

CASE WORK IN A NEIGHBOURHOOD HOUSE

The Role and Performance of a Case Worker in
a Group Work Setting. (A Study Based on an Experimental
Project in Gordon House, Vancouver, B.C., 1949-50.)

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ABSTRACT

This study describes and evaluates the role and the performance of the case worker in a group work agency, on the basis of a student project which was carried out in "Gordon House", a neighbourhood house in the City of Vancouver, British Columbia. Two case work students from the School of Social Work at the University of British Columbia were assigned to the House as a second-year field placement, to set up case work services. The period of the project was from September, 1949, until May, 1950.

The study analyses a sample set of cases, (records which were compiled by the students during the project), giving particular consideration to (1) the kinds of problems clients brought to the case worker, (2) the activities of the case worker in this setting, and (3) what the case workers added to the services which the agency already offered. The project as a whole is analysed, with particular reference to (a) problems of setting up the service, (b) the experimental interest of the project for social work practice, and (c) the value of the project to the community.

Considerable evidence was found to verify that there is a place for a case worker in the neighbourhood house, and that this place is one in which the case work function can find adequate fulfilment. A wide variety of personal problems are encountered in the membership of the House, and it requires a case worker with broad knowledge and skill as a practitioner to deal with them.

The case worker's role in the House is one which is complementary to group work, and which does not overlap existing community case work services. Working together, group workers and case workers can provide a specialized service for those seeking better personal adjustment.

The special significance of the study is in its clarification of the problems and advantages of adding a case worker to the staff of a group work agency, and what this can do for case work-group work cooperation in the community.

It is hoped that the study will stimulate thinking with regard to the combined use of existing social work skills, (group work and case work), on the treatment level and that something further will develop in the community to which this study might contribute, which would provide adequate treatment services for disturbed children.

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Chapter I.

PEOPLE WITH PROBLEMS.

A neighbourhood house presents to a social worker a multiplicity of people and puts one in mind of a large and complex family. All ages are represented, from the three-year-old to the octogenarian, and in the friendly, helping atmosphere of the House, problems are freely expressed. As the trained social group worker attempts to help people, through the group, to gain satisfaction from the various forms of leisure-time activities, he finds that certain individual problems arise which tax his ingenuity sorely to help. It becomes apparent that in order to serve the members adequately, there is a need for a large measure of individual and personal counselling; a kind of service not in line with the organizing of the club, the dance or the whist drive; and the kind of aid which is the skilled contribution of the case worker.

The project which is the subject of this thesis started from this recognition, that a case work service in the House would be a means of enhancing the service already provided. A secondary possibility which it was thought might be tested out, was that closer working relations between group worker and case worker would be productive. The referral process between group workers and case workers might be facilitated; greater familiarity with the process by agency workers would encourage referral both in and out of the agency; better mutual understanding, and closer working relationships between case workers and group workers in the field could then be developed and, in general, the project might provide an experience which would be helpful in solving the problems of case work-group work referral in Vancouver.

The service was set up to serve: (1) children and adults referred to the House from other agencies; (2) children and adults who came to the

House seeking group work services; (3) members of the community who had particular problems, and wished help in finding a community resource which might meet their need. Case work service was provided by two second-year case work students, who were placed in the House for a period of seven months, for a second-year experience in field work.

Supervision for the students was provided by a (case work) faculty member from the University, with considerable experience in institutional work, and in setting up new services. Administrative supervision was provided by a (group work) faculty member who was the University consultant for the agency, and who had a good deal of valuable experience in the integration of services, and in administration.

The Physical Setting.

The neighbourhood house in which this project was conducted is located in the centre of one of the city's oldest residential areas. This is a "transitional" area in the terms of the sociologist, and it provides a variety of types and of quality of accommodation. According to school and other statistics, population is quite mobile, newcomers settling temporarily until quarters in a better neighbourhood can be found. It is an area which also attracts old-age pensioners, working mothers, and single men and women who are alone in the city, because of its nearness to the beaches, shopping and the downtown business section.

1. West End Survey, Group Work Division, Vancouver Council of Social Agencies, Vancouver, B.C., May, 1941.

2. Norrie, R.E., Survey, Report of Group Work And Recreation of Greater Vancouver Community Chest And Welfare Council, Vancouver, B.C., 1945, p. 51.

It is believed that there is a high percentage of family breakdown in this area, although there are no reliable statistics to show this.

Estimates made by social workers and teachers during the period from 1949 to 1951, suggest that from thirty-six to sixty percent of school age children are from broken homes.^{3,4,5.}

The need for a neighbourhood house in such an area is quite apparent. The House was established in accordance with the best traditions of the neighbourhood house movement, to serve the total community as well as House members; to contribute to the social development of the community and of the individual; to provide a place where people can come together for the purpose of solving common problems; to serve the individual by offering him the advice and help of professional staff in using other community resources, and to further democracy through the practice of democratic principles.

Membership in the House is open to children from two years of age, when the child may enter Nursery School, and to adults of all ages. Although membership is theoretically limited to residents of the area, referrals are accepted from other social agencies if the kind of service the client requires cannot be provided in his own community. The approximate total membership during the period of the project was

3. McKenzie, Mrs. Kay, Gordon House Staff Meeting, Vancouver, B.C., January 31, 1950.

4. Hutchinson, Fred, "Casework Service In A Neighbourhood House: The Administrative Aspects Of Its Establishment And Operation", M.S.W. Thesis, University of British Columbia, 1952.

5. Furness, Ann, "Membership Study", Gordon House, Vancouver, B.C., 1950-51.

forty nursery school children, two hundred and fifty children between six and twelve, two hundred 'teen agers, and six hundred adults.

The House provides club rooms for friendship groups, a gymnasium for larger and more inclusive gatherings and sports, kitchen facilities, an arts and crafts room, a card room, lounges, a reading room for the adults and a music room for children. Structurally the House consists of two buildings, and a gymnasium. Most of the program for children goes on in "Junior House", and the adult program in "Senior House", the gymnasium being used for both.

There is a trend in neighbourhood house philosophy to place more emphasis on family membership, and an attempt is being made to bridge the gap which exists between the two Houses by having a group of seventeen-year-olds meet in Senior House. The members of Senior House tend to regard the juniors with suspicion, and are happy that they have a separate building because of the noise the youngsters create. Senior House having been long forbidden ground to the juniors, entering it is quite an exciting experience to them. Some success in melding the different age groups has been found in money-raising projects such as a "country fair."

Junior House is open five days a week; from nine A.M. to three P.M. for the Nursery School; from three P.M. to five P.M. for six to twelve-year-olds, and two evenings each a week for intermediates and seniors, who are the twelve to fifteen, and fifteen to eighteen-year-old groups, respectively. Senior House is open every day except Sundays and holidays, and group meetings are scheduled.

The House is administered by an Executive Director assisted by an Assistant Executive Director. She is responsible to a Board of

Directors, through a House Committee. The administrative structure is departmental, and the heads of departments are, the Director of Boys' Work, the Director of Girls' Work, and the Nursery School Supervisor. The Young Adult Department, and the Senior Citizens Department come under the Executive Director and her Assistant. The secretarial staff of two, and the janitorial staff of two are directly responsible to the Executive Director. Each House has an Advisory Committee of citizens of the community, and there is also a Nursery School Advisory Committee. There are various standing committees, which are responsible to the Board of Directors, and which are concerned with finance, buildings and grounds, personnel, and public relations. The membership participates in the administration of the House through its House Council, which is made up of representatives from the various groups.

At the time of this study, the House was staffed with a good percentage of trained workers. Three women workers had second year training in social work, with specialization in group work, and one woman part-time worker had second year training in social work with specialization in case work. The only male full-time worker was partially trained and was attending courses at the University. One woman part-time worker had no postgraduate training, but had specialized in psychology for her University degree. There was one woman worker who had no University training, but had years of experience in the field. There were two qualified nursery school teachers in the Nursery School. Three second-year group work students and four first-year students were placed in the House for field work. Volunteers and craft specialists in art, pottery, woodwork and leather were used extensively, numbering about thirty.

Volunteers and crafts teachers were supervised by trained workers or by second year students. A volunteer's manual was in use, and considerable time was spent in orienting volunteers. The staff entertained the volunteers annually at a friendly meeting, a token of appreciation and at the same time a means of interpreting House function and the value of the volunteers' services.

The Group Work Function.

All meetings of groups in the House are attended by a staff member, which enables the trained staff to put group work techniques into practice. "Interest" groups bring people together who have a common interest, such as dancing, crafts, sports, or a desire for discussion.

"Friendship" groups require a prior bond of friendship or acquaintance between members. These groups take advantage of the proffered club room facilities, and plan the activities which they as a group wish to follow in the House. Because friendship groups are the most cohesive, offering the individual member emotional support, and because there is a good deal of interaction between members, on an emotional level, they provide the best opportunity for the practice of group work. The interest groups in which anyone can participate without friendship connections, provide an entree for those who wish to find friends, and the aim of the group worker in these activities is to help members move on into friendship groups.

The House seems to attract many children and adults who have emotional problems which prevent them from getting along comfortably in ordinary community clubs and groups. For these people the House provides a protected setting, and staff who understand and accept their behaviour. They are helped to develop an ability to participate and to be accepted

by other members, and thus to express and satisfy frustrated social drives. The attitude of staff is a friendly accepting one, and there is a tendency for members to imitate it.

Some members of the House have difficulty in participating in groups even with the help of the group worker, and despite the fact that the demands of some of the groups are very slight. Although apparently gaining few satisfactions from the House in terms of friendship or "having a good time", these people often continue to be very regular in attendance, and are the first to arrive at meetings and the last to go home. These are people who apparently have been very deprived in their family life, and have not had the emotional satisfactions necessary for emotional growth. Their affectional needs are abnormal, the accepting group workers provide something in the nature of what they are seeking, and hence become parental figures to them in their unconscious minds. In a sense it may be said that such members are actually looking for a good parent, and hope to realize this kind of relationship through the group worker. They compete with fellow members for the group worker's favour, and thus arouse hostility against them in the group.

Since there is a permissive atmosphere in a neighbourhood house this encourages such a person to express his feelings, and conflicts and tensions which have been developed in the family in relation to parents and to siblings, are reawakened in the House. These are manifested in accordance with the pattern which he has developed at home, which may be either one of active expression, or of repression and withdrawal. The first method is particularly the one used by the so-called "delinquent." He does not recognize that the behaviour is an inappropriate way of

dealing with the cause, because he is mainly concerned with effects, and in this way relieves the discomfort of emotional tensions.

Because it is an unconscious act of protest against previous injustices he has endured, he feels justified. As a result he cannot accept the idea that he needs help. On the other hand, the person who tends to withdraw from contact with other people does so because of his negative feelings toward people. He represses these feelings, thus building up tensions. Then, because he has no means of relieving these tensions, he realizes his discomfort. He is often more accessible to help than the person who "acts out" his feelings, yet his problem is often overlooked because he is not a disrupting influence in the group. He does not represent the future lawbreaker, but he may become mentally ill.

One of the problems of the emotionally deprived person in the group, is often an inability to share the leader, whom he feels is his parent, with other members of the group. He makes excessive demands on the leader, which cannot be met because of the very nature of the leader's relationship and responsibility to all the members of the group. The leader cannot give him the kind of individual attention that he needs, either in the group or out of it, because he must maintain an equitable relationship with the group as a whole.

In group work terminology, these people who evidently wish to relate to others, since they do attempt to participate in a group, but who are unable to do so successfully, are aptly called "fringe" people. They are on the "fringe" in terms of their participation, the degree to which they are accepted by other members, and their ability to grow through the group. They are people who cannot get along happily in a group be-

cause they have never learned to do so with individuals. The mother is the instrument by means of which the child moves from narcissism to object love, and they have missed the satisfying mother relationship which one must have before he can develop a healthy social interest. Therefore the primary need of these people is a satisfying positive relationship with an individual. They must learn to participate in a face-to-face relationship, and to have confidence in others. They must be helped to realize their individual assets and to gain self-confidence so that they will be able to experience satisfactions in the group. The case worker often has to play a mother role with a child who has not had this first satisfying experience, as a person-to-person relationship which paves the way to a person-to-group relationship. This is a function of a case worker, and the point where the group worker refers the client to the case worker is when he realizes that the needs of the client, as an individual, are greater than the group can meet.

The Nursery School.

The Nursery School is primarily organized on educational lines. It seeks to teach the child an acceptable plan of living, an appreciation of social life, and the beginnings of formal education. Discipline and routine are provided to prepare the child for the discipline and routine of the public school. The mediums of teaching are regular routines established around the necessary functions of eating, sleeping and toilet, and organized play periods. The child is required to accept the habit routines, but all activities are arranged so that he might find them interesting and satisfying. He is praised for achievement in order that he can realize enjoyment in conforming, and find the effort necessary

worthwhile. He is helped to feel independent, and encouraged to take responsibility. The play periods provide an opportunity for him to discover the pleasure of social companionship in activities with others. He is given freedom to explore in order that he may learn through experience the consequences of his acts, and methods of solving his problems.

The teacher assumes a directive, and at times a manipulative role. Discipline is sometimes taught by arranging the results of a child's acts so that he will choose desirable patterns of behaviour. The perils of frustration and failure are recognized, and the child is helped to succeed in his endeavours whenever possible.

If the child has minor emotional problems, it is the belief that there is a therapeutic effect in the pleasures and rewards found in the organized activities of the school, and in the skilled help given by the trained supervisors when difficult social or individual problems arise. Treatment is considered the function of a specialized clinic, such as the Child Guidance Clinic; not a social work skill.

The family is reached through parent study groups and through individual discussion of problems with parents. This is also on an educational basis. In cases where serious emotional problems are evident, referral is made to the appropriate agency. The aim of work with the family is to teach the parents the methods of child training which are used in the school in order that these can be continued in the home. Home visits are social in nature, at the invitation of the parent, and only a few homes were well known at the time of the project.

The philosophy, methods and techniques used in the Nursery School differ from those of social work in a number of ways. There is little

attempt to diagnose problems on the basis of the dynamics of human behaviour. Personality is assessed in terms of the child's ability to play; the use he makes of the play materials; his ability to conform to the established norms of habit and conduct; his ability to learn; his ability to concentrate, or his ability to express himself appropriately. Work with individuals is carried out in the group setting, and the group is not consciously included. Interrelationships in the group are not used to achieve either group or individual development.

Problems Of Setting Up The Service.

Owing to the shortage of time to plan and prepare for it, the project was concerned mainly with setting up the service during the first few months. This involved: (a) clarification of agency policy to cover the new services; (b) working out of an intake procedure for case work; (c) determination of the relationship of the new services to those which already existed; (d) determination of the lines of responsibility; (e) adaptation of the office structure for case work purposes, and (f) the integration of the new staff into the structure. A number of administrative problems were encountered, and the job which could be done in actual case work was retarded as a result.

Interpretation had to start from the beginning because many board members thought of the house as a recreation centre rather than as a neighbourhood house. It was necessary to clear with the board that the house was intended to provide community services, in order to validate the use of the case workers.

Clarification of the lines of responsibility was necessary in

order to make possible the working out of methods of administration for case work. There were two administrative bodies concerned with the project, that of the House, and the School of Social Work, and their respective objectives had to be allied.

A method of intake for case work in the new group work setting had to be worked out, since the general registration of members for house activities was not sufficiently selective. For group work purposes, all who sought membership in the House and were accepted, were automatically accepted for group work. Case work could be offered only to those who were seeking help, in the case of adults, or whose parents wished them to have help, in the case of children, and who had problems of an individual nature. It was necessary, therefore, to compile all available information, and to give it some diagnostic study, before accepting the client for case work services.

It was necessary to determine how the case work service would function in relation to the other services provided. There was a problem of clarifying the respective roles of the case worker and the group worker, and of showing how one service should relate to the other in the setting. These two skills, although having a common basis in social work, appeared to have become separated, and there was a need for better understanding of the other, on the part of each. Also there was a third service in the House, that of the Nursery School, which based its practice on a different school of psychology than that of the social workers.

The need to establish a practical method of referral between group work and case work was a problem. ^{6.} David Franklin, in his thesis

6. Franklin, D., "Case Work-Group Work Referral", M.S.W. Thesis, Department of Social Work, University of British Columbia, 1949.

points out how few referrals are received from case work agencies by group work agencies. He believed that this was due to the fact that the client, although prepared for case work by the group worker, does not follow through by going to the case work agency. Perhaps Mr. Franklin's observation is an indication that the client was not being helped sufficiently by the group worker to face his problems, to enable him to move toward treatment. Interviewing skill, and an understanding of the individual, must be quite highly developed if a worker is to help a client in this way. A great deal of interpretation was necessary in order to achieve an adequate working relationship with the staff of the Nursery School. The Nursery School had an affiliation with the Psychology Department at the University, through board and advisory committee members. There was a desire on the part of the Psychology Department to use the School as a work shop where its students could develop treatment skills. However, the case workers thought that the Nursery School was hesitant as a result, to accept case work services.

The case work supervisor met with the Advisory Committee of the School on one occasion to discuss the problems of disturbed children, and the ways in which a case worker might help them. There was a great deal of opposition to the case worker's theories of child development, and she was not allowed to continue. When she mentioned that sometimes during treatment a child might regress, the general opinion of the group was that this "could not be allowed", as the child might become a problem at the School. In view of this, and in view of the Committee's policy of refusing applications where emotional problems are apparent in the child, it appeared that there was a desire to avoid having children in the School

who would exhibit disturbed behaviour.

The physical structure of the agency was a source of difficulty for the case worker, because it was not suited to the needs of case work. It was difficult to find a room suitable for interviewing. In an agency devoted to group work, office space was limited. It was decided that a play room would be the most useful type of room for interviewing children, and a room in Junior House was designated for this purpose. Money was allotted by the House committee for furnishings. It was soon found that this room did not provide the necessary privacy and quiet however, and so a second room was suggested on the third floor of Senior House. This room had disadvantages in being some distance from Junior House, and because it had to be reached through another room in which sewing classes were usually in progress. However, it did serve the purpose of the project until a better room could be made available. It was furnished with a doll's house, dolls, modelling clay, drawing materials, games, play soldiers, model cars, airplanes, trucks, old magazines, finger painting materials, play clothing, jewelry, and other toys which it was thought would be useful to help a child express himself in play.

Due to limited office space, it was necessary for the case workers to arrange for the use of a club room, or one of the directors' offices when they wished to have an office interview with an adult. Interruptions were quite common during interviews, because no one room had been designated as an interviewing room for the case workers, there was not a general appreciation of the importance of privacy and lack of interruption in a case work interview, and people did not hesitate to interrupt an interview if there was something that they wanted in the room.

The case workers did not think that there was the emphasis on the confidentiality of records in the neighbourhood house which one would wish for case work purposes. There was only one steel filing cabinet which could be locked, available, and the case workers were given the use of this. The respective requirements of group work and case work in regard to confidentiality had to be discussed and clarified, and standards set up.

The use of volunteers as receptionists was not desirable for case work purposes, as it was impractical to provide the necessary orientation. They changed from day to day, and from week to week, and could not give the dependable service in taking phone calls and messages that a permanent office secretary could. This was a problem which could not be altered.

These are some of the immediate problems which were met, and which were implicit in the use of a plant which had not been intended to house a case work service. Also of concern, were the problems involved in the integration of the services already provided with the case work service. Discussion of these has been reserved for the final chapter, when the reader will have in mind the case material which is presented in the chapters which follow.

The Case Material.

This thesis is based on an analysis of twenty-one case records which were compiled by the case workers during the project. Two of the cases have been omitted from the text because they contained too much identifying information, but they have been considered as part of the total experience. This was necessary as one was that of the only young adult worked with, and the other that of the only older adolescent.

The case records have been summarized, analyzed and discussed in such a way as to present the role and performance of the case worker in the House, in terms of a diagnostic description of the problems dealt with, methods and techniques used by the worker, and benefits accruing to the client. This serves to describe how the project was unique in types of problems, and methods used. It also points up the advantages and disadvantages of the particular setting for purposes of case work treatment.

To show the scope of the new service in the community, thought was given in analysis and discussion of the case material to the sources of referral. The table below sets out the numbers of people referred from the community as compared to those referred from the House membership. Attention is also given in the discussion of cases to the workers' relationships with other community agencies.

<u>Persons Referred For Case Work During The Project.</u>			Total
Persons Referred	Group	Referred From: Community	
Pre School Children.			
boys.....	1	0	1
girls.....	2	0	2
Children, aged 6-12.			
boys.....	2	0	2
girls.....	3	1	4
Adolescents, aged 12-18.			
boys.....	1	1	2
girls.....	3	0	3
Adults.			
men.....	1	2	3
women.....	0	4	4
total 13		8	21

For purposes of analysis the cases were classified in accordance with the age groupings used in the House in planning group work program. The table above also shows this breakdown, and the numbers worked with in each sex. Thus each of the middle chapters deals with a different age group.

Certain advantages accrued from having a case work service in the House which were not directly beneficial to the people who received case work, and which do not all come out clearly in the case material. These are, however, important in evaluating the performance of the case worker. They have been given consideration in the discussion of the case material, and in the evaluation of the project as a whole.

Although the sampling of cases is small, it is believed that the validity of the thesis is strengthened by the fact that the writer was one of the case work students who took part in the project.

Chapter II.

THE CHILD FROM TWO TO SIX.

In working with the two-year-old one is constantly aware that he has already become a complex being in whom individual needs and characteristics are well developed. At this age, the child whose emotional needs have been adequately met begins to emancipate himself from the mother. He is interested in exploring the world of adventures and objects around him, and as he advances toward the age of three, discovers the social world. His interest in play enlarges to include others; he learns to play games, and he seeks companionship in his play. Past the age of three, the child's awareness of his father, and of the social triangle of which he is a part with his parents, precipitates him into a world of specific fears and attitudes, and the more general feelings which he has previously held about life, find a focus in the parental figures. The parent, no longer merely the ministering mother, has a new quality which appears with the child's discovery of the two sexes. His interest is centred on the parent of the opposite sex. If this parent can satisfy his interest, and also establish for the child the realities of the relationship between them, Oedipal problems will be successfully resolved. The child will discover a relationship between himself and his parents which can assure him of emotional health and growth; one in which he has two supportive parents, each related to him in a different way, each performing a different function on his behalf, but working together to give him the strengths of maturity.

The disturbed child in the nursery school group is inevitably concerned with problems which involve a defective relationship with mother, since she is the person who plays the dominant role during this early phase

of his life, and hence is the parent who is most meaningful to him. This usually means that, in planning treatment, the focus of treatment may be on the mother, and the child may need a substitute mother, through whom he can experience the emotional satisfactions which he has missed with his own mother. If treatment is successful his own mother will be able to assume her role in a better way, and the child will continue to grow emotionally because his needs are being met.

