

McGill University

PARENT-CHILD RELATIONSHIPS OF 23 DELINQUENT, ADOLESCENT
GIRLS:

A study of the emotional factors in parent-child relationships which contributed to the delinquent behaviour of 23 adolescent girls referred to the Mental Hygiene Institute, and of the role of the social worker in the treatment plan.

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by

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P R E F A C E

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Chapter I

INTRODUCTION

Delinquency among adolescents has become one of the major problems of our society. Much has been written about this problem and many studies by sociologists, psychologists, and psychiatrists, have been made to find the causes. Over the decades many theories as to the cause or causes of delinquency have been postulated by various writers. These theories have varied from that of heredity to those of environmental or social factors. There has been and still is a great deal of controversy between those who favoured the hereditary factors and those who favoured the environmental factors, but today it is generally agreed that the basic problem is one of the individual's personality, which is a result of his rearing. The hereditary factors are those upon which the environmental factors are superimposed and these together determine the personality of the individual. This point of view is presented by Dr. Marynia Farnham in her book "The Adolescent,"

The basic problem is one of personality, that in turn, depends upon the kind of rearing the child has had. This is not a question, entirely or even largely, of material wealth, but of emotional qualities and especially of family relationships.¹

It is therefore important for the social worker to understand what these factors in the environment and in the parent-child relationships are in order to treat the problems

¹Marynia Farnham. The Adolescent. (New York: 1951), p.142.

of delinquency. As Dr. MacLeod¹ said, it is important to understand the stresses and strains which are present in the environment; and these must be relieved before the symptom can be treated.

What are some of these factors in parent-child relationships which are so important for a child's development and character formation? According to Kate Friedlander,²

The primary factors which lead to anti-social behaviour are to be found in the relationship of the mother, and later on, of the father, to the child and in those other emotional factors which constitute early family life.

Good parent-child relationships are formed from the earliest period in a child's life. Even the attitude of the mother towards the pregnancy is an important factor for there is a great difference between wanting and not wanting a child and this attitude may affect the later relationship between mother and child. Another factor is the parents' own childhood and their relationship to their parents. As Caroline Zachry³ said:

Various difficulties in self-evaluation and self-discipline are likely to be experienced, especially in adolescence by children of parents who are themselves deprived of emotional security. Uncertain of themselves, these parents are likely to be insecure and anxious in their relationships with one another and with the child.

Thus we must study not only the child's own early life experiences but also the parents' life experiences in

¹Dr. A. MacLeod. Teaching conference at the Mental Hygiene Institute, 1951.

²Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1949), p.96.

³Caroline Zachry. Emotion and Conduct in Adolescence. (New York: 1940), p.158.

order to understand what factors led to the development of delinquent behaviour in the adolescent.

The most important and formative years of the child's life are from one to six years of age, for this is the period during which the foundation for social adaptation is laid. That is, this is the period when first the ego and then the super-ego or social conscience emerges. The formation of a strong super-ego depends upon love and consistent discipline, and this in turn depends upon the child's relationships with his parents.

If the child enters the latency period having passed through all the previous stages successfully, there is less likelihood that he will become delinquent. However, if the child enters the latency period with some disturbance in his character formation due to previous life experiences, and if the experiences during this period do not correct the disturbance, he may become delinquent.

The experiences of the latency period may consolidate the character formation as it emerged at the age of six and then lead to continuous delinquent behaviour, beginning to some extent during the latency period and becoming more open during puberty.¹

The writer was interested in studying the case records of a group of delinquent, adolescent girls referred to the Mental Hygiene Institute with a view to discovering the various factors in parent-child relationships which contributed to the girls' problems. The writer was interested in this

¹Kate Friedlander. Op.cit. p.72.

study not only as a student psychiatric caseworker at the Institute but also because of a personal desire to enter this field of social work. Cases of adolescent girls were chosen because many studies have been made on delinquent boys, but little has been done about girls, particularly from a social worker's point of view. By delinquency, the writer means "habitual truancy from home or school; conduct that injures or endangers the morals or health of others; infraction of laws, ordinances and regulations of government agencies; and habitual disobedience or waywardness that is uncontrolled by parent, guardian or custodian."¹

The role which the social worker as a member of the psychiatric team at the Institute played in the treatment, while the girls were attending the Institute was also studied. As there was not sufficient information available in the records and as it was felt that this would involve a study of its own, no attempt was made to evaluate the worker's role, but only to describe it in general terms. A study of parent-child relationships in delinquency has never been done before at the Institute.

