SOME SOCIAL AND EMOTIONAL FACTORS
CONTRIBUTING TO THE REJECTION OF THE FIRST CHILD
OF A FORCED MARRIAGE

by

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In families which are seen by social agencies the first child of a forced marriage would appear to be rejected to a greater degree than his siblings. This study attempts by examination of 10 cases to discover some reasons for the rejection of the first child, to estimate the kind and degree of rejection and its effect on the child, and finally to suggest some measures which may help the child develop more normally and prevent him being a rejecting parent in his turn.

The cases used were taken from the files of the Child Guidance Clinic, the Juvenile Court and the Family Welfare Bureau. They did not all provide such complete information as would be desirable, but represent a cross-section of families coming to the agencies.

In every case examined the forced marriage was unhappy and the first child rejected by one or both parents. The rejection was overt when the parent showed direct hostility to the child or covert when it took the form of over-protection or over-indulgence to compensate for guilt feelings of the parent.

The rejected first child was unable to develop a mature, well-integrated personality; he showed inability to form satisfactory personal relationships within and without the home. Consequently he developed behavior problems, physical symptoms or habit disorders.

The fathers and mothers were rejected by their own parents; their consequent immaturity and unmet needs resulted in the forced marriage and their inability to love and accept the child who was the cause of it. Therefore he, in his turn, was unable to develop normally and is likely to be an inadequate and rejecting parent himself.

It should be the aim of social agencies to break the chain of rejection. Case-work treatment of the child may be accompanied by treatment of the parents, where possible, to assist them in meeting their needs and becoming mature persons who can accept and love their first child. Some forced marriages may be prevented by case-work help to the unmarried mother which may aid her in surrendering her baby for adoption.
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SOME SOCIAL AND EMOTIONAL FACTORS CONTRIBUTING TO THE REJECTION
OF THE FIRST CHILD OF A FORCED MARRIAGE
CHAPTER I.
INTRODUCTION

Every social worker in family or children's agencies is acquainted with cases where the first child in a family appears to receive harsh treatment from one or both parents quite different from that accorded to his siblings. The child responds to this differential treatment in a variety of ways, ranging from mild emotional disturbance to acute behavior problems or neurosis. The birth of the first child is particularly significant to the parents because his arrival disturbs such marital adjustment as the couple have so far achieved, and the arrival of subsequent children does not make such a complete change in their way of life. The disruption consequent upon the arrival of the first child commonly results in some ambivalence in the parents' attitude towards him; they both like and dislike him; love him and hate him. If, however, this first child is over-protected, over-indulged, or treated with harshness or neglect that does not appear in the parents' handling of his siblings, the social worker, on comparing marriage and birth dates, frequently discovers that this child was conceived before marriage and his conception was the immediate cause of the marriage.

The newborn baby's greatest needs are for warmth, food and his mother's love and acceptance whilst she satisfies these needs. Most parents are ambivalent in their attitude to the new baby, but in normal cases love outweighs hate and the child is cherished. However, if the sight of the child continually reminds the mother and father that he was the cause of their marriage, and if that marriage is unsatisfactory in many respects, then their love of the child may be outweighed by the hate they feel for
him as the direct cause of their misfortunate marriage. The truly rejected child is unwanted and unloved from the start and he soon realizes that his mother does not want him, or rather, since he is too young to reason, he knows that his demands are not met and that his environment is cold and unloving. His mother usually represents his chief contact with the world in the first few months of his life, and if she hates him and treats him without tenderness, or leaves him with others who treat him harshly, his subsequent emotional development may be arrested at this stage because his first oral needs are never completely satisfied. Since it is usually a woman who handles the baby, rejection by her is likely to be of greater importance than rejection by the father, who may have very little to do with the child in his first few months.

Rejected Child

A rejected child, for the purpose of this paper, may be defined as an unwanted child. Rejection may be complete, as when the mother's behavior to the child from birth indicates a constant strong dislike. It may be partial, as when the mother is inconsistent and sometimes appears to have some fondness for the child.

Rejection by either or both parents may be quite overt and expressed in action by neglect and harsh treatment, or verbally as when the parents fight and argue in front of the child, saying they would not have married if they had not been forced to do so by the child. This is conscious rejection and is probably better for the child than hidden rejection, as he knows what he is up against and adjusts himself accordingly to "expecting the worst". Hidden rejection may be conscious
or unconscious. Unconscious rejection often takes the form of over-protection, which is the result of the guilt feelings of parents who cannot face the fact that they hate the child who was the cause of the marriage. The child is sometimes over-indulged for the same reason. The mother's conscience says, "I must not hate this child who is the reason for my unsatisfactory marriage so I will prove how much I love him as I should," so she takes extra good care of him and is over-protective, being fearful that he will be hurt, or else over-indulges him in an attempt to stifle her guilt feelings. 1 Sometimes treatment of the child by one or both parents may be mixed, alternating between over-protection and overt rejection.

There are many reasons for rejection of a child and most of them are found in the personalities of immature parents. Immature people whose early emotional needs were not met, and who are still seeking to satisfy them, are those we find in forced marriages. Had their personalities developed more normally, the girl's pregnancy and the subsequent forced marriage would not have occurred. There are, however, many immature parents who were not forced to marry, therefore it may be difficult to determine whether the rejection of a first child is the result of guilt about the marriage or only of the parents' immaturity. However, if the first child is rejected and his siblings are not, or if the degree of rejection with which he is treated is much more severe than that accorded to his siblings, then we might expect that this rejection is due to guilt.

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1. "Anxiety attacks may occur because of any inner impulse whose expression is frustrated. (When the frustrated impulse is an aggressive one the feeling of anxiety takes a particular form we describe as a feeling of guilt)". English, O. Spurgeon, M.D. and Pearson, Gerald H.J. M.D. Emotional Problems of Living; W. W. Norton & Co.; New York, 1945, p.168.
Forced Marriage

A forced marriage is here considered to be any marriage which was precipitated by conception. This includes those engaged couples who are forced to advance the date of the wedding because of the woman’s pregnancy, and also those cases where the woman deliberately becomes pregnant in an attempt to force the man to marry her.

In Canadian culture pre-marital sex relationships are not generally openly accepted and one or more partners may feel considerable guilt about their experiences. The child which is the product of them is there as an ever-present reminder. In certain other cultures marriage may be postponed until the woman is found to be pregnant and in this circumstance pre-marital sex experience is accepted as not only permissible but desirable. Hence, one would not expect to find rejection of the first child of these marriages because of guilt, since the feeling of guilt is absent. In marriages where one or both partners were brought up in the mores of a different culture, rejection of the child is not so likely to be present.

The effect of the rejection on the child for any cause whatsoever is summed up by Gordon Hamilton when she says that "Early rejection or inconsistent handling leads to inconsistent, impulsive behavior, weak ego formation and a poorly-integrated character." It is no wonder, then, that these first children of forced marriages present behavior problems which bring them to the attention of agencies and frequently of the law.

Rejection

Rejection is not a word used by the early psychiatrists and it does not appear in Freud's writings or in the psychiatric dictionary. In the 1930's there was considerable discussion of it, but it appears to be more or less taken for granted today and there is very little written on the subject. In Webster's New International Dictionary the following meanings of the word are given:

Rejection - (1) To refuse to acknowledge, adopt, receive; to decline to accept; to refuse.

(2) To cast or throw away as useless, unsatisfactory.

(3) To refuse to hear, receive; to repel.

(4) To refuse to grant, consider or accede to.

(5) To eject or spew out, as from the mouth or stomach.

(6) To throw or cast back.

(7) To cast off; to repudiate, to forsake.

The synonyms given for rejection are: spurn, repel, repudiate, refuse and dismiss.

There are many degrees of rejection ranging from expressed hate to feeble dislike, but all of them include some or all of the above definitions. A rejecting father may refuse to acknowledge the child as his; many a mother has said to a difficult child, "You are no child of mine." There are numerous cases of parents who have told their child that they wished he would leave home and never come back, and others who have refused to listen to his explanations or help him when he is in trouble. Our detention homes and industrial schools are full of children

who have been spurned, repelled, repudiated, refused and dismissed. There are thousands of others who grow up neurotic, maladjusted and with various psychosomatic complaints because from birth they have been treated with hatred instead of love.

Percival M. Symonds in "A Study of Parental Acceptance or Rejection" defines rejection as follows: "By rejected we mean the child who is unwanted by either father or mother. Either father or mother or both fail to give the child adequate care, protection or affection, or they may make invidious contrasts with the other children in the family, or with children outside the family, and, in general, the child is neglected in one or more ways."

Because the child's experience during his first few years of life is so important, most of the writings on rejection deal with maternal rejection only. H. W. Newell, M.D., in a paper on "Psycho-dynamics of Maternal Rejection" writes: "A clear-cut definition of maternal rejection is difficult because we are not dealing with a clinical entity and because it is a matter of degree." In this paper, maternal rejection is defined as "that situation where the birth of a child was unwelcome to the mother" and he obtained a definite statement to that effect from the mother. In his list of causative factors he includes a forced marriage, which accounts for fifteen percent of the cases he


Among indirect causative factors he lists the following:

1. Parent disappointed in mate.
2. Parent's lack of affection for other parent.
3. Frequent quarrelling of parents.
4. Broken home.
5. The father a poor provider.
7. Father cruel to wife.
8. Marriage opposed by grandparents.

With the exception of No. 4, all these causes appear in the ten cases here studied.

A forced marriage is likely to be an unwilling marriage on the part of one or both of the parents and is therefore a fertile field for the growths of disharmony, discouragement and interference from relatives. All these things contribute to hatred of the first child. Newell's conclusion is that "Maternal rejection is primarily due to the mother's unhappy adjustment to marriage", and that this is usually the result of "immaturity and emotional instability on the part of one or more parents". These are the kind of people who are caught in the trap of a forced marriage and the first child is a convenient and logical object on which to vent their hostility or on whom to focus their guilt feelings.

Rejection by the father becomes more important to the child as he grows older and it frequently takes the form of over-strictness to the point of persecution. As in the case of the mother, the father has a conscious or unconscious desire to be free from the burden of the

child, who is frequently used as a focus for the parents' disputes, and a whipping-boy for hostility generated by the marriage and the problems of providing a living for his family.

**Overt Rejection**

Evidence of overt rejection is found in parents' statements of their attitudes. One father, in speaking of the first child, remarked that as far as he could see, his wife never had any use for the child from the day he was born, but she did not seem to mind the other two so much. Such statements are substantiated by neglect and harsh treatment of the child as a baby, and by later treatment when he is told that he is unwanted. Newell lists six reactions of parents showing overt rejection:

1. Parent markedly irritated by child.
2. Parent punishes child severely.
3. Parents neglected child.
4. Parents nag child.
5. Parent threatened to put child away.
6. Parent called child "dumb".

We may add to these the cases where the child is told that he was the cause of the marriage and of the parents' troubles.

**Over-protection**

The mother or father who unconsciously rejects the child tries to compensate for guilt feelings by over-protection. The parents are overly anxious about the child's eating habits and elimination, keep him from playing with other children, and do not allow him freedom to develop. They are frequently over-strict with the child in their effort to look after him conscientiously.
Over-indulgence

Over-indulgence is closely allied to over-protection and it would appear to be sometimes a conscious and sometimes an unconscious effort to compensate for guilt feelings. The over-indulged child is given everything he wants and more, and he is not allowed to accept any responsibility. His parents want him to have a better life than they had, and are willing to sacrifice their own needs and wants to this end. Nevertheless, they do not really love the child, and the material things he is given are intended to take the place of love and to make up to him for their hostile feelings. A mother who had rejected her daughter from birth spent most of her spare time sewing and knitting beautiful clothes for the girl. She was continually boasting of this, but the daughter recognized that the mother gave her clothes to make up for not wanting her.

There are parents who alternate between over-hostility or over-protection and over-indulgence, and this form of rejection is probably the most difficult that a child has to face. He can adjust himself to consistent treatment, even if it is hostile, but if he receives mixed treatment from even one parent he develops very little sense of security, as no matter what he does it may be considered wrong.

The child always senses that he is rejected and that his world is hostile, and he reacts either with open hostility or with neurotic behavior and psychomatic illness. Dr. David M. Levy, in a study of twenty cases of maternal over-protection, found that over-indulgent over-protection yields aggressive and egocentric behavior in the child. Dominating over-protection yields submissive and effeminate behavior and in both cases the children had great difficulty making friends, and
showed feeding problems.

The material used in these studies was obtained from the Juvenile Court, the Child Guidance Clinic, and the Family Welfare Bureau of Vancouver. Most of these cases were known to at least two of these agencies, and material obtained in one place could be supplemented by that in another. Wherever possible, the caseworkers were interviewed. There are ten case histories, five of them on girls and five on boys. All the cases were open during 1949 and 1950. In every case but one there are two or more siblings, so that it was possible to estimate differences in treatment of the first child and his siblings. In every case but one the parents are still together, although at times there may have been other men or women in the picture. In the one case the mother secured her divorce toward the end of 1950. The economic circumstances of the different families vary considerably from comfort to downright poverty.

