DECISIONS OF REMOVAL OR RETENTION IN
CHILD NEGLECT CASES

An analysis of the reasons for decision
in the cases of twenty disturbed children known
to family and children's agencies in Vancouver.

by

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Thesis Submitted in Partial Fulfilment
of the Requirements for the Degree of
MASTER OF SOCIAL WORK
in the School of Social Work.

1951.

The University of British Columbia
The subject of this study is the disturbed child, who has been emotionally and physically neglected. The area of concern is the agency's decision whether to continue service with the child removed from his own family, or with the child retained in his family. For the welfare of the child, it is essential that the caseworker, drawing on the growing body of knowledge regarding parent-child relationships and on her own individual skill, make the choice which will give the child the greatest opportunity for normal development. The seriousness of the child's disturbance, the parents' attitude and maturity, the quality of other feelings, must all be carefully weighed in this difficult decision.

Several obstacles to an objective decision are present. These are the quality of the caseworker's skill, the inadequacies of the protection of children's act, and the existence of some administrative limitations. With these handicaps to casework already in mind, the actual reasons for the decision, as they became apparent from a comparison of ten removed children and ten retained children, were considered. A number of factors were found to be more often the determinants of the decision than the caseworker's careful assessment of the parent-child relationship. These were (a) the parents' and the community's awareness of a problem, (b) the disturbing events produced by the child's behaviour, rather than the emotional deprivation, (c) the amount rather than the quality of parents' rejection, (d) the professed function of the agency (whether specializing in children's or family service) in which the child neglect case appeared.

Accordingly, an overall implication of the study is the need to strengthen procedures which offset this tendency for agencies to let circumstances be the determinant and which will place more responsibility for the decision on the caseworker and her professional assessment.
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CHAPTER 1

DISTURBED PARENT-CHILD RELATIONSHIPS

Several years ago a committee set up by the Family Welfare Association of America to study the relation between family and children's services defined a situation requiring child protective services as "one in which a child... is being subjected to destructive family or community influences and needs casework service or legal action to remove, reduce, or prevent such effects". A child in this kind of a situation is said to be neglected. However, this is a relative term. The degree to which a child can be said to be neglected, that is, the extent to which the quality of his care falls below an accepted standard, so that the community has the right to interfere with the fundamental rights of parents, is dependent on many factors. Gane lists them as "the period, the law, the local standards, the sensitiveness of the community as a whole, the alertness, willingness, and authority of a social agency to assume responsibility for helping the neglected child, and the extent to which a court is free to use its own judgment". The case that is most easily detected as neglect by the community may be one that offends the community more than it hurts the child. An example is the child in the dull, easy-going family, where customary standards are at odds with the sensibilities and standards of the group. Although the material things may be lacking, this child is receiving from his family the affectional security which is so essential for his growth and development. Another family may lavish material benefits upon the child

1 Jean L. Gregory, "Relations between family and children's services", The Family, Nov., 19... p.251.

but, because of personality difficulties in the parents, may be incapable, without help - or perhaps never will be capable - of giving him that warm, close relationship to which every child has a right.

**Disturbed Parent-Child Relationships.**

Depending upon the total or partial absence of positive feeling for the child, the quality of other feelings, and the length of the deprivation, the effect upon the child will be more or less destructive. There are all degrees of neglect ranging from the kind ascribed to the parents who give their children only love and very little else, to those whose only feeling for their children is pathological. The seriousness of physical neglect or abuse is not necessarily the only measuring-stick of parental feeling, because there are more subtle forms of cruelty and even sadism. To recognize these other parental attitudes, the caseworker must have a high degree of diagnostic understanding.

As Dorothy Hutchison says "to know what we are dealing with is the best guarantee of service as well as an insurance against damage to parents and children.³ To help these families, the caseworker needs to know many things.

It is now generally recognized that the child's difficulties are often those of the parents.¹ Even in the normal parent-child relationship there are a great many forces of the unconscious which must be reconciled. Usually these forces are subject to sublimation. "Instinctual tendencies of a sexual nature are transformed into motherly tenderness, in analogy with the process of development in the child, aggressiveness

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³ Dorothy Hutchison, "The request for placement has meaning", *The Family*, June, 1944, P.129.

¹ (see footnote, page 3).
is transformed into protective activity, the excessive narcissistic need to be loved is actively gratified in maternal love, and the masochistic tendencies are gratified in the mother's willingness to sacrifice. The mother, owing to the greater demands which children make upon her time, health, and energy is the parent who does not make the transformation of impulses easily and is most likely to feel some hostility. The interference of children with the activities and desires of the father is usually less direct. The ill-will which fathers bear towards their children is, therefore, more likely to be aroused as a consequence of jealousy. Nevertheless, in the case of the father too, there almost always, sooner or later, arises some degree of interference with his pleasure, his comfort, his work, or his ambition so that he feels that his children constitute a burden which seriously hampers his individual progress or enjoyment.

In some instances, the resolution of these conflicts does not occur easily. One group of parents are openly rejecting their children, perhaps even to the extent of trying to deny that they exist, as is often the case with unmarried mothers. Also, in this group, are those parents for whom one child of the family touches off some long repressed feeling of not being loved by their parents or their respective husband or wife. All the hate that they dared not express is displaced on the child. A certain amount of guilt may be rationalized away or projected. The parents will try to prove that the child is bad and has never responded to them from the beginning so that they will feel justified in rejecting the child.

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5 Ibid., p.296.
Certain aspects of this feeling for the child may be isolated so that
the parent is able to think and do hostile things to the child without
feeling the appropriate accompanying emotions.

For another large group, this rejection of the child may be
so painful to their conscience or super-ego that they must repress the
feeling. By means of reaction formation, the feeling returns in the
acceptable guise of overprotection. The parent will have to utilize a
great many defence mechanisms, ways of controlling unacceptable impulses,
if he is to continually check himself from harming the child. This is
the case with the extremely over-anxious mother who cannot let the child
out of her sight for fear something will happen to him. Every so often,
the rejection comes through and the mother restricts the child in
pleasurable activity. Usually she will rationalize and say she is pro­
hibiting the child for his own good. The ambivalent parent falls into
this group. Often the overprotection takes a very active form and the
domineering mother drives the child into passivity and dependence by her
very aggression.

There is another form of overprotection which shows itself in
a much more passive way. This is the overindulgent mother or father
who subjects himself or herself completely to the tyranny of the child.
All wishes and desires of their own are given up and satisfied entirely
through the unconsciously hated child. This is the defence mechanism
which is called altruistic surrender. It would seem to be prompted by
masochistic guilt-laden sources.

Not all overprotection is a compensation for unconscious hosti­

lity.\footnote{Deutsch, \textit{op. cit.}, p.311.} It can be rooted in an over-abundant and unreasoning love for
the child which has been disproportionately increased as a result of
the parent having no other outlet for his love drives, or as a result
of previous traumatic experiences which have intensified the parent's
fear of separation from a known love object. Also, there is the over-
protection that is based on a too close identification by the parent of
the child with himself. The parent wants to achieve through the child
what he could not achieve himself.

The most destructive attitude of all occurs when the reject-
ion is extreme but the parent's need ties the child to them. The child
may serve as someone to punish, or as proof of femininity or masculini-
ty, or as proof of status, or as someone to control and have dependent
upon them, or as someone through whom they can satisfy their own de-
pendency needs.

The reaction of the child varies with the different attitu-
des of the parents. The extremely aggressive child who acts out of
his impulses or the child with the primary behaviour disorder is usually
reacting to gross and early parental neglect or total rejection by one
or both parents. This disturbance is called primary because it begins
in the first years of life. The dominant characteristics are extreme
aggressiveness, a deficient super-ego or conscience and a good deal of
narcissism or self-love. A loved child is usually kept from meeting an
outside reality that is too painful and, through love for his parents,
is able to curb his natural aggression at frustrations and internalize
a not too strict conscience. The rejected child has known only severe
and painful reality and never any love that makes it worthwhile for him

8 Gordon Hamilton, Psychotherapy in Child Guidance, New York,
to renounce his aggression in the face of frustrations. Therefore, he internalizes a deficient super-ego. He is neither restrained from within nor held back by social controls. It is not that he has no super-ego, because he knows what he does is disapproved, but he himself does not disapprove of it. As he feels, so he acts.

The more passive child will show residual habit disorders such as prolonged thumb sucking and be stubborn, obstinate and disobedient; the more aggressive child will show conduct disorders in temper tantrums, rebellion, fighting, or running away; or both disorders may be combined in the one child. Neurotic traits may be superimposed on earlier structures of habit and conduct disorders but more frequently they are in combination with habit disorders. The neurotic trait or symptom is a manifestation of the conflict that results when part of the aggression is internalized. Even a very deficient super-ego may cause some children to shift back and forth between symptoms and dissocial behaviour.

The aggression may be hostile, non-erotic (preoedipal), or erotic (oedipal), or both. In the pre-oedipal type, the child feels that everyone is against him and that he must constantly be prepared to defend himself. His behaviour is provoking but to him it is necessary retaliation in advance of anticipated attack. In oedipal aggression, the child is usually reacting to a marital disharmony in which he has become involved during the oedipal period. He is usually more angry than jealous. As he has never possessed his parents, he is not troubled

9 Hamilton, *op. cit.*, p. 27.
with giving them up. Rather he gives up any attempt to solve the conflict. Because he feels weak in the face of the harsh, depriving reality he often is boastful and frequently used magical methods to bolster his courage. Always he is selfish and self-centred, wanting infantile gratifications and never giving. A child who has not been given to or loved by his parents is not capable of loving back. He renounced his parents' love and falls back on his own narcissism.

Another category is that of the anxious or psychoneurotic child. He is usually overconcerned, negative about himself, timid, shy and withdrawn. This is a reaction to parental love which has never been sufficiently satisfying but rather has been inconsistent, rigid, threatening or intermittent. This is characteristic of the ambivalent, the overprotective, compulsively "good" parents, and the indulgent, indifferent ones. The child is never sure whether he is loved or not, but it seems to him that he has only been loved when he was good and lived up to exacting parental expectations. Therefore, he tries to check all his primitive impulses and mixed feelings of resentment. In the oedipal period, when the primitive impulses become stronger, the child who has received only a little love is likely to have more conflict. Anxiety at this time is usually indicative of disturbed parental relationships caused by interacting neurotic needs in the married couple. His life energies become blocked and distorted because they are partially fixated in the infantile wishes and impulses which the child's ego rejects. Anxiety and inhibition may be diffuse or they may be bound up with symptoms. Physical symptoms

11 Hamilton, op. cit., p.75.
12 Ibid., p.278.
are regarded as anxiety equivalents. There is always the fear that the impulses will break through. The neurotic child checks this rising tension or anxiety with various defences such as denial, reaction formation, isolation. If the defences are not successful, the anxiety breaks through or the neurotic symptom permits the gratification of the wish in disguised form. The final neurotic symptom is a combination of repressed drives, super-ego restrictions, ego factors and secondary gains.\textsuperscript{13}

While the child with the primary behaviour disorder is in direct conflict with his environment, the psychoneurotic child has an internal conflict which he denies or walls off. There is always some behaviour disorder. By being aggressive or destructive, the child is overcompensating for his feelings of weakness and inferiority. This outward behaviour may appear to be the same as that of the behaviour disorder but actually, because of its genetically different onset, the behaviour of the anxious child has a higher more discriminating level of organization and he functions in a more complicated way.\textsuperscript{14} He has fears of all kinds, such as nightmares and night terrors and may show food fads, sleep walking, diffused body aches, pains and complaints. The psychoneurotic child always is sensitive and feels very inadequate. His guilt feelings cause him to be self-critical and self-punishing. Obviously, there is a close similarity between the child with behaviour disorder and neurotic traits or symptoms, and the child with psychoneurosis and behaviour disorder. However, the classification is usually made depending on which grouping of symptoms is dominant.\textsuperscript{15}

\begin{itemize}
\item \textsuperscript{13} Hamilton, op. cit., p. 97.
\item \textsuperscript{14} Ibid., p. 72.
\item \textsuperscript{15} Ibid., p. 21.
\end{itemize}
The more pathological the parents' attitudes are, the more likelihood there will be of severe disturbance in the child. A psychosomatic illness may be the result or a severe behaviour disorder or a severe psychoneurosis. Even a psychosis may develop. As a last defence against deep disturbance in emotional life, the child may turn to psychosomatic illness. Instead of acting out his impulses the child may work out the conflict on himself such as the child who channelizes his aggression through projectile vomiting or enuresis or other physical expression. The anxious child may equate illness with punishment and use it in this way. Invariably, at the bottom of the psychosomatic illnesses are the familiar frustration-aggression-anxiety syndromes. The over-protectiveness and concern for the child's health on the part of the mother may be a reaction formation against unconscious rejection. Psychosomatic symptoms are serious in children and it is only in the early stages that the disease process is reversible.

