PARENTAL ATTITUDES
AND HOW THEY AFFECT THE BEHAVIOUR OF CHILDREN
A Study of Provincial Child Guidance Clinic Cases.

by

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ABSTRACT

The purpose of this study is threefold: (1) to analyze information available in the records regarding the manifestations of behaviour disorders in the children and the background of the parents, (2) to make a tentative diagnosis of the relationships of the parents to their children, and (3) to examine the degree of correlation existing between the parents' attitudes and the child manifesting the behaviour problem. This is, therefore, an exploratory study on the familiar topic of parental attitudes and how they affect the behaviour of children.

The selection of cases for study (40 in number) were all those accepted for treatment by the Provincial Child Guidance Clinic in an 18 month period, 1948-49. The children were either of pre-school age or their problems manifested themselves before they entered school. Certain limitations were set up. All the children were of at least normal intelligence, all came from homes where there was a normal family constellation, i.e., both parents were alive and living at home. No distinction was made between sexes, ordinal position of the child in the family, religion and nationality, and economic status.

These cases were classified into three groups on the basis of "problems" or symptoms of maladjustment which led the parents to seek the services of the Provincial Child Guidance Clinic. The classification adopted distinguished (1) disturbances of social adaptation, (2) habit disorders, and (3) personality disorders.

The emphasis of this study is based on the hypothesis that parental attitudes influence the behaviour of children. It seemed logical, therefore, to focus specific attention on attitudes reflected and expressed by the parent in the case work situation. The sample of cases included parents exhibiting rejecting, dominating and other deviant attitudes.

The greatest number of children in this group of clinical cases were those who were affected by the combined attitudes of mother and father. The deviant trait was the
predominating parental inadequacy contributing to the behaviour problem. Next in importance were the attitudes expressed by the mothers, rejection being the outstanding trait. Fathers, on the whole, affected a smaller number of children than the mothers. In this group domination was the main contributing defect. Regardless of the adequacy of one parent, if the other parent failed to fulfil the parental role, the failings were reflected in the behaviour of the child.

Though parental attitudes influenced the behaviour of all the children, different children reacted differently and in varying degrees to similar experiences. The behaviour manifestation appeared to show itself in a manner peculiar to the make-up of the particular child.
I wish to acknowledge indebtedness to Miss J.F. Kilburn, Provincial Supervisor of Psychiatric Social Work for her permission to utilize the clinic records for research purposes. I am also indebted to the clinic staff for their help in discussing the various cases used in this study.

Special acknowledgement is made of the helpfulness of Dr. L.C. Marsh and Mr. and Mrs. T. Exner, of the Department of Social Work who gave generously of their time and professional advice during the preparation of this study.
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PARENTAL ATTITUDES

AND HOW THEY AFFECT THE BEHAVIOUR OF CHILDREN

A Study of Provincial Child Guidance Clinic Cases.
CHAPTER 1.

CHILDREN'S BEHAVIOUR PROBLEMS AS PRESENTED
BY THE PARENTS

What is a behaviour problem? What identifies a problem child? Who determines that a child is well adjusted, or maladjusted? What kinds of behaviour are undesirable? How 'normal' or 'abnormal' is "misbehaviour" in children? These are perplexing questions and necessitate definite answers. The answers are frequently found in the direct responses of the parents concerned about the behaviour of their children. Some of these responses to child behaviour have lately been called into question and subjected to careful examination. They are being modified according to the growing knowledge of child life and child needs.

The problem of child behaviour must take on a new significance. The relationship of children's behaviour to the attitudes of their parents invites careful attention. The importance of the emotional development of children needs greater recognition than the need of their intellectual training; though education must forever turn attention to preparing the child for life. Since the concepts of child needs and child problems are uppermost in the minds of many people, it is appropriate to inquire at what
point we have arrived in defining the issues of child behaviour in every-day practices. The present study is concerned with the parents' viewpoints on these questions. Factual data on behaviour-problem children is important but the attitudes of parents are fundamental to any study of the behaviour-disorders of their children.

Personal attitudes are important factors in the solution of any human problem. When physical ailments were considered the affliction of evil spirits, medical science was precluded. So long as insanity was regarded as demogonic possession or punishment from God, people suffering from mental derangements were banished or abused. If behaviour problems of children are defined in terms of "bad", "evil", or "wrong" behaviour, their natural causation cannot be appreciated. Fortunately, people are beginning to think more objectively about conduct disorders and to evaluate child behaviour in terms of child welfare: unfortunately, the welfare of the child still seems frequently to be confused with the convenience of the adult.

Whereas the influence of attitudes toward physical and mental disorders affects chiefly the treatment of those diseases, attitudes toward behaviour are an integral part
of behaviour disorders. Behaviour, in the social sense in which it is here employed, is a socially evaluated and socially regularized product; and behaviour problems represent conflicts between individual behaviour and social requirements for behaviour. (1)

It is to be noted that the very existence of a behaviour problem is designated by personal attitudes in a particular social setting. There can be no problems in behaviour, in the active social sense, unless someone reacts to them as such. Moreover, any form of conduct in a child or adult may become a problem if it is regarded and treated as undesirable behaviour by the social group in which the individual happens to live.

This definition of behaviour problems in terms of personal attitudes is forced upon one as soon as a systematic study of social maladjustments in children is undertaken. Here there is such a lack of consistent standards of behaviour evaluation that it is impossible to establish any criteria which will be serviceable in all situations. What is acceptable behaviour to some parents is unacceptable to others. No two families maintain exactly the same requirements for the behaviour of their children. Racial,

religious, and educational customs and practices contribute heavily to differences in attitudes toward individual behaviour. In so far as parents have had different upbringing there will be differences in the requirements they demand of and the responses they make to the behaviour of their children.

What constitutes a behaviour disorder and why certain forms of behaviour are "problems" are thus questions of personal and social attitudes. Here they are limited specifically to the parents. However wisely or unwisely a parent may designate a behaviour problem in a child, that designation must be the starting point of any study of the child's behaviour disorder. The problem is the maladjustment between the child and those who seek to regularize his behaviour. The very designation of undesirable conduct and the attitudes toward the child in consequence of this become a stimulus for the child and a determinant of his behaviour.

Obviously, not all of the many children who are referred to as "problem-children" by their parents eventually come to the attention of the Child Guidance Clinic; any more than do all of the children who have committed delinquent acts inevitably appear before the Juvenile Court. Nevertheless, those children who are referred to the Child
Guidance Clinic probably represent a fair cross-section of all so-called "problem-children". There is always some reason for referring a child to a guidance clinic. In some instances the reason may be only that the person referring him wants advice for educational guidance. Except for cases of this type all persons referred to the Provincial Child Guidance Clinic have exhibited behaviour, with or without a physical maladjustment, to which someone has objected or over which someone is concerned.

The cases referred to the Provincial Child Guidance Clinic at Vancouver between April 1, 1947 and September 30, 1949 for advice regarding school planning, suitability for adoption, purely physical problems with biological causes, (1) mentally deficient patients, and cases where there was insufficient material about the background of the parents were among those arbitrarily excluded from the samples used in this study. Therefore the remaining forty cases (2) selected for analysis all represent children whose behaviour has been disturbing to the parents and was deemed harmful to the child himself, to other persons, or to the system of cherished values and standards of conduct held by the

(1) These children were either examined by private doctors or by the Provincial Child Guidance Clinic.

(2) The choice and limitations are set forth in the "Abstract"
parent. These children are referred to as "problem children" for lack of a better designation. Actually it must be admitted that in many cases the term is hardly adequate to distinguish the group of children as a class, since some of these children may differ little in general from other children. The difference lies in the degree to which their acts are disturbing to the parents and in the fortuitous circumstances which have led to the referral proceedings by the parent or parents.

The problems which brought the children to the clinic range all the way from minor habits and conduct disturbances to pronounced anti-social acts and behaviour symptomatic of mental illness. The behaviour of most of the children was marked by external hostility and aggression. The outstanding parental complaint was that of the children's uncontrollable or impulsive behaviour. This applied to the majority of the cases and included children whose behaviour at home was hostile, quarrelsome, destructive, disobedient, stubborn, abusive, demanding, or irritable and who were given to temper tantrums, lying, stealing, or running away from home.

The parental complaints next in frequency were such disorders as seizures, eczema, tics, speech defects, enuresis, slow development, and underweight. Fears of
various kinds occurred in many of the cases, nail biting was quite frequent, while stealing was less frequent.

Next in frequency was the child who had difficulty in making social relationships within or outside the family. Manifestations such as sleep disturbances and feeding problems were quite common. Less common were crying spells and excessive day dreaming.

Problem behaviour in childhood represents an attempt at a solution of a conflict. What determines the emergence of one or another symptom depends upon a variety of causes in the child's environment. The child may try to resolve his conflict through day dreaming, projection, compensation or regression. Aggressive behaviour in one child and withdrawing behaviour in another may serve the same purpose. Every organ of the body and all bodily functions are the means through which emotional need is manifested and emotional release secured.

It is not surprising, therefore, to find that in the forty cases a total of eighty-six different symptoms were listed. An attempt to classify these symptoms soon showed that there was considerable overlapping. Since a behaviour manifestation is a reaction to a problem, not
only did every individual child have numerous symptoms, but the categories under which these symptoms fell frequently overlapped. The various problems are reduced to three main classifications, namely, disturbances of social adaptation, personality disorders, and disorders of habit formation. This classification is a general grouping based on the writer's own assessment. The problems are not formally classified by the workers in the clinic except for statistical purposes.

Table 1  DISTRIBUTION OF PROBLEMS REPRESENTED IN THE SAMPLE GROUP

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disturbances of Social Adaptation</td>
<td>15</td>
<td>38</td>
</tr>
<tr>
<td>Undesirable Habit Formation</td>
<td>13</td>
<td>32</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>12</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>40</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

As has been pointed out previously, children frequently manifest symptoms which may be classified under two or three of the categories described above. For example, a boy who rebelled against parental authority, had
temper tantrums, and was destructive would be included with the group showing disturbances of social adaptation, although he may also present a habit disorder such as bed-wetting.

