MCGILL UNIVERSITY

PSYCHIATRIC PROBLEMS OF UNMARRIED MOTHERS

A study of the emotional problems of twenty-two unmarried mothers referred for psychiatric services to the Allen Memorial Institute of Psychiatry, Montreal, the Psychiatric Clinic, Royal Victoria Hospital, Montreal, and the Mental Hygiene Institute, Montreal, during the period 1948 - 1950 inclusive.

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PREFACE

This study was made possible through the use of the psychiatric, medical, and social service records of the Allen Memorial Institute of Psychiatry, the Psychiatric Clinic of the Royal Victoria Hospital, and the Mental Hygiene Institute. The writer is indebted to Dr. D. Ewen Cameron, Director, Allen Memorial Institute of Psychiatry, and Dr. Baruch Silverman, Director, Mental Hygiene Institute, for their co-operation in permitting the use of these records.

The writer also wishes to acknowledge the assistance rendered by the Children's Aid Society of Montreal, the Family Welfare Association, and the Catholic Welfare Bureau, in providing supplementary data through the use of their records.

Sincere appreciation is expressed to Miss B. Judkins of the McGill University School of Social Work, for her assistance in the selection of this topic, to Mrs. Irvine and to Miss E.R. Younge, Director of Research, McGill University School of Social Work, for their unfailing guidance and help in planning and presenting this thesis.

TABLE OF CONTENTS

TABLE OF CONTENTS
ii

LIST OF TABLES

CHAPTER I

INTRODUCTION

In considering the studies which have been made of unmarried mothers, it is noteworthy that the emphasis has been primarily in the field of child welfare. Relatively few studies have been undertaken of those unmarried mothers who because of either individual problems of adjustment, or their inability to plan adequately for their children have sought psychiatric help.

Modern authorities stress the importance of interpersonal relationships, particularly within the family constellation during formative years as a factor in unmarried parenthood. They also note that the attitudes inherent in our culture toward illegitimacy exert a marked influence. Dr. Florence Clothier in discussing the psychological implications of unmarried parenthood, points out that -

> "Illegitimate motherhood is so contrary to the realities of our culture that it cannot solve anything, and inevitably produces more complications and disaster for the girl."(1)

And again in the same article she states -

> "Illegitimate motherhood, like all motherhood has as its psychological background, an urge to solve old conflicts, and fulfill deep personality needs. Unmarried motherhood in our culture represents a distorted and unrealistic way out of inner difficulties, and is thus comparable to neurotic symptoms on the one hand and delinquent behavior on the other. The choice of unmarried motherhood as a way out of a solution of unconscious conflicts, depends on external environmental factors, including the girl's childhood reality relationships with her parents, as well as the more personal psychological factors here described."(2)

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(1)Florence Clothier, "The Psychological Implications of Unmarried Parenthood", American Journal of Orthopsychiatry, (July 1943) p. 542.

(2)Ibid.

Dr. Baruch Silverman, Director, Mental Hygiene Institute, Montreal, has expressed concern over the problems of the Unmarried Mother referred to the Institute for help, particularly as such problems relate to plans for her child. The writer's personal interest stems from past experience as a case worker in the British Columbia Child Guidance Clinics, where a considerable proportion of the referrals were unmarried mothers seeking help in planning for their babies. It was a matter of concern to the psychiatric team that in most instances little follow-up information was available.

The present project is therefore concerned with studying a group of unmarried mothers who have been referred for psychiatric help. The writer hopes to discover the various factors contributing to their problems, that is:

Were they emotionally disturbed prior to pregnancy?

Was the experience of pregnancy a precipitating factor in their need for treatment?

Was the disposition of the baby a primary difficulty?

It is hoped that from the data available some information can be obtained about the putative father as a contributing factor to the unmarried mother's emotional problems. Recent studies highlight our ignorance of him, and efforts to meet his needs through case work services have been sporadic and localized. It is recognized that case records in general, contain limited information in this area. However, the writer feels that more complete knowledge of the unmarried father as an individual with unmet needs and conflicts of his own, is necessary for more thorough understanding of the problems of the unmarried mother, and how he may have aggravated them. The present study will deal with him only

as he and his problems relate to those of the unmarried mother.

The writer is interested furthermore in the services offered these women, not only from the disciplines of psychiatry and psychology, but more particularly by the art of social case work. Her interest derives from professional orientation in the latter field.

Study will be made of the case work services received both prior to and subsequent to psychiatric examination. In those cases referred for diagnosis and treatment, the activity of the psychiatric social worker as a member of the clinic or hospital team will be included. In those other instances where diagnostic service, only, was given, the case work help offered by the referring agency will be included.

The writer is not competent to evaluate the case work services rendered, but will be interested in such factors as length of contact, focus or foci of attention; the social workers impressions and evaluation of the unmarried mother, of the latter's situation, and of the persons within her immediate environment.

Relevant to the primary focus of the study, - the emotional problems of those unmarried mothers referred for psychiatric services - special attention will be directed toward the following aspects, -

1. The specific problem which brought the unmarried mother to psychiatric clinic or hospital, that is, whether there was evidence of emotional disturbance previous to pregnancy; whether there was evidence pointing to the experience of pregnancy as a precipitating factor in sending her for psychiatric treatment; or whether the evidence indicated conflict over the disposition of her baby as a factor in her referral to hospital or clinic.

2. The unmarried mother's attitude toward keeping or placing her baby at the time of referral to clinic or hospital, and the history of her contact with her child.
3. Additional problems of the unmarried mother in the areas of interpersonal relationships (including parents, siblings and putative fathers), sex education, and former experiences.
4. Follow-up study subsequent to contact with psychiatric clinic or hospital.

Material for the above, together with other secondary data was collected according to a schedule.(1)

The three Montreal agencies from which 22 cases have been selected for study are the Mental Hygiene Institute, the Allen Memorial Institute of Psychiatry, and the Royal Victoria Hospital Psychiatric Clinic. The project has been limited to those women who were referred to anyone of the three above agencies during the periods 1948, 1949 and 1950, and who were unmarried at the time of confinement. In the case of the unmarried mothers who were patients at the Allen Memorial Institute of Psychiatry and at the Royal Victoria Hospital Psychiatric Clinic, selection was further restricted to those who were referred for social service help during their periods of hospitalization or attendance at clinic. It was necessary to discard four cases from the sample group, in two instances, because there had not been sufficient contact with the social service department. In another case the time of original referral had been prior to 1948, although the woman returned for further service during the period under study. In the fourth case the woman had failed to keep her appointment with the psychiatrist and was therefore not examined.

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(1) See appendix - p. 121

The three Montreal agencies concerned in this study offer psychiatric services to the community. The Mental Hygiene Institute is a private Child Guidance Clinic, which gives psychiatric and case work services to children 16 years and under, and to their parents. It offers diagnostic and treatment services for the patients of the English-speaking health and welfare organizations in the city. Many cases are carried effectively on a consultation basis following one interview with the psychiatrist.

The Allen Memorial Institute of Psychiatry and its out-patient clinic, the Royal Victoria Hospital Psychiatric Clinic, constitute the psychiatric department of the Royal Victoria Hospital. The Institute, a private, voluntary, in-patient unit consists of treatment facilities, research laboratories, psychological and social service departments. In cases where hospitalization is not required ambulatory treatment is given.

The psychiatric clinic offers service to patients and to community agencies. It is held two afternoons a week at the Royal Victoria Hospital. In general, service is available for all adults over 16 years of age, and is primarily concerned with the treatment of psychoneurotics. Referrals are received from other out-patient department clinics or indoor wards within the hospital, from community agencies, from private doctors, and occasionally from the patients, themselves.

In both in-patient and out-patient units, referral to social service for case work help is usually made by the psychiatrists, apart from those initial interviews which are given all patients preparatory to attending psychiatric clinic. Further contact is, however, maintained only with the consent of the psychiatrist.

Records from the above agencies, containing psychiatric, psychological and case work material comprised the primary sources of data on the 22 unmarried mothers used for this study. Wherever possible medical findings were included.

Because of the limited number of cases meeting the requirements of this project at both the Allen Memorial Institute and the Royal Victoria Hospital Psychiatric Clinic, 15 of the 22 cases under consideration were selected from the Mental Hygiene Institute. In those instances of unmarried mothers referred for service by social case work agencies, data from the records of the referral sources were also included. Whenever possible the cases were discussed with the members of the psychiatric team who had had previous contact with the women in question. The additional information thus obtained, supplemented the material contained within the records.

The project is of necessity descriptive in character, due to the limited number of cases under study. In analysing the material, categories were used where practicable, to clarify the presentation.

Use was made of current literature devoted to the study of the unmarried mother and her emotional problems.

The thesis will consist of eight chapters. In one, the writer proposes to discuss theoretical material from current literature, on the social and psychological problems of unmarried motherhood. In another the personal and social characteristics of the sample group will be described.

One chapter will be devoted to the stated reasons for referral as submitted by the referring sources, and to the psychiatric diagnosis of the individual cases. The writer is also interested in the attitudes

of the members of the sample group toward their situations, and will attempt to analyse them according to their attitudes toward pregnancy; toward their babies; as well as the duration of their contact with their children prior to referral.

Problems of interpersonal relationships of the unmarried mothers and others in their immediate environments will also be discussed, as well as the services given these women and their responses to them.

The final chapter will summarize the writer's findings and conclusions as derived from analyses of available data.

CHAPTER II

UNMARRIED MOTHERHOOD

A SOCIAL AND PSYCHOLOGICAL PROBLEM

Modern authorities agree that unmarried motherhood is primarily a social problem for which our western society has been unable to offer a satisfactory solution. That it is also an expression of deeply rooted conflicts having their origins in the early life experiences of the individual, and involving primarily her relationships with her parents is a generally accepted theory today.

Dr. Melitta Schmideberg,(1) in discussing the psychiatric-social problems of young unmarried mothers, notes that although a girl is physically and emotionally capable of intercourse and motherhood at puberty, she is required by the dictates of society to postpone gratification of sexual impulses until marriage, usually after the age of 20. Frequently emotional conflict is the result. As the most stabilizing factor for the young girl Schmideberg (2) suggests the family relation and the affection, security and companionship which it can provide. Satisfactory identifications with her mother or elder sister are important reinforcements against adolescent sexual drives. A younger brother or sister can often meet her need to mother, in this way making her own wish for children less urgent.

The social structure with its accepted codes is another significant factor in restraining adolescent sex life. Whenever this is threatened,

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(1) Melitta Schmideberg, "Psychiatric-Social Factors in Young Unmarried Mothers", Social Case Work, Vol. XXXII, No. 1, (January 1951) pp. 3-7

(2) Ibid.

as occurs during periods of war, promiscuity and delinquency become more wide spread due to uncertainty of what the future may hold.

Society today, as compared with that of Victorian times, places the onus for restraining herself on the young girl. Her normal sexual drives are constantly stimulated by erotic advertisements, literature, and moving pictures. She is permitted considerable freedom in her activities, and as a rule is unchaperoned in her relationships with the opposite sex. At the same time she is expected to abstain from intercourse. Schmideberg(1) reminds us that these contradictions in our culture must be faced, and refers to the Kinsey Report and the studies of Dr. Lewis Terman which reveal that over one-half of our brides today, have had pre-marital intercourse, a good part of their experiences having occurred during early adolescence.

The relationship between social and psychological determinants in illegitimacy is close, and the reaction of the unmarried mother is in direct proportion to the degree of stigma which society attaches to her situation.

In considering the psychological implications of unmarried motherhood, Helene Deutsch(2) brings two questions to our attention:

> "1. The psychologic prerequisites of illegitimate pregnancy, especially where it could have been prevented or where it is repeated several times despite its destructive effects on the mother's life and despite the fact that consciously she does not want it.
>
> 2. The woman's subsequent reactions to her illegitimate motherhood."

Deutsch regards pregnancy as having a psychologic meaning of its own apart from the fact that it is a prelude to motherhood. In support

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(1) Ibid. p. 3-7.

(2) Helene Deutsch, Psychology of Women, (New York, 1945) Vol. II, p. 335.

of this theory she refers to those women who compulsively repeat the experience of pregnancy in order to meet some psychological need, not directly related to the wish for a child.

Like other authorities she points out that the type of unmarried mother most frequently encountered is the young adolescent, in whom pregnancy has been precipitated through the exaggeration of any one of the adolescent conflicts. In order to comprehend more clearly the forces motivating her behavior, as well as the significance to her of her illegitimate pregnancy, it is helpful to understand something of the psychosexual development of the girl.

According to Dr. Florence Clothier,(1) her development parallels that of the boy until the phallic phase, when for the first time she fully recognizes the differences in their sexual structures. She is envious of his penis, wishes to have one herself, but is finally forced to accept her own lack, and regards herself as a castrated, inferior being. She regards her mother, who like herself is castrated, as being also inferior, and blames her for having equipped her so poorly. She gives up her former active love for her mother, and redirects her energy toward passive libidinal strivings for her father from whom she hopes to regain self esteem and self-confidence. Her passive masochistic development is strengthened by identification with her mother, her wish to be loved by her father as her mother is, and to have a baby by him. Later she will give up this early love object for another of the same sex.

> "Maternity brings with it supreme masochistic gratification, as well as fulfillment of the long-felt wish for a child.

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(1) Florence Clothier, "Psychological Implications of Unmarried Parenthood", American Journal of Orthopsychiatry, July, 1943, pp. 540-541.

> It also provides an opportunity for the woman to achieve balance between her contradictory active and passive strivings."(1)

Clothier and others point out that with puberty, the individual is beset with a resurgence of instinctual drives. Conflicts of early childhood are reactivated, and the girl resents her femininity with its accompanying physiological changes. She reveals a need to be loved, and to break away from her attachment to her father. During this period she frequently engages in conscious fantasies of rape, prostitution, or immaculate conception, in some instances, however, replacing these fantasies with anxiety or neurotic inhibitions and symptoms. Both Deutsch(2) and Clothier(3) agree that it is the individual with the weak ego who attempts to act out her fantasies. "The numerous cases I have encountered have always involved a weakness of the ego that made it unable to resist the strong psychic dangers otherwise than by transferring them to the outside world."(4)

Some girls act out the fantasy of rape by placing themselves in situations in which they will provoke assault and if this results in pregnancy they obtain masochistic gratification. Clothier(5) reminds us that such exaggerated masochism has a background of sadistic aggression, and that although such mothers will insist on keeping their children and will continue to suffer in order to do their duty by them, they have little maternal affection for their babies, but use them to meet their own needs to suffer and relieve guilt.

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(1) Ibid. p. 541.
(2) Deutsch, op. cit. Vol. II p. 340.
(3) Clothier, op. cit., p. 542.
(4) Deutsch, op. cit., p. 340.
(5) Clothier, op. cit., p. 543.

The promiscuous adolescent may be acting out fantasies of prostitution in an attempt to satisfy unrealistically, infantile wishes. According to Clothier,(1) the prostitute who seeks men out of motives of bitterness and revenge, uses intercourse as a woman's distorted act of masculine aggression. Unconsciously her attitude may be sadistic, and her wish may be to castrate and take something for herself. Although she takes money, her deep desire is for the penis. She is unable to function adequately in the maternal role because of her aggression and the fact that her child does not satisfy her distorted masculine strivings.

Prostitution fantasies may also be acted out by the girl who has identified with a devaluated mother. This is particularly true in cases where her feeling for her mother has a basis in reality, and where the girl has been frustrated in her efforts to form a passive, satisfying relationship with her father. She may unconsciously want her mother, and in her efforts to get close to her, may, herself, live her mother's life.

Deutsch submits that "a hateful protest against the mother often contains revenge tendencies.....",(2) and that promiscuity, prostitution or illegitimate motherhood often fulfills both a fantasy and a need for self-punishment. Schmideberg(3) also considers the girl's relationship with her mother to be of great importance, and that disturbance in such a relationship creates trouble. If the girl is ashamed of promiscuous behavior on the part of her mother, she may go to the other extreme and become neurotically inhibited over sex. If her attitude is defiant and

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(1)Ibid. p. 532.

(2)Deutsch, op. cit. Vol II, p. 349.

(3)Schmideberg, op. cit. p. 3-7.

resentful, her hostility can frequently be traced to early childhood experiences of oral frustration, severe training in cleanliness or other interferences.

Schmideberg[1] suggested the girl who has lost her self-esteem as a likely candidate for unmarried motherhood. This is the type so often found among unwanted foster children and the unfortunate products of institutions. Such a girl takes no pride in her virginity especially when intercourse is all she can offer to a man whose help she needs.

Girls who have been raised to adhere to strong moral and religious ideas, regard promiscuity as a form of social and moral suicide. When they engage in sexual behaviour they frequently do so in the most self-damaging manner because of their guilt.

The acting out of rape and prostitution fantasies does not necessarily lead to pregnancy, nor is pregnancy the goal. There are however, unmarried mothers for whom it is the goal, and for whom the sex act is incidental. These individuals according to Clothier[2] are motivated by the fantasy of immaculate conception, in which the baby is psychologically "self conceived" and is an effort to replace the missing penis. Others in this group suffer guilt associated with the oedipus complex, and relieve it by identification with the Virgin Mary, in which the father's participation in the child's origin is denied. In such cases the girl in a sense elevates her devaluated mother to her former position of high esteem, and through identification with the Virgin Mary is also identifying with her a-sexual mother, as contrasted with the prostitution fantasy in which the girl identifies with her devaluated mother. The

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[1] Ibid.

[2] Clothier, op. cit. p. 547.

former accepts the maternal role, but denies sexuality.

Deutsch refers to the fact that some girls from birth are destined to become unmarried mothers. She likens this to a family tradition in which grandmother, mother, aunts, and sisters have all given birth to illegitimate children.

> "Although there is usually no lack of respect for the grandmother, who also has had personal experiences with illegitimacy, as a rule there is contempt for the mother."(1)

While consciously rejecting identification with her mother, nevertheless at an even younger age, the girl herself becomes illegitimately pregnant.

Certain individuals tend to repeat again and again the situation of illegitimate motherhood. This may be an attempt to punish themselves through repeated disgrace. According to Deutsch, repetition of the situation which leads to pregnancy gives to the event the characteristics of an hysterical fit, or sometimes a psychotic episode.(2)

An interesting study of a selected group of 16 unmarried mothers made by J. Kasanin and S. Handschin in 1941, revealed certain significant findings.(3)

In general the girls revealed marked lack of interest in their conditions, bland affect and no desire to marry the putative fathers of their children. They frequently had amnesia for the identities of the men and for the circumstances under which conception occurred.

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(1)Deutsch, op. cit., Vol. II, p. 373.

(2)Ibid. p. 374

(3)J. Kasanin and S. Handschin, "Psychodynamic Factors in Illegitimacy", American Journal of Orthopsychiatry, (Jan. 1941) Vol. XI, pp. 66-84.

They were not, on the other hand promiscuous. They displayed relatively little interest in sex, and frigidity in the sexual relationship. There was strong attachment to their own families and much affection for their fathers. The men with whom they had been intimate were frequently individuals much older than they were themselves.

On the basis of these data, and particularly because the pregnancies and confinements seemed to be distinct from the rest of the girl's personalities and interests, the authors suggested that the pregnancies represented hysterical dissociation states in which the girls acted out their incest fantasies as expressions of the oedipus situation. In such instances the authors felt it inadvisable to make any special effort to arrange that the child stay with the unmarried mother, as for her it did not necessarily have the same significance as for the average woman.

The authors stressed that important factors in the psychological structure of the future unmarried mother are her early attitudes toward her father, particularly if he is missing, and any history of illegitimacy or promiscuity in her mother's family, no matter how indefinite.

Deutsch notes that in a real seduction by an older man whom the girl identifies with her own father, the fact of pregnancy is denied forcibly and constantly until the last moment, as if she were denying having a child by her own father.

Certain unmarried mothers conceal the fact of their pregnancies from the putative fathers. Deutsch attributes this to two motives - "the denial of a positive emotional relation to him and narcissistic fear of being rejected and condemned by him."(1) Any suggestion from the

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(1)Deutsch, op. cit., Vol. II, p. 351.

man that an abortion be induced, is regarded by the woman as a severe mortification. Many protect their future relationships with both the putative father and the whole male sex, by concealing the pregnancy from him and choosing the role of an unmarried parent in preference to an abortion.

Marguerite Marsh, writing of the unmarried father compares society's attitude toward him and toward the unmarried mother. Although the public feels marked ambivalence toward the problems of the unmarried mother, the weight is on the condemnatory side. The ambivalence is even more marked in regard to the unmarried father, becoming punitive-protective in character. There is strong emphasis on his financial responsibility and the fact that he and not society must pay, but at the same time, there is evidence of protectiveness in the various devices employed by both the man and his attorney, with the consent of the court, to disprove his sole responsibility.

Miss Marsh points out that his attitude toward the father contributes to many of the unmarried mother's conflicts, which are increased in proportion to her intelligence, education and sophistication.(1)

The emphasis on financial responsibility tends to make both parties view their relationship as symbolizing the prostitute pattern, with the man feeling that he must pay in cash for his sexual indulgences. To him the payments are made to the mother as a sex partner, rather than for the child, who becomes in the eyes of both parents, only the mother's. The girl's awareness of the money payment may well be the reason for her reluctance to divulge information about the putative father, particularly

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(1)Marguerite Marsh, "Common Attitudes Toward the Unmarried Father", National Conference of Social Work, (New York 1940), pp. 377-388

if she cares for him or hopes eventually to marry him.

Another factor in the unmarried mother's situation which requires consideration if we are to understand her problem, is the significance of the child in her emotional life. Deutsch points out that even in legitimate motherhood this is frequently influenced by the unconscious, and in the illegitimate situation, which itself is often unconsciously motivated, this is even more true. The role of the child in her psychic life can be e ither negative or positive depending upon whether her relationship to it is full of guilt feelings engendered by her unconscious hatred and protest against its existence, or is an experience which provides a feeling of productiveness and gratifying tenderness despite unfavorable conditions.(1)

The latter relationship can do much to overcome the conflict and fears created by the attitude of the outside world, provided the mother is given time and opportunity and is strengthened by support from helping persons.

The real readiness to adapt to a difficult reality situation in favor of maternal love should not be confused with immaturity in which there is infantile ignorance of reality and denials of the difficulties which it presents. Among this latter group are the least mature of the unmarried mothers, who seeing their children as desired toys, struggle to retain possession of them. Deutsch notes that "in such cases the child is removed from the centre of the emotional life after the first excitement of the will to possess has died down, and like a toy it is desired again after it has been taken away. Many a repetition of pregnancy in a youthful

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(1)Deutsch, op. cit., Vol. II, p. 376.

mother whose child has been taken away arises from this protest: 'But I want my child after all'."[1]

Other young mothers in conflict over their situations experience great helplessness when given the freedom and right to decide the futures of their babies. Most authorities support the theory, that in these cases, external authority should participate actively, not only to insure the babies' futures but also to strengthen the mothers' weak egos through identification with authoritative persons. The experience of motherhood alone does not guarantee maturity, but only creates the possibilities for it.

Certain aggressive women, while recognizing the very real difficulties of their situations, are prepared to accept them in order to keep their children as possessions. Through their children they are satisfying their own aggressive masculinity, and are re-enacting the adolescent fantasy of having a child to whom they are both father and mother; thereby denying the need for a father. Although some are aware of this tendency, in the majority of cases, it is unconscious, and the woman frequently makes hostile demands on the putative father, motivated by her resentment against his existence and the fact that he was indispensable.

Deutsch[2] points out that in general the conflict of unmarried motherhood is fought on two fronts. The first is in relation to the milieu, both past and present. Here, the decisive factors are the social structure of the girl's dependence and that of her parents. Illegitimate pregnancies do not for instance have the same implications in a respectable middle class environment as they do in a proletarian milieu.

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[1] Ibid. p. 376

[2] Ibid. p. 378.

The second front on which conflict occurs is the inner life of the unmarried mother. Very often this conflict is transferred to outward reality, and an attempt is made to resolve it by denouncing the child. The woman denies her inner life and instead is guided by the outside world, hoping thus to achieve the status quo. However, such adjustment is not always permanently successful, and often the principle of reality can be satisfactorily applied, only if the woman has consciously experienced frustration.

Both these aspects must be recognized in searching for an acceptable solution to the problem of unmarried parenthood. The second front refers to the woman's attempt to conform by denouncing her child. The trauma of separation implicit in this is a significant factor. Pregnancy and its fantasies have produced a certain readiness for motherhood in the woman, and the longer her child remains with her, the greater the trauma in separating from it. Even in abortions, the separation from the unborn child represents to the mother, a giving up of part of her own ego. How much more intensely then, does she react to the loss of a child who has actually existed in the outside world. Deutsch(1) warns that if separation is not handled wisely and the mother has not completed her liberation, she will be exposed to conflict, either because of the loss of a child for whom she has love ties, or from guilt reactions related to hateful and aggressive feelings toward the undesired child. Deutsch therefore suggests, that under given circumstances, it may be better for the mother to separate from a known and loved child than from an unknown and hated "something" that only subsequent to separation assumes concrete form in her imagination.

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(1)Ibid. p. 382.

As mentioned at the beginning of this chapter, Western culture has to date been unable to offer a satisfactory solution for the problem of unmarried parenthood. Dr. Norman Reider[1] in discussing various aspects of the unmarried father, states that it has been more adequately met in Sweden, where the most uniform laws on family rights exist. There, the chief concern is the father's legal position toward the child, and because the legislation is uniform and fair, little difficulty is encountered in establishing paternity. Furthermore, the public attitude toward common-law relationships is more tolerant and non punitive than on the North American continent. Dr. Reider points out that in Sweden, any child born of such a union is under the protection and care of a legally appointed guardian, whose duty it is to assist the mother with advice and information, and to secure maintenance for the child from the father. Dr. Reider suggests that in the United States, the problem might be lessened by the provision of uniform state laws, having as their goal that of adequately providing for the child. ".....uniform legislation abolishing the status of illegitimacy will go far to help establish a tradition for humane and mature attitudes toward the problem. Intelligent, non-repressive legislation in time assists emotionally the maturation of a people and helps in the formulation of a mature tradition."[2]

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[1] Norman Reider, "The Unmarried Father", American Journal of Orthopsychiatry, Vol. XVIII (April, 1948) pp. 230-237.

[2] Ibid. p. 236.

CHAPTER III

PERSONAL AND SOCIAL CHARACTERISTICS OF THE SAMPLE GROUP

This chapter will deal with material usually found on the face sheets of records. While having little meaning in itself, when considered in relation to other factors in the total situations of the 22 members of the sample group, it assumes considerable significance. This significance will be brought out in succeeding chapters.

Although the material available was incomplete in several areas, the writer has used it insofar as was possible to depict the personal and social characteristics of the group studied.

As mentioned previously,(1) criteria for selection were that the women must be unmarried at the time of confinement, and also that they must have been referred for psychiatric services during the period 1948 - 1950 inclusive. In the cases of those individuals receiving psychiatric treatment at either the Allen Memorial Institute of Psychiatry or the Royal Victoria Hospital Psychiatric Clinic, a further stipulation was that they must be sufficiently well known to the social service department to enable the writer to report on the case work services given.