Unfortunately, only those children whose rejection produces a definite problem are seen by the agencies. The writer believes that there are probably numerous cases of forced marriages which turn out successfully, and in which the first child is not rejected or is rejected only to a very small degree. These cases do not come to the attention of agencies, so it has not been possible to find out whether rejection necessarily always exists or whether it does not. However, it appears reasonable to suppose that there may be marriages, which took place after impregnation, in which both parties showed a more mature affection for one another and were sincerely anxious for the wedding to take place. In these cases there would be much less guilt and correspondingly more

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1. Levy, Dr. David M. "Maternal Over-Protection and Rejection". Journal of Nervous and Mental Disease; January-June, 1931; column 73; pp. 65 & 70.
acceptance of the first child. It is even possible that the happiness of the marriage might be attached to the child who precipitated it and in that case he would be cherished rather than rejected as the cause of the marriage.

This study points out that rejection of the first child of a forced marriage does exist in some cases and will attempt to find out why, and what, if anything, can be done about it. The case histories which may be found in the Appendix all tell the same story with a difference. Whether boys or girls, these children have been singled out from their siblings by their parents for treatment which was indicative of rejection.
CHAPTER II.

THE CHILD

The influences which affect each of the ten children here studied are specific. That is to say, each child starts with a different constitution, has a different family and different experiences. However, the children have several things in common; all are first children of forced marriages and all are rejected. There are times when even the best parents reject their child or children. What is important for a child's normal development is that he should feel loved and wanted most of the time. The first child of any marriage is the one who is the experiment, on whom the parents learn, and he is likely to suffer from this; the mother particularly may be very anxious when caring for her first baby. The children here studied start with an extra handicap. They are also first children and are rejected because their very existence placed their parents in an unhappy situation.

The child is born completely dependent and his needs must be met if he is to survive. He feels his mother's rejection instinctively by the way in which he is handled. Some years ago it was thought best that the child's need be met by the establishment of a rigid timetable for eating, sleeping and playing. The rejecting mother could use this as an excuse for cruelty to the child. However, even if she follows the present trend towards indulgence and appears to be anxious to gratify his needs, cold, rough, over-controlling or very timid handling may convince the infant that his world is unloving, and carelessness
and direct neglect have the same effect.

Margaret W. Gerrard, Ph.D. M.D., in an article on "Emotional Disorders of Childhood", says that "a cruel and inconsistent mother offers a kind of necessity for self-sufficiency in an infant" and in consequence of this he creates for himself a phantasy world of comfort which may later lead to schizophrenia; or localizes suffering in one part of his body, which will result in psychosomatic disorders; or he may show hostile aggressiveness. At all events he is thrown back upon himself for gratification, and since he has not received love he does not know how to give it.

As he grows older he finds that hostility and aggression result in retaliation and his dependency needs are still so great that he often attempts to repress his hostility, and co-operates with his mother during his toilet-training. It is at this time that he should learn to control his aggression, because he wishes to please his mother, and he should begin to learn social standards and develop a super-ego based on the standards of his parents. If these parents are harsh and rejecting he cannot do this. He may develop guilt feelings during this period because he is afraid of punishment. Erich Fromm defines the feeling of guilt as "actually the fear of displeasing those of whom one is afraid". Sometimes these same guilt feelings lead to deliberate misbehavior on the part of the child because he feels he needs punishment for the feelings of hostility he has towards his parents. He may both love and hate them, and punishment atones for these feelings. It is

doubtful if the child who is rejected overtly immediately after birth ever manages to feel love towards anyone. Sometimes the hostility felt by the child for his rejecting parents is transferred to the outside world, which he sees as cruel and hard but as less dangerous to him than his parents. He may treat others who are smaller and younger than himself with aggressive cruelty because that is the only kind of treatment that he knows. Since the only type of attention he gets from his parents involves punishment he may learn to take a masochistic delight in being hurt.

During the next stage of his psycho-sexual development the child normally feels attracted to the parent of the opposite sex, and looks on the parent of the same sex as a rival. If he feels affection for the latter he gives up the former as a sexual object and identifies with the parent of the same sex. However, if both parents are rejecting and hostile, he finds it hard to love or to identify, and reaches adolescence without having satisfactorily developed a capacity for relationship to his parents and to the outside world.

If the parent of the same sex is rejecting, no love and identifi-
cation is possible, and the child may remain closely tied to the parent of the opposite sex; he may even try to adopt some of the characteristics of that sex in an effort to please the rejecting parent. At the same time the child may feel that when he or she has grown big he will revenge himself on the rejecting parent.

English and Pearson, in speaking of the boy's submission to his rejecting father, feel that "as the years pass this phantasy of revenge becomes unconscious, but when the boy has a son of his own he
may tend to treat him in just the same way as the father treated him when he was a boy." 

The rejection, therefore, tends to perpetuate itself.

If the child is a girl rejected by her mother, she finds it difficult to love and identify with the mother, and may develop masculine traits or be submissive to her mother.

If the parent of the opposite sex is rejecting, the child's capacity for forming relationships with the opposite sex is damaged. The boy may turn his love toward his father and tend to reject all women, or to have his revenge on women for the rejection by his mother. The girl may tend to project her hostility to her rejecting father on to other masculine figures, and may form close relationships only with women.

The first child rejected by both parents faces first the problem of his mother's rejection and then, when he is old enough to realize it, that of his father. Mother is unloving, but father often punishes and blames him, tells him he is stupid and not wanted, and he can never do anything right. He has no love from anyone; all his satisfactions must come from himself and he is not capable of satisfying all his own needs. He has no confidence in himself because of continued criticism, but he has many hostile feelings about his parents, which he realizes might be dangerous if expressed and result in more punishment, so he turns them against the outside world or against himself. As a result he becomes more difficult to handle as he grows older. He fights, steals, truants, runs away or is involved in sex or gang problems; he may be enuretic and have nightmares; he may develop speech difficulties, learning blocks, or

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specific diseases. Throughout he remains insecure in his world, and unsure of himself.

In addition to rejection by his parents the rejected first child of a forced marriage faces the problem of siblings who are treated differently to himself, and he is consequently jealous and made more keenly aware of the special treatment he receives. The home atmosphere for him is one of constant hostility and insecurity. The problems shown by each child are the result of the treatment that he has received at home plus his subsequent experiences in the outside world.

**Aggressive and Non-Aggressive Children**

Children who develop problems as a result of their parents' attitude toward them fall into two main classes; the aggressive and the non-aggressive.

A certain amount of aggression is healthy and necessary for survival. During the normal development of a child he learns to control his aggressive impulses, which are his reaction to the restrictions and frustrations he encounters in learning to adjust to the demands of our culture. If he receives love and encouragement from his parents, particularly his mother, he begins to develop some control of these impulses as he tries to please mother, absorbs her standards and begins to develop his super-ego. If he is rejected by his parents he feels no need to please them, develops little capacity for enduring tension and acts out his impulses without restraint. He remains narcissistic and looks for pleasure only to himself. His feelings for his parents are hostile, and he shows them by aggression.

The non-aggressive child is conscious of the same impulses, but attempts to repress them because they are dangerous and he is afraid of
retaliation from his parents. He tries to love his rejecting parents and tries hard to be good in order to avoid punishment, but he too has not had enough love to help him in mastering his hostile wishes. He is anxious and insecure because he is afraid that he is bad and deserves punishment, which he may come to welcome because it allays his guilt feelings. The child conforms because of fear, and develops defences to deal with his impulses.

Behavior of Rejected Children

H. W. Newell M.D., in an article on "The PsychoDynamics of Maternal Rejection", discusses the behavior of rejected children both aggressive and non-aggressive. Characteristic behavior of aggressive children includes the following: (1) unpopular with other children; (2) restless, hyperactive; (3) attention-getting behavior; (4) quarrelsome in play with other children; (5) selfish in play with other children; (6) disobedient to parents or teachers; (7) temper displays; (8) stealing; (9) truanting from school.

Characteristics of the non-aggressive rejected children include: (1) poor school achievement; (2) apparent craving for affection; (3) shy and seclusive; (4) food fads; (5) sensivity; (6) inability to concentrate; (7) cry easily; (8) fearful; (9) enuresis; (10) restless sleep and (11) complain easily.

Table I lists these characteristics and indicates those which are shown by the children in the cases studied. They include both habit and conduct disorders. In many cases the children who show primarily aggressive traits also show non-aggressive traits. The children who show the greatest number of aggressive traits are those in cases B, F, I and J. The child showing the greatest signs of non-aggressive rejection is case G.

## TABLE I.

### Behavior of Aggressive Rejected Children

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<td>Truanting from school</td>
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### Behavior of Non-Aggressive Rejected Children

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</thead>
<tbody>
<tr>
<td>1</td>
<td>Poor school achievement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>D</td>
<td></td>
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<tr>
<td>2</td>
<td>Apparent craving for affection</td>
<td></td>
<td>B</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>G</td>
<td></td>
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<tr>
<td>3</td>
<td>Shy and seclusive</td>
<td></td>
<td>B</td>
<td>C</td>
<td></td>
<td></td>
<td>G</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td>Food fads</td>
<td></td>
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<tr>
<td>5</td>
<td>Sensitivity</td>
<td></td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td>G</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Inability to concentrate</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Cry easily</td>
<td></td>
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<tr>
<td>8</td>
<td>Fearful</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Enuresis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>F</td>
<td>G</td>
<td>I</td>
<td>J</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Restless sleep</td>
<td></td>
<td>B</td>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td>J</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Complain easily</td>
<td></td>
<td></td>
<td>D</td>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
The aggressive children are those who are acting out their hostility against their parents and the outside world, and in addition to the problems mentioned there were two which brought the children into conflict with the law:

<table>
<thead>
<tr>
<th>Case</th>
<th>Age in 1950</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>15</td>
<td>Theft</td>
</tr>
<tr>
<td>B</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>17</td>
<td>Sex immorality</td>
</tr>
<tr>
<td>D</td>
<td>16</td>
<td>Running away; theft.</td>
</tr>
<tr>
<td>E</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>17</td>
<td>Theft</td>
</tr>
<tr>
<td>I</td>
<td>18</td>
<td>Theft</td>
</tr>
<tr>
<td>J</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

Table II. shows the ages in 1950 of the children studied and the number who became delinquent. Three girls appeared in Juvenile Court; two boys were in Boys Industrial School. Of the remainder, two of the children were young, 9 and 3 years respectively. One girl was illegitimately pregnant, while the remaining two have been in the care of social agencies.

Lorraine A., Shirley D., Arthur F. and Bill I. all ran away from home, but Arthur did not appear in Court. Laura C. and Susan E. became illegitimately pregnant; the latter's parents looked after her and she was not charged. Bill I. was involved in sex offences.

Children who run away from home do so partly to escape from an unpleasant situation and partly because they hope it will call attention
to themselves and that their parents will show concern about them. Lorraine A. and Susan D. ran away from home to avoid beating by their fathers, as did Arthur P. Bill I. was completely out of control at home and was in search of excitement with other members of his gang. All were hostile to their home environment and their parents.

Laura C's pregnancy appeared to be an unconscious expression of revolt against her inconsistent and over-strict father and may also have been an attempt to win his love by having his baby. She was consciously looking for the love that she never received at home. Susan E. was in revolt against her mother's domination and the fact that she was given too much responsibility. She had her revenge by bringing her baby home for her parents to look after. It seems possible that she was one of those girls discussed by Leontine Young 1, who is tied to her mother by her infantile dependency needs and who has her baby to give to her mother in revenge, because she can work out her phantasy in no other way. Robert Fliess, M.D., explains the behavior of this group of girls as follows:

"Her pre-oedipal sexuality has persisted into adolescence...; there was no other way of outgrowing it than by acting it out. Once this is done she can become "oedipal" and perform the subsequent steps in the development of a woman." 2.

Physical Effects of Rejection

Table III. shows the physical development and illnesses of each of the ten children. Each reacted in a specific way to his home environment and to the common factor of rejection. Six were breast-fed, two were

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2. Fliess, Robert, M.D. "On the Psychology of Two Types of Unmarried Mothers; A Psychoanalytic Postscript", included in Young, Leontine, op.cit.1.
bottle-fed and we have no information about the remaining two.