Symptoms of maladjustment which may be classified as "disturbances of social adaptation" are numerous. Some of these are temper tantrums, rebellion against authority, cruelty, destructiveness, bullying, teasing, lying, and stealing. Fifteen of the forty children examined (thirty-eight per cent) presented symptoms of this kind.

The case of George(1) best illustrates this classification. George's parents contacted the clinic on the advice of Dr. S. because they were having difficulty in handling the boy. They stated that George was an extreme behaviour problem, would not obey his parents, screamed and cried whenever corrected, and would throw things out of the window or over the banks of the canyon. This behaviour, they explained, had continued ever since George was a small boy and no amount of discipline could change him. When the social worker asked for further symptoms the mother explained that though George was toilet trained at about three years of age he frequently wets the bed during the night. George (1) All names are fictitious.
has symptoms of maladjustment which could be classified in at least two of the categories mentioned above, but since the majority of them are those which are of social adaptation the case is classified as such.

Problems of "habit formation" include nail-biting, thumb sucking, bed-wetting, soiling, sleeping and eating difficulties, and speech disturbances. Thirteen of the children examined (thirty-two per cent) were referred because they had difficulties of this kind.

Ian is a feeding problem. He refuses food on being asked if he wishes it and later will request the same food. Occasionally he will knock food to the floor. The parents are worried because they fear the child does not eat enough solid food and will become undernourished. The patient displays many nervous symptoms. He bites his nails, becomes excited, is difficult to manage, and generally displays a good deal of negativism, frequently exhibiting temper tantrums. His sleep is often disturbed and of late he has been waking up two or three times in the evening asking to go to the bathroom. He then requests to come to bed with his mother and father.

Ian does not play well with other children. At kindergarten he usually refuses to participate in group
activities. In the neighborhood he has attempted to play with the children, most of whom are older than himself. This play has not proved too satisfactory as these children are inclined to take advantage of the patient, frequently hitting him and pushing him to the ground. Ian will not retaliate. His parents say that he is regarded as a "nuisance" in the neighborhood. He has been found "snooping" in the neighbors' garages and yards.

In the third category are "personality disorders" the chief of which can be listed as nervousness, crying, seclusiveness, timidity, selfishness, overactivity, and unpopularity with other children. Twelve of the children who were examined (thirty per cent) were referred because of symptoms of this nature.

Mrs. W.'s complaint when she sought clinic advice about Barry was as follows. Barry has been a discontented child since the age of three years. He is negativistic, refuses to apologize and will not practice his piano lesson. He is very shy and polite outside, but fusses from morning until night at home. Mrs. W. says they have a terrible time at meals. There are so many foods Barry refuses to eat. He has nightmares, is afraid of the dark, has trouble going to sleep at night, and wakes up too early every morning.
"He just wants to be the whole chees."

The social worker observed that Barry was an extremely anxious child. His conversation was often about his fears. He showed a lack of self-confidence and said that he did not feel sure of himself because his mother did not think he could do things well. He remarked, "She even talks at bridge parties about what a bad boy I am."

Barry presents various problems of maladjustment, though the majority of them are those of personality disorders such as shyness, fears, anxiety, and lack of self-confidence.

The problem of diagnostic classification is a difficult one at best. Any discriminating thinking about the disorders, their genesis or their treatment, is necessarily dependent upon the recognition of more or less clear and definite types or groupings of disorders. The problem of classification is particularly difficult where many problems are fluid and changeable and represent maladjustments rather than disorders.

In dealing with children in a casework relationship it is necessary to know the underlying causes for their behaviour. In children we see the development of a pattern
of behaviour which is being modified and intensified in different areas as they continue to adulthood. Their attitudes and behaviour are to a very marked degree derived from early experiences in their environment. Their particular environment takes into consideration all manner of events, persons and places of which they are aware and which have meaning for them. Throughout this environment the parental attitudes have constituted a large part of it and are therefore of extreme significance.

The first few years the child is wholly dependent upon his parents for his physical and emotional needs. The attitudes and feelings on the part of those administering to his needs constitute a profound influence in the gratification of these needs and play an important part in his behaviour. There is harmony or discord in the child-parent relationship depending upon the effect produced by the child's behaviour on the parents' own unresolved emotional conflicts. The worker in a Child Guidance Clinic, such as that in Vancouver, has opportunities to observe many fundamental needs of children and the frustrating experiences that may be involved for both the parent and the child due to a lack of understanding and insight into the causes of these frustrations.
The Child Guidance Clinic to which the children in this study were referred because of some behaviour problem is a provincial agency and accepts any child for study, guidance, and treatment. (1) In the referral interview the parent presents the problem as he sees it. The case is then assigned to a social worker who interviews the parents and the child to work "through" the problem and at the same time gather facts concerning the environmental situation; such relevant material in the developmental history of the child pertaining to early feeding, weaning, and toilet training, the age at which he began to walk and talk, the nature of any illnesses or injuries and a description of his relationship among his siblings as they have been observed by the parent. In these interviews information is secured concerning the parents' own childhood experiences, sibling relationship, and marital adjustment. The child's attitude and behaviour is evaluated through casework interviews and play techniques. During the clinical examination the child is examined to determine what physical disabilities he may have which may contribute to his behaviour problems. Psychological examinations are given in order to arrive at some evaluation of his ability and capacity to work according to his age level. The child and the parents are inter-

viewed by the psychiatrist. The social history is later presented to a clinical team - a psychiatrist, social worker, psychologist, and nurse - to help diagnose the problem and to assist the social worker in helping the parent and the child to solve their difficulties.
PARENTAL ATTITUDES

Parents practice on their children a type of mental hygiene that is influenced by the kind of training which their parents practiced on them. Every child reflects in his behaviour, to a greater or less degree, the unsolved emotional problems of his father and mother with whom he comes into intimate daily contact. The child instinctively seeks, in the parental relationship, security, affection, recognition, and approval. When parents, because of their own unsolved problems and inner conflicts, cannot satisfy these deep cravings in the child, he expresses his unsatisfied need in unacceptable behaviour. Psychiatrists and social workers are able to testify that the problems suggested by the child's harmful reactions to life situations reside more in his parents than in himself. Most social workers dealing with children will declare that they never dealt with a problem child whose difficulties could not be traced back, step by step, to unsatisfactory relationships existing between the members of his family, to unresolved parental conflicts, and to the atmosphere of his home.

To create within the home an atmosphere of affection, fair play, mutual consideration, and harmony is, then,
the primary responsibility of the parents. Training the child to conform to reasonable rules, to form regular habits of sleeping and eating, and to be well-mannered and neat are important, but the acquisition of attitudes of love, sympathy, contentment, and consideration of others are even more so. These attitudes, so basic to happy adjusted living, are not acquired through parental training but are "absorbed" by the child from the spiritual atmosphere of his home. If this atmosphere is not created by parents in the early years of the child's life, when his emotional patterns are being formed, the loss to the child can never be compensated.

The child is brought to the Provincial Child Guidance Clinic for treatment by the parents because of dissatisfaction with his behaviour. From the form of dissatisfaction a preliminary understanding of the genesis of the child's problem is usually easy to obtain. It may also provide a basis for prognosticating the cooperation or resistance which will be forthcoming from the chief figure with whom both the social worker and the child have to deal. For example one group of parents has become aware, either through personal observation or because others have insistently brought it to their attention, that their child is unhappy. They have come to a realization that the youngster has developed patterns of thought and behaviour which make
him incapable of harmonious living within his family circle and deprive him of the ability to develop in accordance with his intellectual capacity and creative skill.

In sharp contrast are those situation in which the parents are disturbed over the child's symptoms, yet are not fundamentally concerned with the child as a human being. They are worried over the compulsive masturbation, the tics, the embarrassing scenes. They see these manifestations as reflections upon their competence as parents rather than as indications of profound conflicts leading to greater and greater incapacity of the child to develop into a happy, well adjusted individual and to grow into a mature adult.

The child who is an overt behaviour problem or who is shy, fearful, or already displaying neurotic patterns of behaviour, is usually within the social atmosphere in reaction to which the personality difficulty has evolved. As a child, this social atmosphere is largely composed of parents and siblings. The parents bring to bear certain constant attitudes, and as a result certain demands for conformity to their own standards of achievement, which the child must meet in order to gain acceptance and affection. Problems such as sibling rivalry, rejection, over-protection
are in themselves both constant familial influences and the result of the impact of contradictory social ideals and demands upon the parents. For example, sibling rivalry as an entity is an inevitable result of having more than one child in a household. Sibling rivalry as a destructive force distorting the behaviour and thought processes of the child is an outgrowth of irrational or unfavourable attitudes expressed toward him; the basis of which may be in the parents' own childhood experiences.

In comparison, the ideal parental approach to a newborn child is one of awaiting indications of potentialities and personality type on the part of the offspring, accepting these with enthusiasm, and encouraging their fullest development at the pace set by the child himself. Behaviour problems and neurotic manifestations may be anticipated where the parents have a preconceived idea of the person their child is to be. In such cases the child is designed to be a living monument to the pride of the parents.

The demands which are made upon children are a reflection of the demands of the society in which they live, modified by the particular needs of the parents through whom they are transmitted. The types of conformity demanded of the child in the Victorian era, for example, are widely
divergent from the types of conformity demanded by parents in our own highly competitive and, at the same time, enlightened society. The parent of today tends to desire his child to be intelligent and physically attractive. If the child cannot be unusually bright, an outstanding talent will be an adequate substitute, but mediocrity or dullness are taken as personal affronts. The demand for obedience and obvious expressions of love and affection may be in the forefront. On the other hand, those parents who have done much reading and enquiring into child psychology, place great emphasis on the free reign of impulses, the absence of repression, or the outward expression of hostility. One child finds himself in a family which places a premium on serious-mindedness and signs of quiet profundity. Another is impelled toward rough and tumble behaviour as a method of gaining approval. In all of these divergent patterns the parents are seeking reassurance from the children, and are using them as a means of gaining security rather than accepting them as individuals in their own right. The child's separate identity must be accepted if the fullest and happiest development of both the child and the parent-child relationship is to be assured.