The material will be analyzed from the point of view of sources of referral; age at time of referral; birth place and ethnic origin; race; religion; education; intellectual capacity; employment; and health.

Sources of referral when studied, revealed that eleven mothers or one-half the sample group were referred by the Children's Aid Society. Three mothers were referred by the Catholic Welfare Bureau; one by the

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(1) Supra. p.

Family Welfare Association; two by the Psychiatrist attached to the Women's Pavilion, Royal Victoria Hospital; two by the Maternity Clinic, Royal Victoria Hospital; two by Medical Services, Royal Victoria Hospital; and one by a physician in private practice.

The ages of the members of the group at the time of referral to clinic or hospital, ranged from 15 to 33 years (inclusive). Table I indicates their classification according to age groups in terms of a five year interval. Sixteen, or slightly less than three-quarters of the group selected for study, were 24 years or younger. Of the remaining six who were over 24 years of age at the time of referral, four were over 30 years.

TABLE I

Age at Time of Referral of 22 Unmarried Mothers
To Psychiatric Clinics and Hospitals in Montreal, 1948-1950(1)

Age Group	Number of Mothers
Total	22
15 - 19	8
20 - 24	8
25 - 29	2
30 - 34	4

It is interesting to compare these findings with those of a similar study made by Hutchinson in 1948 at the Central Clinic, Cincinnati General Hospital. She points out that the age range of her sample group

(1)Since the sample group is the same in later tables the above place and date items will not be repeated.

was between 18 and 41 years, with 19 or almost three-quarters of the group of 25 unmarried mothers, 23 years or younger.(1)

Nineteen of the unmarried mothers in the present study were of the white race, two were negro, and one was the child of a white father and a negro mother.

The majority were born in Canada, 17 claiming either Quebec, Ontario or Nova Scotia as their birth places. Two were European born, one having come to Canada from Estonia in 1948, and the other from Latvia, approximately three years prior to referral. Information as to birth place was not available in three cases.

Analysis of ethnic origins revealed that eight members of the sample group were of British background. Two were of European origin and one was French Canadian. In seven instances where the place of birth of the unmarried mothers in the study was Canada, little was known regarding ethnic origin, except in one case where both parents had been born in Canada, and in another; where the mother was negro, the father white, and the maternal grandparents born in Barbados. The mother and father of another member of the group were born in Canada and the United States respectively, with nothing further indicated as to ethnic backgrounds. Three records included no data with respect to either birth place or ethnic origin.

In regard to religious affiliation, 16 were Protestant, five were Roman Catholics, and one case had not reported this information.

In analyzing the scholastic achievements of the 22 unmarried mothers in the sample group, the writer found that in many instances the

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(1)Betty Hutchinson, "Unmarried Mothers as Patients in a Psychiatric Clinic", Unpublished Master's thesis, Smith College School of Social Work, 1948.

records did not designate the actual grades completed by the mothers at the time of leaving school. However, for the purposes of this thesis, it has been assumed that they completed the grades at which they were reported to have discontinued their academic educations.

TABLE II

Grades Completed By 22 Unmarried Mothers

Grades Completed	Number of Mothers
Total	22
1 - 3	1
4 - 6	6
7 - 9	4
10 - 12	7
No data	4

Table II classifies school achievement according to groups having a class interval of three grades. The table indicates that approximately one-third of the sample group failed to complete elementary school. On the other hand, approximately one-third reached senior high school grades.

Of the four cases on which there were no data, one was estimated by the psychiatrist to be of average intelligence. Another had attended special class, attaining grade five at approximately 11 or 12 years of age.

Three of the unmarried mothers reported additional training in specialized fields. One had undertaken a year's training as an attendant in a mental hospital, another had studied crafts and home decoration for approximately 18 months in Europe, and the third, following completion of grade six at 16 years in Europe had trained as a dairy bacteriologist.

According to the record she had acquired her training while helping her sister in the latter's work of testing milk.

The ages at which education was discontinued and the grades achieved show considerable scatter as indicated in Table III. For example of the five members of the group who left school at age 16, one was in an elementary grade, two were in junior high school and one was in senior high school. The grade completed by the fifth member of this group was not known.

The table reveals that one member of the group had only completed grade three at 13 years, another grade four at 14 years and another grade five at 15 years, which would appear to indicate rather marked retardation in scholastic achievement. As can be noted there are other instances in which the academic achievement is somewhat higher but slightly less than average, and still others in which it is average or better. Only one member of the group was reported as having attended special class, discontinuing in grade five, at approximately 11 or 12 years of age.

TABLE III

Grade Completed by 22 Unmarried Mothers
Classified by Age

Age in Years	Total	Grade Completed										
		III	IV	V	VI	VII	VIII	IX	X	XI	XII	No Data
Total	22	1	1	3	3	3	0	1	2	2	2	4
13	2	1		1								
14	4		1		1	2						
15	2			1	1							
16	5				1	1		1	1			1
17	2									1	1	
18	0											
No Data	7			1					1	1	1	3

The findings with respect to scholastic achievement correspond rather closely with the results of psychometric examinations administered to ten members of the sample group. In eight cases the measuring instrument was the Wechsler-Bellevue Adult-Adolescent Scale, and in the two remaining cases the types of tests employed were not indicated.

Results of psychometric examinations given in ten cases revealed that three members of the group had average or better than average intelligence; one was classified as dull normal; another as somewhat retarded; four as having borderline intelligence; and one as borderline mental defective. In the latter instance the unmarried mother had been tested on two separate occasions prior to referral for psychiatric services.

Of the three mothers classified as having average intelligence, one had been rated an I.Q. of 112 before referral. Another had suffered from a language barrier, but on completion of performance items alone on the Wechsler-Bellevue scale, was judged to have normal intelligence. In the third case, the classification was low average, with an I.Q. of 90.

There were also three instances in which it was felt that the individuals did not perform to maximum capacity in the test situation. Although the psychometric findings for one unmarried mother indicated dull normal intelligence, her examiner found that in other tests she showed considerably more capacity. It was thought that emotional disturbances and cultural differences were probably responsible for the discrepancy between test results. Similarly, in another case in which the unmarried mother tested within the borderline range of general intelligence, the examiner felt that her score had been affected by her resistence to the test, and that her intelligence was probably average. In the third case, the unmarried mother, although testing within the borderline group, was considered

by the examiner to have slightly higher native endowment.

Of the 12 remaining cases, 5 contained psychiatric estimates of intelligence only, made following referral to clinic or hospital. Four were assessed as having average intelligence and one as having somewhat less than average capacity.

No data as to intelligence were available in the other seven cases, except that one had been offered an appointment for formal testing but had failed to keep it.

In summary then, of the 22 cases in the sample group, three were found by psychometric testing to be of average or better than average intelligence; four others were estimated to be within that range; two others although classified as dull normal, had not performed to their maximum capacities and were probably of average intelligence; one individual was estimated to have slightly less than average intelligence; three others were dull normal; one was somewhat retarded, and one was classified as a borderline mental defective. No data were available in seven cases.

Hutchinson's[1] study in 1948 revealed that almost 80 per cent of her sample group were of average or better than average intelligence with corresponding I.Q.'s of 90 or higher. In the present study psychological evaluations were available for less than one-half the group, which the writer feels, represents too small a fraction of the total group, to estimate adequately, the proportion having average intelligence. However, from the data presented it might be assumed that this figure would be considerably smaller than that determined by Hutchinson. Taking into consideration the three who were found to have normal intelligence, the four who were estimated

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[1]Unpublished Master's Thesis (1948), Hutchinson, op. cit.

as belonging in that classification, and the two who despite test results were felt by their examiners to have average potentialities, this group of nine out of a total of 15 persons on whom such information was available represents only three-fifths. It does not necessarily follow that the seven additional cases would reveal similar findings, nor that so small a sample is representative of unmarried mothers per. se.

The employment records of the sample group appeared to reveal considerable mobility. Data indicated that the majority had remained in one position for a relatively short period of time. Three of the work histories seemed comparatively stable. One mother had worked regularly as a mental attendant, another had worked as a domestic for the same employer for approximately five years, and the third had first kept house for her grandmother, and then during the two years prior to referral had worked in a shoe factory at a routine job of cleaning shoes.

Seven of the unmarried mothers reported having followed only one type of employment; four had followed two types; five had followed three types; and two had followed four different types of employment.

Further analysis of job content indicated that nine of the 22 members of the sample group had had experience in domestic service; nine in industry; seven in selling; four in restaurant service as waitresses; two in clerical work; two in laundries; and one in each of the following kinds of employment: milk bacteriologist, baby nurse, parcel wrapper, tailoring, and attendant for mentally ill patients.

Of the group reporting experience in domestic service, one, a displaced person, had taken this employment in accordance with the requirements of her contract under Immigration Law. She was untrained for the work, extremely dissatisfied with it, and planned to return to her specialty of

crafts and home decoration after fulfilling the terms of her contract. While working as a domestic she changed jobs frequently after she committed small thefts from her employers.

Included in Industry were three unmarried mothers employed in war industries, six in factories, one in a laboratory, and one in a routine capacity in a chemical plant.

Four of the unmarried mothers have not been classified as to employment. Of these, one had never worked; another had remained at home taking occasional part time work as a baby sitter; one had worked since 14 years of age, but the type of employment was not specified in the record; and one had been occupied at various unskilled types of labor in addition to approximately one year as a sales clerk.

In considering the health situations of the sample group, information in varying degrees was available for 18 of the 22 unmarried mothers in the study.

The material has been analyzed according to the following headings:

(a) Health at the time of Referral to clinic or hospital.

(b) Illnesses and disabilities during childhood and adolescence.

(c) Illnesses and disabilities during adulthood, prior to referral to clinic or hospital.

Ailments existing at the time of referral, and noted to be of long duration, were not repeated in the other two categories.

For the purposes of this thesis, the writer assumed that unless otherwise indicated, the individuals were in satisfactory physical health when referred for psychiatric services. With this criterion in mind, it was found that 16 members of the sample group of 22 unmarried mothers were apparently in good health at the time of referral. Four of them were

specifically reported to be healthy, and in the 12 other cases, no negative physical findings were noted.

Of the six unmarried mothers suffering from some degree of disability or illness, one had tuberculosis, another was ill with rheumatic-endocarditis with metral stenosis; one had markedly defective vision, and another had recently undergone an operation for post partum bleeding. In the other two cases, the symptoms would appear to have a particularly strong emotional component. One of them complained of occasional dizzy spells, and the other of episodes of falling without loss of consciousness, which attacks, she claimed, originated in childhood. In addition she suffered from nausea and vomiting. She tended to relate an aggravation in her symptoms to a traffic accident experienced some two years previously. However, X-Rays revealed negative findings.

Analysis of the health situations during childhood and adolescence, revealed that apart from children's diseases such as measles, whooping cough, mumps, etc., there were no other indications of serious illnesses or handicaps for 15 of the 22 unmarried mothers in the study. This figure included five cases in which no data regarding health were available.

Of the seven unmarried mothers experiencing periods of poor health during childhood or adolescence, one had been ill with rheumatic fever for several years during pre-adolescence and required hospitalization. She also reported "nervous breakdowns" at 15, 17, and 19 years, but the examining psychiatrist diagnosed them as choreiform movements which were part of the general rheumatic picture.

Another unmarried mother reported a "nervous breakdown" at 17 years, and another had been mildly ill with poliomyelitis at the same age. One member of the group had suffered from a cardiac ailment at ten years,

in addition to chorea between the ages of eight and twelve. The only disabling condition noted in another unmarried mother had been an appendectomy at 11 years of age. Apart from that her health had been excellent. There was one instance of an abortion having been performed at 15 years on the insistence of the mother of the patient in question. The following year she received medical attention for headaches, and at 19 was under treatment for syphilis.

From the above data, it would appear that of the eight instances in which physical ailments were definitely reported, the symptoms in four cases were closely related to insecurity and tension. "Nervous breakdowns", chorea, abortions, and syphilis, all have strong psychological factors, which in the writer's opinion, are frequently associated closely with emotional insecurity and varying degrees of instability.

This emphasis on the emotional factors of the physical conditions of the 22 members of the sample group is also revealed in illnesses or disabilities reported during adulthood. One-half of the unmarried mothers in the study indicated no previous disabling conditions in this period. Of the remaining 11, the symptoms in five instances were present at the time of referral to hospital or clinic, but gave evidence of long duration. Of the six others, two reported "nervous breakdowns", one having experienced a previous episode during adolescence, and the other having had four "breakdowns" during the three years previously. In the first instance the unmarried mother also suffered from thrombophlebitis at 34 years, for which the veins were ligated. She complained of heart pains which were diagnosed as probably having no organic cause, but resulting from tension.

In one instance although the unmarried mother had complained of poor health prior to referral to psychiatric clinic, the examining physician

considered her to be fit and able to work. This woman later attempted to induce an abortion. Another member of the sample group had between the ages of 21 and 23, induced two or three abortions.

One unmarried mother, whose physical examination on admission to hospital was essentially negative complained of neuritis and soreness in her body since the birth of her child, as well as swelling in the extremities.

The sixth member of this group reported pneumonia during adulthood, and diarrhoea occurring intermittently over a period of years. She had also attempted an abortion for a suspected but apparently non-existent pregnancy.

In summarizing the health situations as indicated by the data available, the majority of the sample group would appear to have been in fairly good health at the time of referral to psychiatric clinic or hospital. Of the disabilities and illnesses reported, a considerable number, in the writer's opinion, revealed strong psychogenic factors.

From the material presented in this chapter it can be ascertained that slightly less than three-fourths of the 22 unmarried mothers in the study were 24 years or younger at the time of referral to psychiatric clinic. They were predominantly of Canadian birth, of the white race and apparently of British origin. Educational achievement ranged from completion of grade three to completion of high school, with one-third of the mothers attaining elementary school standing, and another third finishing grades in senior high school. Three individuals reported additional training in specialized fields.

For the 15 members on whom some estimate of intellectual capacity was recorded, the intelligence range was from borderline mental defective to slightly better than average, with one intelligence quotient of 112. Taking everything into consideration, only three-fifths of this group could

be considered to have average or better than average intelligence.

Frequent changes in employment were indicated by a large number of the unmarried mothers, with the type of employment being primarily in the field of unskilled labor.

As previously mentioned the health of the members of the sample group at the time of referral appeared to be predominantly good, with the majority of disabling conditions reported, revealing strong emotional characteristics.

CHAPTER IV

ANALYSIS OF PSYCHIATRIC MATERIAL

This chapter will be devoted to further analysis of the sample group with respect to:

A. Reasons for Referral to Psychiatric Clinic or Hospital as stated by the Referring Agencies.

B. Psychiatric Diagnoses following referral to Psychiatric Clinic or Hospital.

C. Time of Referral to Psychiatric Clinic or Hospital in Relation to Confinement.

D. Cases in which Psychiatric Diagnosis indicated Pregnancy as a Precipitating Factor in the Referral for Psychiatric Help.

E. Cases in which Psychiatric Diagnosis indicated conflictual feelings over the babies as precipitating factors in the Referral for Psychiatric Help.

A. Reasons For Referral to Psychiatric Clinic or Hospital as stated by Referring Agencies

For the purpose of clarity, the reasons for referral as stated by the referring agencies have been listed under three sub-headings:

(1) Conflict over plans for the baby.

(2) Suspected Mental Retardation.

(3) Suspected Emotional Disturbance.

(1) Conflict over Plans for the Baby

In six of the 22 cases in the sample group, the primary reasons for referring the unmarried mother to p sychiatric clinic or hospital was

indicated to be the conflict which she experienced over making a decision for her baby's permanent care. One of the mothers was undecided and had difficulty in discussing her feelings about her child; two patients wished to keep their babies but had difficulty in making satisfactory arrangements to do so. One of these latter two mothers Miss L.,[3] was unable to admit her child's existence to family or friends. Another member of the group Miss A.,[1] had relinquished her baby for adoption at the insistence of her mother, but later, due to criticism from friends and other relatives had requested that it be returned to her. One patient had kept her child, but the referring agency suspected some rejection in her attitude, and one Miss I.,[2] had had difficulty in planning for each of her three children. She would originally request adoption placement, but would later express ambivalence and would block on any discussion of her feelings about relinquishment.

It is the writer's opinion that at least one-half of the six unmarried mothers mentioned above had experienced considerable frustration and insecurity in their interpersonal relationships within their immediate environments. It would appear then, that the conflicts experienced by this particular group in relation to plans for their babies were essentially expressions of their own basic needs and insecurity. The writer believes that her thinking will be confirmed in succeeding chapters in which interpersonal relationships are discussed.

At the same time, however, it should be recognized that these six unmarried mothers comprised less than one-third of the sample group of 22. While some degree of ambivalence toward their babies was apparent in the

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[1] Appendix, p. 123

[2] Appendix, p. 135-136

[3] Appendix, p. 140

majority of the unmarried mothers in the study, it is assumed that in the above six instances only, was there sufficient evidence to indicate a serious problem in this area.

(2) Suspected Mental Retardation

Again only a small proportion of the referrals were within this category. There did not seem to be any question in the minds of the referring workers of low intelligence for more than three-quarters of the sample group. In the five cases referred essentially on this basis, to psychiatric clinic, the referring agencies appeared to have evidence supporting their opinions of mental retardation. It is assumed that psychiatric evaluations were requested primarily for the purpose of determining the individuals' capacities to assume responsibility for their children, keeping in mind the agencies' obligations to the children as well as to the unmarried mothers.

Of the five cases in which some degree of mental retardation was suspected, it was felt in one instance the case of Miss G.(1) that the patient had experienced maternal rejection because of her intellectual limitations. In another case the unmarried mother, Miss K.(2) was referred at the time of her second illegitimate pregnancy, for evaluation and recommendations as to possible sterilization. The third patient, Miss F.(3) was described as being unable to plan for herself or her children, markedly dependent on others and slow to understand. In a previous examination a doctor had found her to be either very dull and stupid, or uncooperative. Referral to the Mental Hygiene Institute had been recommended.

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(1) Appendix, p. 131-132

(2) Appendix, p. 139

(3) Appendix, p. 130

In the two remaining cases the referring agencies feared repetition of pregnancy. At the age of 22 years, one unmarried mother, Miss C.,[1] had already given birth to her third illegitimate child. The other, Miss H.,[2] a girl not yet 15 at the time of referral, had been sexually promiscuous since she was 13 years of age, and she had no qualms about her behavior.

As in the preceding group, the writer feels that from the evidence contained in the recorded material, the majority of the women in question suffered from varying degrees of emotional deprivation, which would appear to be the basic factor in their subsequent behavior.

(3) Suspected Emotional Disturbance

Eleven unmarried mothers, comprising one-half of the sample group were referred for p sychiatric services because emotional instability was suspected. One member of this group, Miss E.,[3] was a displaced person who was described by the social worker as emotionally disturbed. She had repeatedly stolen from various employers and was described as having a difficult character. She felt that nobody understood her. Another member of the group, Miss N.[4] was referred for help in working through her feelings towards her family, especially her father with whom she had been sexually intimate. She also required help in her feelings for her baby and for the putative father. Similarly, Miss P.,[5] the illegitimate daughter of a negro mother and a white father was referred for help in her

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[1] Appendix, p. 125-126

[2] Appendix, p. 133-134

[3] Appendix, p. 128-129

[4] Appendix, p. 143-144

[5] Appendix, p. 145-146

adjustment to society and to the putative father, as well as in making plans for her child.

In another instance the unmarried mother, was considered by relatives to be mentally ill at the time she was referred to the Mental Hygiene Institute.

Treatment at the Allen Memorial Institute of Psychiatry was requested for Miss S.[1]. She was said to have been emotionally unstable most of her life, but her symptoms had apparently become more acute following the birth of her child. One patient reported four "nervous breakdowns" during the three preceding years. At the time of referral for psychiatric help when she was five months pregnant, she was described as depressed and upset. The presenting symptoms in the case of another were tension, excitability, various somatic complaints, and episodes of falling without loss of consciousness. She was also concerned over the care of her seven year old boy, whose custody she had retained.

In four instances the possibility of suicide was a determinant in the referral for psychiatric help. Two of the women, Miss U.[2] and Miss W.[3] had already attempted it, immediately prior to referral. In the case of Miss U. it was associated with the knowledge that she was pregnant. The attempt made by Miss W. to end her life was related to a quarrel with her boyfriend, who subsequently became the putative father of her baby. Following confinement she was, at a later date, re-admitted to psychiatric hospital for the purpose of providing stabilization and support, during a

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(1) Appendix, p. 149-150

(2) Appendix, p. 152

(3) Appendix, p. 155-156

period when her private psychiatrist was leaving Montreal. She had previously received prolonged and intensive psychotherapy from him.

One unmarried mother was referred for treatment at the psychiatric hospital following examination by a consulting psychiatrist who felt that her symptoms were sufficiently deep-seated to warrant it. Her symptoms included depression and attempted suicide.

The remaining patient, Miss R.,[1] was regarded as potentially suicidal by a psychiatrist who examined her after a violent episode following child birth. She was accordingly admitted to the Allen Memorial Institute for treatment.

In summarizing the three foregoing sections, it would seem, that in the majority of cases the factor of emotional insecurity was present in varying degrees. Taking into consideration the additional information contained in the records with respect to relationships in the backgrounds of these women, it would seem, moreover, that this insecurity had its origin in the childhood and early life experiences of the individuals, and therefore preceded their pregnancies.

Although the emphases at the time of referral were on various aspects of the unmarried mothers' total situations, the writer believes that in most instances the presenting symptoms were expressions of their unmet need for security.

B. Psychiatric Diagnoses

Sixteen of the 22 cases in the sample group have been classified according to specific diagnoses of the disturbances experienced. In the remaining six cases, the diagnoses were stated in somewhat more general terms, and will be dealt with individually.

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(1) Appendix, p. 147-148

Of the 16 unmarried mothers who were classified in the first group, six patients were diagnosed as insecure as a result of emotional deprivation; four were suffering from anxiety neuroses usually with hysteria; one was diagnosed as a character neurosis; one as a reactive depression; one as a schizoid personality with hysterical features; one Miss R.[1] as a behavior problem in an adolescent girl, the precipitating factor in her need for treatment being the loss of her child. In this particular case the psychiatrist felt that her basic personality might be hysterical. One unmarried mother was diagnosed as mentally defective, and in the remaining case the diagnosis was uncertain, either psychopath or neurotic.

In considering those individuals diagnosed as insecure due to emotional deprivation, the writer for the purposes of this study has included persons suffering from feelings of rejection, feelings of inadequacy, strain in the home environment, and inability to establish a feeling of belonging.

In two cases, those of Miss G.[2] and Miss H.[3] the psychiatrist suggested that because of the attitudes of these unmarried mothers, there was a possibility of their becoming involved in further illegitimate pregnancies. In both instances the p rediction proved to be correct.

Of the four individuals for whom the diagnosis was anxiety neurosis two were suffering from anxiety hysteria. One of them, Miss V.[4] also revealed phobic manifestations. The p sychiatrist, in his diagnosis commented on her unstable background. The second woman, Miss W.[5] was

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[1] Appendix, p. 147-148

[2] Appendix, p. 131-132

[3] Appendix, p. 133-134

[4] Appendix, p. 153-154

[5] Appendix, p. 155-156

diagnosed as basically immature. An earlier diagnosis had mentioned her schizoid personality, and the possible presence of early schizophrenia. Her hostility towards her family, her feelings of inadequacy, and her lack of intelligence were felt to be contributing factors in her problem.

Miss T.[1] was diagnosed as suffering from anxiety neurosis with hysterical features, and Miss U.[2] as an anxiety state and reactive depression in a basically insecure individual.

Here, as in the foregoing group, the evidence points towards unsatisfactory relationships within the immediate environment.

In the case of one patient who was diagnosed as character neurosis, the psychiatrist felt that the prognosis was poor and that she would continue to present a problem to the community by her behavior. Again the background history revealed a marked lack of satisfying relationships.

Of the six cases not included in the above classification, one patient was diagnosed as basically fairly stable. However, the psychiatrist felt that she was very upset and undecided about plans for her child, but that given sufficient time she should make a satisfactory adjustment.

In two instances the unmarried mothers were said to show no evidence of abnormal anti-social attitudes, nor of undue depression or elation. One of them was somewhat retarded intellectually, but according to the psychiatrist, not mentally deficient. He felt that the possibility of further pregnancies could be avoided through supervision and guidance from the referring agency, as well as from an opportunity to obtain social satisfaction and acceptance.

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[1] Appendix, p. 151

[2] Appendix, p. 152

Another member of the group, Miss M.[1] appeared mildly disturbed, but on the whole did not manifest any signs of a pathological depression. The psychiatrist felt that she had always been socially well-adjusted, and that she revealed no evidence of abnormal or anti-social tendencies.

In the record of one patient, psychiatric diagnosis was not stated, other than to indicate that she was intelligent.

The sixth member of this group, Miss E.[2], a displaced person was considered to be of better than average intelligence, capable of judging whether a situation was right or wrong, and aware at all times of what she was doing. Her behavior was regarded as an expression of resentment against the employment situation which she was temporarily forced to accept.

Analysis of the psychiatric diagnoses has revealed that slightly less than two-thirds of the 22 unmarried mothers in the sample group were considered to be suffering from varying degrees of emotional instability and disturbance. In most instances, specific reference was made by the psychiatrist to the emotionally impoverished backgrounds of these women as contributing to their presenting symptoms.

In the six remaining cases the diagnoses did not appear to indicate undue disturbance, although in one instance the possibility of further pregnancies was not overlooked.

In eight cases, or slightly more than one-third of the sample group, the opinions of the referring agencies seemed to concur with the psychiatric diagnoses as to the nature of the disturbances. In eight others, although the emphases at the time of referral were on slightly different aspects than those contained in the psychiatric diagnoses, the history material presented

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[1] Appendix, p. 141-142

[2] Appendix, p. 128-129

by the referring sources indicated recognition of the individuals' basic insecurity. Of the remaining six cases in which the diagnoses did not appear to indicate undue disturbance on the part of the women concerned, only one had been referred primarily because of suspected emotional instability. In the remaining five, the emphases were on either conflict over plans for their babies or suspected mental retardation. However, in the writer's opinion, the histories submitted at the time of referral would appear to indicate doubt in the minds of the referring workers as to the stability of the patients' backgrounds.

C. Time of Referral To Psychiatric Clinics or Hospital in Relation To Confinement

Fifteen of the 22 members of the sample group were referred for psychiatric services following their first confinements. Of these, two were pregnant at the time of referral.

The remaining seven cases of the total group of 22 women included two who were referred following the birth of a second child, two following the birth of a third child, and two while pregnant prior to their first confinements.

The remaining member of the group had been referred on two separate occasions, the first prior to becoming pregnant, and the second, subsequent to the birth of her child. At the time of the study, there had been no subsequent confinements in her case.

From the above analysis it can be ascertained that the majority of the sample group of 22 unmarried mothers were referred for psychiatric help following the birth of their children.

