Man: | 1946 - Headaches and depression. (D.V.A. report) |
| | | 1946 - "Psycho-neurotic, anxiety state, hypochondriasis". (D.V.A. psychiatrist) |
| | Wife: | 1946 - Described by worker as "very upset". |
| | Child: | No information in record. |
| D | Man: | 1945 - Described by wife as "not very outgoing" |
| | Wife: | Very nervous-result of wartime bombing in England. |
| | | 1955 - Mrs. D complained of "depression" |
| | Child: | No information in case record. |
| E | Man: | 1946 - Described by wife as "queer, peculiar". |
| | Wife: | 1946 - "Very emotionally upset" (worker's description) |
| | | 1948 - Being treated for "nerves" by her own doctor. |
| | | 1954 - Mrs. E told worker she and husband were planning to see a psychiatrist. |
| | Child: | No information in case record. |
| F | Man: | 1946 - Described by wife as having "violent temper" |
| | Wife: | No information in case record. |
| | Child: | 1951 - Steve, age 9, poor school work, day-dreaming, thumb-sucking etc. Psychotherapy and remedial reading recommended by M.H.C. psychiatrist. |
| G | Man: | No information in case record. |
| | Wife: | 1954 - Threatened suicide. |
| | Child: | 1948 - Jack, age 5 diagnosed "mentally retarded" (C.G.C.) |
| | | 1952 - Harry, age 8, enuresis, crying, etc. said due to poor home situation. (V.G.H. O.P.D.) |
| | | 1954 - Record indicates all children to have behaviour problems. |

SCHEDULE C

## PRE-MARRIAGE HISTORY

| Family | Paternal | Maternal |
|---|---|---|
| A | No information in record. | Mrs. A was oldest of 6 children. Said she was unhappy at home. Her parents divorced when she was young. At 15 she was ordered by her father to leave home. Became pregnant 6 months before marriage. |
| B | No information in record. | Mrs. B said she had an uncle and an aunt who committed suicide and another uncle in a mental hospital. (not confirmed) |
| C | Mr. C's father also suffered headaches & depression Parents fought over finances. | No information in record. |
| D | Mrs. D said her husband unhappy as child, that his mother died when he was few month. | Mrs.D gave indications, during interviews of being very closely attached to her father. |
| E | Mrs.E said Mr.E's mother died when he was 2. Father remarried an alcoholic. Family lived constantly in hotels. When 15 his father committed suicide. Later a brother also suicided. Another brother imprisoned for manslaughter at age 19. | At the intake interview Mrs.E said that she came from a happy and affectionate family. Two months later Mrs. E appeared to contradict this statement when she told the worker that her father constantly bullied her mother who led a life of misery. |
| F | Mrs.F claimed Mr.F had poor relationship with autocratic, religiously bigoted mother. As youth lived in converted family garage. "Bitter" and frustrated because of unfulfilled ambition to become a lawyer. The family found the depression hard. | At intake interview Mrs.F said she came from a large family, unhappy because the father was "shiftless". They found the depression hard. After Gr.10 she left home to work as a domestic. Mrs.F was the 2nd youngest of 6 children. Her parents were Ukrainian but the children did not participate in the activities of the Ukrainian community. Her father was brutal and her mother had frequent breakdowns requiring treatment in a "rest home" She became pregnant before marriage Mr.F suggested child not his,wanted abortion which she rejected. |
| G | Mrs. G said Mr.G had "a poor background" (no amplification in record) | Mrs. G told the worker that she had been an unhappy only child--that her father was "a drunkard" and her mother "insane" for 12 years but that it had cleared up when she (Mrs.G) had left home. |

From these schedules taken as a whole, at least three lines of analysis can be examined:-

(a) The weight or importance of a single influence, jundged by all the cases as a group.

(b) Psychosocial and health components influencing the behaviour pattern of each separate family.

(c) The overall pattern of psychosocial and health factors operating within these seven family constellations.

The schedules are of considerable help in sorting out what is initially a complex situation. (a) First, by following the "grid" vertically, the extent to which similar aspects of a single influence may be operative within all of the seven cases can be determined. For example, under the socio-economic sub-heading "income" is the information that in five of the seven cases the clients were unrealistic about money and debts. Similarly, for each of the influences, the extent to which there is a common etiology for the emerging behaviour pattern in all seven family constellations may be determined. (b) Next, by following the grid horizontally, the different psychosocial and health factors operating within each family can be seen. Then through utilization of the abbreviated case records there can be shown the pattern of family behaviour emerging from this aggregate of psychosocial and health factors. (c) For the third purpose, the three schedules can be studied as a configuration. That is, the findings and implications of both (a) and (b) preceding -

the weight or importance of each single influence; and the combined effect of all influences on each family separately - are analysed concurrently. This analysis can be oriented toward three key questions. (1) Are there psychosocial and health factors common to all of the seven family constellations? (2) Are there such factors common to a significant number of them? (3) Are there indications of an overall positively correlating complex of psychosocial and health factors which may be diagnostically significant in terms of the emerging patterns of behaviour in these seven family constellations? Each of these lines of analysis can now be considered separately.

a) The Weight of Specific Influences.

Presenting problem(s). A number of significant findings emerge on analysis of this aspect of each case. Three may be separated immediately.

1. Six of the seven clients reported their presenting problem as marital, either alone, or in combination with other problems. The next most frequent presenting problems as seen by the clients were illness and economic, each cited by two clients.

2. Presenting problem(s) as seen by clients ranged from one problem (3 clients), to three problems (2 clients).

3. The total number of presenting problems as seen by the seven clients was thirteen, or approximately two problems per client on the average.

There is a wide and significant discrepancy between the number and nature of presenting problems as seen by the clients and the more accurate appraisal of presenting problems by the social worker in the initial stages of the contact. There are other, and sometimes more fundamental problems which become apparent to the worker, and frequently to the client as the case progresses. Schedules A, B and C along with the abbreviated case records indicate these additional problems, but since they are not usually presenting problems they have not been listed under this heading. It is the aggregate of all problems which determine or influence the behaviour patterns within the families concerned.

First, what are the problems? They are of course not necessarily the same as seen by the client and as reported by the worker. (Listed in Table D following).

TABLE

PRESENTING PROBLEM(S)

| Family | As Seen by Client | As Seen by Social Worker |
|---|---|---|
| A | Marital | Marital<br>Illness<br>Personality<br>Substitute child care |
| B | Marital<br>Economic<br>Employment | Marital<br>Economic<br>Employment<br>Personality<br>Alcoholism |
| C | Marital<br>Illness | Marital<br>Illness<br>Economic<br>Personality |
| D | Economic | Economic<br>Marital<br>Personality |
| E | Marital | Marital |
| F | Marital<br>Substitute care children | Marital<br>Substitute care children |
| G | Marital<br>Illness<br>Parent-child relation | Marital<br>Illness<br>Parent-child relation<br>Substitute child care |

1. In every case but one, the client failed to indicate, or was unaware of, from one to three other problems which were apparent to the social worker in the initial stages of the contact.

2. There were 24 presenting problems as seen by the social worker as against the 13 seen by the client -- a difference of 12 or 85%.

3. The following problems as initially evident to the social worker appeared most frequently:-

| | | | |
|---|---|---|---|
| Marital | - 7 times | - 100% | of the clients |
| Personality | - 5 " | - 71% | " " " |
| Illness | - 3 " | - 43% | " " " |
| Economic | - 3 " | - 43% | " " " |
| Substitute child care | - 3 " | - 43% | " " " |

Retrospective analysis of these seven cases indicate that some of the above problems appear more frequently. Thus, personality problems are also present in 100% of the cases. Economic problems also appeared at one time or another during the ten or eleven year period in six of the seven cases.

4. The workers do not always exercise sufficient care in listing presenting problems. Thus, Client D came to the Agency requesting a loan, but the purpose was for getting adequate housing. The presenting problem was listed as "economic" whereas investigation might have shown that the real problem was housing -- or it might conceivably have even been personality. In summary then, there is a wide discrepancy between the number and nature of presenting problems as seen by the client and as they are more accurately seen

by the worker. Significantly, the clients most frequently specify their problems as marital. This is of note for two reasons:-

1. The disturbed or threatened marital relationship is of most concern to the client. There is also an indication here that the client may be projecting or rationalizing by attaching too little importance to his own role in contributing to the crisis, and undue importance to the partner's role.

2. The client's emphasis upon the disturbed or threatened marital relationship is fundamentally sound. The family is the basic social unit. Weakening of the marital relationship may endanger may this structure. Thus, the initial referral to the Agency is motivated in varying degrees either by the desire to strengthen and preserve the family unit, or from fear that it may be weakened or destroyed altogether.

This motivation may not always be a conscious one, but wherever there is a marital problem there is a threat to the stability of the total family group.

1. Employment: In five of the seven cases the men concerned were, over most of the 10 or 11 year period, not steadily employed. Recorded employment information is only sketchy, but it appears that in these 5 families the household head was unemployed from 25 to 50% of the time. Of these, two men were skilled tradesmen and the other three were semi-skilled. Work habits appear to be poor, and are characterized by irresponsibility and excessive mobility. In two of

of the families the wives worked during all or part of the time under review. In the sixth case, while the man did have steady employment at his trade, he expressed constant dissatisfaction with his wages even though they were above average for skilled workers. This dissatisfaction was not based on realistic factors in the environment such as a large family, or heavy medical costs, but appeared due to neurotic personality patterns in the client. By 1955, three of the five who had previously been intermittently jobless, were in steady employment.

The overall employment picture for these clients seems, then, to have been worst at the time of referral in 1945 and 1946; to have eased slightly during the period 1946 to 1953; and then to have imporved appreciably during 1954 and 1955.

2. Income: Although the Family Service Agency is not primarily a relief giving agency, three of the seven families received intermittent financial and other direct assistance throughout much of the ten or eleven year period. At least two of these families also received financial aid from other agencies during that time.

Five of the families had continual problems with respect to debts and appeared immature and unrealistic in their inability to handle money.

In at least two of the families the husband gave his wife an inadequate amount of money for household expenses and also witheld information about his earnings. The case records indicate, without

being specific, that this situation also obtained in at least two other families.

In six of the seven families money problems were a source of marital friction. These problems did not appear to have been dissipated by the better general employment situation within these families in 1954 and 1955.

3. Housing

At the dates of initial contact with the Family Service Agency the following conditions existed with respect to housing:-

4 families -- Sub-standard housing. (too small, dirty, undesirable neighbourhood.)

2 families -- Lived with relatives or friends. (Known to have contributed to emotional disturbance -- physical nature of such housing not clear from records).

1 family -- Known to be inadequate but record does not indicate in what respect.

Thus, in every case, the problem or crisis was brought to the agency, that is, came to a head, at a time when housing was inadequate in some respect. The housing situation appears to have improved during the period under review. In the two cases where the change is noted specifically in the record the improvement is only slight. In the five other cases there is no information in the records with respect to changed housing conditions. However it is reasonable to assume that had such conditions worsened it would have been noted

in the record. In the absence of this it can be assumed that housing conditions for these five families remained relatively static or were improved.

4. Education and Training: There is a pronounced lack of information in the case records about the education and training of these clients. For five of the seven, no information whatsoever is supplied in the record, although some limited assumptions may be made on the basis of employment history.

It is not possible, therefore, to assess the extent to which there may be significant correlation between education and training and such factors as employment and income. Yet, education, or lack of it, may play an important role in many other aspects of the person's emotional and economic life. Industrial psychology provides many examples of the effect of this lack in terms of job frustration, unhappiness, excessive mobility, and even accident proneness.

## Health

The case records supply only a limited amount of information on health, particularly physical health, for the families concerned. Reference to Schedule B will show the limited amount of such information gathered or recorded. Under the headings "physical" and "mental" the health of each family is considered for husband, wife, and children separately. That is, there are three divisions per family. Since there are seven families, there are 21 divisions or breakdowns under each of the headings "physical" and "mental". Inspection shows, however, that

under "physical" there is information in the case record for only 13 of the possible 21 divisions (of persons). For the other 8, or 38% of them there is no information in the record. Amongst these 8 are four of the seven husbands. Similarly for mental health there is no information in the case record for 5 of the 21 groups of people.

Therefore, for both physical and mental health factors, of a possible 42 divisions, there is no information in the record for 13, or 25% of them. Moreover, much of the information is incomplete, discontinuous, subjective, or unverified. Clearly, nothing could be more important than ill health as a cause of dependency, or as one of the facts to be considered in a social diagnosis. As a result such gaps in information can seriously militate against the possibility of effective diagnosis and treatment planning. Some further aspects of this situation will be noted in the following paragraphs where health is dealt with under each separate heading.

Physical

a) Husband

Since physical health factors have not been recorded for four of the seven men we may assume with respect to them that either:-

1. The health of the man was good throughout the period.
2. The social worker was unable to ascertain the required information about the man's physical health.
3. The social worker did not attempt to ascertain the required information about the man's physical health.

In the cases where some facts are recorded about the man's physical health, they are restricted, in each of the three cases, to one item of information only.

Therefore, because information is either limited or non-existent, it is not possible to assess the significance, if any, of physical health factors in the man upon the pattern of family behaviour.

b) Wife

By contrast, there is information on physical health for six of the seven women. This reflects to a considerable extent the fact that the social workers in each of the seven cases worked exclusively or primarily with the women.

For these six women fifteen surgical or medical conditions have been noted. Not all these conditions, however, are verifiable, since in some instances the case is reported by the client in vague or inhibited language such as "gynaecological conditions" or "trouble with tubes". This language may suggest psychosomatic illness; but, unless it is definitely ascertainable, the condition has been listed as physical (organic). This same observation also applies to such conditions as skin, rash, eczema, and asthma. Nevertheless, whether these conditions are psychosomatic or organic, they are of diagnostic significance.

Despite the foregoing, about 50% of the wives were in constant or intermittent poor health; and they had all undergone at least one temporarily disabling illness or operation.

c) Children

Here again, only a limited amount of physical health information is recorded. For three families there is no information whatsoever, and for the remaining four the information is too limited or unspecific to permit of concrete findings.

It does not appear likely that the absence of information indicates good or satisfactory physical health, particularly since the somewhat fuller information available indicates that mental health conditions are unsatisfactory.

Mental (Psychological)

a) Husband

Again, as under 'physical', information with respect to the mental health of the men is extremely limited. In one case there is no information in the record and in three cases the only clues to the mental health of the men is provided by the wives whose terminology -- "queer, peculiar", "violent temper", "not very outgoing", is both unscientific and subjective, providing little useful diagnostic material.

Of the three remaining cases one psychiatric report describes the man as a psycho-neurotic hypochondriac, and in the two other cases the social workers describe the men as emotionally immature.

b) Wife

Some information with respect to mental (psychological)

health is recorded for six of the seven women. This information is, for the most part, accurate and based upon professional opinion.

One woman was diagnosed by psychiatrists as schizophrenic, another at one point was known to be under medical treatment for "nerves", and a third was diagnosed at the Child Guidance Clinic as having conversion hysteria.

These women were also reported by the social workers, at various times, as "tense","depressed", "emotionally upset", and "extremely nervous".

One woman was reported to have threatened suicide a number of times, and the case records indicate suicidal tendencies (or threats) in two other cases.

c) Children

For three of the seven families the case records give no indication of the mental health of the children although in view of their disturbed environment it seems unlikely that they would be free of emotional or psychological maladjustment.

In the four families for whom there is information about the mental health of the children one or more of the children in each family exhibited behaviour problems in and/or out of school. Such behaviour was frequently of a neurotic nature such as exhibitionism, habitual truancy, stealing, etc.