Of prime importance in the child's behaviour is the type of relationship that the child establishes with
his parents, for out of this relationship are molded attitudes towards others and toward himself, values, goals, and techniques of adjustment. The biological helplessness of the human infant and his utter dependency on the adults around him make it necessary for him to incorporate environmental prohibitions and injunctions, as contained in parental disciplines, in order to retain the love of those on whom his very life depends. The child-parent relationship is thus the womb that nurtures ego growth, channelling the child's energies in his dealing with the world.

Disciplines imposed on the infant and the restrictions placed on his primitive pleasure strivings are dictated to some extent by the mores and standards of the culture that have been incorporated by the parents in their own character structure. The parent is thus the chief agent for the transmission of cultural attitudes, and under ordinary circumstances the child will imbibe these attitudes and pattern his life around them. There are, however, important taboos and incentives, dictated to the child by the personal idiosyncrasies of the parents, which may be at variance with the cultural norm. These, depending on their nature, will counteract or reinforce cultural influences.

Which "conditionings" contribute to a character structure consistent with mental health, and which encourage
abnormal or neurotic traits, are questions not entirely resolved. However, experience has shown that where a child feels unloved, rejected, overprotected, or dominated by the parents, he is bound to react catastrophically. Work with such children demonstrates that they develop character patterns that handicap them severely in their relationships with people and in their general adjustments to life.

Psychiatrists, social workers and teachers recognize that a child's problems can often be attributed to faulty parental attitudes, whether social or cultural. Many psychiatrists believe that most love relationships are mixed and that aggressions and hostilities are manifest even in the happiest of unions. The love of a parent for its child is no exception; even the most loving and non-neurotic parent is at times irritated and hostile toward the child. But the child of this parent senses that he is loved far more than he is hated and that his parents' love is permanent and the hostility is transient. Occasional criticism and punishment are accepted as the normal thing by parents, and this is not recognized as a symptom of underlying hostility and dislike of the child. A parent can be said to have a derogatory influence on the child only when negative elements dominate. The ensuing frank rejection, neglect, domination, or acceptance will depend on the parents' super-
ego and sense of guilt.

The essence of the Freudian theory is that the child's instinctual drives of love and hate (sex and aggression, life and death) provide the motive force for the building of his personality, and that the parents' behaviour and attitudes toward him are the primary elements in furnishing the environment within which his basic adjustments are worked out. The parents provide many of the important stimuli to the child's development, the frustrations, as well as the affection, which makes his progress possible. In maintaining, within his psyche, the shifting equilibrium between the forces of love and hate, the attitudes of the parents are all-important to the child. The extent to which they can provide the proper balance of love and discipline largely determines his ability to progress from one level of adjustment to the next. The process is one in which emotional factors far outweigh intellectual ones. The parent gains little by taking thought alone about his behaviour toward the child, and the child is enabled to use his intellect at all, only by reason of his previous emotional development and the resolution of some of his earliest fears.

It is necessary for the social worker to know what is involved because the first step in the treatment of the young child and the parent is an evaluation of the mod-
ifiability of parental attitudes toward him. Treatment of the parent becomes a prerequisite to treatment of the child.

Parental attitudes toward their children may be roughly divided into three types, namely, rejecting, dominating, and other deviant attitudes. Though acceptance of the child by either the father or the mother is often observed in the casework relationship, it is not the predominating trait and therefore does not lend itself to this study. At the outset the writer wishes to clarify the fact that these attitudes are not usually found in their pure form in the cases studied as the definitions appear to indicate. There is always a certain amount of overlapping.

On the basis of the forty cases studied the parents presented various attitudes in the relationships with their children. In some situations both parents had equal influence on the personality of the child, in others, the mother was the most influential, while in others, the father.

Table 2. DISTRIBUTION OF ATTITUDES

<table>
<thead>
<tr>
<th>Classification</th>
<th>Parental</th>
<th>Maternal</th>
<th>Paternal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deviant</td>
<td>9</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Rejection</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Domination</td>
<td>5</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>

Total 21 13 6
This chapter deals with cases where both parents had approximately equal influence upon the child. Twenty-one cases may be said to fall in this group.

In the category "deviant attitudes" were included parents who cannot be strictly classified as rejecting or dominating but nevertheless did display some deviation from what may be called the mental hygiene ideal. Some were indulgent and lenient. Others slightly neglected the older child and favoured the baby. Some were unduly concerned about physical ailments or the possibility of bad mental heredity. Still others deprived the child of those needs which he required for his growth and development, either through ignorance or cultural factors. Nine of the twenty-one cases (forty-four per cent) presented failures of this kind.

Since the number of parents in this category is large it was found necessary to summarize the evidence and tabulate the frequency of the various defects. The parents in this group present various defects. They may be indulging at one moment and nagging at the next, or loving the child at one time and punishing him another time, etc. Or again, the mother may allow the child complete freedom whilst the father either punishes or indulges. It is not
It is these various defects which contributed to the maladjustment of the child to the extent that the
parents were unable to adequately cope with the situation.

The outstanding defect was the mother's lack of control over the child and the father's evasion of parental responsibility, blaming the mother for her inadequacy. Both the father and the mother were thus equally responsible for the child's behaviour problem. The mother, through indulgence, inconsistency in discipline, and nagging created a situation in which the father wished to take no part. Mr. F. says "Mother carries her heart on her sleeve. She spanks the child and then cries over it. It is mother who needs a psychiatrist and not the child. I have completely stepped out of the picture to avoid the problem." These are typical expressions of the fathers. Mothers have often complained about the fathers being too lenient. Two mothers state that whatever they do during the day the fathers undo at night. One mother states, "I may as well give up the idea of teaching the child any table manners for the father allows her to do anything she wishes. If she doesn't want to eat what is placed before her, her father gives her something else. If she wants two helpings of dessert, her father gives it to her. Everything is all right until the father comes home and then he has the audacity to blame me for the way the child acts."
In two cases both the father and the mother seek vicarious satisfaction in their children, attempting to realize certain attainments and satisfactions which they themselves failed to enjoy during their own youth. It is the children of these parents who meekly reply "Yes, sir, No, sir." They have been taught to be perfect ladies and gentlemen and any deviation from that standard does not receive approval of the parents.

In another situation the girl who has been "the apple of the mother's eye" has now become the father's favourite. The father showers her with little gifts. The child ignores the mother completely not only in affection but also in discipline. An entirely opposite situation exists between the mother, father, and son. Here the father blames the mother for the situation, especially since the boy demands more and more from the mother as time goes on.

In almost every situation the father and mother work at cross-purposes in their responses and behaviour toward the child. The parents are not mature individuals and this immaturity is reflected in the behaviour of their children.

Proficiency in child rearing is a very specialized and complicated occupation and is not conferred on a
couple when they get married. Parents who are themselves immature and unstable will inevitably have problem behaviour in their children, while parents who may be mature in most ways may have, for psychological reasons arising out of their own experiences, unfortunate attitudes of antagonism and intolerance towards the "annoynances" of normal child behaviour, or misconceptions and distorted theories about how to rear children.

How frequently the opportunity of rearing children is muffed through parental ignorance is attested by the high incidence of emotional maladjustment, delinquency, and mental illness in our youth. Fathers who use a high grade of intelligence and judgment in their occupations display an amazing lack of awareness of and incapability for handling the human psychological problems of their children. Mothers who are excellent home managers become baffled by the behaviour reactions of their sons and daughters.

A clear cut definition of parental "rejection" is difficult because an individual is not a clinical entity and because it is a matter of degree. Psychoanalysts say that all love relationships have an ambivalent quality, that is, that there is always some hostility associated with them. The attitude "rejection" is accepted when it means the child is unwanted, consciously or unconsciously, by
either the mother or the father. The parents fail to give the child protection or affection, or they invidiously contrast him with other children in the family or with children outside the family. In general, the child is neglected in one or more ways. Sometimes the mother or father compensates for the guilt which she or he feels for this rejection by lavishing affection on the child or overprotecting it. Since it is difficult to know when this is really a compensation for rejection, cases are selected only when there is strong evidence of rejection as assessed by the psychiatrist and social workers within the agency. Rejection with varying degrees of ambivalence is the next most frequently noted negative attitude of both parents. Of the twenty-one cases studied, seven come under this category.

In five of the cases both the father and the mother indicated that they did not want the child. Their behaviour toward the child confirmed this attitude of which the child was well aware. In three of these cases the parents were not prepared to assume family responsibilities and in one case the parents preferred a girl instead of a boy.

In one case, the mother was overprotective and the father was very punitive toward the child. In another, both parents lavished the child with material things but
deprived it of any affection. Sometimes the parents were openly antagonistic. They scolded the child, punished him severely, said they disliked him, wished they could be rid of him, and frequently threatened to "put him away." They expressed decided preference for their other children, with whom they compared the patient most unfavourably. In nearly all these cases, the parents continually nagged and bickered with each other. The atmosphere of the home varied from tenseness to open hostility.

In some cases the parents were over-ambitious for the child's success. There were other cases where a child, greatly indulged and petted in early life, had been supplanted in his parents' affections by another child. Then again, one finds cases in which one parent overtly rejected the patient while the other parent was either fond of him and tolerant of his behaviour or definitely over-indulged and spoiled him. In every case, the parents seem to have failed from the first to understand the child as an individual. In most of the cases the rejection was obvious, but sometimes it was more subtle.

For a time the child may be a source of great joy and unconscious satisfaction. It is a little animal living beyond the confines of any moral or written laws; the whole world serves the helpless baby and permits him the complete
gratification of all its infantile impulses. The parents by way of identification with the baby live out vicariously their own infantilism, but this can go on only for a time. The golden period when the child is a fascinating plaything is soon succeeded by a period when the demands of civilized life assert themselves. The parents at this time begin to assert the voice of their own social conscience and moral restrictions while the child gradually becomes a sort of living symbol of what once was permitted to the parents and then became forbidden. The whole mass of forbidding, restricting, critical impulses making up the silent code of civilization is then hurled upon the child: the stronger the parents' "conscience," that is, the stronger their inhibitions, the greater will be their hostility and domination against the child's freedom.