The disturbance which gives rise to the psychopathic personality usually begins early in childhood. The family of many psychopaths often shows great social pathology which may indicate a family tendency or a family environment. However, while some authorities claim early deprivation or punitive mother and weak submissive father can create the male psychopathic personality, Gordon Hamilton believes that usually the mothers are weak, overindulgent childlike people and the fathers are often harsh, punitive or colourless. In later life, the psychopath's behaviour is characterized by overt delinquency, unconventional behaviour,

16 Hamilton, op. cit., p.278.
17 Ibid., p.102.
18 Ibid., p.116.
great emotional instability and sexual irregularities. Like the child with the primary behaviour disorder, the psychopath shows aggression, absence of guilt feeling and narcissism but the psychopath is different in that he has more of a distorted super-ego rather than a deficient one; he deviates more to abnormal emotional life, abnormal sexuality, asocial and amoral behaviour. He is not capable of giving up his narcissism for love as the primary behaviour disorder is; his primary fixation does not permit object love.

Closely related to the psychopath is the neurotic character but he is less primitive. He stands mid-way between the psychopath and the psychoneurotic. The conflict between instinctual drives and reality, centering around the oedipal situation, is similar to that of the psychoneurotic. Whereas the neurotic solves his conflict through the formation of symptoms, the neurotic character solves his in action. The conflict varies with the strength of the super-ego. The neurotic character's reactions to frustrations are temper, sullenness, attack or rebellion. However, he suffers also from unconscious guilt, inferiority feelings, depressions and self-damaging activities. His activities are carried out so as to ensure punishment.

Severe psychoneurotic children are those with obsessional and compulsive neuroses. Compulsions are a defence against the obsessional ideas that occur in children between six and ten or even as early as three who have repressed anxiety around the oedipal situation. The child still retains infantile attachments to the parent figures. He may be able to avoid the threatening situations by a phobia but

19 Hamilton, op. cit., p.119.
20 Ibid., p.111.
otherwise he will regress using compulsive acts to relieve his anxiety. The compulsive acts neutralize the obsessional neurotic's constant fear that he will carry his thoughts into action. He has a tendency toward superstition and uses magic to bind his hostile thoughts.

Psychoses are not common in children and are very hard to diagnose because the manifestations are usually not the characteristic ones of the adult psychosis. Also the behaviour may overlap with other classifications. Schizophrenia is the most serious psychosis of children. It is defined as a "severe disturbance of the entire personality, most conspicuously distinguished by lack of interest in and of voluntary contact with the environment". A common family constellation is that of an extremely controlling, narcissistic mother and a weak submissive father. The child is preoccupied with his own thoughts, phantasies and solitary activities. He regresses to an earlier level and turns to a psychosis as the only means of solving his conflict. Because his ego is so weak, he can not deny, as the neurotic does but instead projects. In his delusions and projections he uses all his life experience up to the point where he started to regress. Therefore, while his behaviour is childish he does not become like a very young child. His observable behaviour traits include seclusiveness, excessive day dreaming, bizarre behaviour reactions in play, noncompetitiveness and little emotional relationship to the environment.

Treatment

The problem of the caseworker is to assess the seriousness of disturbance in the child and the capacity of the parents to change.

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22 Hamilton, op. cit., p.110.
Separation for the child in his early years is not so traumatic but once he has reached the oedipal stage it is seen by him as confirmation of his worse fears about his own undesirability and the badness of his parents. The caseworker will not be afraid of separating the child from his parents if she is aware of her own feelings in the situation and sure of her diagnostic skills. However, a careful weighing of the positives and negatives in the family situation is necessary to see if the positive could be strengthened and the child remain in his own home, perhaps with direct treatment. Where there are not enough positives to insure growth within the normal range, but the child serves a neurotic need of the parents, steps may have to be taken to protect the child which will threaten the ego strength of the parents. The caseworker should endeavour through relationship to give the parents other satisfactions for their needs so that the parents' total functioning will be not too greatly impaired if the child is removed.

In every case, the parent should be viewed as a whole person and not just a parent. When he functions badly in many areas, the caseworker can be reasonably sure that the parents' ego strength and maturity will be limited and will not permit any basic change of attitude. Other modifications may be possible. With parents of greater ego strength and maturity, the caseworker can proceed more hopefully in a plan of treatment, which includes the child remaining in the family.

The plan, whether it involves removal or not, should be primarily focused on the child and designed to provide him with the best
opportunity to grow and develop. Once having decided on a plan of treatment, the caseworker should be free to carry it out. This not only requires skilled casework but also an enlightened child protection law which enables the caseworker to effect her decision based on careful diagnosis, social agencies whose administration is aimed toward getting the best possible service to their clients, and ample resources so that the caseworker can choose whatever form of placement is dictated by the child's needs whether it is a study home, foster home, treatment centre or adoptive home. However, in actual fact, at present, caseworkers' skills are not always of the highest kind and the other requirements for a good service to parents and children are not always present.

Some hindrances to good casework

As the community became more aware of the close relationship between neglect and the neglected child, it tended to focus the responsibility on the parents. Therefore, many family and child casework agencies, which had ignored the problem of neglect as such, now expanded their function to concentrate more and more on direct casework with any or all of the members of a family group as the need arose. This has resulted in a confusion for the programme of child protection. While expanding its programme, the family agency has hesitated to recognize the broadly protective cases which appear in its caseloads. Rather, it has tended to assume that neglect cases inevitably end up in placement and, therefore, belong to the children's agency.
The hesitancy seems based on a fear of the use of any form of authority. The argument most often advanced against the private family agency's greater participation in protective casework is that it does not have the authority of the children's agency. The fallacy lies in the fact that the attributes of authority utilized by the private children's agency are equally the skilful tools of treatment of the family caseworker. Examples are the authority of the caseworker's professional knowledge, the authority of the objective situation, and the ability to use authority while maintaining a good relationship.

The obvious fear of the family agency is that large numbers of clients who come voluntarily would not come if the family agency gained a dictatorial reputation. Yet, the family agency is actually handling the same problem every day in marital conflicts, where one partner wants the agency to be punitive towards the other, and in parent-child conflicts, where the mother of an adolescent girl wants the agency to make her daughter conform. Also, there are only a few people who are capable of the maturity needed to ask directly for help with problems of family relationships. The majority need varying degrees of help in starting, as well as continuing, the process of helping themselves.

Actually, the functions of family and child welfare agencies are overlapping to a certain extent, as placement in almost all instances can not be successful without family casework and treatment of the family does not preclude removal of a child from his family as part of a treatment plan focussed around the family constellation. As far as differentiation is possible, the family agency will be concerned with the welfare
of children in their own homes and the children's agency with the placement of children separated from their families. Berkowitz' solution to the differences that still exist is as follows: "family and children's fields should determine consultatively their respective abilities to help within the scope of their functions, and share cooperatively the onus of informing the public of those areas wherein current social work facilities and skills fail to meet the need."

An even better solution would be the joint family and children's agency.

One danger in the present tendency for the children's agency to be so largely public supported is that it constitutes a threat to the philosophy behind private agencies. The reason for private agencies is that they are equipped to give an intensive, specialized and qualitative service that the public so far has not been able to support. If protection services have validity, they should eventually become in large part the function of the public family agency, since the private agency is always limited in its coverage.

Once having decided where the responsibility lies, is the authority of the agency and the skill of the caseworker enough to protect the child? Some parents cannot move towards change without coming up against the authority of the court. The extent to which a child is suffering from his home conditions is determined by the agency through the caseworker. It is the worker who secures the information and organizes it to present at court, who petitions the court, and who endeavours to prepare the parents, as well as the child, for this action, so that

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24 Jean L. Gregory, op. cit., p.255.
the parents feel that even the court action is part of a continuing concern for the child. However, under the present terms of the law and its interpretation by the courts, it almost is impossible to prove that a child's extreme unhappiness or his neurotic behaviour is due to his parents' cruelty and is sufficient evidence to warrant his removal from the harmful surroundings if these parents provide good physical care and contest the action. On the other hand, it is comparatively easy to prove neglect against a parent who gets drunk and beats his child, although the child may get more satisfaction from his home, more companionship and love from his most-of-the-time-good father than he could from placement elsewhere. The child may have a surprising understanding of his father's weakness.

The existence of many cases of cruelty and neglect of a more intangible kind, difficult to prove under present law, presents a serious dilemma. These cases which involve parental neglect were neither understood nor anticipated when the definitions of neglect were put upon the statute work and are not understood by the general public yet. The laws generally are not sufficiently flexible to protect children from psychological cruelty at the same time that they uphold the constitutional rights of parents. In B.C., the law designed to safeguard children is the Protection of Children's Act revised in 1948. It is administered by the Superintendent of Child Welfare under the Social Welfare Branch of the Department of Health and Welfare and proposes "to provide care and control of children in need of protection and gives authority for the appointment of a Superintendent of Child Welfare
and the incorporation of Children's Aid Societies whose duties include preventive as well as protective measures". 25

Quoting from the law, the child considered to be neglected is the one who "is found begging on the street....", or "sleeping at night in other than proper housing....." or "is associating or dwelling with a thief, drunkard, or vagrant.... by reason of neglect or drunkenness or other vices of the parents or guardians, is suffered to grow up without salutary parental control and education" or "is found guilty of petty crimes, and who is likely to develop criminal tendencies if not removed from his surroundings", or "is ill-treated so as to be in peril in respect of life, health or morality by continual personal injury, or by grave misconduct or habitual intemperance of the parents. 26 Obviously, it is very difficult to separate a child from a sadistic mother unless she is clearly psychotic or overtly and grossly cruel. The only section which, through differing interpretation, lends itself to action on any of the more intangible situations which create suffering in the child is section 7 (k). It reads: "the child, whose home, by reason of neglect, cruelty or depravity is an unfit place for the child, or who has no proper guardianship, or who has no parent capable of exercising proper parental control. 27 This last section does introduce something of parental responsibility which is unfortunately often subordinated to parental rights.

The rights of parents are not always identical with the rights of children, especially of those children found in an agency's caseload.

25 Canadian Welfare Council, Summary of the Laws of Canada and Her Provinces As Affecting Children, Council House, Ottawa, Canada, 1944, p.27.
26 Canadian Welfare Council, op. cit., p.368.
27 Loc. cit.
The child can not tell us what are his rights but we are gradually learning what they are for two parents who will take the responsibility of providing him affection, care, guidance, and normal limitations with a view to having him grow up. It is the writer's opinion that we underestimate and even defraud the public when we do not make the public aware of the effects on the child that result from damaging but subtle attitudes on the part of the parents, and of what can be done legally and in other ways to alleviate this tragedy.