The Nursery School Group.

There were forty children between the ages of two and six enrolled in the Nursery School, which provided the agency's services to the pre-school child. The School was filled to capacity, and there was a long waiting list.

The majority of the children in the School came from stable families; that is to say, families in which both parents were in the home, relationships were good, and there was an adequate income. Only three children did not have this kind of a background. Two were from broken homes, which had resulted from a divorce and a separation; the third child was illegitimate, and had known no father figure. These three children were being supported by their mothers, and lived with them in the homes of maternal grandparents.

The most frequent reason given by parents for applying for Nursery School placement of their child, was that they lived in an apartment building where there was no play space. Another common reason was that the mother was not well, and her doctor had recommended that she be freed from the responsibility of caring for the child during the day. Eight children had been enrolled as a result of referrals; two were referred by pediatricians because of feeding and habit training problems; three by the City Social Service Department because of problems arising from illegitimacy, divorce and separation; two by the Family Welfare Bureau because of behaviour problems; one by the Child Guidance Clinic because he was slightly spastic and showed a

tendency to block emotionally.

Services Provided By The Case Workers.

Many families who applied for the placement of a child in the Nursery School had serious social problems, and needed case work services. The first use that the Nursery School staff suggested for the case work service in the School was to handle the referral of these families to the appropriate agencies in the community. The Nursery School staff thought that case workers helped people only through manipulating their environment and giving information about resources. They were not aware of the treatment function in case work, nor were they aware that a successful referral sometimes requires fairly intensive case work. Their conception of case work is reflected in the statement set up by the agency concerning the function of case work, namely, "that the case workers would help members of the community who had particular problems, to find the community resource which could best meet their need." The case workers did not believe that they should function on the environmental level in handling problems which could be handled by the group worker, or that they should extend their services by offering intensive help to non-members for whom there were other community resources. Moreover, referrals of this kind from the School did not help in the development of a case work service for the pre-school child.

Interpretation of the role they could fill, and the kind of work they wished to do, brought the case workers three referrals of children who were in the School. This occurred toward the end of the project.

The Problem Of The Broken Home.

7.

The three children who were referred to the case workers from the

7. Only one of these children was actually interviewed by the case workers because of the shortage of time, and other factors, such as the breakdown of the referral process, referred to subsequently.

Nursery School group came from homes where there was no father, and where the mother was attempting to support herself and the child by working outside the home.

One of these children, Laverne W., was four-and-a-half years of age, and had evidently experienced rejection from her brother, and probably from others. Life to Laverne seemed to mean unhappiness, conflict, unrewarded effort, and instability. Her feelings were evident in her choice of colors, in her crying spells, in her unresponsiveness, in her fear of dogs, in her habitual falling, in her thumbsucking, and in her restlessness while sleeping. Laverne cried for her mother and looked for the satisfaction of her need in other adults. She showed little interest in other children because the experience she had had with them in the person of her brother had been painful and unsatisfying. Laverne was still performing on an oral level emotionally, as evidenced in her thumb sucking. She was looking inward for comfort and satisfaction rather than to those around her. Her sleep was disturbed because her troubled unconscious was seeking expression.

8.

Laverne had attended the School since she was three years of age. Her older brother had also attended for a short period of time, and an antagonistic attitude was noticed between them. Laverne always seemed to have poor balance when left alone. On her first day at school she fell and cut her nose badly, which resulted in having stitches put in and a night in the hospital. When her brother stopped coming she came to school by herself and often arrived crying. Sometimes she said that she had been frightened by a dog, or had fallen. Frequently she could give no reason for crying. She would not stop until she had been held and comforted by an adult. Laverne would sit by herself for half an hour at a time, sucking her thumb, which was a habit from babyhood. She seemed oblivious of her surroundings then. She was restless during the sleeping period, but would settle down if an adult sat near.

There were strengths in Laverne's personality which one could relate to strengths in her background, and which might have been used to help her. She showed ego strength in her ability to come to School alone at the age of

8. Single spaced type denotes case material taken from summaries of actual case records. Double spaced type is the writer's analysis and evaluation of the case material.

three; in her ability to participate in the singing, and to sing alone.

She had intelligence, and she had ability to conform.

Laverne always played alone, except during the music period, and then she would join in the group singing. She liked to sing alone, and she enjoyed the action songs. She enjoyed the sand box and the swings. She liked to draw, always using black crayons. Laverne's routine habits were good, she learned quickly, and was cooperative. She ate well, and muscle coordination was good.

The family situation illustrated the unfortunate manner of planning which immature people/often employ when they have failed in marriage. Mrs. W. regressed in face of failure, and sought to become the gay, carefree girl of pre-marital days, dependent upon her parents. Unfortunately, these parents were now less adequate than ever, and her divorced sister, now having problems which intensified her former negative personality qualities, was also in the home. It became apparent that Laverne had known little genuine affection, she had competed unsuccessfully with her brother for her mother's love, and her problem with her brother seemed to be a perpetuation of her mother's rivalry with her aunt.

Laverne's parents were separated, and the children lived with the parent of their own sex, because the mother believed that this was best for them. Mrs. W. was obviously much fonder of her son than of Laverne. Laverne and her mother lived with the maternal grandparents, and a maternal aunt, Mrs. V., and her daughter Betty V. Mrs. V. was divorced from her husband and worked in an office. Betty V. attended the nursery school with Laverne. The grandmother found the children difficult to manage. If Betty was given something and Laverne was not, Laverne would have a temper tantrum. There was rivalry between Mrs. V. and Mrs. W. The grandfather was away a good deal as he had a traveling job. He seemed irresponsible and disinterested in the problems of his family. Mrs. W. was an attractive, likeable woman, who had many men friends, and who led quite a gay social life.

Mrs. W., like Laverne, was seeking a mother as shown in her tendency to talk about her problem without being willing to do anything about it. She was looking for the good mother who would solve her problems for her. As a result she was inadequate in her role as Laverne's mother.

Mrs. W. often discussed her problems in her family with the nursery school supervisor. She eventually expressed a wish for help. It was suggested that the case workers might help her. She said that she feared that the discord which was mounting in the home was having a bad effect on Laverne. Three appointments were made for her with the case workers, but she did not keep any of them. Her attitude in speaking to the case work supervisor on the phone was light and carefree.

Laverne's mother was young and energetic, and able to support Laverne financially. The case worker might have helped her meet her responsibility for Laverne's emotional health more adequately. Play interviews with Laverne might have helped her mature and give up oral satisfactions which she clung to because of her need for a good mother. This maturity could have been accomplished through building her ego, helping her to express inhibited wishes and impulses, and thus enabling her to function eventually as a social being. If Mrs. W. were being helped to grow at the same time, she would eventually assume her full maternal role, and the case workers' job would be complete.

This case illustrates some of the difficulties encountered in making a good referral. The client's immediate need when he first asks for help should be recognized at that point, if a relationship is to be built which will make referral possible. There must be some understanding, on the part of the person referring, of how the unconscious functions. In this situation the mother expressed the need which it was socially acceptable for her to express, but not her own real need. Until this got recognition, she was unable to take the initiative necessary to carry through with the idea of seeking help for her child. Help was offered her as a mature mother who puts the happiness of her child before her own. She was not functioning on this level and so could not use the help offered.

Laverne's cousin, Betty V., was another child whom the nursery school staff wished to refer to the case workers, and it had been hoped that she would be reached through a successful contact with Mrs. W. When this failed, there was no time to make other attempts to help Betty, as the project was nearing completion. Betty also showed a lack of development of social interests or abilities. She tended to withdraw, but was more outgoing than Laverne and was able to befriend one other child at school. However, when she lost this friend Betty did not make other friends. She began to turn her interest to things which took her away from people, as Laverne did. She seemed to feel that life held little but disappointment for her.

Betty V. seldom joined in the play with the other children. She became friendly with one child, but this child left the school at Christmas time, and Betty did not make other friends. Betty would play with the other children in the doll corner occasionally. During the free play period she preferred to look at a book, or work a puzzle. Sometimes Betty's face would light up and she would relate some incident from home which usually concerned her cousin Laverne. One time she came to school beaming. She said that she was to have had her tonsils out, but her grandmother "prayed to God that they would go down, and they really did." Betty gave the teacher the impression that something she had hoped for had at last come true.

Such children as Betty V. and Laverne are easily drawn into play interviews because they feel a need for a mother, and so they welcome the attentions of an interested adult who approaches them with warmth. Jimmy B. is another example of the same kind.

The Problem Of Illegitimacy.

Jimmy B., four years of age, had problems which had inhibited his emotional and his intellectual development. He seemed to have the intelligence of a child of two, and did not have the social interest which is

normal for his age. He also showed symptoms of withdrawal and of emotional repression. He apparently had not found life to be a rewarding experience for his affectional needs had been seriously neglected. He had had little incentive to make the effort necessary to achieve social satisfactions, and found satisfaction in objects rather than in people.

Jimmy did not seem to fit in with his age group, and so he was encouraged to play with children who were one or two years younger. He did not talk well and would attract the attention of the supervisor by jumping up and down and by making "silly" noises. He sometimes preferred to sleep while the others were playing. Sometimes he would sit silently for long periods by himself. He showed an abnormal attachment for objects. For example, he would become upset to the point of tears if someone tried to remove an extra sweater that he was wearing. One time he would not go home from school because he could not find his sweater. He would play with a particular toy for weeks on end, and no other, and would refuse to give it up.

Jimmy's problem was bound up with illegitimacy, and the desire of an inadequate mother to make a home for him. Miss B., having also suffered emotional deprivation, was unable to form normal affectional ties. Because she was a passive person, she repressed her need for affection and her feelings of resentment toward the mother who had deprived her. She found the opportunity to express these feelings and to satisfy them in her relationship with Jimmy's father. While hitting out at her mother in becoming illegitimately pregnant, she found others who would provide her with affection, first Jimmy's father, and then Jimmy.

Miss B. was a placid person, and gave the impression in the interview that she was used to doing what she was told. She was the youngest of eight children. She said that there had been little love in her family. She had never had rapport with her mother, who was very strict. Miss B. met the father of her child at a public dance hall, and went out with him for about six months. During this time she had intercourse with him regularly, and expected to marry him. When she discovered that she was pregnant he told her that he was already married, and had children, and she did not see him

again. Following Jimmy's birth, Miss B. could not give him up. She was unable to work steadily because she was often ill, and had several operations of a gynaecological nature. She applied for social assistance.

Miss B. had two main emotional problems, which unfortunately came into conflict with each other. She had a strong need for affection, and at the same time a need to be dependent. In being ill she satisfied her desire to be dependent. However, illness threatened her ability to keep Jimmy, her source of affection. Her illness also threatened her means of relating to men, the only other means she knew of satisfying her affectional needs. She was anxious as a result, and also guilty, because illness represented punishment for immoral behaviour, which her mother's attitude would have led her to expect.

Jimmy was more outgoing at home where his mother played with him a great deal. He liked to dance and to sing. While in the hospital, Miss B. worried a great deal about Jimmy. She also worried about losing her sexual desire. She often had dreams about having intercourse with men.

Miss B. had a poor moral sense and lacked a normal feeling of self-worth. She had a need for companionship but did not know how to find it. She lacked the ego strength necessary to assert herself socially, or in employment. She was unable to meet her problems in a realistic way as a result, and her method of dealing with them was to retreat into illness.

Jimmy's mother dressed poorly and unbecomingly, and was awkward in her movements. She said that she did not go out with men because she was afraid of becoming pregnant again. She went to shows and dance halls occasionally, but had no other form of recreation. She expressed a desire to meet "a nice crowd of people." Miss B. had had little success in employment, going from one job to another, and had no training except for waitress work. Miss B. had been in the Army, and had been discharged because of a stomach condition. After that she only worked sporadically because of her health. She was restless in her sleep and woke up tired in the morning. She said that she "just pushed her feelings about her problems down inside her."

The family setting was an abnormal one. All the women in the home had had an unhappy experience with men, and it is logical to suppose that they were hostile toward men. This, in addition to the fact that there were no men in the home, indicated problems for Jimmy later on.

The maternal grandmother identified Jimmy with herself and this made it difficult for her to deny him anything. Jimmy sensed that her love for him was not healthy, and so he revolted against her. Then she identified him with his mother and rejected him.

Jimmy lived with his mother in the home of his maternal grandmother. A maternal aunt who was divorced from her husband also lived in the home. Jimmy's grandmother had also been an illegitimate child, and was now separated from her husband. Although she had had many negative feelings about Jimmy prior to his birth, she had come to love him afterward and could deny him nothing. He was very disobedient with her. She found him most unmanageable when his mother was away, and said that he was "getting wild like his mother."

During the worker's contact with her, Miss B. found it difficult to face her problems and to use the services offered. She was actually shopping around for a satisfying emotional experience for herself.

After her initial interview with the worker, Miss B. did not keep appointments. She discussed her problems with a number of workers with whom she came in contact. She then became ill again and had to be hospitalized.

Miss B. needed help of an intensive nature. She needed to achieve emancipation from her mother, and learn to function independently. She needed to acquire enough maturity that she would be able to help Jimmy develop, and would not remain dependent on him. She needed to be able to face her problems realistically, and to deal with them in a realistic way. She also needed to become self-supporting, and to find satisfactory social outlets.

For Miss B., the worker was able to enhance the services already offered by means of diagnostic service, and also by use of other social

work resources. She was able to demonstrate the kind of cooperation that could be mobilized in the community in order to help the client. What might have been accomplished in the way of direct help for the client failed because of lack of time to prepare Miss B. for referral adequately, and because the resources which were available in the community were inadequate to cope with her problem.

The role of the House case worker for Miss B. and Jimmy, was to complete a referral to the community resource which seemed most likely to serve their continuing need, when it became clear that this might not be possible in the House, because of the critical nature of her problem, and uncertainty as to whether case work services would continue to be available in the House.

The City Social Service Department had referred Jimmy to the Nursery School originally in an attempt to help him with his problems through changing his environment, as they recognized their own inadequacy to help him by means of case work treatment. They also recognized that other resources in the community were limited. When Jimmy was referred to the case workers, the City Social Service Department made their record available for reading, and agreed to encourage Miss B. to use the case work help which the House could offer. Both Jimmy and his mother were to have case work services for the purpose of diagnosis of the problem and referral. Following interviews with Jimmy in the play room, and office interviews with his mother, a conference was held which was attended by representatives of the agencies that had known Miss B. They thought that Miss B. was very disturbed and needed psychotherapy. After resources had been explored by the House worker, a second conference was held, and it was decided that the Child Guidance Clinic could best serve the need. The House worker made this referral. The Clinic did not think that Jimmy was sufficiently disturbed to be eligible for their services, and therefore they could not offer services to the mother.

Work with Jimmy B's problem, which was a direct result of his mother's problem, illustrated the value of a family setting, which provided not only services but satisfactions for the mother and her child. This situation was most favorable to working with the family as a unit.

This case is suggestive of the possibilities there are in a neighbourhood house setting for helping an unmarried mother who has tried unsuccessfully to give her child a secure home. The trained workers, both group work and case work, can give ego support, help her to develop meaningful relationships with people, satisfy her dependency needs until she is able to function independently, and also provide a sense of being loved. In the group particularly, she can find friends who give her acceptance, which will contribute to her ego development, and a sense of belonging which will also provide satisfaction for her dependency and affectional needs. At the same time she will feel responsibility for her child less because it is being shared by the case worker, the good mother. As the mother gains emotional strength, a situation is created which would be most conducive to achieving, with her cooperation, a satisfactory plan for the child.

These Experiences Had Significance.

The pre-school children who were referred for case work thus presented problems which involved rejection, sibling rivalry, emotional repression, withdrawal symptoms, and behaviour problems. These appeared to stem from parental problems of divorce, separation, and illegitimacy. It was interesting that, in all three families represented the problems of the child could be traced quite easily to the problems of the grandparents as well as of the parents. This suggested perpetuation of problems from generation to generation, and the need for objective help from a source outside the family if the trend is to be corrected. The children all showed strengths which promised comparatively simple correction of problems at this early stage of development, dependent on successful work with the parent, or placement.

The families of Laverne W. and Betty V. showed strengths which indicated that their problems could have been dealt with by the services provided in the House. Jimmy B.'s problems, including those of his mother, were more severe, and called for psychiatric help which could only be offered by a specialized agency. His needs could not be met in the House. However, it did seem that the House could provide a specialized service to some unmarried mothers.

In work with the pre-school child it would appear that his emotional functioning is closely allied to that of the mother, and that a disturbed child inevitably means a disturbed mother. For this reason, it appears that the emphasis in a plan of treatment is more likely to be on the mother than on the child, and on helping her to perform more adequately as a mother. In conjunction with work with the mother, the worker can serve the child's needs in the House, by offering him a substitute mother relationship in the play room, where he can also release his feelings through play; or by interpreting his emotional needs to the nursery school teacher who can help him in the same areas, through her day-to-day contact with him in placement in the school. If foster-home placement seems indicated, the worker can assist the child and the mother to accept this through her relationship with them, and through interpretation to the mother, and she can assist the placement agency by furnishing a study of the child.

The value of the nursery school as a means of finding cases should not be overlooked by a case worker in the House. The worker might develop this resource by offering diagnostic services, and also by helping the nursery school staff to develop a link and familiarity with the Family Agency, which should deal with family problems which are detected by the school through contacts with non-members. Because the Nursery School staff

lacks the background to perform the referral function on the case work level; however, it does seem that the case worker in the House should share with the School the responsibility of referring members.

In work with the Nursery School, problems of relating the two services limited the case worker's activities with children in the School. The case workers found that it was necessary to work out a common understanding with the Nursery School Committee, and also with the staff, with regard to the treatment needs of disturbed children. It was also necessary to interpret the treatment function of case work.

The Nursery School staff did not seem to have an understanding of the parent of the child in the School, nor did they pay much attention to unconscious motivation. This, with their lack of knowledge about case work, made it difficult for them to carry out a referral to the case work service in the House effectively, so that clients were found to be emotionally unprepared for case work, and unaware of the nature of the help that was being offered them, or of how it could be useful to them. This was a problem which it was not possible to work out during the period of the project.

Chapter III.

THE CHILD FROM SIX TO TWELVE.

The child who is in the latency phase of emotional development, which occurs between six and ten, is normally alert, controlled and disdainful of the opposite sex. He is looking beyond the home for new outlets and satisfactions, and finds these in the company of his peers; in gangs, clubs and secret societies. Theories to explain the phenomena of life are expounded, and energy is expended in games, horseplay, and make-believe adventure. The kinds of pursuits which are followed by the little girl show a preoccupation with becoming a woman, as those of the little boy are concerned with becoming a man.

The child who is in latency is trusting and friendly with an adult of his own sex. He welcomes an opportunity to participate in a group which is led by such an adult. Because he is concerned with the development of his ego, an adult leader represents for him an ego-ideal and provides him with the sexual identification needed at this time for emotional growth. The group provides the protective strength of the family, but relationships are less personal, and hence less demanding. At this age the child responds best to religious training, sexual drives are repressed, and the superego is in control. The influence of adults is as a result, important at this time in character formation.

In the eleventh and twelfth year, the child goes into a phase of development which is known as prepuberty. This is particularly true of the little girl whose body begins to change in preparation for motherhood. The child in prepuberty begins to give up repression of sexuality. He is more interested in himself as a sexual being, and also in the opposite sex.

The child in latency and in pre-puberty who is emotionally disturbed is struggling with problems which have arisen in earlier phases of development, and much of his behaviour is typical of these earlier phases. The seriousness of the child's disturbance is related to how far back the original problem occurred. The child who has had sufficient affection that he has been able to develop social interest, is the child who is likely to be helped in the group. The child who has been damaged by lack of affection during the oral and anal phases, and who as a result has developed very little social interest, will gain little from the group. Children at this age express their disturbance quite freely, and symptoms vary from over-aggressive acting out to extreme repression and conversion symptoms.

Many of the children in this age group who attended the House appeared to have had an unstable family background and resultant deprivation of emotional needs. Many could not find a place in the groups, but spent their time in the halls, sometimes participating in interest groups, and at other times attaching themselves to an adult who happened to be free. These children would continue to attend the House despite lack of friends. Those who did participate in groups often exhibited abnormal and uncontrolled behaviour. The House seemed to offer these children a protective setting. There was less emphasis on achievement than in ordinary groups such as Cubs, Brownies, and church groups, and greater consideration was given to the child's emotional vulnerability.

The group worker's aim is to provide an approximation of healthy family life to the child who has not experienced this at home, and this includes a parental type of affection from the group worker, which is expressed in ways which are appropriate to the particular child's needs.

The group worker recognizes the needs of a child in a particular phase of emotional development, such as the need for masculine identification in the boy in latency, and makes available clubs and activities which will help the child to satisfy these. The child is assisted to find and preserve the friendship affiliations which he most desires, and in latency this generally means those with his own sex.

During this project, the group worker in the House was puzzled about how he could help the "fringe" child in latency, because of his inability to give the child the individual attention which he so definitely asked for and needed. The case worker in the House could obviously be helpful in meeting this problem.

Case Work With The Child In Latency.

In the following case studies of six children in this age group, which were compiled by the case workers during work with them in the project, are more specific descriptions of the disturbed child in latency and in pre-puberty.

It is interesting that in working with children in the group work section of the House, the group worker expressed the idea, and it seemed apparent to the case worker, that the "normal" child in the House would have been considered abnormal in other community-group activities. In other words, it was thought that a large percentage of the less normal children of the community congregated at the House. As a result, many of the children who were referred to the case workers appeared to be very disturbed indeed.

Some Could Participate In Group Activity.

Larry P. was one of the least disturbed of the latency children referred. He belonged to a gang, participated in sports, and showed some

ability to relate in a positive way to other people. His negative attitude toward the House however, reflected a negative attitude toward society and toward authority.

Larry was a member of a loosely knit gang which the group workers were attempting to interest in House activities. Larry was antagonistic toward the House, and was often on hand when things were broken. He was not well accepted by his gang, and took an attitude of submission when with them.

His embarrassment at being friendly with the case worker suggested that Larry had negative feelings about father people. Evidently however, he also had a need for the attentions of such a person, and had been deprived in this area. As a result he was in conflict, the gang representing the opposing means of satisfying this need for a child of his age. There seemed to be some guilt on Larry's part about his relationship with the worker. In Larry's great need for prestige in his gang, and in his excessive rivalry, one could see the effect of his position as the youngest in a large family.