By "dominating" parents is meant those who exercise a great deal of control over the child by being very strict and authoritative with him and who punish or threaten to punish him. They are hard on the child and hold him to standards which are not suited to his age and development. They criticize the child, unnecessarily frighten and plan extensively for him. In some cases the parents seek to establish dominion over some special portion of the child's life. In other instances, mothers and fathers attempt to
set up a dictatorship over the child's entire experience. Parental dominance thus ranges all the way from the partial to the complete. Five of the twenty-one parents presented an attitude of this kind.

Three of these parents were perfectionists and made every attempt to realize in their children certain attainments and satisfactions which they themselves failed to enjoy during their own youth. Three of the mothers and two of the fathers were interested to know whether their children were "university material." In the remaining two cases the parents were unreasonable in their demands towards obedience and subjected the children to stern discipline, usually in the form of corporal punishment.

All studies of parental attitudes are handicapped by the fact that rarely are the attitudes in a pure form. Most often they are tinctured with over-indulgence or domination. Compensatory over-indulgence may be a cover for hostile feelings on the part of the parent toward the child. The attitudes to which the child will be subjected will fluctuate between rejection and over-indulgence. The child who is dominated to excess may suffer rejection to a limited degree but may also experience a crushing self-assertiveness. The child may be deprived as regards certain needs and satiated as regards others. He may, for instance, get physical
comfort and food while at the same time he is deprived of companionship and love.

The child may be affected by exposure to inconsistent and contradictory disciplines. He may be smothered with love on one occasion and exposed to brutality on another. He may be granted his slightest whim and then for little reason denied a most legitimate demand. He may be praised lavishly, depreciated at different times, or ignored in accordance with the prevailing mood of the parent. He may be punished for lying when he knows that the parent himself is untruthful. He may be goaded to defiance and then intimidated for being truculent. These inconsistencies are very confusing to the child and make it impossible for him to develop a sense of values. Anything in the home situation which tends to destroy the child's sense of personal adequacy or gives him the idea of being unwanted or unduly criticized, thereby impairing his sense of group security, will tend to produce personality difficulties.

The ways in which such results may eventuate are often very subtle. A mother finds her husband falls far short of her ideals, is economically inefficient, and emotionally aloof. One of her children, a son, resembles the father very closely. That son she cannot tolerate, "I can-
not stand to have him kiss me." Yet she knows, or so she says, that he is not to blame and that he needs her love and care. Many mothers, on the contrary, finding their husbands inadequate to meet their emotional needs, turn to the first son for outlet. Meantime, these same fathers are frequently jealous of the mother's concentration upon the baby. The result is conflict, with the child as an unwilling and unwitting centre. Fathers too, turn to the children for outlets when mothers do not satisfy. Worse still, both being unsatisfied in their relations with each other, they try to solve the problem through the child, by striving for his attention and affection.

Children may become the repositories of the parents' drives for perfection. The parents usually have different ideas. Each parent is likely to try to cast out of the child the imperfections which he has inherited from the "other side of the family." Each strives to protect the child from personal experiences which the parent found unfortunate. Ambitions, often conflicting, are projected on the child. Revenge may be taken for all the things missed, especially if the child is the favourite of the other parent.

All human passions may be, and not infrequently are, vented upon the child. The parent is not always conscious of this. In view of the multiple adjustments that
have to be made in childhood, adulthood, marriage, and parenthood, it is not surprising that conflicts should develop. Once they get beyond control, some warping in the personality development of the children results. This may take the form of enuresis, food difficulties, bad sleeping habits, sibling rivalry, etc., maladjustments to which faulty parent-child relationship is an important contributing factor. This defective relationship is the outcome of the parental attitudes - deviant, rejection, and domination. Of the forty cases studied, it was found that over half of them presented a situation in which both the father and the mother played an equally important role in contributing to the maladjustment of the child.
MATERNAL ATTITUDES

It is generally accepted that the most potent of all influences on social behaviour is derived from the social experiences with the mother. For the young child the world is his mother, and the relationship of the child to the larger world is permanently coloured by the early relationship to the mother. When the child senses, in the very core of his being, that his mother, his world, does not accept him, then he cannot accept the sacrifices and the limitations of the pursuit of pleasure which are normally required of him if he is to become socialized. The primitive, unsocial pleasures of infancy - being fed, cared for, and given attention to the limit of need - remain his unrealistic goal. The child who is not loved and cannot love has no motive for social development. Emotionally and socially he remains at an infantile, narcissistic level, dominated by the "pleasure principle". Reality, which has not met his need to be appreciated, is rejected by him as unsatisfactory, and so he tries to hold on to those sources of pleasure which brought him satisfaction in infancy.

It is well known, both in child analysis and in child guidance, that an understanding of the mother's
problems is of great importance in treatment of the child. Freud has drawn attention to the role a child plays in a woman's life. He says that even narcissistic women who remain cool in relation to their husbands find a way to full object-love when a part of their own bodies presents itself to them in the child they have born. Many authors have discussed the decisive influence which the expectation of a child in the future has on the development of the little girl. In the female development, the child is a solution to the problem of how to accept the reality of being a woman. The way in which the idea of a child has been used in this connection affects the relation between mother and child.

Mother-child unity is normal during pregnancy and persists psychologically to some extent after the birth of the child. The close relationship between mother and child decreases in intensity as the child grows older in normal situation. Where the close mother-child relationship is overemphasized and taken advantage of to solve the mother's own problems, this relationship becomes a problem in the treatment situation. These relationships vary. Sometimes all the children in a family, sometimes only one child, are treated in a special way.

The child may be used to express his mother's
hostility against an adult member of the family whom she cannot reach. The child may be regarded so strongly as a part of the mother's body that she feels free to use him in order to solve her own problems. In some cases the problems arise when the mother-child relationship is reversed to the point of estrangement.

The child observes his mother's behaviour and reacts to it. He concludes from his observation the nature of the mother's conscious and unconscious wishes in relation to him and others, and he reacts to them. The younger the child the more apt he is to endeavour to keep close relationship with his mother by reacting in the way his mother unconsciously wishes him to.

The idea suggests itself that in their own childhood these mothers have attempted to solve their problems by means of phantasy. When they will have their own children, their difficulties will vanish. The lenient, indulging mother may have felt that she would treat her children much better than she herself had been treated in childhood. As a result she has gone to the extreme in allowing her children complete freedom with little guidance, or she may have allowed considerable freedom but vacillated between indulgence and punishment because of her immaturity. This same line of reasoning is applied to the rejecting and dominating
mothers.

Of the forty cases studied, it was found that thirteen mothers are considered to have more influence on the behaviour of their children than the fathers. It is not to be assumed that the fathers were adequate but their inadequacy was far out-balanced by the mother's unfavourable attitude toward the child.

Since paternal attitudes in these cases had less effect on the behaviour of the child, the maternal attitudes appear in a more pure form. The same classification is used for the mothers as has been used for the parental attitudes, namely, deviant, rejection, domination. Of the thirteen mothers in this group two present deviant attitudes, six rejecting and five dominating. (1)

It is the mother who spends the greater part of her time and energy in actual care and supervision of the child. Interest and love on her part, while of supreme importance, are not enough to assure success in handling the innumerable problems that she meets. Her very love for her child may be the stumbling block that prevents her from fulfilling the obligations of her parenthood successfully. This love is very frequently associated with excessive

(1) To avoid confusion, the same sequence is used for both mothers and fathers as for parental attitudes.
worry, anxiety, and, at times, definite fear, preventing the most intelligent approach to many problems of childhood.

Only two of the thirteen mothers presented attitudes which can be classed under the category of deviant. These failed completely to provide the child with the psychological necessities for proper growth and development.

One of these mothers, Mrs. W. was inconsistent in her discipline toward the child. Her attitude depended on her mood. She would either severely punish the child over some misdemeanor, incarcerate her, or completely ignore the deed. The child never knew what to expect and lived in continual anxiety over what the mother might do in a certain situation. As a result the child was overtly active at one time and very passive and seclusive at another. The father contributed little to the child's growth. He was a busy man and had little time to give either to his child or wife.

Mrs. Y., in the second case, provided no controls for the child during the first few years of his life. She said she was well versed in child psychology and was determined to give the child complete freedom. She describes the child as being charming up to the age of three. At the age of five the child became negativistic, stubborn, and unpleasant to the other children. At the time the mother
thought this was simply a passing phase. However, the child's behaviour became worse and Mrs. Y. says she feels rather desperate as she cannot account for this behaviour nor does she feel she can adequately cope with the situation. The father remained out of the picture until home-life became unbearable. He then advised the wife to seek advice at the clinic.

The result of the mothers' failings - instability, conceit, and frustration - are illustrated in these two cases where it became necessary, finally, for the children to be referred to the clinic.

No child can develop normally in such an atmosphere of continued suspense as that which Mrs. W. afforded. Similarly, no child can develop normally where there are no simple standards set, by which to measure his actions and no firm foundation from which to build his character. Once again, one is obliged to look for the ills of the child in the faults of the parent, the mother in this particular setting.

Six of the thirteen mothers in the second group portrayed feelings of rejection. In most of the cases the rejection was overt. In others it was compensated by over-protection and over-affection. The nature of rejection is much more complicated than one would suppose. In the clinic
one becomes aware that one is dealing with very mixed types, much ambivalence, and all degrees of maternal capacity.

Mrs. A. was nauseated and ill throughout pregnancy. As a result of this, she took a great deal of medicine. According to her she has never been very strong. She had a long period of labour lasting for twenty-seven hours. Because of the formation of the mother's pelvis it was necessary to use instruments, which resulted in malformation of the patient's head. Mrs. A. was extremely worried after the birth because of the patient's ugly appearance. She refused to "show her off". She so disliked the child that she would have nothing to do with her - never bathed her or washed the diapers for five months after the child was born. This work was undertaken by the patient's grandmother. The patient had a very loud cry at birth and cried a good deal of the time. Mrs. A. states that she cried incessantly until she was three years of age. Toilet training started at seven months. It consisted of watching the child and spanking her when a mistake was made.

Here is a case where the patient was probably rejected from the time of conception. "The expectant mother who has repressed feelings of not wanting a baby may be full of anxiety. She may be excessively nauseated and suffer
from headaches or simulated labour pains. It is possible for these symptoms to have a physical basis, but the important thing to recognize is that they can also be psychological in origin.