Clinical reports indicated that three children were mentally retarded. However none of them were so seriously retarded as to rule

out the possibility that the retardation was primarily due to emotional stresses in the environment.

It may be noted that of a total of 23 children in these seven families there is specific metnal health information recorded for only seven of them -- 30% of the total number of children.

Pre-Marriage History

From the pre-marriage social history (Schedule C), can be adduced numerous earlier psychosocial and health factors influencing, a generation later in some cases, the pattern of behaviour in these sevon families.

a) Husband There is again less information on the paternal background than on the maternal background. Thus, for two cases there is no background information and in a third case there is merely the un-amplified (and apparently uninvestigated) statement of the wife that her husband had "a poor background".

In the four cases for which there is information, it is clear that the man's childhood was unhappy and disturbed. In two cases the mother died when the client was an infant. In one of these cases the father, and shortly afterwards, a brother, committed suicide when the client was in his teens.

b) Wife Maternal background psychosocial history has been recorded for all but one family (C family). Although recorded information is incomplete the following facts emerge. (1) Three women, (Mrs. E, Mrs. F and Mrs. G), report drunken or brutal behaviour of

their father toward their mother. (2) One woman, (Mrs. B), reports that an uncle and an aunt committed suicide and that another uncle was in a mental hospital. This was not confirmed. (3) One woman (Mrs. G), reports that her mother was "insane". This was not confirmed. (4) One woman, (Mrs. A), whose father divorced when she was young, was ordered by him to leave the house when she was 15. (6) In more general terms five of the women state that their childhood was unhappy.

## CHAPTER III

## BEHAVIOUR PATTERNS IN THE FAMILY

Long-term dependency by its very nature is a complex matter. No one influence is at work, but many - sometimes personal, sometimes economic or social: sometimes contributed to by one of the marriage partners, sometimes by the other; and so on. Moreover, there are interactions - possibly cycles, which change from time to time. To illustrate this further, it is now proposed to recapitulate briefly for each family the material contained in Schedules A, B, and C, thus showing the behaviour pattern with the family rather than the "factor" as the unit.

Since family patterns of behaviour are not fixed or static, the pattern of family behaviour is shown in chronological form. That is, insofar as the material in the case records will permit, the family's behaviour pattern is charted from the beginning to the end of the ten or eleven-year period of continuous or intermittent activity of each case.

It is not always possible to demarcate clearly the line between psychosocial factors such as those listed under mental (psychological) and the behaviour which follows. For example, in Family C, the enuresis of the child Harry, while an aspect of psychological health, is, at the same time, part of the behaviour pattern arising out of his disturbed environment. Thus, there is a degree of overlapping between

etiology and symptoms. This may indicate the need for greater refinement or more detailed subdivisions in the research technique in studies which may follow this one. However, in an exploratory study such as this we are primarily concerned with the interaction of all causal factors. Inevitably these will also be related to the behavioural manifestations, just as in tuberculosis, loss of weight is a factor resulting in further physical deterioration and is at the same time, itself a result or manifestation of the primary infection.

Family A

a) Socio-economic

During this eleven year period Mr. A was unemployed approximately 50% of the time. His work habits appeared poor. Mrs. A bought an interest in a small cafe and for most of this time worked long hours for small financial returns. The income was never adequate for this large family and direct financial assistance was required from time to time. The attitued to money and debts was unrealistic. Housing was bad to inadequate for the A's through this period. Both partners had little schooling, Mr. A having four years and his wife eight.

b) Health

1. Physical: Mrl A suffered almost contimuously from a disabling type of eczema. This may have been due to his trade as painter or have been psychosomatic in origin.

Mrs. A had intermittently poor health throughout this period

--varicose veins, pleurisy, gallstones, and "trouble with tubes" for which she was hospitalized.

There are reports throughout the case records of the children having acute skin infections at various times.

2. Mental: Very little is recorded about the husband except for clear evidence of emotional immaturity. Mrs. A is neurotic. Two of the children are diagnosed as mentally retarded and the case records indicate that at least two of the other children have serious personality disturbances.

c) Pre-marriage History

There is no background information in the record about Mr. A.

Mrs. A came from a family of six children where she was unhappy. Her parents were divorced when she was a child and at the age of fifteen she was ordered by her father to leave home. Shortly afterwards she became pregnant, and six months later, when she was sixteen she married the putative father.

Emerging Pattern of Family Behaviour

1945: Mr. A requests Agency help in order to get his wife away from from another man (separated from his wife) with whom she is carrying on an open relationship, claiming he wishes to marry her as soon as he finalises his own divorce. Mr. A. Claims, as he does throughout the period of the case's activity that he loves his wife. He plans to sue the other man for alienation of affection but never takes

action. He expresses strong resentment of his wife's working in her cafe despite the fact that he is unemployed much of the time.

Mrs. A complains that her husband drinks, gambles and neglects the children. In March Mr. A becomes extremely upset when his wife is found in bed with her friend by the children.

Diane, age 15 is pursuing a pattern of delinquent behaviour which persists throughout the period. She drinks, stays out all night, truants from school, associates with prostitutes and is generally "incorrigible". Mrs. A expresses strong criticism and worry over Diane's behaviour but abandons all attempts at control to the point where she seems to be condoning her daughter's delinquency. Diane herself, expresses admiration for her mother, contempt and dislike for her father. At various times she accuses her father of having thrown a knife at her, hit her with a poker, and tried to "get fresh" with her. In the summer of this year Diane was arrested in a cafe at 3 a.m. and charged with promiscuity but released. It was at this time she told the social worker that she had been "raped" -- apparently the year before. In July Diane is charged in Juvenile Court with "incorrigibility" and released on probation. Later that year she quit school and went to work but left after a few days-- a pattern which was to become typical of her attitude to work. In December she is again arrested for being in the company of juveniles found in possession of stolen goods and sentenced to an indefinite period at the Girls' Industrial School.

Wilbur, age 12 is reported as doing poorly at school and found by the Child Guidance Clinic to have an I.Q. of 70. (It may be noted that Wilbur is not referred to again in the records).

The social worker reports all children as neglected, dirty and unkempt.

1946: Early in this year Mr. A gives his wife a severe beating. This is a frequent occurrence throughout the period.

Mrs. A is very depressed. She starts drinking heavily, a pattern which continues throughout the record. Her relationship with her friend is terminated by him and Mrs. A threatens suicide because of this and her other problems. Both she and her husband neglect the children, again part of a continuing pattern of behaviour. Mrs. A tells the social worker that she is "sexually repelled" by her husband.

Diane is reported as making a "good adjustment" at the Girls' Industrial School and in October is released but immediately resumes her former pattern of delinquent behaviour.

1947: Diane steals money from her mother, She marries an immature man with a very poor social history who is sentenced to a year in prison almost immediately after the marriage, for theft.

1948: Nadine, age 5, exhibits behaviour problems. She is examined by a psychiatrist who finds her "retarded".

Lorraine, age 12, apparently following the example of her older sister, is staying out all night and associating with undesirable companions. She is later charged in Juvenile Court for

drinking.

Diane is charged with theft and sentenced to prison.

A psychiatric report states that Mr. and Mrs. A are unlikely to respond to service from any health or social agency, and that Mr. A would not leave his wife as she is "his source of support".

1949: Mr. A has another of his frequent "reconciliations" with his wife.

Diane is released from prison.

1950: Diane is again sent to prison.

1951-55: The relationship between Mr. and Mrs. A continues in the usual patterns of quarrels, brutality and periodic "reconciliations". In 1953 Mrs. A has her 7th. child and in 1955 her 8th.

The only information on the children for this period is that they remain problems both in and out of school.

Family B

a) Socio-economic

Mr. B's job record was very poor prior to, and throughout this eleven year period. He held numerous jobs and is known to have been obliged to quit or discharged for drinking on the job on two occasions. In 1954, he obtained a better job in a refinery and as far as is known is still employed there. Low earnings and heavy debts required that this family be given direct financial aid from the Family Service Agency and other agencies at various times during this period.

The attitude to money and debts was unrealistic. In 1945 housing was inadequate. The family later moved, but the record does not indicate the adequacy of this housing although it is known that in 1952 they were threatened with eviction. No information is available as to the education of Mr. and Mrs. B.

b) Health

1. Physical Mr. B. was operated on for chronic hernia condition in 1953. Other than this nothing is known of his physical health.

Mrs. B. had anaemia, poor vision, and a bad skin rash at various times. In 1954 she was hospitalized with "advanced T.B." but returned home after less than two months on her own recognizance.

Nothing is recorded about the physical health of the children except the fact that a baby born in 1946 had two thumbs on one hand -- a circumstance which greatly disturbed Mrs. B.

2. Mental Mr. B. was described by the worker as "tense, nervous, immature and in poor health."

Mrs. B. was hospitalized in 1943 for schizophrenia. Mr. B. removed her from the hospital after three months. In 1946, and again in 1950, during periods of deep depression Mrs. B. threatened suicide. In 1952 she was again diagnosed as schizophrenic but refused to take treatment.

There is no information about the children except for Don

who at the age of 4 showed indications of exhibitionism and was alleged to have "assaulted" and "stripped" little girls.

c) Pre-marriage History

There is no background information about Mr. B in the case record.

Mrs. B stated that she had an uncle and an aunt who committed suicide and an uncle in a mental hospital.

Emerging Pattern of Family Behaviour

1946: In the early part of the year, Mr. B. is still unemployed four months after his discharge from the airforce.

Mrs. B is described by the social worker as having "an odd, furtive look and mumbling voice". The couple quarrel a great deal. Mrs. B does not get along with her mother-in-law who is living with them and is depressed to the point of threatening suicide. In February the B's move back to Ontario.

1948: The B's return to Vancouver and are reported as being without resources. They are given an appointment with the Family Service Agency but do not keep it.

1950: The case is re-opened when Mrs. B phones the Agency asking help in speeding a coal delivery. He is now working at the Post office at $140 per month. Twins are born to Mrs. B. Complaints are received by the Agency alleging that the 4 year old son engages in exhibitionistic activities such as "stripping" little girls and "exposing" himself.

After a visit to the agency Mrs. B is described as "immobile, confused and very upset". She expresses great worry about debts. She also indicates fondness and concern for the children.

Mr. B is interviewed in the agency and complains about their heavy debts. He blames his wife for her last pregnancy, complains about their present unsatisfactory relationship and refers to the insatiable sexual demands of his wife early in their marriage.

Later in the year Mrs. B becomes very depressed and again threatens suicide, partly because she thinks she is again pregnant. The family also requires assistance with their budget, a problem throughout the period.

1951: Mr. B's brother, just released from prison, moves in with them. Mr. B is arrested for non-payment of a bill, is jailed, but released on bail the following day. This episode greatly upsets both Mr. and Mrs. B.

The Agency receives anonymous letters complaining that the B's are neglecting their children.

Mr. B claims that his wife refuses to use the pessary supplied by the hopsital and that she neglects the house and children.

Mrs. B is in constant poor health but frequently fails to keep her appointments at the out-patient department of the hospital. She expresses worry over how hard her husband works. Mrs. B also states that her mother is now in a mental hospital. (Later found to be untrue).

1952: Mrs. B continues to express concern about her husband's health and says he works too hard. Her health remains poor and she seems to become increasingly dependent upon her husband. After the diagnosis of schizophrenia in April Mrs. B refuses treatment, expressing strong fear of shock treatment.

Mr. B nevertheless attempts to commit his wife to the mental hospital. He also continues to be unrealistic about debts and budgeting. In June Mr. B quits his post office job, claiming he had been refused a lighter job he requested because of his hernia. (In reality he quit just before he would have been discharged for drinking on the job).

Following this Mr.B obtains a job as a bus driver, but after three months is fired for being drunk on the job. After this Mr. B announces that he is going to Kitimat. For three months he sends his family small sums of money at infrequent intervals. It was later learned that Mr. B did not leave Vancouver but obtained a job as taxi driver, gambling and drinking heavily during this period. This is followed by a lengthy period of unemployment.

1953: Mrs. B continues to resist treatment for her poor health. Mr. B beats his wife. He continues to show considerable hostility towards the Agency. Later in the year he joins a fundamentalist church and announcesthat he has "reformed".

1954: Mrs. B is hospitalized for T.B. but after six weeks returns home on her own recognizance. At this time the case is referred to

another agency.

1955: Case is re-opened when Mrs. B phones the Agency. She says that things are much better now that her husband is working steadily in the refinery but request financial aid.

Family C

a) Socio-economic

Mr. C's job record was very poor until he joined the Navy in 1954. He was constantly dissatisfied with his work and made numerous changes. The family worried constantly over debts, and, until 1954, their inadequate income. Their attitude to money and debts was unrealistic. Housing was inadequate until 1947 when they moved into a wartime house. There is no information in the record about education.

b) Health

1. Physical: There is no information in the record about Mr. C. The only information about Mrs. C is that in 1946, at the age of 29 she had all her teeth removed. The twins, born in 1946 were intermittently ill with diarrhoea, etc. for several months during their first year.

2. Mental: Mr. C suffered from headaches and general depression and was diagnosed as a psycho-neurotic hypochondriac. Mrs. C was described by the social worker as "very upset" (1946)

There is no information in the case records about the children.

c) Pre-marriage history

Mr. C's father suffered from similar headaches and depression, His parents fought over money matters. There is no information in the record about Mrs. C's background.

Emerging Pattern of Family Behaviour

1946: Mr. C, working in the shipyards at $150 a month, is worried over heavy family expenses and debts. He complains about his ill-health, his wife's incompetence, and expresses the wish that one of the twins, the sickliest, would die. Mr. C has guilt feelings about this wish. The couple quarrel frequently over handling of money.

A preliminary psychiatric examination at the Department of Veterans Affairs reports that Mr. C is over anxious and wants to be mothered. Mr. C claims that his wife talked him into marriage and says that in 1943 they separated for an 18 month period.

Mrs. C says she has difficulty handling the twins and expresses continual fear of "doing the wrong thing".

After a second psychiatric examination at D.V.A. Mr. C is diagnosed as a psycho-neurotic hypochondriac, "prognosis guarded". He quits the shipyard job, is unemployed for a period, then in quick succession obtains and quits two other jobs expressing strong dissatisfaction with them. Mrs. C expresses continual concern over

her husband's ill-health and the fact that he "overworks" and is unhappy and fearful about the general family situation and the fact that she is again pregnant.

1947: Mr. and Mrs. C continue to have worry over debts. Mr. C quits another job to go commercial fishing. In August Mrs. C reports that she and her husband are now most happy and discontinues her Agency contact.

1948: Mr. C comes to Agency because of worry over debts.

1955: Mr. C contacts the Agency saying that he is now in the Navy and sending his wife $140 every two weeks but that she keeps running up bills and he wants to know where the money is going. He is asked to contact the North Vancouver branch of the Family Service Agency for casework services but does not do so.

Family D

a) Socio-economic

The record indicates that Mr. D who is untrained has only intermittent employment during part of this period. Mrs. D went to work in a laundry in 1954 where she remained for 18 months. She quit "because of the children" but soon afterwards took an office job. Debts were heavy and the D's attitude toward money and debts appeared unrealistic. Nothing is noted in the record about housing but since Mr. D first approached the Agency to request a loan for

the purpose of finding adequate housing it may be assumed that housing was not satisfactory. There is no information in the record about education.

b) Health

1. Physical: There is no information about the physical health of Mr. D or the children. Mrs. D had shrapnel injuries to her shoulder, arm and lung as a result of wartime bombing in England. She also had poor teeth.

2. Mental: There is no information about the children and nothing about Mr. D except his wife's description of his as "not very outgoing" Mrs. D is extremely nervous and depressed at times.

c) Pre-marriage history

Mr. D's mother died when he was a few months old and he was said to have been unhappy as a child. Nothing is known of Mrs. D's background other than an apparently close relationship with her father.