The case worker struck up an acquaintance with Larry in the House, and asked him to come to the play room to carry a chair up for him. Larry responded readily. He seemed to enjoy the play room, and the next week he asked the worker if he could "play with him again". This time, some of his friends asked him where he was going. He replied with a hostile, "never mind". In the play room he asked if he could bring his friends there. The worker explained why he could not. He played one game of checkers in an uninterested way and then wanted to return to his friends. The next week he came to the play room with encouragement from the worker. He appeared disheartened but did not say why. The worker later learned from the group worker that it was because he wanted to be elected president of his club but was not. The worker did not see Larry in the House again for about six weeks.

Larry, his emotional needs unmet, was looking for the satisfactions he had not found in his home, in the neighbourhood house. He was also reliving in the House the relationships he had experienced in his

home, and transferring to the House, attitudes engendered at home about people and society in general. Larry had some strengths because his mother had strengths, and she had made him feel that she cared about him. He was guilty about his relationship with the worker because his mother had not presented his own father in a favourable light, and Larry was probably aware of the hostility which it is likely that she held for men. Larry was insecure in his gang because distrust of people had been instilled in him at home.

Larry's mother had been separated from his father for about three years, and it was suggested that she was intimate with a male boarder who lived with the family. The family was not well regarded in the community, although the case worker thought that the mother showed affectional strength with her children. The children were having a difficult time at school, where they were inevitably blamed for anything that went wrong, if they happened to be near at hand. The mother's attitude was that certain things had happened to herself and her family in the past which had been misconstrued. She felt that society was against them, and that the children needed to learn to fight if they were to make their way in an unjust world. Mrs. P. was antagonistic toward her husband. The family received social assistance and the assistance worker had found Mrs. P. to be quite defensive in her attitude.

When the case worker first met him, Larry had needed support from his gang in order to accept the case worker. The group worker might have provided this if he had known Larry better, and had been sure of his relationship with him. Because of his own lack of confidence, the worker at first thought that it was necessary for him to manufacture reasons for Larry to come to the play room. This was not necessary, and did not build Larry's confidence in the worker, but rather aroused his resistance. When Larry got the support he needed from his mother, and when the case worker was more realistic in his approach, Larry was willing to accept help. Larry used the play room to express his problems, as it was intended to be used, and thus became accessible to help from the worker.

The worker visited the home and asked the mother to encourage Larry to see him. A few days later, Larry approached the worker in the House and began to talk to him. He agreed to go to the play room to talk when the worker suggested it. Jimmy, a friend of Larry's followed them to the playroom. The worker allowed Jimmy to stay, explaining that this was Larry's hour, and he would not be able to do so next time. From this time on, Larry came to the play room regularly, and showed a very positive attitude toward the worker. He became very aggressive and dominating in his play. He showed sibling rivalry in relation to a friend who was also seeing the worker.

The worker attempted to give Larry friendship on an individual basis, which served to give Larry self confidence and enable him to get along more adequately in the group. Work with the mother was designed to give her support, and to help her to understand Larry so that home pressures would be less for him. Larry showed progress during the few months contact he had with the worker.

The case worker was helping a child in this situation who was able to function in the group, but was not using the group to advantage. He was not sufficiently disturbed emotionally that he would have been ordinarily referred to the Child Guidance Clinic. He was one of the many who attend neighbourhood houses because of personality disturbance, but inhabit a "no-man's-land" where they are reached by neither group worker or case worker. He was the kind of child the case worker in the House would work with in order to help him use group work, with no need for other referral.

The interdependence of group work and case work is evident in the work with Larry. The case worker cannot reach the child without the support of the group worker, or a parent, whom the group worker represents. In the neighbourhood house the group worker can assume the function of the

parent in getting individual help for the child. It was conceivable in working with Larry that the participation of his mother was not necessary, and case work services could have been given on the same basis as group work services, as part of the total services to be expected by members from the House.

During his visits to the worker, Larry developed a friendship with another boy. His attitude toward the House was reversed, and he became a well accepted member of his group. He became active in group projects, and in a project for the House, a country fair, he sold twice as many tickets as he had been asked to do. He worked energetically on other phases of the fair. He took a more enthusiastic part in team games of his group. When the time came for the worker to leave the House, Larry showed his maturity by accepting this in a very manly way, saying that he hoped the worker would have a good holiday. The House worker was able to get closer to the mother because he was able to visit more often than the assistance worker could, and thus obtained her cooperation in the work done with her children in the House.

Mary K., an eight-year-old, was searching for something in the House which she lacked at home. Her behaviour in the group was indicative of feelings of anxiety and tension. She was fearful of people in positions of power, because they, like adults, had an ability to hurt her. She felt a need to control because this was insurance against hurt. She searched for the good mother, yet because of past experiences she feared close relationships. Her behaviour in the group suggested that she had experienced unhappiness and rejection at the hands of her parents.

Mary K. was a regular attendant of the Junior program, and was cooperative and creative in her group. She was an active child. She showed deferences to those in positions of power, such as the president of the group, and vented her hostility on the children who had least status. She was demanding of adult attention, and seemed to have learned at an early age how to manipulate adults. She daydreamed frequently, and was oblivious at times to the presence of others. She had no close friends, and appeared to be lonely.

Mary had been separated from her parents at an age when she could not understand it, and when the effect would have been quite traumatic. It was interesting that in the interviews she expressed a preoccupation with herself at that age.

In play, Mary expressed her feeling that her parents had rejected her, and her resentment of babies indicated hurt in relation to her siblings.

Mary related positively to the worker at first, and there was evidence of a transference in the way in which she attempted to put the worker in a mother role. It was inevitable, in view of the negative feelings which Mary had about her mother, that she would react negatively toward the worker as the contact became closer.

Mary often referred to the days when she had been two years of age. She often asked the worker to buy things for her, take her to the aquarium, as she said that her mother had done. One time when Patsy, a little girl Mary's age had come to the play room with her, the worker asked Mary to suggest what she would model in clay. Mary said "a good little girl." When the worker asked how old the little girl was, Patsy spoke up and said that she was five. The worker asked what was good about her, and Patsy said that she made her bed. The worker questioned whether she was old enough to do this, and Mary said that she wasn't, because she was only two. Mrs. K. had complained that one of Mary's problems was that she wouldn't make her bed. Mary expressed dislike of babies, particularly boy babies.

Mary's home life was unsettled because her presence reminded Mr. and Mrs. K. of their own inadequacy in bringing up their son. It was as though their son was punishing them because he felt that they had been responsible for his own unhappy experience in his marriage with Mary's mother, of which Mary was a symbol. Because of their feelings of inadequacy, and their feeling that it was unjust for them to be in this situation, Mr. and Mrs. K. sought the help of others in bearing the responsibility of Mary. At the same time this implied rejection of Mary.

Before Mary could have a satisfying home life, it was necessary that her grandparents recognize their tendency to reject her, as well as the reason for this, and that they determine how they actually felt about Mary as an individual. They were in need of support and counseling in relation to their methods of handling Mary's problems.

Mary's parents had divorced when Mary was two, and Mary had since lived with her paternal grandparents. They were in their middle fifties, and appeared well and vigorous. Mary was referred to the case worker because her grandparents, Mr. and Mrs. K., had requested help from the House in understanding her. They thought that because of their age they could not meet her needs adequately, and hence were having trouble in managing her. Mrs. K. said that Mary's mother had not been heard from for several years. Her father had remarried and now had two sons. Although he seemed fond of Mary and had planned to take her back, his new wife would not agree to it. Mrs. K. often shared her problems with Mary with tenants of the rooming house she ran. She was not sure that Mary should attend the House because of the "rough and tumble" atmosphere there. She worried about Mary's health, which the doctor said was excellent. Mary's activity bothered Mrs. K. Mr. K. was fond of Mary, but Mrs. K. was not sure that she wanted to keep her and had talked of sending her to boarding school. She wanted Mary to be a lady.

Mary's reaction to the situation in her home, was one of over-anxiety to please, both at home and in the House. In the play room she often seemed self-punishing, which was a reflection of her lack of a feeling of self-worth. Her feelings about her grandparents became clear, and her insecurity seemed to be related mainly to her grandmother. Mary was very conscious of the pattern of achievement which she had set for her, and because of the necessity of repressing her feelings, had developed a fear of her own aggression. In the play room she was free enough to verbalize her fear that her grandmother would send her away.

In the play room Mary liked the games best which she usually lost. she had no interest in the dart game. She said that she was afraid that her grandmother would send her away somewhere else to live. She expressed fondness for her grandfather who was very fond of her, and could deny her nothing. It seemed that she tried very hard to please her grandmother. One day when Mary was playing with the puppets with Patsy, Patsy suggested that they would pretend that Mary's puppet would kill Patsy's puppet. Mary would not play this way, and said that she would not kill her friend.

During the case worker's contact with this family there was a strengthening of relationships in the home. The grandparents clarified their real feelings about Mary, which were actually very positive, and gained a better idea of their own abilities in caring for her. Mary's social abilities improved. As her family was better able to serve its traditional function, Mary had less need for the neighbourhood house, and found a friend with whom she could enjoy much in common.

Mrs. K. told the worker that she feared that she had rejected Mary. She came to the conclusion that having Mary in her home actually meant a great deal to her, and she said that she could no longer consider sending Mary away. She said that she and her husband had now become Mary's parents, that they did have a great deal to give her, that Mary was genuinely fond of them both, and that they now thought of her as their own child. Mary became friendly with a little girl in the neighbourhood who did not attend the House, and Mrs. K. encouraged this friendship. She stopped Mary from attending the House. The worker did not discourage this.

The worker made no attempt to deal with the feelings of the grandparents toward Mary's parents. Her role with them was mainly interpretive and supportive. She did try to relieve the pressure on Mary of her grandparents' ambitions for her. The main focus of the worker's activities was to gain an understanding of Mary, in order to be able to help Mr. and Mrs. K. to understand her.

The worker visited Mr. and Mrs. K. and talked to them about the aims of the staff in the House in building personality; the different methods used, the skills employed, both in the group and on an individual basis. At the same time, the worker tried to give them an idea of what is normal in a child of Mary's age, in this generation. When Mary stopped coming to the play room, the worker supported Mrs. K. in her plan for Mary, and in her desire to love and keep her, as the worker felt that the home had many strengths, and much to give Mary.

The worker did not give Mary's need of the mother sufficient recognition to enable Mary to accept the individual relationship which was offered her by the worker, and which was necessary to achieve a positive relationship with her. Exclusion of the other child, Patsy, at the beginning, would have helped to gain this. Precedent in the House had taught the children that they could expect to share each others activities, and the new service had to be interpreted to overcome this. The worker's indecision added to Mary's conflict between her desire to find the solution of her problem in the group, and her desire to acquire a mother, which was her primary need.

The worker observed Mary in the group, and became acquainted with her there. She obtained Mary's permission to visit her grandparents, and Mary seemed delighted with the idea. When the worker spoke to Mary about coming to the playroom, Patsy overheard, and insisted on coming too. It was very difficult to refuse her. Each day that Mary came to the playroom, Patsy insisted on coming. The third time the worker attempted to interpret why Patsy could not come with Mary. Patsy reacted angrily, and Mary became very antagonistic toward Patsy. Mary did not come to the play room again, although she was still friendly with the worker when she met her in the House.

In work with Mary the case worker demonstrated some of the techniques which are used in play interviewing, and also the type of response which can be expected from the child. Some of the difficulties of working with a child of this age on an individual basis show up. The fact that group activities took place in the House at the same time as the play session drew the child away from the play room. The mature child tends to prefer the group in this setting, but the emotionally immature child needs both the individual and the group relationship. In view of the advantages which the setting also presents for case work with the latency child, it would seem that the answer is the development of skill on the part of the worker in building a relationship with the child.

9.

Mary is an example of the kind of child who might be referred to the case worker in this setting as a result of a direct request from the parent. The problem is not of a critical nature. Because of the nature of the relationship of members to the neighbourhood house, a friendly, neighbourly one, the parent is able to share family problems with the House workers almost as naturally as in his own family. This case also demonstrates how the child functioning in the House is the child functioning in the family, and how the group and case work settings parallel the social and the individual performance of the child in the home. It also shows the use of the setting as one where a most comprehensive plan of treatment can be devised.

Bobby R., aged ten years, presented a picture of a very upset child with no apparent ability to relate positively to people, and having a great deal of hostility for them. His behaviour suggested that he was operating very much on the level of the child in the anal phase of development who has not yet achieved social interest, or an ability to direct his energies constructively.

Bobby's reaction to the worker, a father figure, suggested hostility toward his own father. He seemed to want the worker's attentions as a father very much, but at the same time feared that the worker would not give him the love, and would hurt him. Attaining the worker's attention was an achievement.

Bobby was referred for case work services because it seemed impossible for him to get along in the group. He was described as extremely aggressive, and unpredictable in his actions. In the play room

9. Continued observation of this child in the play room revealed a pathological sexual adjustment. Punishment had been eroticized, and Mary had made a masculine rather than a feminine identification. The psychiatrist recommended psychiatric treatment.

he was hyperactive at times, and then extremely quiet. He selected darts and became very excited as he played with them. He threw them haphazardly at the furniture, and then he wanted the worker to stand against the wall so he could throw the darts around him. When the worker said that he could not allow him to do this, he threw one dart very close to the worker. He then became anxious. The worker noted that Bobby found it difficult to concentrate. Following the interview, Bobby bragged to the other boys about his experience in going to the play room with the worker.

Bobby's mother was an emotionally deprived woman who used her children to meet her own needs. She was absorbed in her own problems. She tried to make Bobby take the place of the husband she had lost. Her daughter Marie became a projection of the self which she needed to reject in order to retain her husband's (Bobby's) favour. Planning for the family centered around herself rather than around the children because Mrs. R. had not been able to find expression for her own normal narcissism in her children. A further source of conflict for Bobby in the home was the sibling relationship in which he received all the favours from the parent. Further evidence of the mother's use of the children for her own neurotic needs was the sleeping arrangement which seemed to have deeper meaning than simple rejection of Marie.

Bobby lived with his mother, who was divorced from his father, and his sister Marie. The apartment was small but elaborately furnished. The children shared a bedroom. It was quite evident that Bobby, the eldest, was his mother's favourite, and she made little effort to conceal it. There were many pictures of him around the room, but none of Marie. At first Mrs. R. would not talk of the children and their problems, and attempted to keep the call on a social level. Finally she said that she was to have an operation in the summer, and planned to place the children in a foster home at that time. She felt that Bobby had suffered a great deal from not having a man in the home.

It appeared that neither child had received much from the mother to assist in emotional growth. Marie was so rejected and lacked so much in affection from the mother that the first thing she hoped for in some new was satisfaction of this need. The mother had not met the affectional needs of either child and hence there had been behaviour problems

such as stealing. Because there was no incentive for the children to conform, the mother found them difficult to control.

There had been episodes of stealing on the part of both children. They came in from school during the worker's visit. Both were very friendly toward the worker, but Marie who had never seen him before, was soon holding his hands and putting her arms around him. The mother was embarrassed at this and threatened to spank Marie and send her to her room. The mother showed little ability to control the children.

The pattern which could be seen in the home, and Bobby's apparent inability to mature emotionally beyond the phallic level, indicated his need for further help to support the growth process. As there was not time for the worker to give him this, referral to a specialized agency was indicated. A good relationship was developing between Bobby and the worker which would have been very helpful in referral. The worker was also able to help the mother by giving her support.

During the course of interviews Bobby continued to exhibit the uncontrolled behaviour of the first interview. He told the worker of difficulties he had with other children and of one instance where he had been in the wrong. Bobby began to share his play with the worker and to conform to the rules of the game. When the worker was leaving the agency, Bobby became affectionate, pressing close to him. The mother made arrangements for the children to stay with relatives while she was in the hospital, and shared this with the children. The worker felt that Bobby would need continued support. As he had started to work with Bobby late in the project, he was not able to give him the attention he needed.

10.

The approach of the case worker to Bobby and his problem was successful. A direct approach was used, with an explanation to the child of the worker's purpose, which included use of the permissive technique in the play room to encourage ego and super-ego development, and the recognition of the child's negative feelings accompanied by encouragement to

10. This child was later discussed with the psychiatric consultant who suggested placement of both children, as it was evident that the mother rejected them. Bobby was being forced to conform to a feminine pattern of behaviour, and both children seemed afraid of, and hostile to the mother.

express them.

Bobby had too little self-confidence to enter into the relationship without outside support, and so it was necessary to seek the help of the mother.

The worker became acquainted with Bobby in the House, and asked him to come to the play room. On the way the worker explained that he helped fellows when they were having trouble at school, in the group, or at home. He said that he thought that Bobby was having trouble, because he seemed to find it hard to play with the other guys. He said that they were going to a room where they could play and talk. Limitations set up for Bobby in the play room were the rules of the game, and the stipulation that Bobby and the worker must not hurt each other. Bobby did not keep his next appointment with the worker. The worker then arranged a visit with the mother. Regular play sessions with Bobby were scheduled with the mother, whom the worker was also to visit regularly.

For Bobby, it sufficed that the worker had sought his friendship and interpreted his own role prior to the visit to the mother. Bobby knew the worker as his ally, and it was not necessary for the worker to ask if he might visit. The latency child is more accepting of the dominant role of the adult, than, as will be seen, is the adolescent. The worker was at the same time gaining Bobby's confidence by recognizing and accepting his need for support.

Some Had No Group Affiliation.

One of the first of the latency children to be referred to the case worker was a seven-year-old who had severe and complicated problems. Jane J. exhibited symptoms of deep personality disorder. At times she clung to adults emotionally, and it seemed that she hoped to experience through them the mother-love that she had missed. In her shyness she showed her distrust, and her hostility for people, which she sometimes expressed in hostile aggressiveness. Consequently

she was unable to gain the friendship of other children, and related to adults only in a negative way. She expected hostility from people, and as a result was muscularly tense and unable to move freely. She often indulged in phantasy because it enabled her to escape the pain of reality. Harsh punishment had taught her to repress her emotions. Mood swings indicated that at times it required great concentration for Jane to keep her feelings inside. It was natural that Jane was disturbed because she had experienced very upsetting sexual trauma; had been physically hurt and rejected by her father. Her mother had given her little in the nature of healthy emotional satisfactions; life in general had presented her with little to be happy about.

Jane J. was shy and reticent, awkward in her movements, and lacked an ability to play. She showed little confidence in people, and reacted with undue anger if anyone teased her. She had no friends of her own age. She followed one of the group workers around, but was angry in her response to her, using her only as a protection from the other children. Jane was dreamy, and often indulged in phantasies. She had an unhealthy interest in men, and her mother said that her father had molested her. Mrs. J. was suspected of prostitution, and Jane had had sex experience with boys. Mrs. J. punished Jane severely at times, and Jane seemed to expect punishment whether she deserved it or not. She was happiest when she was away from her mother. She had attended the House regularly for two years.

Jane's mother was a very dependant woman who seemed unable to live in accordance with life's realities. Her need for social workers was evidence of a continued need for a mother; her choice of older men was evidence of emotional deprivation in relation to her father. When she seemed to understand the worker's explanation of Jane's needs, it is likely that she was submitting as the good child does to the mother. She was unable to help Jane because she herself had been

emotionally deprived, and was not equipped to assume a giving mother role. Her personality exhibited the narcissism which belongs to the infant, and the tendency to live in phantasy which is abnormal beyond childhood, symptoms which suggest psychosis.

Mrs. J. had been divorced from her husband for three years, and had received social assistance continually since the divorce. She was known to a number of social workers to whom she had talked freely about herself, but had shown no ability to use their help. She would accept a social worker's explanation of Jane's problems, and would agree to do her part in helping Jane, but would not keep her promise. Jane had a number of physical ailments, but Mrs. J. would not keep appointments which were made for her at the hospital clinic. The plans that she suggested for herself were unrealistic, and seemed to be her phantasy of what she would like to be and do. She talked a great deal about her boyfriends whom she said were men in professional positions, who had promised to help her. Mrs. J. showed no capacity for insight into her own or Jane's problems.

The worker's role was that of a liaison between the House and the case work agencies that were concerned about Jane and Mrs. J., although this had not been intended at the time that the referral was made. It is not the function of a neighbourhood house case worker to act as a link between the group workers, and case workers outside the House, since the professionally trained group workers can work together with case workers outside their agency on ordinary referrals. The unexpected move of the family to another neighbourhood brought about the change in plan. It was logical for the case worker who had already contacted the other agencies, and become acquainted with the case material, to continue with the referral. If Jane had continued to attend the House, the worker could have worked with her cooperatively with the treatment agency, to help her to use group work, or helped her give up the House for more suitable resources.

The kind of cooperation which was achieved between the group work and the case work agencies was excellent, and demonstrates the role of a case worker in the House in bringing this about. The case worker did, at the time of the project, constitute a link between group work and case work.

Jane J. had been known at the Child Guidance Clinic for about a year. The Clinic had had considerable difficulty in working with Jane, and when they heard that there were case workers in the House, hoped that a joint plan of treatment might be worked out. They had previously planned to close their case. The House case worker gathered a good deal of information about Jane and her mother, from the Nursery School, the City Social Service Department, and the Child Guidance Clinic. She conferred with the respective workers. Before she was able to contact Jane or her mother however, they moved out of the neighbourhood. They were then referred back to the Clinic.

Diana M., nine years of age had reacted to her unhappy life experience by developing extreme symptoms of withdrawal. Diana was very dependent on adults, fearful of her own aggression, and so fearful of expressing herself that she seemed to lack muscular control. The personality of her sister in addition seemed to be the kind which would encourage Diana to withdraw.

Diana was very inhibited in her play. While her sister Donna and a friend used the paper and crayons in the play room, Diana sat quietly between them. With a great deal of encouragement from the case worker, she finally attempted half-heartedly to copy Donna's picture. The children decided to skip rope for awhile. Diana was unable to coordinate her jumping with the turning of the rope. When she finally tried to throw darts with encouragement from the case worker, she threw with her right hand, clutching the worker's skirt with her left. Donna was anxious to enter a group but Diana would not. She said she fell down too easily when she played, and could not run. Donna was talkative and aggressive to the point of boldness.

Interviews with Diana's mother suggested that she had rejected Diana, and that Diana had suffered trauma, identifiable with rejection, at an early age. The early birth of her sister again might have represented rejection to Diana. Life was from the beginning threatening,

painful, and lacking in real satisfactions.