**TABLE III.**

*Physical Development and Illnesses of Rejected Children*

| A | Breach birth, breast-fed, childhood diseases, bites fingernails; |
| B | Breast-fed, childhood diseases, carbuncles; |
| C | Nervous mannerisms, tic in one eye, stutters; |
| D | Bottle-fed, fall on head at 1.5 years, broke leg, measles and mumps (serious), eyeglasses, tonsillectomy, headaches, toothaches, bowel troubles, menstrual pains, never feels well, bites fingernails; |
| E | Breast-fed 3 months, toilet-trained at 9 months, childhood diseases, appendectomy, eyeglasses, kidney trouble; |
| F | Bottle-fed, bronchitis 8 months, severe whooping-cough, pneumonia, slow development, squint when tired, huge appetite; |
| G | Born by caesarean section, breast-fed 3 months, toilet-trained at one year, slow talking, measles, seizures, bites fingernails; |
| H | Apparently normal development but economic privation; |
| I | Breast-fed, childhood diseases, broken arm, abscessed leg, Osteomyelitis, night-sweats, masturbates; |
| J | Breast-fed, bronchial pneumonia at 1 year, hospitalized 3 times before 6 years, childhood diseases, blood-poisoning, rectal abscess, tonsillectomy, circumcision. |

Shirley D., born when her mother was 15, was probably neglected from the start and none of the family are particularly healthy because they have not had enough proper food. However, Shirley used illness as a defence. She was lazy and used the excuse that she did not feel well, if asked to do anything. She had acute menstrual cramps and it is noticeable that she always ran away close to or during her period. It would seem that her mother's previous experiences, all of which had been discussed with her,
may have made her dissatisfied with her feminine role, and the menstrual pains are a sign of this.

Susan E. had a dominating mother and was completely toilet-trained at 9 months. Later she developed a kidney condition which may have been partly imitation of her mother, who retreated into illness when life was too hard, and partly an expression of hostility against harsh treatment.

Arthur F. was rejected by his mother from birth; he was improperly fed and clothed, which resulted in bronchitis, whooping-cough and pneumonia whilst he was still very young. His huge appetite was probably an expression of his attempt to satisfy his unmet oral needs.

At 8 months Dick S. developed seizures, which have no apparent organic basis. He was toilet-trained at one year, but enuresis started when he was two. His seizures appeared to be a reaction to his mother's rejection. She was completely dominating, and at the same time over-protects, and he was afraid of her.

Besides childhood diseases, Bill I. has had osteomyelitis, a broken arm and an abscessed leg. He was physically well-developed but had terrific night-sweats, and constantly masturbates. He has been untrained and unhappy in his home environment and had a sense of insecurity and social inadequacy. Some of his hostility has been unconsciously expressed through illness.

George J. had bronchial pneumonia at 1 year and was hospitalized three times before he was 6 years old. Besides childhood diseases he had blood-poisoning, a rectal abscess, a tonsillectomy and a circumcision. His mother overtly rejected him and he suffered from outright neglect and cruelty. Some of his anxiety was expressed in his various illnesses. To a small child a sojourn in hospital may be very damaging, as he interprets
it as desertion by his parents, and operations represent a direct assault on his person; therefore, the illnesses caused by physical and emotional neglect resulted in still further damage to George.

Of the remaining four cases Lorraine A. had a tonsillectomy, and continually bites her nails. Margaret B. talked in her sleep and suffered from carbuncles. Johnny H. apparently developed normally. We have no information on Laura C's early development, but at the time she appeared in Court she stuttered, had a tic in one eye and showed a number of nervous mannerisms.

The information shown in these cases indicated that the children showed both habit and conduct disorders and most of them have more history of accident or illness than most children, since their hostility and anxiety made itself felt in tensions which produced some sort of physical symptoms.

Over-Responsibility and Development of Super-Ego

The mother of a rejected baby does not want to be bothered with him, therefore she often tries to push him into developing more rapidly than he should so that he may the sooner attain independence. Alternatively, she finds it easier to keep him a helpless infant in crib or pen long after he should be learning to walk or explore. In either case she would like to be rid of him.

The same process is followed again as the child reaches adolescence and sometimes before. The rejected first child is expected to mature earlier and take responsibility for his younger siblings. Adolescence is the time when the child conforms to the super-ego of the group of his peers and this is frequently different to the super-ego which he acquired from his parents. If he has emancipated himself too quickly his super-ego
is overthrown and he has nothing to put in its place. Actually the child who has been rejected from the start, either overtly or covertly, or who has been treated inconsistently, has had very little chance to build up any sort of super-ego, and his reactions to his parents' treatment of him are hostile or anxious. As he grows older, not having received love, he is unable to form a sufficiently strong relationship with his parents to enable him to incorporate their standards. As he grows older, more demands are made on him than he can readily meet. He resents too much responsibility and tries to avoid it, but has little chance to develop controls of his own, so that his independence is apt to lead him into trouble with school authorities or the outside world. He projects the hostility he feels for his parents on to others through his aggressive behavior, and sooner or later he is likely to run foul of the law.

Bill I's aggressive behavior in attacking younger children, running away and stealing, stem from his need to retaliate and to escape, as well as the fact that he has a distorted super-ego acquired from inconsistent parents who were constantly quarrelling and venting their hostility on him.

Use of the Child to Satisfy Neurotic Needs

Four mothers made a neurotic use of their daughters by attempting to satisfy through them their own unmet dependency needs. One mother attempted to satisfy her needs through her son. There was no sign that the fathers attempted to do this, and only Mr. H. seemed to have his dependency needs met by his wife, and that only intermittently as Mrs. H. retired from reality whenever life became too much for her. At that point Mr. H. turned for relief to alcohol, as did a number of fathers. (See Chapter III.)

A number of the parents appeared to take a vicarious delight in
the delinquent or pre-delinquent behavior of the first child, as though he were doing the things they wished to do themselves. They seemed almost to push the child into delinquency with one hand whilst they held him back and punished him with the other. This no doubt unconscious process gave them the double satisfaction of enjoying the child's behavior and giving them another excuse to punish him. Also, in doing this, they identified with the child and felt that they were punishing themselves, so that the child was in a true sense a scapegoat for his parents.

Robert Lindner states that "children act according to what they read between the lines of evident parental behavior and demand, and ...... somehow come to understand that the interior intention of the parents frequently differs from their exterior command; that the parents actually secretively often wish him to misbehave to relieve their own urgent impulses in that direction; that when he does, by punishing him the parents attain reassurance against their own revolt; that he is in a very real sense a sort of sacrificial victim to their unconscious wishes.........; by identifying with the child of their flesh and blood they participate vicariously in his insurrection......and finally they are presented with an opportunity to discharge their hostilities against the child under conditions which appear right and just to them."¹

Shirley D's father refused to allow her to bring boy friends into the house because he was afraid that his wife, only fifteen years older than Shirley, might have a boy friend, too. Mrs. D., an ignorant and unrealistic person said, after her hysterectomy, she felt that life was over for her, and pushed Shirley towards marriage so that through her experiences she could gain some vicarious satisfaction.

Mrs. E. has always been openly afraid that Susan would get into trouble. In fact, the parents of all the girls seem to have feared that their daughters would follow their example, and perhaps unconsciously hoped that they would do so.

Arthur F's mother and father have continually punished him and seemed to find their only satisfaction in his actions when he was in trouble and there was some sort of excuse to whip him.

Johnny H's stealing seemed to be an attempt to replace the love that he never received. At times his mother identifies with him and feels that she is blamed for what he does, and therefore the punishment that he receives is hers.

George J's mother tried to have him placed in a foster home. Possibly bad behavior was what she wanted of George in order to justify the fact that she wished to have him cared for by others.

All these parents have seen their child not as what he is but as something of which they can make neurotic use. They seemed unconsciously to wish to substitute punishment of the child for punishment of themselves, and therefore often urged him into delinquency in order to make certain that he would be punished.

Parental Quarrelling

Since none of the cases studied present successful marriages, the parents involved find their own needs unsatisfied and are constantly quarrelling. They tend to use the child to further their own disputes and do not present any sort of united parental discipline. If father is strict, mother is permissive; if father says 'Yes,' mother says 'No,' not because of concern for the child but in order to anger the marital partner.
Consequently the child, even if he avoids direct hostility, is caught in the crossfire of his parents' quarrels. To a lesser extent this applies to his siblings, but the cases studied indicate that the first child is likely to be used as the whipping-boy and is subject to more inconsistent treatment than his siblings.
CHAPTER III.

THE PARENTS

The parents rejected the first child because he was the cause of the marriage and the marriage was unhappy. The marriage may have been unhappy because the partners were immature, neurotic and incompatible, but also because it was forced. It was psychological factors which led both men and women into a forced marriage.

Of the cases studied, two women said that the marriage was not forced and that their parents would have helped them to make other plans. Two probably attempted consciously to become pregnant in order to force the marriage, but claimed that they were compelled to marry. The remaining six felt that the marriage was forced and largely undesired. In general, the women wondered whether the man would have married them had they not been pregnant, and the men expressed suspicion that their wives were running around with other men, since they had had relations with them before marriage. Of the ten men, all appear to have felt that the marriage was forced.

Table IV shows the attitude of both men and women toward the marriage:
TABLE IV.

Opinion of Clients in Reference to Factors Prompting Marriage

<table>
<thead>
<tr>
<th>Marriage Forced or Otherwise</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case A.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>B.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>C.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>D.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>E.</td>
<td>Yes -little objection-</td>
<td>Yes</td>
</tr>
<tr>
<td>F.</td>
<td>Yes</td>
<td>Pregnancy probably deliberate</td>
</tr>
<tr>
<td>G.</td>
<td>Yes</td>
<td>&quot; &quot; &quot;</td>
</tr>
<tr>
<td>H.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I.</td>
<td>Yes -little objection-</td>
<td>Yes</td>
</tr>
<tr>
<td>J.</td>
<td>Yes</td>
<td>Pregnancy possibly deliberate</td>
</tr>
</tbody>
</table>

Forced Marriages

Why did the forced marriages take place at all? Why were the women not unmarried mothers and the men putative fathers? It seems that none of these were literally "shot-gun marriages" and although pressure was brought to bear on the men, it was largely the social standards of their culture which, enforced by the feelings of the girls and their parents, resulted in the marriage. At all events we have no record indicating that any of these men attempted to leave town or deny their responsibilities. Marriage was to them the most acceptable way out of their difficulty, otherwise they would have attempted other plans. It is possible that some of these putative fathers unconsciously wished to be forced into marriage.

A great deal has been written on the psychology of the unmarried
mother and very little about putative fathers, probably because the latter are often illusive and shadowy figures. However, the psychology of the putative father is somewhat similar to that of the unmarried mother. Samuel Futterman, M.D., and Jean B. Livermore, in an article on putative fathers, claim that the boy's identification with his father sometimes involves acting out of the oedipal fancies, especially when the father is harsh and strict towards him. The boy wishes to have a child which he can think of as belonging to himself and his mother. Also, a child represents to a man the sign of his own potency and makes him feel more secure in the manhood which his fear of his father and his father's hostility has helped to make him doubt.

Some unmarried fathers are still more immature and have not yet reached the oedipal stage. They are still tied to their mothers by their infantile dependency needs and have not attempted to identify with their fathers. This type of unmarried father may unconsciously be attempting to revenge himself on his mother by impregnating another woman and having a baby out of wedlock which he would like to take to his mother. His hostile feelings towards his mother are transferred to all women, and the woman he impregnates means nothing to him except as the instrument through which he acts out his phantasy.

Futterman and Livermore also state, "Many neurotics cannot assume conscious responsibility for their decisions, so that assuming the role of putative father is a sort of retreat. That is, on their own they


cannot make decisions about anything, and putative fatherhood sort of propels them into marriage. We have not sufficient information about the father's family, but the following table shows the father's relationship to parents as far as possible:

**TABLE V.**

<table>
<thead>
<tr>
<th>Case</th>
<th>Father's Relationship to Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Tie to mother never resolved;</td>
</tr>
<tr>
<td>B</td>
<td>Over-indulged by mother; father often absent;</td>
</tr>
<tr>
<td>C</td>
<td>Parents had high standards - rejected him after his marriage;</td>
</tr>
<tr>
<td>D</td>
<td>Deprived and insecure emotionally and economically;</td>
</tr>
<tr>
<td>E</td>
<td>Little information - apparently deprived and insecure;</td>
</tr>
<tr>
<td>F</td>
<td>Ill, over-indulged, given no responsibility;</td>
</tr>
<tr>
<td>G</td>
<td>Strict father, deprived;</td>
</tr>
<tr>
<td>H</td>
<td>Rejected by parents, insecure, inferior to siblings;</td>
</tr>
<tr>
<td>I</td>
<td>Over-strict parents;</td>
</tr>
<tr>
<td>J</td>
<td>Strict father, mother uninterested; felt inferior to family;</td>
</tr>
</tbody>
</table>

Table V. shows the father's relationship to his own parents. In each of the ten cases he was treated in such a manner as to make it unlikely that he can work through his oedipal phase and identify with his father, and his neurotic need to prove his manhood by impregnation seems also to have involved readiness to be pushed into marriage. It would seem from the cases studied that a forced marriage is likely to take place when

the man involved has not completed his emotional development and succeeded in identifying himself with the male figure of his father.

In the cases studied there does not appear to be any evidence to show why some of these men did not remain putative fathers. Mr. E. had been married before and it is possible that he thought of marriage as more satisfactory than promiscuity. Mr. I. was very neurotic and he may have been one of those who allowed himself to be pushed into marriage because he found it difficult to make decisions.