It would therefore appear, that in certain instances, although emotional insecurity was already present, the experience of pregnancy and

the ambivalence felt toward plans for their babies, aggravated the disturbance to the point where psychiatric help was necessary. The writer feels that the significance of the time of referral will be indicated in the last two sections of this chapter.

D. Cases in Which Psychiatric Diagnosis Indicated Pregnancy as a Precipitating Factor in the Referral for Psychiatric Help

Further study of the analyses according to diagnostic impressions indicates that in four members of the sample group, the experience of pregnancy had been a precipitating factor in the individual's referral for psychiatric services. In one additional case, although the precipitating factor was primarily the loss of her child (through adoption) it was noted that her pregnancy had apparently been a severe emotional burden.

One unmarried mother, Miss S.[1] had always been emotionally unstable, but her symptoms appeared to become more acute following the birth of her illegitimate child. Another, Miss U.,[2] refused to accept the fact of her pregnancy, and hoped that somehow she would not have a child.

Miss T.[3] was considered to be disturbed primarily because she was illegitimately pregnant, and in the case of Miss X.,[4] there were feelings of ambivalence with respect to her second pregnancy. She reported it to be her main worry and revealed a destructive attitude toward herself and her condition. She frequently spoke of suicide or abortion.

In these four instances, history material and psychiatric diagnoses

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(1) Appendix, p. 149-150

(2) Appendix, p. 152

(3) Appendix, p. 151

(4) Appendix, p. 157-158

seemed to reveal unstable backgrounds, particularly in interpersonal relationships.

E. Cases in Which Psychiatric Diagnoses Indicated Conflictual Feelings over the Babies as Precipitating Factors in the Referral for Psychiatric Help

There were five cases in which conflict over plans for their children appeared to be a precipitating factor in the women's need for psychiatric services.

One unmarried mother, Miss B.,[1] was felt by the psychiatrist to be very disturbed about plans for the future of her child. However, he considered her to be basically fairly stable, and felt that given time, she would make a satisfactory adjustment.

In the case of Miss R.,[2] the p recipitating factor was diagnosed to be the relinquishment of her child for adoption. Miss V.[3] was referred because in addition to other problems she was concerned over the care of her child, whose custody she had retained. The psychiatrist reported that she was obviously suffering from considerable guilt, anxiety and emotional insecurity, and required psychiatric help both for herself and for her child.

Of the two remaining cases in this group, one woman, Miss J.[4] was diagnosed as suffering from a reactive depression. She had p reviously found it necessary to place one of her two children for adoption, and was under pressure from the putative father and force of circumstances to

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[1] Appendix, p. 124

[2] Appendix, p. 147-148

[3] Appendix, p. 153-154

[4] Appendix, p. 137-138

relinquish the other. The writer feels that it can be assumed that this situation was at least responsible in part for her disturbance. The psychiatrist noted that she had started a new intimate relationship, just about the time that her first child was placed in a new, permanent, adoption home.

In the other case, that of Miss L.,[1] nothing was said about her emotional state in the diagnosis. However, the fact that she was unable to mention her child's existence to friends or members of her family but despite this was determined to keep it, would appear to indicate that her feelings about the baby constituted a factor in her need for help.

In summarizing the above chapter it is noted that 16 of the 22 members of the sample group, appeared to be emotionally unstable prior to pregnancy. In four cases, the experience of pregnancy had been a precipitating factor in the referral for psychiatric help, and in five other cases, a precipitating factor had been conflict over plans for their babies.

The writer would therefore assume that in the majority of cases, the experience of pregnancy and the feelings of conflict with respect to permanent disposition of the child, were primarily expressions of a deep emotional instability having its origin in the early lives of the individuals. It would appear that the women in question required psychiatric services long before the time of actual referral. In some instances the unmarried mothers had apparently been able to function without help to a limited degree prior to becoming pregnant. However, the additional burdens imposed on them by this experience, and the responsibility for planning for their children, precipitated a need for help.

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[1] Appendix, p. 140

CHAPTER V

FACTORS IN THE ATTITUDE OF THE UNMARRIED MOTHER TOWARD HER SITUATION

Much of the current literature on illegitimate pregnancy, stresses the psychological aspects of the problem. According to Frances Scherz, most unmarried pregnancy has a neurotic base. "It is frequently a symptom of unresolved love-hate parental relationships originating in childhood."(1)

That this theory would appear to be true of the sample group used in the present thesis has been indicated in the preceding chapter. Analyses of psychiatric diagnoses revealed that 16 of the 22 unmarried mothers being studied were considered to be emotionally disturbed, in most instances as a result of early life experiences.

It is the writer's opinion that further evidence of insecurity may be found in the attitudes which the patients adopted toward their pregnancies and their illegitimate children; and also in the ways in which they attempted to cope with these problems. She believes furthermore, that the unmarried mothers' attitudes towards permanent plans for the care of their babies were dependent in part, on the contact which they had had with their children.

This chapter will therefore deal with the following aspects:

A. The attitude of the unmarried mother toward her pregnancy.

B. Her attitude toward her baby and her plans for it at the time of referral to psychiatric clinic or hospital.

C. Her contact with her child prior to referral to psychiatric clinic or hospital.

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(1)Frances Schuz, "Taking Sides in the Unmarried Mother's Conflict", Journal of Social Case Work, February 1947, pp. 57-61

A. The Attitude of The Unmarried Mother Toward her Pregnancy

Analyses of the records from this point of view indicated that 16 members of the sample group of 22 women revealed some degree of emotional disturbance, expressed primarily by guilt, depression, resentment or fear. In some cases one or more of these attitudes were apparent.

Four of the records contained no information on this aspect, other than in an instance to classify the unmarried mother in question as mentally defective. Two other patients were reported to have no awareness of the social stigma which society attaches to pregnancy in unmarried women.

Some significant details follow about the 16 unmarried mothers who appeared to be emotionally upset.

According to the recorded data, in five instances the predominant feeling associated with the pregnancy appeared to be one of guilt. It was expressed in various ways such as withdrawal from social contacts accompanied by feelings of unworthiness; concern that other people were aware of the patient's unmarried motherhood; and worry over the effects of her behavior on other members of her family.

The case of Miss V.,[1] illustrates a situation in which guilt feelings persisted over a long period of time.

> Miss V. was an unmarried mother who had kept her child. She was reported to be upset by her pregnancy, which she attributed to the fact that she had been intoxicated when conception occurred, and therefore, not responsible for her behavior. When referred to psychiatric clinic seven years later, she was described by the psychiatrist as suffering from feelings of guilt and anxiety, because of her situation. She felt that other people were aware that she was an unmarried mother and that her own mother and sister discussed her status freely with other persons. She had, some years prior to referral, moved away from her home city because she felt she was the object of gossip. She was ashamed to be known as the mother

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[1] Appendix, p. 153-154

> of her little boy, and wondered whether she should encourage him to call her by her Christian name rather than refer to her as his mother.

In four other cases resentment appeared to be the predominant feeling expressed by the unmarried mother. In most instances it was directed primarily against the parents, although in the case of one member of this group, the resentment and hostility had originally been expressed for the putative father. The unmarried mother first planned to take court action against him, but later modified her attitude considerably.

The case of Miss A.[1] is an example of the feelings of hostility and resentment entertained by one member of the sample group for her mother.

> Miss A. was referred to the Mental Hygiene Institute, following a request from her that her baby whom she had relinquished for adoption be returned to her. In her interview with the psychiatrist, she placed the responsibility for her behavior on the poor example which her mother had presented in the home. She complained bitterly about the latter's activities with other men during her father's absence from home, as well as about her neglect of her family and household duties, claiming that she went out during the evenings and passed her days in bed. The psychiatrist considered Miss A. to be insecure as a result of emotional deprivation.

Only one unmarried mother revealed fear as the predominant feeling in her attitude. The fear was associated with her mother of whom she had always been afraid.

> Miss G.[2] had lived with an aunt of whom she was very fond during her pregnancy. She planned to return to the home of her mother and step-father in the United States following confinement but expressed fear of doing so because of her mother's possible attitude towards her illegitimate pregnancy. According to the psychiatrist there was intense antagonism between Miss G. and her mother. On the other hand she had been markedly attached to her father who had died when she was 14 years of age.

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(1) Appendix, p. 123

(2) Appendix, p. 131-132

> The psychiatrist predicted the possibility of future pregnancies because of this patient's unmet needs, and later events bore out his prediction.

Three of the unmarried mothers were described by the psychiatrist as suffering from feelings of depression related to their pregnancies. In one instance, that of Miss X.[1], the depression was so marked that the individual was considered to be potentially suicidal, immediately prior to the birth of the first of her two children. During her second pregnancy she displayed a destructive attitude both to herself and her expected child, and spoke frequently of both suicide and abortion.

In three other members of the sample group, more than one feeling was apparent in the attitude of the unmarried mother. In two cases there was guilt associated with fear, and in the third case the fear was associated with depression. The latter attitude is illustrated by the case of Miss U.[2]

> Miss U. was admitted to psychiatric hospital following a suicide attempt. She was considered by the psychiatrist to be markedly upset over her situation. She begged that her mother not be informed of her condition, stating that she would tell her herself. On learning that it had been necessary to contact her mother, she became markedly upset, weeping constantly. She tended to deny the fact of her pregnancy, continually expressing the hope that a child would not be born. In the opinion of her attending psychiatrist the reality of her pregnancy was a precipitating factor in Miss U.'s disturbance.

Of the two unmarried mothers considered to be primarily indifferent to their situations, one, Miss E.,[3] a displaced person, claimed to have planned pregnancy in order to have intimate ties in this country. The

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[1] Appendix, p. 157-158

[2] Appendix, p. 152

[3] Appendix, p. 128-129

other, Miss C.,[1] was the mother of three illegitimate children. At the time of referral to p sychiatric clinic she impressed the social worker as having no feeling whatever about repeating her pregnancies. Eventually, however, she was ashamed of her need to return to the agency for help. Following the birth of her third child, she requested sterilization, and the psychiatrist felt that she wanted this operation so that she could continue her sexual activities without worry as to the consequences.

From the above analysis it would appear that in the majority of the cases, the woman's attitude toward her pregnancy, expressed her own need for security. In most instances the psychiatrist indicated conflict existing over a long period of time.

B. Attitude Toward the Baby and Plans For Its Care at the Time of Referral

Further evidence of insecurity in several members of the sample group, appeared to be manifest in their attitudes toward their babies, and in the decisions made with respect to their care. The writer feels that a close relationship exists between these two latter aspects and has therefore dealt with them together under the following headings:

1. Those cases in which adoption was the decision.
2. Those cases in which the decision was to keep the child.
3. Those cases in which the unmarried mother continued to be undecided.
4. Those cases in which information about plans was not recorded.

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[1] Appendix, p. 125-126

1. Those Cases in which adoption was the decision

Nine members of the sample group, had, at the time of referral to psychiatric clinic or hospital indicated their intentions of placing their babies for adoption. Varying degrees of ambivalence appeared to be felt by the majority of the patients. However, one, Miss T.,(1) seemed to be primarily disinterested in her baby following its birth, although prior to confinement she had expressed a desire to see it while in hospital. This did not occur as Miss T. claimed to feel too ill to see the baby.

According to the psychiatric report, she felt that pregnancy had taken everything away from her. She revealed little concern when, at the time of discharge from maternity hospital, her baby was placed directly in a foster home away from her.

In contrast to this attitude is that of Miss R.,(2) which is characteristic of two members of this group. Feelings of marked ambivalence and disturbance with respect to the decision to relinquish their children for adoption seemed predominant.

> Miss R. had been admitted to psychiatric hospital after a violent episode following child birth. She had previously, under pressure from her mother and employer, agreed to adoption as the most satisfactory plan for her child. However when the time arrived to sign consent forms she seemed reluctant to do so. Further exploration by both the psychiatrist and the social worker revealed that she was torn between her desire to keep her child, and her desire to conform to the wishes of her mother, to whom she appeared greatly attached. Apparently some of her conflict had been expressed during her disturbed period previously. The hospital psychiatrist strongly recommended that any plan for permanent adoption of this patient's child be postponed until she had had an opportunity to resolve her ambivalence through psychotherapy.

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(1) Appendix, p. 151

(2) Appendix, p. 147-148

Between these two extremes in attitude were varying degrees of ambivalence. Some of the patients were upset at the prospect of relinquishing their babies, but at the same time seemed unwilling to consider any alternative plan which would enable them to retain custody. In such instances the psychiatrist felt that the predominant feeling was toward continuing with adoption plans.

One member of the sample group, Miss A.,[1] had prior to referral to psychiatric clinic, arranged that her baby be placed for adoption, apparently at the insistence of her mother. However, she soon requested that it be returned to her, because she had become the object of criticism from other relatives who regarded her behavior unnatural in giving up her child.

Again the psychiatrist's opinion was that her actual wish was to place her baby for adoption.

Included in the group requesting adoption were two unmarried mothers who had had more than one pregnancy. In one case, the first child had been adopted, and the mother was requesting a similar plan for her expected baby. In the second case, the unmarried mother, Miss C.,[2] was 22 years of age, and had had three children. She had kept her first child to whom she was closely attached. Following the birth of her second baby she was able to discuss plans realistically, and did not appear disturbed at relinquishment. In the case of the third child, she requested adoption without hesitation, although the feeling of the referring worker had been that she seemed fond of her baby.

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[1] Appendix, p. 123

[2] Appendix, p. 125-126

Comparison with the psychiatric diagnoses revealed that in all but one case those unmarried mothers requesting adoption placement had been described as emotionally unstable, usually as a result of deprived backgrounds. In the remaining case, the woman in question was diagnosed as essentially mentally deficient.

It might be assumed therefore that in the majority of cases, although attached to their babies, the unmarried mothers in this particular group were not, themselves, sufficiently secure to assume the additional responsibility entailed in their care. However, the reality factors of individual economic circumstances and the attitude of society toward unmarried motherhood cannot be overlooked. In many instances these would contribute to the insecurity already present.

2. Those cases in which the decision was to keep the baby

Seven other members of the sample group had decided at the time of referral to psychiatric clinic or hospital to retain custody of their babies. In the majority of cases the children were in foster homes which were under supervision of an agency. In two instances however, where the children were older, the unmarried mothers had kept them either in the homes of relatives or friends, or in privately arranged foster home placements.

In several cases in which the babies were young, the unmarried mothers seemed vague as to long term plans for them other than to continue with foster home care. One mother indicated her intention of making a private arrangement with the foster mother for permanent placement for her child. In other instances there were vague plans for marriage at some future time, not necessarily with the putative father. From the data available, it would therefore appear, that of this particular group of

unmarried mothers who had decided to retain custody of their babies, only a small proportion had, at the time of referral for psychiatric services, formulated definite plans toward this end.

Indicative of the vagueness noted in the attitudes of many of the mothers, is the case of Miss F.,[1] the negro mother of two illegitimate children.

> At the time of her referral to Mental Hygiene Institute, the elder of her two children was in a foster home, and she was requesting similar placement for her second baby, on a temporary basis. She expressed fear of the putative father, a middle-aged negro with whom she planned to terminate her relationship. She hoped that she might eventually marry and assume responsibility for her children.

As will be revealed in a later chapter dealing with follow-up information on the 22 members of the sample group, Miss F.'s interest in her two children gradually lessened. She subsequently became involved in a third pregnancy, this time with a different man as putative father. According to her record at the referring agency, she had no plan in view for assuming responsibility for any of her children.

An example of an unmarried mother who had definite intentions of providing a home for her baby is that of Miss P.[2] Although; at the time of referral the child was temporarily placed in a foster home, both parents visited regularly, and were planning to marry as soon as possible. However there were mixed racial origins involved, in addition to the fact that the unmarried parents were both minors, and were planning to marry in the face of parental opposition. Later information revealed that the putative father was unsure of his feelings for the unmarried mother, and their relationship was finally terminated.

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[1] Appendix, p. 130

[2] Appendix, p. 145-146

In only one case, had the unmarried mother kept her child in the home of her parents, evidently at the latters' suggestion.

Of the two unmarried mothers who had retained custody of their children over a period of years, one was described as a good mother who accepted her child and assumed full responsibility for her care. Whatever ambivalence had been present originally in her feelings for her child, was felt by the psychiatrist to have been resolved to her satisfaction at the time of her referral to clinic.

In the other case, that of Miss V.,[1] greater ambivalence appeared to be present. During her child's early years placement had been arranged intermittently with the mother and in various foster homes. About a year prior to referral she found it necessary to take him into her own home.

While strongly attached to him, at the same time she saw him as an obstacle in her plan to marry. Her background revealed evidence of much instability in relationships, including desertion at an early age by her father, expressed feelings of rejection from her mother, and marked hostility toward an older sister. It would appear to bear out the theory that apparently never having received sufficient love and acceptance herself, she was unable to meet adequately her child's needs in this area.

In considering this section it is the writer's opinion that in many instances in which the children were young, and had been placed almost immediately after birth in foster homes, the unmarried mothers' decisions to retain custody had not included recognition of the responsibilities it entailed. Only one member of the group had been able to offer her child a comparatively permanent home with her parents, and even in that situation there was evidence of unstable relationships. In the two other cases in

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[1] Appendix, p. 153-154

which the unmarried mothers had kept their babies, frequent changes in placement occurred over the years. In both patients, feelings of ambivalence appeared to be present at some time as to the wisdom of their decisions. Neither had been able to offer their children normal homes. It would seem therefore, in arranging for the unmarried mother to keep her child, society has an obligation in helping her to achieve greater security and permanence for it.

3. Those cases in which the unmarried mother continued to be undecided

Six members of the sample group were still undecided as to plans for their babies at the time of referral to psychiatric clinic or hospital. They revealed close attachment to their children, in some cases so marked that they were unable to discuss the matter of adoption placement. One woman had originally intended to relinquish her baby, but found following its birth that her attachment to the child was so great, she was unable to reach a permanent decision.

Miss I.[1] illustrates the ambivalence which characterized the attitudes of many of the unmarried mothers in varying degrees, with respect to planning for their babies. Miss I.'s basic indecision persisted throughout three illegitimate pregnancies.

> At the time of referral to the Mental Hygiene Institute, Miss I. was 33 years of age and had given birth to three Illegitimate children, all by different fathers. In the first two instances the men had deserted following knowledge of her pregnancy.
>
> History material revealed an unhappy childhood with a father whom she described as cold and brutal, but a mother who was sweet and kind. Miss I. had left home at 17 years to escape her father's harsh treatment.
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> Following the birth of her first child, a boy, she was referred to the placement agency, with a previously arranged

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[1] Appendix, p. 135-136

> plan for adoption. Her ambivalence was said to be apparent from the beginning. She visited her baby regularly in the foster home, was responsible and affectionate in her manner, and insisted on ministering to many of his needs herself. She was unable to discuss adoption plans and to face the necessity of arriving at a decision within the required time. Finally she signed adoption consents, but was reported to be still suffering from marked feelings of ambivalence. She later revealed that she had walked the floor at nights after relinquishing her baby. About a month later this woman became pregnant for the second time. On this occasion she was encouraged to keep her child, a little girl. However, during this and her subsequent pregnancy, the agency reported the same pattern of planned adoption followed by expressed ambivalence and inability to make decisions within the required time limits.
>
> At the time of referral to psychiatric clinic, her first child had been placed for adoption, her second child who had remained with her, was temporarily placed, and her third child, a boy, was also temporarily placed, pending her decision with respect to placement plans.
>
> On the basis of background material and psychiatric investigation, the psychiatrist related her difficulties to early life experiences. He described her as a woman who needed a child as a love object, something which she could possess as her own. Entirely focused on her own great need, she was unable to consider those of her children, or to give adequately of herself to them. Male children were particularly important to her, but at the same time the child's sex created conflicts which prevented her from relating to him in a satisfactory manner. Although the psychiatrist felt that relinquishment of her third child would be as difficult as that of her first, he considered that she was incapable of caring for more than one child, and should be guided toward adoption. Her guilt could be eased by the placement agency's assumption of major responsibility for the plan.

One of the unmarried mothers included in this section, Miss U.[1] had not yet given birth to her child. She had been so extremely disturbed over the realization of her pregnancy that she had attempted suicide, following which she was admitted to the Allen Memorial Institute of Psychiatry for treatment. In her interviews with the psychiatrist, she refused to face the reality of her situation and hoped that her child would

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[1] Appendix, p. 152

not be born. She was unable therefore to discuss any plans for her own and her baby's future.

Again in the majority of cases in this section, the predominant feeling appeared to be a desire to keep their children. All but two of the patients had been diagnosed as emotionally unstable as a result of unsatisfying relationships, primarily with parents and putative father.

C. The Unmarried Mother's Contact with her Child Prior to Referral to Psychiatric Clinic or Hospital

As previously mentioned, the writer feels that the contact the unmarried mother has with her child is a factor in her decision as to future plans. It is the purpose of this section to explore this theory in relation to the sample group of 22 unmarried mothers.

Analysis revealed that in 12 cases, the babies had been placed in foster homes, either directly from the maternity hospital, or within a period of three months following birth. In three other cases the babies had been discharged to the care of the mothers; in one instance the child had not been born at the time of referral for psychiatric help; and in the six remaining cases a second or a third child of the unmarried mother was involved. This latter group will be discussed separately.

In considering the 12 cases in which the babies were transferred to foster homes at an early age, it was learned that seven of the unmarried mothers visited regularly. In the remaining five instances the records indicated no contact with the baby. Reasons for this included the mother's admission to psychiatric hospital for treatment; her departure from the city; the child's placement in a permanent adoption home; or as in one case apparent disinterest on the part of the unmarried mother.

Three of the patients who visited regularly expressed definite intentions of keeping their babies, although in two cases, the plan prior to confinement had been adoption placement. The other four women appeared to express ambivalence about deciding with respect to their babies' permanent care.

Of the three cases in which the children were discharged directly from hospital to the care of their mothers, one unmarried mother had kept her baby with her in the home of her parents, evidently at their request. In the other two instances the children had experienced frequent moves, having been placed part of the time in various foster homes, and at other times with maternal relatives. In one instance, it would appear that the lack of a permanent home had contributed to the child's feeling of insecurity.

> Miss V.,(1) following the birth of her little boy had cared for him in the home of her mother in another city until he was nine months old, when he was removed to a foster home. At the age of three he was returned to his maternal grandmother. By this time Miss V. had left and come to Montreal. When the child was five, his grandmother no longer wished to keep him because of her failing health, and Miss V. was forced to take him with her to Montreal, and to assume full responsibility for his care.

The insecurity felt by this little boy, appears to have been reflected in the fact that he was subsequently referred to the Mental Hygiene Institute because of behavior difficulties in school.

In the second case, although the child similarly experienced various changes in placement, the unmarried mother, through her constant visiting and assumption of responsibility, presented at least one continuing person who added to the child's feeling of security. It would therefore appear to the writer, that in arranging for the unmarried mother to keep her child, very careful evaluation should be made of her ability to meet its needs and

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(1)Appendix, p. 153-154

to provide a relatively normal home environment.

Of the six cases in which plans for a second or third child were involved, two women were the mothers of three illegitimate children at the time of referral for psychiatric services. The remaining four had each had two children.

In the first two cases the women had retained custody of one child, relinquishing the others for adoption. In the case of Miss C.,(1) little feeling was expressed over this plan, but Miss I.,(2) on the other hand, experienced much ambivalence and disturbance over the need to surrender two of her children for adoption. In both instances the social histories revealed considerable instability in the backgrounds of the women.

In three of the four remaining cases the unmarried mothers had relinquished the elder child for adoption placement. In one instance, that of Miss J.,(3) this had not been accomplished until the child was four years old, the mother in the meantime having tried various unsuccessful plans for keeping her little girl. The fourth patient had retained custody of her elder child, and at the time of referral to psychiatric clinic, had arranged temporary foster home placement. She was requesting a similar plan for her second child.

One member of this group was planning to place her second child for adoption, one, Miss J.,(4) was undecided and apparently markedly disturbed over her situation. According to psychiatric diagnosis, she was suffering

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(1)Appendix, p. 125-126

(2)Appendix, p. 135-136

(3)Appendix, p. 137-138

(4)Appendix, p. 137-138

from a reactive depression.

The fourth woman had agreed to temporary foster home placement for her second baby, but within a few months was requesting that it be returned to her.

In summarizing this chapter, it is the writer's opinion that analysis of the attitudes of the unmarried mothers toward their pregnancies, has, in the majority of cases, reflected the insecurity noted in the psychiatric diagnosis. More than three-quarters of the women in the sample group of 22 unmarried mothers revealed some degree of disturbance over their illegitimate pregnancies. Of the two who appeared indifferent to their situations, the psychiatrist noted in one case, an underlying disturbance related either to a neurosis or a psychopathic personality.

Plans for their babies, seemed in most instances to indicate further evidence of insecurity. Many of the women, although attached to their babies, and apparently desiring to keep them, were unable to offer constructive plans to achieve this end, other than by an indefinite period of foster home care.

In other instances in which placement for adoption had been the decision, it would appear that the unmarried mothers, although feeling affection for their children, were too insecure themselves to assume the additional responsibility of caring for their babies, and adequately meeting their needs.

Varying degrees of ambivalence toward their children and their plans for them were revealed by the majority of the members of the sample group. In a small proportion of the cases this ambivalence was so marked that the unmarried mothers had been unable to arrive at a decision at the time of their referral for psychiatric services. In such cases, as well

as those in which the decision to relinquish their babies had been reached accompanied by strong feelings of ambivalence, the writer would refer to the significance which Deutsch[1] attaches to the trauma of separation experienced so frequently in the situation of the unmarried mother and her child. Deutsch stresses the need for wise and careful handling to enable the mother to complete her liberation with as little conflict as possible. In the above instances it might be assumed that this conflict had not been resolved, and that the unmarried mothers required further help in this area. Follow-up studies revealed that in some cases this had been given, either through psychotherapy or social case work services. In other cases, however, in which psychiatric diagnoses pointed to severe emotional disturbances on the part of the unmarried mothers, it is the writer's opinion that more intensive use than had been made, of existing psychiatric services appeared to be indicated to enable the mothers to separate from their children.

The writer feels moreover that the degree of their contact with their babies following confinement, was a factor in the unwed mothers' plans as to disposition. Some felt definitely after seeing their babies that they would retain custody; others with case work help were able to relinquish them for adoption placement. The latter cases would seem to support the suggestion of Deutsch[2] that in certain circumstances it is preferable for the mother to separate from a known and loved child than from an unknown and hated "something" which only assumes concrete form in her imagination, after separation has taken place.

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[1] Supra. - pp. 23 - 24.

[2] Supra. - p. 24.