Various members of the staff at the Institute expressed interest in the study. It was felt that it might also be of interest to other agencies working with adolescent girls and their families.

The approach to the problem was from a case-worker's point of view and was based upon the assumption that poor parent-child relationships are contributing factors to delin-

¹George Genn. "Juvenile Delinquency," V.C.Branham and S.B. Kutash (Ed.) Encyclopedia of Criminology. (New York: 1949), p.213.

quent behaviour. This point of view was presented by J. McV. Hunt as follows:

Case material from child guidance clinics and juvenile delinquent courts has brought to light the great influence on childrens' behaviour of parental overindulgence ("spoiling"), hostility, neglect, and exaggerated educational ambitions and expectations.¹

Kate Friedlander said:

The primary factors leading to anti-social behaviour are represented by the attitude of the parents towards the child during the first five or six years of life. This attitude may be due mainly to the structure of their own personality or mainly to the pressure which a bad environment exerts upon them.²

Cases studied were those of girls referred to the Institute for stealing, truancy, sex problems, or incorrigibility, from Jan. 1, 1945 to Dec. 31, 1951.³ The age group under consideration included all patients over 12 years of age and not yet 16 years of age at the time of referral. This age group was selected because 12 is the age at which many girls enter puberty, that is, menses has been established, although some enter earlier and others later. The upper limit of 16 years was selected because this is the legal, upper age limit in the province of Quebec in defining delinquent children. The period 1945 to 1951, inclusive, was selected in order to obtain a large enough sample. Also 1945 was the first year a classified index was set up at the Institute, and it was noted that in 1951 more complete case records could be located.

¹J. McV. Hunt. Personality and the Behaviour Disorders. (New York: 1944), p. 775.

²Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1949), p. 104.

³For definitions of truancy and incorrigibility see the definition of delinquency above, p. 4.

Girls with an I.Q. below 79 were not included as this marked the beginning of mental deficiency and so represented a severe handicap. Cases were not studied where mental illness was found or suspected. Criteria for selecting the cases besides those just stated were that there must have been a psychiatric interview and a social history on file. Twenty-three records met the selected requirements.

Data used were taken from the records at the Mental Hygiene Institute, which include medical, social service, and psychological notes. The data were collected by means of a documentary schedule, which is included in the appendix.

The study was discussed under the following headings.

- I. What were the parent-child relationships?
 - (a) What were the parents' attitude towards the mother's pregnancy? Was this a wanted or an unwanted child?
 - (b) How did this attitude affect the later relationships between parents and child?
 - (c) What was the mother's attitude towards the girl and what expression did this take?
 - (d) What was the father's attitude towards the girl and what expression did this take?
- II. What were the parents' own problems and how did these affect their attitudes towards the girls? Problems studied here include the relationship between the parents, and also financial, housing and personal problems.
- III. What problems bring the girls to the Institute and what are the sources of referral?

A secondary aim in this project was that of learning what treatment the girls and their families received at the Institute, and what role the social worker, as part of the psychiatric team, played in the treatment. This was dealt with under the following headings.

I. Type of treatment - for the purposes of this study the definitions to be used here are as follows.

(a) Diagnostic - where interviews were for psychiatric evaluation, consisting usually of one interview with the psychiatrist and the psychologist, and/or the social worker. The psychiatrist's diagnosis was usually supplemented by a full social history from the referral agency.