Mr. G. had received an injury similar to castration and Mrs. G's pregnancy restored his feeling of potency. Mr. G. does not appear to have rejected his first child, but each of the other fathers have done so when they found the marriage unsatisfactory. This would seem to indicate that Mr. G. has found some satisfaction in his marriage, and does not need to hate the child that was the cause of the marriage, which he admits was forced.

For the remaining fathers, possibly marriage, even if forced, offered them some status. We do not know.

Mother's reasons for Entry into Forced Marriage

Of the ten women, Mrs. G. and Mrs. J. consciously attempted to force marriage by becoming pregnant. Mrs. A. and Mrs. H. said that their parents would have helped them, but they wanted marriage when once pregnant. Table VI shows mother's relationship to parents:
TABLE VI

ELEMENTS OF MOTHER'S RELATIONSHIP TO PARENTS

Case A. Vindictive mother, unresolved tie to father;

B. Over-strict father;

C. Deprived financially - little information;

D. Deprived; father died;

E. Deprived; strict mother; father not mentioned

F. Deprived; inadequate, shadowy father;

G. Strict, depriving father; loving mother;

H. Domineering, over-protective mother; strict father;

I. Neurotic, unstable parents;

J. Inadequate father; hostile mother;

It is possible that some of these girls retained their infantile dependence on their mothers, and did not even reach the oedipal stage. In any case they had little chance to resolve an oedipal tie to their fathers, and where the mother was hostile there may have been an additional reason unconsciously to desire to have their father's child. Mrs. A., Mrs. B. and Mrs. H. might come in this category.

Mrs. C. was not only deprived of love and affection, but the little sister whom she cared for was given up for adoption. She was seeking for love, and might have been hoping for a baby to replace the sister she lost.

Mrs. D. was deprived in every way and came of a family of very low social and moral standards where her behavior would be accepted. It is possible that she was an ignorant victim.

Mrs. F. and Mrs. J. may have become pregnant deliberately to
force the marriage and get away from poor home situations. Mrs. G. also may have wanted to become pregnant as the only way to capture Mr. G. whom she had a need to dominate.

Mrs. E. was adopted by a hard, dominating mother and we hear nothing about a father. It is possible that her pregnancy was a revenge on her mother.

Of Mrs. I. we know only that she came of a very neurotic family and felt much guilt.

Both mothers and fathers had been rejected to some degree by their own parents. This rejection and their inability to work through their feelings towards their parents was largely the cause of the forced marriage. They, in their turn, have rejected the first child of that marriage.

In the cases studied there is no evidence of rejection of the siblings to the same degree as the firstborn, although the other children will undoubtedly suffer from the unhappy marriage.

**TABLE VII**

**FORM OF REJECTION SHOWN BY PARENTS**

<table>
<thead>
<tr>
<th>Case</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Girls) A.</td>
<td>Over-protection, over-responsibility.</td>
<td>Over-strict, cruel.</td>
</tr>
<tr>
<td>B.</td>
<td>Over-indulgence.</td>
<td>Over-indulgence; neglect</td>
</tr>
<tr>
<td>D.</td>
<td>Overt rejection, over-responsibility.</td>
<td>Overt rejection.</td>
</tr>
<tr>
<td>(Boys) F.</td>
<td>Overt rejection.</td>
<td>Overt rejection.</td>
</tr>
<tr>
<td>G.</td>
<td>Over-protection.</td>
<td>Does not reject.</td>
</tr>
<tr>
<td>H.</td>
<td>Overt rejection.</td>
<td>Overt rejection.</td>
</tr>
<tr>
<td>J.</td>
<td>Overt rejection, over-responsibility.</td>
<td>Overt rejection.</td>
</tr>
</tbody>
</table>
Table VII. shows the type of rejection by father and mother in each case. It would seem that the fathers do not feel so much guilt about the marriage as do their wives. Eight of them overtly reject or else are over-strict and cruel. Mr. G. is the only man who does not reject and he may well feel that he gained something from the marriage in proof of his masculinity. Mr. B. treated his child with over-indulgence and neglect, and Mr. I. with over-indulgence. We know that Mr. I. expressed guilt about the marriage, and Mr. B. may have had some guilt feelings.

Mr. A. seems to have guilt feelings about his desertion of his mother when he married, and it is possible that he projected some of the hostility he felt for his wife on to Lorraine. Mr. J. may have felt that his marriage was a lowering of his family standards, and projected his feelings of hostility on to George.

The remaining fathers showed overt hostility toward the first child and did not appear to feel guilt. All were immature persons. Our moral standard is still a double one and more blame is attached to the woman than to the man, hence it is to be expected that she would feel more guilt.

Of the mothers, only four were openly hostile, and three of these, Mrs. D., Mrs. F. and Mrs. J., openly blamed the child for the marriage. Four mothers manifested their guilt through over-protection and two by over-indulgence. In addition, six of the ten mothers gave the child too much responsibility. No doubt the fathers also shared in this, but the children blamed the mother. The mothers expected too much of four girls and two boys, and two of the remaining boys were too young to be given any responsibility.

Over-responsibility would appear to be an expression of the same feeling of hostility as the father's over-strictness. It may be an additional way of punishing the child by making him face some of the
difficulties created by the marriage and carry some of the burdens.

Another manifestation of this attitude of the mother, which appeared in five of the ten cases, is her attempt to satisfy her own unmet dependency needs through the child. In four cases the girls or their mothers remarked that they were just like sisters and discussed everything together. This is also in effect passing on part of the burden of the marriage to the cause of it. In only one case, "I.," did the mother attempt to satisfy her needs through her son by putting him in the place of his inadequate father, and in this case there was also a neurotic sexual tie.

Of the five girls two were over-protected and two over-indulged by the mother. In the fifth case, Mrs. D. was married at 14 and completely rejected her first child.

Both fathers and mothers expressed open fear lest their daughters become illegitimately pregnant. Table VIII shows the father's treatment of his daughter and son as compared with his own relationship to his parents:

| Father's Treatment of Child Compared to Father's Relationship with Own Parents |
|---------------------------------|---------------------------------|
| Father's Treatment of Daughter | Father's Relationship to Parents |
| (Girls)                        |                                 |
| B. Indulgence and neglect.      | Over-indulged.                   |
| D. Overt rejection.             | Deprived economically and emotionally |
| E. Overt rejection.             | Deprived and insecure.           |
| (Boys)                         |                                 |
| F. Overt rejection              | Sick, over-indulged, no responsibility |
| G. Does not reject; helps.      | Strict father, deprived.         |
| H. Overt rejection.             | Rejected and insecure.           |
| I. Over-indulged.               | Strict parents.                  |
| J. Hatred and jealousy.         | Rejected.                        |
In those cases where the first child was a girl, the fathers in four cases treated them with cruelty and/or over-strictness which appears much the same to the child. Mr. E. was alternately over-indulgent or neglectful. Neglect is itself a form of cruelty, and his indulgence was generally meant to annoy his immature wife. He himself was immature and over-indulged by his mother and father. Mr. A. may have felt hostility to his wife who had come between himself and his mother, and he projected some of this on to Lorraine.

Mr. C. and Mr. E. felt inadequate and insecure and projected their hostility on to the first child, while Mr. D., who had known no love and security himself, could focus his aggression and hostility on Shirley, who could not retaliate. Except for Mr. G. the fathers of the boys had been rejected by their parents and treated their sons with hostility except for Mr. I., who over-indulged Bill. He had guilt about the marriage because of the high standards and strictness of his parents and his neurotic personality.

Table IX shows the attitudes of the mothers to the first child compared with the treatment which they themselves received from their parents:

| Mother's Treatment of Child Compared to Mother's Relationship with Own Parents |
|-------------------------------|-------------------------------|
| Mother's Treatment of Daughter | Mother's Relationship to Parents |
| (Girls) A. Over-protection, over-responsibility. Rejecting mother, tie to father. | Strict, rigid parents. |
| E. Over-indulgence. | |
| D. Overt rejection, over-responsibility. Deprived, widowed mother. | |
| E. Over-indulged. Hard mother, deprived. | |
| Mother's Treatment of Son | Over-responsibility, inadequate parents. |
| (Boys) F. Overt rejection | Over-protective mother, strict, depriving father. |
| G. Over-protection | Domineering mother, strict father. |
| H. Overt rejection | Neurotic, unpredictable family. |
| I. Over-protection, over-responsibility. Inadequate father, nagging mother. | |
Some of the mothers studied treated their daughters in the opposite manner to which they were treated by their parents. That is to say, the mothers who had strict parents treated their children with over-indulgence, and those who had carefree, indulgent parents over-protected their children. Other mothers treated their children in the same manner in which they were treated.

A mother whose marriage was not forced may develop considerable hostility to a child if her pregnancy was a period of frustration and unpleasantness, or if she was deprived physically or emotionally. The mother in a forced marriage, expecting the arrival of her first child, tied to a mate she feels did not want her, and frequently in a precarious financial situation, is not likely to have a happy pregnancy. Her state is actually often worse than that of the unmarried mother who phantasies that she is having her father's baby, hopes that the putative father may marry her, or tries to deny her pregnancy, or realistically plans for the adoption of her child.

The expectant mother in a forced marriage cannot phantasy; she is faced with stern, bitter reality in the shape of the actual father and marital situation, and her child is likely to be rejected before it is born. When the child arrives it is something upon which she can vent her hostility either overtly or covertly. The attitude she adopted in the ten cases studied included four cases: B., C. and E., where the mother treated the child in the opposite manner to that in which her parents treated her. This might well be a reaction formation; the mother is afraid that she will treat the child as she was treated, so she avoids this by doing the exact opposite. Mrs. I. tried to over-protect Bill; all we know of her parents is that they were unpredictable. Mrs. G. over-protected, which was the
same treatment that she received from her mother, but she had a rejecting father.

Overt rejection appeared in the case of Mrs. D., who received no love and affection herself and remained too immature to give to her child, or in the cases of Mrs. F., Mrs. H. and Mrs. J. who projected the hostility aroused by the unhappy marriage on to the first child.

Physical Illness

| Table X. Parents Showing Signs of Illness and/or Alcoholism |
|-------------|-------------|
| **Men**     | **Women**   |
| Case A.     | Diabetes    | -           |
| B.          | Alcohol     | -           |
| C.          | Stomach ulcers, alcohol. | -       |
| D.          | Alcohol     | -           |
| E.          | Arthritis   | Hernia, gall-bladder, kidney, heart affected. |
| F.          | St. Vitus Dance, 7 years in Solarium. | Obese, heart, thyroid. |
| G.          | -           | -           |
| H.          | Alcohol     | -           |
| I.          | Alcohol     | -           |
| J.          | -           | -           |

Table X. shows the number of parents whose tensions and anxieties were manifested in illness or in alcoholism. Four of the men showed a specific disease.

Mr. F's illness began in his childhood and was not the result of his unhappy marriage, but because of it he was over-indulged by his parents and developed into a dependent personality unable to accept
Mr. A's disease appeared first when he was on his honeymoon, and Mr. C. has stomach ulcers. Five of the men frequently take refuge in alcohol, including Mr. C., despite (or because of) his ulcers.

Only two of the women showed definite physical symptoms. In addition, Mrs. D. had numerous miscarriages and finally a hysterectomy. Mrs. F. also had a record of numerous miscarriages, and Mrs. I. was finally sterilized after an abortion. Four of the women regularly worked outside the home, partly because of the economic necessity but also, no doubt, to obtain the satisfactions and status that they did not receive at home. Mrs. F. satisfied her neurotic needs by boarding other people's babies, although she neglected her own son. Possibly the satisfactions obtained from work outside the home, or even from the children, account for the fact that only two women regularly retreat into illness and none into alcoholism. Or perhaps the fact that five women, Mrs. A., Mrs. B., Mrs. C., Mrs. D. and Mrs. J., succeeded in satisfying some of their dependency needs through their first child might explain why they did not show more physical symptoms. It is culturally acceptable for a woman to be dependent, but not for a man; illness and alcoholism are more acceptable for him. Both men and women are attempting to satisfy previously unmet infantile needs.

All these parents showed hostility to their partners and to the first child, who may be identified with their own over-strict and hostile parents, and their immaturity resulted in inconsistent treatment of the child. All these factors tended to make them poor parents and particularly so toward the first child. He was the focus of hostility and conscious or unconscious guilt; he was treated with cruelty or neglect or over-protected
and over-indulged. In either case he received treatment which was likely to hamper his physical and emotional development. In addition he was likely to be given too much responsibility and expected to mature more rapidly than he was able, which meant that he was forced to discard his dependency needs before he was ready to do so. He was also the child who was most often picked by the mothers to satisfy their own unmet dependency needs.

Adelaide M. Johnson M.D., Ph.D., in an article, "A Contribution to Treatment of Super-ego Defect," points out that an inconsistent mother often gives love and approbation to the child only when he is taking responsibility, and that she does not allow him to be dependent, which is a necessary part of his growing up. She indicates that one child in a family may be singled out for hostile treatment by the parents who perhaps unconsciously even wish him to be delinquent because he then acts out the hostile impulses which they themselves have been forced to repress, and they gain vicarious satisfaction from this and the ensuing punishment. It would appear that in a forced marriage the child picked thus to satisfy his parents' neurotic needs is most likely to be the first child, since the hostility already felt for him by his parents makes him the natural scapegoat, and since he represents their sin for which they feel they should be punished.