While the present laws exist, it is the social worker's responsibility to interpret the parent-child relationship to the particular judge so that both the parents' and the child's rights are recognized. The caseworker cannot ask a judge to break a law or disregard legal factors but she can help him to see beyond the legal considerations to the psychological gist of the case, its significance for or against placement and finally, what her services may reasonably be expected to accomplish and under what conditions.

An account has been given of the desirable method of deciding whether a child should be removed from his family or not and also of some of the hindrances to the realization of this desirable method. The present study proposes to investigate the reasons for the removal or retention of twenty disturbed children to determine how closely the reasons approximated the desirable criteria and what factors caused the deviation.
CHAPTER 2

THE CHILDREN STUDIED

The purpose of the present study was to determine what actually were the factors influencing the decision to remove or retain for twenty disturbed children. It was thought that a comparison of ten disturbed children who were removed from their own homes and ten disturbed children who were retained in their own homes would be the best method of pointing up the two aspects of the decision. In order to make the comparison possible and useful, the following criteria for selecting the children were decided upon. To assure that the children were really disturbed, only children whose behaviour clearly indicated some emotional disturbance were chosen. It was desirable that each child have two parents in the picture, whether married, common-law or step-parents, because the attitude and maturity of parents are known to be an important element in removal or retention. However, children with only one parent were included when the parental attitude was considered to be the significant factor in removal. Only children who were old enough to clearly show problem behaviour, but who were not yet into puberty to avoid the different trend of behaviour toward emancipation from parents, were selected. In the removed group, wards or non-wards were accepted. To make for consistency in the application of the child protection act, children were chosen who had been made wards not earlier than three years ago.

The twenty children were selected from the files of the Family Welfare Bureau, the Children's Aid Society and the Catholic Children's Aid Society. In the main, the children's agencies were approached for the removed children. The Children's Aid Society supplied eight of
these children and the Catholic Children's Aid Society, two. While the majority of the retained group were from the Family Welfare Bureau, one of the retained children was supplied by the Children's Aid Society. In the removed group nine of the children are wards and one is a non-ward. The section of the child protection act under which most of these children were committed is section (k), that section which, in a negative way, does provide for some rights of children. One child was committed under section (i) which speaks of the child who is incorrigible and cannot be controlled by his parents and one child, under section (g) which describes a child found guilty of petty crimes and likely to develop criminal tendencies if not removed from his surroundings.

The Schedule

The two groups of cases were examined in detail on the basis of a schedule drawn up for the purpose. A period of a year from the initial opening or from the reopening of a case was decided upon as the length of time for which a record would be followed up. With the retained cases, this period was easily delimited. However, with the retained group the agency contact could be divided into before placement and after placement and, as the time before placement varied for each case, it was sometimes necessary to follow up a case for over the period of a year to get a comparable picture. Besides the statistical information such as name, age, occupation of parents, status of child (i.e. retained or removed, non-ward or ward), and request of parents at intake, the schedule included four main areas. These were the behaviour of the child in his own home for both groups and, briefly, in the foster home or Receiving Home for the removed
group; the casework with the child during the entire contact in the retained group or, mainly, before placement in the removed group; the attitude and maturity of the parents; the casework with parents.

It was almost always possible to obtain enough description from the record of the child's behaviour in his own home to place him diagnostically into one of the three classifications, primary behaviour disorder, psychoneurosis, or severe disturbance. As the focus of the study was primarily on the child in his own home leading up to a decision to remove or retain, information on the child's behaviour in the foster home or Receiving Home was only used to corroborate diagnoses of the children's behaviour patterns. Any mention of direct interviewing with the child in his own family or preparation of the child before removal, was very sketchy except for the few children in the removed group who received play therapy. However, the pressure of heavy caseloads, individual differences, in recording, and the absence of treatment centres must also be borne in mind. With regard to attitude of parents, it was comparatively easy to establish the attitudes of open rejection, overprotection-rejection or ambivalence, over-indulgence, indifference, neurotic need, or, in the rare parent, mature love. The maturity of the parents was more difficult to determine. Many assessments were based on recording that did not cover the four areas outlined in that section of the schedule dealing with the maturity of parents. These four areas were intended to cover the parent's ability to meet his reality situation, to establish relationships, to get, hold and master a job which was suitable to his reality situation, and to find love objects who satisfied his dependency and
sexual needs. The estimates of casework with parents were made with similar limitations.

Similar and dissimilar characteristics of the two groups

In superficial ways, the two groups are very much alike. The median ages for the children in the removed group and retained group are six and a half and seven respectively. The average age is 7.1 for the removed group and 6.7 for the retained group. In intelligence, the two groups of children are very much the same with the great majority of average intelligence. Estimates of intelligence by the school or by the Child Guidance Clinic were not always available, but in the removed group, eight of the children are of normal intelligence and one is of dull normal intelligence. In the retained group, six are of normal intelligence, two are superior and one is said to be dull. The majority of the children in each group have one sibling or more. Provided other qualifications were present, the children selected for the present study were the children who had been singled out from other siblings for special rejection by one or both parents. This selection was usually not difficult because it is rare to find families in which all children are equally disturbed. In the removed group there are three only children and, in the retained group, four. The parents of the children in the two groups come from similar backgrounds of emotional deprivation as will be shown later. The occupations of the fathers in the retained group seem to be of a slightly more skilled and permanent nature than those of the fathers in the removed group. Some of the occupations of the fathers in the retained group are conductor, brakeman, advertising salesman, railway storekeeper, draughtsman,
timberman, labourer and in the removed group, logger, mechanic, lumber grader, labourer, shingler.

It was to be expected that there would be considerable difference between the two groups with regard to the parent's request at intake, the behaviour of the children, and the attitude and maturity of the parents. As the purpose of comparing the two groups of children was to point up the different elements in the decision to remove or to retain, a careful analysis of these three features was indicated. This was done in the following chapters. As a final check on the findings of this analysis, it was thought that a comparison of the casework with parents and children in the two groups would throw light onto the reasons for removal or retention from another angle. This proved to be true.

The Removed Group

In analysing how these children came to the agency, it was found that they fell into three groups. Neighbours or relatives had reported one group with complaints of maltreatment. Parents or relatives had referred another group for placement. The third group had been referred for help with behaviour problems.

Alan B. (10), Charlie D. (6), Danny E. (6), fall into the group recognized by the community as neglected. In the case of Alan B., the Children's Aid Society were asked to investigate a complaint of neglect made to the Family Welfare Bureau by the maternal and paternal grandmothers. Alan was only one year old at this time. After several visits to Mrs. B. alone, as Mr. B. was overseas, the worker decided there was little indication of neglect and the case was closed. After nine
years, when Alan was ten, the neighbours called in the police because Alan was being beaten. Charlie D. was first heard of by the C.A.S. when he was 10 months old. A complaint of neglect was received stating that Charlie was left alone for hours at a time. This case was referred to the F. W. B. who subsequently closed their case a few months later. Four years later, when Carlie was five, Foster Day Care Association asked that the mother, separated from her husband, be interviewed because, as Mrs. D. worked as a dancing teacher at night and as a waitress in the day time, Charlie was left to come on his own every morning to F. D. C. A. The Social Welfare Branch, who had three of Danny E's siblings in care, asked the C. A. S. to visit Mrs. E. and her common-law husband regarding the behaviour problems of Danny.

Brian C., (7), Edward F., (2½), Gail H., (6), and Harry I., (11), came to the attention of the agency initially around placement. In Brian's case, the paternal grandmother, who had been looking after Brian and his brothers since their mother had deserted, wanted to be relieved of the responsibility. The father was in the home and favoured adoption. Mrs. F. first contacted the C. C. A. S. for assistance in removing Edward, age 1½ months, from a private boarding home. He had been in eight separate boarding homes but Mrs. F. had found fault with all of them. Edward's father had died several months before Edward's birth. He was placed for a time in the Baby Receiving Home but was discharged to his mother. At the age of 2½ he came into care again, as Mrs. F. was hospitalized for T.B.

Gail H. came into care at the age of 6 when her mother, separated from a common-law husband, requested placement of Gail for the summer months.
The F. W. B., acting on the advice of their psychiatric consultant, referred Harry I., and his family to the C. A. S. for placement.

In the group referred for behaviour problems are Freddie G., (6), Ian J., (9), Jimmie K., (9). Freddie's maternal grandmother contacted the C. A. S. to discuss Freddie's behaviour. The case was referred to the F. W. B. but after three months they decided Freddie would have to be committed and referred it back to the C. A. S. In the meantime, his behaviour had become so extreme that pressure from the community forced the C. A. S. to apprehend almost immediately. Mrs. J. consulted the C. A. S. for help with Ian's behaviour. Removal was not a factor until Mr. J. deserted. Then, Mrs. J. did not want the responsibility of Ian although she kept her three younger children. Jimmie's step-mother, Mrs. K., could not cope with his behaviour and contacted the C. W. D. who referred her to the C. C. A. S. Actually, placement was what Mrs. K. really wanted for Jimmie.

In these cases of children who were eventually removed, the signs at intake of overt rejection are fairly obvious in the majority and the child is clearly the focal point of dissatisfaction.

The Retained Group

The situation is a little different for the children in the retained group. There is not the same awareness on the part of the parents of a problem in their relationship with their child. The request at intake, as stated by the parents of the retained children, is for help with marital problems, or with financial and employment planning. There was a group of parents who wanted help with behaviour problems. As compared
to the group of children who were eventually removed, whose parents
requested help with behaviour problems, the children's behaviour was
either not as extreme or the parents were not as clearly rejecting as
those in the removed group. Mrs. O. came to the F. W. B. for help with
Norma who, she said, was beyond her control. She said she wanted place­
ment but was very ambivalent. A Metropolitan Health nurse referred Mrs.
T. to the F. W. B. after Mrs. T. had asked for help with Stanley at the
school clinic.

The mothers of Larry M., (7), May N., (8), and Rickie S., (2),
all came to the F. W. B. for help with their marital problems. Mrs. M.
came simply for help with the marital problem. Mrs. N., May's step-mother,
was on the verge of separation and wanted help in finding a position as a
domestic where she could take her own child. She had been to the National
Employment Service but they had sent her to the F. W. B. Mrs. S. came at
the suggestion of the C. G. C., where the S's had taken Rickie first.

Olive P., (11), and her brother Paul, (7), and Kathie L., (2),
came to the attention of the F. W. B. following an initial contact re­
garding financial assistance. Mr. P. wanted temporary financial aid but
the case has been reopened many times in the last 15 years. Mr. and Mrs.
L. were sent by the Red Cross for a loan for food over the weekend.

Only one of the children in the retained group was actually re­
ferred to the family agency and accepted by them as a protection case.
The W.'s had applied to the F. W. B. for financial assistance when Verna
was four. Six years later, the school complained of Verna's stealing,
truancy and general misbehaviour and the F. W. B. reopened their case.
Walter A., (6), was also referred by the school because of his enuresis but the complaint was to the C. A. S. who treated the situation with Walter remaining in his own home.

The subsequent action on the cases in both groups seems to have been conditioned to some extent by the presenting request and the agency to which the request was made. The majority of the parents in the removed group were more decided upon placement than those in the retained group and went to a child placing agency where their child was eventually placed. The parents who went or were referred to the F. W. B. were more undecided about placement, and treatment was undertaken with the child in the home. The implication is that a too rigid differentiation of function between the two agencies makes the decision to remove or retain a foregone conclusion depending on which agency is chosen by the client. However, this will be investigated more thoroughly later.