Emerging Pattern of Family Behaviour

1945: A few days after being discharged from the Army in Regina, Mr. and Mrs. D move to Vancouver and Mr. D requests a loan from the Family Service Agency in order to get permanently settled in Vancouver. He is vague about his future plans other than to say he wants to take a D.V.A. course in "building". Mrs. D is unhappy. She feels that she is not accepted by her husband's relatives who

are non-Jewish. She wants to return to England with the baby.

1946: Mrs. D complains to the Citizen's Rehabilitation Council that her husband is constantly drunk and neglects the family. She is given an appointment with the Family Service Agency but does not keep it.

1955: Mrs. D appears at the Agency office. She complains of her unhappiness in Canada, of their heavy debts and of her husband's physical abuse of her. She says she is depressed and expresses resentment over the fact that her husband dislikes going out with her. Mrs. D is offered further interviews with the Agency but despite several phone calls fails to return.

Family E

a) Socio-economic

Mr. E has steady employment as a policeman. Unlike the situation in the six other families income appears adequate. At the time of referral to the Agency the E's were living with friends in over-crowded quarters. They later moved to their own suite. There is no information about their education.

b) Health

1. Physical: There is no information in the record about the physical health of any of the E family.

2. Mental: There is no direct information about Mr. E

other than his wife's description of him as "queer, peculiar". At intake Mrs. E was described by the social worker as "very upset emotionally". In 1948 Mrs. E was being treated by her own doctor for "nerves" and in 1954 she advised the worker that she and her husband were planning to consult a psychiatrist. There is no information about the children.

c) Pre-marriage history

Mr. E's mother died when he was two. His father remarried an alcoholic. The family lived constantly in hotels. When Mr. E was 15 his father committed suicide as did one of his brothers a little later. Another brother was imprisoned for manslaughter at the age of 19.

Mrs. E came from a home where her father constantly bullied her mother who led a life of misery.

Emerging Pattern of Family Behaviour

1946: Mrs. E telephones the Agency requesting help because of difficulties with her in-laws and constant bullying from her husband. She says she has no friends and wishes to return to England. She tells the social worker that she married her husband after knowing him for five months. In 1943 they returned to Canada and moved in with Mr. E's relatives. Quarreling had started almost right after their marriage. Shortly after arriving in Canada she left her husband but returned to him through the intervention of a clergyman. In 1944 they decided to have another child believing

this might improve their relationship. However fighting began again, Mrs. E saying that even during the pregnancy her husband beat her severely. Mrs. E tells the worker that she cries a great deal and that her husband considers her hysterical. She says he is a heavy drinker and is nice to her only when he wants money or intercourse. Mrs. E resents the idea of the worker seeing her husband, saying it might upset him. She proposes going to England to see if a 6 months' separation will help her husband learn whether or not he loves her.

Mr. E beats his wife frequently - a common pattern being to spank her until she is black and blue. Then Mr. E cries and for a while the relationship is improved.

Mrs. E says she gets no pleasure out of intercourse, but because her husband becomes annoyed when she fails to reach a climax, she feigns one.

Mr. E claims that he does not beat his wife, but merely slaps her to calm her hysteria. He accuses her of being a poor cook and housekeeper. He also tells the worker that he had not intended to marry her until they arrived in Canada but that she had thrown such a tantrum that he had had to marry her in England. He complains also that sex relations have been unsatisfactory since the birth of the children.

In August of that year Mrs. E leaves for England for the

alleged purpose of helping her and her husband decide whether or not they will seek a divorce.

1947: The City Police Department telephones the Agency with respect to a letter from Mrs. E alleging that Mr. E is failing to send her money for support as he had agreed.

1948: The case is re-opened when Mrs. E who had returned from England comes into the Agency saying that she had left home with the children following an assault by her husband. She claims he had begged her to return from England. Mrs. E expresses considerable ambivalence about her feelings on divorce. She also requests that the Agency arrange a psychiatric examination for her husband. An appointment is given Mrs. E for a further interview at the Agency. However, she phones to say that she does not wish to keep it as things seem to be better. Accordingly the case is again closed.

1954: Mrs. E telephones the Agency. She is crying and near-hysterical. She tells the worker that she had been to a psychiatrist about Mr. E and had been told that she must either accept her husband's behaviour or leave him. She herself is under a doctor's care for "nerves".

Mrs. E comes into the Agency a few days later. She appears under considerable tension and the worker comments that she gives "an impression of dullness". She complains about her husband's irritability and brutality as well as his excessive demands which

appear perfectionistic. She states that she cannot leave him for fear of losing her security. The social worker proposes that Mr. E also come in for interviews. Mrs. E agrees to this and says she will phone the worker. When she does she says that Mr. E refused to come to the Agency but did agree to see a psychiatrist. Mrs. E says she is hopeful about this plan and sees no further need for Agency services.

Family F

a) Socio-economic

Mr. F had steady work as an electrician and later as an electrical inspector throughout this period but was dissatisfied with his earnings. He kept most of his wages and gave his wife an inadequate amount for household expenses. For the first several years of this case's activity housing was very poor. The record does not indicate the standard of later housing. Mr. F completed high school and his wife completed Grade 10.

b) Health

1. Physical: Nothing is known of Mr. F's physical health except that he was discharged from the Navy for "a minor heart condition". Mrs. F seemed to be in normal health although she was sterilized at her own request at the birth of the third child. There is no information about the children.

2. Mental: Nothing is known about Mr. F other than his wife's

statement that he had "a violent temper". There is no concrete information in the record about Mrs. F's mental health and nothing about any of the children except Steven who, at the age of 9 was examined by a psychiatrist because of poor school work, day-dreaming, thumb-sucking, etc. The doctor recommended remedial reading and psychotherapy.

c) Pre-marriage history

Mr. F had a poor relationship with his autocratic and religiously bigoted mother. In his teens he built quarters for himself in the family garage. The family found the depression hard and Mr. F was bitter and frustrated because of his unfulfilled ambition to become a lawyer. Mrs. F came from a large depression-impoverished family where she was one of six children. She said she was unhappy and insecure there. In her late teens she left home to become a domestic. She described her father as "shiftless and brutal" and said her mother had frequent "breakdowns" which necessitated treatment in a "rest home". Mrs. F became pregnant before her marriage at the age of 21. The father denied his paternity and suggested an abortion, an idea which she rejected. However, he married her before the child was born.

Emerging Pattern of Family Behaviour

1946: Mrs. F telephones the Agency saying she wishes to discuss placement of her two children because of marital conflict. At in-

take she shows little emotion and the worker describes her as "self-contained". Mrs. F describes a relationship with her husband characterized by frequent quarreling and brutality interspersed with periods when her husband expresses contrition and relations are improved for a while. She is very ambivalent about her feelings towards her husband and despite severe beatings which required police intervention refused to lay charges. She says she thinks her husband still loves her and says she is very much in love with him. She says also that in between arguments her husband is considerate and a good provider. She is defensive about her husband being "a little bit on edge" because of hard work.

Mrs. F agrees to the worker's suggestion about bringing Mr. F in for interviews. Mrs. F phones later to say that she had talked the matter over with her husband, that he had admitted his responsibility and promised to change. She thinks, therefore, that things will improve.

A month later Mrs. F has another fight with her husband and moves to her mother's house taking the oldest child with her. Mr. F takes the child back and his mother looks after both children. Mrs. F soon after returns to her husband.

1947: There is further quarreling between the couple and a lawyer is consulted about separation. Mrs. F complains about her husband's unpleasantness and jealousy and his heavy expenditures at drinking

and gambling. She says that she considers him brutal with respect to sex and feels that many of his demands are abnormal and indecent. She says she feels he views her as a prostitute. (Mrs. F is later loaned a book on sex by Tyrer and acknowledges that she was wrong in this judgment).

The pattern of brutality continues. Mrs. F becomes pregnant again and expresses a wish to have the child adopted at birth. She says that after a discussion she and her husband have decided to have no more children and that her doctor agreed to sterilize her. In December the baby is born but Mrs. F makes no further reference to adoption.

1948: Mrs. F. says that Mr. F is showing greater interest in the children and that things are going much better. The case is therefore closed.

1951: The case is re-opened as Steven, now age 9, is showing evidence of emotional disturbance. He is given a psychiatric examination and remedial reading and psychotherapy is recommended. The case is referred to the Metropolitan Health Committee and is therefore again closed.

1955: The case is re-opened after a call from the Family Court. Mrs. F had been to see them following another assault by her husband Mr. F admits having been rough with his wife and the children and seems to wish help because of drinking and financial problems (although he is now earning $360.00 per month).

A letter is sent to Mr. F offering Agency services but he

does not reply.

Family G

a) Socio-economic

Mr. G was a self-employed oil burner serviceman at the time of first comtact with the Agency. He only worked intermittently and earnings were low. Later he had a variety of jobs and was unemployed a great deal of the time. By the end of 1955 he had what appeared to be a steady job as a serviceman at $62 per week. Mr. G refused to tell his wife his earnings. The family had heavy debts which required that they be given financial help from this and other Agencies. Their attitude to money and debts was unrealistic. The record did not indicate the adequacy of housing but it is known that Mr. G's mother lived with them until 1952 which resulted in considerable discord between her and Mrs. G.

There is no information about the education of the G's.

b) Health

1. Physical: There is no information in the record about Mr. G. Early in the record Mrs. G is said to be ill but the nature of the illness is not specified. In 1952 Mrs. G said she had a "gynaecological condition". In 1954 she underwent a hysterectomy and the following year was hospitalized for a bladder condition.

Although not specific about the matter the record suggests that the children did not enjoy normal health.

2. Mental: There is no information about Mr. G.

In 1954 Mrs. G threatened suicide.

In 1948 Jack, age 5 was diagnosed as mentally retarded at the Child Guidance Clinic. In 1952 the Vancouver General Hospital reported that Harry, age 8, owed behaviour disturbances such as enuresis, crying, etc. to a poor home situation. In 1954 the record indicates that all four children are behaviour problems.

c) Pre-marriage history

Nothing is known about Mr. G's background other than Mrs. G's unamplified statement that he had "a poor background"

Mrs. G said that she was an unhappy only child, that her father was a drunkard and that her mother had been "insane" for 12 years but that this had cleared up when she (Mrs. G) left home.

Emerging Pattern of Family Behaviour

1946: A request is received for a supervised homemaker as Mrs. G is ill and Mr. G is unemployed.

1947: Jack, age 4, showing evidence of emotional disturbance receives treatment at the Child Guidance Clinic.

1948: Another request is received for a supervised homemaker while Mrs. G is in the hospital after the birth of her third child.

1952: The Agency receives a referral from the Social Service Department of the Vancouver General Hospital because of 8 years old Harry's

symptoms of emotional disturbance. The V.G.H. reports that they have seen Mrs. G four times. She complained about her mother-in-law being jealous of her and siding with Mr. G against her. She also complained about her husband beating her up and being punitive towards the children. She said he kept late hours, drank heavily and was unfaithful to her; also that he had a violent temper and witheld household expense money from her. Mrs. G expressed considerable concern about the children's emotional health She also said that she got considerable support from her Christian faith as a member of a fundamentalist Gospel group. She claimed that she did not wish to leave her husband despite his interest in another woman as she was no longer interested in men. Mrs. G also complained about her "gynaecological condition" which she said was glandular.

During subsequent interviews at the Agency, Mrs. G constantly belittles herself. She describes a row with her husband when he became angry at her taking away a gun he had been hiding. She tells the worker how, on one occasion he had left her for six weeks to live with a young girl, during which time he returned home periodically for meals. She says that Mr. G has never asked for a divorce but that if he did she would give him one. She seems to have guilt feelings about the children, blaming herself for their behaviour. At the same time she requests a child for foster care. (This

request is not granted).

During the year anonymous letters are received by both the Family Court and the Family Service Agency alleging that Mr. G was not supporting his family, that he had threatened them with a gun, and that he was an "atheist" and a "play boy".

1953: Mr. and Mrs. G appear in Family Court, Mrs. G claiming that Mr. G is not providing adequately for the family. Mr. G has a succession of low wage jobs during the year.

1954: Mrs. G says her husband is contemplating divorce and that if she loses the children she will commit suicide. She also states that this is not the first time she has contemplated suicide. In June Mr. G goes to work at Kitimat. Mrs. G falls ill. She is very worried about the children. Mr. G sends very little money home and the family is given further aid from the Agency.

1955: All the children appear to have acute behaviour problems. The oldest is caught shoplifting. Mr. G continues his heavy drinking, provides only minimally for the family and enters into a relationship with another woman. Mrs. G expresses herself as feeling trapped.

## CHAPTER IV

## FINDINGS AND IMPLICATIONS

It is now possible to hazard answers to the major questions posed at the outset of the study. First, what can be said of the overall pattern of psychosocial and health factors operating within these family constellations? Second, what are the important implications for diagnosis, treatment planning, and prevention? And thirdly, what are the implications for family agencies and for the community generally?

Clearly, there are some psychosocial and health factors common to all these seven family units. They reveal their significance in an emerging pattern of family behaviour. These patterns appear fairly consistently in a majority of the cases despite the fact that precipitating events and socio-economic circumstances may vary widely.

The marital relationship of these couples, however unstable endures. It is chiefly characterized by a partnership between immature males with all the attendant manifestations of such disturbed personalities; and neurotic, frequently guilt-ridden, dependent women. There is a pronounced sadistic-masochistic element in most of these marriages, and the behaviour pattern of each partner shows certain characteristic forms. The following may be noted about the men:-

1. Sadistic behaviour. All the men, with the possible exception of Mr. C, beat their wives harshly and frequently. This is sometimes followed by brief periods of harmony as in the case of Mr. E.

2. Alcoholism. All the men, again with the possible exception of Mr. C of whom very little is recorded, appear to drink heavily. (The records do not indicate whether this is to the point of being alcoholics). This is in sharp contrast to the women of whom Mrs. A is the only one known to be a heavy drinker.

3. Money. All the men except Mr. E appear unrealistic about money and debts. Three of the men gamble to the extent that it becomes a cause of marital conflict. (Mr. A, Mr. B and Mr. F). Two of the men witheld money from their wives. (Mr. F and Mr. G).

4. Attitude to home and children. All the men with the possible exception of Mr. E neglect their children at times and refuse to accept household responsibilities.

5. Employment. None of the men, with the exception of Mr. E and Mr. F show ability, or, in some cases, willingness, to hold jobs.

6. Other. Other types of immature or neurotic behaviour are exhibited, such as extreme dependency on their wives (Mr. A, Mr. G); hypochondria, (Mr. A, Mr. C); resentment of children (Mr. A, Mr. C, Mr. F, Mr. G).

The women exhibit a wider range of behaviour deviation.

Most frequently it is characterized by ambivalent feelings about their husbands. While many of them express a strong desire to break away from an unsatisfactory relationship they do not do so because of emotional or economic dependency on their husbands. Temporary reconciliations and short periods of harmony are typical of many of these marriages.

All of the women appear to have genuine concern for the welfare of their children although in the case of Mrs. A this concern is more apparent than real. In some of the cases this concern appears to be motivated by guilt feelings, psychogenetic in origin. Two of the women became pregnant before marriage (Mrs. A and Mrs. F). This may also have been the situation in at least one other case (Mrs. E). Three of the women threatened suicide. (Mrs. A, Mrs. B and Mrs. G). These same three women were diagnosed as neurotic or psychotic although all seven seem to give evidence of neurotically motivated behaviour. Most of these women were generally in poor physical health.

In the case of the children, although there is no information for three families, there is diagnostic evidence of both mental retardation and personality disturbance in the children of the four other families because of the disturbed home environment.