CHAPTER IV.

CONCLUSIONS

It can not be stated dogmatically that a forced marriage must lead to rejection of the first child, but in the ten cases picked at random each first child was rejected. Therefore, it can be said that possible rejection is an extra hazard that the first child of a forced marriage must face.

There appeared to be no happy, satisfactory marriage in the group studied. If a forced marriage is happy, then the primary reason for rejection of the first child is non-existent. Indeed it is possible that the first child might be especially cherished as the cause of a happy situation rather than resented as the cause of an unhappy one.

It would appear that the cases which come to the attention of social agencies are those forced marriages which are unhappy, where the first child is rejected. The parents in the cases studied were immature people who had not succeeded in working out their emotional relationships within their own family group, and the woman's pregnancy, which precipitated the marriage, was the result of unconscious needs on the part of both the man and the woman due to their emotional problems. Since they were not ready to make a mature heterosexual adjustment they were unlikely to make a successful marriage. With the marriage unsuccessful and their emotional needs not adequately met by their parents earlier, or by the marital partner, they sought satisfaction and release of tension in other ways.
These rejected first children, all of whom showed signs of emotional damage, are themselves potential parents and unless something can be done to help them they are likely in their return to reject their own children. They are maladjusted, damaged personalities because of the treatment they received from their parents, who were in their time the product of inconsistent and rejecting treatment by their own parents. If the case histories went back far enough we should probably find that they, in their turn, were rejected by their parents. It is the responsibility of social work agencies which are in contact with these families to break the sequence of cause and effect which results in the development of emotionally maladjusted individuals. Unfortunately these children do not always come to the attention of social agencies until their problems have developed to the point where they are either pre-delinquent or delinquent.

These are the children who are reacting to the hostility of their environment by acting out their conflicts outside the home. Father and mother have been at the least unkind, and often deliberately cruel. The child's attempts to express his hostile feelings against his parents have met with punishment and further rejection, and since he is not big enough to dare to fight his parents he relieves his tensions by aggressive behavior; he fights with other children, steals, runs away from home and is rebellious in school.

For every delinquent child before the courts there are numbers of pre-delinquents whose neighbors talk avidly of the trouble they will soon be in, and prophesy the arrival of the police; whose parents warn them of impending disaster, and who say of themselves, half-frightened and half-defiant, that they will soon be in the industrial school.
Beside the hostile, aggressive children, there are those who withdraw and those whose tensions are expressed in physical illness. The non-aggressive child attempts again and again to win his parents' love but is always unsuccessful. His feelings of hostility to his parents and his fear of retaliation result in guilt; he represses these feelings and tries to be a good child. His inner conflict and the effort involved in repression may result in the development of behavior disorders, may prevent a satisfactory school adjustment and the child may ultimately withdraw into himself, since he gains no satisfaction from relationships in the outside world. In order to gain the love and attention he so desperately needs he may develop some physical symptoms, hoping that mother will look after him as she did when he was an infant.

It is important that these rejected children be given help as early as possible, but our present organization for the promotion of mental health is not as well established as that which looks after the physical health of our children. Vancouver's metropolitan area has a well organized system of baby clinics, where mothers can take their infants for immunization and help with feeding problems and general care. Unfortunately the overtly rejecting mother who neglects her baby is not likely to take the trouble to attend a baby clinic regularly, and the over-protective and over-indulgent mother will not change her methods of baby care in response to advice if her guilt is unconscious and her need to compensate for guilt feelings is great. Unless the mother and the father can be reached at this point, rejection of the child will continue. Actually, the only parents who are likely to receive treatment when the child is small are those who come to agencies for help with some other problem.
The older child who is a problem in school will certainly come to the attention of the teachers, whether he is disobedient and trouble-making, or merely dreams and does not work. Some of these problem children are referred to the school psychiatrist, some to the Child Guidance Clinic and some to other social agencies. Some of these rejected children behave well in school and therefore many of them are not referred for help until some emergency arises and they are on the verge of delinquency or already before the court. It is important that school authorities make it possible for agencies to do some preventive work by referring the children who need help as soon as it becomes apparent that there is a problem. At this point the family must be brought into the picture, and work must be done with the parents as well as the child.

Since it is the home environment which is largely responsible for the behavior of the child, some attempt to modify conditions in the home is necessary if progress is to be made with the child in treatment, and if that progress is to be maintained. It may be possible for a case-worker, acting as a "good mother" or "good father" to the child, to help him to see that all the world is not hostile; that the case-worker likes the child, even if he does things which he has been told are bad, and other people may like him too, so it is not necessary for him to be continually rebellious and destructive. But as the child develops security with the worker he continues to live in the same environment which produced his problems; his parents are still rejecting; they still see the child as a convenient scapegoat for their hostility and guilt and as an object to satisfy their neurotic needs. Therefore, it is essential that an effort be made to bring one if not both of the parents to the agency for treatment. An understanding of the home situation is
necessary for proper diagnosis of the child, and this understanding involves a knowledge of the parents as people with problems of their own. It is frequently difficult for the parents to understand that they are a part of the child's problem. If they can be helped to understand this it is possible that they may be able to modify their behavior and recognize the child's needs apart from their own. Even a slight change in the home situation may make it possible for the child to develop a better relationship with his parents; more acceptance and less rejection may make it less necessary for him to act out his hostility or withdraw from his environment.

If the mother (and it is usually she who comes to an agency) can accept help with her own problems, the case-worker, by giving her the understanding and acceptance she needs, may gradually help her to recognize that she is part of her child's problem and that her behavior towards her child is the result of her relationships to her own parents and siblings and of her own unmet needs. If she can be helped to satisfy some of her needs in a more normal and adult way, and if some of her guilt can be relieved, she may no longer need to feel such hostility to her first child. Even if the mother is unwilling to come for regular treatment interviews, it is sometimes possible through environmental manipulation, such as finding a part-time job, or better housing, to help the mother obtain increased status and satisfaction, and by this means to decrease her hostility to the child. However, unless the mother is helped to modify her harsh treatment of the child because she sees her part in the problem, it is unlikely that any improvement in the situation will be maintained.

The rejected child who has a weak super-ego and whose delinquency
has been unconsciously encouraged by his parent can be helped by the worker to develop new standards based on the worker as a parent figure, but if he remains in his own home the parents must be helped to modify their demands and to see the part which they themselves have played in fostering bad behavior. If the case-worker gives support to the mother in the healthy areas of her personality, by being the "corrected mother" and giving the mother the experience of help, she may sometimes gain some understanding of her behavior and the fact that she has actually encouraged the child's delinquency. If she is able to recognize this she may be able to control her impulses and see the child as he is and not as an instrument to gratify her neurotic needs.

Treatment is more often given to the mother than the father because the mother has usually more influence on the child in his earlier years. There is not sufficient evidence in the cases studied to warrant any conclusion, but it would appear that more mothers than fathers are willing to ask for help and admit that they have problems. One possible explanation of this might be that culturally a man is expected to be strong, independent and self-reliant. Therefore, in admitting that he has a problem and asking for help, he is admitting that he lacks masculinity, and to avoid this he denies that any problem exists.

There are many rejected children who never become delinquent, but they are still maladjusted personalities, not fit to cope with all the varied experiences they meet in life, or to become adequate parents in their turn. The child who conforms and withdraws is very likely to be overlooked, but he too is a damaged person.

Some forced marriages can be prevented if alternative plans are offered to the unmarried mother and she is helped to place her child for
adoption. She must also be helped to understand her feelings about her parents and to mature to the point where she no longer uses her baby to meet her unconscious need. The case-worker, by acting as a warm and giving mother to the girl, gives her support and help in her plans to gain some happiness for herself. If the girl has sufficient confidence in the worker she may be able to look at her own situation and understand the reasons for her behavior, and if she can do this she may find it easier to relinquish her baby for adoption. A large number of illegitimately pregnant girls do seek help from social agencies, but there are still those, ignorant of the services offered, who are married in shame and haste in an attempt to cover up their behavior. We need better interpretation of available services.

If the marriage does take place the mother may be helped to understand some of the baby's needs. The Victorian Order of Nurses is offering lectures to expectant mothers which include talks by nurses and social workers. Some churches sponsor marriage clinics, and courses are offered in parent education by the educational authorities. All these things can help, but parents reject and use the first child as an object of hostility because of guilt and because the marriage in which they find themselves is so unsatisfactory. If they can be helped toward relief of guilt they will not find it so necessary to satisfy neurotic needs through the child. If they can be assisted in finding more normal satisfactions, both in and out of marriage, the whole home situation will be improved. By improving the marriage we improve the child's chance of normal development, so that when he becomes a parent in his turn, his child may be accepted and not rejected.
Each child is an individual and some children show more resistance than others to the various traumata they meet. No child can encounter continued rejection from one or both parents without suffering damage which will prevent him developing a mature and well-integrated personality. The first child of a forced marriage runs an enormous risk of rejection which results in his becoming an immature personality, making a poor marriage adjustment and becoming a poor parent in his turn.
APPENDIX "A"

BIBLIOGRAPHY

English, O. Spurgeon and Pearson, Gerald H.J., Common Neuroses of Children and Adults; W.W. Norton; New York; 1937

Josselyn, Irene M., The Psychosocial Development of Children; Family Service Association of America; New York; 1948

Menninger, Karl and Leaf, Munro, You and Psychiatry; Scribner's; New York; 1948


Fenichel, Otto, Psychoanalytic Theory of Neurosis; W.W. Norton; New York, 1945

Fromm-Reichmann, Freida, M.D., Principles of Intensive Psychotherapy; The University of Chicago Press; 1950

Benedict, Ruth, Patterns of Culture; Penguin Books; 1946

Deutsch, Helene, The Psychology of Women; Vols. 1 & 2, Gunne & Stretton; 1944

Hollis, Florence, Women in Marital Conflict; Family Service Association of America; New York; 1949

Allen, Frederick, Psychotherapy with Children; W.W. Norton; New York, 1942

Freud, Sigmund, Three Contributions to the Theory of Sex; in "The Basic Writings of Sigmund Freud"; The Modern Library; New York; 1938

Hamilton, Gordon, Psychotherapy in Child Guidance; Columbia University Press; New York; 1947

Ribble, Margaret, The Rights of Infants; Columbia University Press; New York, 1948

Dunbar, Flanders, Mind and Body; Random House; New York; 1947

Bartlett, Harriett M., Some Aspects of Social Casework in a Medical Setting; Prepared for Committee on Functions, American Association of Medical Social Workers; Chicago; 1940
Greenacre, Phyllis, M.D., *Trauma, Growth and Personality*; W.W. Norton and Co. Inc.; New York; 1952

Alexander, Franz, M.D., and Ross, Helen, *Dynamic Psychiatry*; University of Chicago Press; Chicago; 1952


Mead, Margaret, and Macgregor, Frances Cooke, *Growth and Culture*; G.P. Putnam's Sons; New York; 1951


Flugel, J.C., *The Psycho-analytic Study of the Family*; The Hogarth Press, Ltd., Eighth impression; London; 1950


Lindner, Robert, *Prescription for Rebellion*; Rinehart & Co.; New York, Toronto; 1952


Goldsmitt, J. and K., "Treament of Adolescent with Superego Defect", *Social Casework*, April 1950, p.139


Block, Babette, "The Unmarried Mother - Is She Different", *Journal of Social Casework*, July 1945, p. 163
Young, Leontine R., "Personality Patterns in Unmarried Mothers", *The Family*, December 1945, p. 296

Schmideberg, Helitta, M.D., "Psychiatric-Social Factors in young Unmarried Mothers", *Social Casework*, January 1951, p. 3

Judge, Jane G., "Casework with the Unmarried Mother in a Family Agency", *Social Casework*, January 1951, p. 7


Winbord, Albert S. and Parker, Ida R., *What Becomes of the Unmarried Mother?*, Research Bureau on Social Casework; Boston; 1927


Mangold, George S., "Children Born out of Wedlock", *University of Missouri Studies*, Vol. 3, No. 3, 1921

Reider, Norman, "The Unmarried Father", *Proceedings of the National Conference of Social Work*, April 16, 1947

Marsh, Marguerite, "Common Attitudes Toward the Unmarried Father", *Proceedings of the National Conference of Social Work*, 1940

Sperren, Ruth, "Casework Services for Unmarried Mothers", *The Family*, November and December 1941


Gleason, Mary, "A Study of Attitudes Leading to the Rejection of the Child by the Mother", Smith College Studies in Social Work 1, pp. 407-08, June 1931


APPENDIX "B"

CASE RECORDS
CASE I

Lorraine A. was born in 1935. She has two brothers and a sister, respectively 5, 10 and 11 years younger than herself. She appeared in Juvenile Court charged with theft under $25.00 and spent some time in the Detention Home. Since she was in Grade 8 she has been truanting and running away from home. The family first became known to the Family Welfare Bureau when Mr. A. asked for domestic help at the time of his wife's fourth pregnancy. It was noted then that he showed little consideration for Mrs. A. and had no appreciation of her difficulties. Both said that she was five months pregnant at the time of the marriage and that they had known one another for two years and "gone together" for one.