Mrs. M. said that Diana had been a premature baby. Donna was born when Diana was just past a year of age, and it was necessary at this time for Mrs. M. to travel some distance to a hospital. She left Diana with a neighbour whom she had only known a short while, during her confinement. This woman deserted her husband, and Diana was found by neighbours, wandering cold and starving in the street. For several months afterwards Diana would not talk, her body was covered with a rash, and she would not let Mrs. M. out of her sight. She always seemed high strung and nervous after that.

Because Diana did not have a close, satisfying relationship with her mother to reassure her, and help her develop in spite of her problems, disturbing experiences which she had in later years added to her disturbance. It seemed that she had negative feelings about herself which perhaps precipitated, and indeed were intensified by, the accidents she had. The error of her teacher probably added to her feeling of confusion.

When Diana was four, she fell downstairs and gashed the back of her head severely. Her leg appeared to be paralyzed for a time, and she had to learn to walk all over again. When she was six, she fell and gashed her right wrist on some glass. Some of the ligaments were partly severed, and it was over a year before she could use her right hand again. Diana was naturally left handed, but a teacher insisted that she use her right hand, and when her mother discovered it, she would not go back to using her left hand again.

Mrs. M.'s rejection of Donna was more obvious. She was less aware of Donna's emotional needs because they were less identifiable with non-threatening environmental factors, and hence more threatening to Mrs. M.'s ego. Mrs. M. justified her rejection of Donna by presenting her as a child with few problems, who affected Diana adversely. Actually she was identifying with Diana, the "good" child, in whom she saw her own good self, and a means of realizing her own frustrated ambitions. To Donna, separation from Diana meant exile from the scope of the mother's approval, or rejection by the mother.

Mrs. M. said that Donna had been a healthy, happy baby. She was not breast fed, but had been given her bottle in her crib. Mrs. M. described her children as opposite in temperament. Donna was aggressive and, Mrs. M. thought, would be able to make her way anywhere. She recognized that competition with Donna made Diana withdraw, and feel insecure. She tried to separate the children whenever possible, but this was difficult as Donna always insisted on sharing Diana's activities. Diana liked to help her mother in the house, and Mrs. M. gave her time for herself, but seldom did this for Donna. Donna had started school at five years and was always first in her class. Diana was in the same class, but with a lower group. Diana had refused to continue with her music lessons because she could not do as well as Donna. Mrs. M. believed that both children needed to learn to mix with other children, but she restricted their play with children in the neighbourhood of whom she did not approve.

Mrs. M. found sex distasteful and as a young girl had attempted to deny its existence. She had an intellectual understanding of her children's need for sex education, but she rejected them at the same time for having this need.

Mrs. M. had been brought up on a farm in a large family. She said that she had received practically no sex education as a child and at sixteen knew practically nothing about it. She seldom saw her brothers or her sisters naked. She described how shocked and upset she was when she had accidentally seen a naked man, at eighteen. She was shocked at how much children nowadays know about sex, but her own children asked for information freely and she had given it to them as they asked.

Mrs. M. showed some guilt about her rejection of her children, particularly Diana in whom she could admit no wrong. Diana sensed this and courted her mother's favour by being the "good" girl whom Mrs. M. admired. She attempted to dominate Donna by playing her mother against her. Donna acted out all the badness which Diana could not admit in herself. The two girls were inseparable because they related to each other as though they were component parts of one personality.

It was observed in the house that Diana often tattled on Donna, and she said in play sessions that she did this at home. Her mother denied this when she was asked about it. During play sessions with Diana, the case worker had difficulty in keeping Donna out of the play room. A group worker found her to be domineering in the group, and determined to make the worker aware of her superiority to the other children. She showed a strong need to win, and would cheat to achieve this.

Mrs. M. had found few satisfactions in marriage, and would have preferred to remain virgin, and to have led the "good" life. She identified Diana as a projection of her own good self, even to the point of encouraging her to sleep with her father against her will. Diana was the virginal seductive mother, whom the father dared not harm. Further, Mrs. M. encouraged Diana to attend a church which was strict and narrow, even though she herself belonged to a liberal church.

In play sessions Diana became anxious while playing with the beds in the doll house. When asked to model a boy, she gave him a very large penis. She said that she slept with her father, and often woke up at night, and could not go back to sleep. Mrs. M. seemed guilty when this was discussed with her. She said that she had had a nervous breakdown six months previously, and stopped sleeping with her husband then. Donna had refused to exchange beds with her mother, and Diana had done so with some objections. She often asked when she could go back to her own bed. There was a marital problem, and Mrs. M. said that she and her husband had little in common. Mr. M. did not participate in interviews with the worker. Mrs. M. expressed concern that Diana had become attached to a very strict church, and was becoming "goody-goody". Mrs. M. herself belonged to a liberal church.

In Diana's use of the play materials, one could again see her fear of her own aggression, her lack of ego strength, her fear of winning, her conflict with her sister as based on the difference in their personalities. She was able to show her creativity. In play she expressed conflicts and fears, which she could not, at first, verbalize. As she became less tense through play, she was not only able to verbalize, but to show aggression. Although Diana did not appear to be anxious about sex, it seemed from her drawings of people that her adjustment was based on repression of her interest in sexual functioning, or her desire to

eventually experience it is marriage. By acceding to her mother's unconscious wishes for her, and looking forward to being the virgin bride, there was no need for her to achieve preparedness for sexual relations in marriage. By becoming the ungiving, dominating woman, she had no need to fear masculine aggression. By assuring herself of the superiority of women, she had no need to doubt her ability to dominate.

In play sessions, Diana used the clay a great deal, and avoided the darts. She was creative, but became anxious when the worker allowed her to get ahead in modelling or in games. She said that Donna always won when they played. Diana showed no anxiety in speaking of sexual difference. In playing with the puppets, she gave the boy puppet the role of a "bad" boy, and said that all boys are bad. She said that she was never going to marry. When asked to draw a woman and a man she drew a bride figure with a very stern face, withdrawn hands, a completely clothed body with no contours showing. The man was smaller than the bride and cut off at the waist. He wore a very tall hat. At first he had no arms, and when the worker remarked about this, Diana added withdrawn ones.

In working with the mother, the worker found that she was unable to face her own problems, which was necessary if the children were to be effectively helped. She knew that her marriage was unhappy, but could not talk about the role which she herself had played in this. She could not talk about the role which she had played in the development of her children's problems. She was in conflict because on the other hand she was very eager for them to have help. The most that she could do at this point was to agree that regular interviews with the children be scheduled.

The worker attempted to interest Mrs. M. in going to the family agency for help with her own problems. Mrs. M. did not keep the appointments which were made for the purpose of planning this. It was decided that the case work supervisor, who had been working with Diana, would continue to contact her by mail, and would take up the problem again in the fall.

Diana M. exemplifies the dramatic results which can be achieved with a child through play interviewing, which in this case was used for case work treatment of a child. The worker's success was based on relationship, and the use of symbolic materials in play to help the child get repressed feeling out, and to build her ego. Work with the child assisted work with the mother, who saw almost immediate improvement in the child at home. Promising progress occurred with the mother, who through a longer contact might have been appreciably helped.

Diana became more relaxed during interviews, and became free enough to play easily with the children at the House. She gained better use of her arms and legs, and showed an ability to "stand up" to Donna. School work improved, and she got several "A"s on her report card. When the worker encouraged her wish to leave her father's bed, she said that she wished to continue to sleep with her father. This was the first time that she was able to assert herself against the worker. Mrs. M. gained in awareness of Donna's need for affection, and could accept the fact that she was emotionally disturbed also. She was pleased with the progress that Diana made. She sent the children to a different Sunday school. She gained understanding of her own role in the children's problems. The worker proceeded from a supportive role with Mrs. M. to an interpretive one, and was able to help her with her feelings of guilt.

The role of a neighbourhood house in the field of social work in finding cases, and how a case worker with skill in observation, diagnosis and practice, can enhance this function is illustrated. Diana, who was not a member of the House, and who was not a child who could benefit from group activities, was attracted by the opportunity for individual interviews. It also shows that individuals desire help in raising their children in this present age, and are ready to support a treatment institution.

Diana and Donna first came to the play room with a friend who was seeing the case worker. The worker asked Diana if she would like to return and she said that she would. The worker then discussed her observations with one of the other workers, and it was decided that the latter would visit the home to see if the mother would accept help.

The worker found that the mother had recognized Diana's need, and had planned to request case work services at the House for her. Mrs. M. was accepting of interpretation of the play room and of methods used. She gave considerable information about the children, her methods of dealing with their problems, and her attitudes about child care. It was arranged that the worker would visit the mother regularly, and Diana would come to the House for play sessions with her own worker. Donna would join a group. Mrs. M. was interested in child psychology, and previously discussed the children's problems with a social worker. She expressed a wish for a treatment centre in Vancouver for disturbed children.

The value of the group work setting for case work, and the value of cooperative work between group workers and case workers, is also illustrated. The family needed both case work and group work services. Donna could use the group, although in a negative way, and the group provided an opportunity to observe her, and to gain a picture of her manner of functioning in the family, both in relation to parents and to Diana. Although Diana could not use group work at first, it was a means of testing her progress as she made gains through case work.

Problems In Pre-Puberty.

Like Donna, it was evident from her behaviour in the group that Ann D. had been hurt by parental rejection. She sought adult attention because she felt deprived of parental attention, and it could be seen that she did not feel friendly toward adults, but felt that she needed to placate them because they were strong. Ann tried to dominate the group in order to gain the feeling of power which would give a semblance of security against their rejection. She feared the reaction of the group to her own aggressiveness, and so tried to rationalize her behaviour. She felt justified in hurting others because people to her seemed hostile, and she could not stand further hurt herself.

Ann showed positive strengths in her mentality, and in her creative abilities.

Ann D., an eleven year old, was a disruptive influence in her group, a crafts group. She continually tried to manipulate the group in terms of what activity they chose on a particular day. She was over-aggressive with adults, and very demanding of their attention. She related to adults in a hostile way at times, becoming defiant, and at other times would identify with them against the group. In her relationship with other children, Ann would become very hostile at times, and then search for a reason to justify this. She was over-aggressive in competing with other children for status in the group. In her activities Ann appeared to be intelligent, and her work showed imagination and creativeness.

Mrs. D. rejected Ann unconsciously, and hence was anxious in her interview with the worker, fearing criticism of her care of Ann. Because she could not give Ann sincere maternal affection, she tried to substitute material things. Like Mrs. M. in relation to Diana, Ann was a projection of herself to Mrs. D., and represented a means of realizing her own frustrated desires. Ann submitted to her mother at home, repressed resulting hostility, and transferred it to other adults. Her feelings could be more freely expressed in the permissive atmosphere of the group.

Mrs. D. was actually rejecting the maternal role and seeking a masculine one in the competitive business world. Having experienced unhappiness and failure in one status she regressed to reassume the adjustment she had chosen earlier in life that of the breadwinner. Mrs. D. showed a great deal of anxiety in her first interview with the worker, and appeared to anticipate criticism of her care of Ann. She talked about her own struggle to support Ann, plans she had for her, and the things that she would like her to have. She wanted to be able to provide Ann with the things that she had not had. She wanted Ann to become a model, and to have dancing lessons, nice clothing, and good training. Mrs. D. said that Ann was easily managed at home and was always obedient. Mrs. D. was divorced from her husband, and she lived in a suite in the maternal grandmother's home. Mrs. D. worked long hours in a clothing factory as she was attempting to save enough money to buy a business for herself.

It seemed that Ann identified with hurt and sick animals because she felt that they, like herself, had been treated unkindly. Her interest in horses was unusually strong. It was thought that she expressed her repressed desire for her father in this love for horses, as symbols of masculine strength.

Mrs. D. said that Ann was very fond of animals, and would often bring home sick or hurt animals to nurse them back to health. Ann was a member of the junior S.P.C.A. She was particularly fond of horses, and spent a great deal of time at a nearby stable where she was allowed to care for one of the horses. The walls of Ann's room had dozens of magazine pictures on them, and in every one was a horse.

In the relationship between Ann and her mother, Mrs. D. denied Ann maternal affection, and demanded adult companionship which she had lost through the loss of her husband. She would not allow Ann the dependancy of childhood. Ann submitted to her mother because she feared to lose her as she had her father, and attempted to attain from her the satisfaction she missed in not having her father. She transferred some of the hostility aroused by this situation, in the direction indicated by her mother, to her grandmother.

Mrs. D. said that she and Ann were very close, and discussed everything together, and were more like sisters than mother and daughter. Mrs. D. said that she had never been able to really talk to her own mother, who had not understood her, and she did not wish to have this situation between herself and Ann. She said that Ann was quite hostile to the maternal grandmother.

Mrs. D.'s description of her married life gave evidence of her protest at fulfilling the feminine role in having a child. Her husband had looked for a mother for himself in her and could not share her with Ann. Mrs. D. in turn had looked for strength in her husband, and his inability to accept responsibility was a severe disappointment. Ann sought to placate her mother by repressing her need for her father, and

her own dependancy.

Mrs. D. married at twenty-one, and bore Ann, her only child at twenty-eight. She and her husband had not wanted children, but had become used to the idea. The birth was long and difficult, instruments had been used, and neither mother nor child was expected to live. Mr. D. was very proud of Ann at first, and loved to take her out in her carriage. When Ann was about two years old, his attitude changed. If Ann showed preference for her mother he became jealous; he would have childish arguments with Ann, and eventually rejected her completely over some childish thing that she had said. He became abusive, and drank heavily. When Ann was about seven, Mrs. D. decided to leave him, as Ann was becoming more and more upset about his rejection, and she herself was afraid of him. Ann showed no feeling at leaving her father, and had not mentioned him since.

Mrs. D.'s description of her own early life showed the basis of her inability to give wholeheartedly to her child. It also showed the development of her own compulsive need to repeat the unhappy pattern of her own mother. One could also see the development of masculine-aggressiveness in her need to take the place of her father with her mother. Again, with Ann she felt that she could fill the place of a father.

Mrs. D. was the youngest of a large family. Her mother had entered a forced marriage with Mrs. D's father at eighteen. She had been happy with him, but he had also been a heavy drinker, and eventually she had to leave him. The maternal grandmother had to earn her children's living. She kept Mrs. D. with her for some time after the others had left home, and she was quite dependent on her.

Ann is to be differentiated from the other children who have been discussed in this chapter, because as an eleven year-old she was in pre-puberty rather than in latency. In pre-puberty, feeling the need to learn how to relate to boys, she was feeling the loss of her father more definitely. Ann had had little opportunity to resolve the conflicts which are related to hetero-sexual relationships, and was threatened by the new interest which her friends were showing in boys.

She preferred to sublimate her own drives through an interest in symbols of masculinity, as she could not face the possibility that she would be disliked. Ann related readily to the worker because she was looking around for a satisfying relationship with an adult.

It was also evident that Ann was confused with regard to her feminine identity, in view of her lack of a father, and of having a masculine-aggressive mother. Her experience in life indicated that it was better to be male, and hence she showed masculine characteristics. She expressed resentment toward her mother who was not helping her with her problems, but forcing her into a mold which she did not want.

In play interviews Ann showed a preference for clay, from which she attempted to model horses. She talked about her father almost immediately in the play room, showing a need for him, accompanied by a feeling that he did not want her. She told the worker that she had one doll that she had saved from the days when she was with her father, which "I keep and love". She said that her father sent her gifts at Christmas, but she was not sure that these meant anything. Ann talked about her time at the riding stable a great deal, the couple who ran it, and the wonderful horse that she had there. She was eager that the worker would come to the stable with her.

Ann expressed a desire for better relationships with other children, but wouldn't accept the hostility which she herself aroused in them. She objected to the interest which some of the girls were showing in boys, yet confided to the worker that she had a boy friend.

Ann preferred boys games, and was quite frank about this. She played with the darts often, and apparently got a good deal of satisfaction from this. She expressed resentment of her mother, and the pattern which Mrs. D. visualized for her.

Ann, like Diana, grasped the opportunity given her for individual attention, and showed a desire to make use of the help offered. The worker was able to give her some understanding of her father's apparent rejection, of human motivation and reactions, and of the limits of her responsibility in relationships. Guilt regarding her hostility was relieved.

Ann came for five interviews with the worker. The worker, during these interviews interpreted human motives in relation to the actions of her father and her friends, in terms of her lack of responsibility for them. The worker assured her that her father did care about her, or he would not think of her at Christmas. Ambivalence as a common human trait was talked about in terms that Ann could understand, and also her right to feel hostile at times, and to say so.

The worker supported her in the choice of an environment which would be beneficial to her. The worker's activities with Ann thus helped her to move out of a setting, which was at that point an unhealthy one for her, and which she had clung to in her need for friends, without precluding possible use of it in the future.

The worker visited the stable with Ann, and met the young couple who lived in the suite above it and managed it. They had two children of their own who were near Ann's age and made up a friendly, wholesome family unit. They appeared to be interested in Ann, and willing to have her around. The father allowed Ann to take such responsibilities as answering the phone for him when he was out, as well as caring for the horse. The atmosphere appeared to be a healthy one, and the worker encouraged Ann in her interest. Ann decided that she was no longer enjoying the Junior program, and would in the future spend more time at the stable. She thought that she would soon be too old for the Juniors. It was suggested that she might return to the House in the autumn as an Intermediate.

Ann D. is an example of the very disturbed child often encountered in a neighbourhood house, who is a regular attendant, but for whom little can be done in the group. Many children who are like Ann are attracted by the individual attention offered by a case worker. The parent, who like Mrs. D. resents the responsibility of her child, is also receptive of help.

The method of contacting Ann, and of arranging interviews with her showed more maturity than, as an example, that used in contacting Mary K., where friends of the child were allowed to interfere.

Ann D. was referred for case work as one of the more disturbed children in a group composed of "misfits". This was an interest group. The case worker became acquainted with Ann in her group, and obtained permission to talk to her mother. Mrs. D. said that she was pleased to have the worker take an interest in Ann, because she herself had to work long hours in the garment factory where she was employed in order to earn a living for Ann and herself, and could not give Ann as much time as she would like to. She said that she would encourage Ann to come to the play room for interviews. When the play room was discussed with Ann, she asked if she might bring a friend. The worker explained that she could not, and Ann agreed to come quite readily.

Work With These Children Was Revealing.

The case workers found that emotional disturbances of the latency and pre-puberty children in the House ranged in depth from moderate behaviour disorder, as observed in Larry P., to active psychosis, and neurosis, as seen in Jane J. and Diana M. Precipitating causes in the environments of the children varied from lack of opportunity for sexual identification, faulty social attitudes, and economic instability to extremely traumatizing experiences such as having been sexually molested by an adult, having experienced severe physical hurt at the hands of a parent, and rejection by parents.

Five out of six of these children came from broken homes, in which there had thus been a complete breakdown of the marital relationship. The sixth child came from a home in which there was a marital problem. Three could not fit into groups easily because of aggressive behaviour which prevented them from gaining the acceptance of the other children in the group. One was a child who tended to withdraw from relationships, who participated in a group, but was not accepted, and who depended on the support of the leader to maintain her group affiliation. One child was afraid to enter a group. Another had serious emotional problems which were complicated by dullness, had no group affiliation, but attached herself to adults.

The personality characteristic which was most noticeable in the six to twelve-year-old in contrast to the pre-school child, was the ascendancy of the ego. In all it was evidently seeking expression, and was a need which could be detected even in the most disturbed. Jane J. avoided her mother who threatened her ego, and clung to the group worker who gave her hope of expressing it. Diana M. grasped for the outlet offered by the worker in the play room. In a number of children the needs of the ego were evident in their attempts to gain status, their extreme rivalry in games, and in their preference for adult company.

Work with the latency child on the basis of a relationship with the child alone, and without prior contact with the parent seemed more feasible than with other children. It had been hoped that the child would come to the case worker after having been prepared by the group worker, the substitute parent, in accordance with the accepted referral process. If case work treatment was indicated in the case worker's preliminary study of the child, the next step was for the case worker to visit the home, with the child's knowledge and consent, in order to gain the cooperation of the parents. Because of the mobility of members and staff in the house, few of the children mentioned for referral had a relationship with any of the group workers which was of sufficient strength to support this preparation. Those who had no close group connection were particularly inaccessible to the group workers. Those who attached themselves to adults in the halls shifted their allegiances, and it was impossible to tell which worker might be effective in referring them.

The latency child did not seriously question the motive of the

case worker when invited to talk to him in the play room. He was used to accepting adult dominance, and not yet seeking emancipation from it. The worker did not fully recognize this at first, and hesitated to approach the child who had not been prepared. As a result there was also little progress made with these children, early in the project. Various experimental methods were tried, and then it was decided that the support of the parent should be sought. The case worker then found that these children did not object to the idea of the worker going to the home, and in some instances invited him to come. Following this there was greater success.

The play room provided a natural medium of expression for the child who still likes to phantasy. The worker became an adult play mate who played his games and talked his language. Play materials could be used and adapted to suit his mood as he chose. It was a natural transition from play in the group to play in the play room, and there was something special in the play room in the satisfactions which it provided, which were unique, and which served to hold the child's interest.

The interviewing techniques used in the play room were adapted to the setting and to the child. Although much information for diagnosis and treatment was obtained through observing and interpreting the way in which the child used the play materials, children in this age group were able to verbalize their problems to some degree, and it was noted that as feelings were expressed through the use of the play materials, they were often much freer to verbalize. The total setting of the group plus the play room made possible observation of the child both as an individual

and as a social being; as an independent unit, and as a member of a family. During referral, and as the child progressed in interviews the group worker kept the case worker informed of progress and of problems in the group, so that the case worker could be continually aware of the child's social as well as of his individual needs.

What Was Achieved?

The case workers helped latency and pre-puberty children to achieve easing of personal tensions, improved ego functioning, and necessary super-ego controls. There was improvement among these children in their ability to function in the group, both in the House and in the community. In the home, the worker attempted to ease detrimental pressures which were there for the child. Family relationships were strengthened through case work, and parents were helped to plan more realistically for the child.

Some of these children could not be appreciably helped by the case worker in the short period of time. They were in need of intensive treatment, and more time was required to even accomplish a referral. Others could benefit from the parental kind of relationship which the worker could provide, and from it gain the security and confidence necessary to enable them to develop relationships in the group. Some gained ego strength which enabled them to leave the House, and to find greater satisfactions elsewhere.

Indirect gains resulted from the case workers activities with this age group. The complete referral process was demonstrated, including participation by the group worker. The interdependence between the individual's group relationships and his individual relationships was demonstrated; the role of the neighbourhood house in reconstructing the

family group, and the need for a case worker in the setting, to round out the service by providing individual relationship needed by the more disturbed members.