The foregoing facts, (and assumptions), emerge despite some serious shortcomings in recorded information. These may furnish

some of the clues to the cause-effect relationships in long-term cases this exploratory study is seeking.

Basic Personality Defects: Some Parallels

One fact stands out in all this. That is - these parents all have personality defects which stem from their immediate or earlier psychosocial backgrounds. At a certain point in time these weaknesses are exacerbated by a congruence of socio-economic factors - bad housing, unemployment, low income, etc., and the precipitating crisis arises. Both personality defects (behaviour) and psychosocial factors can be identified and scheduled. Which is cause and which effect is not always clear, but the close interlocking of personality and environment is obvious. Because of the interdependence of personal and social factors the destructive consequences of these defects affect not only the family, but society as well.

The marriages appear to be based upon neurotic "balance", whereby each partner meets certain emotional needs of the other, such as a marriage between a dominant partner and one with extreme dependency. To a large extent these marriages seem to provide new avenues to express neurotic drives engendered by the basic immaturity of each partner. Since, as H.A. Overstreet wrote in The Mature Mind, egocentricity is a characteristic of immaturity and sociocentricity a characteristic of maturity, it follows that these individuals and families are incapable of accepting full social responsibility. They cannot, or do not, function adequately as members of society. The

further defects in personality such as financial irresponsibility, persecutory attitudes, brutality, etc. arising out of this basic immaturity have already been shown for each family, insofar as the information allows.

As has been emphasized, these personality defects are inter-related with environmental influences. This cause-effect interdependence may be indicated in approximate, not absolute terms. Nevertheless, for effective diagnosis, even the partial connection must be noted.

Maladjustment and dependency does not become chronic or long-term merely because of the fact that it exists. The time dimension itself needs exploration; and this requires its own analysis. If the socio-economic and emotional influences which give rise to the acute condition cannot be effectively treated, the condition may then become chronic. A parallel can be drawn with medicine where a condition which resists treatment becomes "chronic", i.e. long continued.

Within recent years, however, medical research has found treatment techniques to prevent chronicity in most diseases which a generation ago or less, usually became chronic, (e.g. tuberculosis, syphilis). In the same way social research may find the techniques whereby maladjustment and dependency may be "cured" in the acute stage -- or more hopefully, as in the case of many once common diseases, prevented from ever developing.

This study is a beginning attempt to identify the etiology of maladjustment and dependency, just as extensive research into the causes of disease led to the advances made in preventive medicine during the last decade.

Community Implications

Given the tentative findings of this reconnaissance study what are the next steps for investigation and exploration?

This study proceeded from the postulate that in every community a small "hard core" of multiproblem families absorbs a disproportionate amount of the community's health and welfare resources. An attempt was then made, despite serious gaps in information, to identify and isolate the influences operating within a group of seven multiproblem families. These psychosocial influences were scheduled under certain headings -- socio-economic, health, and background social history. A significant number of common elements were shown to be operating within each family. The emerging behaviour patterns of each family were then studied, and a further correlation between these influences and behaviour patterns became apparent.

These cases exhibit similar emerging patterns of disturbed emotional and social behaviour, and these patterns arise in response to a complex inter-relationship of personality and environmental factors. Nevertheless it is possible to advance the view that these "hard core" cases are susceptible of relatively early identification. If this is

possible, then a major step has been taken towards more effective diagnosis and treatment planning for these long-term multiproblem families.

What is effective treatment planning for these families? What about prevention? What are the community and agency resources?

There are the further steps envisaged by surveys which have approached these problems more extensively, such as the St. Paul, Minnesota project, 1948 to 1952, described in detail by Bradley Buell in his book Community Planning for Human Services. This was an intensive study of the nature and extent of what Buell calls "disordered behaviour". It was probably the first systematic attempt to compare the total community services available for diagnosis and treatment with those available for situational treatment. In a sense it was a pilot study for the surveys now being conducted by Community Research Associates.

A demonstration project in San Mateo County, California is the most extensive and important of the three projects currently underway by this organization.[1]

In the book, The Prevention and Control of Disordered Behaviour in San Mateo County, California, Buell cites three basic

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1 The three projects are being conducted in Winona County, Minnesota; Washington County, Maryland; and San Mateo County, California.

weaknesses with respect to existing agency functions.

" 1. Diagnosis at different times by practitioners with different degrees of diagnostic competence.

2. Only at a few points does a thorough diagnosis of the total family situation illuminate the behaviour of its members.

3. Treatment tends to be varied and sporadic, limited to immediate behaviour problems."

Buell goes on to say: "There is, in short, no fully equiped, adequately staffed community resource to which the agencies can turn to for continuous diagnostic guidance and treatment direction."

The Community Research Associates therefore propose the establishment of a new agency -- The Family Mental Health Centre. This is not to be a direct service agency. It is to receive no direct applications and have no intake procedure. As the author says in the same text "It is rather a common-purpose tool, designed to give qualitative help and systematic direction to present service efforts, to assure full diagnosis, treatment continuity, evaluation of results."

In an article appearing in Family Service Highlights for February 1956, entitled "Focus of Infection", Marion O. Robinson, Editorial Consultant forCommunity Research Associates, reviews this project and writes: "When this "mental close-up is expanded to a community-wide picture, one sees why C.R.A. has concluded, at least

tentatively, that this concentrated spot (the multiproblem families) is the counterpart of public health's "focus of infection"."

This demonstration project has made a noteworthy contribution towards the solution of some major problems of welfare in our society; and has raised questions challenging to all public and private agencies within the field of social welfare. It is questionable, however, if it is the sole answer, or would be workable without important supplements. As well, there are aspects of the C.R.A. proposal which may be queried.

In the first place, the view expressed by Miss Robinson that these multiproblem families are the "focus of infection" appears based on the narrow assumption that somehow, within themselves, these families carry the germ of what Buell calls "disordered behaviour". The suggestion is that if these "infected" families can be isolated and then made the objects of community concentration, then what Miss Robinson calls "the prevention trick" can be arrived at.

Objection may be made to this point of view on several counts. For one thing the expression itself militates against taking a broadly objective approach to the problem. It seems to imply that these families are themselves wholly responsible for the resulting maladjustment and dependency. The term "focus of infection" while perhaps not consciously so, is faintly censorious and narrows down the cause of disordered behaviour to the family which breeds

this pathological behaviour. But a family is not like a stagnant pool in which the malaria bearing anopheles mosquito breeds. It is part of society, and as this study has suggested, its disordered and anti-social behaviour emerges from a variety of influences. While a great deal of disordered behaviour is due to pathological conditions within the family there are also many influences conducive to disordered behaviour which originate outside the family. Unemployability and illness are two illustrations of this. The thinking behind inc me maintenance and other services (Unemploymont Insurance, Workmen's Compensation, the proposed National Health Insurance Act, etc.), is that some family breakdowns are entirely beyond the control of the family or the social agency, that the causes lie within the social and government order, rather than within the individual or family. There are other forces at work - economic, industrial, sociological and political, among others, (e.g. seasonality of employment, discriminatory legislation or attitudes with reppect to minority groups, restricted educational opportunities, etc.), which tend to influence the rate of "disordered behaviour". Such forces are quite beyond the ability of social agencies -- even a Family Mental Health Centre - to control.

It is of interest, in this connection, to note an ongoing research project in Sweden under government sponsorship on the problem of dependency among Stockholm's public assistance recipients. This

study is as yet uncompleted, but in a preliminary statement published in the Stockholmes Morgentidniregen of September 14, 1954, Dr. Gunnar Tighe,[1] the psychiatrist in charge of the project stated that unless families requiring public assistance were given help at an early date "psychical withering" ensues, making rehabilitation difficult and often impossible to achieve. This reinforces the view taken in this study that early diagnosis is essential for the purpose of adequate treatment planning.

2. Care would have to be taken to ensure that the multi-problem families designated for the services of the Family Mental Health Centre do not regard this service as a form of social control and a stigma, in which event they might reject or resist agency help. It could be disastrous to the program of such an agency to be identified in the community as one concerned primarily or exclusively with problems of severe social pathology.

3. A plan such as this necessarily places considerable emphasis on individual and family personality disturbances. The integrating skills of psychiatrist, psychologist, and caseworker are emphasized as the key to preventive planning. However, this approach

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1 It is of interest to note that in Sweden psychiatrists are known as "social doctors".

may conceivably not supply all the answers to the problem of prevention for as already stated, there are forces at work which are not within the control of the family, such as physical handicap, sickness, the death of the breadwinner, lack of educational and vocational training, etc. Buell himself foresaw this. In his text Community Planning For Human Services, he said that there was to little known about the effect of "economically handicapping disabilities" such as unemployment. Buell fails to amplify this observation although it is obviously important in any evaluation of the community function with respect to human services.

If the community is led to expect marked improvement through the establishment of a body such as that of the Family Mental Health Centre, there may be disappointment if the plan fails to meet the expressed hopes of those identified with it. Such disappointment may militate against further efforts at investigation of this problem.

4. The fact that this demonstration project is being carried on in one of the wealthiest counties in the United States cannot be overlooked. While the sponsors of the project show a genuine concern with a nation-wide problem and commendable generosity in the financing of this project, the fact remains that San Mateo County may not be truly representative.

These criticisms are not to detract from the overall value

of the San Mateo and other demonstration projects. Buell himself has repeatedly emphasized the "experimental" nature of these projects.

Certainly any attack on the problem posed by these "hard core" families and individuals must give full weight to the importance of the integrated psychiatric, psychological and casework approach. But no approach can ignore those forces outside the direct control of the family. These are the forces which are being given key consideration in the approach of countries like Great Britain and the Scandinavian bloc where considerable stress is placed upon income maintenance, health, old age insurance, and other environmental services for all citizens.

It may be that in these countries insufficient emphasis is placed upon the "mental health" approach of the United States. Likewise in the free enterpride economy of the United States the emphasis may be too typically upon the emotional health of the individual or the family. Perhaps this indicates the need for a new approach to the problem based on a balance between the Eruopean and North American concepts.

Agency and Community Resources

Long-term cases such as the seven reviewed, are, admittedly, the most difficult of the many different kinds thatcome to a Family Agency. But because of its family focus, an organization such as the

Family Service Agency of Greater Vancouver is bound to receive some. If other resources are not available, the family agency may become, in effect, a catch-all. In one sense at least, it may be at the mercy of the community. This is not because the purpose and functions of the Agency are not clearly stated.[1] Although these functions are not restrictive, the Family Service Agency does have limitations imposed by such realities as a limited budget, insufficient personnel, and restricted physical facilities. Nevertheless, it also has it's conscience. If there is nowhere else a case can be referred to, the Family Service Agency gets it -- and, if humanly possible, accepts it. However, a family agency, like any other, is only part of the broader community apparatus for coping with the personal and socio-economic problems of the individual, the family, and of society itself. The fulfillment of its functions depends upon the sound, carefully integrated organization

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1 In a report prepared in November, 1954 these were stated as:-

"Basic purpose:- (a) Strengthening family life in the community.

Functions:- (a) To provide casework services.

(b) To further community planning and action in imporving conditions and services.

(c) To contribute to Social Work education.

(d) To participate in education activities aimed to strengthen family life.

(e) To develop research."

of the entire range of community assistance, care, and treatment facilities. The forty persons in those seven cases must then be seen, not only as members of their families, but also as members of the larger community.

This study has not been an attempt at an analysis of casework, or of Family Agency service as such. (This could be an important area for further research). It is a reconnaissance study of some families showing long-term maladjustment and dependency; an attempt to describe the main features; and at least in first approximation fashion, to determine and evaluate the constituent psychosocial factors which appear to be unsolved. The isolation and identification of these components is not only of general social importance; it may provide one of the keys to more effective diagnosis and treatment planning; and, as already indicated, it has community implications beyond the scope of a single agency.

These seven cases are not the worst examples of chronic maladjustment and dependency. They are not Jukes and Kallikaks. While they show a pattern of emotional instability, they are not the congenitally degenerate for whom treatment can only be ameliorative and supportive rather than preventive. It would have been possible to select numerous other cases at the Family Service Agency which showed more severe pathology of maladjustment and dependency. However, these cases were selected on the basis of certain criteria des-

cribed in Chapter I; chiefly that they originated ten or eleven years ago, remained active continuously or intermittently into 1955, i.e. throughout a period of relative economic stability; and represented family groups which remained intact throughout that time.

The social worker's responsibility is not only to the individuals and families with whom he works to eliminate or ameliorate the effect of disabling problems; it is also to the community which must be protected against the deteriorating consequences of such problems by preventing, as far as possible, their occurrence or re-occurrence.

In a program aimed at implementing the possibility of more effective diagnosis and treatment planning and better preventive techniques for these multiproblem families, the resources within the community must be carefully examined.

It is significant that while health resources are being made available in Vancouver at an ever-increasing rate, that they are not being paralleled by improved resources for diagnosis, treatment, and prevention of long-term maladjustment and dependency.

Bradley Buell has commented on this in the following words:

> "So far, in spite of scientific progress, there has been little systematic effort to develop and assemble data which have, or

> should have, strategic significance to a community-wide attack upon pathological behaviour. The various parts of the community's correctional and casework systems have been organized mainly around the particular symptoms of maladjustment - a crime, an act of delinquency, a neglected or dependent child, a broken family, a relief family, or a stranded transient family. Psychiatry, up to the present, has concerned itself largely with perfecting its capacity to diagnose the individual case, rather than in dealing with the manifestations of mental disorder on a community-wide basis." 1

Today, in this community, casework services are increasingly administered through an organizational structure which may block the most effective diagnosis and treatment of their client's problems. The growth of agency specialization poses the problem of service relationships. These "segmented" services make the objective of treatment focussed on the family constellation increasingly difficult of achievement. The Family Mental Health Centre as proposed by Bradley Buell is an important step towards the more purposeful integration of all the specialized services; and one which must be taken very soon in this community. This fact has important implications for the Family Service Agency, which, because of its strategic position, is uniquely qualified to bring this matter to the attention of the community. Along with integration of agency services, there must be a constant awareness of the resources offered by the income maintenance and other services, particularly their training and rehabilitation programs which must be part of the frontal

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1 Buell, Bradley and Associates, Community Planning for Human Services, Columbia University Press, New York, 1952, p.252.

attack upon the problem of long-term maladjustment and dependency.

Significance of Recording Shortcomings

Whatever else may be true, it is clear that diagnosis and treatment will only be improved when adequate information, which is essential to clear diagnostic thinking, is obtainable; just as in medicine, the final attack on cancer and tuberculosis still awaits the results of current research.

One of the findings of this study is that there is a lack of comprehensive information about the many interrelated influences operative within these seven family constellations.

1. Numerous gaps in face-sheet information appeared in the majority of these long-term case records. This information provides a minimum of social hisotry. Yet for the 35 cases originating in 1945 and 1946, diagnostically important information such as the date of the marriage was missing for 36% of the married couples. The fact that the marriage date is shown in all of the 7 cases selected for intensive analysis does not mean this date appeared on all the face-sheets. It was not recorded for 3 of the 7 cases and was arrived at only by deducing the date from information available in the case records.

It may be noted, however, that during recent years, face-sheet information has been completed to a far greater extent than in the earlier years when these long-term cases originated.

2. There is a pronounced lack of comprehensive information about the psychosocial and health factors influencing the behaviour of those seven families. (As already emphasized in Chapter III). There are particularly obvious gaps with respect to physical health, education and training, background social history, and cultural factors. (Chapter III). Likewise, there are few cases in which psychosocial and other influences affecting family behaviour are scheduled for diagnostic purposes. In consequence, the lack of recorded diagnoses during the course of these cases in most noticeable.