(b) Short service - where treatment was a little more sustained than in (a), but not of sufficient frequency to be considered intensive; this consists approximately, of not more than three interviews with either the psychiatrist or the social worker.

(c) Intensive - sustained treatment, consisting of at least four interviews with either the psychiatrist or the social worker.

II. What was the outcome of the treatment?

The definitions used are based upon E. Simpson's classification in her thesis "Possibilities of Casework with Pre-puberal Children."¹

(a) Successful - outcome resulting from improved relationships at home or in placement. The girl is no

¹Eleanor Simpson. "Possibilities of Casework with Pre-puberal Children," Unpublished Master's Thesis, McGill School of Social Work, 1950.

longer considered a problem.

- (b) Partially successful - some improvement, but the girl still presents some problems.
- (c) Failure - where there has been no improvement, or where the girl's behaviour has become worse.
- (d) Unknown - where it is impossible to determine the outcome of treatment due to loss of contact with the girl or her parents.

III. What was the role of the social worker?

- (a) Did she collect the social history which helped the psychiatrist to form his diagnosis?
- (b) Did she work with the girl during treatment at the Institute

and/or

- (c) Did she work with the parents during the treatment at the Institute?

Other questions which were asked of the data were: who were the girls referred? what were their backgrounds, that is, what was their education, age, religion, etc.? what was their parents' backgrounds, in terms of birthplace, education, age, occupation, etc.? what was the relationship between the parents and their relationship with their own parents?

The writer sought the common or general aspects of the case records as well as the differences.

Some of the limitations of this study relate to the sorts of material that were available in the case records. The writer was dependent upon information obtained from

secondary sources, such as the records written by the social worker, the psychiatrist, the referral agency, etc., who were themselves dependent upon information from secondary sources. Case records were not always complete as they are usually compiled to utilize the main function of the agency and so were often recorded in summary form, rather than for research purposes.

The analysis of this study was mainly descriptive with presentation of case material, and with some statistical exposition. The case study method was used to describe the social worker's role in the treatment plan.

The materials in the following pages are arranged to present the theoretical background for the study which is a survey of the available literature, including various points of views and ideas of leading authorities in the field of adolescence, delinquency and parent-child relationships. A description is given of the patients and their families in terms of age, education, birthplace, etc. Then follows an analysis of case histories to illustrate the problems which the girls presented, parent-child relationships, and their effects, and treatment, and the role of the social worker. The final pages are a summary of the material presented in the text of the study, the findings and an evaluation of the significance of the data.

Chapter II

THEORETICAL BACKGROUND

This chapter will be a review of some of the pertinent literature in the field of parent-child relationships. It will be divided into three sections. The first section will describe the development of the normal personality from birth to puberty. The second section will describe the adolescent period and the third section will deal with delinquency and how the antisocial character or latent delinquent personality is formed.

Aichhorn¹ described the latent delinquent personality as that of a child who because of early emotional experiences has dormant, delinquent tendencies. It only requires suitable circumstances to turn these latent tendencies into manifest delinquency. He believed that the predisposition to delinquency is determined by the emotional relationships of the early environment of the child. Latent delinquency becomes manifest when it develops into dissocial behaviour.²

Psychoanalytic literature³ says that there are four main phases in the development of personality. These phases are (1) the oral and anal phases, from birth to three years, when the modification of instinctual urges takes place, which is dependent upon the mother-child relationship. (2) The Oedipal phase, from three to six years, when the super-

¹August Aichhorn. Wayward Youth. (New York: 1925), p.41.

²Ibid. p.41.

³Samuel Z. Orgel. Psychiatry Today and Tomorrow. (New York: 1946).

ego or conscience emerges, which is dependent upon the child's ability to identify with the parent of the same sex. (3) The latency period, from seven to ten years, which is a relatively quiet period of development and during which the personality traits developed earlier are consolidated. (4) Puberty or adolescence, from twelve to twenty-one years, which is the period of transition from childhood to adulthood.