It is of interest to note that only the child with the most complicated problem, Jane J., had received help from another community agency. It is a matter for conjecture whether this would have occurred if the mother had not been dependent and in receipt of financial assistance. The value of the neighbourhood house as a case finding agency is clearly demonstrated in Diana M.'s case, which also shows how a case worker sharpens this role. The case of Diana M. also indicates how receptive people in Vancouver might be of a treatment institution.

There was a development of cooperation between the House, and case work agencies in the city. One agency was encouraged in this by the fact that there were case workers in the House.

The examples in this chapter indicate the results of cooperation between the group worker and the case worker. More children were worked with than was possible in the Nursery School; more was done with regard to helping the child in his personal adjustment. There was greater interchange between workers in conference, in thinking and in diagnosis, and in gaining an appreciation of respective roles. The case worker's role in referral was more limited because of the group worker's ability to assume this function.

The disadvantages of the setting, other than as stated in Chapter I, seemed to rest mainly on the need for the development of skills, both on the part of the case worker and of the group worker, in practice of their respective skills, and in using a setting in which each had access to the services of the other for clients. Each needed a better definition

as well as a clearer understanding of their own as well as of the other's role, and they also needed to evaluate more clearly and concisely their own respective abilities and limitations. They needed to achieve a skill and assurance which would enable them to proceed skillfully forward in a plan to help a child; to use to advantage any opportunity that presented itself which would further the plan.

Chapter IV.

PUBERTY AND ADOLESCENCE.

The 'teen age years can be most joyous and stimulating, most inhibiting and depressing, or sometimes both. Bodily changes and new emotional drives of puberty may mean to the child either a thrilling promise of the freedom and power of adulthood, or the frightening threat of demands and responsibility for which he is as yet unprepared. The so-called "average" child probably enters this phase with mixed feelings, and gradually gains confidence and strength in himself which enables him to handle the change appropriately. As he proceeds through adolescence, he learns to express the "new self" in progressive, productive ways. It is, however, for the "average" individual usually past the middle twenties before the mature adult emerges.

The phase of emotional development which is known as adolescence begins at about fifteen years, and is the period of emancipation. During adolescence the child seeks to attain the inner strength and self-sufficiency which will permit emancipation from his parents, and establishment as an independently functioning being. To achieve this, he turns to friends of his own age, his "peer" group or gang, with more purpose than does the child in latency. In the gang he finds strength in numbers; individual relationships which are stable because they are on a more superficial level than those in his family and have less chance of being a threat to the ego; the sympathy of people who have similar problems. He is free to express himself in the gang in the experimental ways which may not be acceptable to parents, but which relieve tensions due to inhibition of the new impulses. He is thus freed and enabled to conform to the

more stringent demands of his parents and of society. The demands of the gang are more easily met by the adolescent than are the demands of his parents, because his sympathies lie with the gang, and because he has a need for relationships which are on an equality basis. As he learns to meet the demands of the gang, if it is a gang which has emotional health, he learns through it to meet the demands of society. He learns to cope with these demands in accordance with his individual needs; he finds satisfactory ways of expressing himself as an individual, and finds appropriate outlets for his emotional drives.

The adolescent who is emotionally disturbed because he has been denied opportunity for emotional growth during earlier stages of development finds adolescence more difficult than the "average" child. Sometimes his intellectual capacities have been impaired, and sometimes his sense of value may not be in accord with that of the adults about him. He may choose companions who are similar to himself, and thus become a member of a group which is in conflict with society. The outlets which such a group use, or the activities which it engages in, may express the drives of the individuals of which it is made up, but in ways not in accord with the dictates of society. Sometimes these groups come in direct conflict with society, as for example the widely publicized delinquent gangs in our larger cities.

Treatment Of Adolescents.

Neighbourhood houses are trying to achieve therapeutic results with disturbed 'teen-agers through working with delinquent gangs. The permissive atmosphere of the House is inviting to the gang. Activities are provided which are appropriate to their emotional needs, and which are also acceptable to society. The adolescent finds satisfying modes of expression in clubs, team games and crafts, and is furnished with the means of competing successfully through learning skills of performance. As a result of the sense of his own accomplishment and the

encouragement of the group worker, his desire to conform can be established. The adolescent needs an environment where he will be able to find understanding and acceptance; where there is opportunity to learn to accept and handle his emotions. He needs a means of gaining prestige with his peers, and a sense of his own value.

The adolescent who has emotional problems is often difficult to help on an individual basis. Because of his emotional conflicts it is very necessary for him to maintain his defences. His tendency to seek solution of his problems in the gang, actually a defence, is intensified. He does not trust adults, and has a means to avoid them in the activities of the gang. To gain his confidence and cooperation is therefore a difficult problem for a case worker. Through the practice of professional group work there is greater hope of reaching him, hence the problems of the adolescent are of particular interest in a neighbourhood house. As he finds a place with his gang in the house, and as the gang becomes confident in the group worker, he may become accessible to the case worker through the group worker. This happens with the older adolescent, when there are definite problems such as employment and the choice of a marriage partner, and when group activity has freed him of tensions sufficiently to accept individual attention.

Many times the adolescent does progress from the person-to-person relationship with a case worker to satisfying group participation. He may have been unable to belong to a group without this individual help. The disturbed adolescent, like any other disturbed individual, has unresolved conflicts which belong to earlier phases of development; frustrated need for the love of either or both parents; need for adult identification resulting from loss of a parent during latency; need for a

parent substitute because the own-parent had been inadequate; or need for parental support because the own parent had been immature and unable to give the stability which the child needs. All tend to keep the child from handling new stages of development in a mature way. By meeting these needs the case worker can form a positive working relationship with an adolescent, and pave the way for meaningful relationships in his peer group. Care must be taken not to arouse conflict before the child is mature enough to deal with it. It is usually safer to restrict the case work relationship with a 'teen ager to ego support plus coping with boy-girl relationships; finding a place for himself in the group expressing his growing independence and so on. Insight into his defences should be given sparingly and cautiously.

Problems In Puberty.

The case studies which follow are discussed in progressive order according to age. They present complicated and acute problems. It is interesting to note the different kinds of conflict which occurred in puberty in contrast to adolescence, and the different techniques which were used successfully with the different ages.

Jean S., a thirteen-year-old, had a physical problem (deafness) which had contributed highly to her emotional problems. Typically, she tended to use her handicap as a means of escape, and it aided her withdrawal from social relationships. It appeared at first that Jean's inability to compete successfully with her own age group kept her with a younger group, where she did not seem to be happy. She chose solitary activities, and did not encourage communicativeness on the part of others. Her hostile, aggressive nature was also typical of many who suffer her handicap.

The individual who is continually aware of what his handicap denies him, normally has very strong feelings of frustration and deprivation, which he has to learn to handle as other people learn to handle ordinary frustration. Thus the deaf person who can see the interaction of those around him is constantly aroused, while the blind person, unaware of his, except for what he hears, is more cut off from his environment and as a result usually is more withdrawn.

Jean S. was totally deaf in one ear, and partially deaf in the other. She could read lips to some extent but did not take part in the general conversation, and the other girls seemed to leave her to herself. It appeared that Jean preferred to concentrate on what she was doing as she made little effort to mix with the rest of the group. She showed talent in drawing and in finger painting. Although twelve years of age, Jean was still attending the Junior program. On one or two occasions it was noted that she became involved in quarrels with the other children after leaving the class. She would strike out at them in an angry way. One day when she had been finger painting, she refused to go home at five o'clock when the House closed and splashed the paint around angrily.

Mrs. S. showed a great deal of guilt in relation to Jean, and there was a suggestion that she rejected Jean in her reaction to the worker's visit. While it is natural for parents to have feelings of disappointment at having produced an imperfect child, it seemed that Mr. and Mrs. S. had such deep feelings about Jean's handicap that they had unconsciously denied it for many years. They had rejected her in rejecting her defect, and as a result had damaged her emotionally in early childhood. When they realized what their attitude was doing to the child they tried vainly to make it up to her. At first the hearing aid was a symbol to Jean of her parents' love. Then it became a symbol of her defect, and she hated it.

Mrs. S. became very anxious as the worker explained who she was. She thought that Jean must have got into some trouble at the House. When the worker explained the purpose of her visit, Mrs. S. began to discuss her problems quite freely. She said that she and her husband had not realized that Jean was deaf until she started to school, and the school nurse discovered it. They had always thought that Jean was unusually stubborn, and was deliberately ignoring them sometimes when she did not

respond when spoken to. Jean did not learn to talk until she was five, and they feared that she was mentally retarded. Mr. and Mrs. S. had punished Jean severely for being stubborn, without avail. When the deafness was discovered they spent a great deal of money on ear specialists who thought that Jean might have been deaf from birth, or from the age of two when she had measles. They bought her the best hearing aid that they could find. Jean was proud of it at first, but now refused to wear it, except in the classroom, because children had teased her.

In view of the fact that the parents were also over-protective of Jean prior to the discovery of her deafness, the worker suspected that their lack of awareness of it had resulted from their own emotional blocking, that they were resentful and guilty. They did not know how to deal with their feelings, and because the idea of having an imperfect child threatened their own body images, they would not seek help. As a result they denied her an opportunity for normal experience and development. In their rejection of Jean, they underestimated her as a person, and hence feared that in becoming an adolescent, she would shame them further. They attempted to deal with this problem by holding her back with the younger age group. As Jean already had a wish to withdraw, her parents thus played into her weakness, and did not give her the support she needed to go ahead in her development.

It became apparent that the worker's visit was disturbing to Mrs. S. because it threatened to break down the adjustment the family had already made to their problems, about which they seemed to have much unconscious guilt.

Mr. and Mrs. S. had always been very protective of Jean. Until she was six, Mr. S. would always go out with her and watch her while she played. She had been away from her parents on a holiday only once, and had been very unhappy on this occasion. Mrs. S. encouraged her to stay at home and work on arts and crafts projects, believing that Jean would thus develop exceptional skill to compensate for her other shortcomings. Mrs. S. was very conscious of criminal attacks on 'teen age girls which had occurred in the city, and for this reason did not allow Jean out at Night. It was for this reason that Mrs. S. had not allowed Jean to attend the Intermediate program which took place in the evening. Jean had begged to be allowed to go. Mrs. S. also feared that the older children would be a bad influence on Jean, as she had heard alarming stories about the things they did.

Jean's behaviour at home was consistent with her behaviour at the House, showing the same tendency to withdraw. Her bird was a substitute for the companionship and devotion of friends, and there was not the need to compete as with other children. Her miserliness seemed to be an attempt to keep for herself the material things she needed to compensate for lack of love.

Jean did not like to have other children in to play with her, as she said that they took her toys away from her. She had a pet "budgie" bird to which she was very attached, and her mother said that she would spend hours playing with the bird and talking to it. Mrs. S. also told of how Jean would save odd bits of money that she was given, seldom buying anything for herself.

The worker's initial interview with Jean revealed a distrust of people and a depth of hostility toward life. The worker erred in broaching the subject which was most painful to Jean before there had been opportunity to gain her confidence, as the discussion opened up areas of great feeling and caused a great deal of anxiety. The worker should have centered this interview around Jean's desire to become an Intermediate, as a means of developing a positive relationship. As it happened, Jean's reaction was one of negative withdrawal.

Jean came to the play room with the worker after some hesitation. She played with the darts about fifteen minutes steadily, hurling them forcefully at the board, and making no effort to include the worker in the game. The worker then discussed with her the idea of becoming an intermediate, to which Jean responded enthusiastically. She told Jean that she would also like to have her come to the play room frequently, to draw, paint or do what she wished, as she knew that Jean had difficulty on account of her deafness, and the worker would like to help her with this. It was difficult to judge the quality of Jean's response to this at the moment. She looked somewhat fearful, but nodded. Later the mother told the worker that Jean had been very upset following the interview and had said that she did not wish to have anything more to do with the worker. Mrs. S. said that Jean had often begged her not to tell anyone that she was deaf.

Mrs. S. was able to face the problem intellectually, but was unable to face it emotionally, hence she was unable to carry through with the plans which were made with the worker with regard to Jean's activities at the House. Her neglect of Jean's lip reading class was another indication of her inability to face the problem of Jean's deafness.

The worker discussed with Mrs. S. the need for Jean to have as normal a life as possible, and the value of allowing her to attend the Intermediate program at the House as part of this. Mrs. S. agreed, and thought that she or her husband could accompany Jean to the House, and meet her afterward. However, Jean did not appear at the Intermediate program, and Mrs. S. later said that they did not wish her to go out at nights. With regard to lip reading classes which were provided at the school, Mrs. S. said that Jean had not been having them the past year, and she thought the teacher must have overlooked Jean. When the worker discussed this with the teacher, she said that Jean had said that she did not need them any more, and had stopped coming. She thought Jean should still have them, but had heard nothing from Mrs. S., whom she had never met.

Mrs. S. seemed to wish to discuss her problems with the worker, and so the worker decided to attempt to help Jean through helping her mother.

The mother expressed her anxiety quite freely to the worker, and seemed to wish to continue to see her. The worker encouraged her with regard to Jean's possibilities, and gave her support in her positive efforts and feelings with regard to Jean.

The father naturally became upset and suspicious when he was not made a part of the discussion of a problem which meant a great deal to him. By allowing his antagonism to develop thus, the worker lost her contact with Jean through the mother.

The third time that the worker called on the mother, Mrs. S. said that her husband had "blown up" about the worker's interest in Jean, and suggested that the worker was looking for evidence that they were neglecting her. The mother appeared to wish to discuss her problems with the worker, but did not invite her in. It was decided that visits would be discontinued until Jean returned to the house. Jean did not return prior to the end of the project.

With regard to technique, this case points up the need for a carefully considered approach to a person's problem, particularly when it is evidently a source of considerable pain to the client. He will naturally find it very difficult to face and resist help. This means close cooperation between group worker and case worker for purposes of diagnosis, and also time to work with the client gradually; time to alleviate the pain, build ego, and gain the client's confidence. This would require that the case worker be employed in the agency on a full time basis rather than for a limited period. Experience, skill, sureness of role in the setting, and of function in the cooperative situation, would be necessary to handle the difficult problems which this case presented.

In her behaviour at the House, Barbara P., a thirteen-year-old exhibited hostility toward women, defiance of authority, and inability to conform to social patterns. She was fearful of meaningful relationships with people. Barbara had the normal adolescent desire to achieve status, and to prove her own ability to survive, but she had not learned the appropriate means of gaining these ends. Instead she attempted to dominate people in order to avoid rejection, and chose companions who would accept this rather than those with stronger personalities. As a result her friendships were on a superficial level, and were not lasting.

Barbara, a member of Junior House for six years was referred by the group worker because she was extremely aggressive in her behaviour, and refused to take part in any organized program. She was described as a bright, attractive girl, who sometimes used her attributes in wrong ways. Barbara's only close contacts with women staff members had been negative in nature. She shifted her alliances from one worker to another. She showed inability to share the group worker with the rest of the group. She worked very hard at the beginning of the current year to recruit her group, and although she said that she wanted to be president, was not elected. The members were all new to the house except one, and none had known Barbara previously. They were described as insecure girls unable to assert themselves, whom Barbara was able to manipulate.

Barbara was not close to any of them. The group began to break up at Christmas time, and to reject Barbara, who became very irregular in attendance.

Barbara was most apprehensive of her own ability to succeed, and hence sought reassurance from those in authority. She still retained the infantile need to be loved without compromise, and also sought to retain the infantile feeling of omnipotence. She had not learned socially acceptable ways of relating to people of either sex.

Barbara was continually seeking approval from leaders. She "lapped up" praise. She said that she wanted people to love her no matter what she did. She was continually jumping on the group worker's back, and threw her arms around people indiscriminately. The "P." family had been referred to the male case worker (see Larry P. p.34), who became acquainted with Barbara early in the project. She came up to him in Junior House, excited and laughing, rushed forward, threw her arms around him, and pressed her body against his. When the time came for the House to close, she did not wish to go home. Barbara was then referred to the female case worker, as it was believed that she needed someone of her own sex with whom to identify.

It was evident to the case worker that Barbara was very anxious about her relationships. Her pattern seemed to be to "use" people in order to establish her own prestige in the group, and to prove to herself that she was loved. She covered up her hostility in order to achieve this end.

The case worker noted that in the group, Barbara worked very hard to hold the centre of attention. She was almost hyper-active. She was in and out of the room a great deal, and was usually chased by boys when she returned. She became quite friendly with the case worker in the group, and was demanding of her attention.

Barbara seemed to attempt to fill the father's role in her home, and to displace the male boarder. This pattern showed up in the group where Barbara identified with the group worker. Barbara's emotional tie-up with her mother, toward whom her attitude was protective, made it difficult for workers in the House to gain her confidence. The worker

seemed to represent to her the limitations of society, to which the mother did not wish to conform. Barbara's problem was one of handling her own strong impulses with little super-ego support from her mother.

The group worker had visited the family, and had found the mother interested in the House activities, but unwilling to face that the children had problems. Barbara had shown concern in the group about the presence of the male boarder in her home. There was considerable gossip in the neighbourhood about her mother and this man. Barbara showed considerable rivalry with her brother, and by getting to the agent first, secured a paper route that her brother had planned on having. In the group Barbara attempted to take an authoritative role with the other members. She seemed to be mixed up about her sexual identification, and was impulsive and uncontrolled in her behaviour.

It seemed from Barbara's behaviour in the play room that she needed to get out masculine aggressive impulses at times, but wanted to play the role of the aloof adolescent. She seemed to have a great deal of repressed sexual curiosity. She did not have the controls necessary to keep her emotions inside. Her need to take her father's place and displace the unacceptable boarder in her home, was affirmed in the play room. Her family's attitude toward authority also reappeared. Barbara gave a great deal of herself in early interviews.

Barbara was quite controlled when she first came to the play room. She tried not to defeat the worker in competitive games, and showed no interest in aggressive games. She confessed that she preferred boy's games, but seemed to be guilty about this. Later she became freer. She began to play with the cowboys and indians. She would show a great deal of aggression at first, then become very anxious and put them away. She expressed envy of boys, told the worker of her paper route, and said that she gave the money to her mother. She mentioned the boarder in her house and became anxious. She began to play with the water gun, pressing it in front of her like a penis, and shooting water into a pail. She showed curiosity about sex in examining the doll, but hurriedly put it away. She said that she did not like policemen or teachers. The worker who visited Barbara's home said that Mrs. P. was more like a sister to the children than a mother, and made very few demands on them.

When unconscious material thus began to reveal itself, Barbara became fearful, and sought the protection of her group. The worker might have helped her by answering some of her questions about sex; by showing acceptance and understanding of her problems at home.

Barbara missed appointments in the play room, and came for her last interview at the persuasion of the male caseworker, bringing a friend with her. The friend was not allowed to come to the play room by the worker. She neglected to discuss Barbara's seeming resistance with her. Barbara stopped coming to the play room although she was friendly with the worker when she met her in the House.

The play room and the contact with the case worker appeared to provide a definite outlet and therapeutic effect for Barbara. The very painful elements in her family situation however indicated that time and care were necessary to really help Barbara. A long period of casual contacts with her in the House, used as opportunities to encourage her in her efforts, and to give her a sense of being personally worthwhile, was needed prior to seeking the mother's support. Failing this the mother had no reason to feel that the House was helping Barbara, and reacted with suspicion. Barbara then was thrown into a state of conflict, between her desire to stand by her mother's wishes, and a desire to grow personally.

The group worker said that while Barbara was attending play sessions she was less aggressive, and much more cooperative in the group. She was also making a constructive effort to gain friends. She was very friendly for some time with the girl whom she had wished to bring to the play room. After she stopped coming to the play room, she went to the other extreme. She eventually stopped coming to the House. Her brothers got into difficulty over the destruction of House property. They were rejected by the group workers, and Mrs. P. would no longer allow any of her children to attend.

The handling of this case showed a development of technique, both in cooperation between group workers and case workers, and in case work. First, in the use of the conference and the case committee, and secondly, in the case worker's methods in interesting the child in the play room and in using the play room for interviewing purposes. Early in her contact with Barbara, the case worker tended to assume the role of the group worker, as a result of her unsureness about her own role, and did not achieve results.

When her own techniques and role had been established, results were evident.

The worker observed Barbara in her group and became acquainted with her there. Both the group worker and the case worker were concerned about how they might interest Barbara in seeing the case worker. It was decided that the case worker would first attempt to become well acquainted with her in the group. The Christmas concert, and rehearsals for it provided this opportunity. The case worker shared responsibility for the group with the group worker. The case worker's attentions were focussed on Barbara during these sessions, and Barbara constantly sought them. When Barbara first stopped coming to the House, the case committee reviewed her case and suggested that a case conference be held in order to formulate a new plan of working with her. It was decided that Barbara's main need was a positive relationship with a woman. The male case worker could ask the mother to encourage Barbara to come for interviews. Barbara consented to come to the play room. The role of the worker, and the use of the play room were explained to her. She came for three interviews.

Work with Barbara demonstrated the value of cooperation between the case worker and the group worker in diagnosis and planning. Barbara responded positively to thoughtful case work, as shown by the change in her behaviour in the group. The plan was not arrived at soon enough however, to be really effective in helping Barbara, because of the time limit on the project.

Patrick O., a fourteen-year-old, showed a strong desire to be liked, a fear of adults, and a great need to be accepted. His apparent lack of ease was typical of the boy in early puberty who is uncomfortable with his new body changes, and emotional impulses. Pat's reaction to the female worker may have indicated either his desire to learn how to succeed with women, or a leaning toward feminine rather than masculine identification.

Patrick O. was an attractive, likeable boy, whose physical appearance showed typical signs of puberty, who was tense in the presence of adults, particularly women, and always anxious to please, and to prove his adequacy. He often expressed concern for his mother, and appeared to be very fond of her. He related readily to the female worker, whom he chose in preference to a male worker, and was very friendly with her all through the contact. He talked to her in a manly, worldly, way.

Pat's position as the eldest in his family suggested that he might be required to accept more than his share of the responsibility, and this was borne out in fact. He was making a strong effort to please at home also, and to prove his adequacy as a male. Because of his feeling of inadequacy at home, he needed to compensate.

Pat was the eldest of three boys. His family lived on a marginal income, and Pat worked in a bowling alley as a pin setter, four nights a week, in order to earn money for clothing, and spending money. He did not attend the House, but had membership in an athletic club, which was run by a man who was rather notorious in the community and of whom Mrs. O. disapproved. This club sponsored lacrosse and boxing, and Pat was very eager to learn to defend himself.