3. Information about the wives is far more complete than for the husbands. This follows in part, from the fact that since in most cases it is the wife who seeks help, casework and other services are therefore directed to her. This is confirmed by the records which show that the great majority of interviews are with the wife. However, this also reflects the fact that in some cases the role of the husband in the family situation is given too little consideration. Also, in a majority of these cases, the social worker appears to have made little effort to get psychosocial and health information about the husband - even if only indirectly.

4. A long-term case requires special consideration for the purpose of effective diagnosis and treatment planning. But because of

heavy case-loads, wishful thinking, or procrastination; the workers sometimes simply "carry" them along with their regular load. This does not appear to be the result of failure to recognize these cases as long-term. Any case which has been continuously or intermittently active in the agency for ten years or more, as is the situation with 10.1% of them, obviously requires special attention. (It is also the view of this study that comprehensive, scientifically-oriented diagnosis can result in earlier assessment of potential chronicity).

Because of their multiplicity of problems and their relative hopelessness, these cases sometimes receive only secondary consideration. They may be "closed" prematurely only to find that they have to be re-opened repeatedly. That this is the situation to an appreciable degree has been established by direct interview with social workers. Such a situation, whether within the control of the worker or not, is oncompatible with sound social work practice. Implicit in all this is the need for comprehensive and sustained high quality of casework.

It is not the purpose of this study to elaborate upon this subject as it may more properly come within the purview of continuing research into casework techniques. However, the importance of accurate, complete and scientifically oriented recording procedures cannot be over-stressed if meaningful research into problems such as that of long-term maladjustment and dependency is to be made possible.

Areas For Further Research and Exploration

There is urgent need of further research into all aspects of the problem of long-term maladjustment and dependency in this community.

The present study has been based on long-term cases in one agency - the Family Service Agency of Greator Vancouver. Further research should be based upon a community wide approach. There are other agencies in which such cases are frequently encountered; older agencies such as the Children's Aid Society, public assistance agencies such as the City of Vancouver Social Service Department; where dependency and maladjustment of second and even third generations challenge the profession to find new and better ways of meeting this problem.

Such further research must be focussed on the family - both as an entity and as a member of the wider community. Other research must be directed towards the assessment of community resources - and more importantly, community responsibilities.

A.J. Altmeyer, President of the National Conference of Social Work, in a paper entitled The Dynamics of Social Work, delivered at the 1955 National Conference of Social Work, said this of research action:-

"at the very least it should be possible for social

> workers to stimulate their own agency to undertake more systematic and continuing studies of the social results of existing agency policies to determine whether they are in need of change. It should be possible to go further and stimulate the agency to co-operate with other social agencies in focussing on particular social and economic problems of concern not only to individual clients but to the entire community." 1

Social work, and casework skills in particular, have been effective in dealing with the presenting problems of the individual or the family, dependent or maladjusted for whatever reason.

But research in the social sciences generally, and in social work particularly, is only now coming to grips with the vital problem of causal factors - with the challenge to devise effective preventive techniques. Within the professions and inside the community it is often true there may already exist more scientific knowledge than is being constructively utilized. It may be that tradition and inherited ideas are interfering with the possibility of using such knowledge. Perhaps scientific methods with which to prevent maladjustment and dependency from becoming chronic have yet to be wrested from experience. This is a challenge which society cannot afford to ignore.

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1 The Social Work Forum, proceedings: Columbia University Press, New York, 1955.

## APPENDICES

Table 4. Number of Long-Term Cases (Family Service Agency)

Originating 1949 or Earlier

| Year in which case originated | No. of Cases | Year in which Case originated | No. of Cases |
|---|---|---|---|
| 1931 | 1 | 1941 | 5 |
| 1932 | 2 | 1942 | 5 |
| 1933 | 3 | 1943 | 11 |
| 1934 | 3 | 1944 | 11 |
| 1935 | 3 | 1945 | 9 |
| 1936 | 5 | 1946 | 26 |
| 1937 | 2 | 1947 | 26 |
| 1938 | 4 | 1948 | 31 |
| 1939 | 4 | 1949 | 29 |
| 1940 | 5 | Total | 185 |

Of these 185 long-term cases, 41 were on the open case-load of the Family Service Agency in November 1955. The remaining 144 were active some time during 1955 (prior to November). Because of the pattern of intermittent closing and re-opening characteristic of long-term cases, these are likely to be re-opened again. The November 1955 case-load at the Family Service Agency consisted of 569 cases. It would therefore be appropriate to add to this number the 144 long-term cases closed before November since they are susceptible of re-opening. This must be done in order to establish the proportion of long-term cases to all "current" cases. This procedure gives a total of 713 cases (569 plus 144).

LONG-TERM CASES AS PERCENTAGE OF TOTAL CASE-LOAD

As at November 1955

| Period of Activity | No. of Cases | As P.C. of Total Case-load |
|---|---|---|
| 6 to 9 years | 112 | 15.7 |
| 10 to 14 " | 41 | 5.7 |
| 15 to 19 " | 20 | 2.8 |
| 20 to 24 " | 12 | 1.6 |
| Total | 185 | 25.8 |

It can then be said that 25.8% of the total current case-load at the Family Service Agency has been active 6 years or more; while 10.1% has been active 10 years or more.

Table 5 (part 1)

## Some Social Characteristics of Long-Term Cases Originating 1945 & 1946 [1]

| Item [2] | Number | Relevant Proportions and other Comments |
|---|---|---|
| **1. Marital Status** | | |
| a) Married couple now with children | 21 | 60% of all cases |
| b) Married couple without children | 1 | 3% " " " |
| c) Common law couple | 3 | 9% " " " |
| d) Divorced | 4 | 11% " " " |
| e) Separated | 5 | 11% " " " |
| f) Widower | 1 | 3% " " " |
| | 35 | 100% |
| **2. Current Number of Children** | | |
| a) For all 35 cases | 95 | At time of study the average no. of children per married couple 3.2 |
| b) For 22 married couples | 71 | |
| **3. Occupation - Household Head (where listed)** | | |
| a) skilled | 7 | 37% of household heads |
| b) Semi-skilled | 6 | 31-1/2% of household heads |
| c) Unskilled | 6 | 31-1/2% " " " |
| | 19 | 100% |
| **4. Birth Places (where listed)** | | |
| a) Canada (Caucasian) | 25 | 71% of adults |
| b) Canada (Native Indian) | 2 | 6% " " |
| c) British Isles | 7 | 20% " " |
| d) United States | 1 | 3% " " |
| | 35 | 100% |
| **5. Birth Dates (where listed)** | | |
| a) 1890-1899 | 1 | 2% of adults |
| b) 1900-1909 | 9 | 17% " " |
| c) 1910-1919 | 31 | 60% " " |
| d) 1920-1927 | 11 | 21% " " |
| | 52 | 100% |

1 It is from these 35 cases that the 7 selected for intensive analysis were selected.

2 As per Family Service Agency face-sheet schedule.

Table 5 (concluded)

| Item | Number | Relevant Proportions and other comments |
|---|---|---|
| **6. Marriage Date (where listed)** | | |
| 1930 | 1 | For 14 of the 22 married couples for whom this information was listed, the average time married at the time of referral to the F.S.A. was 6 years. |
| 1935-36 | 3 | |
| 1938-40 | 4 | |
| 1941-42 | 4 | |
| 1943 | 1 | |
| 1946 | 1 | |
| | 14 | |
| **7. Religion - couples only (where listed)** | | |
| a) Same | 6 | Too little information listed for significant findings. |
| b) Different | 5 | |
| | 11 | |
| **8. Source of Application (where listed)** | | |
| a) Personal | 23 | 70% of cases |
| b) Other | 10 | 30% of cases |
| | 33 | 100% |
| **9. Social Service Index** | | |
| a) No previous listing | 17 | 47% of cases |
| b) Previous listing(s) | 19 | 53% of cases |
| 1 | 36 | 100% |
| **10. Presenting Problem(s)** | | |
| a) Marital | 17 | The number of presenting problems ranged from one to five per case. |
| b) Economic | 12 | |
| c) Personality | 12 | |
| d) Phys.illness/handicap | 10 | |
| e) Parent-child relations | 7 | The average number of presenting problems per case was 2.2 |
| f) Subst. care children | 6 | |
| g) Alcoholism | 4 | |
| h) Legal | 4 | |
| i) Unmarried parenthood | 2 | |
| j) Mental illness-suspected | 1 | |
| k) Employment | 1 | |
| l) Housing | 1 | |

1 As discussed in the text these presenting problem(s) are chiefly as seen by the client and thus may be both incomplete and inexact.

As noted in the text, 35 or 18.9% of these long-term cases at the Family Service Agency originated in 1945 or 1946. It is from this group that the seven cases for more intensive analysis have been selected.

Since, in many instances, face-sheet information has not been fully listed, there are, with respect to some of the items in the preceding table, inconclusive statistical findings.

To the extent that information was listed, the following findings emerge:-

1. Marital Status. It is significant that of the 35 cases originating in the Family Service Agency in these two years, that a substantial majority, 63%, were legally married couples. If we include common law couples of which there were 3, the percentage of couples is 72%. Of the legally married couples only one was childless at the date of referral and remained so throughout the period. The rest had two or more children at the time of the survey.

2. Number of Children. At the time of the survey the 22 married couples had an average of 3.2 children per family. This is two and one-half times the number of children in the average British Columbia family which at the date of the last Decennial Census of Canada in 1950, was 1.3 children per family.[1]

3. Occupation. Occupation was listed for only 19 of the heads of families in these 35 cases. Of this group a little over one third

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1 Source: Canada Year Book 1953, Department of Trade and Commerce, Queen's Printer, Ottawa, Ontario.

qualified as skilled workers. The remainder were evenly divided between semi-skilled and unskilled classifications.

4. Birth places. Birth place was listed for only 58% of the 60 adults in these 35 cases. Results showed that of these 100% are of Canadian or British origin. Two of the Canadians are native Indians.

5. Birth dates. These statistics indicate as far as these 35 cases are concerned that the cases originated in the agency while the clients are still relatively young. In summary,

a) 21% of the adults were from 18 to 26 years of age at the time they first became clients of the agency.

b) 81% of the adults were under 36 years of age at the time they became clients of the agency.

c) 98% of the adults were under 46 years of age at the time they became clients of the agency.

6. Marriage date. The marriage date was listed for only 64% of the married couples. Of these only one had been married for more than 11 years at the time they first came to the Family Service Agency. The median length of time married at the date the case originated with the agency was five years.

7. Religion. This information is listed for only half of the 22 couples concerned. It shows that 54% were of the same religion. Where the religions differed, one partner was usually a non-practicing Roman Catholic.

8. Source of Application. Information available on slightly over half the adults concerned shows that the majority, 70% were self-referred. The rest were referred by other social agencies chiefly, or by schools, doctors or ministers.

9. Social Service Index. Nearly half (47%) of the cases show no previous listings with the social service index prior to 1945 or 1946.

Where there are previous listings the number of such listings ranges from one to eleven.

10. Presenting Problems. The face-sheets listed an average of 2.2 presenting problems per case. However it should be noted that this is an understatement as presenting problems are frequently listed on the sole basis of intake information which, to a considerable extent, is the client's own assessment of his problem or problems. This is considered further in the analysis of the seven cases for intensive study.

Presenting problems are about evenly divided between those which can be described as emotional or personality difficulties, and environmental problems. Usually such problems are present in combination. This is discussed fully in the body of the study.

Table 6. SOME CHARACTERISTICS OF LONG-TERM FAMILY CASES
(Family Service Agency, Vancouver, 1931-1955)

(Illustrating also "split-halves" method of assessing consistency of samples)

1. Age of Husband (Date of Intake) 1

| Age | Sample A | Sample B | Total |
|---|---|---|---|
| Under 21 | 0 | 1 | 1 |
| 21 - 24 | 3 | 3 | 6 |
| 25 - 29 | 5 | 9 | 14 |
| 30 - 34 | 15 | 9 | 24 |
| 35 - 39 | 8 | 8 | 16 |
| 40 - 49 | 7 | 9 | 16 |
| 50 or older | 4 | 2 | 6 |
| Not known | 50 | 52 | 102 |
| Totals | 92 | 93 | 185 |

2. Family Size (1955) 2

| Size of Family (Children 1955) | Sample A | Sample B | Total |
|---|---|---|---|
| No children | 2 | - | 2 |
| 1 | 14 | 20 | 34 |
| 2 | 21 | 28 | 49 |
| 3 | 17 | 20 | 37 |
| 4 | 16 | 14 | 30 |
| 5 or more | 15 | 9 | 24 |
| not known | 7 | 2 | 9 |
| Totals | 92 | 93 | 185 |

3. How Long Married (Date of Intake) 3

| No. of Years | Sample A | Sample B | Total |
|---|---|---|---|
| Up to 1 year | 2 | 1 | 3 |
| 1 - 2 | 3 | 0 | 3 |
| 3 - 4 | 4 | 8 | 12 |
| 5 - 9 | 6 | 7 | 13 |
| 10 or more | 4 | 4 | 8 |
| Those in which marriage post-dates date of origin. | 7 | 3 | 10 |
| Not recorded | 66 | 70 | 136 |
| Totals | 92 | 93 | 185 |

1 This table shows good comparability

2 There may be some question as to whether family size is a representative factor in such cases.

3 This table is of little significance except to show gaps.

Table 7. Pathology in Multiproblem Families [1] St. Paul Project

| Pathological Element Present | Number [2] |
|---|---|
| Dependent | 5000 |
| Seriously maladjusted | 5000 |
| Serious ill-health | 5000 |
| Chronic illness | 2200 |
| Chronic handicap | 1700 |
| Antisocial behaviour | 2100 |
| Mental defectiveness | 1300 |
| Failure to meet social responsibilities | 2600 |
| total | 6466 Families (6.1% of all families in the community) |

1 Source: Buell, Bradley and Associates, Community Planning For Human Services; Columbia University Press, New York, 1952 P. 112.

2 One family may exhibit more than one defect.

FAMILY A

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT FAMILY SERVICE AGENCY

| | |
|---|---|
| Date Case Opened | January, 1945 |
| Man | Born in Alberta, 1902 (43 years of age at this time) |
| Woman | Born in Manitoba, 1914 (31 years of age at this time |
| Date of Marriage | 1930 (Wife age 16, man 28) |
| Children at this Date | 1. Diane b. 1930 ( 3 months after marriage)<br>2. Wilbur b. 1933<br>3. Lorraine b. 1935<br>4. Louise b. 1940<br>5. Nadine b. 1943<br>6. Gordon b. 1944 |
| Religion | Protestant |
| Source of Application | Personal |
| Social Service Listings At This Time | Regina Welfare Bureau, August, 1938<br>AFAC July, 1943 |
| Presenting Problems | Marital, child care, personality, illness. |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | | |
|---|---|---|
| Children born since 1945 | 7. Girl<br>8. Girl | |
| Social Service Listings Since 1945 | C.G.C. | July, 1945 |
| | G.I.S. | December, 1945 |
| | P. Psy. S | July, 1946 |
| | F.D.C. | August, 1946 |
| | F. Ct. | July, 1947 |
| | M.H.C. | June, 1948 |
| | C.A.S. | June, 1948 |
| | V.G.H. | December, 1948 |
| | P. Psy. S. | October, 1948 |
| | J.C. | October, 1948 |
| | C.A.S. | March, 1952 |

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1 Certain items of Face-sheet information not diagnostically or statistically significant (including all names), have been disguised in this and the following six abbreviated records.