According to the Psychoanalytic School of thought, the first six years of the child's life are the most important years, for this is when the foundation for social adaptation is laid. These are the years when the child's relationship to his parents will determine his future personality structure. This view was presented by Symonds¹ when he found that evidence has been accumulating in favour of the theory that the child's personality is determined in large measure by the interaction between parents and child. He says:

If a child is given security by his parents, he tends to develop one kind of personality, whereas if his security is threatened either by negligence on the one hand, or by overprotection or indulgence on the other, he develops another kind of personality.²

It is becoming clear that emotional security is a prime essential for the formation of a healthy, normal, well-integrated personality, and that emotional security enters into all human relationships. The first human relationships are within the family circle, where the basic personality is formed.³

¹Percival M. Symonds. Dynamics of Parent-Child Relationships. (New York: 1940), p.4

²Ibid. p.4.

³Percival M. Symonds. The Psychology of Parent-Child Relationships. (New York: 1939), preface.

In the first three years of life, the mother is the most important figure in the child's life, for he is dependent upon her for the satisfaction of his basic needs. Rene Spitz¹ considered "the child's need for love his primary need and the establishment of a love relationship with the child as the first essential." The mother is the one who trains the child, and upon her methods of education will depend the outcome of this training. According to Kate Friedlander, "the power which the mother has at her disposal during these first, formative years is very great indeed, and much will depend on the way in which it is used."²

During the first six months of life, the child is completely dependent upon the mother. This is the period during which the child first begins to distinguish between himself and other objects. For example, through the feeding process he begins to realize that the mother's breast is not a part of himself. Thus the mother is the first object-love, and is the basis upon which later object-loves will be patterned.³ This formation of object-relationships is the essential aim in social adaptation.

Around the time the child is six months old, the mother begins to train the child first through the weaning process and later through bowel and bladder training. Her methods of education should be patience, understanding and consistency.

¹Rene Spitz. "Three First Steps in Growing Up," Child Study. Vol.28, No.1. (New York: Winter 1950-1951), p.35.

²Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1947), p.35.

³Samuel Z. Orgel. Psychiatry Today and Tomorrow. (New York: 1946), p.45.

This is the time when the child first begins to realize that it is better to give up the immediate gratification of his instinctual urges and begins to differentiate between the pleasure principle and the reality principle. This is the period when the modification of his instinctual urges, into socially acceptable patterns, takes place. In order for this to be successful, sufficient time must be allowed for the expression of these urges at the different stages of development. This is very important if the child's ego is going to develop normally.¹ It is the new knowledge the child gains, namely that it is more important to retain the love and approval of the mother than to have the immediate satisfaction of instinctual desires, that aids in the modification of these instincts.²

Any factor which interferes with the establishment of a firm mother-child relationship and with consistent handling of primitive instinctive drives will hinder this process of ego development. Separations of any length of time before the age of three, lack of interest or lack of time on the mother's side, personality defects in the mother which make her inconsistent during the period of feeding, weaning and training for cleanliness, all may lead to a disturbance in ego development, which will be the more severe, the graver the environmental defect and the stronger the child's instinctive drives. This disturbance in ego development runs parallel in the disturbance in establishing object-relationships.³

When a child reaches his fourth year of life, these early dependency feelings for his parents begin to take on a different quality. Prior to this age the mother has been the dominant figure in his life, and the father has played a secondary role. Gradually the child begins to realize that

¹Samuel Z. Orgel. Psychiatry Today and Tomorrow. (New York: 1946), pp.47-50.

²Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1947), p.69.

³Kate Friedlander. "Latent Delinquent and Ego Development," Searchlights on Delinquency. (New York: 1949), p.206.

his mother does not belong to him alone; he senses that there is a father, and perhaps brothers and sisters as well, who share the mother's love. At first, the child is jealous of them and wishes them out of the way. There are no feelings of conflict when this wish first arises, until he learns that his mother loves these other people as well as him, and that she expects him to love them, too. This is the stage at which he first begins to feel any conflict or guilt.¹ Around the age of four, the child experiences another conflict, known as the oedipal phase, when the father begins to play a more important role in the child's life.