The fact that the patient was misformed at birth further augmented the trouble. Mrs. A.'s mother was required to do most of the work connected with the child. Furthermore, training was begun at an age when the patient was not physically able to carry through the demands which were made upon her.

Then there is the case of Mrs. B.'s child. He was also an unwanted baby. Mrs. B. was disappointed in the fact that she became pregnant about a year after the birth of the patient's sister. She remarked that she was fearful of "the pain you have to go through in the end". She said, "The pain was the first thing I thought of when I became pregnant." Mrs. B. states that she did not like Dr. V. who attended her because he was not understanding about her fears. The birth was normal with labour lasting about five hours. No instruments were used. The patient was

breast-fed for two weeks, then "my milk turned sour". Mrs. B. intensely disliked nursing the child and said, "Sometimes I felt as if I could choke him." She remarked that she felt this way particularly because nursing was disgusting to her, as were most sexual ideas. Also, the fact that she had to spend so much time with the child frustrated her.

The result of this attitude of rejection is apparent in the history of the child. The patient, in the first two years of his life, showed extreme frustration in his play. "If things didn't go just the way he wanted them to, he would become so angry he would lose his breath, go blue in the face, and begin to rock backwards and forwards." Mrs. B. consulted a doctor because of this behaviour, and was told to throw cold water on the child and then spank him. She did this for two months and says he improved. "He got to know when I was going for the cold water and would stop." Following this, the patient still had temper tantrums, the nature of which were less violent. He still showed frustration in play and would either give up or become violently angry. He occasionally stole money from Mrs. B.'s purse and has taken articles, such as chocolate bars, which did not belong to him. When questioned he always denies the theft.

Mrs. F. is another mother who was disappointed
when she became pregnant and who suffered a further sense of defeat when the unwanted child was another boy and not a girl. Her health during pregnancy was not good, her left hip being extremely painful. The birth was difficult, labour lasting from seven a.m. until nine p.m. The patient was breast-fed for the first few days. As the mother's milk did not agree with him, he was weaned and given a formula of lactic acid milk. His toilet training period was of long duration. At the age of three and one half he was not fully trained. After that age every time he had an accident he would stand, scream and intimate great anxiety.

Some parents frankly say that the birth of the child was an accident; others that they would have much preferred a child of the opposite sex. While such preferences are normal, the intensity and duration of feeling is suggestive. Many parents do not say these things openly, but express their anger and disappointment indirectly through complaints or emotionally charged accounts of childbirth and early sufferings.

The rejected child, whether he be one who has suffered from frank rejection, including actual neglect and even physical abuse, or whether he be one who has been smothered and frustrated by an avalanche of overprotection
and demonstration of love, is not a lovable child. Because he has not experienced, passively and actively, a love relationship with maternal love objects, he cannot give himself to deep and meaningful relationships.

The remaining five mothers in this group of cases show clearly a pattern of domination as well as aggression destructively directed against the child or against the child and husband. Some of the mothers seemed incapable of forming a positive child-mother relationship; others formed relationships that were characteristically ambivalent, dependence and affection finding a reactive expression in attack. In every case the mother's effort was to crush the child, whether son or daughter, into compliance and submission.

Nearly every mother expressed some distress about her domination and said frankly that she considered her own aggressiveness the problem in the family. Others hinted at this concern. Some were infuriated by the father's reluctance to take responsibility or were resentful of sharing the responsibility of child up-bringing.

Some of the mothers constantly provoked aggressive behaviour from the child. If the child could be stimulated to provocative behaviour the mother need feel less guilty
about her attacks on the child. In some situations mothers of a very passive child complained of the child's aggressive behaviour. These mothers appeared to phantasy the child as being aggressive and dominating, especially in situations where they looked to the child, particularly the boy, to make up for the inadequacies of a passive husband. However, the resulting aggression, provoked by the mother, could not be tolerated once it was aroused.

First, consider the child of whom absolute conformity is demanded. Such a child tends to be kept to a rigid schedule in infancy, feeding and sleeping being determined by the clock rather than by the child's needs. Introduction of new foods is applied rigidly with little or no individual variation permitted the child. Freedom of motor activity may be greatly restricted and initiative in all behaviour severely curtailed. In interviews, much stress is usually placed on the rigidity with which toilet training is instituted. This type of child develops a variety of responses. One may have an insistence of his own upon cleanliness and conformity. Because of the constant encroachment upon his personal liberty, personal possessions and routines of living become things to value for themselves rather than for the uses to which they can be put. On the other hand, or in addition, the child may present
the picture of the inhibited, apprehensive child whose every activity must receive the seal of adult approval before it can be carried into effect. This may be the child with phobias, such as fears of coming into contact with others unless the situation is a rigidly controlled one which he can predict or manipulate at every turn.

Mrs. P. is a very anxious mother. She describes her difficulties with Robert, aged six, in great detail. She says she is helpless, yet she is rigid in her own ideas of handling the child. In her first interview she complains that Robert finds it difficult to make friends, is always alone, does not know what to do with his time, bosses the other children, and is stubborn. Mrs. P. states that "it is hard to break his will!" He cannot get along with anybody for he always wants his own way. The mother is forced "to lick him". As a small child he was well behaved. Now he tries to antagonize his mother at every turn. He does not want to go to bed and yet he awakens early each morning demanding immediate attention. He needs assistance in his dressing. He refuses to eat what is prepared for him.

Mrs. P.'s feeling of helplessness induces her to use violence. Although she fails to secure compliance, she stimulates Robert to force her hand. In the parent-child relationship the threat of ignominy always stands very
close. Fear of failure pushes the mother into an excessive struggle for ascendency right from the beginning of a child's life. However, as can be seen in the case of Mrs. P. and Robert, too heavy a load of imposed rules and regulations spells defeat for parent as well as for child. Too heavy a load of imposed rules and regulations affects the child in a multiple number of ways. His temper increases, his disobedience mounts, and aggression is augmented. He is less able to regulate and rule himself. His capabilities decrease. Further punishment is applied, which only increases resentment. When the child's protest is no longer fair or reasonable, but has grown to a point of open revolt, he is referred to the clinic. Instead of developing into a useful citizen, he is becoming a potential delinquent.

Conversely Mrs. S. has tried to rear her child "scientifically". This involved a minimum of handling during infancy. Later, when refusal to eat occurred, the boy was given corporal punishment, even at the age of two years. Mrs. S. who is a tense woman seemed to set too high a standard for her child. The father's attitude was better, but up to the time of the child's examination at the clinic he had not spent much time with the boy.

Obviously Mrs. S. has carried her scientific ideas of bringing up a child beyond all limits of commonsense. As
a perfectionist she, like Mrs. P., has imposed too heavy a load upon her child, and has set the standard by which he must pattern his life far too high. Instead of relaxing and giving her child a peaceful atmosphere in which to develop she is continually beset by her own fears of inadequacy, resulting in domination of the child.

If a child bows down in submission, if he is forever the good little boy, then he will continue all his life to need someone to show him what course to steer, what sort of things he should do. Children, who let protest against domination pile up inside them, become so dependent that they are willing to follow any leader, or any kind of principle. The person who suffers domination as a child will feel the need of ascendancy as an adult in order to feel adequate to cope with life's demands. In our culture, dominance and adequacy are almost inseparable. Thus is formed a vicious circle out of the parent-child relationship. The parent seeks to dominate the child, and the child, in turn, seeks to dominate other people in order to prove his own adequacy.

Most of the mothers who come to the clinic with their children are disturbed, frustrated, nervous, anxious, and tense. Some have masculine drives; some very little love or respect for the husband. Emotional readiness for
parental partnership is limited. There is often marked parental friction and disagreement, not only in the care and upbringing of the children but also in other matters. Take, for instance, the anxious mother who has a problem child and who comes to the clinic with the sincere intention of seeking and following the advice given. No matter how sound the advice and no matter how intelligent the mother, the sense of guilt or her hostility towards the child, or both, make her actively unwilling to see the child well and adjusted. By means of the subtle and evasive set of methods commonly called "rationalization" she will cover up her own inner conflict and her interference with the child's psychological welfare. It might become almost impossible for her or even for the clinic to see clearly the treacherous game of the unconscious forces at work. In this group of thirteen cases, it was found that the strongest detrimental maternal attitude proved to be rejection, with dominating and deviant attitudes being next in importance. It would seem therefore that the old truism, "you must treat the parent if you treat the child", needs not only greater emphasis but its meaning also needs broadening and deepening.
CHAPTER 4

PATERNAL ATTITUDES

In past generations the father of a household spent more time with his family and came to know his children better than seems possible in our bustling modern age. In these days of intense competition in business and constant efforts to "get ahead", the father leaves his home in the morning and rarely returns much before his younger children are in bed. On holidays and week-ends he seeks recreation or complete rest. The physical care and the mental and moral guidance of his children he cheerfully leaves to his wife. "Ask your mother," or "No, I can't come with you, I'm busy," are frequent remarks when his children come to him for advice or seek his companionship.

The children look upon their father chiefly as the family provider, not as an active participant in the plans, hopes, joys, and small achievements of family life. The children feel they hardly know this busy parent, occupied everyday with concerns that seem remote from the activities of the home. What the children lose is the companionship of their father, the different outlook on life he brings, the somewhat different scale of values he upholds, and above all his daily interests in their development, and his
enjoyment of their society. "Every child needs two parents" may sound like a truism but it is rooted in fact. No mother, no matter how understanding and companionable she may be, can make up to a child for the loss of companionship with his father and for the comprehending guidance he can sometimes give better than the mother. Out of his wide acquaintance with "fatherless households", homes where the father is too preoccupied with business and sports to notice his children, Dr. Thom declares this to be "one of the most pathetic situations in family relationships, which works peculiar hardship on boys after the age of five. If the father neglects to establish sympathetic interest between himself and his child and to make himself necessary to the child during his first five years, the chances are that he will never do so." (1)

The father is usually reluctant to take any responsibility for the upbringing of his children. It is the women who frequently visit the clinic. It is a rather difficult task to get the fathers interested in the treatment offered by the clinic, though every attempt is made to do so. This masculine behaviour seems to be part of a

bigger problem, as it coincides with an obvious masculine tendency to yield all interest in art, literature, and rearing children to women. The average American man tries to maintain his superiority by restricting his activity to business and politics and by regarding the support of his family as his main duty to the home.