CHAPTER VI

SOCIAL AND PSYCHOLOGICAL FACTORS IN THE FAMILY BACKGROUND OF THE UNMARRIED MOTHER

The family relation as a significant factor in the unmarried mother's situation is generally recognized by modern authorities in this field. Analyses of data in foregoing chapters of this thesis have revealed that for the majority of the 22 unmarried mothers in the sample group, psychiatric diagnosis indicated emotional instability originating primarily in disturbed relationships during early childhood. Chapter VI will therefore be concerned with a further study of the sample group in terms of the social and psychological factors in the individual backgrounds of the 22 patients. Analysis will centre on the following aspects:

A. The marital relationships between the parents of the unmarried mother.

B. The ordinal position of the unmarried mother within her family group.

C. Interpersonal relationships of the unmarried mother:
   (1) With the mother.
   (2) With the father.
   (3) With siblings.
   (4) With the putative father.
   (5) Sex education and previous sex experiences of the unmarried mother.

D. The cultural milieu as evidenced by family mores in regard to extra-marital sex relationships.

A. The Marital Relationships Between the Parents of the Unmarried Mother

Available data indicated that at the time of referral of the unmarried mothers for psychiatric services, the parents of ten of the patients were living together; the parents of seven were living apart; and in five cases one or both of the parents had died.

Further study revealed that in those cases where the mother and father were living together, four records contained evidence pointing toward marital disharmony in varying degrees; one suggested a satisfactory marital relationship; and five contained no direct information as to the nature of the parents' relationships with one another.

In two of this latter group of five cases in which limited material was available, the writer feels justified in assuming that the parental relationships were not entirely compatible. In one case the father had been out of the home for a prolonged period of time, first because of military service, and later as a result of a lung condition requiring a long period of hospitalization. During his absence the mother was reported by her daughter to have associated with other men, and to have engaged in sexual misconduct with at least one of them. In the second case the father was a stern, independent man, who did not encourage a close relationship with his children. The mother was described as entirely submissive to him, and unable to cross him in any way.

In the case in which the marital relationship was considered to be satisfactory, the unmarried mother described her family as a closely tied unit, in which each member was eager to help the others. The writer assumed from this description that the relationship existing between the parents was good.

With respect to the four cases in which there appeared to be incompatibility between the parents of the unmarried mothers, the records described one or both partners in such terms as cruel, cold, quarrelsome, emotionally unstable, or neglectful of family responsibilities. In most instances the relationship seemed to be characterized by an inability to recognize and meet one anothers needs.

> The case of Miss S.[1] revealed a particularly strained relationship between the parents. The attitude of the mother toward the father was cold and lacking in understanding. Sexual intimacy had not occurred during the last seven years. The mother placed the responsibility for this lack on the father. She complained that he had formerly drunk to excess and had neglected his duties toward his family. On the other hand, the father condemned the mother for having destroyed their marriage. He referred to her poor background, her educational and cultural lacks, her tendency to nag, and her unwillingness to permit him any responsibility within the family. The mother had considered separation, but feared her inability to support herself.

It is the writer's opinion that evidence of the emotional insecurity which this situation produced, could be found in the fact that of a family of 12 children, five had received psychiatric treatment, and one other was asthmatic and easily upset.

The case of Miss N.[2] presented an equally disturbing background.

> As early as the year of Miss N.'s birth her mother had sought help from the Society for the Protection of Women and Children. She charged the father with non-support, indecent behavior, and inhuman conduct, and described him as brutal and bad tempered. She claimed that he had threatened to harm her physically. When Miss N. was 14 years of age, her mother had her father arrested on a charge of having seduced her (Miss N.) and also of having forced her and her brother, one year her senior, to have sexual relations under his supervision. The father was subsequently treated at the Allen Memorial Institute of Psychiatry, where the unsatisfactory relationship with his wife was regarded as a precipitating factor in his abnormal behavior.

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[1] Appendix, p. 149-150

[2] Appendix, p. 143-144

In one of the seven cases in which the parents were living apart, separation occurred when the unmarried mother was two years of age, and in four other instances when she was four, six, seven, and 13 years, respectively. One of the patients who had herself been illegitimate, had never known her father, and in the seventh case the patient's age at the time when her parents separated was not known.

Further analysis of the seven cases in which the parents were living apart, revealed that desertion by the father had been the cause of separation in six cases, and by the mother, in one. Of those situations in which the father had deserted, there had been subsequent remarriage on the part of the mother in two instances. In one of the latter two cases, the unmarried mother referred to her step-father's attempts to approach her sexually, on occasions when her mother was absent from the home. In the second case, that of Miss E.,(1) a displaced person from Estonia, the step-father had been killed by the Russians when the unmarried mother was 11 years of age, following which she was raised by her mother.

An example of discord in the marital relationship of the parents, which led to separation, is the case of Miss X.(2)

> Her father had deserted her mother when Miss X. was seven years of age. Disagreements had occurred over her mother's association with other men, following her husband's refusal to go out with her and leave their two children alone. Finally the father had left the home at which time Miss X. was placed with her grandmother. She was subsequently taken by her father to a western province where she remained until she was 15 years of age, at that time returning to the home of her mother in Montreal. Her mother was reported to be promiscuous, and to have little interest in Miss X.

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(1) Appendix, p. 128-129

(2) Appendix, p. 157-158

As previously mentioned, one of the unmarried mothers, Miss P.,[1] was herself illegitimate. She had been the eldest of four children born out of wedlock to a white father and a negro mother. Following her birth her father was sentenced to a period in prison because of his offense against her mother who was then a minor. Although the parents later had three other children, the records indicated that at no time had they maintained a home together.

In the one instance of desertion by the mother, this had been preceded by 18 years of unhappy marriage, in which the father's conduct toward the mother had become increasingly abusive. Following separation, the children had remained with the father, although at the time of her referral for psychiatric services, the unmarried mother, Miss H.,[2] had expressed frank dislike for him.

Further study of those cases in which the unmarried mothers had experienced the loss of one or both parents through death, revealed that in three of the five cases within this group, both parents were dead at the time of the referral of the unmarried mother to psychiatric clinic or hospital. In the two remaining cases the father was dead.

Direct evidence pointing toward a satisfactory marital relationship between the parents was found in only one of the five cases. In this instance, although the parents had died approximately three years prior to the unmarried mother's referral to the Mental Hygiene Institute, and about three months apart, the records indicated that their marriage had been happy. Similarly in another case, the records contained evidence of past

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[1] Appendix, p. 145-146

[2] Appendix, p. 133-134

disturbance in the relationship between the parents of the patient. The father was dead at the time of the unmarried mother's referral for psychiatric services, having been killed accidentally when the patient was 14 years of age. Prior to that time, however, he and the mother had not been entirely happy in their relationship, and at one point had considered divorce as a solution for their difficulties.

In the three remaining cases in this group there was little information with respect to the marital relationships existing between the parents. In one instance the mother of the patient being studied, had died when the latter was 13 years of age; some 18 years prior to her referral for psychiatric services. The father, always in delicate health, had died from tuberculosis when the unmarried mother was 27 years old. He was said to have indulged in alcohol following her mother's death, but not to excess. From the information available, it is the writer's opinion that the relationship between them was reasonably compatible.

In another instance in which both parents were dead, the records indicated that the unmarried mother had been the illegitimate child of her mother and the latter's second husband.

In the remaining case, that of Miss C.,(1) the unmarried mother would appear to have received a minimum of parental acceptance. Her mother had married three times, and Miss C. was a child of the second union. Following her father's death when she was three years old, she had been placed with a middle aged relative, where she remained until she was around 15 years of age. In the meantime her mother had remarried. Reports of the third marriage indicated considerable instability and discord. At one

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(1) Appendix, p.125-126

point in the record, both partners were described as irresponsible and mentally retarded. The step-father tended to criticize the mother's inability to manage the home adequately, and the writer feels that Miss C.'s mother had few assets to contribute toward the success of a marriage.

In summary, then, it would seem that in the majority of the cases in the sample group, the relationships existing between the parents of the unmarried mothers, offered little in the way of stability and emotional security for their children. Analysis revealed direct evidence pointing to satisfactory marital adjustment on the part of the parents in only two of the 22 cases; whereas on the other hand, there was some evidence of incompatibility in 12 of the cases in the sample group. In two other instances the positive qualities of this relationship appeared questionable. Of the six remaining cases, in which no data regarding this particular aspect were available, the mother in one, seemed to have entered into an unstable relationship, at least in her third marriage. In another, in which the unmarried mother was believed to have been the illegitimate child of her mother and the latter's second husband, the family background was described as poor by a referring doctor.

From the above, it may be assumed, that in approximately two-thirds of the 22 cases used for this study, the unmarried mothers, during childhood and adolescence, had been denied the security usually provided by a home environment in which both parents are present, and moreover, where the quality of the marital relationship existing between them is predominantly positive.

B. Ordinal Position of the Unmarried Mother Within her Family Group

From Table IV it can be ascertained that the number of children in the family groups of which the unmarried mothers were members, ranged from

one to twelve. Only living children were included due to the fact that the records contained limited information with respect to deceased siblings. Statistics were available for only 18 of the 22 cases.

TABLE IV

Ordinal Position of Unmarried Mother
Within the Family Constellation

Number of Children in the Family	Total	Ordinal Position of the Unmarried Mother			
		Eldest	Middle[a]	Youngest	No Data
Total	22	6	8	4	4
One	1	1			
Two	4	3		1	
Three	1		1		
Four	3	1	1	1	
Five	2	1	1		
Six	3		2	1	
Seven	1		1		
Eight	1		1		
Nine	1			1	
Ten					
Eleven					
Twelve	1		1		
No Data					4

[a] For the purposes of this table, middle position, means any position within the family group other than eldest or youngest child.

In six instances the unmarried mother was the eldest child in the family, in eight she was one of the middle children, and in four cases she was the youngest child. In a single instance, she was an only child. Fourteen of the 18 patients were from families of six children or less. The highest incidence of illegitimate pregnancy in the sample group, appeared to be in those cases in which the unmarried mother was one of the middle children in the family. Hutchinson[1] in a similar study undertaken

[1] Betty Hutchinson, "Unmarried Mothers as Patients in a Psychiatric Clinic". Unpublished Master's Thesis, Smith College School of Social Work, 1948.

in 1948, found a predominance of eldest children and only children in her sample group. She noted further, that in general, as the size of the family increased, there was a corresponding decrease or plateau in the number of unmarried mothers, which, she pointed out, might indicate that size of family is a contributing factor in illegitimate pregnancy.

C. Interpersonal Relationships of the Unmarried Mother

For the purpose of clarity in this study, the relationships existing between the unmarried mothers and their parents, and between them and the putative fathers have been classified according to whether they appeared to be positive, negative, or indifferent, from the information in the records.

Positive relationships have been taken to include those in which there were feelings of love, acceptance, and understanding, yet at the same time recognition of the need for limits.

Negative relationships have been taken as those characterized by feelings of rejection, discrimination, hostility, criticism, and lack of love.

Indifferent relationships are those in which there is little warmth or interest, and no particular feeling, either positive or negative. In some cases the relationships have been difficult to classify, and have been discussed on an individual basis.

Also included under the broader heading of relationships, is one pertaining to previous sex experiences on the part of the unmarried mothers being studied in this thesis. It is the writer's opinion that such experiences are further evidence of the individual's unmet emotional needs.

(1) With Mother

Six members of the sample group indicated that the relationships with their mothers had been positive, nine had experienced negative ones; in four instances the relationships were not known, and in three, they were dealt with individually, because of difficulty in classifying them.

Of the six cases in which the maternal relationship appeared to be predominantly positive, the mothers were described by their daughters in such terms as sweet, kind, affectionate, tolerant, generous and forgiving. Only one individual was reluctant to discuss in detail the interpersonal relationships which she had experienced within her family, other than to state that she had been happy at home, and the family, a closely united group. The writer has assumed from this that she considered both maternal and paternal relationships to be positive.

In one instance although the unmarried mother felt that her relationship with her mother was good, and in fact that, she, herself, had been the latter's favorite child, she revealed during psychiatric interviews that she had always experienced difficulty in securing acceptance and affection from her family, and had felt inferior to her siblings. She had met this competition by becoming a "mother's girl".

An example of a relationship with the mother, which was classified as positive is found in the case of Miss B.(1)

> Miss B.'s mother had been dead for three years at the time of her daughter's referral for psychiatric services. Although apparently kind and affectionate, she had been somewhat more severe in her attitude than the father, but at the same time had denied herself in order to provide the patient, who was an only child, with small material luxuries. The family relationships prior to the deaths of both parents were said to be good.

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(1) Appendix, p. 124

Only two of the six records indicated the attitudes of the mothers toward their daughter's situations. In one of these the mother had expressed disappointment over the patient's first pregnancy, and the latter had therefore failed to tell her of two subsequent ones. In the second case the mother of the patient was kind and sympathetic, requesting only that the incident be kept secret, and that the baby be placed for adoption.

Two members of this group of six unmarried mothers displayed marked attachment for their mothers, (in one instance the psychiatrist having commented on the patient's dependency on her mother); three spoke of them with affection; and as previously indicated only one was reluctant to discuss her feelings for her parents.

In the nine cases in which the maternal relationships appeared to be predominantly negative, feelings of being unloved, criticized, misunderstood, discriminated against, and restricted were expressed by the unmarried mothers. In one instance the mother was diagnosed by the psychiatrist as a domineering, overly protective individual, who burdened her daughter with excessive love and demands for affection. As a result the latter's attitude was one of dependence together with hostility.

The attitudes of the other eight members of this group toward their mothers ranged from affection to overt hostility. One unmarried mother expressed love for her mother, one expressed fear; another revealed ambivalent feelings; one was contemptuous; three were hostile; and one felt deprived, claiming that never during her life had she experienced real love.

Only three of the records for this group contained information as to the backgrounds of the mothers. In each instance there was evidence of emotional deprivation with resultant insecurity. Two of the women, had themselves lost their mothers at an early age, one through death and the

other through desertion, and had then been placed with relatives, in both instances considerably older than the parents had been and from whom they gained little affection or acceptance. In the third case, the mother, a negress, had during her childhood felt neglected and inadequate, and had been exposed to severe criticism and suspicion from her father. This woman had always felt herself to be the victim of discrimination because of her race.

While it does not necessarily follow that these backgrounds are representative of the majority of the mothers whose relationships with their daughters were essentially negative, at the same time, it can be assumed that at least in the three cases mentioned above, the mothers themselves having received little affection or understanding from one or both parents, were unable to satisfy the emotional demands of their children.

The case of Miss P.[1] illustrates not only the existence of a markedly negative relationship between an unmarried mother and her mother, but also the emotionally deprived background of the latter.

> Miss P. was the eldest of four illegitimate children, born of a negro mother and a white father. Following her birth her father had been sentenced to one year in jail because of his misconduct with her mother, who was then only 15 years of age. Although there were subsequently three other children born of this union, the records indicate that at no time did the parents maintain a home together. The history of Miss P.'s mother revealed evidence of an unhappy childhood, with a stern, repressing father, who, although deeply attached to his family, regarded such normal activities as singing and dancing, as almost sinful. He entertained grave fears about her morals, and was constantly on the alert to safeguard her from temptation. Her mother was fond of her children and apparently happy with them, but at the same time was frequently irritable and fault-finding. She had great respect for her husband's opinion.

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[1] Appendix, p.145-146

Both parents set great store on education, and the failure of Miss P.'s mother to meet their demands resulted in severe punishment for her because of poor school reports. They compared her unfavorably with her younger and more clever siblings, and apparently failed to recognize her limited capabilities. Psychometric tests administered when she was 13 years of age indicated an intelligence quotient of 88.

Her distinct interest in the opposite sex, was a matter of concern to her parents whose attitudes were probably accentuated by the fact that her mother's two daughters by a previous marriage, had both given birth to illegitimate children.

Following Miss P.'s birth her mother and grandparents seemed proud and accepting of her. However, at the time of referral to the Mental Hygiene Institute when she was 18 years of age, and an unmarried mother, it was considered doubtful that she had ever in her life experienced emotional security. Her mother's attitude was one of complete rejection and disinterest concerning Miss P.'s problems. She (the mother) wasdescribed by the psychiatrist as aggressively protective of herself, her own background, and her behavior. As soon as possible she had placed Miss P. in the home of her parents, and where she remained for the greater part of her life until the time of referral to the Institute. Miss P.'s grandfather was not accepting of her, and although critical, he was comparatively passive in his attitude. Her grandmother had tried to compensate for her mother's treatment of her, by providing her with material things, but had apparently failed to meet her need for affection and understanding.

When she was around 16, her mother planned to marry a colored man, but saw in Miss P.'s mixed racial origin a complication. According to Miss P., because of this, her mother, supported by her grandmother, tried to have her placed in an institution until her twenty-first birthday. They accused her of promiscuous tendencies, and, following the birth of her baby, they used her illegitimate pregnancy as further proof of misconduct. Finally, Miss P. approached the Judge of the Juvenile Court for help, and advice, which resulted in her referral for p sychiatric evaluation. Although at the time of contact with the Mental Hygiene Institute, the putative father of her child expressed interest in marrying her, there were objections from the families of both principals on the basis of their youth, as well as racial and religious differences.

Miss P. was described by the referring agency as appearing contemptuous of her mother and fearful of her grandmother. The psychiatrist noted that she had been rejected by close relatives practically all of her life.

Further study of the records for this group of nine cases in which the maternal relationships were predominantly negative, revealed that in only seven instances were there indications of the mothers' attitudes toward their daughters' situations. As previously mentioned one woman "stood by" her daughter during the entire experience, later insisting, however, that the baby be placed for adoption. In another case both parents were eager to have their daughter and her child remain in the parental home, and from the data available, appeared accepting of her situation. Two of the patients were ordered to leave their homes, one five months after the birth of her baby, and the other, on informing her mother of her condition. She was subsequently permitted to return when seven months pregnant on the understanding that she assume responsibility for the housework.

Two of the mothers appeared disinterested in helping their daughters, although one, for her own purposes had tried to arrange placement in a correctional institution. The other, who was described as promiscuous had accepted her daughter into her home following confinement, but revealed little consideration for her when her presence interfered with her own activities. The record contained information that she was encouraging her daughter to become promiscuous.

In the seventh case, the mother was at first upset and regretful, then somewhat hostile, but eventually ready to discuss and participate in plans for her daughter's care.

From the foregoing it can be assumed that in the majority of cases, the maternal attitudes toward their daughter's situations again revealed evidence in varying degrees of the negative feelings implicit in their relationships.

As stated earlier in this chapter there were three situations in which the writer considered it advisable to deal individually with the relationships existing between mother and daughter.

> In the case of Miss H.[1] the mother had deserted her family when Miss H. was three years of age. However, her previous 18 years of marriage had been most unhappy, with her husband becoming increasingly abusive toward her. She had finally left him to seek security with another man. The new relationship had been of comparatively short duration, and at the time of Miss H.'s pregnancy she was working and maintaining herself as a doctor's assistant and housekeeper. She was upset about Miss H.'s situation relating it to a similar experience in her own background. She, herself, had had a deprived environment, with loss of parents through separation when she was a young child, and subsequent placement in a convent where she appeared to find considerable security.
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> When she indicated her intention of entering a religious order, her mother removed her from the convent, and placed her in domestic service, where she was exposed to harsh treatment. When she later became illegitimately pregnant, her mother refused to help her or to provide accommodation for her and her child. The baby, who was delicate, died before she was able to arrange suitably for its care. She subsequently married her husband on the insistence of her mother, after he had untruthfully told the latter that she was again pregnant. Although her husband had given her to understand that his circumstances were comfortable, she discovered on marrying him, that he had been living under the most primitive and impoverished conditions.
>
> At the time of Miss H.'s referral for psychiatric services, her mother was most anxious not to neglect her as she, herself, had been neglected by her own mother.

From the above illustration, it would appear that although seemingly rejecting of her children in deserting them, this mother, nevertheless had certain positive feelings for them. During the psychiatric interview the patient professed fondness for her mother, stating that she would prefer to live with her, but that she (her mother) had no means of caring for her, which would appear to have been true at that time.

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[1] Appendix, p. 133-134

The second case is that of Miss M.[1]

> Miss M.'s mother was described in the records as fond and proud of her children, but unable to demonstrate her affection. Miss M. had found it almost impossible to discuss intimate matters with her mother. The latter was filled with self-pity at the disgrace which the patient's pregnancy had brought upon her, and frequently referred to her inability to understand at all, the reason for such behavior. At the same time she indicated her willingness to have both Miss M. and her baby remain in the home, and to care for the latter during the day time. In the psychiatrist's opinion Miss M. was comparatively well adjusted socially, from which it may be assumed that there were more strengths in her background than were found in the majority of the unmarried mothers in the foregoing group.

In the third case, that of Miss N.[2] the relationship between mother and daughter was not indicated in the record. The mother was upset, however on learning of Miss N.'s pregnancy, and expressed feelings of guilt in relation to it. The history appeared to reveal a basis for emotional insecurity in Miss N. and her siblings.

> The marital relationship between the parents had been unsatisfactory during all of Miss N.'s life. She, herself, had engaged in incestuous behavior both with her father and her brother, and had not confided in her mother regarding her behavior. Neither her father nor her brother was responsible for her pregnancy, but on learning of her situation her mother expressed fear that in view of her past experiences, Miss N. would be placed in a correctional institution. The mother also wondered whether in her own efforts to assure Miss N. of her trust and confidence following her abnormal relationships with her father and brother, she had permitted her too many liberties in terms of hours, activities and companions. She had understood moreover, from the psychiatrist who was treating her husband, that her own frigidity had been a precipitating factor in his behavior towards their daughter.

The writer feels that in the three cases described above, although there were certain negative characteristics exhibited in the relationships existing between mother and daughter, there were also indications in each

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[1] Appendix, p. 141-142

[2] Appendix, p. 143-144

case of positive qualities, which made the relationships seem less rejecting than the majority of others in the foregoing group.

(2) Relationship with Father

Material from the records indicated that in five of the 22 cases in the sample group the relationship between the unmarried mother and her father appeared to be positive; in 11 cases it was essentially negative; and in one case there was evidence of ambivalence. Data were not available in the five remaining cases.

Further consideration of those instances in which the evidence pointed to a positive relationship between the unmarried mother and her father, revealed that in three cases the fathers were described as warm and affectionate in their attitudes toward their daughters. This included two instances in which the fathers were deceased at the time of the referral of the unmarried mothers for psychiatric services, but the data indicated warm relationships previously. In one case the mother of the patient subsequently remarried, but her daughter again appeared to obtain considerable acceptance from the father figure in the person of her stepfather.

Again, as in the case of her relationship with her mother, one member of this group, Miss L.[1] divulged little information about her relationship with her father, except to indicate that all interpersonal relationships in the family were satisfactory. In view of this and the fact that the records contained no evidence to the contrary, either in the social history or the psychiatric diagnosis, the writer assumed that her relationship with her father was positive.

In the fifth instance the unmarried mother indicated that she had experienced an accepting, positive relationship with her father whom she

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[1] Appendix, p. 140

preferred to her mother, despite the fact that he was the stricter parent.

Four of the five unmarried mothers spoke of their fathers in terms of affection, and indicated that their own positive feelings toward them were returned. In the case of Miss L. this was again assumed, for the reasons previously stated.

In this group the attitudes of the fathers themselves with respect to the illegitimate pregnancies of their daughters are not known. Two of the records lacked this information; in two other instances the fathers were dead at the time pregnancy occurred; and in the fifth case the unmarried mother specifically requested that knowledge regarding her situation be kept from her parents.

The case of Miss G.[1] is an example of a strong positive relationship which existed between the unmarried mother and her father.

> Until the age of 14 years, at which time her father was accidentally killed, Miss G. had enjoyed a close relationship with him. He displayed marked favoritism toward her in contrast to her mother whose relationship with Miss G. was poor, and who preferred her younger sister. Miss G. was said to resemble her father, both in appearance and disposition. She was greatly upset on the occasion of his death, and following it, continued to maintain an unsatisfactory relationship with her mother, the predominant attitude on her part, being one of fear. When her mother subsequently remarried, Miss G. appeared to gain some degree of satisfaction from her relationship with her stepfather, whom she described as quiet and kind, and impartial in his treatment both of his step-children and his own two little girls by a previous marriage.

In considering those 11 cases in which the relationship between the unmarried mother and her father appeared to be essentially negative, the writer included one in which the unmarried mother was illegitimate and had never known her father. There were also four instances of

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[1] Appendix, p. 131-132

desertion on the part of the father, which the writer felt was sufficient evidence to include them in this group. Although in one case, the father's desertion was apparently precipitated by his wife's neglect of her home and family, the material in the record indicated that he, too, had failed to provide his daughter with the security of a close, continuing relationship.

In two instances the mothers had remarried following the fathers' desertion of their families. No information was available in one case with respect to the unmarried mother's subsequent relationship with her step-father, but in the other it was said to be poor, the unmarried mother complaining that he was restrictive and abusive in his attitude towards her, and furthermore that he had approached her sexually at times.

In general, the fathers in this group were described in the records as cold, disinterested, fault-finding, restrictive, unappreciative, rejecting or abusive. In some of the relationships the negative aspects were more pronounced than in others. The histories in two instances revealed evidence of alcoholism of long duration on the part of the fathers. One of these men, although formerly abusive toward the unmarried mother, nevertheless exhibited marked concern when the psychiatrist recommended that she be committed to a hospital for the treatment of psychotic patients, and required much assurance that she would receiveadequate care and treatment in such an institution.

Further analysis of this group revealed that the attitudes of the unwed mothers toward their fathers ranged from feelings of affection to feelings of hatred.

One patient expressed mainly affection for her father, yet she appeared somewhat ambivalent in her feelings toward him; another complained

of her inability to form a meaningful relationship with her father; four of the patients expressed dislike in varying degrees; and one described her father as "worse than anybody" claiming that he was alcoholic, abusive, and immodest in his behavior. In the remaining four cases information was not available in the records with respect to this aspect of the unmarried mother's relationships with their fathers. Similarly, the data for the majority of the cases in this group, did not include the attitudes of the fathers toward their daughters' illegitimate pregnancies. An exception was revealed in the case of Miss W.[1] whose father during her childhood and adolescence had apparently failed to meet her needs for love and acceptance, but following the birth of her illegitimate child was prepared to receive both her and her baby in the family home.

The case of Miss M.[2] illustrates a situation in which the paternal relationship, although primarily negative in character, did not, according to psychiatric diagnosis, have a markedly destructive effect on the unmarried mother.

> Mr. M. was described as a proud, independent man who disliked asking for any assistance. Consequently, his family had practically starved on more than one occasion, when finances were particularly inadequate.
>
> He, himself, had been born in the Northern Territories where his father was a whaler. An only child, he was taken to England when he was five years of age, following the death of his mother. He attended school until his sixteenth year and then worked for a time prior to serving in World War I. On coming to Canada as a married man in 1921, he worked for three different firms during the next ten years, and was then unemployed and in receipt of financial assistance until 1937, when he took a position, offering a minimal wage. He later was employed by a railroad company. According to the social service record, his

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[1] Appendix, p. 155-156

[2] Appendix, p. 141-142

> relationships with his children were not close. He worked at nights and was apparently tired during the day time. His manner with his children was constantly severe and fault-finding, and he was reported to have little interest in them. Miss M. stated that she had never been able to talk freely with her father, and had not discussed with him her problems concerning plans for her baby, as she felt that he would not understand.
>
> Psychiatric diagnosis indicated, however, that Miss M. had always been socially well adjusted, and that she did not manifest any serious abnormal or anti-social tendencies.