The foregoing analysis of the parents' request at intake points up the far greater awareness of the parents in the removed group of a problem in the parent-child relationship. The community, too, recognized these children as a problem in some way, either to their parents or to the community in general. However, only two of the retained group were referred by a source other than their parents. Therefore, there must be some difference between the two groups. The difference may lie in the children's behaviour, in the attitude of the parents toward the children, or in both areas.
CHAPTER 3
THE BEHAVIOUR OF THE CHILDREN

From the analysis of the parents' request at intake, the existence of some discernible differences in the behaviour of the two groups of children was suggested. The problem was to devise a method of analysing which would point up these differences most effectively. It was decided to classify the children in each group under the diagnostic classifications of primary behaviour disorder, primary behaviour disorder with neurotic traits, psychoneurosis, and severe disturbance.

Classification of children at any time is extremely difficult because of the overlapping of symptoms and because of the rather fluid state of children's behaviour patterns as compared with the more fixed behaviour of adults. The classification of primary behaviour disorder with neurotic traits has been used for children who seemed more disturbed than those with primary behaviour disorder, but not as disturbed as the classification of neurotic character, a sub-section under the severe disturbance category, warranted. However, classification of primary behaviour disorder with neurotic traits overlaps with several other classifications. In the first place, it does not provide a clear differentiation from the children with primary behaviour disorder who are in the oedipal stages. Nevertheless, the primary behaviour disorder with neurotic traits classification has been used when the child was thought to be internalizing a certain amount of his conflict. Then, the classification overlaps with that of psychoneurosis in which the child attempts to solve the greater part of his conflict within himself rather than act it out against the environment. When the symptoms of the primary behaviour disorder classification predominate,
this classification has been made and, similarly, the classification of psychoneurosis has been made when the neurotic traits predominate.

Despite these limitations, it was hoped that such classification would reveal significant differences between the two groups. What differences could be expected? From what has been said of the desirable basis on which children should be removed or retained, it might be expected that, in the removed group, the children would be more disturbed than those in the retained group. The parent-child relationship would have been found to lack enough positives to give the child sufficient opportunity to develop normally. Dependent on how long the child had been subjected to this emotional deprivation and the quality of the parental feelings, would be the degree of disturbance exhibited by the child at the time of removal. A sustaining casework relationship and such facilities as study homes and treatment centres should be ready for him until he is able to take on a new parent-child relationship. In contrast, as the parent-child relationship for the retained group would have been found to offer more potentially for the child, the retained child might be expected to be less disturbed. Both groups of children should be receiving direct treatment toward helping them understand those characteristics of the parents which are too basic to change. It remains to be seen what classification of these children actually does show in regard to the nature of their disturbance.

The Removed Group

Five of the removed children show the behaviour traits of the primary behaviour disorder. These are Charlie D., (5), Edward F., (2½),
Freddie G., (6), Harry I., (11). The outstanding characteristics are running away, stealing, lying, lighting fires, impulsiveness. A differentiation occurs in the group depending upon whether the child seems to be predominantly in a pre-oedipal or oedipal stage. Edward, Freddie and Harry seem to be pre-oedipal. Edward, (2½), is very active and aggressive, sucks his thumb, and seems hostile towards his mother. Before being admitted to care, he had been in numerous private boarding homes, in all of which his mother found something wrong. She never allowed him to form any ties within a family group at the age when he needed them most. His father had died before he was born. He seemed quite fond of his younger sister, whom Mrs. F. allowed to make a better adjustment in her private boarding home. Freddie G., (6), was cared for in his baby years by a very strict grandmother who completely dominated his very weak mother. His father had left the family when Freddie was two years old. Freddie began running away from home when he was two and a half. Running away appears to the worker to fill Freddie with "triumph and joy". He also began entering parked cars, stealing car keys and money until neighbours in the community insisted he be apprehended. Extremely hyperactive and distractible, he rebels when his mother and grandmother try to make him conform to unreasonable demands. Harry, whose "irresponsible and careless" mother died when he was four, has been seen by his father as a source of trouble ever since Mr. L. remarried a year later. Harry had enuresis till 10 years of age, is said to be unmanageable and disobedient. At one time, he was fond of playing with matches and lit fires in the home. His father cured this by whipping. He frequently runs away from home and is known to the police for stealing at school and in the community.
Charlie D., (5), and Ian J. (9), seem to have some oedipal involvement as well as oral and anal. Charlie continually strives to win his rejecting mother's love and is well mannered with her although hostile towards the social worker (a woman). Also, he runs away frequently, lights fires and steals other children's toys and tricycles. In an attempt to grow up to be "a strong man" very fast, he tries to be independent, staying out till eleven o'clock at night and riding the store elevators during the day. Ian J., (9), shows such traits as extreme aggressiveness, lying and stealing, enuresis, sex play with other children. Like Charlie, he tries desperately to find some satisfying love from his mother. He tries to assert himself in a masculine way, which to him means being powerful and subduing the others. Also, like Charlie, he steals a bicycle which may symbolize to him a way of being stronger and above the others. In his deficient social feelings, his uncontrolled impulses, there are attributes of a developing psychopathic personality.

Alan B., (10), Danny E., (6), Gail H., (6), Jimmie K., (9), all seem more seriously disturbed than the others but do not fit into any of the categories listed under the severely disturbed child. Rather, they seem to be most closely allied to the primary behaviour disorder group, with the added feature of neurotic traits.

When the police investigated the neglect complaints sent in by his maternal grandmother and paternal grandmother, they found Alan B., (10), with a large scar on his chest and stomach where his father had burned him with a hot iron, with black and blue shins where his father had kicked him, and with a scar under his eye caused by a blow from his mother. In a psychiatric examination it was revealed that Alan is a very disturbed boy.
who explains to himself the ill-treatment he had received by deciding that he is a very important person, particularly to his mother, and this is the reason his father punishes him so much. He had been completely toilet trained at 3 years but then developed enuresis. His parents forced him to sleep outside because of this. Uncooperative and moody at school, he tends to play with younger children and frequently eats other children's lunches. His worried expression is another indication of the anxiety he is not able to repress around his conflicting feelings of love and hate for his parents.

The remaining children, Danny, Gail and Jimmie seem to be pre-oedipal. Danny E., (6), received ill-treatment at the hands of his father. Like her common-law husband, Mrs. E. seems to satisfy a need to punish through Danny. He is an extremely hyperactive child, talking constantly and always moving. He is quite destructive in his play. His mother complains of his disobedience and of his running away at every opportunity. A psychiatric examination indicated that Danny thinks the world is full of vague and undefined horrors. He was found to be not completely linked up with reality and to have some tendency toward paranoia. The neurotic elements were present in his repressed guilt and fear of punishment for which he tries to compensate by attempting to dominate every situation. However, the diagnosis of primary behaviour disorder with neurotic traits rather than psychoneurosis seems justified on the basis of his early deprivation and the amount of acting out which is present.

Gail, (6), has only been with her mother four months at a
time in her lifetime. The rest of her life she has been in different boarding homes in which her mother began placing her, ever since she left Gail's father soon after Gail was born. Mrs. H. says when Gail is with her Gail ignores her, laughs at her, and is defiant. The worker noted that Gail "let on" that she was indifferent to her mother but responded with clinging affection to any show of interest by her mother. In the private boarding homes, she was demanding of attention, given to lying and stealing, bossy and resentful of the other children. She is said to have a good deal of charm. In a later contact with a psychiatrist, it was thought that she tended to punish herself and to try to maneuver others into punishing her.

Jimmie K.'s (9) early care was rather haphazard. His own mother died when he was three and he, along with his older and younger sisters, spent the next three years with his paternal grandmother who had little real feeling for Jimmie. His father remarried a woman with several children of her own. There had been some stealing while the grandmother looked after him but, at the time of referral, he was stealing bikes and breaking into school offices to take money. Enuresis was a problem. He frequently played truant from school. Always quiet, it is said that, after one of his stealing escapades, he is even more seclusive and completely withdrawn. Other children often annoy him at which time he loses his temper, biting and kicking them. He is said to have no fear of punishment and to be completely indifferent to anyone who tries to talk to him.

Brian C., (7), seems to fall into the group of children who are anxious and fearful. He had been left fairly often by his mother with
his strict paternal grandmother, while Mr. C. was overseas. Then, his mother left Mr. C. for another man shortly after the father returned home. Brian is said by his father to be rather stubborn at times. When taken to a private boarding home by his father, Brian said, "Well, my mom didn't want me and I guess you don't want me either". He has an undiagnosed eye condition although one doctor thought it was due to a fall.

The Retained Group

The children in the retained group divide themselves a little differently under the diagnostic classifications from the children in the removed group. Only three children instead of five show the characteristics of the child with a primary behaviour disorder and of these three, two do not show the violent acting out of the removed five. Norma O., (9), was known to the Family Welfare Bureau for a brief period when she was two and a half years old. At that time she was described as appearing "bright, well cared for and well adjusted". Now, at 9 years, her mother says Norma refused to do anything she tells her. In school, she is in constant difficulty, lying and stealing. She is said to be very bossy with other children and to fight with them when she does not get her own way. The teacher claims Norma is very stubborn and a show-off in school, dancing in front of the class when she is out of the room. Norma is supposed to be of borderline intelligence although one would wonder how much of this is due to emotional factors. Norma's father went overseas when Norma was two and a half years old. When he returned, Mrs. O. divorced him and, later, married Mr. O., when Norma was six years old.
From Mr. O., Norma receives only an indifferent interest but she likes Mrs. G.'s ne'er do well brother who "fusses over her". Stanley T., (6), is also described as a problem in school. He is hyperactive and his span of attention is short. He fights and is cruel with other children but yet they seem to like him. Very possessive of his teacher, he will not leave unless she kisses him good-bye every day. At home, his dominating mother attempts to control him. He runs away when forced by her to stay inside away from the other children. There may be neurotic aspects in his behaviour because, after a fall downstairs, in which he knocked out a tooth, he developed an eye squint. One wonders how much of this fall and eye squint would be self-punishment and guilt for preconscious hostility towards his mother.

Verna W., (10), has many of the characteristics of the children with primary behaviour disorder in the removed group. She steals, lies, plays truant, and does not respond to punishment. She is always untidy and is enuretic. At school she tries to make friends with the other children but is not accepted because of her enuresis. She carries none of her lying and cheating into the classroom setting. Her thefts consist of small sums of money from the teachers and of food. One time she stole five pounds of sugar and ate part of it. Verna and her two older brothers are Mrs. V.'s children by another marriage but Verna has never been told that Mr. V. is not her real father. She would only have been a year old when Mrs. V. remarried.

Larry M., (7), has been placed in a group by himself because, like Alan, Danny, Gail and Jimmie of the removed group, his conflict is not
acted out completely as in the primary behaviour disorder but, on the other hand, is not as internalized as that of the psychoneurotic nor as severe as that of the neurotic character. He soils and wets day and night. His mother whips him repeatedly although his father objects. As soon as Larry comes home from school, he sits in a basin of hot water to facilitate elimination, at the same time sucking his thumb and picking his nose. He is fussy about his food and very stubborn at times. He frequently has temper tantrums and is always cranky in the morning. More passive symptoms are his fear of other children and of the dark.

The largest number of the retained children fall into the psychoneurotic classification - Olive P., (11), Paul P., (7), Rickie S., (2), Walter A., (6), Kathie L. (2); Olive P. and Paul P. are brother and sister. Although both can be diagnosed as psychoneurotic, each shows different aspects of this classification. Olive is extremely nervous, irritable, and given to frequent crying spells. Since early childhood her mother has encouraged her in a very close attachment. At the age of eleven, Mrs. P. made Olive the confidante of her pregnancy and attempted abortion. Olive is a fearful child and has had nightmares since she was two. Also, she has many symptoms of anxiety similar to her mother's such as a "gone" feeling in her stomach. Olive has resented it when Mrs. P. went out in the evenings with Mr. P. and has often protected Mrs. P. against Mr. P. Paul, on the other hand, has been kept more infantile by his mother. His speech is described as like "baby talk". Very shy and retiring, he expresses some of his aggression in enuresis. He is said by his mother to be the easiest child to manage. A neurotic symptom is his insistence on
wearing the same sweater on all occasions.