The little boy now wishes not only to be taken care of by his mother but he also becomes very possessive of her and resents her relationship to his father. In the same way, the little girl wishes to claim the full attention of her father and she resents her mother's claim on him.² This is a natural process in development and it is a prelude to later adult sexuality.³ "For the later emotional life of the adult much will depend on the way in which the emotional tangle of this period, which we call the Oedipus phase is resolved."⁴ According to Dorothy Macnaughton⁵ this conflict is gradually resolved through the process of identification.

¹Samuel Z. Orgel. Psychiatry Today and Tomorrow. (New York: 1946), p.52.

²Dorothy Macnaughton. "The Inner World of the Pre-School Child," Child Study. Vol.28, No.1. (New York: Winter 1950-1951), p.7.

³Ibid. p.8.

⁴Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1947), p.40.

⁵Dorothy Macnaughton. Op.cit. p.8.

The child takes within himself the moral attitudes of his parents, making them an essential part of his being. The boy strives to be like his father in order to avoid conflict with him and keep his love, and the girl to be like her mother for the same reason. The parents' outer demands are now continued within the child himself, and the "still, small voice" of conscience is born.¹

Kate Friedlander also presented this point of view.

"It is necessary for the child to identify himself with the parents at the end of the Oedipus phase, for otherwise his conscience will not become independent of the outside world."² She continues, "The personalities of the parents with whom the child identifies himself will form the basis for his ethical code."³

If the child's ego has developed to this stage then following this his super-ego will also be likely to emerge as a strong motivating force in his personality. However, if the ego has been retarded in development, there is also the likelihood that the super-ego or conscience may also be retarded, for the development of one follows that of the other.

Following the age of six, the child now enters the period of latency lasting to the age of ten, when "character and personality traits laid down in the earlier period are now consolidated, enriched, elaborated and modified."⁴ This is a period of equilibrium for the emotionally healthy child because the struggles of the previous periods are in temporary abeyance.⁵ During this period, as in previous ones, the child has a need

¹Dorothy Macnaughton. Op.cit. p.8.

²Kate Friedlander. Op.cit. p.72.

³Ibid. p.72.

⁴Grace M. Abbate. "The Middle-aged Child," Child Study. Vol.28, No.1. (New York: Winter 1950-1951), p.9.

⁵Ibid. p.9.

for love and affection from those about him. His relationship to his parents is an easier and less demanding one. He begins to be critical of them and to find fault with them. This is another important step in development, "as it will lead to the gradual loosening of old emotional ties and to the child's emotional independence."¹

This has been a description of the development of the child's personality from birth to puberty. During this period the super-ego or conscience emerges, and with good parent-child relationships the child will develop a strong super-ego. This depends upon the child's assurance that he is loved and accepted as a member of the family, and upon consistent discipline so that the child knows when he is doing right or wrong. "A steady, consistent attitude of friendly support gives a child a positive experience on which he can build."²

The child now enters the period of adolescence which may be defined in general terms as "the period of transition from childhood to maturity."³ Helene Deutsch⁴ described adolescence as "the period of the decisive last battle fought for maturity. The ego must achieve independence, the old emotional ties must be cast off and new ones created." According to Anna Freud⁵, "it is merely one of the phases in the development of human life." It is a period of rapid growth and change, physically, emotionally and socially.

¹Kate Friedlander. Op.cit. p.61.

²Aline Auerbach. "What does a Child Need," Child Study. Vol.28, No.4. (New York: Winter 1950-1951), p.22.

³C.M.Fleming. Adolescence. (New York: 1949), p.237.

⁴Helene Deutsch. The Psychology of Women. Vol.1. (New York: 1944), p.91.

⁵Anna Freud. The Ego and the Mechanisms of Defence. (London: 1937), p.152.