It appeared that Pat's parents were personally fearful of their ability to conform to social mores, and hence were not trusting of their children. They were over hasty in accusing Pat of a recent theft which had occurred in their home, as they had been overly anxious to have him punished when he had once been involved in a delinquency. They had apparently experienced serious hurt and punishment themselves, and needed to retaliate by taking this out on someone else. Their choice of Pat as the object of retaliation indicated that they were rejecting of him. Unconscious conflict resulting from this made the mother aware of her inability to deal with the situation, and so she asked the help of the worker.

Currently, at home, Pat was in the bad graces of his family because a wallet containing several dollars had disappeared, and Pat was suspected by his parents of having taken it. Mr. and Mrs. O. were very upset about the situation because Pat had been involved with some other boys about a year previously, in the theft of some tinned fruit from a box car. The police had caught them and they had to appear in Juvenile Court. Pat could have been let off, as it was his first offence, but he was placed on a year's probation at the request of his parents. Pat's mother hoped that the case worker from the House might suggest some new means of punishing Pat, as she was "at her wits end". She had hoped that by calling the worker she might frighten Pat into confessing. However, this had failed.

While the worker was visiting the mother, her rejection of Pat became quite apparent. He had caused her suffering and shame from the beginning. Her desire to have more children following his birth seemed to be related to her disappointment in Pat.

Mrs. O. had suffered from a womb disorder ever since Pat's birth. In speaking of this, she said that Pat had been a most unattractive, jaundiced baby, and she could hardly accept him as her own. His birth had been difficult, requiring instruments, and labour had been about eighteen hours. Mrs. O. had been badly torn. She had not had an operation to correct the womb disorder, as she feared that she would be unable to have more children. Mrs. O. was a youthful, attractive woman who exhibited a good deal of narcissism.

In conjunction with a long period of illness, Mrs. O. had regressed to become a dependent, immature woman. She was unable to face any kind of responsibility, and even blamed her family for her illness. She was excessively demanding of her children and showed a desire to be dependent upon them. That her capacity for affection for Jimmy was limited was shown in her inability to allow him to enjoy the normal activities of boys of his age. She strove to retain his favour because he met some of her emotional needs. Mrs. O. competed with Pat for her husband. She attempted to induce the worker to fill a mother role with her. Being unable to give of herself to her children she helped to create behaviour problems in them and then attempted to handle these problems through punishment.

Mrs. O. had been undergoing womb operations for a year and had spent a great deal of time in bed. During the worker's contact she had the womb removed. Interviews with the worker were largely centered around Mrs. O's illness, and problems of the family as they affected her. Mrs. O. felt very sorry for herself, and demanded a great deal from her sons and husband. They did their best to pamper her, and were very concerned about her. She continually sought the worker's sympathy. Pat had to turn over all of his earnings to her. She appeared to favour Jimmy, but would not allow him out on school days after four, or allow him to join a boy's club. She wanted his help at home. Jerry, aged five, was expected to turn over any money he got to her to buy his clothing. Mrs. O. resented the friendship

developing between Pat and Mr. O. She believed in controlling her children through fear and punishment. She said that her illness had had a good effect on Pat because he became frightened and conforming when she was ill.

The guilt which the mother had induced in Pat appeared to be the motivating factor in his attempts to meet her demands, as seen in his reaction to her illness. Recognizing his need at the same time to realize the advantages of the adult role, he resented restrictions placed on him as a fourteen-year-old. He resented his younger brother because he was unable to compete successfully with him for his mother's favour.

Although Jimmy and Jerry reacted unfavourably also to the upset in the home, Mrs. O. was inclined to rationalize their behaviour and to center the blame on Pat, again showing her rejection of Pat.

During the worker's contact with Pat, he tried to assume more than his share of the responsibility in the home, particularly following the mother's hospitalization. He tried to find a nursery school for Jimmy, and assisted his father in redecorating the apartment. He found it difficult to conform to the hours which were set for him, and would sometimes slip out of the window to go to a show, while his parents thought that he was in bed. He was adamant that he had not taken the missing wallet, and became very antagonistic toward Jimmy who he said had taken it. Jimmy became involved in the stealing of some skis with some other boys, and this was very upsetting to Mrs. O. She had not been willing to accept the idea that Jimmy might steal when Pat suggested it. She blamed Pat for this episode because he had said that the other boys were "all right" when Jimmy asked if he might go with them, and the mother had been hesitant to allow it.

Mrs. O. seemed to gain some insight into her real feelings about her children, but because she was ill could not face the demands which this made on her. She therefore could not use further help from the worker.

Mrs. O. scolded Jimmy bitterly in the presence of the worker and a neighbour who was visiting. After this she found it very difficult to discuss her problems with the worker, and visits were discontinued until she wished to call the worker again.

The effect of the support which the worker gave the family was evident. Mrs. O. began to accept Pat more favourably, and Pat gained in

ability to accept the role which was demanded of him in the home, as the worker gave him the recognition and acceptance which he needed. His father's reaction to the situation assured him of continuing support. Mrs. O. became more lenient with Pat, and seemed to have a better appreciation of the effect of the pressure which he was under. Pat became less belligerent in the home.

This case illustrates further the need for case work on a long term basis in order to deal with the difficult problems which are encountered in a neighbourhood house. It also illustrates the community need for a case work service in this friendly, receptive setting and again, the role of finding cases before development of severe crisis.

Pat came to the notice of the case worker as the result of a phone call from his mother asking help from the house with a family problem which had developed as the result of the theft of a wallet, which she believed her son Pat had taken. She was referred to the Family Welfare Bureau; however, she said that she did not wish to call that agency, and she hoped that the House might help by interesting Pat in activities.

Problems In Adolescence.

Joan R., a fifteen-year-old had been involved in an act of delinquency, was "acting out" her protest against a world which had mistreated her. Joan showed strength in her ability to participate in activity groups, although relationships with people were on a superficial level. She showed a desire to relate to people in a more meaningful way. The drama group probably appealed to her because it presented an acceptable opportunity to act out her conflict.

Joan R., had taken part in a shop lifting episode in the neighbourhood with two other House members. Joan was an active girl who had attended the House for about seven years. She also sang in a church choir, and belonged to a figure skating club. In the House few staff members had become acquainted with her. She had had little success in making her way into a friendship group. Of late she had been showing exceptional interest in a drama group.

Because Joan was "acting out" her conflicts, she was not subject to the emotional tension and discomfort of people who repress their feelings. As a result she was less accessible to case work, and was able to present a brave, defiant front. Her manner of dress was part of this front, which she evidently used quite consistently, and she seemed to deny her feminine role. Joan could not bear to be singled out by the worker because she depended on the protection of the group. When she found that the worker was not threatening, she appreciated how she could gain status in the group through the interview, and became the group's champion. As she gained security in the situation, Joan was able to let down some of her defences, and express her own problem. The worker erred in defending the House as she thus allied herself with Joan's mother.

The worker first saw Joan in an office interview. She asked Joan to have a chair, but Joan said that she preferred to stand. Joan was an attractive girl who appeared to be full of life and energy. She was wearing blue jeans, her hair was done in pin curls covered by a colored scarf and a number of trinkets and chains dangled from her belt. When the worker explained her role and offered to try to help Joan, Joan was immediately on the defensive, and wanted to know if the worker knew that there had been others involved. The worker explained that she did not know the names of the others, but suggested that through Joan they might also be helped. Joan said that they did need someone whom they could talk to. She attributed the blame to the House because it was not open every night for her group and did not have enough equipment to keep them interested. The worker came to the defence of the House at this point. Joan said that it had been the same all her life, "you can't do this, you can't do that".

It was apparent that Joan had very positive feelings about her group leader. This was encouraging in view of the antagonism and doubt she expressed in relation to other people in her world. In developing a relationship with Joan the worker should have made a greater effort to induce her to come to her interviews alone. The worker could have shown recognition of Joan's need for her friends without assenting to the suggestion that she bring them. Permitting this, the worker affirmed Joan's

doubts about her own strength.

Joan then wanted to know who else knew that she was involved in the shoplifting, and the worker told her that as far as she knew, only the Executive Director. Joan said that she felt that everyone knew, in the House, and at the school as well. She said that one of the teachers had snubbed her and she knew that this was the reason. She said that there was only one teacher in the school that she liked as all the others picked on her; the police always blamed things on her and said that she was a gang leader; people called her a trouble-maker. She just wanted to get something done about the various grievance that "the kids" had. The worker suggested that Joan might come to the play room in Senior House one evening to help her fix it up, and they could talk. Joan then asked if she might bring two friends, and the worker agreed.

In her group Joan's personal problems became much more evident; these included her insecurity in relationships, her awareness of her strengths and inability to use them, her need for a dominating position as a protection against rejection. In common with her companions, Joan had adolescent curiosity. While her companions expressed and sublimated this adolescent curiosity in activities, Joan seemed to have a tendency to repress it. It was difficult to determine in so brief a contact how these things had affected her emotional growth.

Joan brought three friends, two girls and a boy, with her to the play room. Joan seemed to be seeking their approval desperately. She was not their natural leader, but they seemed to consider her the intelligent one. They brought several copies of "Lurid Romance" and "True Romance" in comic book form with them. Joan spent most of the evening reading these. The others were interested in the rooms which opened off the play room, and it was difficult to keep their interest in the play room. They found some boxes in one of the rooms which they were very anxious to go through. Joan remained aloof.

It was too late in the project to work successfully with Joan, and the worker had missed the opportunities presented for gaining a relationship with her by allowing her friends to share her interview.

The worker attempted to arrange an interview with Joan by herself. Joan did not keep appointments. Later when the worker met her at Junior House, she seemed somewhat embarrassed and hastened to say that she had told her friends about the worker's job, but neither they nor Joan had any problems to discuss.

Joan's problems arose from a situation which was common in the neighbourhood, as has been previously mentioned: divorce, and the problems implicit in the mother having to work to support the child. Mrs. R. was bitter about her lot in life. Joan suffered as a result. Mrs. R. was trying to force the neighbourhood to share a responsibility which she did not feel was wholly hers. Basically Mrs. R. rejected Joan.

Joan lived with her mother in a small suite. Mrs. R. was divorced from her husband, and had to work to support Joan and herself. It was known in the House that there was not a good relationship between Joan and her mother. When the shoplifting took place, Mrs. R. blamed the House because it was not open every night for Joan's group, and did not provide enough equipment to keep the girls interested. The mother requested that the situation be reported to the House and that the House do something about it. She gave her permission that Joan's name be mentioned to the Executive Director, so that her problem might be dealt with in the House.

The mother seemed anxious to have help for Joan, and it appeared that she would have been receptive of help herself. She recognized that she had a problem in her inability to understand Joan, and seemed to be at the point where she wished to do something about it.

On one occasion when the worker was attempting to reach Joan by phone, her mother answered and wished to know who was calling. The worker told her. She sounded tense and upset, and seemed to wish to talk. She said that she found it very difficult to understand children of today, they seemed to wish to act like adults. The worker talked to her in a general way about the psychology of adolescence, and showed recognition of her anxiety. Mrs. R. said that if the worker wished to work with Joan, she had her permission. The worker suggested that she might also be able to help the mother understand her. Mrs. R. was accepting of this and was more cheerful and relaxed at the end of the conversation.

Information presented by the group worker confirmed the case worker's previous impression of Joan. She had strengths, in her ability to perform certain activities, and in her enthusiasm for the group. Her weaknesses were represented by her inability to get close to people, or to give up personal comfort for friendship's sake. Information about the type of relationship that existed between Joan and her mother added weight to what had already been indicated: early rejection of Joan by the mother, eventual remorse and a desire to make up the lack of affection in other ways.

The group worker said that Joan was making progress in the group. She had been successful in organizing basketball teams, and had maintained the confidence of the group by basing team membership on membership in the group. Joan came into conflict with the group at times, however, as on one occasion when she would not go with them for a coke, after a game, because it meant going out of her way. The other members had expressed sympathy for Joan, as they said that her mother had treated her brutally as a child. The group worker had noted that Joan was always the best dressed girl in the group and had most spending money.

A discussion of the problem at this point by the group worker and the case worker, and how they might best proceed in helping Joan, resulted in conclusions which pointed up the respective roles of the case worker and the group worker in this setting; their complementary nature, and how they operate in order to help the client. As has been previously shown, a group worker cannot do case work in a group work setting. If he has a relationship with a client who is in need of case work, he should be able to use that relationship to build a relationship between the client and the case worker. Similarly, if it is thought that the personal needs of the client can be met through the group, and the case worker is to deal with the home environment, the group worker should use his relationship with the 'teen-ager in order to gain for the case worker access to the home.

In working with a sensitive adolescent, confidence can only be maintained by allowing him to participate in all planning that affects him.

He will naturally identify the case worker with the group worker, since they both are employed in the House. It is just as important, therefore, for the group worker to gain his assent in the instance of the case worker going into his home, as when the group worker himself goes. Thus we see the complementary nature of the two services extending into worker-client relationship.

In a case conference regarding further planning for Joan, it was thought that the group worker had a relationship with Joan, who was making progress in the group. It was therefore the opinion of the group worker that she should work with Joan, and the case worker should work with Mrs. R., in an attempt to alleviate some of the problems which existed for Joan in her home. The case worker agreed to attempt to do this. In planning an interview with the mother the case worker realized that this should not be arranged without Joan's knowledge and consent. This was suggested to the group worker, who did not think that she could safely discuss this with Joan without endangering her own relationship with her. It was therefore decided that it was best that the case workers refer the problem back to the group workers.

Joan was first referred to the case workers at a time when confidentiality, as well as the matters of respective roles of group work and case work, and the relationship between them, had not been defined and clarified. The method of referral used was an experimental one, in the absence of adequate precedent to follow, and the experience led to constructive consideration of these things. It became apparent that confidentiality did not mean exclusion of professional people who were not directly concerned so much as withholding detailed information which was not useful to the group worker, working in a group setting. Knowing generally that there was a problem might be useful to the group worker in appreciating the outside pressures that the person was under, but no more. Hence the amount of information that a group worker should be expected to be given by the case worker should be limited to material useful and necessary to the group worker in the performance of his function.

Because confidentiality had been requested by the detective, Joan was referred directly from the Executive Director who talked with him, to the case worker. The case worker, without explaining to the group worker, requested that she ask Joan to see her in her office after the group meeting. Later at the request of the group worker, the information was shared with her.

As previously explained, the case material regarding one eighteen-year-old has not been included. It might be of value to note briefly what the case worker's experience with Tom L. served to add to the project.

A direct approach to Tom L. on the basis that it had been observed by the case worker that he was not very happy, was quite successful. He was helped with his problems concerning employment, and education, given a great deal of ego-support, and helped to clarify his thinking about boy-girl relationships. Thus his confidence was gained by discerning and meeting need, as described early in the chapter. However, he was unable to find acceptance in the House, was rejected from group participation, and the case worker was unable to go on with him as a result.

'Teen-Age Problems Were Complicated.

The puberty children who came to the case workers were reminiscent of latency and pre-school children in many ways. Jean S. was still representing interest in boys, clinging to the latency age group, and exhibiting anal characteristics. Barbara P., with her tom-boy personality was still searching for identification as a girl, and the establishment of her super-ego. Patrick O. exhibited more of the adolescent characteristics, but was still much the five-year old child seeking the affection of the mother.

The impact of puberty was disturbing to these children in different ways; Jean S. reacted by withdrawing from social pleasures which she wanted very much; Barbara P. became anxious, and expressed this in over-aggressiveness, and in inappropriate ways of relating to people; Patrick O. tried desperately to conform, and to meet the unreasonable demands of his

mother. In Barbara and in Patrick the problem of the unresolved Oedipus was much in evidence, and protective defences were not well established. Jean S. suffered from rejection and emotional deprivation, and found a defence in a physical problem which served to increase her emotional problem.

Joan R., an adolescent, revealed deep hurt, and severe affectional deprivation, but presented a strong, defensive front to adults interested in helping her. Tom L. still involved with the Oedipus, and equally deprived and hurt, had exhausted the resources of the group to help him with his problem, and had reached the point of being accepting of an adult's help.

The problems of the 'teen ager arose from causes similar to those of the younger children, but there was a sense of greater depth, and a desperateness about their need which had not been previously encountered. Egos were more vulnerable, and there was greater anxiety about faulty super-egos. Coupled with this was extreme distrust and hostility for adults; a great need to function independently; a strong desire to demonstrate ability to assume responsibility, and anxiety over boy-girl relations. What this added up to was a highly unapproachable age-group.

Case Work With 'Teen Agers Was Difficult But Worthwhile.

In case work with 'teen agers the case workers found that they did not have an interviewing room which was suitable and the play room was used successfully with one child in puberty only. Neither the parent, nor the group worker could be of much help early in the relationship. It was threatening to the relationship to contact the parent without the child's full cooperation; the group workers were too anxious about their relationships with 'teen age groups to be helpful in preparing the child for case

work. A great deal of supportive help and ego building were necessary to achieve a working relationship with a 'teen ager, and this fell largely to the case worker.

The 'teen ager was very sensitive about emotional problems, and attempts to help him with them were ineffective because they so often caused him to retreat from the case worker. 'Teen agers had greater difficulty than other ages to retain the acceptance of the group workers. They found it more difficult to control their hostile impulses, and were sometimes involved in destruction of equipment and property. It was difficult for the group workers to provide the acceptance demanded because of their responsibility for the House to the community. When 'teen agers who were seeing the case workers lost acceptance in the House, the case workers could no longer help them.

The case workers helped 'teen agers to find greater satisfactions in their groups; help was given through counselling regarding employment, education, and boy-girl relations; pressures were relieved in homes, and parents helped to gain in acceptance and understanding of the child.

Help given was quite elementary in most cases, and was more important as paving the way for future work than for the actual benefit of the client. At first the group workers tended to use the case work service as a means of disciplining the 'teen age group, a problem about which they were quite concerned. This led to considerable effort to interpret the case work role. Lacking skills of their own to approach 'teen agers, the case workers identified with the group workers at first, and used group work techniques in order to reach clients. This led to clarification by the case workers of their own methods in working with 'teen agers in the new setting.

Chapter V.

THE ADULT

The main subdivisions of the adult membership of the House consisted of the "Young Adults", ranging in age from eighteen to thirty-five, and the "Adults", thirty-five and over. The pension-age members were distinguished as the "Senior Citizens". This group, which had existed as a community organization prior to the establishment of the House, was the nucleus around which the adult section of the House had grown.

Activities were varied, including classes and small interest groups concerned with bridge, square-dancing, arts and crafts, discussion, music, friendly get-togethers; and large groups, such as "Open House", or the weekly dance of the Young Adults. There was an atmosphere of good fellowship, of cooperation, and particularly among the "oldsters", of reawakened joys which had long been forgotten.

The Need for Individual Services.

Individual problems of the Young Adult seemed to centre around employment, dating, achieving group status and approval. It appeared that here too, as in the Junior groups, the person who had been deprived of normal family life, who had missed the opportunity for social and emotional growth, had been attracted to the House. In some groups members were unable to participate in adult forms of dancing, played childish games, and needed a great deal of help from the group worker to function as social beings. Considerable preparation was required at the time of the project to introduce the Young Adults to the case work services. There was only one referral from this group.

It is usually less difficult to refer the young adult to a case worker, than it is to refer the adolescent. He has a better recognition of areas of performance in which he needs help; he does not have the emotional block

to accepting help, which the adolescent in his search for emancipation has.

The adults in middle-age seemed to have the most acute need for case work services. Middle-age, from about forty to sixty-five years, is a period in which the impact of physical change and emotional readjustment can precipitate a psychosis, if the person has been emotionally unstable. Adults in middle-age have before them the frightening prospect of loss of vigour and of productive powers. As they take stock of the personal relationships, or other securities with which the years have left them, there is sometimes a shock of realization that their resources are quite meager and their abilities most limited.

The problems of old-age, as described in the case studies which follow, are typical problems. The problems of modern old-age are now legend. They are the result of changes which have taken place in recent years in family structure and function; in attitudes about ageing parents; in our economic pattern, which now encourages old people to plan independently of their grown families. In a segregated group of "Senior Citizens", one finds unhappiness due to loneliness and loss of family; inadequate income, and inadequate housing; emotional upset due to the prospect of physical and mental degeneration. In the city of Vancouver there are few recreational resources for dependent old people, and many cannot afford public recreation. Case work services are also sparse. Case workers could do much to help this age group to use and develop the existing facilities.

It is significant to point out that case work services for single, unattached adults of all ages are, for the most part, lacking in Vancouver. The Y.W.C.A. has one fully qualified case worker who provides counselling services for the unattached woman. There is no comparable service for men.

During their stay in the House, the case workers received requests

from adults for help, both House and community members. The case workers were able to provide a particular kind of service, and to supplement existing community services to some extent. The six case studies which follow describe the case workers' experience in working with the adults.

There Were Family Problems.

Mr. and Mrs. G. and Mr. and Mrs. A. were middle-aged adults who came to the case workers as a result of referral from the community.

Mr. and Mrs. G. were in their late forties. The crux of their problem seemed to be the breakdown of Mr. G's ability to carry on in his traditional role as head of the household. It was evident to the case worker that Mr. G. was seriously disturbed, but this was obscured by his physical illness. His wife needed help to accept and to deal with his emotional illness in a more realistic way.

Mr. and Mrs. G. had one child, a four-year-old boy, David. They had recently come to the city from the prairies, where they had failed in a farming venture. Mrs. G. had been left the farm by her father. Mrs. G. had been described as a competent, controlled woman, but seemed to be quite agitated when she came in for an interview with the worker. She was working, but her husband had not worked for several months because of a hernia. He had not had an operation because he was not eligible for hospital insurance, and they could not afford it. Mr. G. had been caring for David, but Mrs. G. said that she did not wish to leave him with Mr. G. any longer because he bothered Mr. G. With prompting from the worker she said that she was afraid to leave David with Mr. G. She and Mr. G. had quarrelled a good deal lately. Mrs. G. said that he had been very despondent of late, having said often that his family would be better off without him. Mrs. G. was pleased when the worker offered to talk to Mr. G.

Mr. G's deep depression, his unrealistic fears, and his extremely negative attitude suggested that he was actually pre-psychotic. His lack of ego strength, undue anxiety about an operation, inability to face surgery, extreme nervousness, indicated that the roots of his disturbance were deep seated. It was apparent that he was a man who could little accept the dominant role which it had become necessary for his wife to assume.

Mr. G. looked very troubled when the worker visited, and responded only half-heartedly when introduced. He warned the worker not to speak too loudly, as he did not want the neighbours to hear of his predicament. He repeated their story, his hands trembling as he did so. He smoked constantly, and was much more emotional about their problem than his wife had been. He hesitated to discuss an operation, and when he did so, seemed fearful. He worried about who would pay for it: whether it might be performed by an interne; whether the doctor would be competent. He had failed to keep an appointment with the social worker at the Out Patients Department at the hospital.