The father has, however, a definite function in the development of his children, even in families where the mother tries to occupy a typical man's position. He is still the wielder of masculine "authority" in the family, the main wage-earner, and chief provider. His foremost characteristic, in the eyes of the child, is his quality as a worker, as a member of a trade or profession.

The influence of the father is often reflected in the child's attitude toward work and practical achievement. It is the father who is best equipped to spur him on to make something of himself. Conversely, it is also the father who can easily discourage him so that a boy doubts whether he can ever be a "real man", and a girl assumes that her efficiency will never amount to anything. To the children, his behaviour signifies masculinity. For this reason, his pastimes and pleasures take on importance beyond their actual significance. He is "the man" around the house, the first pal of the boys, the first sweetheart of the girls. Owing
to his limited time at home, he can best serve as an ideal and a pattern for his children to copy.

Especially important for the children are the accord or discord between father and mother and the character of their relationship. These not only set the atmosphere of the entire family and lead either to harmony or disunity, but also give the child his first and most vivid impression of the relations of the sexes. Both parents have the responsibility of assisting the child in the development of a harmonious personality, and of guiding and stimulating his physical, intellectual, and emotional growth through his social adjustment.

Margaret Mead describes the American father as one who is willing to withdraw his supervision when the child shows the desire to test things for himself, who allows children to formulate their own opinions, and who maintains confidence in them in spite of mistakes. She pictures a typical father as one who is able to show guidance and leadership, but leadership that is free from the need to dominate the child.\(^{(1)}\)

Thus it appears that the time-honoured concept of the family as composed of a stern, respected father, a kind, loving mother, and obedient children, no longer fits the American scene. From the point of view of that concept the American father is dispossessed. In his modified role, he can still contribute to the emotional growth and stability of the family. As Folsom so aptly puts it, "If a test of a 'good' culture is the way it functions for the maximum satisfaction of most individual beings in it, then the same test might be applied to the family."(1) This concept of the American family and the role of the father in it is used as the norm to judge that the majority of the fathers in this study deviated from these expectation. There are many punishing and rejecting fathers and many recessive, ineffective ones, but since men usually are at work during the day, the pressure upon the child is not so continuous as that of the mother.

Of the six inadequate fathers whose attitudes were more detrimental to the child's growth and development than those of the mother, only one is classified as deviant, two are rejecting, and three dominating.

English and Pearson point out that there are two types of fathers whose attitudes cause difficulties in their son's psychosexual development, the cruel, severe father, and the weak father. In the face of the father's cruel, severe attitude the boy is unable to express any antagonism or aggression. It becomes necessary for him to suppress all aggressive manifestations. The constant tension of his inhibited aggression forces him to erect defenses. He either becomes passive and non-aggressive or tries to extract pleasure from his father's cruelty by trying to obtain the father's interest through punishment. The weak father produces the same result; at every turn the child finds himself hampered by his father's devotion. In the face of such devotion all aggression must be suppressed.

Mr. D. may be described as a father whose detrimental attitude is classified as deviant. He is a timid person and admits being withdrawn. He states that it is typical of him to evade unpleasant situations. He knows that this is not as it should be but "accepts his inadequacy". He is methodical and likes "things in order". He rationalizes considerably. He says he has his job to worry about and therefore has no time to spend with his children. His wife paints a most negative picture of him and says he

is "repressed, never makes any friends, will go on a holiday alone and will sometimes go for a whole day without saying a word". This implies that the father is too busy with his own thoughts to be able to concern himself with his children. It is to be doubted, however, if mere lack of time can account entirely for the absence of parent-child relationship. The records show that what matters to the child is the use his father and mother make of the leisure time that is available to them. Few children blame their parents for being so taken up with the struggle for existence that they have little time left for family fun. If parents evince strong regret that they are denied such companionship and seize every possible occasion for companionship with their children, it is quite unlikely that their children will show anything but sympathy for the rigor of their parents' routine.

The rejecting fathers are not as common as the rejecting mothers but in the cases where this attitude appears the rejection is not any less detrimental to the child's growth and development than was the maternal rejection. In the family of Mr. H. there has always been a feeling of hostility between Barbara and her father. Mrs. H. states that she is continually trying to keep peace between them. She claims that Mr. H. has always resented
Barbara because he was disappointed that she was born a girl. When Barbara was seven months old, her father spanked her so hard that he left red marks on her body. This punishing attitude towards Barbara has persisted. The last few months he has refrained from using corporal punishment. The patient's mother thinks the reason for this is that Barbara angers him so intensely that he is afraid he might injure her if he ever gave way to his feeling. Barbara delights in antagonizing her father.

Barbara's problems have persisted for some time. She is enuretic and lately has been soiling practically every day. When she soils her panties she invariably hides them and becomes indignant when her mother requests her to wash them. Barbara is disobedient and defiant and is subject to outbursts of temper. She swears and fights.

Here is a case where the parent-child relationship has deteriorated to such an extent that the maladjustment of the child is evinced in enuresis and temper tantrums. It is an accepted fact that children are influenced by parents' feelings. If one parent holds bitterness, turbulence, and disappointment about the sex of his child within himself, no matter how he may try to hide it, his child will recognize it and will interpret it as an attitude of rejection.
Mr. H.'s rejection was at first overt. When later he tried to mask his feelings, Barbara still sensed his true feelings. What followed was a logical development. She tried to extract pleasure from her father's cruelty and to obtain his interest through punishment. "The person who has a benign, satisfying infancy and early childhood is the person who develops security within, and a sense of greater adequacy."(1) What occurs when infancy and childhood are disturbed and unhappy? Barbara has barely passed infancy, yet she is becoming a potentially inadequate and domineering adult. Her father's rejection has resulted in a loss of that security so necessary to normal development, and in the growth of behaviour totally unacceptable to the society in which she must live.

In the second case, according to Mrs. M. her husband refuses to see the social worker from the clinic. The wife paints a very pathetic picture of her husband. This is his second marriage. His first wife secured a divorce and the custody of their three children. There are two children in the present marriage. Mr. M.'s attitude toward these children is the same as it was toward the children by the

first marriage, namely, that of rejection. He ignores the children completely unless it is for the purpose of punishment after being provoked by their behaviour.

Mr. M. has never taken an interest in the children, even when they were babies. They are now six and four respectively. He has, on occasions, tied the children in their crib because of their behaviour. Mrs. M. referred the children because of disturbances of social adaptation. She cannot cope with their behaviour. The husband will not cooperate in the treatment of the problem nor will he tolerate their behaviour.

Another type of father whose relationships with his children are often harmful is the one with an urgent "will to power". Such a father attaches an inflated value to obedience and rules through fear. In his childhood the father may himself have been subjected to stern discipline which made him feel humiliated and inferior; when his time comes he takes out his sense of inadequacy on his child. There are parents who love authority for its own sake and who get genuine satisfaction out of making others conform to their will. When a father of this type enters the family circle, its atmosphere changes. The happy, carefree activities of the children, their sympathetic interchange of ideas and experiences become tinged with anxiety and tension.
Who will be the first to be scolded or punished or at the least rebuked? What will go wrong? Of such parents Thom writes: "We find that this type of parent is merely compensating in the home for his own inferiority, which he feels keenly in his professional and social struggle." (1)

Mrs. L. states that her husband was the youngest in a family of three and feels that he was much indulged by his mother and older brother and sister. His father was a stubborn disciplinarian and Mrs. L. feels that Mr. L. is stern with the patient in like manner. She feels that the father is not giving his children the love and affection they need. He is too strict with them and demands more adult behaviour from them than they are capable of showing. She feels that perhaps it is necessary for him to maintain a stern outward attitude with the children as a cover-up for an inferiority complex, and that he cannot "let down" at all in case the children walk over him. This would be a blow to his pride.

Mr. G. maintains a very rigid, severe manner toward his son unconsciously resenting his attachment to the mother. He is unable to control his disappointment in the boy's passive attitude toward him. He loves the child and cherishes the greatest ambitions for him, but so strong is

his unconscious jealousy of him that his demands for perfection become excessive.

Mr. N. is another dominating father. He feels that he has to exert rigorous discipline over his son to compensate for Mrs. N.'s lax example. He is critical of his wife and states that he has to make constant efforts to stimulate her to do her duty as a housewife and a mother.

In all of these cases, the dominance of the father offsets any more "saving" qualities of either the father or the mother. It is apparent that the fathers, in order to compensate for a feeling of inadequacy, become the dominating figures in their family relationships. In each case this characteristic is evidenced in slightly different attitudes toward their children, but the result in all the cases is similar, namely that of maladjustment.

From the data collected it may be deduced that the father is an important factor in the Child Guidance treatment. The fact that the mother is the person most often involved and also most accessible in terms of her own time tends to focus attention on her, both in diagnostic and treatment consideration. This fallacy is a glaring one. Any person or factor which leaves an impression on the formation of the child's personality must not be neglected.
Present day practice recognizes the fact that the father cannot be entirely disregarded in his role in the treatment situation, therefore every attempt is made to contact him. He is often in the background at the time of referral. Later he may come forward either to support the mother or to champion the child. In many cases his attitude has a direct bearing upon the problems of the child. Inasmuch as "every child needs two parents", then every case of childhood maladjustment must embrace the attitudes of both parents. In this group of six cases it was found that the strongest detrimental paternal attitude proved to be domination. Again, as in the case of parental and maternal attitudes, the behaviour manifestation of the child is an attempt at the solution of a problem resulting from faulty parent-child relationship.
CHAPTER 5

CHILDHOOD EXPERIENCES OF THE PARENTS

Studies in human behaviour have invariably pointed to the conclusion that the family constellation is of paramount importance in influencing attitudes, behaviour, and adjustments in both the normal and pathological fields. The different schools of psychology, while disputing other elements in each other's philosophy, agree on the fundamental importance of the effects of family life upon the development of the individual. In all of these, the family relationship occupies a central and commanding position.