C. CASE HISTORY

In January 1945 Mr. A came to office requesting aid on a marital problem. He complained that another man (Mr. L), who was separated from his own wife but not divorced was "stealing his wife's affections". He said that his wife is having relations with this man and that she had recently taken Mr. L's two small children in to home to board them. This was greatly resented by Mr. A., and he wants them removed.

Mr. A. said the family had come to Vancouver in 1943. Prior to that he said they had been on relief in Regina "for several years". (It was later established at approximately 12 years - i.e., throughout the depression).

Mr. A. said his wife is working as a waitress. He indicated resentment of this, saying she can't do housework, properly, let alone work. Mr. A. said his wife has varicose veins.

Mr. A. said he still loves his wife and wants agency help in keeping her away from the other man.

The caseworker recorded that Mr. A. is "not physically prepossessing".

On February 6, 1945, Mrs. A. came into the office. She is described as "nervous and tense". Mrs. A. said she loves Mr. L., and has never been happy with her hsuband. Mrs. A. said her husband drinks, gambles, works only intermittently, (he is a painter by trade), neglects her and children. She said she married Mr. A. three

months before the birth of Diane at his request.

Mrs. A. said she was oldest of six, unhappy at home, and told to leave home by her father when she was fifteen. She went as far as Grade 9 in school; her husband completed Grade 4.

Mrs. A. expressed concern about what will happen to her children if she enters into common-law relationship with Mr. L.

On March 14, 1945, the worker visited the home of the A. family and reported it as a two story frame house in poor condition - dark, dirty, and in need of paint.

Mr. A. expressed concern about Diane going out with an "older crowd". (Diane has I.Q. of 115).

On the next day Mr. A. came into office very upset about one of the children finding Mrs. A. in bed with Mr. L.

In April 1945, following the discovery that Wilbur, who is age 12, and doing poorly in school (Grade 4), has an I.Q. of 70, there was a case conference about him, attended by Children's Aid Society, Alexandra House, Health Clinic, and Family Welfare Bureau representatives.

Later that month Mrs. A. bought a cafe in partnership with another woman. (The subsequent records indicate that Mrs. A. remained in restaurant business, to which she devoted considerable time and energy. The financial returns seem small).

In May 1945 the L. children were removed from the A. family

by Mr. L. Mr. A. plans to sue Mr. L. for "alienation of affections". Mr. A never does, but the records show that throughout the next two years he repeatedly refers to the possibility). Later in the month Mr. A. reported that "things are patched up" with his wife. He goes into hospital for prostate operation.

In June 1945 the A's expressed concern over Diane's "tearing around". Later that month a new worker visited the A home and reported emotional immaturity of Mr. A. who told the worker that he still loves Mrs. A, but she is still seeing Mr. L., and must be stopped. Mrs. A. expressed critical attitude to Diane( at same time she has apparently abandoned any effort at trying to control her hours, truancy, etc.) Worker reported children neglected, "dirty, unkempt".

In July, 1945, C.A.S. held a case conference on A. family. Later in the month Diane again stayed away from home overnight. Psychiatric consultation was held at Child Guidance Clinic re Diane, and the psychiatrist reported "a poorly adjusted personality" and recommended a foster home.

During July, 1945, Mr. A. went back to the hospital because of his prostate, Mrs. A. complained of financial difficulties, and the fact that Diane was staying out all night and associating with prostitutes.

At the end of the month Diane came to the Agency office. She was extravagantly made-up and dressed. Worker described her as "attractive and self-possessed". During the interview Diane said she

would prefer a foster home (rather than boarding school). She expressed a strong dislike for father - admiration for mother.

(It may be noted here that Diane subsequently did not go to either a foster home or boarding school).

Early in August, 1945, Diane was picked up by police in a cafe at 3 A.M. Charged with promiscuity, but released. Later in same month Diane came into the agency office. Told worker she is not promiscuous - but was raped by a boy one night in a park on way home from dancing when she bent down to tie shoe lace. Diane appeared in juvenile court later in the month on a charge of incorrigibility. Judge urged a foster home.

During the next three months the pattern continued the same. Mrs. A. became ill with plaurisy, Mr. A. worked intermittently. Mr.L. left Vancouver, presumably to finalize his divorce in Winnipeg. Diane was seen drunk on the street.

In December, 1945, Diane again left home. Told worker that her father threw a knife at her. The same month she got a job but as on an earlier occasion quit after a few days. Towards the end of the month she was picked up by the police in company with some juveniles in possession of stolen goods. She was sentenced to an indefinite period at Girls' Industrial School.

In January 1946 Mr. L. returned to Vancouver and moved in with a young woman who he was reported as wanting to marry. In February 1946 Mr. A. gave his wife a severe beating. During the month

another C.G.C. conference was held with respect to the A. family. It found "a pattern of emotional immaturity" and recommended that Mrs. A. be brought in for further work.

During the early summer of 1946, Mr. A. was largely unemployed. Mrs. A. was depressed, started drinking heavily, and threatened suicide.

In June 1946 the psychiatrist at C.G.C. interviewed Mrs. A. and reported "he could not offer much hope regarding the F.W.B. contact with Mrs. A. as she appeared to get no satisfaction from her marriage or her children."

In August 1946 Mrs. A. told the new worker at F.W.B. that she is "sexually repelled" by her hsuband, and can't bear to have him touch her. At the same time she expressed further concern over the welfare of the children.

In this same month there was another C.G.C. conference re Diane who was reported as making "a good adjustment" at G.I.S. The conference also concluded that "the home marital problems is not treatable."

In September, 1946 the case was transferred to another worker who recorded more fighting at home, continued neglect of the children, and more drinking by Mrs. A. It is also learned about this time that Mrs. A's parents were divorced when she was young, and that during her teens she had attacks resembling "epilepsy".

In October, 1946 Diane was released from G.I.S. She started again at High School, but almost immediately resumed her old ways. For the rest of the year we get a pattern of truancy, staying away nights, intermittent jobs, drinking and general delinquency from Diane. The parents were fighting steadily, and Mr. A. was again hospitalized for his chronic eczema.

In December, 1946 C.A.S. held another case conference re Diane and reported that "the outlook was not hopeful".

In January, 1947 Diane told the worker that her father hit her with a poker and tried to get "fresh" with her. (This is not substantiated).

During the summer of 1947 the family situation appeared to deteriorate further. Mrs. A. continued to drink excessively, and was hospitalized because of "trouble with tubes", and gallstones. The children all suffered from acute skin infections. Diane had started stealing from her mother and in the fall married a young man with a poor social history who went to Oakalla for one year on a charge of theft shortly after the marriage.

School authorities reported trouble with the younger A. children.

In February, 1948 a conference was held with a private psychiatrist who reported that Nadine, age 5, was "retarded", and needed a foster home, and that neither Mr. or Mrs. A. were likely to respond to service from any health or social agency. He said that Mr. A

would not leave Mrs. A. - "his source of support".

In March 1948 the C.A.S. held a conference re foster home placement for Nadine. (No placement subsequently made).

In April, 1948 there was reported the fact that Lorraine age 13, was also staying out all night. The family had been given an eviction notice with the landlord offering cancellation of two months rent due and $50 to boot.

In August, 1948 Diane was sent to Oakalla on a theft charge and the following month Lorraine was in Juvenile Court on a charge of drinking.

In December, 1949 Mrs. A again applied for Social Assistance but was refused by C.S.S.D. as ineligible. It was about this time that the case was closed at F.W.B., as it was being carried by C.A.S., and it was not felt that anything further could be done.

However, between that date and the present the case was reopened and closed several times. In June, 1950 Diane was again in jail; throughout this period the children remained problems both in and out of school. In 1953 Mrs. A. had her seventh child, and again, in early 1955 an eighth child, at which time F.W.B. placed a supervised homemaker in the home for a,short period. At that time Mrs. A. reported to the agency that family relations were good.

FAMILY B

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT F.S.A.

| | |
|---|---|
| Date Case Opened | December, 1945 |
| Man | Born in Manitoba, 1921 (24 years of age at this time) |
| Wife | Born in England, 1924 (21 years of age at this time) |
| Date of Marriage | 1943 (Wife age 19, husband age 22) |
| Children at this date | 1. Gwen b. 1945 |
| Religion | Protestant |
| Source of Application | Personal |
| Social Service Listings At this time | F.S.B. Galt, Ontario, 1945. |
| Presenting Problems | Economic, alcoholism, personality, marital, employment. |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | | |
|---|---|---|
| Children born since 1945 | 2. Donald | b. 1946 |
| | 3. Twins | Violet b. 1950 |
| | | Leo b. 1950 |

| | |
|---|---|
| Social Service Listings Since 1945 | |
| C.A.S. | July, 1950 |
| P.psy S. | June, 1951 |
| T.B.S.S. | June, 1951 |
| M.H.C. | June, 1951 |
| V.G.H. | , 1950 |
| C.G.C. | April, 1953 |
| F. Ct. | ,1953 |
| C.S.S.D. | ,1953 |

CASE HISTORY

In December, 1945 the Family Welfare Bureau, Vancouver received a letter from the Family Service Bureau in Galt, Ontario, stating that Mrs. B's parents were concerned about her mental health and requesting that the F.W.B. make inquiries.

In January, 1946 the F.W.B. worker visited the B home. They were then staying at Mr. B's parents' home. The worker reported that the husband was still unemployed following his discharge from the Air Force the previous October. The worker also recorded that Mrs. B. had an "odd, furtive look and mumbling voice".

Later in that month the couple came into the office for a joint interview. The couple quarrelled openly there and Mrs. B. appeared unwell. She expressed some concern about the baby who had been born with two thumbs on one hand. They stated that their finances were very low. It was also revealed that Mr. B. had a poor job record before joining the R.C.A.F. He expressed a desire to learn a trade - preferably carpentry. There was friction between Mrs. B. and her mother-in-law. Mrs. B. also said her husband was not interested in her and insinuated a wish to commit suicide. She had an uncle and aunt who had committed suicide, and another uncle in a mental hospital. The case was closed at the end of the month when the B's moved back to Galt.

In February 1948 the case was re-opened on the basis of a referral from another agency saying that the B's were back in town and

without resources. They were invited to come in to the F.W.B. but when they failed to appear the case was closed.

In January, 1950 the case was re-opened when Mr. B. Phoned the agency demanding their help in getting a coal company to speed delivery of a coal order. It was also ascertained that Mrs. B. was just back from the hospital with twins and that Mr. B. was now working in the Post Office at $140 a month.

In July of 1950 a neighbour of the B.family complained to the Public Health nurse that the four B. children "were being neglected", and that their 4 year old boy "stripping" little girls and assaulting them as well as "exposing himself". This was brought to the attention of the F.W.B. The case was closed by a referral to the C.A.S.

In November, 1950, the case was re-opened when the parents were referred to the F.W.B. Mrs. B. came into the office and was reported as "immobile", "confused", and very depressed. She cried during discussion of her worries about money and their heavy debts. She also indicated a fondness and concern for the children. She told the agency she was being treated for anaemia at the out-patients' department of the V.G.H. During the month the agency gave her $21.50 to supplement the food and fuel budget.

The following month, December, 1950, Mr. B. came to the office. The worker described Mr. B. as "tense", "nervous", "immature", "unrealistic". Mr. B. said he owed about $3000 (actually about $1000).

He said that his wife had been in the mental hospital in Galt, Ontario, for three months until he signed her out (later established as schizophrenia). Mr. B. complained about their poor marital relations. He said that he only knew her three months before marriage, that he had never intended to marry her, that she was jealous and hysterical. He also said that after marriage he nearly left her because of her insatiable sexual demands. He blamed his wife for her last pregnancy saying she did it to keep him.

The B. home was again visited this month and Mrs. B. was found to be very worried, partly because she thought she was pregnant, and again contemplating suicide. Mrs. B. was again given financial assistance, and a budget drawn up.

In early January of 1951 Mr. B's brother who was just out of Oakalla moved in with them. Further financial aid was given them by F. In B.

Later that month Mr. B. was arrested for non-payment of a bill, but was bailed out the following day by an uncle. Mrs. B. was very upset by this, Mrs. B. was found to be not pregnant, but did not tell her husband of the fact. She was now attending O.P.D. at V.G.H. for her defective vision.

On February 1951 Mrs. B. developed a bad rash on her hands. The C.A.S. also received an anonymous letter complaining that the children were being neglected.

During March, 1951, the family continued to have serious

financial problems and Mr. B. complained that his wife refused to use the pessary supplied by V.G.H. O.P.D.

During March, 1951, the family continued to have serious financial problems. Mrs. B. continued unwell, and the O.P.D. planned a psychiatric consultation about Mrs. B. Mrs.B. was reported as continually failing to keep V.G.H. appointments.

During the following three months three different workers had this care. All of them continued to work with Mrs. B. on budgeting, and the F.W.B. supplied intermittent financial aid.

In August, 1951, Mrs. B. became ill with asthma.

During an interview in October 1951, Mrs. B. mentioned the possibility of an operation on her "womb". She also said her mother was now in a mental hospital. (This later proved to be untrue) and expressed worry over how hard her husband was working.

Mr. B. was in the office during the next month at which time he complained of his wife's neglect of the house and children and said that if it wasn't for the children that he would have already left her.

In these and succeeding months the family continued to receive intermittent financial aid from the agency.

In mid-January, 1952, Mrs. B. came into the agency and expressed concern over her husband's health. She said he worked very hard.

At the end of the month a case conference on the B family

was held with Miss Wolfe, the agency's consultant.

Mrs. B. continued in poor health and seemed to become increasingly dependent on her husband.

In February, Mr. B. phoned the agency to enquire about committing his wife to P.H.H. He also complained about his wife's constant lying.

A budget survey was made by the worker in March and indicated debts of $575. still outstanding. The worker felt Mr. B was unrealistic about money and debts.

In April 1952 V.G.H. O.P.D. diagnosed Mrs. B. as schizophrenic. Discussions were held about Mrs. B. going to Crease. Mrs. B. indicated strong opposition to the idea, expressing strong fear of "those shock treatments". As a result such plans were not furthered.

In May a second consultation was held with Miss Wolfe, who said Mrs. B. was "pre-psychotic" and recommended placement for the children.

A new worker took over the case that month. She was a young, attractive woman, and for several months Mrs. B. resisted every effort the worker made to see her husband.

In June Mr. B. quit his post office job. He claimed he did this because they had refused him a lighter job which he had requested because of his rupture. (It was later learned that he quit because he was to be discharged for drinking).

Mr. B. then got a job as bus driver for the B.C. Electric. During his six weeks of training his rate of pay was to be 65 cents per hour. That same month theB. family was threatened with eviction but this was averted.

In September Mr. B. was fired from his job for drinking and announced that he was going to Kitimat. During the next three months he sent his family irregular small amounts of money. (It was later learned that he never left Vancouver. Instead he got a job driving a taxi and was reported to have drunk and gambled heavily during this period.)

In December, 1952 Mr. B. was again unemployed and for a time the family was a social assistance.

From January, 1953 to March 1954 numerous visits were paid the B's - almost one per week. During this time a C.G.C. referral was made and the psychiatrist advised that the family be kept together. On one occasion the police had to be called when Mr. B. beat up his wife. Mrs. B. continued to be ill but resisted treatment. Mr. B. showed considerable hostility towards the agency. He was operated on for hernia during this period. During 1953 Mr. B. joined the Foursquare Gospel Church and reported that he had "reformed".

A partial survey by the Agency showed that between November 1950 and December 1953 the family had received $1349 in direct assistance.

In June 1954 the Agency received a phone call from Pearson T.B. hospital saying Mrs. B. had just been admitted with advanced T.B.

Six weeks later Mrs. B. left Pearson of her own accord and was subsequently put into Ward R, V.G.H. for investigation. Shortly after she returned home. The case was closed about this time as it was in the hands of other agencies.