Mr. A. felt that the marriage had been "forced" but Mrs. A. claimed that she would have married him anyway and that her father would have helped her had not this marriage been her wish.

Mr. A. was the second of four children. He had an older sister who was illegitimately pregnant and later married and divorced. His younger brother made an apparently successful marriage and had a mentally retarded child, subsequently adopting a baby. His younger sister made an unhappy marriage and contracted tuberculosis. Mr. A's father was a clarinet player with the Symphony and Mr. A. expressed great envy of his ability. Mr. A. Senior had died of cancer. Mr. A's mother was a kind person to whom he was very much attached, but since a stroke in 1938 she had been confined to hospital, and in spite of his protestations of affection he rarely visited her there. She was very resentful of his marriage. Although the home was a harmonious one Mr. A. feels that his parents were not strict enough with the children and he should have been spanked more
than he was. He intended to be a teacher and passed his Senior Matriculation examinations but the depression prevented any further education. After his father's death he helped his mother by playing the saxophone in dance bands and in 1935 when he was twenty-one he married Mrs. A., then seventeen and five months pregnant. Up until this time his health had been good, but three days after his return from his honeymoon, he developed diabetes. He was a pale, thin man with glasses and poorly-fitting false teeth, bad tempered, irritable and over-strict with his children, and very possessive, jealous and suspicious of his wife. He worked as a chef at Vancouver General Hospital and seemed to be intelligent, reliable and well-liked at his job.

Mrs. A. was the eldest of three girls and her siblings seemed to be satisfactorily married but had no children. Her father was a pensioner of World War I, who had some stomach illness. She had a very deep feeling for him, and when she became illegitimately pregnant it was to her father that she turned and he promised to look after her if she did not want to marry Mr. A. She remained very attached to him, and later he died in her arms. She claimed she was fond of her mother but the latter appeared to be somewhat vindictive and disliked her daughter. Mrs. A. was continually in conflict with her mother and sisters, who were very critical of her. She did poor work in school and only reached Grade 8. She wanted to marry Mr. A. and said that he was quite ready to marry her but has since claimed she was a drawback to him. She had no sex education and did not recognize the onset of labor. After their marriage they were on relief until 1939, after which a series of jobs ended
in Mr. A. working as chef and Mrs. A. in the ward kitchen at Vancouver General Hospital. Mrs. A. claimed she worked to buy extras for herself and the children, especially Lorraine. She was an attractive woman but an inefficient housekeeper.

Marital adjustment was very poor, no contraceptives were used and there was continual fear of pregnancy. The strain of this relationship probably contributed to Mr. A's bad temper. He belittled his wife, objected to her making friends or taking part in any associations such as the Parent-Teachers' Association, and refused to allow her or the children to have any friends in the home. He was suspicious and jealous and claimed that she had had other men besides himself, that she lied to him and ran up bills at the stores. There was continual strife in the home, and although he was over-strict with all the children he took out most of his resentment on Lorraine. He beat her, refused her pocket money, and insisted that she come straight home from school to look after her siblings. He would not let her attend groups or bring friends home and was terrified of her knowing any boys. Mrs. A. said she loved Lorraine the best of all her children and tried to protect her from her father. She supported her in all she did and said she wanted Lorraine to have a better life than she had. She treated her more like a sister than a daughter and discussed all her problems with Lorraine, excusing her conduct on the grounds of the father's strictness. Mrs. A. claimed that she only stayed with Mr. A. to protect the children. At one time she left him for several weeks.

Lorraine was a breach birth, weighed 7 lbs. 1 oz. and was breast-fed for nine months. She apparently developed normally, had
measles and whooping cough, and at five years had a tonsillectomy. She liked sweet things, sleeps a lot and bites her nails. She began to menstruate at eleven, and began running away from home and truanting when in Grade 8, giving as a reason that her father was mean to her. When she played late she was afraid to go home because he whipped her, so she wandered away. On one occasion she was picked up by the police after spending a night in Burnaby, and, on another, after stealing a dress in New Westminster. This time she was placed in the Detention Home and did not want to go home because she was afraid of her father, but she was needed to look after her siblings, as both parents work, and after a very angry scene with her father, was permitted to go back. She had little chance to play with children her own age and was insecure with them. With adults she was uneasy, and unable to trust them. She was aware that she was the cause of her parents' marriage and that her father focused his resentment on her. She was twice examined at the Child Guidance Clinic, who reported first that her father was "aggressively imposing on her both physically and psychologically", and that she reacted with hostility and fear. Later the Clinic reported "Patient's self-concept may be interpreted as one of isolation in the desert of human interaction. She probably has no very close personal relationship with any one individual, though in groups people are easy enough to get along with even though not stimulating..............it is conceded that her relationship to her father constitutes the essence of the etiology of her present difficulties".

In an endeavour to help the marital situation it was arranged that Mr. A. see a psychiatrist. He showed little willingness to co-
operate and after a couple of interviews did not keep his appointments and little progress was made. He expressed the belief that the world was governed by fear, and the psychiatrist felt that he might be pre-psychotic. He had apparently never worked through his oedipal conflict and still had much guilt about his mother and his desertion of her to marry Mrs. A. The onset of diabetes three days after his honeymoon is significant. His sense of guilt about the marriage was focused on Lorraine, the cause of it, and he took out his resentment on her. He was terrified that Lorraine might repeat her mother's pattern if she had anything to do with boys.

Mrs. A. was strongly tied to her father and resented her mother; this was the probable cause of her pregnancy. Her guilt feelings about the marriage resulted in over-protection of Lorraine and possible identification with her in an endeavour to give her the better life which she herself missed. Also, she used her to satisfy her own dependency needs. Lorraine was caught between her father's rejection and hostility and her mother's demands and over-protection. She was always given too much responsibility at home and had no chance to mix with those of her own age. She reacted with hostility and an attempt to run away from an unbearable situation. The Child Guidance Clinic has recommended that she be removed from home, and considers that she is a fairly normal child in a very poor environment.
CASE II

Margaret B. was 15 years old in 1950. She had an 11 year old brother and a 7 year old sister, both of whom presented no apparent behavior problems. Margaret herself was referred to the Family Welfare Bureau because of her relatives' complete inability to handle her. She stayed away from school, did not return home when she was told, made friends with undesirables, lied, stole from her relatives and generally was a problem wherever she was. She had no real home now as her father and mother were divorced in 1950. Her father married again to a girl of 23 who works. Margaret's mother and brother and sister lived on Vancouver Island where Mrs. B. was employed by her brother. Margaret's bad behavior there resulted in her uncle's refusal to allow her to stay and she was sent to another uncle and aunt, shifted from one to another and finally sent to her grandparents. Her grandfather was so incensed at her behavior that he wanted her sent to girls' Industrial School. She is now being cared for in a foster home supervised by the Children's Aid Society.

Mr. and Mrs. B's marriage was a forced one and both families were opposed to it. We do not know very much about Mr. B's parents but his father was a sea captain who was away most of the time, and it appears probable that he was over-indulged by his mother. In all events, he had a history of irresponsible drinking, and running after other women. He started as a bus driver and later became an instructor for the other drivers. His wife never knew if or when he was coming home. Every month she had to beg him for money to pay her bills. As far as Margaret was concerned, Mr. B. used her against his wife, giving her money and alternately spoiling and scolding her. When she was at the beach with her friends, Margaret
often saw him with other women, but did not tell her mother. Mr. B. was an inadequate husband and father, and since his divorce and second marriage had shown no inclination to see Margaret. He had expressed willingness to help pay her board, but refused to take any responsibility for her.

Mrs. B. was the second girl in a family of eight. Her father was a rigid, uncompromising Scot, who was at one time MIA, and several times Mayor of his Municipality. Her mother had a strict upbringing but was a kind and giving person, the only one who had shown any real sympathy and understanding for Margaret. Mrs. B's family was very proud of its good name and position in the community, and Margaret's behavior was a threat. Mrs. B. was married at 18, straight from school, probably as a revolt against an over-strict father, and the whole family was very upset. She remained an immature person, very concerned with the family's pride. Her feeling towards Margaret had been throughout one of guilt, followed by over-indulgence. She said helplessly that she was unable to cope with the girl and had treated her more as a sister than a daughter. When Margaret became a problem to the family she was anxious to transfer her responsibility to someone else. Marital adjustment was poor in every way, and although Mrs. B. claimed that she wanted Margaret, the child was rejected from the start. Both parents were immature people, always quarreling, and Mr. B. stayed away from home more and more until the final separation.

Margaret weighed 6 lbs. 5 oz. and was born after only two hours' labor. She was breast-fed for eight months and sucked her thumb until 3 years old. There was no emphasis on too early training and
she developed normally, but her mother claimed that she was always
difficult and always wanted her own way. She had childhood diseases
lightly and at 5 years had a lump in her groin that returned at puberty.
During her 15th year she suffered from carbuncles. As a baby she would
refuse to eat, but later on had a good appetite. When small, although
well-trained, she would wet and soil herself to annoy her mother, and this
continued even after she went to school. When tiny she fought rather
than played with other children and was always antagonistic to her parents.
She was spoiled and had all her own way until the arrival of the first
sibling when she was 4 years old, and she was exceedingly jealous of him.
From then on she fought for attention, and her mother claimed she always
got more of everything for herself, because she made life so unpleasant for
everyone else. As a child she made up fantastic stories and had always
twisted the truth to suit herself. Her mother treated her more or less as
an equal and discussed her problems with her. She was most anxious to begin
to menstruate as a sign that she was grown up, and was with another 14 year
old girl who was raped by a sailor. She knew all about her father's affairs
with other women and it was very probable that she knew she was the cause of
her parents' marriage. When 12 years old she was staying out late at night;
by the time she was 14 she stayed away altogether for days at a time, and her
mother did not know where she was. She truanted and was impertinent in
school, where she never worked to capacity, and she left school as soon as
she became 15. She did not stay with her first job nor succeed in finding
another. She stole from her relatives and managed to quarrel with every
member of the family. She was always rejected and insecure and continually
belittling others. Altogether she was a defiant and pathetic little girl,
who said openly that no one cared for her, and she cared for no one. She
needed acceptance, approval and affection, and the only person who
attempted to give her these was her grandmother, whose efforts were
limited by the stern grandfather. Margaret was examined at Child Guidance
clinic where she rated bright normal, and it was felt that she had never
had a close contact with a mature woman she could look up to, and that her
trouble-making was an attempt to show her importance. She did not appear
to be making satisfactory adjustment in the foster home where she was placed
by the Children's Aid Society.

Mrs. B's pregnancy was probably a revolt against her father's
strictness. She still had a strong tie to her father and all her dealings
with Margaret seemed to be influenced by fear of what he would think. She
had rejected the child who caused her marriage, but not, apparently, the
other two. Her guilt feelings appeared to have resulted in over-indulgence
and lack of discipline and she had used Margaret in an attempt to satisfy
her own unmet dependency needs.

Margaret, rejected and insecure, had sought attention in
the only way which seemed to bring results, viz., by hostility and trouble-
making. So long as her lying and stealing were confined to the family
she was not considered delinquent, but it seemed probable that she would
be picked up by the police sooner or later.
CASE III

Laura was a small, blonde girl with many nervous mannerisms including a stutter and a tic in one eye. She was born when her mother was 19 and her father 23, and has a brother two years younger, and two sisters six and seven years younger than herself. She appeared in Juvenile court on a charge of sexual immorality, and the following month was apprehended as an unsatisfactory probationer, and spent some time in the Detention Home. When she was discharged her father did not want her at home, so she remained at the United Church Home until her child was born. She was most anxious to have her baby adopted but the family put considerable pressure on her to keep it and she brought it home with her. She refused to marry the putative father, who served a term in Oakalla for contributing to juvenile delinquency.

Mr. C. is a longshoreman, tall and wiry and in poor health. His father was a bus driver, and Mr. C. felt that he married beneath him. He wanted a nice, clean, shiny house and thought that his wife was incompetent and had failed him in this. She was a careless, obese, sloppy, unattractive person, who was fond of gardening and not of housekeeping. Mr. C. claimed that he could not bring his friends home so he spent his time in the beer parlor, where he drank alone. He had stomach ulcers, and was always very severe with the children, and particularly rejecting of Laura. He had been described as bad tempered, dominating and excitable, always inconsistent in his treatment of the children. He could never make up his mind about Laura. First he wanted her to marry the putative father, and then refused to hear of it; first he wanted her home and then he turned
her out. His own parents would have little to do with him after his marriage. He and his wife were always incompatible and he appeared to have rejected Laura because of his guilt about the marriage. Laura's pregnancy reactivated all his earlier feelings and resulted in a family storm. He has expressed fear that the other girls will follow Laura's example.