Rickie S., (2), also has many of the attributes of the anxious child. He is very subdued and wants to be left alone. At the nursery school group (at Gordon House), he appeared to be distrustful of adults and became very upset if he was the object of the group's attention. He quickly learned all the routines at the nursery school and was very confirming. He is thought to be a little deaf and has strabismus in one eye. When he was a year old, he went on a trip to England with his mother. Ever since this trip, he screams uncontrollably and almost unceasingly when alone with Mrs. S. With Mr. S., he is said to be more relaxed.

Walter A., now age 6, had temper tantrums when his mother went back to work in his third year. However, his mother ignored these. Failing in this aggressive manner of expressing his anger and frustration and being a weak child from birth, Walter gave up the attempt to win his mother and chose a more passive form of revenge. By means of day and night enuresis, he caused his mother considerable work with washing. For the same reason, he is dirty and careless about his clothes. Because he is poorly developed and underweight he probably feels inferior. His father's punishment and his mother's lack of interest would contribute to this feeling. He plays with girls because they are not so rough, is timid, and cries easily. He tries to compensate for his feelings of inferiority by an active phantasy life. His truanting seems part of this. His enuresis, while giving him revenge on his mother, is a drawback in entering a group. When he is teased he withdraws temporarily but then tries again. He seems very desirous of forming a tie somewhere and derives pleasure from membership
in a story telling group at Gordon House.

Kathie L., age 2, is the last of the psychoneurotic children. Her chief symptom is "black-out spells". The parents describe these as short periods of unconsciousness which may last as long as ten minutes. Following a spell she is quiet and listless. She usually cries suddenly before going unconscious and has one on the average of once every two weeks. The worker records that there is some suggestion that these attacks occur when she is denied some pleasure or when she is in conflict with her older step-brother. However, they do occur when she is playing by herself. She has had these unconscious spells ever since she was nine months old. At that time, Kathie and Mrs. L., who was an unmarried mother, were living with Kathie's maternal grandmother. When Kathie was one year old, Mrs. L. married Mr. L. who had a son by a former marriage. Kathie is a very timid, fearful child and will wake up at night screaming that her mother has left her.

May M., (8), is the only child in the severely disturbed group, being thought by the case consultant at the Family Welfare Bureau to be pre-psychotic with a tendency towards schizophrenia. May's mother died of infantile paralysis when May was four and a half years old, but while she was living, May had to be hospitalized for malnutrition. May was then looked after by a rigid grandmother for part of the following year and boarded in a kindergarten for the remainder of the year. Mr. M. remarried when May was five and a half years old. Her step-mother made an attempt to get close to May but, when she failed, reacted first with guilt over her failure and then with hostility. When May is upset or

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1 There is no record of a neurological examination having been made, and this would be necessary for correct diagnosis.
crossed, she refuses to eat. These "hunger strikes" may last as long as a week. Her face becomes pinched and white and she is unable to have a bowel movement. A number of what seem to be hallucinations have been noted in the record. She does not want to go outside to play with the other children and her step-mother describes her "as not of this world". There appears to be a gradual loss of emotion. Quoting her step-mother again, "the only way you can get under her skin is to get angry with her".

<table>
<thead>
<tr>
<th>DIAGNOSTIC CLASSIFICATION</th>
<th>REMOVED</th>
<th>RETAINED</th>
</tr>
</thead>
<tbody>
<tr>
<td>I Primary Behaviour Disorder</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>II Primary Behaviour Disorder with Neurotic Traits</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>III Psychoneurosis</td>
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<td>5</td>
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<tr>
<td>IV Severe Disturbance</td>
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<td>1</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>10</strong></td>
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To summarize the findings of the classification of the two groups of children, it can be seen that, in the removed group, there are five children with primary behaviour disorder, as compared with three in the retained group. If the children with primary behaviour disorder plus neurotic traits are included, the combined number of children who are acting out their conflict, in the removed group is nine, in the retained group, only four. This is a sizeable difference. Going on to the next
classification, in the removed group, there is only one child classified as psychoneurotic. In the retained group, there are five. Only one child fits into the severely disturbed classification and that is a child from the retained group.

Several observations can be made. The outstanding contrast between the two groups is the number of children with primary behaviour disorder, with or without neurotic traits, in the removed group, and the number of children with psychoneurosis in the retained group. It appears that the children who are exhibiting the most extreme behaviour such as stealing, lying, running away, are more often removed than the quiet, fearful children in the retained group. A further observation is the fact the children in the removed group, while showing more extreme behaviour than those in the retained group, are not necessarily more disturbed as would be expected. Rather, the behaviour of the children in the retained group is equally serious but of a different kind.

These observations suggest several possibilities. It is probably easier to remove children who are displaying extreme behaviour that offends the community. The child protection law is known to make provision for the apprehension of these kinds of children. Then, again, an investigation of the casework with the parents of these children may clarify why they come more easily into care than the others. Certainly, an analysis of the parents' attitude toward the children in each group as it affects removal or retention, is indicated. The degree of the parents' maturity must necessarily be considered, together with their attitude toward the child, in assessing the quality of the parent-child relationship, and its effect on the decision to remove or to retain.
CHAPTER 4

THE ATTITUDE AND MATURITY OF THE PARENTS

The attitude and maturity of the parents were expected to be significant factors in removal or retention. To know what direction this significance would take for the two groups of parents was rather difficult. It was known that the disturbance of primary behaviour disorder was most often a result of early rejection and that of psychoneurosis, the result of overprotection-rejection. As the difference in behaviour for the two groups of children was characterized by a predominance of primary behaviour disorders, with or without neurotic traits, for the removed group, and psychoneurosis, for the retained group, it would be expected that the two precipitating parental attitudes would characterize the two groups of parents.

If the parental attitudes are damaging to the children, it is necessary to ascertain how fundamental these attitudes are. The maturity of the parents determines whether casework will be effective or not in bringing about either a change of attitude toward the child, or a decision for the best interests of the child.

To discover what is the true nature of the parents' attitude and maturity, it was decided to classify the attitudes of the parents as open rejection, overprotection-rejection, neurotic need or mature love. The two attitudes of overindulgence and overidentification appeared in only two of the fathers and one of the mothers in the removed group, and in only one of the fathers in the retained group. Therefore, for the purposes of analysis, these attitudes were grouped together as "varieties of over-
protection”. Assessments of the parents’ maturity were based on the four area maturity section of the schedule.¹ Those parents who rated to any extent in all four areas were said to be highly mature, in three areas, moderately mature, in two areas, somewhat immature, and in only one or no areas, very immature. To point up any correlations between the parental attitude and maturity, and the children's behaviour, the parents were first grouped under the behaviour classifications of the children.

The Removed Group:

<table>
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<tr>
<th>DIAGNOSTIC CLASSIFICATIONS OF CHILDREN</th>
<th>NUMBER OF CHILDREN</th>
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<tr>
<td></td>
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<td></td>
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<tr>
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<td>1 3 2 1 1</td>
</tr>
</tbody>
</table>

¹ Both a maternal grandparent and a mother have been entered for one child in this group.

It can be seen that, for the removed group, there are no obvious differences between the attitudes of the parents of children with primary behaviour disorders and those with primary behaviour disorders with neurotic traits. One minor difference is the fact there are more parents in the second classification with an attitude of neurotic need than there are in the first classification. This is to be expected in the parents of children with primary behaviour disorders

¹ See Appendix A.
with neurotic traits. The predominate attitude of the mothers in these two classifications is clearly rejection with neurotic need a close second. The attitudes of the fathers are more scattered. The number of rejecting parents is in keeping with the theory that primary behaviour disorder with or without neurotic traits is usually a result of early rejection. The one child in the psychoneurotic classification stands as rather an isolated case but the combined attitudes of indulgence and overprotection-rejection doubly provide the parental attitudes that are most common in the parents of the anxious child.

Considering maturity, there is very little differentiation between the parents of children in the first, second and third classifications. All the mothers are very immature or have some immaturity. The same is true of the fathers except for one in the first classification who is moderately mature.

The Removed Group

Summaries of the various parents may be useful in clarifying the basis upon which these designations of attitude and maturity were made. Starting with the children under primary behaviour disorder, Charlie D.'s mother has been described as a very cold, unreliable person. She separated from her common-law husband and supported herself by working as a waitress during the day and as a dancing teacher at night. She says she has no friends or relatives to turn to and Charlie is the only person she has. Aside from her ability to support herself in work that she apparently enjoys, she falls down in the remaining three areas. In her attitude toward Charlie, she is hostile in not helping or guiding him and in punishing him when he does something she does not like. She was very
opposed to the idea of placement and seems to need Charlie to punish. She says she would never let Mr. D. have Charlie. Mr. D. is a much more mature person than Mrs. D. He worked steadily, although at different logging jobs, during the depression. After serving in the army, he took a vocational training course and since then has worked continuously. Interested in Charlie, he visited him regularly and gave Mrs. D. money for his support. He can be said to be moderately mature.

Mrs. F., Edward's mother, had a very barren life herself, being placed in a "Home for the Friendless", at the age of three. It is not surprising that she has been diagnosed as psychopathic. She attempted suicide several times and in 1941 developed T.B. Mr. F., who had served several jail terms for breaking and entering, died of a cardiac condition a few months before Edward was born. Since then Mrs. F. has formed various common-law alliances. She placed Edward in many private boarding homes but could not allow him to remain in any one for any length of time. Instead, she would remove him continually claiming that he had been terribly ill-treated in the private boarding home, even those approved by the agency. It is for these reasons that she has been classified as very immature and her attitude that of neurotic need. It is surprising that Edward is not more disturbed but it is possible that he received some affection in his early years from the various boarding home mothers with whom he was placed.

The important person in Freddie G.'s early years was his rejecting grandmother. She reluctantly looked after him when he was a baby, as his mother was "nervous" for a long time after his birth. Mrs. G. is
classified as very immature. She is extremely dependent on her own mother but married Mr. G. when she was twenty, only to return home to her mother very frequently and, after one and half years, permanently. She is extremely religious and is said to be almost delusional in her fanatic beliefs. Much of the time she seems to be in a dazed state and will not leave her mother's home until after dark. She has no friends and never worked before or after her marriage. In her attitude toward Freddie she is quite passive and indulgent but, at times, tries to copy her mother's strict methods with Freddie. Mr. G., too, seems very immature. He never worked before joining the airforce and soon left Mrs. G. after his discharge. When notice of the committment was sent to him, he wrote to Freddie and revealed a rather indulgent attitude saying that Freddie's running away was like his own desire to wander and that, when he made lots of money, he would come back for Freddie and they could wander together.

Harry I.'s real mother died when he was four. Little is known of her except that she was "irresponsible and careless". A minister's daughter, she has had a very strict bringing up. It is unlikely that she would have had any affection for Harry. His father remarried when Harry was five years old. Harry's step-mother had been very competent and efficient as store manager's assistant before her marriage. This gives her a very low score on the rating scale and still places her in the very immature group. She is very rigid and controlling and is afraid of the disgrace Harry brings upon her. In her attitude she is openly rejecting, refusing to take Harry back after he had been temporarily placed during her confinement. Mr. I. works steadily as a mechanic.
However, he, too, seems very immature. The worker describes him as "weak, dependent, immature and irresponsible". He is dominated by his wife and has little affection for any of the children. Towards Harry he is rejecting.

Ian's mother married Mr. J. when she was fifteen years old. Before marriage she worked as a salesgirl. She has never wanted to assume responsibility for Ian but rather has pushed him into growing up too fast. She does attempt to cope with the other three children although one of them seems to be showing behaviour problems. She projects most of the blame for Ian's problems and, altogether, seems to be a person with some immaturity. Her attitude toward Ian is mainly rejecting but she hesitated about placement of Ian when his maternal grandmother did not approve. After placement she made false promises to Ian about taking him home or buying him gifts, so that Ian never knew whether she loved him or not.