It would appear that this father, having lost both parents at an early age, had suffered considerable emotional deprivation as a child. In addition, the financial insecurity which he experienced during later years, would appear to have heightened whatever emotional insecurity was present and prevented him from satisfying his children's needs for a warm, accepting relationship.

In contrast to the above, the case of Miss H.[1] seems to reveal evidence of a paternal relationship having a destructive effect on the children.

> Mr. H. was the third of eleven children and his mother's favorite. His mother was described as a mean, vicious, woman. Mr. H. drank heavily, beat his wife, abused his children, and only worked occasionally. He was in receipt of a disability pension granted during World War II as a result of tuberculosis, but at the time of his daughter's referral for psychiatric services, it was indefinite as to whether or not the tuberculosis was active.
>
> Because of incestuous relationships with two of his daughters, Mr. H. had been imprisoned for four years. As a result his children were frequently taunted because their father was a "jail bird".
>
> He and his wife maintained an unhappy marriage for 18 years, during which time his wife gave birth to 14 children, only six of whom survived. Mr. H. became increasingly abusive in his behavior toward her, and beat her at regular intervals, until finally she left him to live with another man.

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[1] Appendix, p. 133-134

> When questioned by the psychiatrist Miss H. stated frankly that she disliked her father, but refused to discuss their relationship further, other than to say that her sisters had left home because he had restricted their activities.

The writer feels that an indication of the insecurity suffered in this home as the result of negative paternal relationships together with the effects of an unhappy marital situation between parents, can be found in the reports on the children. One son was described as very abusive, and had served a term in prison following a charge of theft; two other sons had been married and divorced; the marriage of one daughter was described as somewhat unhappy, both partners tending to drink heavily; and another daughter had formed a relationship with a man who beat her during the alleged courtship.

In the one case not classified, and on which material was available, the relationship existing between the unmarried mother and her father would seem to the writer to be primarily negative in character. However, the unmarried mother expressed certain positive feelings for her father, and in view of this, it was felt advisable to discuss the situation individually.

> Mr. N.(1) had in the past engaged in sexual intimacy with his daughter, because, in the psychiatrist's opinion, of an unsatisfactory marital relationship, and an inability to understand and meet his wife's needs. He had also forced Miss N.'s brother, who was one year her senior, to have intercourse with her. Neither man was the father of her child. On discovering his conduct with their daughter, his wife had had Mr. N. arrested. He was accordingly sentenced to a term in prison from where he was transferred to the Allen Memorial Institute of Psychiatry for observation and treatment.
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> At the time of Miss N.'s referral to the Mental Hygiene Institute, he had been urging her for several months to seek such help. He, himself experienced feelings of guilt over her situation, and believed that by his behavior he had aroused her sexually.

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(1) Appendix, p. 143-144

> Miss N. for her part, had been upset when her father was arrested, but had later felt sorry for him and had wanted to obtain help for him.
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> The examining psychiatrist diagnosed her basic problem as emotional insecurity, derived from years of strain in the atmosphere of the home. However, despite the lacks which the latter presented, particularly in terms of her parents' unhappy marriage, the psychiatrist nevertheless recommended that she remain there, at least for a temporary period.

In view of the psychiatrist's recommendation, and of Miss N.'s attitude toward her father, and his apparent desire to secure help for her, it was felt that the relationship in addition to many negative qualities, also revealed some positive characteristics.

In summarizing the relationships which existed between the members of the sample group and their parents, it would appear that in the majority of cases for which information was available, the unmarried mothers had experienced negative relationships with at least one of their parents.

Analysis revealed that in nine cases or slightly less than one-half of the sample group, there was evidence pointing to a negative relationship between the patient and her mother. This was also true of the paternal relationship in 11 cases or one-half of those contained in the sample group. Positive relationships with the mother were indicated in six instances or approximately one-quarter of those in the sample group, and with the father in five instances.

In only two cases was there evidence of positive relationships with both parents, where as in six cases, the relationships with both mother and father were classified as negative.

It would therefore appear that the majority of the unmarried mothers in the sample group experienced varying degrees of insecurity, derived from unsatisfactory relationships with one or both parents. There was also evidence in a limited number of cases that the parents had themselves experienced emotional deprivations which seemed to prevent them from giving

adequately to their children in terms of emotional security.

(3) Relationship with siblings

Information with respect to relationships existing between the unmarried mothers and their siblings was available in only 11 cases or one-half of the sample group. Of these, the relationships in three instances appeared to be primarily positive; in seven other instances the evidence pointed to negative relationships; and in the remaining case the unmarried mother was an only child.

Further analysis of those cases in which the relationship was predominantly negative revealed that feelings of rivalry and inadequacy toward one or more of their siblings were expressed by the majority of the mothers in this particular group. In one instance the unsatisfactory relationship existed between the unmarried mother and her brother's wife. She had for a time lived in her brother's home, and her sister-in-law was reported to have taken all her earnings, forced her to assume responsibility for the housework, and, then when she was unable to contribute financially, to have ordered her to leave. The referring agency felt that both the patient and her brother were afraid of this woman.

Also included in this group were two cases in which definite information was available concerning the relationship between the unmarried mother and only one of her siblings. In both instances it was reported to be unsatisfactory. In the case of Miss F.,[1] it referred specifically to a sister who was residing in Montreal and who was described as promiscuous and who on her own admission had given birth to one or two illegitimate children. In the second case, that of Miss N.,[2] her older brother with

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[1] Appendix, p. 130

[2] Appendix, p. 143-144

whom she had formerly been sexually intimate expressed disgust on learning of her pregnancy having felt that the "family messes were all over and she had started them up again". Miss N. complained that he regarded her as "trash" and despite their mother's efforts to modify his attitude he continued to be critical and disagreeable with his sister. He, himself, experienced marked feelings of guilt over his former behavior with her, and finally required psychiatric treatment.

In considering the 11 members of the sample group on whom there was limited information concerning their relationships with siblings, it was noted that in six instances the unmarried mothers had been away from their family homes for several years prior to referral for psychiatric services. During this time, contact with their brothers and sisters would appear to have been infrequent with neither the unmarried mother nor her siblings displaying particular interest in each other's welfare. The writer has, therefore, assumed that in such cases the relationships might be classified as indifferent in character.

Of the five remaining cases, all but one of the unmarried mothers had been living with members of their family at the time pregnancy occurred. In the one exception the unmarried mother was living in the home of her employer for whom she had worked in a domestic capacity during the past five years. She visited her parents' home outside the city on week ends from time to time, but nothing is known about her siblings other than that she had two married brothers and a younger sister who had previously been arrested on a charge of vagrancy.

In the case of Miss S.[1] the record indicated that several of her siblings were also emotionally disturbed, five of them having required

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[1] Appendix, p. 149-150

psychiatric treatment. At the time of her discharge to her home, while awaiting commitment to a mental hospital, her mother expressed concern over the possible effect of her presence in the home on her brothers and sisters. In this instance it might be assumed that her relationships with her siblings were primarily negative.

In summary, it would appear that the majority of the unmarried mothers in the sample group were deprived of the satisfactions obtained from warm, sustaining, relationships with their siblings. In only three instances were the relationships classified as positive, whereas in 13 cases, or more than one-half of those contained in the sample group, the evidence pointed to either indifferent or predominantly negative relationships with one or more of their siblings.

(4) Relationship with putative father

A significant aspect of the interpersonal relationships experienced by the unmarried mothers is that concerned with the relationships existing between them and the putative fathers of their children. As in the previous sections, these relationships have been classified according to whether they appeared to be positive, negative, or indifferent. However, the criteria have been somewhat modified to include under those evincing a positive attitude, the putative fathers who assumed some degree of financial responsibility for their babies, when the willingness to do so was supported by additional evidence of positive feeling.

In analyzing these relationships, certain descriptive material was noted with respect to the putative fathers, and has been included in this chapter.

Ages of the putative fathers were available in only 11 records, and included two instances in which the unmarried mothers had had multiple pregnancies by different men. Age range was between 17 years and "middle Age".

Two of the men were reported to be under 20 years of age; five were between 20 and 30 years; and four were between 30 and 40 years. In one instance the man was described as "middle aged", while on the other hand two were assumed to be minors due to the fact that they required parental consent to marry.

Educational achievement for those men on whom this information was available ranged from complete illiteracy with no formal education to one year of University training.

Of the 12 cases in which the unmarried mothers had each given birth to one child at the time of their referrals for psychiatric services and in which the marital status of the putative father was known, it was noted that the men in nine instances had been single when conception occurred. In two instances they had been married, and in one case the marital status of the putative father was doubtful due to conflicting reports which the unmarried mother gave to the referring agency and to the psychiatrist. It would appear however, that he had been married previously.

In five other cases in which the unmarried mothers had had multiple pregnancies, the marital status of the men involved were as follows:

(a) Two were apparently single; one not known.

(b) One single; one not known.

(c) One single; one married.

(d) One single; one married.

(e) No information available on any of the men involved.

In the five remaining cases, the records lacked information with respect to the marital status of the putative fathers.

Analysis of the relationships existing between the unmarried mothers and the fathers of their illegitimate children, revealed that in five of the 22 cases in the sample group they appeared to be positive; in 11, negative;

in one, ambivalent; and in one additional case there was no information. Four cases were not classified and will be dealt with individually.

In turning to the five cases in which the relationships appeared to be essentially positive, it was ascertained that in three instances there were feelings of affection expressed by both principals, and some plans for eventual marriage. In one of these cases, the unmarried mother acknowledged to the psychiatrist that she and the father of her child were continuing to live together, despite the fact that he was already married, and that she hoped to legalize their relationship in the event of his divorcing his wife. In the two other cases, racial and religious differences presented barriers to marriage, with, in one of them, the additional factor that both mother and putative father were legally minors. However, in both the above cases, at the time of the unmarried mother's referrals for psychiatric services, the putative fathers were interested in plans for marriage.

In the two remaining cases in this group, evidence pointing to positive relationships appeared to be indicated in the willingness of the putative fathers to assume certain financial responsibilities in the unmarried mothers' situations, although unwilling to commit themselves to marriage. In one instance contact was maintained with mother and child for several years, despite the fact that the man had in the meantime married and established a home.

Analysis of those cases in which the relationship between the unmarried mothers and the putative fathers appeared to be essentially negative, revealed that in three instances the associations had been casual and of short duration. In one of these cases the unmarried mother had been unable to identify the putative father, due to sexual experiences with two different men. In another case, the psychiatrist felt that the unmarried mother

was attracted to men in whom she, herself, had little interest, and who were likely to lose interest in her as soon as she became pregnant.

In five other cases the negative aspects of the relationships were indicated primarily by refusal on the part of the men in question both to marry the women and to assume any financial responsibility for their situations. In the majority of these cases the putative fathers had either terminated the relationships or were planning to do so at the time of the unmarried mothers' referrals for psychiatric help.

Of the three remaining cases in this group, one unmarried mother expressed fear of the putative father and a desire to terminate their relationship which had continued during two pregnancies. Another mother manifested intense dislike for the putative father, claiming that he had forced intercourse. He for his part agreed to contribute toward confinement costs, but claimed that the unmarried mother had also been intimate with other men, in addition to himself.

In the remaining case in this group, the psychiatrist felt, from the unmarried mother's description, that the putative father was a dependent, neurotic, individual who was morbidly jealous of her and impulsive in his behavior. The relationship between them appeared to be ambivalent, although weighted on the negative side. The unmarried mother expressed affection for the putative father, but was reluctant to marry him, fearing that a permanent relationship would be unsuccessful.

In the one case in which the relationship between the unmarried mother and the putative father appeared to be ambivalent, the former seemed to have positive feelings toward the putative father, although from time to time her attitude was hostile. The man in question seemed to be somewhat immature. He was undecided about marriage, and evinced considerably more interest in training as a professional ball player than in settling down

to family life.

Of the four relationships not classified, three were concerned with unmarried mothers who had had multiple pregnancies. In each instance the women had experienced both positive and negative relationships depending on the men with whom they had been involved. An example of this is the case of Miss J.(1)

> Miss J. was the mother of two illegitimate children at the time of her referral to Mental Hygiene Institute. She had had a prolonged relationship with the father of her first child, who, although denying paternity, had nevertheless assumed considerable financial responsibility for both mother and baby. According to the criteria this relationship would appear to be primarily positive in character.
>
> The father of Miss J.'s second child was married, and hoped eventually to effect a reconciliation with his wife and two children. In the meantime although living with Miss J., he stated that he had no intention of establishing a permanent home with her. He felt definitely that she should arrange to place the baby for adoption. Miss J. was upset by this man's behavior in drinking and keeping late hours. She feared a repetition of her former experience in having to accept relinquishment as a final plan for her child, and attempted to terminate her pregnancy by inducing an abortion.
>
> It would appear from the above that the evidence in this second relationship pointed to qualities which were essentially negative.

In the remaining case which was not classified, the putative father was a young Spaniard who had been studying in Montreal; but who had left the city at the time of the unmarried mother's referral to psychiatric clinic. The two had apparently disagreed over the question of marriage, as the putative father was apprehensive about entering a permanent relationship too soon. It was not clear from the record whether at the time of his departure from Montreal he was aware of the unmarried mother's situation. For this reason it was difficult to classify the relationship in terms of its positive

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(1) Appendix, p. 137-138

or negative qualities.

In general, the records lacked material with respect to the backgrounds of the putative fathers. However, in the singularly few cases in which it was available, the evidence pointed to insecurity derived from disturbed family relationships during early years.

From the above analysis it would seem that in the majority of the cases in the sample group, the unmarried mothers gained comparatively little emotional satisfaction from their relationships with the fathers of their children.

It might be assumed that their difficulty in forming meaningful hetereosexual relationships was an expression of their own emotionally deprived backgrounds, and that in certain instances at least, this was also true of the putative fathers.

(5) Sex education and previous sex experiences of the unmarried mother

In addition to the unmarried mothers' lacks in the area of emotional satisfaction, a precipitating factor in their illegitimate pregnancies would appear to be inadequate sex eduction. The records selected for use in this study were almost devoid of information on this particular aspect of their situations, and therefore any findings made cannot be regarded as conclusive, even for the sample group.

Material was available in only seven of the 22 cases used in the thesis. In four cases, the mothers indicated that they had received no instruction from parents, relatives or other socially acceptable sources. One other patient had picked it up casually from her school mates, and another claimed that although her mother had always taught her to behave, she had presented a poor example in her own extra-marital conduct. In the seventh instance the unmarried mother had been given some instruction both

by her mother and her aunt.

Although the above findings cannot be regarded as indicative of the sex instruction received by the other members of the sample group, taking them into consideration, together with the lack of data in the records, it would appear that in most instances sex education had been inadequate.

It is the writer's opinion that further evidence of the unmarried mothers' emotional deprivations, and their attempts to satisfy their needs for love and acceptance, may be found in the histories of their hetereosexual experiences in addition to those with the fathers of their children. Complete material in this connection was not available, only 15 records or approximately two-thirds of the sample group containing pertinent information.

Eleven of the unmarried mothers reported previous sex experiences with one or more men, while four would admit to none, other than those with the putative father.

Of the 11 patients who acknowledged former sexual relationships, one admitted to experiences of this nature at an early age, and another to a first experience when 15 years of age. One unmarried mother had engaged in mutual masturbation with both boys and girls at 14 years, and had had her first hetereosexual experience a year later, while another, who was 15 years old at the time of her referral to Mental Hygiene Institute had been promiscuous during the two years previously.

In one case the patient had had many sex experiences with her siblings as a child, but stated that her first hetereosexual relationship had occurred when she was 21 years of age . In another instance the unmarried mother had engaged in incestuous relationships during adolescence with both father and brother, sex play with the latter occurring under the father's observation as early as nine years of age.

One member of the sample group had had an abortion at 15 years, and apparently since then had engaged in sexual relationships with various other men. Another patient related an incident, when, as a child, she had awakened during the night, to discover that a man who was a roomer in the house, was lying on the bed beside her. She believed that as a result of this experience she had developed a fear of men which prevented her from relating satisfactorily to them.

One unmarried mother referred to the sexual advances which her step-father had made, apparently during her adolescence. In two other instances the patients each acknowledged intercourse with one man in addition to the putative fathers of their children. As previously mentioned, in the four remaining cases, the unmarried mothers admitted to sexual relationships only with the putative fathers, one of them stating that her first hetereosexual experience had taken place as recently as a year prior to her referral for psychiatric help.

In summary, the above analysis has revealed that one-half of the unmarried mothers in the sample group, had, by their own admission, engaged in sexual activities with men other than the putative fathers. In considering these findings, one is impressed by the frequency with which such experiences occurred primarily during the adolescent phase of development, at a time when there was a resurgence of earlier conflicts. It would seem that during this period, particularly, the patients were in need of the emotional security gained from interpersonal relationships which were satisfying to them, and which, in most instances, they apparently failed to receive.

D. The Cultural Milieu as Evidenced by Family Mores in Regard to Extra-Marital Sex Relationships

A study of the factors involved in the situation of unmarried parenthood, would seem, of necessity to include data regarding the cultural milieu of the individuals concerned. The attitude of the family toward illegitimate pregnancy would appear to depend to some extent, at least, on the extra-marital experiences of its members. The writer will, therefore, deal in this section with the incidence of extra-marital sex experiences for other members of the unmarried mothers' families, and the possible effect which this has had on the members of the sample group.

From the data in the records it was ascertained that in 11 of the 22 cases in the sample group there had been incidents of extra-marital sex behavior or illegitimate pregnancy on the part of relatives of the unmarried mothers.

In three instances this applied only to the mothers of the patients in the sample group, two of whom were reported to have engaged in sexual intimacy with men other than their husbands. In the third case the patient was suspected of being the illegitimate child of her mother and the latter's second husband.

In two other cases, the information indicated that in each one, a sister of the unmarried mother being studied had also been illegitimately pregnant, in one instance, apparently on more than one occasion.

Further study revealed that in three other cases the parents of the unmarried mothers in the sample group had engaged in pre-marital intimacy, the mother in one instance, having in addition, given birth to an illegitimate child by another man, prior to her relationship with her husband. The latter was subsequently sentenced to a term in prison because of sexual misconduct with two of the patient's sisters.

The three remaining cases included one in which the patient herself was illegitimate, and the eldest of four children, all of whom were born out of wedlock. Recorded material indicated that two of her mother's step-sisters had also given birth to illegitimate children. In another case, the unmarried mother referred to her own mother's promiscuous behavior in the interval between her first and second marriages, and the fact that her step-father had also made sexual advances to her during her mother's absence. She reported, moreover, that an elder sister, for whom she expressed marked hostility, had been pregnant at the time of her marriage.

The third case, that of Miss C.[1] is illustrative of a family background in which there appeared to be various incidents of extra-marital sexual behavior.

> Miss C. was the mother of three illegitimate children each by a different father at the time of her referral to the Mental Hygiene Institute. She had requested sterilization, apparently with a view to continuing her sexual activities without encountering the risk of further pregnancies. In discussing her situation with the psychiatrist, she expressed the opinion that this type of behavior "ran in the family" as she understood that the same pattern had been present in her mother and one sister. The referring agency reported that the sister in question was believed to be the mother of an illegitimate child of whom her step-father was the putative father.

In considering the material presented in this section one is reminded of the theory of Deutsch that some women are destined from birth to be unmarried mothers, and that mothers, grandmothers, sisters and aunts reveal the same pattern of behavior. In at least one-half of the cases comprising the sample group, this principle would appear to be applicable in varying degrees. It might be assumed in such cases that the relatives

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[1] Appendix, p. 125-126

themselves by engaging in extra-marital sex activities were expressing their own needs for emotional security, and that their deprivations in this area prevented them from contributing adequately to the emotional security of the unmarried mothers.

The findings revealed in this chapter would appear to indicate varying degrees of disturbance in interpersonal relationships for the majority of the unmarried mothers in the sample group. Analyses of the different relationships experienced within the family constellation point to a predominance of negative characteristics, in most instances extending over many years and affecting the patients' entire lives. Their inability to gain satisfaction from their relationships with their parents, would seem to be further reflected in their associations with siblings and putative fathers, many of whom were similarly deprived.

In the opinion of the writer, the findings of this chapter offer supporting evidence for the psychiatric diagnoses which in the majority of cases indicated that the unmarried mothers' problems resulted from emotional insecurity originating in their early lives.

CHAPTER VII

PSYCHIATRIC AND CASE WORK SERVICES

Chapter VII will be concerned with the psychiatric and case work services offered the members of the sample group during contact with clinics or hospital, as well as with the responses of the patients concerned. In those instances where referral to the Mental Hygiene Institute was for diagnostic purposes only, the case work services given by the referring agency will be considered, as in such cases of short duration, the social service staff of the Institute does not as a rule, participate, except by special arrangement. Responsibility for case work help is assumed by the referring agency.

No attempt will be made to evaluate the services offered, but rather discussion will centre on the length of contact, focus of service, and on progress reports for the individual cases.

A. Psychiatric Services

Fourteen members of the sample group were referred to the Mental Hygiene Institute for diagnosis and psychiatric evaluation; one other patient who was also referred on this basis received psychotherapy to enable her to come to a decision with respect to her baby; six were hospitalized in the Allen Memorial Institute of Psychiatry for comparatively short periods of time, duration of stay as a rule, being between one month and six weeks; and one attended the psychiatric clinic of the Royal Victoria Hospital regularly, for well over a year.

As previously mentioned, one member of the group referred to the Mental Hygiene Institute, was so disturbed by conflict over plans for her baby, that the psychiatrist interviewed her on approximately seven occasions

with a view to helping her clarify her feelings.

Another markedly disturbed woman was referred from the Mental Hygiene Institute to the Allen Memorial Institute of Psychiatry for treatment as a day patient. Later reports contained in the file of the referring agency, indicated that she was a problem to treat, that she responded neither to electro-shock therapy nor insulin; and that the treating psychiatrist felt she might become more depressed and eventually require commitment.

In four cases, the psychiatrist at the Mental Hygiene Institute suggested the possibility of further psychiatric interviews, pointing out that they would be available if desired. In one of the four, not only the unmarried mother, but her mother and grandmother, as well, were interviewed for the purpose of evaluating the total situation.

In considering those cases treated by the staff of the Allen Memorial Institute, two women were hospitalized for markedly brief periods of time, both a matter of days. One of them left against advice, but subsequently attended the psychiatric clinic for weekly psychotherapy during the next six months (approximately). The other, was discovered following admission to be suffering from active tuberculosis, and was accordingly transferred to a hospital where adequate treatment for her physical condition would be provided. A subsequent note in the social service file advised that her mental condition was such that the decision had been to commit her to a hospital for the care and treatment of psychotic patients.

One unmarried mother had been hospitalized on two separate occasions, the first for psychiatric treatment following a suicide attempt, and the second, for stabilizing, after the private psychiatrist who had been giving her intensive and prolonged psychotherapy had left Montreal.

Following discharge five of the women maintained contact with the hospital through the social service department, one being transferred later to the agency arranging care for her child. In addition, one was followed in psychiatric clinic, and in two other instances arrangements were made for the individuals to attend group therapy through the extension department of the hospital.

In the case of the one member of the sample group who received treatment only at the Psychiatric Clinic, Royal Victoria Hospital, psychotherapy was given on an almost weekly basis for well over a year.

In each of the seven cases, treatment consisted of psychotherapy, combined in most instances with other types of treatment which the psychiatrist considered necessary.

B. Case Work Services

Psychiatric social workers were active only with those members of the sample group referred either to the Allen Memorial Institute or as out-patients to the Psychiatric Clinic of the Royal Victoria Hospital. As previously mentioned, the 15 unmarried mothers referred to the Mental Hygiene Institute for diagnostic purposes, were carried for case work services by the agencies making the referral.

With respect to the seven patients receiving treatment on either an in-patient or an out-patient basis from the Allen Memorial Institute, social service contact was requested in every case; and in most instances continued long after the individuals were discharged from hospital.

Services given were primarily supportive in character, and always rendered in cooperation with the therapy given by the psychiatrist. Help in planning for maintenance, employment, housing and recreation was included in the functions of the psychiatric social worker, as well as interpretation of the unmarried mother's needs and behavior to other members of

her family, whenever this was possible. In assisting her with her feelings and plans for her child, it was often necessary to work cooperatively, not only with the attending psychiatrist, but also with the placement agency responsible for the baby's care, in order to interpret the doctor's plans for treatment and their relationship to the unmarried mother's attitude toward her baby.

In one case, service was directed toward helping the unmarried mother alleviate her dissatisfaction with her employment as a domestic and her narrow social contacts, as well as in attempting to interpret her needs and behavior to her employer, in the hope that the latter's domination of her would become lessened. Following discharge from hospital care, psychiatric social services were continued for several months until transfer was arranged to the agency responsible for helping her with plans for her baby. In another instance, the unmarried mother was referred to social service approximately three weeks prior to discharge, for help in planning for her care and activities on leaving the Allen Memorial Institute. Again, social service contact was extended for a considerable period of time after discharge, during which supportive help and some assistance in job finding were given. In this case, the parents were interviewed and helped to understand the patient's behavior. Support was also given them in relation to certain of their own needs.

In one case, the social worker was initially requested by the attending psychiatrist to offer the unmarried mother support in accepting psychiatric treatment. Through case work services the woman was enabled to discuss her problems and was finally helped to accept, not only treatment but also the services of the placement agency in planning for her two children, although she had formerly been hostile in her attitude.

Social service contact was brief in one case due to the fact that the unmarried mother, because of the presence of tuberculosis, was transferred elsewhere for treatment of her physical condition. However, prior to her removal from the Allen Memorial Institute, both she and her mother were interviewed in an effort to help her plan for her expected baby, as well as in relation to her own care. The mother was thus given an opportunity to ventilate her feelings, following which she was able to consider constructive plans.

In the case of the one unmarried mother who was attending psychiatric clinic, supportive help was given by the social worker concurrently with psychiatric treatment. This patient had also received considerable financial assistance from a family agency, as well as help with her attitude toward her illegitimate son, so that she could become less demanding and more permissive with him. Help with her relationship toward her boy was also obtained through referral to Mental Hygiene Institute.

In the two remaining instances, the unmarried mothers were referred to the social service worker for supportive case work help. In one of them cooperative service was carried on with the placement agency.

With respect to the 15 patients who were referred to the Mental Hygiene Institute for diagnostic services, the records of the referring agencies revealed that seven of them subsequently became pregnant again. In two instances conception occurred shortly after the unmarried mothers had signed final consent forms for the adoption of their babies.