Mrs. C. was a casual housekeeper, and was much more giving to the children than her husband. She acted as a buffer between them, but she herself was afraid of him. The home was in a constant state of turmoil, and in general there was an atmosphere of vicious hate.

We do not know much about Mrs. C's parents except that she and her family had a very difficult time financially. There were two girls in the family, and when Mrs. C. was 8 years old a third one was born. She looked after this child, which was finally placed for adoption, and Mrs. C. felt very deprived. She claimed that she had never found Laura any trouble and that she had discussed everything with Laura and given her sex education. She felt that Laura had inferiority feelings, largely because of her father's continual criticism. Her husband accused her of babying all the children but would never discuss plans with her. Both parents worked and the children were alone most of the day, being Laura's responsibility. Neither parent was anxious to receive help from any agency.

Laura apparently developed as normally as could be expected in an atmosphere of continuous strife. She had a good understanding of her parents and knew only too well that she was the cause of the marriage. Both parents openly feared that she would become pregnant. She completed
Grade 11 in school and, when apprehended, was working as a junior stenographer at $80.00 a month. She was quite promiscuous and had relations with several men, in rebellion against her over-strict father. Once pregnant she was terrified that her father would find out, and tried to conceal her condition. After she left the Detention Home her father sent her to live with her maternal aunt, who was a warm, giving person and with whom she was happy, but he would not let her remain there and sent her to the United Church Home. Laura was torn between her desire to do her best for her baby and still retain her father's good will. She was quite unrealistic in her ideas and still phantasied a great deal. When she was in the Home her father visited her twice and her mother not at all. While she stayed there she refused to make clothes for the baby, but instead did embroidery as if to deny the fact of her pregnancy. Her family's plans for the child appeared to be very unrealistic as it was to be cared for by the grandmother when Laura obtained a job, since both father and mother were working.

Laura was rejected openly by both father and mother. Her mother showed her some affection but attempted to satisfy some of her unmet dependency needs through the girl. She was never able to please her over-strict father but was still trying to love him and was seeking his approval. She had not matured beyond the phantasy stage and her oedipal conflict seemed to be still unresolved. Her pregnancy was a revolt against over-strictness and inconsistent treatment and she sought elsewhere the love that she did not receive at home.
CASE IV

Shirley D. appeared in Juvenile Court charged with running away, and stealing clothes and jewellery. The family came here from Saskatchewan and were helped by the Red Cross and subsequently by a number of agencies as they were always in financial difficulties. Shirley was born when her mother was 15 years old and had seven brothers and sisters born in the ensuing eleven years. In addition, her mother had many miscarriages. Both parents are of Dutch Mennonite stock, and the belonged to the Salvation Army because they said "they got something out of it". Mr. D. is 13 years older than his wife and treated her as a child, as indeed she was. They were on relief on their wedding day and have seldom been without some sort of assistance.

Mr. D. worked as a truck driver and as a laborer. He managed to complete Grade 3 in school, and after that attended night school for a short time. We do not know much about his family, but his early life was a very deprived one and he is an immature, self-centred person who does not feel that he had any duty to his wife and family. He was discharged from the Army for unknown medical reasons and finds his greatest relief in alcohol. He was jealous and distrustful of his wife and latterly did not like Shirley to have any boy friends, since he was afraid she would find a boy friend for Mrs. D.

Mrs. D. had never known love and security as she was brought up by her widowed mother in a family which included seven girls and one boy. She went to work for her room and board when she was 10 years old. Several of her brothers were known to have theft records. Mrs. D. had no sex
education at all, and became pregnant when she was 14. She completed Grade 8 at school and appeared to have average intelligence, but she was an immature dependent person needing affection and security, which she did not find in her marriage. She was a poor housekeeper and manager, but was most anxious that her children should have a better chance than she had. However, she could not stand up to her husband. She gave Shirley far too much responsibility in looking after all the other children, and treated her as a sister rather than a daughter. There was a strong tie between them but she definitely rejected Shirley and was much more protective of the other children.

The marital adjustment was very poor. Mr. D. refused to use contraceptives, so there were numerous miscarriages, probably some of them self-induced, until finally Mrs. D. was sterilized. Mr. D. said openly that Shirley was the child of his cousin. Both parents used her as a buffer and openly blamed her for the marriage and all their troubles.

Shirley was bottle-fed. When 1½ years old she had a bad fall, hurting her head and breaking her right leg. She had all the children's diseases, and, after an attack of mumps at age 12, had to wear glasses. She had a tonsillectomy when she was 13, and always suffered great pain when menstruating. When she ran away from home it was always during or close to her period. None of the children were particularly healthy, probably because they never had enough food. Shirley suffered from headaches, toothaches and nightmares. She walked and talked in her sleep, and suffered from various kinds of bowel trouble. She attended special classes at school, where she was continually playing pranks, and
was domineering and bullying with the younger children. However, she did not attend school regularly because she had too much responsibility at home. Her intelligence appeared to be only borderline. When she was asked to do anything she always replied that she did not feel well. Whenever she did not return home promptly from school her father beat her and she ran away. She knew quite well that she was rejected by both parents, who often told her that she wished she would leave home.

After Mrs. D's hysterectomy she appeared to feel that life was over for her, and pushed Shirley towards marriage, apparently hoping to obtain some vicarious satisfaction from her daughter's activities. It was at this time that Shirley definitely became delinquent. There was never any money for clothes and she stole what she wanted. Shirley herself maintained that she was happy at home except that she did not have the things she wanted. She had a stronger tie to her mother than to her father, who she felt did not want her. Her disturbance during her period might mean that she was rejecting her femininity because of her mother's poor experience which had been shared with her in great detail. In spite of all her ailments, Shirley was a pretty child and she was married early in 1951.
CASE V

Susan E. had an illegitimate child, born in 1950 when she was 19. She claimed that the father was an American sailor who got her drunk on cheap whiskey and left town immediately afterward. She had spent a good deal of time frequenting dance halls with poor companions, and staying out late. She had two brothers two and three years younger than herself, and a sister 5 years younger. Mr. E. was four years younger than his wife when he married, when she was 34 and six weeks pregnant. He had a previous wife who died. He was born in the United States, of Irish-German-Dutch origin and had very little education, and when the couple married he was working as a coal miner. Later he had various jobs as laborer, and then as a fireman for the C.N.R. Very soon after their marriage the family went on relief, where they remained until he joined the Army. After his discharge he had a job at $60.00 a week for a few months and then was unemployed. He did not like work and had some arthritis which he used as an excuse to avoid it.

Mrs. E. was adopted when she was three years old by a very hard, strict woman. When she was 14 she went to work as a cook and until her marriage gave most of her money to her mother. She was anxious that her children should have an easier life than she had. When things became too difficult at home she retreated into illness, having had gall-bladder trouble and an operation for abdominal hernia. She also had a kidney condition and a bad heart. When Mr. E. was not working she worked at Vancouver General Hospital laundry. She was never strict with Susan but over-indulged her as much as possible. On the other hand, when the girl
became 14 she kept her home from school to look after the younger children and always gave the child too much responsibility. She was openly afraid that Susan would get into some kind of sex difficulty. The father had always been very strict and on occasion had sent Mrs. E. out at night to look for Susan. Marital adjustment was very poor, and there was continual strife in the home.

Susan was a difficult birth and was breast-fed for three months. Her mother had her completely trained by the time she was 9 months. She had pneumonia, rubella, chicken-pox, measles, acute appendicitis and a kidney condition. After the measles she was forced to wear glasses. She reached Grade 7 in school, but was rated as low-normal intelligence. When Mrs. E. was forced to go to work she gave all the household responsibilities to Susan. After she left school, Susan passed as 18 and at one time she worked for a time at the Vancouver Hotel laundry, but she said her father picked on her so she gave up her job. She was unreliable in every way, especially in keeping appointments. She appeared to be fond of her mother, but paid her only $20.00 a month board, insisting on keeping all the rest of her money to spend on clothes. She felt resentful that her father did not want to work, and that she was being forced to do so. She became pregnant whilst her mother was in hospital for an operation, and made tentative arrangements to go into the Salvation Army Home, as the family attended Salvation Army services. However, she was unable to conform to the rules of the Home so she returned home. When the child was born she first planned to place him because she did not want to take any responsibility for him,
but her mother persuaded her to let the parents adopt him, and it was arranged that Mrs. E. and Susan would do shift work and look after him.

Susan's baby was part of her revolt against her mother's domination and her father's overstrictness and the fact that she was given too much responsibility. She was not ready for a baby, but had her revenge on her parents by keeping it and insisting that they help her look after it.
CASE VI

Arthur F. was sent by his school principal to the school psychiatrist when he was 6 years old because of his immature and aggressive behavior. His mother claimed that he was always hard to handle, running away, disobedient, and having continual temper tantrums. He was also enuretic. Arthur's father and mother were married when Mr. F. was 22 and Mrs. F. 18, and Mrs. F. was seven months pregnant. They had known one another for about two years, and Mr. F.'s parents were very much opposed to the marriage, which they felt was beneath their son. Arthur had two younger brothers, Jackie two years younger, who was born during the War, and Billy six years younger, born when his father returned from the Army.

We know that Mr. F.'s grandparents married very young, despite the wishes of their parents, who did not approve of the grandmother. Mr. F.'s father and mother over-indulged him. He had St. Vitus' Dance and was in a solarium from 7 to 14 years, and he never learned to take any responsibility. His mother was a perfectionist, who disliked Mrs. F. intensely, and both his parents tried continually to break up the marriage which they had so bitterly opposed. When Mr. F. found the marriage difficult he joined the Army and went Overseas, where he met a Dutch girl, and told his wife that he was not returning. However, he did come back and a third boy was born. Mr. F. was a garage worker and managed a service station for his father although previous to his war experience he never remained at any one job. He was nervous, moody, irrational and irresponsible, and appeared to hate his marriage, and particularly Arthur.
who was the cause of it. As soon as anything went wrong he vented
his anger on Arthur, and his only interest in him took the form of
punishment.

Mrs. F. was the second in a family of six and, being the
oldest girl, had to look after the family. Her mother was a cheerful,
haphazard, obliging person, and her father was a completely shadowy
figure. When she was 15, Mrs. F. went out to work as a tray girl in a
hospital. She had a history of slight heart trouble and a thyroid
condition, and was very obese. She was always insecure and unsatis­
fied herself, and could not give love to her children. It seems
probable that she became pregnant deliberately in order to force the
marriage. During her husband's absence overseas, Mrs. F. had a
veterans' house and boarded babies, for whom she appeared to have a
strong, neurotic need. She herself had two miscarriages between the
two older boys, and it is possible that her need to care for babies
might be an attempt to prove the femininity which her miscarriages
seemed to deny. She used her own children deliberately in order to
keep the marriage together and always loved the child that her husband
preferred at the time. She was very nervous and constantly hitting
the children, though she read books on child behavior and attempted
to intellectualize and explain her actions. It is possible that she
projected her dislike of Arthur on to her husband. Certainly she always
claimed that Arthur was difficult, and the other boys easy to manage.

Mrs. F. was striving to maintain her marriage and was
constantly being depreciated by her husband and his family. Mr. and Mrs. F. quarreled constantly and this was particularly noticeable when Arthur was small. She modified a little, but Mr. F. not at all, and she continued to use the children as a tie to her husband.

Arthur weighed 5 lbs. at birth and was not breast-fed. As a baby he was openly rejected and not well cared for. He was not properly clothed nor fed and at 8 months had bronchitis and severe whooping cough. At 8 years he had pneumonia. He deeply resented Jackie's birth, although the mother claimed she tried to prepare him for it. He always resented the attention Jackie received but appeared to be fond of the baby. He was very slow in walking and talking, and squinted when tired. He had an enormous appetite, which was never satisfied. His father and mother tried to handle him by punishment, and his father whipped him continually. He never tried to get out of trouble by lying, although Jackie appeared to be an accomplished liar. Arthur's aggression was shown by his running away, and by violent temper tantrums at school. He undoubtedly heard his parents fighting about him and blaming him for the marriage. The psychiatrist felt that he showed the emotional reactions of a much younger child and that he was immature, aggressive and negativistic, though probably of average intelligence.

Arthur was a pathetic figure, living in continual conflict, hated by his father as the cause of the marriage, and rejected by the mother who was unable to give affection because she was unsatisfied emotionally herself, and could only satisfy her neurotic needs by boarding other people's babies.
CASE VII

Dick G. was referred by his doctor to Child Guidance Clinic when he was 3 years old because of seizures which did not appear to have any organic origin. Dick had one brother a year younger than himself. His father and mother married when Mr. G. was 38 and Mrs. G. 32, and she was three months pregnant. Mrs. G. was the oldest of five siblings and left school in Grade 8 to look after the younger children whilst her mother worked. Her father, a strict, religious man, was killed in an accident at this time, when she was just 15. Later she did kitchen work in a hospital and was a chef in the Airforce for two and a half years. She was devoted to her mother and felt responsible for her brothers and sisters. One of her brothers was an alcoholic who had to be escorted home with his money each week-end. One of her sisters became very religious and gave up a good job only to find that she was disappointed and unsatisfied by her new faith. Mrs. G. knew her husband for fifteen years before she married him. She was a poor housekeeper, untidy and impractical, very dogmatic and completely unaware of the children's emotional needs, although she appeared to give them good physical care.