"An individual's outlook and point of view in dealing with many of the most important questions of human existence can be expressed in terms of the position he has taken up with regard to the problems and difficulties arising within the relatively narrow world of the family." (1)

The importance of the family relationship having been admitted, the next step leads to a search for possible causes of these problems and difficulties. For a long time the question occupying the centre of the stage was the problem of whether heredity or environment played the most

important role. Leaving out of the discussion the justice of the claims of the eugenics group, the obvious difficulties in the modification of heredity factors made it necessary to centre on environmental factors which could be more easily manipulated and changed. This environment includes both the larger social group and the more intimate family circle. With the scientific search centred upon these, research workers are finding tools for the recognition and manipulation of the factors involved.

"The important school of character, the family group, depends for its success, much more than does the more formal school of the classroom upon 'atmosphere', upon the subtle and intangible forces for good or evil which are implicit on the situation created by the human beings who compose it."

over these attitudes into their later lives, their marital adjustments, and their own families. Thus a vicious circle is created. It is not sufficient to say that the responsibility for the children's maladjustments lies within the parents, for the parents themselves are but the product of earlier influences.

Though from parents as a group we do expect certain characteristic traits it is important to remember that they are living human beings with their own hopes, aspirations, and drives. Into the parental relationship they bring "more or less deeply ingrained attitudes relating to their own childhood, their own relation to parents, brothers and sisters, which may interfere with the conscious, deliberate exercise of such wisdom as they may have concerning the child-parent relationship". (1) These attitudes, rather than anything the parents may do, are responsible for the development of the child's character, for it has been recognized that, outside the organic defect, the most important contributary factor in the child's development is the parent-child relationship. The establishment and maintenance of healthy affectional relationships between parents and children is one of the essential features in the evolution of a healthy personality.

(1) Glueck, op.cit. p.723
Therefore any account of the personal interplay between a child and his parents should not ignore the fact that the parents themselves are the products of their own home environments, parental influences, and attitudes. When maladjusted children are taken to a guidance clinic, the social worker, more often than not, finds evidences in the parent of unhappy childhood relationships and experiences. These are reflected unconsciously in the parents' treatment of the child.\(^1\)

**Maternal Background**

The mother's personality is admittedly an important factor in understanding both her attitude to the child and the child's reaction to her attitude. In order to understand the mother's personality, however, it is important to know what contributes to its development. The whole parent-child relationship is considerably modified and influenced by the parent-parent situation.

A thorough evaluation of this background, considering its importance, is very difficult. Relatively little is recorded regarding the early life of the parents, their childhood, and the forces that have gone into the making of them as individuals. By the time the parents are old

enough to have children of their own, the original family has usually broken up, or at least undergone radical changes. There is no opportunity for objective evaluation. The subjective picture as given by the parents has been altered by all the events that have occurred since. Prejudice, inhibition, guilt feelings, and projection have all played their part in the process. However, the feeling tone associated with recollections of childhood, whether justified by facts or not, is the important factor in interpreting the parent in his functioning as a parent. If to this be added such ascertainable facts as death of a parent at an early age, desertion, economic insecurity, or rejection, we are bound to get a total picture which will be true in its main outline insofar as it is a dynamic force in the handling of life situation.

In the present study, an attempt has been made to evaluate whatever factual information was available, as well as the way the mother felt about her early life and the original family group.
Table 4. Factors of Mothers' Backgrounds

<table>
<thead>
<tr>
<th>Factors</th>
<th>Number</th>
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<tbody>
<tr>
<td>1. Death of mother at an early age.</td>
<td>6</td>
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<tr>
<td>2. Death of father at an early age.</td>
<td>8</td>
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<tr>
<td>3. Desertion by father.</td>
<td>4</td>
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<tr>
<td>4. Broken homes.</td>
<td>5</td>
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<td>5. Early assumption of responsibility.</td>
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<td>6. Happy childhood experiences.</td>
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<tr>
<td>7. Unhappy childhood experiences.</td>
<td>6</td>
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<tr>
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<td>9. Domineering and stern mother.</td>
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<td>14. Sympathetic mother.</td>
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<tr>
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<td>18. Poor relationship with siblings.</td>
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These factors do not appear singly but in different combinations. The general picture is one of "bleakness" and "unhappiness". Even in instances where some satisfac-
tory quality is mentioned, there are other unsatisfactory features combined with it, so that in only three instances do we have mothers who express their feelings about their childhood in completely satisfactory terms.

Except for these three exceptions, an unhappy childhood of the mother stands out as an important factor in the maternal background. It is described in various ways such as "unhappy", "sordid", being "unloved" or "thwarted". This information is available in thirty-two out of the forty cases and revealed many different combinations of these factors. Five mothers were non-committal.

From this group of factors making for an unhappy childhood, the outstanding one is the absence of a parent, occurring as it does in eighteen instances. Whenever this factor appears, we find other indications that the mother considered her childhood unhappy, thus indicating the important part the parents play. The parent is the child's centre of security; he suffers when this is suddenly removed. When the loss is occasioned by desertion, the sense of loss is further aggravated by the feeling of loss of the parent's love. The child may compensate for this loss by developing over-dependence and over-attachment to the remaining parent, a tie which is not easily abandoned in later life.
There were additional indications of an unsatisfactory family background. In eleven instances, the mother was mentioned as dominating the home situation. In five of these, the effects of this domination were somewhat mitigated by the fact that the father was thought to be a "sympathetic parent", the child apparently having received a sufficient amount of love and security. In the other six, the combination of a dominant mother and ineffectual father appears with the child not being able to get any satisfying response from either parent.

This attempt at classification, though sketchy, was made to discover if any particular trend could be revealed. It can be said with conviction that this particular group of mothers had fairly unsatisfactory early experiences. The following cases throw some light on the parent-parent relationship existing during the childhood of two of the mothers.

Mrs. W. was dominated by her father during childhood. Following the pattern of her mother and siblings she always gave in to the father to preserve peace. She resented doing this and hated her father. At first, she felt guilty about admitting this but gradually recognized that, under the circumstances, it was natural to feel that way about him. Mrs. W. stated that she had a difficult life
as a child because of her father's strict rule and fiery temper. He would give the children no money for entertainment or recreation; when they wanted to go anywhere or do anything, they had to earn it themselves.

This unhappy parent-child relationship was, in all probability, carried over into Mrs. W.'s own family life. Her son becomes the unhappy child, beset by fear and anxiety, undermined by lack of self-confidence, and tortured by his mother's continual criticism.

Mrs. P. was the youngest in a family of three girls and two boys. Her mother died when she was six years of age, and her father employed a number of housekeepers. From that time on, the mother stated that she could not get along with these housekeepers and thus was unable to form a close attachment to any one of them. Her memory of her childhood was one of "feeling lonely most of the time". When Mrs. P. was sixteen, she left home to get married. The housekeeper employed in the home at that time was one whom she actually hated. In an argument over some trivial matter the housekeeper's manner irritated Mrs. P. so much that Mrs. P. felt she could have killed her. This housekeeper is said to have spread tales around the neighborhood saying that Mrs. P. was no good. Her father maintained a passive position in these arguments between the housekeeper and his
children, never taking sides with the children. The relationship between this mother and her child is anything but happy.

The two preceding cases illustrate the general parent-parent relationship of the cases studied. It is significant that among the whole group of forty mothers there was not a single well-integrated individual, functioning adequately as a member of the family group and discharging her duties as wife and mother in an adult fashion.

Paternal Background

The importance of the father in the family constellation cannot be minimized. The information in the records about the father is secured primarily from material supplied by the mother, and is, consequently, sketchy and inadequate. As was done with the mothers', an attempt has been made to chart the available factors in the fathers' backgrounds.
<table>
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In reviewing the picture of the paternal background some sharp distinctions appear, as contrasted with the maternal background. Though the absence of one or the
other parent occurs in sixteen instances, it is not associated, as was the case with the mothers, with an unhappy childhood, as expressed by either the mother or the father. However, in all ten cases where the father was absent from the home, the boy was unable to make a masculine identification and was probably over-indulged by the mother. An early assumption of responsibility plays practically no role in creating a feeling of an unhappy childhood, as it did in the case of the mothers. This may be due to the fact that early assumption of responsibility by the male is more commonly accepted, more in accordance with the more of the group and therefore less resented by him. It is also possible that in thus assuming responsibility, the male child feels he is fulfilling his function and gets a certain amount of satisfaction in taking over the father role.

Distinct recollections of unhappy childhood occur in only four instances. For three individuals this is associated with the picture of a stern father against whom the submissive mother was utterly ineffectual, and, for one, with quarrelling in the home and the father's abuse of the mother. These instances of unhappiness were associated with recollections of the maternal unhappiness rather than the individual's own. In five cases the father spoke of his life as satisfactory, giving indications that he was loved and that the childhood was a happy period. Three of these fathers were said
to be emotionally well integrated and adjusted. While this number is small it is nevertheless significant that this group, which produced at least three adequate individuals, shows less stress on unhappy childhood.

On the whole, the feeling tone connected with the fathers' childhood appears to be more stable and satisfying than that of the mothers'. There is more frequent mention of a kind parent, and the stern father is not so keenly resented by the fathers as he was by the mothers. Perhaps once again the mores of the community, sanctioning stricter upbringing of a girl, may have a bearing upon this point. Also, the boy, living in an atmosphere where there are marital difficulties, is likely to become a repository of the mother's affections, if the father is stern and domineering.

In spite of the more favourable home background, the personality of the father emerges no better equipped for adult relationships than did that of the mother. One questions, first, the reliability of the data and secondly, whether the fact that the childhood which appears in a comparatively satisfactory light after an interval of many years, may not have contained other elements militating against the establishment of a well adjusted, stable personality.

In both the following cases the parent-parent
relationship is most unhappy. This may serve to illumine the causes of the regrettable parent-child relationship following in natural sequence.

Mr. R. was the middle child in a family of three and had an unhappy childhood. His father was described as a cruel man who beat his wife continually. On two or three occasions she was taken to the hospital after being beaten. When Mr. R. was six his mother left the family, running away with another man. Since that time Mr. R. lived in various foster homes and at one time spent some time in an orphanage.