One patient, Miss J.,[1] who was the unmarried mother of two children at the time of her referral for psychiatric services, became pregnant on two occasions following contact, both times by the putative

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[1] Appendix, p. 137-138

father of her second child. As previously stated in this chapter[1] she was referred for treatment to the Allen Memorial Institute by the psychiatrist attached to the Mental Hygiene Institute. However, she presented a problem in treatment. She failed to respond to either electro-shock therapy or insulin, and whenever plans for her baby were mentioned, she wept. Although she finally signed consent forms for adoption, she was exceedingly upset, and the psychiatrist thought it possible that she might become increasingly depressed and require commitment to a mental hospital. She later left the Allen Memorial Institute against advice, but following discharge, was reported by her sister to be adjusting satisfactorily. When her third child was born, she at first planned to retain custody, but later decided on adoption although she was obviously unhappy about her decision. At the time of her fourth pregnancy, it had been reported to the agency that she was very depressed and unhappy, and had talked of suicide.

In the case of Miss F.,[2] arrangements were finally made to place her two children together in a home supervised by the Protestant Foster Home Centre. Miss F. left the home of the putative father as she had planned to do, and took various types of unskilled employment. At the time of her third pregnancy, the putative father was a West Indian student who had several years of study before him, and did not suggest marriage. The child of this union was also placed in a foster home, the mother displaying little interest in it.

Two of the unmarried mothers became pregnant soon after completing adoption forms for their first babies, in one case conception having occurred during the same week end in which the woman signed the final papers. Her

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[1] Supra, p.106.

[2] Appendix, p. 130

home environment had been particularly insecure, due to an unhappy marital situation between her parents, as well as to her father's and brother's sexual activities with her. She had been markedly dependent on the putative father of her first child but was gradually able to gain insight into her relationship with him, and learned that she could do without him. She was furthermore able to leave her home after a time, and move to an apartment which she shared with other girls. She obtained suitable employment, and found broader social activities. She insisted that her second child was the result of intimacy on only one occasion at a drunken party.

In the other case, the unmarried mother, who had been rejected by her own mother, remained with an aunt in Montreal for a period of six months before signing final consent for the adoption of her baby. She was reported to be happy at this time, and to have gained poise and self-confidence. Soon afterward she became pregnant again, and as in her previous pregnancy, knew little about the putative father. With case work help, she was able to gain some insight into the reasons for her pregnancy, and to relinquish her child for adoption. She herself, was assisted in finding employment as a domestic, where she adjusted satisfactorily, finally moving with one employer to another city.

In the case of one young unmarried mother who was referred to the Mental Hygiene Institute prior to her fifteenth birthday, the psychiatrist suggested that she be encouraged to remain in Montreal in an opportunity home and under adequate supervision. Although an effort was made to carry this out, the family of the unmarried mother did not cooperate, and she returned to her home in a small town. Approximately 15 months later the agency was again approached for help, as she was pregnant for the second time. Her mother had died during the interval, and the unmarried mother returned to Montreal. Her baby was placed following birth, and she herself

became involved in difficulties with the Juvenile Court because of thefts. She was discharged on probation on the understanding that the referring agency obtain suitable employment for her. She was accordingly placed in domestic service, where she gave evidence of an apparently satisfactory adjustment.

In offering service to another member of the group, the mother of three illegitimate children, the referring agency carried out the recommendation of the psychiatrist that she be encouraged to relinquish her third child, which she did reluctantly. She later became pregnant for the fourth time, on which occasion her physical condition was highly toxic. She was receiving psychiatric treatment through the maternity department of the hospital giving her care, and the placement agency was working in close cooperation with the psychiatrist in his treatment plan. Financial assistance was being given by the family agency.

In the seventh case, that of a mentally defective woman, the psychiatrist's recommendation of sterilization was not carried out by the medical doctor, apparently for medical reasons. The baby was temporarily placed, but eventually taken into agency custody when the mother could not be located to discuss plans for her child. She later became pregnant for the third time, when she was again referred for agency help. For security she had married a man who was not the father of her expected baby. The marriage proved to be incompatible and she reported that her husband was a chronic alcoholic who beat her and refused to support her. Both were planning on divorce following the birth of her baby.

Of the eight other cases referred to the Mental Hygiene Institute for diagnostic services, one was closed with the agency following placement of the baby and reassurance to the mother that the baby's adjustment was satisfactory. Two of the patients continued to maintain their children in

private placements, one of the mothers having kept her little girl since her birth in 1943. Although the agency felt in this instance that there was evidence pointing to some ambivalence in the attitude of the unmarried mother, the psychiatrist recommended that no plan be made to separate the two.

One woman who had been determined to keep her child, made a private arrangement with the agency foster mother to do so. Later, however, she became seriously ill with tuberculosis and required prolonged hospitalization. She again requested the help of the agency for her child, who was subsequently placed in a foster home under the supervision of the Protestant Foster Home Care, and the referring agency terminated contact.

One patient, Miss C.,[1] was given supportive help by the referring agency until she returned to her former employment out of the city. The son in this household had been the putative father of her third child and she was later reported to be living with him again. The feeling of the referring agency was that she required sustained case work help in the form of protection and supervision, but that there were no facilities available in her community for this type of service.

In the case of Miss E.,[2] a displaced person who had deliberately planned pregnancy in order to have intimate ties in this country, the agency accepted her baby for temporary placement as requested, but at the end of six months were unable to locate the unmarried mother. As a result her baby was placed under agency custody.

One member of the group who had signed consents for adoption of her child, later married a man who was not the putative father, and requested

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[1] Appendix, p.125-126

[2] Appendix, p.128-129

permission to have her baby returned to her. As the child had a cardiac condition, adoption placement had not been made. The physical condition was explained to the mother who accepted her child, and arranged to provide the proper care and treatment.

In the eighth case, that of Miss P.,(1) in which there were racial and religious differences between the unmarried parents, it was discovered that the putative father was not too sure of his feelings, particularly with respect to marriage. The relationship finally terminated, following which the unmarried mother was enabled to relinquish her baby, and was assisted in obtaining suitable employment. She was given some insight into her situation and encouraged to move toward her own cultural group.

With respect to final disposition of their babies, analysis revealed that ten members of the sample group relinquished their babies for adoption placement. This figure includes two instances in which the plan referred to the child of the most recent pregnancy prior to psychiatric contact. Seven patients maintained custody of their children, one of them having previously signed adoption consents, but on later marrying, requested that her baby be returned to her. In this particular instance it was possible to make satisfactory arrangements to do so. The two illegitimate children of one unmarried mother were placed together in a foster home under the supervision of the Protestant Foster Home Centre, and in two other cases the agency was unable to locate the mothers and had taken their children into agency custody. The disposition of the babies in the two additional cases is not known.

In summary then, seven of the unmarried mothers in the sample group were given case work services by the social workers attached to psychiatric

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(1) Appendix, p. 145-146

clinic or hospital. The remaining 15 had been referred on a short contact basis only, for diagnosis and evaluation. They were carried for case work services by the agencies responsible for referral for psychiatric services. In all instances sustained supportive help was given where it was possible and considered necessary.

Slightly less than half of the unmarried mothers referred for diagnostic services subsequently became involved in further pregnancies. In at least four instances the possibility of this appeared to have been foreseen by the examining psychiatrist. In two cases conception occurred soon after final arrangements were completed for relinquishment of the previous child.

Slightly less than half the sample group decided on adoption as a permanent plan for their children. Two of the patients appeared to evince little interest in their babies, having terminated contact with the agency responsible for care.

CHAPTER VIII

FINDINGS AND CONCLUSIONS

The primary purpose of this thesis has been to study the emotional problems of a group of unmarried mothers referred for psychiatric services, with a view to discovering the duration of their disturbances, and whether or not the experiences of pregnancy and conflict over plans for their babies might be regarded as precipitating factors in their situations.

Consideration has also been given to the role of the putative fathers in relation to the unmarried mothers' situations, as well as to the case work services which were provided.

The writer is aware that due to the small number of cases comprising the sample, the findings are not in themselves conclusive, but instead give an indication of some of the problems encountered by unmarried mothers as a group in society.

Record material was adequate in certain areas but limited in others, particularly those concerned with early development, school adjustment, sex education, interests and recreation. However, it was felt that despite the foregoing limitations, certain significant facts were revealed.

From analysis of the data available, it would appear that in the majority of cases in the sample group there was evidence pointing to emotional insecurity originating in the early years of the individuals' lives. In such instances it might be assumed that the experience of pregnancy, had been one form of expressing instability and conflict, over unmet needs. Although the material indicated that at the time of referral for psychiatric services, approximately three-quarters of the unmarried mothers were believed to be disturbed over their situations, psychiatric diagnoses specifically

included the experience of pregnancy as a precipitating factor in only five cases or less than one-quarter of the total. Almost all the patients displayed some ambivalence in planning for their children. In certain instances the conflict was felt by the psychiatrist to be on a superficial level, on others it was sufficiently severe to be considered a factor in the patients' disturbances.

Analyses of background material revealed that the majority of the unmarried mothers in the study were 24 years or younger at the time of referral for psychiatric services. Scholastic achievement ranged from completion of grade three to completion of senior high school grades. Only one member of the group had attended special class. Similarly, intellectual capacities for those on whom this information was available, ranged from borderline mental defective to slightly better than average.

Employment histories indicated considerable mobility, with a predominance of unskilled labor, only three of the group claiming specialized training.

Hutchinson, in a study of a group of unmarried mothers in 1948[1] found that mobility in employment was a fairly definite characteristic, which she regarded as an indication of instability and of dissatisfaction in working relationships. She also noted that the majority of her sample group were employed in clerical capacities, but pointed out that in similar projects in other large cities, findings had revealed that domestic service ranked highest. In the present study, slightly less than half the patients were employed, either at the time of referral or previously, in domestic positions.

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[1] Betty Hutchinson, "Unmarried Mothers as Patients in a Psychiatric Clinic". Unpublished Master's thesis, Smith College School of Social Work, 1948.

Instability in family relationships was fairly characteristic of the sample group. In approximately one-half of the cases there was evidence of loss of one or both parents either by death or desertion. In the remaining half of the group, in which the parents were living together, there appeared to be numerous instances of marital disharmony. Furthermore, the relationships existing between the unmarried mothers and their parents, as well as between them and their siblings seemed to be predominantly negative.

Hutchinson[1] discovered that the highest incidence of illegitimate pregnancy occurred in those individuals who had been either only children or the eldest children in their families. She related this in the case of only children to the possibility of their having experienced parental over-indulgence or lack of needed companionship. In those other instances in which the unmarried mothers had been the eldest children in their families, she associated it with the problem of replacement by younger siblings and home duties connected with their care. The present study revealed no such findings. It included one case in which the unmarried mother was an only child, and in the balance of the group, the distribution for those cases in which the ordinal position was known, was fairly regular among eldest, middle, and youngest children in a family.

The records contained little material about sex education, but from that available, it would seem that instruction in this area had been very poor. Furthermore, eight of the 15 unmarried mothers admitting to previous sexual experiences had had their initial contacts during childhood and early adolescence. Analyses indicated also, that there was a fairly high incidence of extra-marital sex activities on the part of the other members of their immediate families.

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[1] Ibid.

Relationships with the putative fathers of their children appeared to be primarily negative in character. Although information concerning the psychological and social backgrounds of these men was in many instances extremely limited, what there was, pointed to the need for further study of their behavior in relation to possible conflicts and unmet needs.

It was noted that about one-half of the 15 unmarried mothers who had been referred for psychiatric diagnoses only, became involved in later pregnancies. The possibility of this had been foreseen by the examining psychiatrist in at least two of the cases, and he predicted it in two additional ones if adequate supervision and help were not provided. Furthermore, in two cases pregnancy recurred within an exceedingly short period of time following final relinquishment of their older babies for adoption.

The comparatively high incidence of repeated pregnancies would seem to indicate the need for more intensive as well as extensive use of psychiatric services for these women. The fact that conception followed so quickly upon the loss through adoption of a previous child, would appear to emphasize the necessity for this, particularly in relation to the unmarried mothers' feelings for their children and any plans involving permanent placement.

Inasmuch as the evidence, in the majority of the cases in this study, pointed to disturbances in family relationships as factors in the unmarried mothers' emotional insecurity, it would appear that early referral of their parents to existing family service agencies, would do much to alleviate strain in the patients' environments.

According to the material in the records, there was a marked lack of community resources for those members of the group who lived outside Montreal. In such instances any recommendations for sustained case work help with a view to preventing further involvements of a similar type

could not be carried out. It would seem that until such time as more adequate provision is made in outside areas for this type of service, the women will continue to present a problem both to themselves and to society.

DOCUMENTARY SCHEDULE

I Identifying Information
Name
Address
Date and Place of Birth
Race

II Referral Material
Agency to which Referral is made
Source of referral
Reason for referral
Time of Referral in Relation to confinement
Plans for the baby at time of referral

III Social History Information

(a) Personal history
Health (including illnesses, operations, accidents)
Habits
Education
Employment
Interests and Recreation
Personality as described by parents or relatives - as described by case worker
Interpersonal Relationships with parents and siblings
Sex Information - attitude toward sex
Relationship with unmarried father at time of referral and previously
Attitude Toward Pregnancy
Attitude Toward Child

(b) The Baby
Date of Birth
Sex
Mother's health during pregnancy
Is this first pregnancy? If not, how many previous ones.
Contact with baby prior to admission to hospital or clinic
Present situation of baby
If not with mother - where? Has mother access?

(c) Family History
1. Father
Background information with respect to age, health, education, habits, employment, personality, relationship to unmarried mother and attitude to her situation.
Social worker's impression when available.
2. Mother
As in III (c) 1. for Father
Relationship between parents - marital status.

3. Siblings
   Background information as for parents.
   Number of siblings and unmarried mother's position in family.
   Attitude of siblings to unmarried mother and her situation.
4. Home
   Size and locality.
   Financial situation of family.
   Does unmarried mother live with parents - with friends - with relatives - alone in a room.
5. Putative Father
   Available background information including age at time of baby's birth, attitude toward mother and child, responsibility accepted, occupation, health, education, relationships within immediate family, attitude of his parents towards his extra-marital situation.

IV Contact with Psychiatric Agency

(a) Contact with social worker.
Number of interviews - general content.
Impressions and recommendations.

(b) Psychological examinations.
Types of tests, observations and recommendations.

(c) Psychiatric Interviews
Number held.
General content.
Diagnosis.
Recommendations.
Continuation or termination of treatment - if terminated, why?

V Previous Contact with Social Agencies

(This should include contact with referring agency immediately prior to admission to hospital or clinic.)
On part of other members of unmarried mother's family.
Date of contact.
Agency or agencies contacted.
Reason.
Duration of contact.
Outcome, if known.

VI Follow-up Information

(a) Were psychiatric recommendations followed? If not, for what reason.
What alternative plans were followed - for baby - for unmarried mother where continued psychiatric treatment was recommended.

(b) Is there evidence pointing to improvement in unmarried mother.

Case History Miss A.

Miss A., born May, 1927, was 21 years at the time of referral to Mental Hygiene Institute in 1949. She was the eldest of five children, the next being a boy, one year her junior. Her religion was Roman Catholic.

She attended school until the age of 15 years, at which time she completed grade five. Her work history was described as unstable.

During the war years, her father was in the armed services, and for a while her mother worked. Miss A. and her brother were reported to have beer parties in the home, and to associate with friends much older than they. Althoughher mother was finally persuaded to give up her employment, she declared herself incapable of controlling Miss A. and her brother.

Following his discharge from the services, the father was hospitalized for a prolonged period of time with a lung condition. He was still in Military Hospital at the time of Miss A.'s referral to Mental Hygiene Institute.

Miss A. met the putative father of her child while working as a maid at a military hospital, where he was also employed, as an orderly. Although he had given her to understand that he was single, and she expected to marry him, she later discovered that he was already married. At the time of referral for psychiatric services, she was not aware of his whereabouts.

Miss A.'s family supported her during her pregnancy and confinement, but later her mother insisted that the baby be placed for adoption. Following this, her friends and relatives criticized her for being an unnatural mother in thus relinquishing her child and because of this Miss A. was requesting that the baby be returned to her.

During the psychiatric interview, she complained of the bad example which her mother had set, through her extra-marital activities and apparent neglect of the home. She spoke with affection of her father.

The referring agency described the mother as a woman who appeared interested in her children, but was not reliable in carrying out suggestions for their welfare. She was a poor manager.

The father was described as fond of his children, inclined to spoil them, and concerned over their welfare.

One sister, born in 1930, was examined at Mental Hygiene Institute when eight years of age, because of retardation in school, sensitivity, and fears. She was found to have an I.Q. of 72, following which she remained at home in a sheltered environment, receiving whatever instruction she was able to absorb, from her mother. None of the other children progressed far in school, the most advanced being one sister who had completed grade eight at 15 years.

Case History Miss B.

Miss B. was born in April, 1928 in Montreal, and was 22 years of age when referred to the Mental Hygiene Institute for help in planning for her illegitimate baby girl. She was an attractive young woman of average intelligence, who had been an only child. Her parents had died approximately three years previously and three months apart. Her mother's death had been sudden, and her father's had occurred following one and one half years of painful invalidism caused by multiple sclerosis. Miss B. had been closely attached to him, and he, for his part, was described as very fond and proud of her, with a tendency to spoil her. Her mother had been rather more severe, but had often deprived herself in order to indulge Miss B.'s desire for clothes. Family standards appear to have been average, Mr. B. having worked as a waiter, prior to his illness. Interpersonal relationships were reported to be satisfactory. The religion of the family was Roman Catholic.

Miss B. had completed high school at 18 years of age and had then worked as a salesclerk. When referred to the family agency for help in planning for her expected baby, she was employed in this capacity by a local jewellery firm. Following her parents' deaths she had moved to the home of a doctor, who had been a friend of her fathers, and where she was said to be happy.

The putative father of her child was a French Canadian, 27 years of age, single, of Roman Catholic faith, and employed as a waiter. From Miss B.'s description, the psychiatrist considered him to be a neurotic, dependent man, who was morbidly jealous of Miss B., and given to heavy drinking at times. He was living with his mother and sister.

Miss B.'s original plan had been to relinquish her baby for adoption, but following the latter's birth she found it exceedingly difficult to carry it out. She was attached to her baby, a healthy, lovable, little girl, and suffered marked conflict because of the necessity of coming to a decision with respect to her daughter's care. The psychiatrist noted feelings of guilt and depression, and a tendency to withdraw from all social contacts. Psychotherapeutic interviews were offered, with a view to helping her clarify her feelings.

Although Miss B. had reason to believe that the putative father would marry her, at the same time, she felt that he would later lose interest in her and that there was little chance of their having a happy permanent relationship. She nevertheless experienced difficulty in terminating the relationship they had.

Despite her difficulty in arriving at a decision for her baby, it would appear that with the aid of psychiatric interviews and case work services she was enabled to formulate a plan for adoption placement as it was noted that the baby was later examined at the Mental Hygiene Institute, apparently with a view to adoption.

Case History Miss C.

Miss C. was born in January, 1928, in a small town in Quebec. She was the second of four daughters by her mother's second marriage, and at the time of her referral to the Mental Hygiene Institute for psychiatric evaluation, she was 22 years of age and the mother of three illegitimate children. Following her father's death from appendicitis when she was three years of age, she was placed with a maiden aunt with whom she remained for the next 12 years. Two of her sisters were also placed, the eldest one remaining with the mother who subsequently remarried. The third marriage of her mother appeared to be unstable.

Miss C. was a poor student and attained grade VII at 14 years of age. When 15 years old, she left her aunt's home and took employment in a factory in Ontario. She subsequently moved to Montreal where she worked as a waitress in the nurses' residence of one of the hospitals. She became pregnant at 17 years of age, following which she lived with her mother and step-father for a time. When her baby boy was five months old, she was ordered to leave her parents home. She was referred to the placement agency for service, where she was given temporary assistance. She later found domestic employment where she could keep her baby with her, and subsequently took several jobs of a similar type. Miss C. gave birth to two other children for both of whom she requested adoption placement. She continued to retain custody of her eldest boy to whom she reportedly gave excellent care. She seemed to have little feeling about her subsequent pregnancies, and the placement agency felt that she might continue in this pattern of behavior. Shortly before her referral to Mental Hygiene Institute she requested sterilization, which the psychiatrist felt was motivated by her desire to continue her sexual activities without concern over the consequences.

There was little information on file regarding the putative fathers of her children, except that in the third instance Miss C. indicated little positive feeling for the man.

Her background appeared to reveal evidence of considerable emotional deprivation. Her mother had been one of the younger children in a family of nine, whose mother (maternal grandmother) had deserted when Miss C.'s mother was four years of age. The latter had then been taken by a maternal aunt, with whom she remained until her first marriage, which ended when her husband died of appendicitis. The one child of this union died at 12 years. Miss C.'s mother then remarried her (Miss C.'s) father, who also died of a ruptured appendix following seven or eight years of marriage. Mrs. C. then married for the third time, a friend of her second husband. There were two children born during this marriage. Miss C.'s step-father was also the victim of a broken home, and between the ages of four and 14 years, he was brought up in an Industrial School in Scotland, later transferring to a similar institution in Quebec. He was placed at work on a farm, and went from there to the armed services in World War II. Following cessation of hostilities, he remained in the services as a cook, where he acquired an excellent record. He felt that his life had always been a struggle, but stressed that he had never been a public charge.

The marriage between Miss C.'s mother and step-father appeared to be essentially unstable. At one point they abandoned their two children in a private foster home, and when contacted by the placement agency were antagonistic and demanding in their manner. They were described as probably mentally retarded. The step-father complained of his wife's inefficient management of household affairs, and the agency suspected that he and Miss C.'s eldest sister were actually the parents of one of the children born during this marriage.

Another sister of Miss C.'s, who had also been placed away from home following their father's death, was placed in various foster homes. Regarding the last one, from which she ran away on three different occasions, there were rumors that she had been unkindly treated. However, she was eventually admitted to a correctional institution for a two year term, where she at first displayed symptoms of unhappiness and lack of affection. She later adjusted to the routine, and when examined at the Mental Hygiene Institute, prior to discharge, it was felt that given sufficient supervision, she should adjust satisfactorily within the community.

Case History — Miss D.

Miss D., an unmarried mother who had kept her child for seven years, was 30 years of age at the time of her referral to the Mental Hygiene Institute. She had been born in Ontario in July, 1919, of Irish and Scottish parentage, and was one of a large family of children. Religion was Roman Catholic. She had completed two years of high school, discontinuing at 16 years of age. She was described as pleasant, but as giving the impression of being in a constant state of worry and trouble.

During the war she moved to Montreal where she worked in a munitions plant, later taking employment as a waitress which she planned to continue.

She was very attached to the putative father of her little girl, who, around the time of the baby's birth married another woman. Miss D. reacted violently, and planned to take legal action against him, later however, changing her mind. The putative father contributed financially to the child's maintenance, while in the armed services, but on discharge, although he was unable to continue this, he nevertheless maintained contact with both Miss D. and the little girl. He himself was a man, 37 years of age, of Scotch Canadian nationality and Roman Catholic religion. Scholastic achievement included first year University. Prior to enlistment he had been employed in a civil service capacity.

Miss D. at first maintained her child in a foster home, where she remained for two years. From the start Miss D. was a good mother who accepted her baby, supported her, and visited her regularly. She later took the little girl to the home of her parents in Ontario, returning her to Montreal about two years prior to contact with the Mental Hygiene Institute. She continued to keep the child in private foster homes, assuming full responsibility for her care during week ends, as requested by the foster parents. This type of placement proved difficult for Miss D., as in every crisis regarding the child, (e.g. illness) the foster parents took no responsibility whatever, but insisted that Miss D. leave work, and make special arrangements for the little girl's care.

From time to time Miss D. had indicated to the social worker, that she had ambivalent feelings about keeping Beverley. For this reason the referring agency requested a psychiatric evaluation in order to determine whether she should be encouraged to relinquish her little girl who was then seven years of age. However, the psychiatrist, although noting the possibility of past ambivalence, felt that any attempt to separate Miss D. from her child would be inadvisable.

Case History — Miss E.

Miss E., born July, 1928, was a displaced person who had come to Canada from Europe in 1948, approximately two years prior to her referral to Mental Hygiene Institute. She had attended school in Europe, completing high school there, and had also taken special training in crafts and home decoration. Her religion was Lutheran.

When Miss E. was seven years of age, her father deserted. He was described in the record as healthy and active, but unstable. Although his whereabouts were reportedly unknown, Miss E. claimed that she had seen him while in a concentration camp in Germany. Her mother remarried in 1939. Miss E.'s step-father, an architect by p rofession was subsequently killed by the Russians in 1946. There was one daughter born of this union in 1936, and with whom the patient claimed to have a close relationship. At the time of contact with Miss E. her step-sister was living with her mother and attending school.

Miss E. displayed marked affection for her mother and missed her greatly since leaving home. The mother was described as healthy, apart from a heart condition. She had apparently spoiled the patient who, because of her dependency and immaturity, experienced difficulty in making a satisfactory adjustment in Canada. Under the terms of her contract with the Immigration Authorities she was obligated to take domestic work for a period of time. She disliked this type of employment intensely, and appeared unable to adapt herself to it. At the time of her referral for psychiatric evaluation, she had worked for various employers, in each instance, the job being of short duration. She had stolen jewelry, clothes and money from her employers, and had then run away from their homes during the night. She complained about the work, stating that too much was expected of her and that she had never been trained in domestic work. According to the referring agency she felt that because she had a "difficult character", nobody understood her.

Miss E. gave birth to a baby boy in November, 1949. She gave varying accounts of the putative father, but finally admitted to the psychiatrist that she was living with him and hoped to marry him in the event of his securing a divorce. She had no apparent feelings of guilt over her illegitimate pregnancy, saying that she had deliberately planned it as she wanted intimate ties in this country. She was determined to retain custody of her baby, although she realized that foster home care would have to be arranged, at least temporarily. She visited the baby regularly and was motherly in her attitude.

The examining psychiatrist felt that there was likely some truth in her complaints against her employers, but that she was also evasive and on the defensive. Although she complained of periodic dizziness and amnesia, these were considered to be deliberate falsehoods, which she used to excuse her behavior, and thus prevent her getting into trouble. She was diagnosed as being of better than average intelligence, capable of differentiating between right and wrong, and well aware at all times of what she was doing. The psychiatrist felt that her behavior was due to resentment at having to take employment as a menial and that she would probably be successful if given the opportunity to exercise her trade.

Subsequent information on the record of the referring agency indicated that Miss E.'s baby remained in a supervised foster home, for six months following which an attempt was made to contact the patient in order to arrange further plans for her child. However, she could not be located and the baby was finally taken into agency custody.

Case History — Miss F.

Miss F., born in 1928, was the negro mother of two illegitimate children, when referred to the Mental Hygiene Institute in 1948. The putative father was a middle aged negro, with whom she had lived since moving to Montreal from her home in Nova Scotia, approximately four years previously. At the time of her referral for psychiatric services she claimed to be afraid of him and expressed a desire to terminate the relationship. She suffered from somatic symptoms of headaches and nausea, and revealed an inability to plan for herself or her children. The referring agency regarded her as essentially dependent, and slow in understanding. She had on two occasions been examined by a physician who reported that she was either "very dull and stupid or not willing to cooperate in answers". He recommended referral to Mental Hygiene Institute.