The basis of her rejection is thought to be her great fear of male sexuality and her identification of Ian's unpressed sex play with his father's excessive sexual demands. However, she does not reject Ian openly and he, therefore, nurtures the hope that, if he could grow up and be strong like his father, he could make his mother love him. Mr. J. is classified as very immature because of the many psychopathic traits which he shows in avoiding difficult situations and in making excuses in anticipation of criticism. He refused to assume responsibility for any of the children and deserted frequently. His attitude toward Ian is one of overprotection-rejection. He visits Ian often and attempts to ingratiate himself but makes no attempt to maintain Ian.
Alan B. is the first child listed under the primary behaviour disorder with neurotic traits classification. Mrs. B. was pregnant with Alan before her marriage and received a great deal of criticism from Mr. B's relatives. Mrs. B. says this is the reason she has disliked Alan from birth. However, when Alan is present, she is not so openly rejecting. To his foster home she wrote very "loving" letters. She admits she has been unusually critical of Alan "for fear he will develop some of the traits she dislikes in Mr. B." While making a good impression, she can only be rated as very immature. Her own father deserted the family when she was just a few years old which may be the basis for some of her hostility towards Alan and Mr. B. While Mr. B. was overseas she is cited to have been involved in immoral relationships. She is said to have a compulsive need to prove her ability as a wife and mother which would probably account for her attitude of overprotection-rejection. Mr. B. is an even more disturbed person taking a sadistic pleasure in beating and branding Alan. He has no guilt over his abuse of Alan and had difficulty in remembering the reason he burned Alan with a hot iron. He is accused of having homosexual relations with Alan. The record tells of Mr. B. having had a very severe and dominating mother.

Danny E.'s mother had been a ward of the Children's Aid Society before her common-law alliance with Mr. E., having been apprehended because she had been subject to incestuous relations with her father and brothers and used for purposes of prostitution by her step-mother who was also a bootlegger. A listless, passive person, her only apparent strength was in her ability to finish public school and to take a course in dress-
making. She eventually joined the army and later stayed with Mr. E. for seven years in a relationship of some permanency. During this time she had four children. Her rejection of Danny almost borders on a neurotic need to punish. However, she was very willing to place him, saying he was completely unmanageable. Mr. E., on the other hand, did not want Danny placed and, in his frequent beatings of Danny, the satisfaction of some neurotic need is more clearly seen. Mr. E. is classed as very immature because he falls down in all areas. He changes jobs frequently; his aunt and uncle who brought him out from Denmark at the age of 13 say he is "shiftless and irresponsible"; he satisfies his dependency needs neurotically by periodic paralysis of his right hand; adequacy as a husband or parent is lacking.

Gail is another of the group who has only one parent in the picture. Mrs. H. is the oldest of four children and never got along with her father who was very strict and domineering. At eighteen years of age, she married a drug addict only to go away with Mr. H. who drank and was abusive. She left him soon after Gail was born. Her behaviour can be called very immature. She rejects Gail, saying "she's just plain bad. It's born right in her, she's just like her father". At times, she lavishes affection on Gail and will never agree to release her to ward care. Through Gail, she seems to satisfy some neurotic need.

Jimmie has had an assortment of mother figures which may be responsible for his severe behaviour to a greater extent than the rejecting attitude of his present step-mother. Jimmie's mother died when he was three years old. Little is known of her attitude toward Jimmie but it is unlikely that she would have much time for him while having five children
in five years. Jimmie next stayed with his paternal grandmother who rejected him. His step-mother is the dominant one of the family. She prides herself on her ability to handle children by means of corporal punishment, but gave up trying to cope with Jimmie's behaviour. She frankly expresses her dislike of Jimmie. Both she and Mr. K. seem somewhat immature. Mr. K. gives the impression of being an intelligent, ambitious person but is unable to hold jobs. He punished Jimmie for his behaviour but, when this did not help, decided that Jimmie was mentally unbalanced. He is rather ambivalent in his attitude, wanting Jimmie placed but appearing pleased when Jimmie returned for a brief period.

The parents of Brian C., the only child in the psychoneurotic group, separated when Mr. C. returned from overseas. Mr. C. gave Mrs. C. the choice of keeping the three children, whom she said she wanted, if she did not go away with her brother-in-law but she chose the brother-in-law. She was said to have been very indulgent with the children the three years she kept them with her while Mr. D. was overseas. During this time, she frequently left the children with their paternal grandmother who claimed the children were badly "spoiled". After she left, Mr. C., she never once enquired about the children. One day, four years later, she recognized the children on the street. She had left her brother-in-law by this time and wanted to take the children back, planning to support them by making slip covers. Previous to her marriage to Mr. C. she had been known to the police on a shop-lifting charge. She said she married Mr. C. to get away from her home in which bootlegging was the means of livelihood. Mr. C., also, is a very immature person, very dependent on
his domineering mother. He never held a steady job. He was given to considerable intellectualization about his problems which he projected as a conflict between war and religion. He first wanted adoption for the children but when not sufficiently helped at this point, decided on foster home care, an example of his ambivalent attitude. He felt considerably relieved when the responsibility of the children was taken off his hands and never wrote nor kept up foster home payments.

The Retained Group:

<table>
<thead>
<tr>
<th>Diagnostic Classifications of Children</th>
<th>Number of Children</th>
<th>ATTITUDE</th>
<th>MATURITY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mothers</td>
<td>Fathers</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>--------------------</td>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>primary behaviour disorder</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>primary behaviour disorder with neurotic traits</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>psychosis</td>
<td>5</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>severe disturbance</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>total</td>
<td>10</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Both a stepmother and a mother have been entered for one child in this group.

With regard to attitude in the parents of the four children, in the first two classifications, the attitudes are quite scattered. On the whole, as in the primary behaviour disorder with or without neurotic traits of children in the removed group, the attitudes of the mothers are more damaging than those of the fathers. Two fathers show mature love for their children. By far the most outstanding attitude of both mothers and fathers of psychoneurotic children.
is overprotection-rejection. The parents of the one child in the severely disturbed classification are an isolated example but attitudes of rejection, overprotection-rejection and neurotic need on the part of the mother, stepmother, and father are not surprising.

With regard to maturity, in the first two classifications, which include four children, all the mothers have some immaturity with the exception of one who is very immature. The fathers show quite a variation again, with one or more entered in every column except the final "high maturity" column. In the last two classifications, ten of the fathers and mothers are entered under "very immature" or "some immaturity", the mothers having slightly more strength than the fathers.

As the manifestations of parental attitude for each behaviour classification are very much the same, whether the child is removed or retained, and, as parental descriptions were given for every child under the behaviour classifications in the removed group, only the typical and atypical parents under each behaviour classification will be described for the retained group. To consider first a few examples of parents of children with primary behaviour disorder, Norma O's mother makes a good impression and apparently was successful as a hairdresser. However, in other areas she is not so adequate. Her own father died when she was very young and she and her twin brother spent three years in a convent. Her brother has been in jail for burglary. She said she disliked her step-father and her mother until later in life. Her first marriage ended in divorce when Norma was five years old and she remarried again when Norma was six years old. In her attitude toward Norma, she is both rejecting and overprotective, at
one time complaining greatly of Norma and making plans for placement, yet unable to go through with the plans. She seems to project many of her own repressed wishes onto Norma, fearing Norma's stealing will destroy her reputation with the neighbours or fearing the possibility of sex play between Norma and older boys. There seems to be a self-punishing element in the many operations she has undergone. Little is known of Norma's own father's attitude. He went overseas when Norma was two and a half years old. Mr. O. was brought up by a very strict mother as his father died when he was very young. He went to sea at sixteen years of age, and now is a railway storekeeper. Believing Mrs. O. is smarter and more capable than he is, he takes very little responsibility around the house. Five years younger than Mrs. O., he rates as somewhat immature. In his attitude toward Norma, he is rejecting and disinterested. He wants Mrs. O. to send Norma to her real father, who has legal custody, or to place her. He seems rather ashamed of Norma's "dullness".

Stanley T.'s mother has also been married before but her present husband is Stanley's father. Subsequent to her divorce and before her marriage to Mr. S., she had a Chinese child which she placed. She is an extremely controlling person anxious to achieve material wealth. She continually nags and belittles Mr. T. whom she feels does not come up to her standards, does not cooperate in her strict methods with Stanley, and does not show enough interest in her. She is very quarrelsome with her neighbours. Very restrictive and punishing towards Stanley, her attitude may be said to be rejecting.

Mr. T., on the other hand, is a moderately mature person, who
owns two houses and makes a comfortable living. He has mature love for Stanley but following the Polish pattern leaves the care of Stanley to Mrs. T. As a result of an accident, he has an injured arm about which he is rather sensitive. Aware of his wife's disfavour, he turns to his foreign friends and his work.

Verna W.'s father is the only example in this group of a parental attitude of neurotic need. He has a history of syphilis and describes himself as all "nerves". He is thought by the case consultant to be a compulsive obsessional person with paranoid trends. Very insecure in the dominant male role, he tries to keep control over the children and maintain his status. Incestuous desires are believed to be at the basis of his dominating attitude toward Verna. His extreme hostility when Verna lies or steals may be an indication of his own guilty wishes. His frequent illnesses and accidents are thought to be a way of regressing to a more dependent state.

The M.'s are the only parents with a child in the primary behaviour disorder with neurotic traits group. Mrs. M. is a very immature person with little capacity for relationship. Her own family relationships were very rigid and she probably had very little affection from either parent. In her marriage, she tries to place her husband in the role of a father. Satisfying neurotic need in the marital relationship as she does, it is unlikely that she will ever separate, despite the fact that she asked for help with her marital problems. Her hostility to men is also revealed in her attitude to Larry. Her desire to punish him is very obvious. She makes no secret of her partiality for the older girl.
Rejecting any suggestion of help for Larry towards making him happy, she would only consider an institutional form of placement. Mr. M., on the other hand, seems to have potentially mature love for Larry. As a conductor-brakeman, he is popular with the men at work. On the other hand, he shows some immaturity in his dependency, and, like his wife, is felt to be using the marriage as an attempt to punish the partner for not playing the role of the good parent.

In the group of children with psychoneurosis, most of the parents are overprotective-rejecting with both mothers and fathers mainly very immature. Kathie L.'s parents seem like a typical example as both Mr. and Mrs. L., in attitude, are overprotective-rejecting and both are very immature. Mrs. L. had a very domineering mother who kept her dependent. Her father was the "town drunk" and Mrs. L. was very sensitive about this at school, although she was felt to identify with her father to a certain extent. She left home, only to return with Kathie, her illegitimate child. Later, she entered into a common-law relationship with Mr. L. When she and Mr. L. quarrel, or when she is afraid Mr. L. will leave her, she becomes hysterical and threatens suicide. However, she was developing a relationship with the worker and the worker felt she had more strength than Mr. L. In her attitude toward Kathie, she seems protective. However, this is likely an acceptable guise for rejection in view of her own background and because of the guilt she feels about Kathie's illegitimacy. She says she wants to make up to Kathie for her illegitimacy. Mr. L., also, is a very immature person. Much of this is probably due to his early deprivation in orphanages and to his own overprotective-rejecting father who appeared at the orphanage from time
to time, promising to make a home for Mr. L. While making a good impression on employers, he never keeps a job any length of time. He intellectualizes many of his own problems and phantasies a great deal about what he plans to do but never does. He, too, had been married before and had a son. He seems to over-identify with this son and to resent Mrs. L.'s attentions being divided between the two children. Towards Kathie he professes affection, but there is an underlying attitude of rejection.