Mr. L. was the youngest of a family of four. Both of his parents died before he was five years of age. He was brought up in a foster home. He indicated that his life with the foster parents was not emotionally satisfying. They gave him good physical care but otherwise seemed to be demanding and unloving. Mr. L. stated that the foster father often criticized him because "I was so slow, and he was always afraid I would make mistakes". Until fourteen or fifteen years of age he suffered from enuresis.

The effects of these early experiences are reflected in the fathers' own personalities, and, in turn, have a great bearing on the personalities of their children.
Marriage

Both the parents' attachment to their childhood and their adjustment to the marital situation is conditioned by the total integration of their personalities. Successful marriage implies a mature relationship, a mutual give and take, with concessions on both sides. An immature individual, insufficiently weaned from his dependence, may seek in the marital relationship a father or mother substitute. Should he find it, an adjustment is possible, though perhaps not entirely on a mature level.

Omitting the three cases where the parents' own evaluation of their marriage was not indicated, we find that marriage was not considered satisfactory by either father or mother in seventeen cases and was thought to be satisfactory by both in twelve cases. In eight cases where the fathers' evaluation of the marriage was not indicated, only five mothers considered the marriage satisfactory.

A thorough analysis of marital adjustment is outside the scope of this study, though some evaluation is necessary to shed light upon the type of mate chosen and the level of adjustment made in the marriage.

Some of the reasons given to elucidate why the marriage is thought to be successful are highly significant.
In some instances, the husband is said to have come up to expectations. In a number of cases the woman lost her father when she was very young and assumed the responsibility of the household at an early age. In her adult life she developed numerous neurotic traits, and her husband, a quiet, submissive individual, found it easy to submit to her domination. The woman carried over her sense of responsibility to her married life, and the husband was willing to have her do so. For the husband too, the relationship proved satisfactory since his own background included the lack of a father and complete submission to the mother. To the marital situation he brought a pattern of submission, a willingness to do what the wife, who assumed the role of the mother, expected him to do.

Some women consider their husbands as father substitutes. This is especially the situation where the father died, the mother remarried, and the child was not welcome in the new household. Hungry for a father's affection she found a satisfactory substitute in the husband, a stable, well balanced individual who was able to supply the needs of the immature wife.

To others the husband is "another child". This is usually found where the mother was domineering but kind, the father submissive. The wife derives considerable
satisfaction from over-solicitously nagging her husband. To the husband this marital adjustment is satisfactory because the wife is repeating the pattern to which he was accustomed in his own home, and provides the same kind of over-solicitude his mother gave him.

In some cases the father ascribes his successful marriage to the fact that the wife resembles the mother, especially if his own father died at an early age and the mother was a domineering woman. In these situations it appears that there was no opportunity to make a masculine identification; the wife, with her aggressive characteristics, personifies the type of woman the man had known and loved.

Among the mothers who considered their marital adjustment unsatisfactory were some who were disappointed in marriage, others who did not find father substitutes, and still others who had to assume a dominant role in the home because of an ineffectual husband. In some cases there was a clash of wills, in some, the husband resembled the father who was strict. In a few cases the husband appeared to refuse "to bend knee" to the wife. In most cases the dissatisfaction was based, not upon the mate's objective characteristics, but upon his inability to identify himself with the wife's ideal of a husband.
The fathers gave as their reasons for dissatisfaction with marriage the following: the wife went to her own family for advice, the father was tricked into marriage, he was unable to please the wife, and he looked for a mother substitute, a role which his wife refused to assume.

It is of particular interest to note how the mothers and fathers who had a happy childhood, adjusted to their marriage. Mothers, whose childhood was said to have been happy, had developed into inadequate individuals and therefore their adjustment to marriage was not a satisfactory one. Of the five fathers who reported their childhood as satisfactory, two do not emerge as adequate individuals, three are said to be satisfied with their marriage. Once again, one questions whether the childhood regarded as satisfactory by the person involved is necessarily such as to produce mature, well integrated individuals, or whether more objective criteria would be necessary, criteria which is not available in the present records.

The personality pattern, shaped by the family and the social circle in which he moves, determines the role which each spouse will play in the marital relationship, and in turn this influences each one's attitude toward their children. The parent who suffers from a chronic state of dissatisfaction and frustration because of unsatisfactory
childhood experiences and marital maladjustment, is apt to have difficulty in providing those needs which the child requires for his emotional growth and development. He can give neither freely nor intelligently, nor can he restrain wisely and adequately. The resulting trauma as shown by the starved child, the over-protected child, the spoiled child, the rebel, etc., are well known clinical manifestations.

When healthy development is being thwarted in the child by excessive parental anxiety, dependence, or domination, the sources of these unhealthy characteristics are seldom found in the parents' current lives. The most important sources for these difficulties are to be sought in the childhood of the parents themselves, in their own developmental experiences which were formed by their own family setting. The effects, good or bad, of these early experiences are inescapably reflected in their own personalities, the equipment with which they in turn must meet the difficult adjustments in marriage and parenthood.
CHAPTER 6

IMPLICATIONS OF THE STUDY

The Provincial Child Guidance Clinic is a social agency in which psychiatrists, social workers, psychologists, and nurses cooperate in helping parents and children resolve the difficulties they encounter in their familial setting. The plans for treatment are based on the child and the parents as individuals and as members of the family group.

The selection of cases for study (forty pre-school children) represents a fair cross-section of children who exhibit behaviour problems. Frequently, disturbed children are not brought to the clinic for help unless disturbances are sufficiently acute to warrant the parents' concern. Many aspects of children's needs are recognized in the clinic's effort to facilitate the adjustment of the child and the parents. All clinical recommendations in the cases studied involve work with the children's families. Frequently the plan is not carried beyond the child and the mother. In the preceding chapters statistical data and case illustrations have demonstrated the faulty relationship that exists between the parents and the children manifesting behaviour problems. This would necessitate a plan of treatment which recognizes the importance of the father as well
as the mother in influencing the lives of the children. Diagnosis alone is insufficient. Definite coordinated efforts must be made to alleviate the stresses which have created unhealthy symptoms and disrupted family life.

A "healthy family" is one in which the father is a kind and gentle man and the mother is a happy, contented woman: where both parents genuinely love their children, seek to enjoy their company, understand them, and have respect for their unfolding personalities. The "healthy home" permits the growth of the personality of all its members. Its psychological health is based on the emergence of the child as an individual and the maturity of the father and mother as parents. If these definitions are acceptable, then one must conclude that the homes from which came the children discussed in this study are not healthy homes.

For the purpose of the present study only one aspect of the child's background has been chosen for consideration, namely parental attitudes. Yet parental attitudes, important as they may be, are not the only factors. Numerous other forces have their share in shaping the personality and reactions of the child. In the cases studied there appears to be a relationship between the conscious or un-
conscious expressed attitudes of the parent and the behaviour of the child. There are different factors to consider, since each parent brings to each child his own set of circumstances which impinge upon his own personality, and which may or may not be acceptable to the child. The child and parent are equally dependent on each other in all their feelings of love and hate, guilt and innocence, and security and insecurity. It would appear that in each case the psychological atmosphere in the home plays an important part in the development of the behaviour problem manifested by the child.

Evidences of difficulties other than those presented in the initial interview appear to relate to the parental attitude and its effect on the child. In the initial interview the parents are often defensive of their role in the problem, but as greater security in the relationship with the social worker is established they divulge many significant facts. The parents' own earlier difficulties with feelings of rejection, sibling rivalry, and fear of hostile or aggressive attack or retaliation all seem to be related in varying degrees to the parents' difficulties with the child and are expressed in behaviour by the child. In each case there is a slightly different aspect of difficulty depending on the greater or lesser degree of unresolved conflicts in the areas of the parents' own development.
It would appear that each parent uses the child to alleviate his own childhood difficulties by consciously or unconsciously projecting or injecting those feelings which he had toward his own parents.

In this study the clinic records lack sufficient information regarding the parents' early experiences and marital adjustment. This is essential in a thorough examination of the problems presented by the parents and their children. A good social case history would supply to the clinic staff a revealing story of the child in his family setting. The plot centres around his difficulties, which develop because of friction between his growth process and the defective parental attitudes.

In this study a few trends stand out with sufficient clarity to justify the conclusion that parental attitudes are of importance in the life of the children in this particular group. There is definite indication that the childhood of ninety-two per cent of the mothers and eighty-seven per cent of the fathers has been unhappy and unsatisfactory. Marital adjustment on the whole was poor, owing to the fact that either the father or the mother or both were inadequate and immature individuals. The combined attitudes of both parents influenced the greatest number of
children, followed by that of the mother, and finally that of the father. In the first group it was found that deviant attitudes (other than rejection and domination) were foremost in importance, then rejection as such, with domination least frequent. In maternal attitudes rejection was the leading factor, followed by domination and deviation, whilst paternal attitudes presented more cases of domination than rejection or deviation. All the children reacted to these attitudes in a manner not acceptable to the parents; but different children reacted differently and in varying degrees to similar experiences. The behaviour manifestation appears to show itself in a manner peculiar to the make-up of the child. A greater number of cases might make it possible to analyze the situations in which disturbances of social adaptation, undesirable habit formation, and personality disorders appear and to discover the exact type of correlation which exists between these difficulties and parental attitudes.

The lives of parents and children are emotionally intertwined. The feelings and attitudes of parents, which are regarded as the chief determinants of children's difficulties, are in turn dependent upon the parents' own early emotional experiences. Work with parents should be directed toward resolving some of their own emotional conflicts, for
otherwise they will continue to act toward their children in their accustomed manner.

The most needed adjustment in a child's environment is that of a changed attitude on the part of a parent. It will be difficult, if not impossible, for the social worker who is responsible for treatment to help parents effect this change, if she herself has no knowledge of the etiology of their present attitudes. It would seem, therefore, that the old truism, "you must treat the parent if you treat the child", needs not only greater emphasis but its meaning also needs broadening and deepening.
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**Articles and Reports**


**Other Studies**