Mr. G. was a very quiet boy, more interested in books than in play, never making friends with other children his own age. He had a strict and dominating father who announced, when Mr. G. was 14, that henceforth he would stay home from work and his sons could support him. Mr. G. still had one brother and one sister alive, and his relationship to his mother appeared to be fairly nebulous. On the whole, his was a deprived childhood. Before the War he was a sailor and was in the
Medical Corps overseas. During this time he was very badly burned about the genitals in an accident and the doctors claimed that he could never have a child. He worked as a body-fender mechanic at $50.00 a week and appeared to be a quiet, unassuming and reasoning man, who felt that his marriage was very unsatisfactory because of sexual maladjustment. His wife passed out completely during intercourse. Mr. G. had known a great many women and only married because Mrs. G. was pregnant. She was cold and very ignorant of sex when she married, but she seemed to have planned to marry as she persuaded Mr. G. to go on a four weeks' holiday to the United States, during which time she became pregnant. At first she had been attracted to him because she believed he could never have children, but she later boasted that the doctors were wrong about Mr. G's condition and she was right. It seems probable that her marriage opportunities were very limited and she threw herself at this unwilling man because she needed someone to possess and her brothers and sisters no longer needed her. The couple had little in common, and the home atmosphere was full of tension. Mrs. G. never appeared to love Dick but is kinder to his younger brother.

Dick was born by caesarean section, weighing 8 lbs. 4 ozs. He was breast-fed for three months and appeared to be physically perfect but was slow-talking and over-active. He was completely toilet-trained by the time that he was a year old. When he was two, enuresis started. He had his first seizure at about 8 months, and it appeared after frustration. The attacks were of seconds' duration and were "like a start or shiver". The doctors prescribed phenobarbital for overactivity. Dick had epistaxis at 13 months, measles at two years and tonsilitis at three. He continually bit his fingernails, and was a
mischievous child who egged on his brother. He was very curious and liked his own way, and would pull out drawers and scatter soap flakes all over the kitchen. His mother handled him by screaming at him and he was completely dominated by her and afraid to leave her. He had very little opportunity to play with other children and often appeared sulky and stubborn.

Child Guidance Clinic felt that Dick was a withdrawn, wistful and unhappy child, subject to emotional tension, produced by an erratic and irritable mother who was concerned about physical things but unaware of emotional needs. She seemed to be quite unable to develop a satisfactory relationship to her children and did not want to care for Dick, though she was warmer and more giving to his brother. Mr. G. identified with Dick and tried to help him, but he was dominated by his wife. She was completely unwilling to do anything for her husband and he appeared to resent the fact that she did not want to help Dick or himself. Dick's reaction to his mother's rejection was shown by his mischievous behavior, and the seizures which appeared to have no physical basis.
CASE VIII

Johnnie H. was in Boys' Industrial School for stealing, and was a problem child for a number of years. He began stealing when he was about 8 years old. His mother married Mr. H. after only knowing him for two months, because she was pregnant, against the wishes of her family who would have helped her in any plan she might have made. Mr. H. was 28 and she 25 at the time. Her mother and father considered him useless and were very upset when their daughter married him, as he was the black sheep of a good family. Johnnie's next brother was born when he was 4 years old; then came two sisters and another brother and several miscarriages.

Johnnie's father, Mr. H., came from Alberta where Mr. H. senior was a retail shoe merchant. All the family succeeded in life except Mr. H. who appeared to have felt rejected and insecure at home, and obtained his only satisfaction from his success in High School athletics. He was erratic and unreliable, continually changing jobs, and was a heavy drinker on occasion. He centered all his resentment on Johnnie whom he hated because the child was the cause of the marriage.

Mrs. H's mother was a warm person but very domineering and possessive. She was an excellent housekeeper and over-protected her daughter, who was an only child and was not expected to do anything at home. She said that her mother was more like a sister than a mother to her. Her father was kind but quite strict. He was a C.P.R. agent in a small place and Mrs. H. just had her good times and took no responsibility for anything. The family had fairly good standards, which
she herself was later unable to maintain. She was an immature person and was resentful of her parents' over-protectiveness. The case worker felt that she wanted to get away from home and have a baby to punish her mother. She was continually trying to keep up good standards, with an ineffectual husband and insufficient financial support. She resented Johnnie particularly and showed this by nagging him and expecting far too much responsibility from him. At times she identified with him and thought she was blamed for what he did. When things became too difficult for her in the home, she retreated from reality, and without her support Mr. H. began drinking again. With the exception of Johnnie, the children have all had inconsistent treatment alternating between love and apathy. Mrs. H. wanted to be a good mother but she was quite incapable of it, and was not even sufficiently mature to stand on her own feet when her husband was in the Army. She asked to have him brought home which he resented.

Johnnie apparently developed normally, though the whole family has suffered a certain amount of economic privation. He never received any love at home and compensated for its lack by stealing, for which he was sent to Boys' Industrial School. After he came out he was sent to his grandparents in the country and there he appeared to have adjusted very well. He understood too much of his parents' situation and bitterly resented his father's drinking. The help given him by his grandparents was of a positive kind and Johnnie felt that for once in his life he was wanted, but he was still anxious to
return to his own family. He was the neurotic bond between his father and mother and had taken all the resentment which both felt in a most unsatisfactory marital situation.
Bill I. had been a problem ever since he was in Grade 2 at school. He was caught stealing, and played truant; he frequently attacked smaller children, and appeared to have a need to prove himself "a big shot". He broke into cabins, and ran away from home until he was placed in the Detention Home. Later, he was an unsatisfactory probationer, became involved with gangs, and finally stole a car and was sent to boys' Industrial School, from which he ran away on two occasions. His father and mother were married when the former was 30 and the latter 21 and she was five months pregnant. Bill had a brother a year younger and a sister three years younger. After the birth of his sister, Mrs. I. had an abortion, after which she was very ill and was finally sterilized.

Mr. I. was a decorator and painter, and an exceedingly clever one, who would be at the top of his trade if it were not for the continual harassing family problems. However, he was on relief when all the children were born. He had very strict parents, and came from a better-than-average background but only managed to complete grade school. He wanted to do the right things for his children but he was a very neurotic and insecure father, who took refuge in alcohol. He claimed that the family were happy until he came home one night and found his brother sleeping with his wife. Since then he had felt inadequate and suspicious.

Mrs. I. had little security as a child. She came from a neurotic and unpredictable family and worked as a clerk in a store, after a grade school education. She was a very neurotic person herself,
constantly nagging the father over Bill, and was a very poor manager. She felt great guilt about the marriage and had constantly attempted to over-protect Bill, but at the same time had given him too much responsibility. When they were having a dispute, both parents used Bill as a punching-bag and he knew only too well that he was the cause of the marriage.

Bill weighed 9 lbs. when born and was breast-fed for 8 months. He developed early and had all the childhood diseases. He had nocturnal enuresis and terrific night sweats which appeared when he was in the Detention Home, but examination for TB proved negative. As he grew older, Bill took out his hostility on younger children, including those in his own family. He refused to go to school and was frequently caught stealing. He masturbated continually, and became violently sick if he cut himself. He showed great interest in art, and had outstanding mechanical aptitude. He was very keen on sports and did a number of exercises aimed at developing his physique. Physically, he was very tall and well developed. Because he was so big and has always looked older for his age, many demands have been made on him. The children were left alone frequently when they were small, and spent a great deal of time listening to horror programs on the radio. When he was 9 years old, it was claimed that he was involved in sex activity. He derived greater satisfaction from planning recreation than from anything he actually did.

His first examination at Child Guidance Clinic showed Bill to have an IQ of 113. The clinic felt that he was suffering from fear, that he was non-cooperative, inattentive, sadistic and lazy, and had
a great need to keep up with the other boys in his gang, which he joined because of his need to be an aggressor. A later clinic examination reported that he lacked persistence and had poor self and personal adjustment. By this time his parents were unable to handle him at home and his mother was definitely afraid of him; as a result, both parents gave in to him and over-indulged him insofar as they were able. At this point he stole a car and was placed in boys' Industrial School, where both parents visited him and did all they could to help him.

Bill received no real training at home, where he was the focus of the parents' resentment of their marital situation. The case worker at juvenile court felt that he had a strong ego but a distorted super-ego and a sense of social inadequacy which was due to his home situation. He understood his parents fairly well, and had a certain amount of insight into his own feelings. Both parents over-indulged him, and his mother over-protected him because of her own great guilt feelings. The father would have liked to help, but was inadequate and withdrew into alcohol.
CASE X

George J. was placed in a foster home at his own request when his mother temporarily deserted the family. He was brought to Child Guidance Clinic several times because of continued day and night enuresis, and lying and stealing. His father and mother married when the former was 30 years old and the latter 19, and George had two sisters 18 months and 6 years younger than he. Both his father and mother appeared to favor the sisters and to wish to get rid of George.

Mr. J. was born in South Africa and was brought up a Roman Catholic. His parents were well-to-do people in the British tradition and he attended a private school. His father was strict and showed no interest in the boy and he got little acceptance and security from the family, so he left home when about 16. He always felt himself unable to live up to his family traditions and background and had an enormous need for respect and status which had never been filled. He left home to work on the boats and had done numerous odd jobs. When he married Mrs. H. he was on relief and had since been a boiler-maker's assistant and worked on tankers and other ships. He was always an inadequate husband and father, and particularly resented George, to whom he was abusive and for whom he took no responsibility, openly blaming the boy for the marriage. When the family situation became too much for him he simply withdrew and took no part. His wife left him several times for other men but he did not appear actively to resent this. It seemed merely to increase his feelings of inferiority.
Mrs. J. came of a very poor family and was made to work very hard; she was submissive to her mother and married to escape, probably becoming pregnant deliberately. She had only Grade 8 education and worked as a sales clerk. The family income was low and the family home was located near the C.P.R. flats. There was some suggestion that Mrs. J's mother was at one time keeping a disorderly house.

Mrs. J. was dirty, slovenly and noisy. She continually shouted at George and beat him, but appeared to have some strong tie to him and had tried to push him into taking his father's place. Since he grew older this became more noticeable and they were outwardly quite affectionate. George liked to have her coat over his bed when he went to sleep. During the War when Mr. J. was away in the Army, the children reported at school that they had a Daddy in the Army and a Daddy in the Navy.

When Mr. J. returned, Mrs. J. left with another man and George asked to be taken into care. It was about this time that George began to steal. Mrs. J., apparently, felt very guilty about her marriage and about the sexual tie to George. She was always fond of the two girls, with whom she appeared to identify, and verbalized that she wanted to keep them but would like George removed from the home. The marital situation was completely unsatisfactory and Mrs. J. frequently lived with other men, only to return later.

George was born in 1932. His mother was between six and seven months pregnant when she was married. His birth and early development appeared normal and he was breast-fed. However, he had pneumonia early in 1933, and the physical care he received was probably not too
good. He had mumps and measles, chicken pox and a bad case of blood-poisoning, also a tonsillectomy, a rectal abscess and circumcision, the last three necessitating trips to the hospital before he was six years old. He was always over-active and suffered from day and night enuresis. He was a poor sleeper, continually bit his nails and appeared unable to play with other children. After he started school his attendance was poor. He was restless, nervous and appeared to have no particular interest. At this point his mother deserted with a merchant seaman and on her return he was taken into care as he had asked. He was nervous, excitable and lacked self-confidence and, after a few months, was moved to another home. At 10 years he was placed in Alexandra Cottage, where he showed great fear of being considered a sissy. He talked very quickly and nervously, forgot what he was told to do, and put himself to sleep at night by rolling his head from side to side.

He appeared at Child Guidance Clinic on several occasions and in 1948 the Clinic's opinion was that he felt direct rejection and aggravation from an inadequate father whose hostility was explained by the fact that George had been attempting to take his father's place with his mother. At this time he continually quarreled with his sister and had no real boy friends. Clinic treatment helped him to relate to others and he eventually found a girl friend and was helped to attend first year classes at the university, since he had an IQ of 140. He realized that he would have to leave home but found it very hard to break the tie to his mother, although he had a certain amount of insight and
knew that he was the cause of the marriage and that this explained some of the parents' hostility to him.

The girls in the family appeared to be making a fairly good adjustment. They were indulged by both father and mother. The mother identified with them and they presented no threat to the father, but he remained guilty about the marriage and his treatment of George, and did not attempt to be a father to the boy. Mrs. J. was still trying to prove her femininity by attracting different men, but in spite of her aggression she was fearful and guilty because of the marriage and her sex feelings to George.

George was openly rejected by both father and mother, and reacted by stealing, quarreling, sickness, enuresis and lack of self-confidence. With no good experience of home life he asked for a placement away from home and on his return there was helped by the clinic worker gradually to break his home ties, and start his university education.