Mr. S's overprotective attitude is rather unique. It is closely related to Mr. L.'s attitude of identification with his own son. He has been overprotected-rejected by his own family but continually returns to them. Accustomed only to rejection and depreciation from women, his first marriage ended in divorce. His eight year old daughter is with his mother. He then married a very depreciating woman in Mrs. S. Although he is ineffectual and dependent, he is thought to have more strength than Mrs. S. However, her problems are increasing his tendency towards alcoholism. Towards Rickie he is affectionate and his protectiveness does not seem underlined by hostility.

Walter A.'s parents are the only parents in this group who are moderately mature. Mrs. A. had a very deprived background. She lived in a Shelter from the age of three, when her father deserted, until the age of twelve, when her mother re-established the home. She has worked ever since she was thirteen years old and continued working as soon as she could after Walter's birth. She has a great desire for material things. However, she did meet the agency half way and enjoyed her working companions. Although some marital problem had been reported, both Mr. and
Mrs. A. denied this throughout the contact. Mrs. A. seemed ambivalent in her attitude toward Walter. She was quite punitive with regard to his enuresis but refused to consider placement. Mr. A. worked steadily as a painter and built a house in the evenings. He was well thought of by the neighbours although he said he was an "outcast from his own family". At times he seemed to have more understanding of Walter than Mrs. A., but he too seemed quite ambivalent. Walter seemed very much afraid of him.

The parents of May N.'s are the only parents in both groups with a severely disturbed child. May's own mother died when she was four and a half years old. The record does not cover this part of May's life but it can be assumed that her mother's attitude must have been one of extreme rejection as it was necessary for May to be hospitalized for malnutrition during the time her mother was looking after her. May's stepmother is moderately mature, as shown by her early ouvertures of friendship towards May and her many attempts to find a solution to the problem. However, when she failed to reach May, she projected her guilt over failure onto May herself and reacted with hostility. Mr. N., on the other hand, is a very immature man satisfying some sadistic need through May. After indulging May, he is said to suddenly be extremely cruel. He straps May when she does not eat her breakfast and taunts her with the fact that Mrs. N. does not love her. One time he appeared nude before May, threw her on the floor and struck her. He, also, is quite abusive toward Mrs. N. He refused to let May get help through the school psychologist.

When the parents in the two groups are compared generally, several similarities are quite outstanding. One is the regularity with
which a history of broken homes, desertion, and institutional care
occurs in the backgrounds of parents in both groups. Another similarity
between parents in both groups is the frequency of divorce, especially
after the husband returned from overseas. On the whole, the formative
years of the children studied were concurrent with the war years.

When the two groups of parents are compared in detail, some
differences can be noted. With regard to the mothers' attitude, six of
the mothers in the retained group as opposed to two in the removed group
are overprotective-rejecting. The attitudes of the fathers are almost
identical but it must be remembered that two fathers are lacking in the
removed group. One more father in the retained group has mature love for
his child. The degree of maturity of the mothers is alike with the except­
ion of two mothers in the retained group who are "moderately mature".
Comparing the maturity of the fathers, six out of the eight fathers in
the removed group are very immature as compared with five out of ten in
the retained group. However, of the remaining five in the retained group,
three show some immaturity. The removed group has one father who is
moderately mature and the retained group, two.

The conclusions that may be drawn from this comparison are
several. It is obvious that maturity of parents, while very slightly su­
perior for the retained group, is not sufficiently different between these
two groups to indicate that it is a major factor in removal or retention.
One reason for this could be the legal difficulty in separating a child
from a neurotic or psychotic parent who is not abusive. The number of
mothers in the retained group with the attitude of overprotection-rejection
would seem to indicate that the legal difficulty was certainly an important factor, and also indicates the greater difficulty in separation of children from overprotective parents and, therefore, the need for greater casework skill. The caseworker's ability to assess maturity in her clients would also have to be taken into account. The degree to which caseworkers are influenced and, to a certain extent, hampered by the settings in which they operate with their clearly stated functions of helping children in their own homes or out of their own homes, must also be considered.
CHAPTER 5

AN EVALUATION

The importance of good diagnostic understanding and casework treatment skills on the part of the social caseworker in both the family and childrens' agencies can not be underestimated. It is only by knowing what is compelling the parents to act as they do and by understanding what the child is trying to express through his behaviour that the social worker can assess correctly the value within the parent-child relationship to the child for growth within the normal range. A careful evaluation of the parents' maturity should be used as a gauge of their ability to change their attitude. All this is very important for the parents studied because of their adverse parental attitudes and their degree of immaturity. Once a tentative decision has been reached as to whether treatment for a particular parent and child will be directed toward maintaining the child in the home or toward removal, the social caseworker must have the skill to build on the strengths within the parents and free them to change their attitude toward the child or, if removal is in the best interests of the child, to guide and support the parents to this end without damage to their already weak ego strength. Casework with the parents and children has only been examined in the early interviews of the contact as it is not the province of this study to analyze the casework with children in foster homes, with foster parents and with own parents after placement.

The kind of casework needed

Ideally, when a father or mother feels uncomfortable enough about his child's behaviour or attitudes to ask for professional help and, equally, when a parent has been reported by the community as neglecting
his child, it is important for the caseworker, whether the child is eventually treated or not, to convey an understanding and desire to work with the person who is feeling the discomfort, that is, the parents. ¹

The caseworker knows that each individual has his own strengths to contribute to the family balance and each his own needs which must be met to some degree within the family if he is to function comfortably in his home and in outside relationships. The child is dependent primarily on his parents for basic satisfactions, but the parent can give the child affectional security only according to the degree to which his own needs have been and are being met.

To determine the family interaction, the caseworker wants to know what the child's problems are, how the parents feel about these problems and what they think can be done about them. The problem at intake is one of helping the parent come to some recognition of the part he will play in the continuing process. In many instances, this will be achieved by helping him to an awareness of his discomfort and his need for relief, and that his part is an important one in any solution the agency will help to achieve. ² This requires special casework skill with the parent who feels that he is painfully confessing failure by asking for help, and who is even more painfully threatened by the idea that he may be in some way responsible. The intake worker with skill in helping him to feel understood, can overcome this.

The parents' awareness of the problem in their relationship with their child is reflected in the agency they choose. Those parents

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who come to a family agency may be primarily concerned with their marital problem and it is only later that the problems of the children become apparent. Included in this group, may be the parent who is not ready to take the definite step of going to a child placing agency. These ambivalent parents will discuss placement only with a great deal of disturbance, uncertainty and doubt. The parents' desire for placement may not crystallize until after a period of treatment. Ambivalence about placement is, almost always, a reflection of similar feelings toward the child. A state of tension exists in which it is not possible for the parents to resolve the conflict in either a positive or negative direction. However, for the time being, it is important that the status quo remain unchanged and that service be offered as an opportunity to explore the possibility of keeping the child at home or at least to clarify what it is the parent really wants, with placement only as a future possibility which may never materialize.

An even more distraught group of parents come to child placing agencies, although the request for placement can validly begin in either a family or children's agency. It is usually the culmination of unbearable degree of repudiation of the child, whether openly expressed or disguised beneath a mixture of guilt, martyrdom and possibly indulgence. Many parents will be driven to great lengths before they can ask for placement, as it so violently contradicts the individual's and society's concept of the customary family life. Even if the placement is requested with overt rejection or for a mature reason, it is still a blow to the parent's self-esteem. At this point, the parent will need the worker's approval and support.
The intake worker must carefully assess the request to see whether this is simply a parent asking for the necessities which he cannot provide for his child, or whether it is a parent whose hostility and rejection towards his child has made the child's presence unbearable. Either situation creates anxiety. The intake worker must consider the extent of this anxiety and determine whether enough support can be given the parent to carry him over this period, or whether he needs to be relieved of the children. The child's need to remain with or be separated from his parents, must also be considered. At intake, the worker wants to get some idea of whether this will be a long term or a short term placement for the child so that she can plan accordingly.

An evaluation of the degree to which casework in the initial interviews with parents and children in this study approximates good intake procedure can only be based on recording. In agencies with such heavy caseloads as those of the children's agencies the recording in many instances, is terse and lacking in feeling tones. At optimum conditions of staff and caseloads, there are always individual differences in recording which make quantitative assessments show a large margin of error.

With the best of diagnosis and casework treatment skills, there are still some parents whom the caseworker finds difficult to help. Three groups can be distinguished:

(a) The overprotective but basically rejecting parents. These parents require a special kind of skill on the part of the caseworker, first, to encourage them to the point where their guilt feelings are at a minimum and they can ask for placement, and then, to maintain them in this
decision with approval and support. Always there is the danger that they will swing back again, especially if casework help is not continued. Only examples will make this clear. Norma O.'s mother was very ambivalent and her step-father openly rejecting. Mrs. O., a person of some immaturity, came to the Family Welfare Bureau asking for placement but was one of those parents who was not yet ready to take the definite step of going to a child placing agency. Although Mrs. O. vacillated considerably, there were several times over the year for which the agency contact was examined when Mrs. O. was anxious for placement. Steps toward placement were not taken at these times. Rickie S. is another example. Although Mrs. S., a very immature person, came to the agency for help with her marital problems at the suggestion of the Child Guidance Clinic, Rickie's screaming was certainly of great concern to her. At Child Guidance Clinic, Mrs. S. had asked for foster home placement for Rickie and later she told the Family Welfare Bureau worker that she wanted Rickie in a nursery school a few hours each day "to get him off her hands". Mixed with this rejection was Mrs. S.'s guilt over her "failure as a mother". After six months of casework directed towards the really futile task of changing Mrs. S.'s wish for placement to a desire to keep Rickie, a conference with the Children's Aid Society was held to discuss placement. Placement through these channels moves slowly and is, no doubt, complicated by the Children's Aid Society's lack of foster homes. A month later, Mrs. S. phoned demanding immediate placement. A month after this phone call, Mrs. S. had changed her mind about placement and the contact with the Family Welfare Bureau waned.
For another group of ambivalent parents who really reject their children, the support and approval of the worker is very important. For example, Mr. C. asked originally for adoption for Brian at the Catholic Children's Aid Society. However, he was persuaded to accept foster home placement. As it worked out, Mr. C. took no further interest in Brian. A permanent plan would have met Brian’s needs better.

(b) The overtly rejecting parents. These parents present different problems to the caseworker. They are the parents who go to the child placing agency and for whom, because of their feelings towards the child which are reaching an unbearable point, delay in being relieved of their children creates intense anxiety. After the Children's Aid Society investigated a request by the Social Welfare Bureau with regard to Danny's behaviour problems they found Mrs. E. was very anxious for placement of Danny. Here is one example in which the worker did not assess correctly Mrs. E.'s need to be relieved of the child immediately although Mrs. E. phoned continually to ask that Danny be committed soon as he was "absolutely unmanageable". After making one last request, Mrs. E., who had separated from her common-law husband, went into the interior of B.C. to work taking Danny with her. Soon after, the Children's Aid Society were compelled to apprehend Danny as the mother sent him down on the train to his father who did not meet him. His maternal grandmother refused to take him in and the police turned him over to the Children's Aid Society. Verna W.'s parents were also very rejecting and lacking in sufficient maturity to be capable of changing with casework help. They had gone to the Family Welfare Bureau for financial assistance. Therefore, when Verna's
behaviour caused a disturbance in school, the Family Welfare Bureau reopened their case. A short time after the worker's initial visit regarding the complaint from the school, Verna's parents announced that they had decided they wanted Verna placed. A trial period of two months was suggested to which the W.'s doubtfully agreed. A rather inactive contact was maintained over the year for which the record was examined. On the final contact for this period, the W.'s told the worker of their summer plans and their hope of leaving Verna indefinitely with the friends they intended to visit.