Miss F. had maintained little contact with her family who were not aware of the existence of her second child. She had one sister living in Montreal, with whom her relationship was not good, and who was said to be promiscuous. This sister had by her own admission given birth to more than one illegitimate baby.

Miss F. had had several jobs including domestic posts, and other employment in a laundry and a brush factory. During both pregnancies, she had worked for the putative father in his tailor shop. Her elder child was placed in a foster home temporarily, and she planned similar care for her second baby. She hoped eventually to establish a home where she might keep her children.

The patient had been ill with rheumatic fever as a child, and at the time of referral to the Mental Hygiene Institute was said to be suffering from rheumaticendocarditis with metral stenosis. She reported "nervous breakdowns" at ages 15, 17, and 19.

The psychiatrist diagnosed Miss F. as essentially rather retarded but not mentally deficient. He recommended simple routine work which would not over-tax her physically and suggested that one or both of her children be placed with her family. He considered the so-called nervous breakdowns to be choreiform movements, which were part of the general rheumatic illness she had had. In his opinion Miss F. gave the impression of having no serious abnormal or anti-social tendencies, and could be helped to avoid similar involvements in the future by supervision and guidance from an agency.

Further information revealed that the patient later terminated her contact with the putative father, and gave birth to a third child by a West Indian who was studying in Montreal. Long term placement was arranged for her two older children in the same foster home, and the third baby was also placed in temporary care, as the patient had no plans for immediate marriage.

Case History Miss G.

Miss G. was born in March, 1949, the elder oftwo children, her sister being five years her junior. Miss G. completed grade VII at 16 years, following which she was employed at various types of unskilled labor such as parcel-wrapping, working in restaurants and factories, and caring for children. The family adhered to the Protestant faith.

Except for her relationship with her father, Miss G. appeared to gain little satisfaction from relationships within her immediate family. She felt rivalry and resentment for her younger sister who attempted to dominate her, and apparently fear for her mother, who favored her sibling, and according to the referring agency, appeared to reject the patient because of possible mental retardation.

Her father on the other hand displayed marked favoritism for Miss G., who was said to resemble him both in appearance and disposition. He was described as charming, intelligent, affectionate, slow to anger, but irresponsible. The marital relationship between the parents had not been entirely satisfactory. At one point they had planned divorce, in which event, Miss G. was to go with her father.

Prior to World War II, her father had been a radio operator, and following the outbreak of hostilities, he moved with his family to the United States where he joined the Ferry Command in the same capacity. He was subsequently killed in an airplane accident when the patient was 14 years of age. She felt that by her father's death she had lost everything.

Following the father's death, her mother remarried in the United States where she took employment, subsequently marrying a man, who had also been previously married and was the father of two little girls. Miss G. lived part of the time with her mother, and part of the time in Montreal, where she had an aunt to whom she was much attached, and loved better than she did her mother. The records described her aunt as a warm accepting, understanding woman, from whom the patient derived much emotional satisfaction. She also spoke affectionately of her step-father.

Miss G. had received some sex instruction first from her aunt, and later from her mother. She had engaged in sexual activities since 14 years of age, although her first heterosexual experience had been with the putative father of her child. This relationship was casual, the putative father, having been a "pick-up" whom she had known for a month, and who deserted following conception.

At the time of her referral to the Mental Hygiene Institute, Miss G. had decided to relinquish her baby for adoption. The referring agency was requesting advice for the purpose of helping her adjustment, so that similar involvements in the future might be avoided.

During the psychiatric interview, Miss G. indicated that her entire life had been unhappy, because of the poor relationships existing between herself and her mother and sister. The psychiatrist advised that because

of her attitude she might become involved in further emotional difficulties, and recommended that she be provided with an environment in which she could obtain supervision and guidance.

Although she had intended to return to her mother and step-father, she was encouraged by the worker to remain in Montreal with her aunt, and to see her baby during the six months prior to completing arrangements for adoption. She seemed to be happy with her aunt, and to gain considerable poise and self-confidence. However, she became pregnant for the second time, again as a result of a casual relationship, with a man who would accept no responsibility, and about whom she knew little. The child of this union was also placed for adoption. In the meantime, through the help of case work services, the patient was enabled to gain some insight into the reasons for her pregnancies. She also developed a more positive relationship with her mother. Satisfactory domestic employment was found for her, and she finally accompanied her employer to another province.

Case History Miss H.

Miss H. was not yet 15 years of age when referred to the Mental Hygiene Institute as an unmarried mother. She was born in June, 1933, the youngest of six children. Her siblings ranged in age from 28 to 20 years. Religion of the family was Protestant. Miss H. had relinquished her baby for adoption, but in view of her past behavior the referring agency was requesting advice in working with her.

She had left school at 13 years, while in grade three, and at the time of her referral for psychiatric services had never worked. She had been sexually promiscuous since the age of 13, and had been unable to identify the putative father of her baby, having been involved with two boys at that time. She appeared to show little concern over her behavior, regarding it as wrong, only "if you got pregnant". Although she felt that pregnancy had been an unpleasant experience for her, and she did not wish to associate again with any of the boys with whom she had been intimate, nevertheless, she expressed no resentment against them. The referring agency felt that she had limited understanding, and that her attitude might be attributed in part to certain cultural differences in her community, which made it more accepting of such behavior than other communities.

Her family background appeared to be poor. Eighteen years of unhappy marriage between her parents, had culminated when the patient was four, in her mother's deserting her husband and children for another man who promised her security. The patient had remained in her father's care until she was seven years of age, at which time she was placed in a foster home. Following replacement in a different home, she was taken by a married sister, on the latter's requesting permission to assume responsibility for her care.

Miss H.'s mother had had an unhappy life. Her parents had separated when she was young, and she had been placed in a Roman Catholic institution where she remained for six years, and apparently gained much security. On learning that she planned to enter a religious order, her mother removed her and placed her in domestic service where she was reported to be ill-treated. When she gave birth to an illegitimate child, her mother (maternal grandmother) refused to help her, and the baby subsequently died. Her marriage to her husband whom she met later was a great disappointment. Her mother insisted that she marry Mr. H., having received the false impression from him that her daughter was pregnant and that he was responsible for her condition. Following their marriage they lived under the most impoverished and primitive conditions. Mr. H. became increasingly abusive in his behavior toward her. He was the third of 11 children, and the favorite of his mother, a mean, vicious woman. He was said to drink heavily, to beat his wife and abuse his children. As he was in receipt of a disability pension, the result of tuberculosis, he only worked sporadically. Fourteen children had been born of this marriage, only six of whom had survived. Mr. H. had served a prolonged term in prison following sentence on a charge of incest with two of the patient's sisters. As a result, his children were taunted because their father was a "jailbird". At the time of the patient's referral to the Mental Hygiene Institute, her mother's second relationship had terminated and she was employed by a doctor as housekeeper. She was concerned about Miss H. and anxious not to neglect her, as she herself had

been neglected.

The psychiatrist advised that the patient was somewhat retarded in intelligence, with an Intelligence Quotient of 84. It was recommended that she be placed in an opportunity home where she would receive guidance and supervision, since, if left to her own devices, she would likely be exposed to further involvements of a similar nature.

Her family failed to cooperate in this plan and the patient returned to her former community, where she again became pregnant the following year. Her mother who had suffered from diabetes and a heart condition had died in the interval. Miss H. returned to Montreal where she remained under the supervision of the referring agency, until her second child was born. The putative father in this instance was an American boy of 19, about whom the patient knew little. There was no thought of marriage. Miss H. planned to place this child for adoption also, and to remain in Montreal. She obtained employment as a domestic but was later apprehended and charged in juvenile court for theft from her employer, whom she had left in the meantime. She was placed on probation, on the understanding that the referring agency would obtain suitable work for her. This was done, and the case was subsequently closed.

Additional information with respect to her siblings indicated that her eldest brother was not too bright, tended to be very abusive, and had been sentenced to a term in prison on a charge of theft. There was a possibility of his having tuberculosis. Two other brothers had been married and divorced overseas, and one sister with whom Miss H. had lived prior to her first pregnancy, was apparently not too happily married. Both she and her husband were said to drink heavily. The patient's younger sister (20 years) was employed in a silk mill in a small town in Quebec, and was associating with a boy who beat her during the alleged courtship.

Case History — Miss I.

Miss I., born in November, 1916, was the mother of three illegitimate children, (each, apparently by a different father), when referred to the Mental Hygiene Institute in 1950. Little information was available regarding her background, other than that her family lived in Newfoundland, that she had one or two siblings, and had had an exceedingly poor relationship with her father whom she described as brutal and quarrelsome. She felt no grief when he died in 1943, but, instead, relief for her mother's sake, who she said was a sweet, kind person. She had left home at 17 years to escape her father's harsh treatment, and had worked as a saleslady in Newfoundland, before going to Montreal during the early years of the war. There, she was employed in a war industry, and later in domestic positions. At the time of her father's death she was visiting at home where she was recuperating from a "nervous breakdown".

The patient had had her initial sex experience when quite young, and her first child, a boy, was born when she was 28 years of age. She was markedly disturbed by this first pregnancy, but not unduly so by subsequent ones. The putative father in this instance was a petty officer in the Navy, who on learning of her pregnancy, deserted, although they had previously planned marriage.

Miss I. had originally requested adoption placement for this child, but following its birth experienced marked conflict over her decision. Her attitude toward the putative father was bitter and hostile. She assumed considerable responsibility for the baby, contributed to his maintenance, visited regularly, and participated in his care to the point of interfering with his routine. When she finally signed forms agreeing to relinquish him for adoption, she was most upset, walked the floor at nights, and was unable to accept assurance that her decision was wise.

The patient became pregnant for the second time approximately a month after adoption forms had been completed for her first baby. The putative father in this instance was a soldier, who also deserted on learning of her situation. Subsequent reports from an other agency indicated that he was shiftless and unstable, and had been responsible for another woman's illegitimate pregnancy. Similarly in this second case he refused to assume any financial responsibility.

With each pregnancy, Miss H. adopted the same pattern - first planned adoption, then expressed ambivalence and inability to work within a time limit. She blocked on any discussion of her real feelings around relinquishment and seemed unable to think of her baby's needs. In the case of her second child, a girl, she decided to retain custody, and in view of her extreme disturbance over placement of her first baby, was encouraged to do so by the referring agency. She took employment where she could keep her child with her, and seemed strongly attached to the little girl. Following the birth of her third child, a boy, the patient decided to retain custody. However, she experienced difficulty in coping with the two children, and in order to help her with planning, she was referred for psychiatric services. At the time of referral, her eldest child was placed for adoption, her second child was temporarily placed and her third child was also temporarily placed pending her decision with respect to adoption.

The psychiatrist diagnosed the patient's difficulties as developing from her early life experiences. He felt that she was a woman who needed a child as a love object - something which she could possess as her own. He felt moreover that she was attracted to men for whom she had little feeling, and who were likely to lose interest in her as soon as she became pregnant. He commented on her need to have male children, who at the same time presented conflicts because of their sex. Although the psychiatrist believed that relinquishment of her third child would be exceedingly difficult, nevertheless he recommended that Miss I. be encouraged to adopt such a plan, and that the agency might relieve her guilt feelings by assuming major responsibility for her decision. He foresaw the possibility of her becoming markedly disturbed over this plan, and offered further psychotherapy, if such were desired. He also predicted further pregnancies as being within the realms of possibility.

Information contained in the agency record, indicated that psychiatric advice had been followed. However, although the patient signed consent forms for adoption, she again became pregnant, and was later admitted to hospital in a highly toxic state. While she was in hospital she learned of her mother's death and was greatly upset by the news. She requested temporary placement for the new baby, and was subsequently referred for treatment to a psychiatrist attached to the maternity hospital.

Case History Miss J.

Miss J., born January, 1916, was the third in a family of six children, the two youngest of whom were dead at the time of her initial contact with the Mental Hygiene Institute at ten years of age. Miss J. had apparently suffered from chorea between the ages of eight and 12 years, and prior to that was reported as being "very nervous" and fearful. Similar reports were also noted when she was 15 years old. Her parents were lenient with her because of her illness, nevertheless she displayed no particular fondness for either one. Her mother died of cancer in 1928, and her father, who had always been in delicate health, of tuberculosis, in 1943.

The patient's relationships with her siblingsappeared to be satisfactory and as she grew older, she became increasingly dependent on her older sister with whom she made her home from time to time.

She discontinued school at 13 years while in grade five, following which she held various low-paid jobs. The record indicated that her academic progress was good.

The patient's first illegitimate baby, a girl, was born in April, 1942. The putative father was a man in her neighborhood who seemed very fond of her, and with whom she went out until she became pregnant when 24 years of age. The putative father was then 31 years of age, single, and employed as an upholsterer. His father was hospitalized in a mental hospital, and his mother was employed at unskilled labor. She dominated the putative father, who, although refusing to admit paternity, assumed considerable financial responsibility over a long period of time. The patient decided to retain custody of her baby, and tried several plans whereby she might do so. From time to time the child was placed with her sister, or with friends. Miss J. also considered relinquishing her for adoption, and had even prepared her for the experience, but was prevented from carrying it out by the interference of her relatives. Finally, when the little girl was five years of age, the patient arranged to place her permanently with relatives by marriage, who, however, would not permit the patient to visit.

The latter again became known to the referring agency through a maternity hospital where she had been admitted following an attempted abortion. The attending physician considered her to be so emotionally disturbed that he feared she would attempt suicide. She had become involved with a man of 26 years, who was married but separated from his wife, and was the father of two children. He and the patient had been living together for several months, and the latter seemed fond of him, and confident of his sincerity when he indicated that he wanted a child. However, when she became pregnant, he began remaining out late, and Miss J., fearing a repetition of the experiences of her first pregnancy, decided to terminate her situation by leaving the putative father and inducing an abortion.

She improved in hsopital, and was discharged with her baby girl, born December, 1947, to anagency foster home. However, within nine days she was requesting temporary placement for the baby in order to come to a

decision regarding final plans. The putative father had no intention of marrying her, and urged that the baby be relinquished for adoption as he considered the patient too disturbed to meet the child's needs. Miss J.'s sister also felt that she was mentally ill, and she was accordingly referred to the Mental Hygiene Institute for psychiatric evaluation.

The psychiatrist considered that Miss J. had been involved in sex relationships because of herprofound need of being wanted and accepted, which he noted, seemed to be corroborated by the fact that she began a new intimate relationship about the time that her first child was placed permanently away from her. He diagnosed the patient's condition as reactive depression, and recommended treatment at the Allen Memorial Institute. She was subsequently admitted to that hospital but according to the records presented a problem in treatment. She did not respond to electro-shock or insulin therapy, and became disturbed whenever her baby was mentioned. She finally signed adoption consents, but was exceedingly upset, and the psychiatrist felt that she might become more depressed and require commitment. She subsequently left the hospital against advice, and was later reported by her sister to be steadily employed, happier and more secure.

In November, 1949, the patient gave birth to a baby boy, by the same putative father as her second child. Although she at first planned to establish a home with this man and keep the child, she finally decided to relinquish the baby, and in May, 1950 signed adoption consents, although she was clearly unhappy about her decision. A further note on the record of the referring agency, indicated that in March, 1951, the patient was again pregnant by the same man, and was reportedly very depressed, and had talked of suicide.

Case History Miss K.

Miss K. was born in August, 1923, the youngest in a family of nine children. When referred to the Mental Hygiene Institute she was illegitimately pregnant for the second time. Her first child born in 1947 had been placed for adoption privately through the hospital where she had been confined. The putative father was a young man whom she had met through her brother, and with whom she lived for four years. Although she understood from him that he would marry her if she relinquished the baby for adoption, his parents were opposed to the match, and the marriage did not take place. The patient described this man as kind and considerate and a person who fed her well. It was the opinion of the referring agency that she would marry anyone who would provide her with a secure home. However, the patient became increasingly jealous of him and his relationships with other women. They quarreled frequently, and finally in November, 1948 they terminated their relationship, the patient going to live with her brother. She became pregnant for the second time by a sailor whom she met casually, and about whom she knew nothing. On examination by a private physician, referral to the Mental Hygiene Institute was recommended for the purpose of a psychiatric evaluation with a view to possible sterilization.

Miss K.'s parents were both dead, her father having died from a heart attack in 1936, and her mother from stomach ulcers in 1943. Her mother had remarried following her father's death, and the patient was suspected of being the illegitimate child of her mother and the latter's second husband who died in 1934. Following her mother's death, her brother married, and the patient held various jobs until she met the putative father of her first child. On terminating her relationship with him she went to live with her brother whose wife was reported to be abusive toward her.

The psychiatrist diagnosed Miss K. as essentially mentally deficient, particularly in her emotional and social adjustment. Sterilization was recommended with a view to preventing further pregnancies. However, this was not carried out, due to the refusal to do so, by the attending physician at the maternity hospital, apparently on medical grounds. The baby was placed temporarily in a foster home, and after six months was taken into agency custody, because of the agency's inability to locate the patient. The latter was reported to be promiscuous, and in February, 1951, was discovered to be pregnant again. She later married a man, who was not responsible for her condition, but who promised to care for her and the baby. This marriage proved to be most unhappy, and the patient claimed that her husband was a chronic alcoholic who beat her and refused to support her. They finally agreed to divorce one another after the baby was born, and the patient was requesting an adoption plan for her child. The putative father was a 42 year old man, who left town on learning of her condition.

Case History — Miss L.

Miss L. was born in November, 1924, in Nova Scotia where her parents and siblings were living at the time of her referral to the Mental Hygiene Institute. She was the fifth of seven children, and although she divulged little information about her family, indicated that they were a closely united group. Her father was a farmer, and active in church affairs. Financially he was apparently in good circumstances.

The patient had completed grade XI, following which she trained as a nurse, and had worked regularly until shortly before the birth of her baby boy. Although she had originally requested an adoption plan for the child, after seeing him she decided to retain custody and was determined to keep him. However, she was unable to admit his existence to any of her family or friends and was experiencing difficulty in finding a home for him. She felt that knowledge of her pregnancy would ruin her father who was highly respected in his community.

The putative father was a man of 31 years, single, in good health, and of the Jewish Religion. He was employed as a chartered accountant, and was willing to marry the patient, provided the marriage took place in a Jewish Synagogue, and that his aged mother whom he supported would live with them. Miss L. decided against marriage on such terms, feeling that to give up her own religion would be a blow to her family, and furthermore that she would not want the mother of the putative father to live with them.

Despite the fact that there was no thought of marriage, both principles appeared to be exceedingly fond of one another, and continued to see one another. The putative father was interested in the baby, and visited regularly. The patient planned to continue paying for the child's maintenance in the foster home in which he had been originally placed, although she knew that by her doing so, the home would be lost to the agency.

A subsequent report indicated that Miss L. was ill with tuberculosis, and was requesting agency help in arranging for her baby's care during her illness. The little boy was accordingly transferred to a home which was under the supervision of a child placing agency, as the patient appeared to be seriously ill.

Case History — Miss M.

Miss M. was born in August, 1932, and referred to the Mental Hygiene Institute as an unmarried mother at the age of 18 years. She was experiencing difficulty in planning for her baby, so much so, that she was unable to discuss possible arrangements for its care. Miss M. was the fourth child in a family of six.

According to the record, her father was a proud, independent man who disliked asking for assistance. Consequently, his family had frequently been in the position of having insufficient food in the home. Mr. M. had himself experienced a deprived childhood and had lost his mother through death at five years. An only child, he had then been separated from his father through placement with relatives in England, where he attended school until he completed grade seven. He then worked in a laboring capacity until he enlisted in the Navy in World War I. On coming to Canada following the war, he held various low paying jobs, from time to time having to accept assistance. He finally obtained regular employment with the railroad.

Mr. M. was a stern, fault-finding father who seemed unable to establish a close relationship with his children. The patient had felt that it would be impossible to discuss her problems about her baby with him as he would not understand.

Miss M.'s mother was born in England, where she completed grade VII at 13 years of age. She then was engaged in various occupations such as messenger girl, tailoring, domestic, munitions plants, and acetylene welder; until her marriage. She was submissive to her husband, but at the same time more permissive than he with the children, evidently in an attempt to compensate for his frequent fault-finding. She was filled with self pity on learning of the patient's condition, feeling that she had been disgraced, and stating that she was unable to understand the reason for such behavior. Nevertheless she offered to keep both patient and the child in the family home, and to care for the baby during the day time. She was described as being fond of her children but as having difficulty in expressing her affection. Again, Miss M. felt that she could never relate closely to her mother, nor discuss intimate matters with her. She had not told anyone of her condition and continued at school (where she was enrolled in grade XI) until one month before the baby was born. Her mother only learned of her situation when labor was well advanced, and consequently the baby was born at home. It was subsequently placed in a foster home at eight days. The patient visited the child frequently and was reported to be emotionally upset on such occasions. Because of her close contact, with her child, she became the victim of neighborhood gossip, the effect of which she feared on her child.

The putative father was a 17 year old French Canadian school boy who was completing Grade XI. He was the youngest of ten children. All but one of his siblings had left home. According to the patient his home life appeared to be happy. He claimed to have had no idea that Miss M. was pregnant, but on learning of the baby's existence told her, that even had he been aware of her condition, he would not have considered marriage. Miss M., although upset by his attitude, expressed no hostility toward him, feeling that she was equally responsible for her situation.

The psychiatrist felt that despite the fact that she was mildly depressed, Miss M. did not manifest any signs of a pathological depression, but on the whole had always been socially well adjusted. He regarded her unmarried pregnancy as largely accidental in nature, and felt that she would not necessarily again become involved in such a situation. He considered her attachment to her baby to be on a relatively superficial level, and recommended that she be encouraged to think in terms of adoption placement.

Further reports indicated that the patient was employed as a filing clerk. She experienced considerable conflict over plans for her baby but with case work help was able to work it through to the point where she signed adoption consents. Following this it was discovered that the baby had a cardiac condition and could not be placed for adoption. A few months later Miss M. requested that her baby be returned to her. She planned to marry a man, who had agreed to having the child in their home. Both he and Miss M. were interviewed, and the matter of her child's physical condition and requirements for adequate care were thoroughly discussed with them. As a result, following the patient's marriage, her baby was returned to her.

Case History Miss N.

Miss N. was born in 1932 the second of five children. She completed second year high school, following which she was employed in a large department store. During most of her life the marital relationship between her parents had been poor. When she was a baby, her mother had charged her father with non-support and later with indecent behavior and inhuman conduct. She described him as a bad tempered, quarrelsome, man who had threatened her with bodily harm. The situation apparently subsided, but when the patient was 14 years of age, her mother had her father arrested on a charge of seducing her (Miss N.) There was also evidence that he had for years insisted that she and her brother, a year her senior, engage in sexual play and intimacy under his supervision.

The father was placed in jail while awaiting trial, and from there was transferred to the Allen Memorial Institute for psychiatric treatment. His difficulties were related to his inability to understand and meet his wife's needs and her resulting antagonism toward him. As their relationship deteriorated, Mr. N. sought sexual satisfaction from his minor daughter which the psychiatrist felt was a reaction of despair derived from his relationship with his wife. He responded well to psychotherapy, gained considerable insight and emotional control. According to his wife, he was an only son, who had been overly indulged by his mother. He was given to temper tantrums when denied his own way. He completed second year high school, following which he attended business college for a year. Prior to enlistment in the armed services he was in receipt of relief for nine years. The financial situation appeared to be precarious, although at the time of Miss N.'s referral for psychiatric services, he was a partner in a painting business and making an effort to be financially successful.

Miss N.'s mother completed grade seven and one year of business college. She then worked as a stenographer until her marriage at 19 years of age. She became illegitimately pregnant by her husband whom she evidently forced to marry her. However, the child was still-born at five months, and she appeared to regret the fact that she had married when it had not been necessary "after all". The record indicated that she had been interested in another man, and continued to maintain this interest for many years following her marriage.

At the time Miss N. became pregnant, she had been sleeping in the home of the putative father in accordance with instructions from the court that she and her father should not sleep in the same house. She had been mildly ill with poliomyelitis during the previous summer, and had found it necessary to give up her employment with an industrial firm where the putative father also worked. She had been going out with the latter for several years. He gave the impression of being an immature, irresponsible man, who felt that he and the patient could never have a satisfactory permanent relationship because of her father's tendency to interfere. Although Miss N. hoped for marriage eventually, he indicated to the referring agency that he planned to terminate their relationship.

The psychiatrist diagnosed the major emotional problem in the patient's life as insecurity derived from years of strain in the home atmosphere. He felt that any tendency to attach herself to an individual outside her home would be eseentially an attempt to develop compensations for the emotional deprivation which characterized her earlier life. He recommended that she

be encouraged to place her baby for adoption, to return to work, and despite its limitations, to live in the home of her parents, until she had worked through some of her problems. Because her family had been known to a family agency from time to time over a period of years, he recommended that further case work services of this nature be given in an effort to assist her parents to a happier marital adjustment. Much guilt over the entire situation had been expressed by her mother, father and older brother. The latter was so upset over his participation in her difficulties that he requested and received psychiatric treatment.

Further information revealed that all the psychiatrist's recommendations were carried out. However, Miss N. experienced considerable conflict over relinquishing her baby for adoption. She had visited the foster home regularly, and required much support to enable her to reach a decision, finally signing adoption consents. In the meantime she obtained employment in a clerical capacity and moved from the home of her parents to share an apartment with two other girls. She broadened her social contacts, and through case work help gained understanding of her relationship with the putative father, and the fact that she could get along without him.

During the week end in which she signed consents relinquishing her baby for adoption, the patient again became pregnant. She insisted that this was the result of one incident only, at a drunken party. Although the putative father at first suggested marriage, he later denied paternity and withdrew the offer of marriage. At that time Miss N. was requesting adoption placement for her second child which she expected around June, 1951.

Case History Miss P.

Miss P. was born in April, 1932, the eldest of four illegitimate children by a negro mother and a white father. Following her birth her father was sentenced to a period in jail because of his offence against her mother who was then a minor. Although three other children were subsequently born to this couple, the record indicated that they had at no time maintained a home together.

Miss P.'s mother had had a particularly severe background. Her father, although deeply attached to his family, was a stern rigid person who regarded the normal pursuits of singing and dancing as almost sinful. He entertained grave fears about his daughter's morals, and was constantly on the alert to safeguard her from temptation. Her mother loved her children, and enjoyed them, but was frequently fault-finding. She had two daughters by a previous marriage, both of whom had had illegitimate children.

Miss P.'s mother suffered because of her limited intellectual capacity. Psychometric tests had revealed that she had an Intelligence Quotient of 88. Her parents apparently failed to recognize this, and because of the importance which they attached to education, punished her severely for her poor school reports, and compared her unfavorably with her younger and more clever siblings. As a result she resorted to lying and other deceptions in order to avoid punishment.