The case worker, not yet secure in his role, attempted to deal with Mr. G's symptoms, and did not make an adequate diagnosis. As a result of the worker's activities, Mr. G's anxiety was intensified, and his disturbance became much more evident. If the worker had concentrated on diagnosis, he would have realized that there was a more realistic way to help Mr. G.; that Mr. G's first need was help with his anxiety and emotional tension. Mr. G. was in need of intensive psychiatric treatment before he would be able to accept surgery.

A few days later, Mr. G. phoned the House to arrange an appointment with the case worker. He did not keep the appointment. The worker phoned the hospital case worker, who said that Mr. G. was scheduled to go to surgery, as planned by the House case worker. Later Mrs. G. phoned to ask the worker to come to see her husband at once. The worker decided to ask the Family Welfare Bureau, which had previously been active with the G's, to continue, and arrangements were made for one of their workers to visit. The worker later learned that Mr. G. had been admitted to the psychiatric ward at the hospital for treatment, and surgery had been postponed.

This experience with Mr. and Mrs. G. indicates the role that the neighbourhood house plays in assisting people of the neighbourhood to use community resources. It also suggests how a case worker on the staff of the House might sharpen this referral service. The case worker can contribute a great deal through an ability to diagnose emotional problems, and also through use of his interviewing skills in preparing people for referral. The Nursery School teacher suspected that there were marital difficulties in the G. family, but did not uncover Mr. G's pre-psychotic condition, which was basic. By referring Mr. G. to the Family Agency for advice, the Nursery

School teacher was actually asking that agency to perform the House function of referral. More clarification of her families need, based on thoughtful diagnosis, was necessary in order to give Mrs. G. the incentive to go to another agency. Had case work services been well established, and the case worker experienced, the oncoming psychosis of Mr. G. would have been detected by the case worker, who would have then referred him to psychiatric services rather than back to the Family Agency. Psychiatric consultation on such problems would add much to both the case worker's and the group worker's performance.

Work with Mr. and Mrs. G. demonstrated again how the case worker fits into the referral function of a neighbourhood house. Referral of a particular case may be handled by the group worker if group work skills seem adequate to handle it. If not, he refers the client to the House case worker. If there is no case worker in the House, he may call on a case work agency.

The role of the House in case finding is evident in this case. Something about the House attracted Mrs. G. to it in searching for a solution for their problem. This might well have been the friendly family atmosphere, of a familiar neighbourhood institution. The House is a natural link, for the client needing services, with the less known, and more specialized social agencies.

Mrs. G. had come to the Nursery School at the House to ask for placement of David. Because the kind of service provided by the Nursery School did not seem to be what she really wanted, she was referred to the Family Welfare Bureau for advice. It was thought that there was a marital problem underlying her verbal request. Sometime later, Mrs. G. phoned the House saying that she was desperate, and in need of immediate help. She was then referred to the case worker in the House.

Mrs. A., fifty-seven years of age, and an epileptic, was in need of help to become rehabilitated following her illness. Her problem was evidently complicated by emotional maladjustment, but there had been no diagnosis of

psychosis. Considerable study was necessary to determine how case work plus group work could best serve her.

Mrs. A. had been subject to epileptic attacks since the age of forty, and had been confined to the mental hospital for two years for the "regulation" of the epilepsy. She received medical and case work services at the Out Patients Department of the hospital for six months following her release, but became ineligible for this when her husband got a job. Her attacks had been under control for three months; medication was heavy. Mrs. A. was sensitive because of the stigma attached to her illness and hospitalization. She was fearful about coming in contact with social groups again.

Mr. and Mrs. A. seemed to be fond of each other and happy together. However, it was also clear that their relationship was a neurotic one; that he satisfied her need to be dependent, and she satisfied his need to dominate and care for someone. There was a marital problem because it was difficult in this kind of an adjustment to have normal social life beyond the home. His depreciation of her was necessary in order to maintain her dependence, yet it aroused her hostility, and deepened her feelings of inferiority. Mrs. G. now found an outlet for emotions which had previously been expressed in epileptic attacks, in headaches. In a situation which built up unconscious anxiety, which she was unable to cope with in a satisfactory way and repressed, Mrs. A. became preoccupied, and unable to concentrate. The neurotic adjustment which had served to meet her emotional needs in youth, was no longer adequate in middle age.

Mr. and Mrs. A. lived in a housekeeping room near the House. Mrs. A. appeared to be a pleasant, motherly, well kept woman, who had experienced some of the good things in life. She seemed to feel that her husband depreciated her, however, and that he thought there was something wrong with her mentally. Mrs. A. spoke fondly of Mr. A. who had lost his arm about twelve years previously as the result of an infection. He had not worked for about ten years because of his wife's illness. He thought that he had to stay home to look after her, did not know about community aids. He would scarcely let her out of his sight. Even since the attacks stopped, he would not let her go out alone, and feared people would think that he was not caring for her. In conversation, Mrs. A.'s associations were not clear, and she would jump from one topic to another very rapidly. She spoke in a preoccupied way about her mother and the mental hospital. She said that her old friends had fallen off during her illness, and she feared to contact them again. She had severe headaches which she had not had before. She said that she would

like to join a group at the House in order to make new friends.

Mrs. A. seemed to have good capacity for social activities, and had apparently felt very deprived because of lack of social life during her illness. Her reaction in the group indicated that the previous worker's assessment of her need for social life was a correct one. Mrs. G. showed strength in her efforts to maintain her attendance at the House. Her husband's reaction further confirmed that he was using his wife to meet his own neurotic needs. It became clear that the present situation had been precipitated by his loss of his arm as well as by Mrs. A's illness. This evidently had deep emotional significance for Mr. A.

It was arranged that Mr. A. would attend the "Y" club. The group worker was to call for her and accompany her to the House. The case worker was to work with Mrs. A. and her husband, in order to help Mrs. A. to make a good adjustment in the group. Mrs. A. seemed to enjoy the meetings of the "Y" club. At the first meeting she broke down and cried during the singing. She left the room for a few moments, and was happy when she came back, saying that it had reminded her of the good old times that she and her husband used to have. Mrs. A. came regularly and said that she enjoyed the club. One time when the worker was unable to call for her, she walked along the street to the House with some ladies she did not know, and did not tell her husband. She would sometimes phone the group worker to verify that a particular thing had happened in the group, as her husband had not believed her when she told him.

Mrs. A's relationship and experience with her parents was important in determining how to help her with her present adjustment, because she had deep and upsetting feelings about them. It was evident that there was actually a marital problem between Mr. and Mrs. A., also tied up with her dead parents. Mrs. A. had gained quite a lot of insight into her problems during her stay at the mental hospital. She was perhaps beginning to seek emancipation from the parental relationship which she had with her husband. Referral to the family agency might have been a logical step, doubtful because of their age.

Mrs. A. had married at twenty-nine. She and her husband had lived with her parents until they died. There had been conflict between Mr. A. and her parents, and he said that they demanded too much of her attention.

She had nursed both parents in terminal cancer. Mrs. A. had been very upset about the conflict, but repressed her feelings as she always did in such situations. She began to have nervous attacks, would become very tense and go to bed. Mrs. A. liked to be nice and proper but her family were not. Mrs. A. brought her to Vancouver to get away from them. Mr. A. was more of a business man than her father, was quite rigid, and always managed their affairs by himself. Mrs. A. realized the bearing that all these things had on her epilepsy during her stay in the mental hospital. She used to have surges of a feeling of responsibility for other patients prior to attacks. She did not think that her husband understood this "welling up" of emotions.

As well as helping Mrs. A. to find social satisfactions, the case worker helped her find release through interviews, of pent-up emotions which she had been unable to express. The worker's role with Mrs. A. was a supportive one in the main. Interviews with Mr. A. revealed an ability to understand his wife's problem somewhat, and to use interpretation from the worker. It was apparent that Mr. A. also had dependency needs. A great deal of help would be required to enable him to resolve these, and to release his wife from the dependency status in which he seemed to hold her.

Mrs. A. said in interviews that she felt very angry still against her mother because of the responsibility that she had expected her to take. The worker encouraged Mrs. A. to think about the present and the future, rather than the past, as she seemed to have a great deal of disturbing, unconscious feeling. Mrs. A. was sometimes preoccupied with past unhappy events. When the worker talked to Mr. A. he seemed to appreciate the emotional aspects of Mrs. A's illness; her conflict with her parents and the effect of too much early responsibility. He related the headaches to the same cause as the epilepsy. He had been very upset when the attacks began, and still could not allow her to go out alone. Group work services and the services of the Family Welfare Bureau were explained to Mr. A. Mrs. A. was referred back to the group worker.

Good referral procedure between a case work agency and a group work agency is illustrated in the case of Mr. and Mrs. A.; the use of conference, the written summary, and the case committee to bring about good practice. If it had not been necessary for the hospital worker to withdraw because of the limitations of her agency function, it would not have been appropriate for the case worker in the House to work with this client. The hospital worker would have been the one to help Mrs. A. use group work. To add the

services of the House case worker would have caused confusion in Mrs. A's mind about her relationships to her respective workers.

In work with Mrs. A., the workers involved demonstrated the special role of a neighbourhood house in the rehabilitation of a hospital patient, and what a case worker can add to this function.

Mrs. A. was referred to the House for group work and case work services by her worker at the Out Patients Department. The worker thought that Mrs. A. would need further help in returning to normal social life. She suggested that Mrs. A. was ready for group activities, but would need individual support. There was a conference between the workers involved and a referral summary was forwarded. The House case worker read the hospital record. The case was reviewed by the case committee, and the referral accepted for case work and group work. The hospital worker brought Mrs. A. to the House to introduce her to the worker, and to discuss House activities with the group worker. During Mrs. A's attendance at the House there was close cooperation between the case worker in the House and the group worker in Mrs. A's group.

Unattached Adults Had Problems

Mr. N., fifty-nine years of age was pre-psychotic when referred to the House for group work. He exhibited definite manic depressive symptoms which had been recognized by the case worker who referred him. Mr. N. had practically no ability to form meaningful relationships with people, and found emotional satisfaction in objects. Some of his symptoms suggested episodes of the manic type; he seemed to have delusions, and to indulge a great deal in phantasy. He exhibited no capacity for insight, and was quite irrational in his approach to his problem.

Mr. N., a social assistance recipient was interested in crafts, leather and shell work, and bone carving. He had told his previous worker that he was the "black sheep" of his family, that he held a degree in engineering from Queens University, that he had been married, but had had marital difficulty. He was very talkative, drank occasionally and became very depressed. His assistance worker had referred him to a doctor for a psychiatric assessment. He was very excitable. He talked of accomplishments of his which were not based on fact. He had no close friends. He thought that joining a group in the House would help him because he was self conscious in crowds. He made unrealistic plans which he could not carry through.

When the worker visited Mr. N. symptoms previously described were

quite apparent, and it was evident to the case worker that Mr. N. was too disturbed to enter a group. He had related to his former case worker as a child relates to the mother, and there was nothing to suggest that he could relate to adults in any other way. He seemed to have in adulthood the infantile feeling of omnipotence, with little conception of himself as an individual in reality. With lack of social interest, Mr. N. had none of the emotional facets necessary to carry on ordinary social intercourse.

Mr. N's room was filled with curios. Among other things, he had a row of bones drying on a pipe. He was exceedingly self important, very pleasant and talkative. He spoke of several prominent people in a very familiar way. He said that his former worker Mrs. C. "got him out of a mess". He had been working in the Interior; earning a good salary and in charge of several men. He flew down to Vancouver for a holiday. One of his friends suggested that he should be working in the flooded area. He volunteered immediately. They sent him out with a load of soldiers in a truck. He resented this because he did not think that he should be classified with ordinary soldiers. On arrival he asked the Colonel for a detail of soldiers and twenty-six men. His request was met when it was realized that he was a man of some capability. He was explaining to the men a system of testing the dykes when a truck struck the vehicle beside which he was standing, and he was thrown forty feet into a gravel pit. He woke up in a hospital and after that his fortunes were continually adverse until he met Mrs. C. He attributed his need to see a psychiatrist to his accident.

Discussion between the House case worker, the Assistance worker, and the group worker, prior to referral, might have eliminated referral to the House of Mr. N. The Assistance worker needed interpretation from the group worker as to the function of the House; diagnostic thinking was needed to determine that Mr. N. could not actually use group work. The House case worker's specialized knowledge of individuals would have been helpful in the latter. Mr. N. was not actually a candidate for case work services from the House since he was receiving special attention from the assistance worker. It was valid, however, for the group worker to use the House case worker in a consultative capacity in order to arrive at a diagnosis, particularly with regard to Mr. N's ability to use group work.

Mrs. C. had referred Mr. N. to the House because she thought that he needed social recreation. When the group worker talked to Mr. N., she thought that he was quite disturbed, and questioned whether or not he could use group work. She did not think that there was any activity in the House which would be suitable for him. The case worker was asked to visit Mr. N. in order that he might help to assess Mr. N.'s ability to use group work. It was agreed that the House could not be helpful to Mr. N., he was referred back to the assistance worker, and eventually committed to the mental hospital.

The referral of Mr. N. to the House took place early in the project when the method of referral, the kinds of referrals which would be accepted for case work, and the case worker's role had not been determined. The case of Mr. N. illustrates the role of the case worker in a neighbourhood house in diagnosis, and in screening referrals. Through his contact with group work, the case worker develops a special understanding of people as social beings, which other case workers do not generally have.

Mrs. D., fifty-seven years of age presented a problem of emotional repression, and of new dependency which she was inadequate to meet. Her emotional upset had been precipitated by the loss of her husband at a critical period of life. It was difficult for her to find employment. Her relationship to her husband had been a neurotic one involving dependence and repressed hostility; his death served to intensify her negative feelings, and need to be dependent. With her pattern of emotional repression, unhappiness was intensified.

Mrs. D. also had a tendency to be self-punishing. Loss of the protective father figure made her more vulnerable to a world which she considered hostile, and she could not express her feelings. Instead she turned all these things in on self, and migraine headaches were intensified as a result. She presented a pathetic picture of aloneness and inability to do anything about it.

Mrs. D. was a widow of four months who was subject to severe migraine headaches. Her only income was a social assistance allowance from the city,

which was insufficient to allow many social outings, for which Mrs. D. expressed a wish. She had felt very let down by the death of her husband, and had withdrawn from people since his death. Migraine headaches which she had had for many years became much worse. She was fearful of meeting new people. Mr. D. had been fifteen years older than his wife, and died from a stroke. They had no children because Mr. D. did not want them. Mrs. D. had lost her father, her champion, when she was twelve. She had no close relatives left. She was suffering from a headache when she came to see the worker. She was a spare little woman, with a heavily lined, unhappy face.

There was not an opportunity for the worker to assess Mrs. D.'s needs properly. It did seem that she would have some difficulty in using a group to meet her needs, and would need a great deal of individual support. There was little hope of personality change because of her age.

Work with Mrs. D. pointed up the need for case work services in the city, for the older, unattached adult. The City Social Service worker saw in the case work services at the House, an answer to this need.

In the initial interview with Mrs. D., it would have been preferable for the case worker to concentrate on her as an individual with a problem. Interpretation of group work in the House interfered with this. Later practice was to have the client go to the group worker for this information.

Mrs. D. was referred to the House verbally, early in the project, by the City Social Service worker who thought that she would benefit from intensive case work services and group work. The House case worker phoned Mrs. D. and arranged to see her in the office. The case worker discussed the different groups and activities of the House with her and it was decided that she would attend the "Y" club. Information was also given about the case work service and its purpose. Mrs. D. did not attend the club because she could not afford bus fare from her neighbourhood, which was some distance. Eventually, near the end of the project, this difficulty was overcome, and Mrs. D. was pleased. She was referred to the group worker because the case worker was leaving the House. Contact subsequent to the first interview had been by telephone only.

Mrs. F., seventy-four years of age, presented typical problems of old age; emotional problems of long standing now became acute as she felt her physical powers slipping away, and there were further complications of actual disability and disfigurement. At this time when she felt the greatest need

for family ties and friends, she was least capable of finding them.

Mrs. F. was alone in the world and had expressed a desperate need for social life and friends. Her only income was an old age pension which barely met her needs and, although she was active physically, she could not work because of partial blindness. She had had a tumour removed from the side of her face recently, and this had caused paralysis of her face, disfiguring her badly. She was very sensitive about this, and did not like to meet people because of it.

In her past life Mrs. F. had shown excellent ability to make a living and to enjoy social life. Her great lack had been in close affectional ties, and she was now justifiably disappointed in life in view of the disappointments and frustration she had experienced. She had been unable to form normal relationships with men, and had been unable to use a neurotic relationship to her own advantage.

Mrs. F. had had to earn her own living most of her adult life, and her occupational background showed considerable strength. She was a registered nurse, and had followed this profession for about fifty years. She had done a good deal of public health nursing. She had attended University, was also a trained stenographer. She had done some teaching. She was a member of the business and professional womens club. Mrs. F's personal life had not been happy. During her forties she had married a merchant seaman who was about twenty years younger than herself. She had wanted children, but he did not. When she became pregnant he left her. She spent some time going up and down the coast trying to locate him, but never saw or heard of him again. The child was stillborn and this broke Mrs. F's heart.

As old age approached, Mrs. F. had attempted to make an adjustment which would meet her changing needs. Frustrated in this, she felt the injustice of life, and became more demanding of people. Her emotional disturbance became more apparent. It is likely that the loss of her physical attractiveness, and the operation which brought this about, represented punishment from a hostile world to Mrs. F. and there was nothing she could do to combat it except to regress emotionally.

Mrs. F. had spent most of her life in the West, but had gone east about ten years previously to be near relatives. She became a pensioner there because her health broke down, and she said that she returned west on account of her health. Following her return to Vancouver she had a great deal of difficulty in finding accommodation. She demanded a great

deal of attention from case workers and blamed them personally if they were unable to help her. Following her operation, she "went down hill" noticeably. She had previously been an attractive woman who took an interest in her appearance, followed cultural interests, and exhibited a sense of humour. She became untidy and unclean, and unable to get along with people.

It was apparent to the House case worker that Mrs. F's disturbance was deep seated and quite serious. Paranoid traits were evident and Mrs. F. was in open conflict with society. There was some strength in her ability to feel optimistic about her eyes and in her positive feelings with regard to the clinic. In addition to the paranoid belief that every one was against her, Mrs. F. showed no capacity for insight into possible inner causes for her troubles, preferring to attribute them to her physical problems and to the disinterest and cruelty of others. Prognosis was thus, limited ability to gain from case work help.

When the House case worker first met Mrs. F. she was being evicted from her room. She said that two young men in the rooming house had looked after her, but after they left she had a feeling that the landlady had wanted to get rid of her. The landlady had made complaints to the rental board about Mrs. F. Mrs. F. said that she had found people in Vancouver to be very unfriendly since her return. She had attempted to make friends through churches, but had been unsuccessful. She had gone to a neighbourhood house once, but had not liked it. She was attending the Out Patients Department of the hospital on account of her eyes, and hoped to have an operation to help her sight and to restore her face.

Supportive help from the worker brought response from Mrs. F. and she showed ability to relate in a group setting, even though it was in a very negative way. Her lack of insight and feeling with regard to her physical incapacities was quite evident in the group setting and also her tendency to project on others her own hostile feelings.

Mrs. F. decided to join the "Y" group at the House. Personalities in this group were varied, but most of the women were warm and receptive. Mrs. F. alienated everyone in the group against her by getting up in the meeting and denouncing them for not talking about more worthwhile things, and for not doing something for unfortunate people like herself. Following the meeting she disparaged the group to the worker because of their lack of desire to do service work. She thought that her lack of success in the group was due to her facial disfigurement. She continued to attend the group irregularly.

As the worker became better acquainted with Mrs. F., the basis of her past and present difficulties revealed itself. It was clear that she had now lost practically all of the ability that she had formerly to form positive relationships with people. Evidently, she had always had deep negative feelings with regard to men and sex, which had caused her a great deal of inner conflict. Because of her hostility, guilt feelings, and sense of uncleanness, she had little ability to accept herself. Her unhappiness, plus the effect of all of these feelings seeking expression, prevented her from achieving the affection of others. She was actually shopping around for an affectional relationship. In the case of Mr. Y. she used the radio and the cane to continue a relationship which she could not maintain in any other way. In complaining that Mr. Y. really wanted a wife, it seemed that she was actually giving expression to her own wishes.

During her six-months contact with the worker in the House, Mrs. F. lived in six different places. Four were rooming houses, one a fifth rate hotel, and the last a nursing home. One room was in the home of an elderly man, Mr. Y., who wished to make his home available to elderly people. Mrs. F. took this room after a great deal of mental conflict. There was soon open war between her and her landlord. He complained that she demanded a great deal for her comfort, complained continually, screamed at him when he got up in the night, and had absurd ideas about his intentions toward her. Mrs. F. said that Mr. Y. came into her room without knocking, and she was afraid of him. Also she had been sorry for him, had invited him in for tea, and felt that he really wanted a wife. She left Mr. Y's home after two weeks, and he kept her radio because she had put him to so much extra expense. She went to a great deal of trouble to get this back, even calling the police, although she did not really want it. Then she remembered that she had left her cane and went back for it. Mrs. F. said that young men accosted her and asked her to come to their rooms. She had a fear of contracting venereal disease in the bathrooms of rooming houses. She did contract an infection, which the doctor said was due to lack of personal cleanliness. In the nursing home she said that the matron discriminated against her.

Mrs. F. made some progress while she was seeing the worker, and made a real effort to achieve acceptance in the "Y" club. She was thus able to use the help offered her by case work and group work. Such results justified the large amount of time and effort devoted to Mrs. F. by the workers. Although

it was not possible to change her personality pattern, the worker could provide the supportive relationship necessary to her to regain past strengths and to enable her to move on to other satisfying relationships.

Following an eye operation, Mrs. F. began to attend the "Y" club meetings regularly, although members were still very hostile to her. She offered to nurse members when they were ill. Her appearance had improved considerably, and she was making a noticeable effort to dress attractively. It seemed that she was getting something out of the group, and eventually would be accepted by it.

The worker helped Mrs. F. by finding new places for her to stay; through giving her an opportunity in interviews to find release for her feelings; by giving her ego support, and helping her to feel worthwhile and accepted. This helped Mrs. F. to participate in group projects, to show a desire to give to the group, and thus to find acceptance and satisfaction.