In May, 1955 the case was re-opened with a phone call from Mrs. B. She sounded cheerful and said that things were much better and that her husband was now working for Shell. However, she said she required more money. Mrs. B. was referred to the Poppy Fund and the case again closed.

FAMILY C

A. FACE-SHEET INFORMATION AT THE TIME CASE FIRST OPENED AT F.S.A.

| | |
|---|---|
| Date Case opened | May 1946 |
| Man | born in Manitoba, 1915 (31 years of age at this time) |
| Wife | born Ontario 1917 (29 years of age at this time) |
| Date of Marriage | 1941 (wife age 24, husband age 26) |
| Children at this date | 1. John b. 1946)<br>2. Joseph b. 1946) Twins |
| Religion | Protestant |
| Source of Application | V.O.N. |
| Social Service Listings At this date | VON 3/48 |
| Presenting Problems | Economic, personality, physical illness, marital. |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | |
|---|---|
| Children born since 1946 | 3. Marion b. 1947 |
| Social Service Listings Since 1946 | D.V.A. (psych) 3/48 |

In May, 1946 the V.O.N. enquired whether the F.W.B. could provide any financial assistance to this family with heavy medical expenses. Mr. C. is a discharged R.C.A.F. now working in the shipyards for $150 a month. Mrs. C. had twins in March, 1946. Both have been ill since, one is now in hospital. Mrs. C. extremely upset and overworked. An attempt was made to get aid through the Airforce Benovolent Fund who did give assistance.

In July, 1946 the psychiatric department, D.V.A., referred Mr. C. to F.W.B. Mr. C was reported as being resentful of the children, annoyed with Mrs. C's incompetence. Mr.C. had been examined in this department in October, 1945, for headaches and general depression. His father apparently suffered from the same problem. Mr. C. was to have a further examination through the psychiatric department.

At this time the V.O.N. also reported that the C's were living in a not too adequate three room basement suite. They also reported that Mr. C. has seemed tired and distraught and indicated to the V.O.N. nurse that he hoped the smaller twin would die. He seemed to have guilt feelings about this. Mrs. C. was reported to have spent an unreasonable amount of money on furniture against Mr. C's wishes.

A little later in this month Mr. C. was seen by the D.V.A. psychiatrist who recommended supportive help from F.W.B. Mr. C. found over-anxious, needed to be mothered.

On July 19, Mr. C. came into the office. He was described by thr worker as a "fairly nice looking, well built young man. His complexion is dark and he wore fairly thick glasses". Mr.C. confessed impatience with his wife's handling of the children. One of the twins was again ill, and might have to be hospitalized.

On July 22 the worker visited the C home. Mrs. C. is described as "a rather plump young woman, medium height, dark uswept hair, glasses". Their suite was clean and comfortable. One twin was in the hospital with diarrhoea - the other looked thin and pale. Mrs. C seemed proud and fond of the baby. She said the doctor had said something about the twin's poor condition being due to an RH factor in her blood. She also talked about her difficulty handling the twins, and her fear of doing the wrong thing. Mrs. C. also expressed concern over her husband's continual worrying.

In August the psychiatric report on Mr. C. was received. It revealed that there was considerable discord between his parents - mainly over money. Mr. C. said his wife had "talked him into marriage". In 1943 they separated for an 18 month period. Mr. C. was diagnosed as "psycho-neurosis, anxiety state, hypochondriases. Prognosis guarded". It was felt that F.W.B. could help Mr. C. Mr. and Mrs.C were seen by the worker on August 16. Mr. C had been laid off work the week before and had found it impossible to find another job. Mrs. C was going into the hospital that night to have all her teeth removed. One twin was still in the hospital. Arrangements were made to

have the well twin examined at O.P.D. Mr. C. told the worker he was feeling better and more settled.

On August 24th the worker drove Mrs. C. and the baby to the Clinic. Mrs. C. expressed concern for her husband because he tried too hard to help. She said that she feared she was again pregnant and said she would seek an abortion if she was. The other twin was to be released from the hospital next day.

On September 14 Mr. C. phoned requesting help for Mrs.C.

The worker called two days later. Mrs. C. had been extremely nauseated and unable to cope with the twins. A supervised homemaker was discussed. Mrs. C. said that her husband was again working but dissatisfied with the job. Also their expenses were heavy and burdensome.

A supervised homemaker went into the C. home on the 23rd and remained for about six weeks.

In October Mrs. C. was found to be pregnant. The doctor said there was no reason why the child should not be healthy. Mrs. C. was, however, apprehensive.

Mr. C. complained that his employment was not steady and that the house was inadequate. The worker suggested he apply to the Wartime Housing Committee for a house.

In December, 1946 Mr. C. changed his job. Although Mrs. C. said he was depressed at times, things seemed more satisfactory.

In March, 1947, arrangements were made for a supervised

homemaker. Some planning was done on the budget and the C. family were advised that they would be able to move into a Wartime House at the end of the month. At this time Mr. C's earnings were $145. a month.

On March 26 a girl was born. It was premature about a month but in good condition. A supervised homemaker was placed.

During the following months family affairs seemed to go fairly well except for debts which were relieved by Mr. C. going fishing.

In August 1947 Mrs. C. said she and her husband were most happy in their relationship and therefore felt no further need for further services. Accordingly the case was closed.

In February 1948 the case was re-opened when D.V.A. referred Mr. C. to F.W.B. for casework services.

In March Mr. C. came into the agency. He appeared distraught and was worried about his expense.

The agency agreed to accept Mr. C. for casework services if a psychiatric report would be given from D.V.A. to the effect that such would help him. As no report was received the case was closed at the end of this month.

There was no contact with the family for the following 6 years.

In February, 1955 Mr. C. appeared at the agency. He said he wanted help with budgetting as his wife was running up bills.

Mr. C. said he was now in the Navy. He said he sent his wife $140. every two weeks and wondered where the money went. Some discussion followed and it was suggested that Mr. C. contact the North Vancouver office for further help.

Mr. C. did not contact the North Vancouver office and the case was closed in March 1955.

FAMILY D

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT F.S.A.

| | |
|---|---|
| Date Case Opened | August 1945 |
| Man | Born in Sask. 1923 (22 yrs old at this time) |
| Wife | Born in Eng. 1920 (25 yrs old at this time) |
| Date of Marriage | 1940 (man age 17, wife age 20) |
| Children at this Date | 1. Jane b. 1943 |
| Religion | Man - Protestant |
| | Wife - Hebrew |
| Source of Application | Citizens' Rehabilitation Council |
| Social Service Listings At this time | Nil |
| Presenting Problems | Economic, marital, personality |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | |
|---|---|
| Children born since 1945 | 2. Joseph b. 1948 |

On August 1, 1945, the Citizens Rehabilitation Council referred Mr. D. to the F.W.B. He was requesting a loan to help establish his family in Vancouver.

Mr. D. had married a Jewish girl in England in 1940. She had preceded him back to Canada with their 2-1/2 year old child and had stayed in Regina until her husband joined her there. They had then moved to Vancouver where they had arrived a few days ago without funds. Mr. D. wanted to get permanently settled at once and requested a loan in order to purchase furniture. He was opposed to the idea of moving into a furnished suite temporarily.

Mr. D. was vague about his future plans other than to say he wanted to take a D.V.A. course in building. The agency told Mr. D. that they could not give him the requested loan but said that after he found suitable place they might give him some assistance in order to help him re-establish himself.

The following month the agency received a telephone call from the Overseas War Wives Committee saying that Mrs. D. had been into their office. She had been very upset and told them that her husband was non-Jewish and that she did not feel accepted by his people. Her one idea was to return to England with the baby. The case was referred to the Seaforth Auxiliary for them to determine whether it should be referred to a casework agency - either the Family Welfare Bureau (now Family Service Agency (or the Jewish Family Welfare Bureau.

In January, 1946 the C.R.C. called again. They said Mrs. D. had been in to their office complaining that her husband was constantly drunk and neglecting his family. It was agreed that C.R.C. would try to have Mrs. D. come in to the F.W.B.

However, Mrs. D. did not appear and it was not until March 1955, that she was heard from again when she appeared in the Agency office.

Mrs. D talked of her unhappiness in Canada, of her husband's physical abuse of her, and their heavy debts. She said he had had frequent periods of unemployment and that they were heavily in debt. They had an outstanding bank loan of $2000.

Mrs. D. said that she married in England when she was 18 and that immediately after that her husband had gone to Italy to fight. Her baby was born shortly after and it was about that time she experienced the terrors of bombing. Some shrapnel had entered her shoulder and pierced her lung. Because of her extreme nervousness as a result of this experience she and her baby were evacuated to Canada.

The worker described Mrs. D. at this time as a fairly tall and slim woman, but with an "extremely diffident" manner, perhaps due to the fact that she was trying to hide the fact that many of her lower teeth were missing.

For 18 months, up until a few months ago, Mrs. D. had been working in a laundry, but she quit because of the disadvantages to the children. Mrs. D. described her husband as quiet and studious. He

disliked going out although she would have wished it.

Mrs. D. said she could understand her husband's attitude as he was not a very outgoing man. She said that he had been unhappy as a child and that his mother died when he was only a few months old.

Mrs. D. felt that it might help her feeling of depression to talk things over with the worker who could also help her find some recreational outlets. Another appointment was made for Mrs. D. She did not keep it, phoning to say that she had returned to work - this time in an office.

She was phoned again in May (1955) and another appointment made. Mrs. D. did not keep this appointment. The case was therefore closed.

FAMILY E

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT FAMILY SERVICE AGENCY

| | |
|---|---|
| Date Case Opened | May 1946 |
| Man | Born Sask. 1918 (28 yrs old at this time) |
| Woman | Born Eng. 1919 (27 yrs old at this time) |
| Date of Marriage | 1942 (Man age 24, wife age 23) |
| Children at this date | 1. Gloria b. 1943<br>2. Peter b. 1945 |
| Religion | Man - Roman Catholic<br>Woman - Protestant |
| Source of Application | Personal |
| Social Service Listing At this Time | Nil |
| Presenting Problems | Marital |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | |
|---|---|
| Social Service Listings since 1946 | P.Psy S.<br>Red Cross |

In May, 1946 Mrs. E. telephoned the Agency requesting immediate help saying she was having difficulty with her in-laws, that her husband was bullying her, that she had no friends and that she wished to return to England.

In her first interview that month Mrs. E. explained that she was married to Mr. E. who was then a pilot officer in England, knowing him five months. In 1943 they came back to Canada. He went to the station at Lethbridge and she moved in with his relatives, where, however, she said, she was not made welcome so she joined her husband. However, through the intervention of a clergyman they wefe reconciled. They then decided to have another child. Mrs. E. thought it would improve their relationship. But fighting started again, and Mrs. E. said that even during her pregnancy Mr. E. beat her. She described him as cold, conceited, dishonest and without feeling or affection. On his discharge they moved to Vancouver where they stayed with friends at first in over-crowded quarters. Mr. E. joined the police force.

Mrs. E. said she cries a great deal and has pleaded with him to change but he only considers her hysterical. She said her husband likes his job principally because he looks well in uniform. She said he is a heavy drinker and is nice to her only when he wants money or intercourse. She said that while she came from a happy and affectionate family, her husband came from a broken family. She stated that Mr. E's mother died when he was two and his father remarried an

alcoholic and that the family lived in hotels. When Mr. E. was 15 his father committed suicide. At a later date a brother also committed suicide, and another brother was imprisoned for manslaughter at the age of nineteen. The worker described Mrs. E. as "very emotional and upset".

At the end of the month the worker telephoned Mrs. E. and suggested an interview with her husband. Mrs. E. said that things were going better and that she feared if the worker saw Mr. E. it might upset things. She said that she would like to see the worker again, and also mentioned the possibility of she and her husband seeing a psychiatrist. Mrs. E. mentioned that she thought her husband to be queer and peculiar. She also asked the worker what she thought of the idea of her going to England for 6 months to help make Mr. E. realise whether he really loved her. The worker replied that she felt so long a separation would erect barriers.

In June, 1946 this case discussed at the Psychiatric Clinic but the psychiatrist said Mr. E. would also have to be seen before any plan could be made.

Later that month the worker called on Mrs. E. Mrs. E. told her that the week before her husband had come home drunk, thrown her on the bed and spanked her till she was black and blue. Then he had cried. However, since then, she said, things had seemed better. She also told the worker that she obtained no pleasure in the sex relationship and since her husband became annoyed when she failed to reach a climax she feigned one. The worker suggested she see a doctor about this. Mrs. E.

still wanted to take a trip to England, but the worker again advised against it. As well Mrs. E. still opposed the idea of the worker seeing her husband.

At the end of the month Mrs. E. phoned the agency saying that her husband had found out about a $50 bill she was supposed to have paid. He was very annoyed and beat her severely, she claimed. The worker again suggested she see Mr. E. but Mrs. E. demurred saying if she suggested this to her husband he would kill her. She later changed her mind and suggested the worker call the next day at 1.P.M.

When the worker called the next day Mr. E. was still in bed. He at first refused to see her, saying his wife could go back to England if she wished. A few minutes later he invited the worker and his wife to come into the bedroom to see him. The worker described him as "very good-looking, clean, and well-groomed". Mr. E. told the worker that he was sick of his wife's hysteria - that she was a poor cook and housekeeper and that he did not beat her but merely slapped her to stop her hysteria. Mr. E. said he wrote to his wife's father about her and he replied that she had always been that way. Mr. E. also said that his wife's parents did not get along and Mrs. E. agreed. ( This contradicted an earlier statement of hers - May, 1946). Later, on this occasion, Mrs. E. commented that she did not want to repeat the misery of her own mother who was constantly bullied by her husband. Mr. E. told the worker that he had not wanted to get married until they arrived in Canada, but that she had thrown such a tantrum that he had agreed to

marry her in England. He also complained of sex relations being unsatisfactory since the birth of the children.

On the following day Mrs. E. telephoned the worker to say she felt everything was going to be fine as her husband had promised not to his her again. She said that Mr. E. had been greatly impressed by the worker when she said her husband did not beat her.

In July 1946 Mrs. E. was given help with her budget and loaned a couple of books on Sex and Marriage.

In August Mrs. E. told the worker that she was going to England in September for a year, during which time she and Mr. E. would decide whether to divorce or live together again.

The case was subsequently closed.

In March 1947 the City Police Department telephoned regarding a letter from Mrs. E. in England saying Mr. E. had promised to support her but was not doing so. The letter also described in some detail Mrs. E's complaints about her husband's general behaviour. The police were informed that Agency information was confidential and Mr. E's permission would have to be obtained before further information could be released.

The case was re-opened in December 1948 when the Red Cross telephoned to refer Mrs. E, who had left home with her children following an assault by her husband. Mrs. E. came into the office of the F.W.B. that same day with her two children. She launched into a spirited attack about her husband's brutality and his changeable moods since her return from England. She said he had beseeched her to return - telephoned long

distance several times, etc. She said she wanted F.W.B., or other help in staying away from home a few more days "just to show him". She expressed great ambivalence about her feelings about divorce. She also requested that theAgency arrange a psychiatric examination for her husband.

Although arrangements were made with Mrs. E. to see the district worker, she telephoned to say that she did not think she would come in as she had returned to her husband and things seemed to be better. Accordingly the case was closed again.

There was no further activity on this case until November, 1954, when Mrs. E. telephoned the Agency asking for an appointment. She sounded extremely upset, crying and near-hysterical. She said she had gone to . ! her she could either accep f was under a doctor's care for her nerves.

A few days later Mrs. E. came into the office. She was "agitated" and gave the impression "of being under great tension". The worker also commented about "an impression of dullness". Her chief complaint was about her husband's irritability - particularly about her housekeeping habits. Her description of her husband suggested he was a perfectionist. She talked about his brutality but how she could not leave him because of losing security.