Following the birth of the patient, her mother took her to the home of her parents (maternal grandparents) where she (Miss P.) remained for the greater part of her young life. Although the family seemed proud and accepting of her as an infant, at the time of her referral for psychiatric services in 1950, it was felt by the psychiatrist that she had been rejected by her close relatives all of her life. Her grandfather had been unaccepting of her, but passive in his attitude. Her mother had been disinterested and aggressively protective of herself and of her own background and behavior. The grandmother, on the other hand had tried to compensate for her mother's treatment of her by providing the patient with "everything money can buy", even at a sacrifice. Despite this it appeared evident that Miss P. had never received sufficient emotional security.

The latter discontinued high school during the second year, following which she took various unskilled jobs. She had known the putative father since the age of 14 years, and had been going out with him steadily since 15 years of age. There were both racial and religious differences, the putative father being French Canadian and Roman Catholic, whereas the patient was partly colored and of the Protestant faith. The relatives onneither side approved of the relationship.

In 1948, Miss P'.s mother planned to marry a colored man, but saw in her daughter's mixed racial origin a complication. Supported by the maternal grandmother, she tried to arrange commitment to a correctional institution for the patient until she reached 21 years of age. The mother redoubled her efforts following the birth of Miss P.'s illegitimate baby in March, 1949, which she considered was proof of promiscuous behavior. Finally Miss P. went to the Judge of the Juvenile Court for advice, who

recommended that she be examined at the Mental Hygiene Institute. At the time of her referral, both she and the putative father were interested in their baby, and also in establishing a home where they might keep their child. However, as both were minors it was necessary to obtain parental consent before this could be effected.

Miss P. appeared to be frightened of her grandmother and contemptuous of her mother. At one point she planned to marry an American negro from New York, but later decided against this. Maternal grandmother was exceedingly annoyed with her because of her change in plans.

At a conference of representatives interested agencies, held at the Mental Hygiene Institute, it was the consensus of opinion that the patient and the putative father should be encouraged in their plan to marry. It was felt that together they had sufficient strengths to indicate a chance for a satisfactory marriage.

Additional information revealed that the putative father was not too sure of his feelings for Miss P. and was ambivalent about marrying her. He was given an opportunity to discuss his feelings, and later when he revealed considerable interest in other girls, Miss P., with whom the referring agency had maintained close contact, was supported through the period of terminating her relationship with him. She was helped with plans for her baby, and assisted in finding satisfactory living accommodation and employment. She was encouraged toward her own cultural group and given help in understanding her own situation. She appeared to derive considerable satisfaction both from her work and broader social contacts, and eventually was able to relinquish her baby for permanent placement away from her.

Case History Miss R.

Miss R., was born in February, 1931. She had two older brothers and one sister younger than she. She had completed grade six at 14 years, following which she had taken employment as a domestic with a woman who knew her family, and with whom she remained during the next five years.

The patient's family resided in a community outside Montreal. Her father had been out of the home for many years and at the time of her referral for psychiatric services her mother was partially blind, her two older brothers were married, and her younger sister who was living at home, had been apprehended on a charge of vagrancy. The patient was markedly attached to her mother, but apparently disliked her father. She contributed the major share of her salary to the family finances. She seemed to be the most successful member of the family, and her parents and siblings held her in high regard.

The putative father of her child was a young man, a displaced person, who was employed on a farm near her home. The patient disliked him intensely, stating that he had forced intercourse. He, for his part, did not deny intercourse, and had been compelled to assume responsibility for her hospital bill, but at the same time indicated that there were people other than himself who had been involved with her.

Miss R.'s employer was a dominating woman, who, because she had promised her mother to look after Miss R. felt much responsibility for her welfare. Although she tried to arrange a marriage between the patient and the putative father, the social worker attached to the maternity hospital was able to dissuade her from such a plan, and also to help her to understand the patient's needs. The latter found it very difficult to tell her mother about her situation, but again through case work help was enabled to do so. Her mother was kind and sympathetic and assured her that she did not have to marry the putative father. She did however, request that the situation be kept quiet, and that the baby be placed for adoption. The patient agreed that such a plan was best, and was therefore referred to a child placing agency. Her baby was born in September, 1950, and following its birth, she displayed considerable interest in it. At the time of the patient's discharge from maternity hospital, she seemed reluctant to sign the adoption forms. The social worker suspected that she had been under pressure from both her mother and employer to relinquish her baby, and therefore discussed such alternative plans as foster home care.

Shortly after discharge Miss R. was readmitted for postpartum bleeding, and for which she underwent an operation. Following the operation she became acutely disturbed. The social worker was able to ascertain that she wanted to keep her baby, but that fearing the disapproval of her mother and employer, she wanted to retain custody without their knowledge.

Because of her disturbed state, the patient was transferred for treatment to the Allen Memorial Institute of Psychiatry. The psychiatrist felt that it was extremely important that Miss R. be allowed to make her own decision regarding her baby, and requested social service help in interpreting to the child placing agency, the need for delaying permanent

plans, until she had had an opportunity to work through her conflict in psychotherapy. Case work help was also given around her dissatisfaction with her employment and narrow social contacts. Finally, following discharge, arrangements were made to transfer service to the child placing agency, as it was felt that Miss R. required continuing supportive help, and the agency concerned with plans for her baby would be the most suitable source of such assistance.

Case History — Miss S.

Miss S., born in 1926, was the eighth in a family of 12 children. She was 24 years of age when admitted to the Allen Memorial Institute of Psychiatry in July, 1950. She had given birth to an illegitimate child in August, 1949. The baby was subsequently placed for adoption; little information being available regarding either it or the putative father. It was noted, however, that although she had always been emotionally unstable, her symptoms had apparently become more acute following the birth of her child.

The patient had attended school in Montreal completing grade IV at 14 years of age. Although she had ranked first in her class in grade I, her standing in grade IV had dropped to the lowest in the class. She failed two grades, and was evidently on the point of being expelled on several occasions.

On leaving school Miss S. worked irregularly as a clerk, baby nurse and office girl. The longest term of employment was one year.

Sexual history revealed many instances of sex behavior with her siblings as a child. She first had intercourse at 21 years of age. She later told the man in question that she loved him, whereupon he laughed in her face. After that she went out only with married men.

Family history appeared markedly insecure. The marital situation between the parents was poor, and the mother had evidently considered separation but feared her own inability to support herself. Her attitude toward the father was cold and lacking in understanding. Sexual relationships had not occurred during the past seven years, which the mother attributed to the father's alcoholism and his neglect of family responsibilities. Although she was critical of the patient, and the latter was exceedingly hostile toward her, her attitude toward the children was on the whole more sympathetic and understanding than that of their father. The latter was described as unstable and alcoholic. He was suave and well-spoken, and condemned the mother for breaking up their marriage. He felt that she was inferior both culturally and educationally to himself, and complained that she nagged at him and moreover permitted him no responsibility in household affairs. Although the patient stated that he had beaten her as a child, he revealed much concern when the suggestion was made that she be transferred to a hospital for the treatment of psychotic patients, and feared that she might not receive adequate care.

Miss S. was diagnosed as a schizoid personality with many hysterical features in a girl who had had an unstable background. Because the prognosis appeared to be poor, the psychiatrist recommended transfer to a mental hospital. In the meantime, the patient was discharged to the home of her parents. Because her mother feared the effect on her siblings of her presence in the home while awaiting admission to a mental hospital, supportive help was given by a psychiatric social worker. During case work interviews the patient expressed hostility to her family, and gave the impression of never having possessed anything for herself.

In considering the information on her brothers and sisters it was noted that three of her siblings had been patients at the Allen Memorial Institute, two had received psychiatric treatment elsewhere, and one was asthmatic and easily disturbed.

Case History Miss T.

Miss T., a displaced person was born in Europe in 1926, the youngest of four children. At the time of her referral for psychiatric services she had been living in Montreal between two and one-half and three years. Although at first she referred to her childhood as happy, she later revealed that she had never felt equal to her siblings and had had difficulty in gaining acceptance and affection from other members of the family. She had apparently compensated by becoming a "mother's girl".

The patient started school at eight or nine years of age, and completed grade six at 16 years. Although she had enjoyed school, she found it difficult to learn. On discontinuing her studies, she lived with her sister, helping her in her work of testing milk. Apparently this was regarded as an apprenticeship in the trade of milk bacteriologist.

When Miss T. was 20 years old she took employment in Germany, and three years later emigrated to Canada. She had been employed steadily in a factory in Montreal, and planned, following confinement to return to this work.

She revealed marked attachment to her father. She described him as a ship's captain who had been away from home during much of her young life. His attitude was somewhat stricter than that of her mother who was a "home body". Miss T. found it easy to talk to her mother.

The patient was referred for psychiatric services by a psychiatrist in private practice. He described her as depressed, and suffering from insomnia and anxiety. She was five months' pregnant. The patient subsequently indicated many somatic complaints.

She herself stated that since coming to Canada, she had had four "nervous breakdowns". She felt that the most recent one had been precipitated by the fact that her boy friend (the putative father) evidently did not plan to marry her. The records did not indicate clearly whether or not he was aware of her pregnancy. He was a boy of foreign birth who had been studying in Montreal, and at the time of her contact with psychiatric clinic had left the city. At one point in the record, there was an indication that Miss T. was attempting to contact him through a friend, in order to inform him of her situation.

She was given social service help in making plans around the birth of her baby. While in maternity hospital following confinement she did not see the child, claiming that she felt too ill. She revealed little disturbance when by mistake she and her baby were discharged at separate times, the baby going directly to a foster home rather than with her as had been originally planned. Subsequent to discharge from maternity hospital Miss T. showed no inclination to return to work. She had many somatic complaints, and displayed little initiation in finding accommodation. Supportive help was given by the psychiatric social worker. Miss T. had been diagnosed as suffering from anxiety neurosis with hysterical features. It was recommended that she be helped to return to her employment, and that she attend group psychotherapy.

Case History Miss U.

Miss U., born in 1924, was 25 years of age when referred to the Allen Memorial Institute for psychiatric treatment following a suicide attempt. She had taken an overdose of iodine, and had then become frightened and reported voluntarily to a general hospital, from where she was subsequently transferred to the Allen Memorial Institute. At the time of her admission to psychiatric hospital the patient was four months pregnant, and exceedingly upset over her situation. She had been afraid to tell her mother in the fear that such information might upset her and that she would be disappointed in her. The patient also experienced difficulty in obtaining living quarters, and as pregnancy advanced she became more and more fearful of her mother's learning of her condition. She also became progressively weak and tired and was unable to work. She could not live with her mother who had only one room. The patient became so depressed and hopeless that she decided to commit suicide.

When informed that it had been necessary to contact her mother, Miss U. was most upset. Although her mother visited, she refused to speak to her at first, but later responded and conversed. The psychiatrist felt that her depression and anxiety lessened during the interview, although she continually expressed the hope that somehow her baby would not be born. Her mother was described as a domineering, overly protecting mothering person who burdened her daughter with excessive love and demands of attention. The patient, on the other hand, while dependent on her, was at the same time hostile in her attitude.

Her condition was diagnosed as an anxiety state and reactive depression in a basically immature individual. Shortly after her admission to the Allen Memorial Institute, Miss U. was found to be suffering from active tuberculosis, and it was therefore necessary to effect immediate transfer to a hospital where she could receive adequate treatment for her physical condition. A subsequent note revealed that due to the nature of her emotional disturbance she had been transferred to a hospital for the treatment of psychotic patients and where she would also be treated for tuberculosis.

As Miss U. had only remained in psychiatric hospital for five days little background material was obtained. However, it was learned that her parents had separated about 12 years previously, that her father had gambled and that her mother had objected to his doing so. At the time of contact her father was employed as a porter on the trains, and the mother did day work. She had two brothers who were working for themselves and unable to offer financial support.

The patient had been working since she was 14 years of age, and had strong feelings that she should not be a burden to her mother. She denied sex experiences other than those with the putative father. In hospital she revealed some feelings about racial prejudice although she admitted that she had never been badly treated. The psychiatrist considered her to be basically dependent, and constantly seeking attention and reassurance.

Case History Miss V.

Miss V. was 31 years of age, and the unmarried mother of a seven year old boy when referred to the psychiatric clinic for treatment by a physician in private practice. She was the younger of two children, having a sister about four years older.

At the time of referral for psychiatric services she had various somatic complaints, and since childhood had suffered from periodic episodes of falling without loss of consciousness. She was easily nauseated, worried, tense, and exciteable. Two years previously Miss V. had been involved in a motor accident, to which she attributed her symptoms, although X-rays had been negative. Three years prior to admission she had attempted an abortion, under the mistaken impression that she was pregnant.

The patient appeared to have had a deprived background. Her father had deserted his family when she was four years of age, her mother remarrying before she was 12. In the interval her mother was reported to be promiscuous. The patient, during psychiatric interviews, expressed feelings of maternal rejection, claiming that her mother did not understand her and had never shown her any love. She felt that her mother favored her older sister, to whom she herself was markedly hostile. She claimed that as a child she had had to take cast-off clothing, while her sister was given new clothes.

Miss V. described her step-father as restrictive in his attitude toward her, and given to beating her whenever she disobeyed him. She also claimed that on occasions when her mother was absent from home he made sexual advances to her. She left school while in first year high school, and then worked as a waitress and as a clerk.

The putative father of her child was a married man. She stated that she had not known this until after she became pregnant. His wife died before Miss V.'s child was born, and although she then expected to marry the putative father, her plans did not materialize. He was an officer in the services, and she subsequently learned that he was killed overseas.

The patient appeared to have considerable guilt about her unmarried motherhood. She had left her home city for Montreal four years previously because she felt she was the victim of gossip. She claimed that her mother and her sister discussed her situation quite freely with others, and that her sister was critical of her although she, herself, had been pregnant at the time she married.

Following his birth the little boy was placed periodically in foster homes but for the most part remained with his maternal grandmother. However, several months prior to her referral to psychiatric clinic, her child returned to live with the patient. She was felt to have genuine affection for him, but at the same time was somewhat demanding of him. The child was in 1951, referred to the Mental Hygiene Institute, because he presented behavior difficulties in school.

The patient had been going out with a man of Jewish faith for the past three years, and hoped eventually to marry him. She saw her child as somewhat of a barrier to this plan. She had been known to a family agency for some months prior to referral. This agency had provided financial

assistance and had given her case work services to enable her to understand her relationship with her son and the reasons she made such heavy demands on him.

The patient received regular psychotherapeutic interviews for over a year at the psychiatric clinic, supplemented by case work services. It was felt that she was suffering from considerable guilt, anxiety and emotional insecurity. The psychiatrist noted that essentially, she was repeating the situation as she saw it as a child in her own home. She was diagnosed as suffering from anxiety hysteria with phobic manifestations, and it was felt that psychiatric treatment was needed for the sake of her child as well as herself.

Case History Miss W.

Miss W., the second eldest of five children, was 18 years of age when admitted for the first time to the Allen Memorial Institute of Psychiatry. Referral was from a physician in private practice following suicide attempts first by taking an overdose of iodine, and later by throwing herself in front of an automobile. Her difficulties were apparently precipitated by a disagreement with her boy friend, with whom she had been going out for two years. She had expected to become engaged to him, but he seemed more interested in going to the United States in order to train as a professional ball player. The patient was exceedingly upset by his attitude, as she had evidently experienced difficulty in establishing heterosexual relationships and found that it had taken a year to like her boy friend. She seemed to be ambivalent toward him, claiming that at times she was happy with him, and at others that she felt like screaming and striking him in the face. She related her attitude toward the male sex to an incident which had occurred when she was a child of seven or eight years. She had wakened during the night to find a man who roomed in the house lying on the bed beside her. She was frightened of him following this, and would take pins to bed with her as a precautionary measure.

Miss W. attended special class in school, stopping at grade V when 11 or 12 years old. During childhood she was restricted by her parents, particularly as to hours, which she overcame by going out secretly and lying. She had always felt that she was not appreciated and the victim of discrimination in the home. She revealed marked sibling rivalry for her older and more attractive sister. When she was 16 years old she ran away from home and obtained employment as a domestic. However, her father located her through a private detective. She was returned to her home, at which time her mother promised never to spank her again, and to treat her well. The patient quarrelled frequently with her family as well as with her boy friend. She had worked at home from an early age, and during the week ends had earned money by baby sitting. At one time she had helped her father to sell vacuum cleaners. Her social activities were evidently extremely limited.

Mr. W. completed third year public school. During much of his life he had worked as a salesman. According to his wife he had always been "very nervous and rather high strung". At one time he was reported to be receiving psychiatric treatment at the Allen Memorial Institute.

Mrs. W. had been an only child whose mother had died when she was eight years old. She had then lived with her maternal grandparents with whom she was very unhappy, until she was 14 years of age when she returned to her father who had remarried. However, she hated her step-mother and was soon sent away to school. Between the ages of 16 and 18 years she worked as a domestic. During this time she met the patient's father, and lived in a common-law relationship with him until the birth of their second child. Both of the Roman Catholic faith, they had requested the priest to marry them at the time their first child was born. However, as Mrs. W. was then a minor, the priest refused to perform the ceremony without her father's written permission. As Mrs. W. had previously given her father to understand that she was married, she felt that she could not comply with the stipulation of the church, and later she and Mr. W. were married by a Protestant minister. The mother also complained of "nervousness".

The patient's siblings seemed to be somewhat unstable. One younger brother had attended the Mental Hygiene Institute because of somatic complaints for which there was no organic basis. He had witnessed the patient's attempt to commit suicide by throwing herself under a car, and was markedly disturbed by it.

The patient was diagnosed as suffering from a primary behavior disturbance in a mentally, not very resourceful individual. It was felt that her suicidal attempts were caused by feelings of complete rejection and a protest to her growing up. There was evidence of a chronic anxiety state and much hostility to her family as well as feelings of inadequacy. The psychiatrist felt moreover that there was a schizoid personality, possibily early schizophrenia.

Following discharge, the patient again attempted suicide. Her depression on this occasion was attributed to the fact that she was illegitimately pregnant, putative father being her boy friend. On this occasion she was admitted to a mental hospital where she remained until near the time of confinement, when she was transferred to a maternity hospital. She planned to keep her child and was encouraged to do so by her parents, who wished both patient and baby to live with them. The family appeared to be accepting of her and her situation; and she seemed to adjust satisfactorily for some time after the birth of her baby.

Miss W. was subsequently readmitted to the Allen Memorial Institute following the departure from Montreal of a psychiatrist from whom she had received prolonged intensive psychotherapy. Readmission was arranged with a view to offering stabilization and help in overcoming her transference to him. She had been suffering from extreme tension and anxiety, and depression with suicidal ruminations.

It was felt that her neurotic manifestations probably originated in childhood. Final diagnosis was anxiety hysteria in an immature individual.

A subsequent note on the record at the Mental Hygiene Institute indicated that she would probably marry the father of her child, as soon as she had finished her p sychiatric treatments.

Case History — Miss X.

Miss X. was born in September, 1931, the eldest of two children. Her brother was approximately two years younger than she.

Her parents had separated when Miss X. was six, because of her mother's extra-marital behavior. Miss X. had been placed with her maternal grandmother for a time, and had then accompanied her father and younger brother to a western province. She had remained with her father until she was 15 years of age, at which time she returned to her mother in Montreal. The latter was reported to be promiscuous and to maintain herself by prostituting. The patient said that she recalled as a child, her teachers' commenting on her mother's behavior and predicting that she, herself, would follow the same pattern. She accordingly disliked school, although her academic progress had apparently been satisfactory. Her mother's attitude was one of rejection. She frequently forced the patient to leave home. Miss X.'s attitude to her mother appeared to be ambivalent.

Her father was described as a religious man who was suffering from diabetes. He resided in Ontario, and although he maintained some contact with his daughter by correspondence, his actual concern about her welfare seemed to be slight. Miss X. claimed a good relationship with him, but later revealed during psychiatric interviews, her feelings of deprivation from both parents.

The patient's history revealed sexual behavior over a long period of time. She claimed that at first she disliked it, but later became very passionate. Her first pregnancy occurred at 15 years of age, at which time an abortion was induced at the insistence of her mother.

She originally became known to the gynacological and obstetrical clinics of a general hospital in December, 1947, when she was visiting her boy friend who was ill on one of the wards. She reported that she was pregnant, that her mother knew of her situation, but was unconcerned. She herself refused to submit to the examinations required for clinic attendance.

In May, 1948, she was admitted to the maternity ward and subsequently gave birth to a baby girl. At the time of admission she was felt to be a suicide suspect. She was discharged to the care of her mother, where she continued to live, unhappily, for some time. She obtained employment in an Industrial plant.

With intensive case work help, the patient was enabled to accept referral to a children's agency for help in planning for her baby and to accept temporary foster home care. She gave conflicting reports as to the identity of the putative father, first claiming that he was her boy friend, but later stating that he was a casual acquaintance, a seaman, who had since left the country. At one point she planned to marry another man, also a seaman, evidently for the purpose of providing a home for her child, but did not follow through with this plan. She was not too cooperative with the placement agency, and although she visited her child irregularly, was inclined to interfere with the foster mother's care of the baby. With case work help she gained some insight into her behavior and became less antagonistic.

In September, 1948, she was found to be pregnant again. Although the putative father was again a casual contact, she continued in her relationship with her boy friend, with whom she admitted intimacy. She expressed much affection for the latter, but later recognizedthat her relationship with him was one of dependency and need for help. She rejected her third pregnancy, but with case work help was enabled to accept referral to a consulting psychiatrist who recommended admission to the Allen Memorial Institute. The patient was felt to be markedly disturbed and suicidal. She was extremely upset over her third pregnancy. She only remained in the psychiatric hospital for four days, following which she left against advice. Contact was maintained however through the psychiatric clinic, with the psychiatric social worker providing supportive service.

Miss X. had a destructive attitude toward herself and her pregnancy, and continually spoke of suicide and abortion. Although hostile toward the child placing agency, she was eventually enabled to sign consents for the adoption of her elder child. She was also able to discuss plans for her coming child. She expressed considerable guilt over her efforts to terminate this third pregnancy, fearing that by so doing she had injured the baby. However, she continued with maternity clinic where she appeared much more cooperative than formerly.

Social service assistance was given in helping her to find suitable living accommodation with a woman who met some of her needs for understanding and acceptance. Her second child, a girl, was born in May, 1949. The patient rejected this child because of its sex, and agreed to temporary foster home placement until permanent plans could be made as to care. At this time transfer of service to the child placing agency was arranged. A subsequent report indicated that the patient planned to take her baby and make her home with a married friend who lived in the country and who was willing to care for her baby. The placement agency felt that the value of such a plan was doubtful and was attempting to dissuade her, and to continue contact, if the patient were willing.

Psychiatric diagnosis indicated that Miss X. was suffering from a character neurosis, and that she would probably continue in her pattern of behavior.

BIBLIOGRAPHY

Benedek, Therese: "The Psychosomatic Implications of the Primary Unit: Mother-child", American Journal of Orthopsychiatry, (October 1949) pp. 642-654.

Brenner, Ruth F.: "Case Work Services For Unmarried Mothers", Journal of Social Case Work, Vol. XXII, (November and December, 1941) pp. 211-18, 269-75.

Clothier, Florence: "Psychological Implications of Unmarried Parenthood", American Journal of Orthopsychiatry, Vol. XIII, (July, 1943) pp. 531-49.

Corner, Mildred: "Importance of the Initial Interview With The Unmarried Mother", New York, Family Service Association of America, pp. 43-54

Deutsch, Helene: "Psychology of Women", Vol. II, New York, Grune and Stratton, 1945.

English, Spurgeon O., and Gerald H.J. Pearon: Emotional Problems of Living: Avoiding the Neurotic Pattern, New York, W.W. Norton & Co., 1945.

Holliman, Helen W.: "Who are the Children Available for Adoption?", Social Case Work, Vol. XXXII, No. 4, (April, 1951)

Hunt, J. McVicker, and Leonard S. Kagar: "Measuring Results in Social Case Work", Family Service Association of America, New York, (April, 1950)

Hutchinson, Betty: "Unmarried Mothers as Patients in a Psychiatric Clinic" Unpublished Master's Thesis, Smith College School of Social Work, 1948.

Josselyn, Irene M.: "Psychological Problems of the Adolescent: Part I", Social Case Work, Vol. XXXII, No. 5, (May, 1951) pp. 183-190.

Josselyn, Irene M.: "Psychological Problems of the Adolescent: Part II", Social Case Work, Vol. XXXII, No. 6, (June, 1951) pp. 250-254.

Judge, Jane G.: "Case Work With the Unmarried Mother in a Family Agency", Social Case Work, Vol. XXII, No. 1, (January, 1951) pp. 7-15.

Kasanin, Jacob, and Sieglinde Handschin: "Psychodynamic Factors in Illegitimacy", American Journal of Orthopsychiatry, Vol. XI. (January, 1941) pp. 66-84.

Marsh, Marguerite: "Common Attitudes Toward The Unmarried Father", National Conference of Social Work, (1941) pp. 377-88.

Mental Hygiene Institute Annual Meeting. Report of the Activities of The Mental Hygiene Institute, 1950, Quebec, Montreal. May 3, 1951

Morlock, Maud: "Establishment of Paternity", National Conference of Social Work (1940) pp. 363-376.

Ormsby, Ralph: "Measurement: A Valuable Contribution to Case Work", Smith College Studies in Social Work, Vol. XXI, No. 2, (February 1951) pp. 85-93.

Poland, Phyllis A.: "Case Work and Administration: A Study of the Relationship Between Administration and Case Work Service at the Psychiatric Clinic, Royal Victoria Hospital, Montreal, Quebec, 1946". Student project, McGill University School of Social Work, 1946.

Powell, Miriam: "Illegitimate Pregnancy in Emotionally Disturbed Girls", Smith College Studies in Social Work, Vol. XIX, (October 1948-June, 1949) pp. 171-179.

Reider, Norman; "The Unmarried Father", American Journal of Orthopsychiatry, Vol. XVIII, (April, 1948) pp. 230-237.

---------- "An Experiment in The Psychiatric Treatment of Promiscuous Girls", Psychiatric Service, San Francisco City Clinic, City and County of San Francisco Department of Public Health, 1945.

Seuier, Raymond, and Flanders Dunbar: "Emotional Factors in the Course of Pregnancy", Psychosomatic Medicine VI, (1944) pp. 151-154.

Scherz, Frances H.: "'Taking Sides' In the Unmarried Mother's Conflict". Journal of Social Case Work, Vol. XXVIII, (February 1947) pp. 57-61

Schmideberg, Melitta: "Psychiatric - Social Factors in Young Unmarried Mothers", Social Case Work, Vol. XXXII, No. 1 (January, 1951) pp. 3-7

Simpson, Eleanor: "Possibilities of Case Work with Pre-Puberal Children". Unpublished Master's Thesis, McGill University, School of Social Work, April 1950.

Wallin, Paul and Rosemary P. Riley: "Reactions of Mothers to Pregnancy and Adjustment of Offspring in Infancy", American Journal of Orthopsychiatry, (July, 1950) pp. 616-622.

Young, Leontine: "The Unmarried Mother's Decision About her Baby", Journal of Social Case Work, Vol. XXVIII, (February, 1947) pp. 27-34.

Young, Pauline: "Scientific Social Surveys and Research", New York, Revised Edition, 1949.