The part played by the case worker in the referral of Mrs. F. to the House was one of conferring with the referring worker, and of introducing the client to the agency. Planning for referral had not included the case worker, a practice which occurred in the early stages of the project. Better referral procedure with more background material regarding the client would have been beneficial. The case worker knew too little about this woman's emotional conflicts in the beginning, and so used a great deal of time with her in an ineffective way.

Mrs. F. was referred to the House by the counsellor at the Y.W.C.A., following a conference with the group worker. It was thought that she would need case work help to use the group, and she was referred to the case worker. The case worker met Mrs. F. at the Y.W.C.A. where she was introduced by the Counsellor. There was a short referral summary submitted to the House by the Counsellor. The worker also conferred with the hospital social service worker who knew Mrs. F., and the Old Age Pension worker.

Mrs. E., similarly, had problems typical of old age. She had also devoted her life to a vocation, was now losing the physical ability to continue it, and was quite disturbed emotionally as a result. Mrs. E's

vocation had represented an adjustment to life, and its loss was the greater because of the great emotional investment it represented. Personality problems, which she had been able to sublimate successfully in her work, now had no acceptable means of expression. Her former manner of life had failed to provide materially for old age, and in it she had also failed to learn the social skills and interests which she now needed.

Mrs. E., seventy-two years of age, an old age pensioner, had once been a successful artist. She was now very unhappy because she was losing her sight, and could no longer paint productively as a result. Because of lack of finances, she was forced to live in a crowded boarding house where she shared a room with two other elderly women whom she did not find compatible. Mrs. E. was otherwise in good physical health, but had lost the sight of one eye, which had been removed, and had only partial sight in the other. She wished to paint for a past-time, and her Doctor thought that this would be good for her. She needed a place to paint and to store materials and help to obtain these. Mrs. E. expressed fear of participating in a group.

Mrs. E. had gone through life on a very immature emotional level. She had only learned to relate to others in a very superficial way on the basis of a common interest. She had not faced the reality of life by demanding fair returns for her labours. She seemed to have had a phantasy idea of herself as an omnipotent being who could not be touched by want.

Mrs. E. had been widowed at the age of twenty-two. Her husband had encouraged her to paint, and following his death she turned to an artists career. She travelled and studied in Europe, and had little difficulty in having her work hung in the salons of Paris. She enjoyed the artists' life, and the company of artists. She was not a business woman and gave little thought to the practicalities of life, or the future. She gave a great deal to others, and only demanded enough in return to meet her day-to-day needs. She contributed war memorial paintings to the Canadian government which she might have sold in the United States for a large sum of money. Mrs. E. had been an art teacher until her sight began to fail. She was now very lonely and unhappy.

As the case worker became acquainted with Mrs. E., her social inadequacy became more and more apparent. Present satisfactions were nonexistent, and she was forced to regress to the past. This was similar to living in phantasy because it was living in a time and reality which no

longer existed. Mrs. E. seemed to have an ability to gain insight into her problem and in this way was better equipped than Mrs. F. to deal with it.

Mrs. E. did not find anyone in her boarding house companionable. She liked to talk of the past and the others resented this, saying that it was an attempt to make herself seem superior. Mrs. E. attended the "Y" club at the House. She did not feel at home there either, saying that they had been very nice to her, but their interests were different, and she would prefer to be by herself with her work. She knew that she was different from other people and she also knew that it was too late for her to change. The only real hope for her seemed to be an opportunity to regain the old satisfactions of self-expression.

The role of the worker in relation to Mrs. E. was to attempt to help her on an environmental level, through mobilizing resources. The worker also played the role of a friendly visitor giving supportive help, in order to encourage Mrs. E. to attempt to make an adjustment to her new circumstances. Mrs. E. needed help to realize that perhaps life could still provide her with worthwhile satisfactions.

The worker attempted without success to find an artist in the neighbourhood who might allow Mrs. E. to use his studio. It was also suggested that Mrs. E. use the art centre at the House. However, she did not think this room suitable as it had a southern exposure and did not provide the correct lighting for work in oils. She had a great deal of eye trouble during the period that the worker knew her. The worker visited and tried to give her support. At the end of the project, Mrs. E's eye had improved. The worker arranged with a young widow who had a car that she would take Mrs. E. to the park during the summer, where she could paint. Permission was also obtained for Mrs. E. to use the north end of the lounge as a place to paint if she wished to.

The referral, although one of the early ones, was well managed in that there was joint planning between the group worker and the case worker. An improvement would have been a joint conference between the C.N.I.B. worker who referred Mrs. E., the group worker, and the case worker. This could also have included the City Social Service Worker. A written summary should have been obtained, and the CSSD record read by the case worker.

Mrs. E. had been referred to the House by the C.N.I.B. worker, to whom she had been referred by her doctor. Mrs. E's sight was not sufficiently poor to make her eligible for C.N.I.B. services. Mrs. E's problem had been discussed with the case worker by the group worker in planning, and it was decided that help could be given Mrs. E. on an individual

basis as it did not seem that Mrs. E. was ready for group services. Referral material was given to the case worker by the C.N.I.B. worker verbally. The C.S.S.D. worker was contacted, plans were discussed with her and she was in agreement.

Case Work With the Adults Had Results.

Among the adults who came to them, the case workers found family problems arising from a neurotic marital adjustment, and a psychosis in the marital partner; individual problems, related to hostile immaturity in young adulthood; a psychosis precipitated by middleage; emotional upset in old age due to degeneration and loss of physical health, which meant the breakdown of a neurotic adjustment.

Housing problems, illness, a need for recreation, lack of social skills were common secondary problems in the adult group, and low income was common to all.

Through case work with adults, three were helped to make a better adjustment in their group, one was helped through referral to the appropriate community agency to deal with his problem, and good relationships were established with two which would be of value in continued work with them. The case worker added to the services offered adults in the House by means of his diagnostic skills, and was used in consultation in referral and in screening referrals, as well as by means of his work with individuals.

There was a development of case work method in working with adults in this particular setting. It was learned that it was not the case worker's role to interpret group work to a client, but the case worker did acquire a special skill in diagnosis through gaining a knowledge of group work in addition to case work.

II. Mr. Y., thirty-two years of age, had difficulty in his group. He was referred to the case worker by the group worker, and helped considerably as a result. Case material is not included due to its confidential nature.

Of particular interest was the apparent lack of community resources for the unattached male. This is somewhat surprising to find in a large city surrounded by industries which attract the unattached male, such as mining, fishing, logging. This seems to be a matter worthy of considerable thought and community action.

The role of the House in case finding again comes out clearly in the work with adults. Serious emotional problems were dealt with which indicated the need in this setting, as in other social agencies, of consultative psychiatric services.

The work with adults, as with other age groups, contributed a great deal to the development of the case work role and method in the neighbourhood house, and the establishment of a place in the House for the service. Factors which were operative with the other age groups were also operative here. It is needless to elaborate those which were not peculiar to the adult group alone.

Chapter VI.

CASE WORK IN A NEIGHBOURHOOD HOUSE

The case worker in a neighbourhood house works with a wide variety of problems; problems of childhood, problems of youth, problems of adulthood and problems of old-age: problems which involve physical disability, economic inadequacy, social and emotional maladjustment; emotional problems which range from primary behaviour disorders and neuroses, to psychogenic illness and psychosis. The community in which this project took place provides case work services in the areas of Child Welfare, Family Service, Child Guidance, Medical and Psychiatric Social Work, and Individual Counselling. The House case workers found that they were working in all of these areas.

The case worker's efforts also extended to types of problems which had as yet received little attention in the community. The kind of problem, which, because of its nature, evades detection and thus prevents the person from seeking help until a very serious stage is reached. These are people whose defences are such that they deny their need for help, and unconsciously develop a pattern of behaviour which hides their unhappiness from the untrained observer. Jean S., Bobby R., Tom L., Diana M., and Mr. G. were examples. Sometimes when a child is having difficulty in the group, his parent is found to have problems of this kind. The cooperation of such parents can sometimes be achieved through the child, who is less resistant to the worker's attentions. The case work service in the House provided a means of extending social service to such people in the community who were sorely in need, but had not as yet been reached.

Another kind of problem which received the attention of the case workers in the House, but which was receiving little attention in Community

Agencies, was that of the minor emotional problem in the young child, which might reach serious proportions later on. Jimmy B. and Larry I. were examples. This was preventive work which was possible as a result of the nature of the setting.

It is of interest to consider further why children like Jean S., Bobby R., and Mary K., or an adult like Mr. G. had not previously come to the attentions of a case work agency. One characteristic which was common to all was financial security. Besides, there had been no physical problem which might have brought them to the attention of the Social Service Department of a hospital. Mr. G's current problem was not of the kind which would allow him to seek medical care. Other factors had, perhaps, prevented these people from receiving social work attention: lack of recognition on the part of responsible community persons, such as teachers, of the symptoms of their need; resistance on the part of the person or his parent to seeking help because of cultural conditioning; lack of ego strength needed to face problems; lack of awareness of sources of help, or the failure of the community in providing adequate services and in making these services known.

It is interesting that except for the old age group, Mrs. R., Miss B. and Mrs. O., none exhibited clearly the dependency pattern of the financially inadequate and chronically ill so often found in case work agencies. It did not seem that people were drawn to the House because of a need to be dependent. Other agencies could better serve this need. Although without doubt dependency was often a factor in their problem, it seemed that they were mainly concerned about their inability to function as social beings; their inability to make a place for themselves in the social group, and to enjoy the satisfactions of social living. The breakdown of family relationships had been most traumatic and meaningful, and they sought the answer to

this dilemma in the family atmosphere of the House.

It would, therefore, seem that another characteristic of the problems found in the neighbourhood House was that they were, as a group, somewhat different from those found in agencies which give financial assistance and medical care, in that there was not the deep underlying factor of dependency. Problems were more concerned with social ability, or ego functioning, arising from the breakdown of relationships in the family rather than from the family's inability to meet its physical needs.

From these observations regarding the kinds of problems encountered by a case worker in a neighbourhood house, one might conclude that the services of a skilled practitioner adept in diagnosis and case work practice would be required to fill the position.

The Role of the Case Worker Was Not Clear at First.

The role of the case worker in the House has so far been described in terms of the following activities: speaking to groups; interpreting case work to staff; equipping a play room; adapting office equipment and services; organizing and participating in case conferences; gathering case material; and acting as a liaison between the House and case work agencies; and performing individual and family case work service on the levels of counselling, environmental manipulation, and treatment. Little has been said about what occurred in the actual process of achieving case work-group work cooperation, and what the role of the case worker was in this.

There was a great deal of confusion at first on the part of both staff and students as to the difference between group work and case work, and the necessity of defining respective roles was apparent. It was difficult for them to see where group work ended and case work began. There was a tendency on the part of the group workers to expect the case workers to do

group work, and the case worker, unsure of his own role, tended to let himself become involved in this. It seemed that the case worker had a tendency to identify himself as a group worker, which could be attributed to the emotional impact of a strange setting or a greatly outnumbered case work staff. Another factor which contributed to this confusion was the necessity of dividing the responsibility for supervision, case work and administrative, and the fact that two separate agencies, the House and the school, had separate interests in the project.

It was difficult for the group worker, at first, to see why a case worker was needed in the agency in view of the fact that group workers have case work training. They thought that this training was sufficient to enable them to refer clients to case work resources which existed in the community, and since these resources did exist, why was it necessary to have case workers in the agency? In the course of the project it was eventually agreed that the group worker could make successful referrals with some clients. However, the group worker does not have a broad knowledge of case work theory, and has not had an opportunity to develop skills in the use of the interview, relationship, and diagnosis, through continuous practice; he has not developed the skill necessary to know whether a client can benefit from case work; it is difficult for him to enter the kind of intensive relationship which is often necessary to complete a referral, without endangering his relationship with his group. It did seem, therefore, that there is a place in a group work agency for a case worker in making referrals to other agencies.

The group workers were not clear, at first, about the role of the case worker in providing an individual relationship to people who were not sufficiently disturbed to warrant referral to another agency, but who could

be helped through case work to use the group more effectively. This was clarified on the basis that the group worker could not provide these people with the necessary individual attention because of his responsibility to his group, and also because his skills were not sufficiently developed in working with individuals. Hence, the role of the case worker was also to work directly with problems in the setting of the House.

Conscious of the lack of cooperation which existed in the field of social work between group work and case work, the group workers were anxious to develop cooperation and saw liaison work between the House and case work agencies as part of the case worker's function. Logically it did not seem that this should be the function of the case workers, when the group workers were professionally trained, and had a knowledge of community resources. Better to place the emphasis on the needs of the client, as discussed above, and let the group worker function wherever he was trained to meet the client's needs.

It was eventually understood and agreed, that case work and group work are different and separate skills, sharing certain generic knowledge which, ideally, work side by side. There is a place for the case worker in the group work agency, and this place is complementary to group work. Case work does not assume, or attempt to overlap, the group work function.

Early in the project, there was a great deal of concern about how to get the child who needed case work help to the case worker. Referral procedures had not yet been agreed upon. The group work students and some of the staff members were new to the agency, and did not think that they knew the individual child well enough to suggest that he see a case worker. There was a fear of frightening the child away from the House. As a result, children were simply suggested for referral, and it was left to the case

worker to gather information from the files, clear with the social service exchange, and contact other agencies that were registered. The case worker then made the acquaintance of the child in the House and attempted to interest him in coming to the play room for regular interviews. This did not work out well as the reader has already been shown, and it was recognized that the referral in the House should not differ substantially from that used between agencies. Having the case worker in the House should facilitate the process and make greater flexibility possible.

Working Problems Resolved.

A staff conference helped to clear up the situation considerably. Several important conclusions came out of this which helped in the organization of the service:

- (a) The service was not intended to duplicate either group work services, or other case work services which already existed in the community.
- (b) Case conferences were important and continuity of leadership should be maintained in these.
- (c) Many children had been referred because they were disrupting in the group and referrals should be more carefully considered, as these were not necessarily the children most in need of case work help.
- (d) A better method of referral should be developed.
- (e) A case committee was needed to study referrals.

A referral committee was set up which consisted of the case work supervisor, the executive director, and her assistant. The purpose of this committee was to study all referrals that came to the House from other agencies, all referrals made to the case workers from groups in the House,

and to determine whether or not the person could use case work service in the House effectively. If the committee decided to accept the referral, one of the committee members would be designated by the committee to call a case conference. The purpose of the conference was to arrive at a tentative diagnosis, and to decide whether the case should be dealt with in the House or referred elsewhere. As work with a client progressed, there were to be further conferences in order to correlate group work and case work findings.

Through the case committee, criteria for referral were set up. These were as follows:

- (a) The member, after a considerable length of time in the House, had failed to achieve acceptance by other members which was sufficient to enable him to join a group.
- (b) The member, although a part of a group, was not using the group to meet his needs.
- (c) The member, a part of a group, was using the group to meet neurotic needs and could not be helped by means of group work.
- (d) A community member, not a member of the House, has come to the House seeking help of a nature which case work can provide, which might mean referral to an appropriate case work agency.
- (e) A person referred from another agency for group work, to whom case work help given by the case workers in the House either on a supplementary or cooperative basis would be beneficial in helping him to use group work.

The case committee also determined what the referral process should

consist of. This was as follows:

1. The referring worker should submit a referral summary which would include the following:
 - (a) Identifying data.
 - (b) A summary of the worker's contacts with the individual which would include whatever was known of his symptoms of behaviour and of his relationships with his family and other social groups.
 - (c) A statement of the kind of relationship the worker expected to have with the referred person in the immediate future.
2. A conference was to be arranged between the workers concerned.
3. There were to be periodic contacts between the group worker and the case worker to discuss new aspects of the problem and progress.

There was a problem of discipline in the House because of community pressures, and at first the group workers referred some children to the case workers because they needed discipline. It was established in the case committee that this was not part of the case workers' function.

It was the opinion of the committee that cooperative work with the case workers should include professional staff only. However, it was not clarified during the project whether or not this would preclude work with the Nursery School.

The case committee was very helpful in clarifying roles. So also was a session which was held at the University between the case work and group work classes on the role of the case worker in the neighbourhood House. This determination of role is very important to the activity of

actually helping the client, for as David Franklin pointed out in his thesis,

12. "The danger of mobilizing anxiety in the mind of an individual in the group, through confusing the functions of the group leader and the case worker who offers case work service within the group work setting, should never be minimized."

Mr. Franklin further says that part of this is that the confidential nature of the case work relationship must be preserved. There was divergent thought during the project as to what confidentiality in case work meant, and this was never well clarified for all.

The Case Workers' Methods.

Many of the methods used by the case workers in this setting were not new ones, but there was some adaptation of method to the new setting. Children were approached in a friendly manner. In working with children the worker used the child's language and spoke in terms of objects and ideas which belonged to the child's sphere. However, in some cases the worker had to seek out a child, who had not been prepared for case work, and who had not expressed a need for help. The progress of work was different than in a case work setting, because it went from the child to the parent as a rule, which is the reverse of the usual practice in case work. From this developed the method of obtaining the child's permission before visiting a parent, which was very helpful in establishing a real relationship with a child. With the adolescent group, it was sometimes very dangerous to the relationship to bring the parent into the picture at all. In the special setting of the House, it was considered possible and ethical to do a certain amount of work with a child or with an adolescent, without the parent's permission.

12. Ibid. p. 89.

The use of the play room in working with children was not a new method, but it seemed to lend itself particularly well in this setting. It was a natural addition to the regular program, because it was just one more place where a child could play. It provided natural mediums of expression for the child who was still living a great deal in phantasy. It also provided individual attention and response from a giving parent figure. The play helped to drain off excess anxiety and to establish a positive relationship between the child and the worker. The worker gained the information necessary for diagnosis and a plan of treatment through observing and interpreting the way in which the child used the play materials. Some children gained in ability to verbalize their problem as a result of the freeing effect of working with the clay and finger paints.

The case worker could also observe the client in his group which provided the additional advantage that the case worker was able to see him as he functioned as a social being.

What Did the Case Work Service Mean to the House and Community?

During the course of this project, the case workers helped to sharpen diagnostic thinking; in cooperation with the group workers a method of cooperation between group work and case work was established; the role of a case worker in this particular neighbourhood House was defined, and an idea was formulated of what might be accomplished in the House if a case worker were hired on a permanent basis.

It seems apparent that the addition of a case worker to a neighbourhood house can provide the community with a unique resource which can provide a high quality of service. It is a resource which is better suited than a case work agency alone to deal with certain problems, such as the

rehabilitation of the unmarried mother or the person who has been mentally ill, as shown in the cases of Miss B., and Mrs. A. It is a resource which attracts people who have particular problems which prevent them from going to other agencies and is, therefore, a valuable center for case finding, a function which the case worker can enhance in many ways. It seems to have an appeal for people because of its identification with the family, and the need people have to work out their problems in the family. As a result of this attraction, some clients can be reached at an earlier stage in the development of their problem than they would have been otherwise and, as a result, work of a more constructive nature can be done with them. It was easier in the setting of the House for the client to seek case work help because of the friendly, family-like atmosphere of the setting.

Thus it seems that a combined social work service in the form of case work and group work can deal more adequately with certain emotional problems than a case work service alone; the client can be reached at an earlier stage in the development of his problem; through the group setting clients can be contacted who might never go to a case work agency, yet who could be expected to become serious social problems.

An examination of the sources of referral outside the agency is of value in evaluating the service. It also points up certain lacks which exist in the community.

Clients came to the case workers who were not members of the House at the time of first contact:

- (a) As a result of referral from other social work agencies, the Y.W.C.A., the City Social Service Department, and the Social Service Department of the Vancouver General Hospital.

- (b) From the community as a result of the client's own request, as in the case of Diana M.

Referrals were made to the case workers in the House by other agencies that were already serving the client for a number of reasons:

- (1) The House provided a more extensive service in the combination of case work and group work than the referring agency could provide. The referral of Mrs. F. from the Y.W.C.A. is an example.
- (2) The House offered a more intensive case work service than the referring agency could provide, and also group work. The referral of Mrs. C. from the City Social Service Department illustrates this.
- (3) The combined resource of case work and group work was a better one for Mrs. A. than any other that the city could provide.
- (4) There was no case work resource available in the city for the single unattached male, as was required by Mr. N.

The group workers in the House referred clients who were already receiving services from other case work agencies for the following reasons:

- (a) It was believed that a more intensive service was required by the client than that which the active agency could provide, in order to enable him to use group work effectively. Examples were Barbara I., Larry I., and Jimmy B., all of whom came from assistance families.
- (b) The client appeared to need more help than the active agency or the group worker could provide, to enable him to use community resources effectively. Mr. G. was an example. (His case was active with the Family Day Care Association.)

- (c) The client could not use either the group work or case work which had been offered him, and was in need of diagnostic service of a more specialized nature, in order to get him to the proper community resource.

From this evidence one can deduce that social assistance agencies in the community are not set up to provide the therapeutic and preventive type of case work service to the client which social workers know can bring a community such worthwhile returns. Moreover, it is evident that the community does not provide adequate case work service to meet the needs of the people on social assistance who could use it, and there is a definite gap in case work service, in the lack of a resource for the unattached male. It was natural that the workers in the public agency should wish to make use of this new resource.

The attraction that the House had for people who needed case work, in order to help them to use group work services, was evidence of the community need for the development of case work - group work cooperation. This was a problem which had previously received considerable attention, but small solution. Implicit in this was the need for the development of better methods of referral.

The project revealed the need for better diagnostic services in the community. Skill on the part of workers in most social agencies in the recognition of psychotic and pre-psychotic symptoms is particularly lacking.

Conclusion.

It has been observed that the actual accomplishments of the case workers in the House in helping clients during the project was limited. This was due to the inexperience of the workers, their resultant insecurity in the new setting, the problems presented in the adaption of case work to

the setting, and of the setting to case work. The time factor was also important. Because the type of service was new to the community, it needed time to mature, to demonstrate success, and to achieve community acceptance. There were also problems with regard to establishing the place of the service in the community in relation to other agencies. Many of these problems were not completely resolved, and the project at its conclusion therefore presented many facets for future development.

The project was not so valuable for its contribution to knowledge in the wider field of social work, as in the local community. Projects elsewhere have established correct referral procedure between case work and group work, and have determined the correct role of the case worker in a neighbourhood house. The Henry Street Settlement in New York, for example, has a full-time case worker on its staff. The project was of value in the local community as a practical exercise in case work - group work cooperation.

The project does suggest other possibilities for the use of case work - group work cooperation which have not been so widely explored: its use in a treatment program; its role in case finding; its role in preventive work. Group workers are becoming more and more interested in group therapy. Does this not also have a place in a treatment setting? Has this possibility been, as yet, sufficiently explored in the field of social work?

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