(c) Parents who retain their children to satisfy a neurotic need. Under the present child protection law, a third group of parents present the caseworker with an extremely hard task. They are the parents who are not capable of giving any love to their children but hang on to them to satisfy a neurotic need. As these parents are usually very immature, the caseworker can only hope to give them other satisfactions for their needs. With these parents, too, it is sometimes necessary to effect placement at a time when the parents are asking for it. Charlie D.'s mother who retained Charlie to satisfy a neurotic need was interviewed several times by the Children's Aid Society at the request of Foster Day Care Association around plans for placement of Charlie. A whole year passed with Mrs. D. cancelling appointments and the worker having difficulty in locating her. When the mother finally did begin to consider Charlie a problem she could not handle and requested foster home care, the Children's Aid Society were not able to fill her request. As time passed, Mrs. D.'s attitude changed once more. Later, when placement plans and
committal were discussed with her, she was very much opposed to the plan. The situation was such that the Children's Aid Society were able to apprehend but the mother continued to visit Charlie and to alienate foster mothers against the agency. The court did finally take Mrs. F.'s parental rights from her and give guardianship of Edward to the Children's Aid Society on the testimony of several doctors and psychiatrists that Mrs. F. was psychopathic and clearly incapable of looking after Edward. The situation was different with Mrs. M., who went to the Family Welfare Bureau to discuss her marital problems, because the effect of her attitude on Larry could not be established legally. In discussion with the case consultant, it was decided that it was practically impossible to work with Mrs. B. to minimize her hostility toward Larry. Action on this decision was complicated by the fact that Mrs. B. would never agree to any plan, whether for foster home placement or even play interviewing, in which there was any suggestion of making Larry happy. The worker did proceed with an unattractive proposal for institutional placement but Mrs. B. withdrew from the agency.

Two children with whom casework did have a measure of success were Stanley T. from the Family Welfare Bureau and Walter A. from the Children's Aid Society, two children from the retained group. With Stanley T. the caseworker was able to bring about a superficial change in Mrs. T.'s attitude toward Stanley by capitalizing on her desire to achieve and turn it into a desire to be a good mother. Mrs. T. began to take pleasure in the changes in Stanley. Mr. T., who was a man of moderate maturity, was built up and encouraged to take a more important place
with Stanley. Walter A.'s parents were both moderately mature but, in their attitude toward Walter, were overprotective-rejecting. The caseworker was unable to bring about any basic change in their attitude but did minimize the more damaging elements. Their feeling for Walter included enough positives to enable them to let Walter get help through play therapy and to encourage him in his improvement.

Workers in both family and children's agencies sometimes made faulty diagnosis of the degree of anxiety in the parents with the result that some parents, in an effort to be relieved of the children, made ill-advised plans of their own. While the Family Welfare Bureau had time to do a more thorough job of assessing with the parents what their feelings toward the child were and what they thought could be done about the problem, months of work was sometimes wasted because of failure to recognize or act on the immaturity of many parents. There was a seeming persistency on the part of the workers to continue to offer service with the child remaining in the family even, when, after a period of treatment, the parents' desire for placement had crystallized. At the Family Welfare Bureau effecting placement requires a conference and a worker from another agency, who neither knows the child nor the parents, to select and supervise a foster home. The difficulties inherent in this system of families and children being served mainly by two distinct agencies is, no doubt, one reason why Family Welfare Bureau workers delay so long in arranging placement.

At Children's Aid Society the problem was sometimes one of too few interviews with parents before and after the child was removed.
The children came fairly easily into care. Most of the parents were asking for temporary or permanent placement. The remainder of the children came to the attention of the agency for protection reasons and for these, grounds for apprehension were usually present. However, in these cases, the children and parents were too often unprepared for placement. Once in care, the parents and child were split between the two departments, family work department and child placing department, with the casework centering more around the child. Yet, unless parents have their own needs met in some way or are helped to feel they have done the right thing in placing the child, no long term plan can be made for the child with any degree of surety. Because of failure to recognize this fact, problems with the parents arose later.

For all children studied there was a lack of direct interviewing with the child, with the removed group before and after the child was placed, with the retained group, throughout the contact. After placement, many of the children in the removed group received play therapy. Several of the overprotective-rejecting parents, so common in the retained group, were too threatened by even the suggestion of play interviewing. Casework with all disturbed children was handicapped by the lack of adequate foster homes, study homes and treatment centres.

Factors determining the decision

It is possible now to attempt to sum up the factors which determine whether a disturbed child will be retained in his own family or removed. Such a summary is at least possible for the twenty neglected children studied. An analysis of the manner in which the children came to the attention of the agency reveals that, from the beginning, the
parents of the removed group were more aware of a problem in the parent-child relationship than were the parents of the retained group. The community, too, was more inclined to recognize the removed children as a problem. Only two of the retained children were referred by an outside authority. Obviously, there was some difference between the two groups of children, at least, in the eyes of their parents and the community.

The next task was to see what this difference was. It became apparent from a comparison of the two groups of children that the group the parents and community regarded as the greater problem were displaying the more extreme behaviour but were not necessarily the more disturbed because of this. The internalized conflicts of the children in the retained group were at least as severe a disturbance as the externalized or partially externalized conflicts of the removed group. In fact, psycho-neurotic children with their guilt feelings and divided loyalties are a harder group to treat directly than the children who are acting out their conflicts and are psychologically, at least, separated from their parents before removal.

The next point to clarify was the attitude of the parents in the two groups towards their children. The most outstanding difference was the much greater preponderance of overprotecting-rejecting mothers in the retained group as compared to the number in the removed group. It is clear that the overprotective-rejecting mothers do not relinquish their children. But the children were as severely disturbed in the retained group as in the removed group. Therefore, the criteria for removal or retention of children based on the best interest of the child were not
being followed. If this was the case, one reason was probably the failure of the protection law to safeguard the rights of children to parents who can give them unconditional love. However, there was the possibility that the parents of the retained children were more mature and, therefore, more capable of changing their attitude toward their children with casework help.

A comparison of the maturity of the two groups of parents reveals that all but a very few of the parents in both groups were characterized by some immaturity or were very immature with the retained group only very slightly superior than the parents of the removed group. This pointed to the legal difficulty again and also suggested the possibility of faulty diagnosis on the part of the caseworkers. However, the caseworker should not overlook the greater maturity present at times in a parental decision to place.

An investigation of the casework with parents and children points up a number of cases where anxiety had been falsely assessed by workers and where rejection had gone unrecognized or ignored in parents asking for placement. Despite the efforts of each agency to provide a complete service independently, the parents and children had suffered because of the lacks in either family or children's service, depending on whether the agency concerned specialized in family work or children's work. The greater facilities of play interviewing and placement at the children's agency were often nullified by the lack of adequate work with parents and the more intensive casework with parents at the family agency was often wasted because of the failure to interview children directly and to provide them with substitute homes when necessary.
From the findings of case analysis of the twenty disturbed children used for this study in the areas of parents' request at intake, children's behaviour, parents' attitude and maturity, and casework with parents and children, it may now be concluded that the decision to remove or retain for these children is not usually based on the caseworker's careful assessment of the parent–child relationship. Rather, the decision is influenced by a variety of circumstances, such as parents' and community's awareness of a problem, the disturbing events rather than the emotional deprivation indicated in the child's behaviour, the degree of parental rejection, and the "speciality" of the agency to which the parent had gone. Caseworkers should assume more responsibility than they do for this important decision requiring professional assessment.

One of the more obvious difficulties is the child protection law. Changes in this area can only be brought about by the private agencies discharging their duty more fully of educating the community to a better understanding of the responsibilities as well as rights of parents and the emotional as well as physical needs of children. In other areas, too, such as what the agencies can do, and what they cannot do, because of lack of resources like study homes and treatment centres, the public should be given more facts. The results might be surprising. Another recommendation for better service to parents and children is a joint family and children's agency. Always basic, of course, is the need for good casework. While many other measures in the community, such as better housing, marriage counselling, and economic security, are vital in a preventive way, once the damage has been done, casework, with its
way made clear of legal and administrative handicaps, is really the only hope for breaking the wretched chain apparent in this study of disturbed children becoming disturbed parents and producing disturbed offspring.
Appendix A. Schedule used for Case Analysis.

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<tr>
<th>Agency</th>
<th>Case number</th>
<th>Date of opening</th>
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I. General:

A. Names of parents  Birth date  Occupation

B. Names of siblings  Birth date

C. Referral:
   1. Voluntary - details of parents' request
   2. Non-voluntary - details of referral

D. Age of disturbed child at beginning of agency contact

E. Status:
   1. Removed:
      a. Non-ward
      b. Ward - date committed, section of Child Protection Act
   2. Retained

II. Child:

A. Assessment of behaviour in own home:
   1. Primary behaviour disorder:
      a. conduct disorders, e.g., lying, truanting, stealing, disobedience, running away, destructiveness, fighting, sexual activities, temper tantrums.
      b. frequently, habit disorders, e.g., thumb sucking, masturbation, enuresis.
      c. abnormal aggressiveness:
         (i) pre-oedipal - generalized aggression
         (ii) oedipal - specific aggression
      d. absence of guilt feelings
      e. narcissistic self-evaluation
   2. Primary behaviour disorder with neurotic traits:— same as primary behaviour disorder, except that some neurotic traits are present which are the manifestation of an internalization of aggressiveness and its resulting unconscious conflict.
   3. Psychoneurosis:
      a. habit disorders
      b. some conduct disorders
      c. outstanding characteristics: fearful, anxious, over-concerned about self, shy, withdrawn, timid, self-critical, self-punishing.
   4. Severe disturbance:
      a. psychosomatic illness
b. psychopathic personality: aggressiveness, narcissism, distorted super-ego.

c. neurotic character: oedipal conflict, temper, sullenness, attack, rebellion, self-punishing, unconscious guilt.

d. obsessive compulsive: oedipal conflict, superstitious, uses magical methods to control anxiety, compulsions.

e. psychosis, usually schizoid: severe disturbance of entire personality, preoccupied with own thoughts, phantasies, projection, delusions, little emotional relationship to the environment, excessive daydreaming, bizarre behaviour reactions in play.

B. Behaviour in substitute home; briefly, to confirm diagnosis.

C. Summary of Child Guidance Clinic examination.

D. Intelligence

E. Casework with child

III. Parents:

A. Parental attitude toward child, e.g., open rejection, overprotection-rejection, overindulgence, overprotection, neurotic need, mature love.

B. Assessment of the maturity of both mother and father based on:
   1. his ability to meet his reality situation: all those things for which the person is responsible or should face and master for his own long term welfare, his responsibilities for care and support of himself and his dependents, the health of the members of the family, money and financial matters within the family, what others expect of him and their attitudes toward him, what efforts he must make to maintain his competitiveness and his competitive situation.
   2. his ability to get, hold and master a job which is suitable to his reality situation.
   3. his ability to establish relationships on the job, in his family, in play groups, in religious groups.
   4. his ability to satisfy his dependency needs, so that he can accept from others as well as give; his ability to satisfy his love needs, so that he is comfortable with his own sex and does not have to deny it, is able to have satisfying relationships with the opposite sex, is able to marry and be happy in the marriage relationship, and is able to be a parent and have satisfying relationships with children and they with him.

C. Casework with parents
Appendix B. Bibliography.

General References:


Specific References:


Gregory, Jean L., "Relations between Family and Children's Services", *The Family*, November, 1944.


Hutchison, Dorothy, "The Request for Placement has Meaning", *The Family*, June, 1944.


Abbreviations Used in this Study

C. A. S.  Children's Aid Society
C. C. A. S.  Catholic Children's Aid Society
C. G. C.  Child Guidance Clinic
C. W. D.  Child Welfare Division
F. D. C. A.  Foster Day Care Association
F. W. B.  Family Welfare Bureau