The worker explained the possibility of using the Family Court as a resource in such cases. The worker also proposed that Mr. E. be brought in on interviews. Mrs. E. agreed to this and said she would

telephone the worker.

At the end of November, Mrs. E. telephoned. She said Mr. E. had refused to see the Agency but had agreed to see a psychiatrist. Mrs. E. seemed hopeful about this plan and saw no further need of Agency services. The case, therefore, was closed again.

FAMILY F

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT F.S.A.

| | |
|---|---|
| Date Case Opened | June 1946 |
| Man | Born in Ontario 1918 (28 yrs of age at this time) |
| Wife | Born in Alberta 1920 (26 yrs of age at this time |
| Date of Marriage | 1942 (Wife age 22, husband age 24) |
| Children at this date | 1. Steven b. 1942<br>2. John b. 1944 |
| Religion | Man - Protestant<br>Wife - Greek Catholic (N.P.) |
| Source of Application | Personal |
| Social Service Index Listing at this date | Nil |
| Presenting Problem | Marital, personality, substitute care of children. |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | |
|---|---|
| Children born since 1946 | 3. Gail - 1947 |
| Social Service Listings Since June 1946 | F. Ct. 11/46<br>M.H.C. 11/51<br>F. Ct. 10/55 |

In June, 1946 Mrs. F. phoned the Agency saying she wished to discuss the placement of her two children because of marital conflict.

Mrs. F. came to the office and was described as a "tiny, neat, attractive woman with a pleasant manner. She appeared "self-contained" and showed little emotion.

Mrs. F. complained that her husband had a violent temper and would sometimes strike her or the children. She felt the quarrelling was bad for the children, and thought they should be placed while she tried to establish a home away from Mr.F. During this interview Mrs. F. said she came from a large family, that her parents were not happy because the father was shiftless. She had completed Grade 10 in school and looked after herself since, working as a domestic. She said she did not wish her children to experience the same unhappiness and insecurity she did.

Mrs. F. described her husband as unhappy and insecure. He had had little affection at home and was frustrated because after completing Grade 11 he had been unable to achieve his ambition to become a lawyer. She also said that both families had found depression times hard.

Mrs. F. went on to talk about Mr. F's "bitterness", saying he had a very poor relationship with his religious, autocratic mother. He had enlisted in the Navy during the war but was discharged after five months because of a minor heart condition which does not incapacitate him in his present job of electrician at $48 a week. Mr. F feels this is not enough money. At this time they were living in cramped unfinished quarters in the basement of Mr. F's parents with whom relations appeared

fairly good. Mrs. F. said Mr. F. had been most insistent about marrying her. On one occasion about two years previously Mr. F. had beaten her up when she was pregnant and the police had been called. Mrs. F. moved away for three days but returned when her husband expressed contriteness. Mrs. F. said that in between quarrels Mr. F. is quite considerate and is a good provider. Mrs. F. appeared indecisive about her idea of leaving home and was unwilling to lay an assault charge in the Family Court.

Mrs. F. said that she thought her husband still loved her and claimed she was still very much in love with him.

The worker discussed the desirability of also interviewing Mr. F. with respect to this problem. Mrs. F. thought this a good idea.

Later that month Mrs. F. telephoned to say she had had a long discussion with her husband who had, she said, admitted his responsibility for the problem and promised to change. Mrs. F. was defensive about her husband being "a little bit on edge" because of hard work but now felt that things would remain improved. The case was then closed.

In December, 1946 this case was re-opened after a referral from the Family Court. Mrs. F. had left home and moved in with her sister, taking Steven with her. Mr. F. had gone and taken the child away, and his mother was now looking after the two children. Mr. F. was phoned and given an appointment, which, however, he cancelled later, advising the worker that everything was now all right. The case was again closed.

On October, 1947, the case was re-opened when Mrs. F. asked for an appointment to discuss her marital problems. She later appeared

at the agency looking drawn and tired. Also she was advanced in pregnancy. She revealed that there had been further quarrelling and some consultation with a lawyer about a separation. She also complained of her mother-in-law's meddling. The family was now living in a temporary two room shack without plumbing behind some stores Mr. F. was building. Mrs. F. complained of her husband's unpleasantness and jealousy. She said that althoug he now made over $200 as an electrical inspector he only gave her $50 a month while he spent money freely on drinking and gambling. Mr. F. has told her he would divorce her except for the children. Mrs. F. spoke bitterly about her pregnancy saying she did not want another child because of her husband's lack of responsibility.

Mrs. F. said that she considered Mr. F. unnecessarily brutal with respect to sex, and that she considered many of his demands (unstated) as abnormal and indencent. She felt he viewed her as a prostitute.

Mrs. F. complained of Mr. F.'s mistreatment of the children. She went on to talk of the financial strain. She said she was again contemplating leaving Mr. F. but wanted assurance that satisfactory plans could be worked out. The worker suggested that in view of this it would be desirable if Mr. F. could also come into the agency. The worker then asked her how she felt about the expected child and Mrs. F. answered that she had decided to have it adopted because her husband seemed inadequate as a father although she herself wished it could be otherwise.

The following week Mrs. F. telephoned the agency. She said

that her husband would not accept agency help, that he had been drunk again. She then expressed her "disgust" and suggested that the Agency take over all the children. The intake worker to whom she spoke suggested that she delay her plans until she spoke to the new district worker. Mrs. F. ageed to this.

The next day the worker visited the F. home. She described their unsightly small tar-papered shack, the inside of which was overcrowded but clean. There was no toilet or bath. The worker said the children were clean and well-dressed, and that the mother's manner towards them "was at all times gentle and patient". She described the mother as neat and tidy who spoke in a monotonous manner but with some humour and at least average intelligence. Mrs. F. talked about her husband's unreliability and cruelty and opposed these qualities to her own courage, high standards, loyalty and patience. She said that her husband's family was quarrelsome, that the mother was a strict religious person who thought all pleasure was sinful. Mrs. F. spoke of her husband's now earning $200 a month and their plans to buy a house. She talked of her coming confinement but did not mention adoption. Mrs. F. mentioned her difficulty using contraceptives. She said that her husband was highly sexed and demanding. She had felt his sex interests were not normal but after reading a book by Tyrer she discovered that his demands were not abnormal but she remained unhappy about the situation. While she talked of her husband's cruelty to the children she contradicted herself by mentioning the pleasure with which the children greet their father when he comes home from work.

Mrs. F. talked of her father's cruelty to his wife but said that despite that the children were happy. After completing Grade 10 at school she moved in with a married sister and went to work. At the end of the interview she told the worker she felt hopeless about her inability to make a decision. The worker interpreted this as a positive factor and arranged to see her again the following week.

At this next interview Mrs. F. told the worker a little more about her background. She was the second youngest of six children. Her parents were Ukranian but the children did not participate in the Ukranian community's activities. She had not liked living with her sister who was lazy but she liked her brother-in-law who was quiet and kind. She commented that she always got along better with men than women. When she was 19 she moved to Vancouver where she lived in a light housekeeping room and did housework by the day. She enjoyed this experience - had men friends but siad she never became sexually involved and was determined only to marry a man with money.

At the interview on Oct. 31, 1947, Mrs. F. said that things seemed to be going more smoothly at home. It was at this time that she revealed for the first time that she was pregnant before marriage. She said she considered this a strike against her marriage from the beginning.

At the next meeting in November Mrs. F. told the worker that she and her husband had made up their minds that they did not wish any more children. She had already spoken to her doctory and felt he was agreeable to the idea.

Mrs. F. again talked about her childhood and discussed the

difficult times the family had had during the depression when they were on relief for a time. She also discussed the constant brutality and quarrelling of her father and how her mother had frequent "breakdowns" which would necessitate her removal to a "rest-home" for a time. Mrs. F. said that these breakdowns were not mental but physical.

At an interview later this month Mrs. F. talked more about her pre-marital pregnancy and what an unhappy time it had been. She said that Mr. F. had suggested the child was not his and suggested an abortion.

On Dec. 3rd a girl was born to Mrs. F. During this period the worker visited Mrs. F. in hospital and also the other children at the home where they were being looked after temporarily. Mrs. F. had been sterilized as she wished and appeared happy with the situation. She also spoke of Mrs. F's greater interest in the children. Since Mrs. F. appeared happier and better adjusted the case was closed in January 1948.

The case was re-opened in November 1951 on the basis of a request for information about Mrs. F's eldest boy from the M.H.C. A psychiatric conference was being planned for him because of school work below his ability, thumb-sucking, nail-biting and day-dreaming.

This conference was held later in the month with an agency representative attending. It was planned after psychiatric examination to give him a special course in remedial reading and to have him return to the Clinic for some sessions of therapy. Since M.H.C. was assuming responsibility for this case it was again closed.

There was no further activity on this case for four years until October 1955 when the case was re-opened after a call from the Family Court which wished to discuss referral of Mr. F. Mrs. F. had been to see them on a complaint of assault. Mr. F. had admitted being rough with her and the children and seemed to want help because of drinking and financial problems (although he was now earning $360 a month).

A letter was sent to Mr. F. offering the agency's services. However, he did not reply to this letter so the case was closed. (December 1955).

FAMILY G

A. FACE-SHEET INFORMATION AT TIME CASE FIRST OPENED AT FAMILY SERVICE AGENCY

| | |
|---|---|
| Date Case Opened | May 1946 |
| Man | Born in Alberta 1915 (31 yrs at this time) |
| Wife | Born in Sask. 1917 (29 yrs. at this time) |
| Date of Marriage | 1941 (Man age 26, wife age 24) |
| Children at this Date | 1. Jack b. 1943<br>2. Harry b. 1944 |
| Religion | Protestant |
| Source of Application | City Social Service |
| Social Service Listings At this time | C.S.S.D. 1946 |
| Presenting Problems | Marital, illness, parent-child relationship, substitute care of children. |

B. ADDITIONAL FACE-SHEET INFORMATION AS OF 1955

| | |
|---|---|
| Children born since 1946 | 3. William b. 1948<br>4. Marion b. 1949 |
| Social Service Index Listings since 1946 | C.C.C. 1947<br>V.G.H. 1952<br>F. Ct. 1953 |

CASE HISTORY

This case was opened on May, 1946 on a referred request for a supervised homemaker. Mrs. G. was ill. Her husband had just been discharged from the R.C.A.F. and was on an allowance of $94 a month "awaiting returns from Business Benefits". The two bosy at the time were aged two and three. Since no homemaker was available at the time the case was closed.

In September, 1947 the C.G.C. asked the agency for a report as the G's were applying to them for service for Jack. The agency lacked sufficient information to supply the report.

In September 1948 another request for a homemaker was received. Mrs. G. was in hospital with herthird child and the doctor was refusing to release her until there was help in the home. No homemaker was available at the time.

There was no further record of the family until February, 1952 when it was reported that the Social Service Department at V.G.H. was working with the second oldest boy, Harry, aged 8.

In March, 1952 the agency received a referral from S.S. at V.G.H. who had found nothing organically wrong with Harry but felt that his enuresis, crying, cheating, etc. was due to marital and personality problems in the home. At this time V.G.H. reported that they had seen the family and held four interviews with Mrs. G. Mrs. G. Claimed friction exists between herself and her monther-in-law who lives with them. She said her mother-in-law is jealous of her and sides with Mr. G. against her. She also said herhusband stays out a

lot - beats her up and is "not a Christian". She said that her husband, who is an oil burner serviceman on his own makes very poor money but refuses to tell her what his earnings are.

The V.G.H. social worker also stated that Mrs. G. seemed to have guilt feelings.

The F.W.B. worker phoned Mrs. G and gave her an appointment. Mrs. G. broke two successive appointments pleading illness of herself and her daughter on these occasions.

On May 27, Mrs. G. finally came into the agency. She expressed concern over William who was almost 5. She said he was "sick emotionally and insecure" and refused to go to kindergarten. She blamed the home situation on this. She said that Mr. G. who claims she is a bad mother drinks a lot, is seldom home, is constantly losing jobs and that they owe $1700. because of Mr. G's failure in his first business. Mrs. G. claimed Mr. G. was very punitive with the children and constantly deprives them. She said that Mr. G. had a poor background (not explained). She did not want to live without him, however, so long as he kept sober although he was now interested in other women. She said this didn't bother her any more as she is not interested in men.

Mrs. G. went on to tell the worker that she had "a gynaecological condition" - that it was glandular and was manifest in haemmorhaging. Mrs. G. talked about the "unlimited faith" she had through her religion (Foursquare Gospel) and said "Everyone is so

helpful". She said her mother-in-law was no longer with them. She reported also that she was an only, not happy, and that her father had been a drunkard and her mother had been "insane" for twelve years but that it had cleared up when she left home. The worker recorded Mrs. G. as constantly belittling herself. At the end of the interview Mrs. G. said she would like to come back for further help and said she thought Mr. G. would co-operate as well.

In a second interview early the next month Mrs. G. told the worker about her husband's outburst of temper when she took away a gun he had been hiding. She again complained about his drinking and told the worker how his mother had warned her not to marry him because he was "too moody". She said that her husband had left her once for 6 weeks to live with a young girl although during that time he returned home periodically for meals. She said that Mr. G. had never asked for a divorce but if he had she would have given him one. During this interview Mrs. G. complained that her children never seem willing to discuss sexual matters with her. She also reiterated how much comfort the church was to her.

In another interview later that month (June 1952) Mrs. G. expressed considerable worry over the behaviour of the children - blaming herself for their behaviour and bursting into tears at one point. She also discussed an argument with her husband over budget problems.

During this interview, in answer to a question from the worker, Mrs. G. said she belonged to several women's group - P.T.A.,

Y.W.C.A., and church.

At an interview in July, Mrs. G. said she was getting along better with her husband. She also reported that the C.G.C. had told her the eldest child was "mentally retarded", (not confirmed) although his school had previously told her he had a high I.Q. During this interview Mrs. G. told the worker that she would like a child for foster day-care.

Later that month a person describing herself as "a friend" of Mrs. G. phoned both the Family Court and the F.W.B. claiming that Mr. G. was not supporting his family adequately, that he had threatened them with a gun and that he was an "atheist" and a "playboy").

About this time the first diagnosis was made in anticipation of a consultation with the agency casework consultant, Miss Wolfe.

Between January 1953 and April 1954 there were seven more inter-views with Mrs. G. and numerous telephone calls. The same pattern persisted with Mrs. G. getting some help with Xmas toys and clothing.

In Oct. 1953, Mr. and Mrs. G appeared in the Family Court because Mr. G. was not providing adequately for the family. He had a succession of low wage jobs during this time.

In May 1954 Mrs. G. said her husband was talking divorce. She said that if she lost the children she would commit suicide, and said that she had previously intended to kill herself.

In June 1954 Mr. G. went to Kitimat. Mrs. G. became ill.

Between June and September the family received very little money from Mr. G. and were helped financially by the Agency. Mrs. G continued to worry a great deal about the children.

From that date until the present, sporadic contact has been kept with Mrs. G. During that time, she was twice hospitalized once for a hysterectomy, the second time for a bladder condition. A supervised homemaker was provided during the hysterectomy and she reported the children as very badly behaved - rude, disobedient, etc. During that time the oldest boy was caught shoplifting. Mr. G. continued his drinking habits, was providing only minimally for the family, and had a new woman friend. Mrs. G. was greatly discouraged, and expressed herself as trapped. By December, 1955, Mr. G. had a new job paying $62 a week, but refused to buy anything for the family at Xmas.

There has been no activity on the case during 1955. (To Feb. 10).

APPENDIX C

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