In primitive societies there is no such stage of development. There is only a short period of puberty, or time of sexual maturity, and then the boy or girl is admitted to adult society and responsibilities.¹

This is not true of our society, however, for adolescence is usually regarded as the period between twelve and twenty-one years. Although the youth may have reached emotional and biological maturation by the age of sixteen years, he does not achieve adult status until many years after.

Schramm postulated this theory in these terms:

Mature status is not given in relation to the individual's biological or social maturation, but is given or withheld in accordance with needs of other age groups in our society. Industrial development, public education laws, and employment conditions constantly affect the status of this group. Although adolescents and youth may achieve physical and emotional maturity, they do not usually achieve concurrent mature social and economic status. Instead they usually spend from three to five years in at least partial independence. This lag in cultural support and integration of this group is seen as one factor in the development of problem behaviour in this group.²

Fleming³ also presented this point of view when he wrote that over the years the period of postponement of adult status has increased, and with this the problems (both social and personal) usually associated with the period of adolescence, have also increased.

Margaret Mead⁴ believes that adolescence is a product of its civilization or society, and that

in American civilization with its many immigrant strains, its dozens of conflicting standards of conduct, its hundreds of religious sects, its shifting economic conditions, this unsettled, disturbed status of youth was more apparent than in the older, more settled civilization of Europe.⁵

¹Lucille Cole. The Psychology of Adolescence. (New York: 1936), p.3.

²Gustav L. Schramm. "Juvenile Behaviour Problems," Social Work Year Book. (New York: 1951), p.278.

³C. M. Fleming. Adolescence. (New York: 1949), p.29.

⁴Margaret Mead. Coming of Age in Samoa. (New York: 1928). p.2.

Not very long ago, the young person in his "teens" could look forward to the time when he would enter the adult world, by becoming economically independent of his parents, establishing a home of his own and making a place for himself in society.¹ Now the young person is unsure of his place, not only in the home but in society. He cannot easily obtain work, but must compete for it, since many of not all jobs now require some kind of training. This increases his dependence upon his parents while he is acquiring this training, and at a time when he is striving for emotional independence.² "Now is the time when the relationship that has been built between the parents and the children shows its strength or weakness."³ Parents have a very decisive role to play in support of the child during this period of maturation. They still provide the most important part of the environment and this affects the process of maturing. Understanding and acceptance, along with strength from the parents is needed at this time.⁴

Along with physical and emotional maturation, the adolescent experiences a reawakening of sexual urges. This is a return of the Oedipal phase on an adult level, and the old conflicts around this earlier period return with increased intensity. This is the period when the youngster's foundation for heterosexual relations is laid. Now it becomes a neces-

¹Caroline Zachry. "The Problems of Youth in the Modern World," Child Study. Vol.14, No.7. (New York: April, 1937), p.194.

²Lucille Cole. The Psychology of Adolescence. (New York: 1936).

³M. F. Farnham. The Adolescent. (New York: 1951), p.73.

⁴Ibid. p.21.

sity for the child to shift his love objects from his parents to other people.¹

An important part of the solution to this sexual problem is the handling of the youngster's attachment to his parents, especially the parent of the opposite sex. A healthy solution depends in good measure on the degree to which the child has been enabled to form healthy dependencies. This means that the dependencies must not be so excessive as to demand their prolongation into adulthood or so exclusive as to make painful, if not impossible, the shift to another, adult love object.²

If the youngster has experienced a good relationship with his parents, he will find it easier to break away from his dependency on them. However, some parents are unable to let their child go, and these will be the most likely to lose their children, as the adolescent resents any sign of possessiveness.³

With increased sex drives, the adolescent will require a great deal of support and understanding. In our culture, one cannot marry until economically, educationally and socially independent.⁴ This creates much conflict in the youngster, for he must learn to control his sexual instincts or face the disapproval of society which frowns upon pre-marital relations. The paradox is that the youngster is "given all sorts of opportunities for the most unrestricted intimacies and at the same time expected to refrain from taking advantage of those opportunities."⁵

This is a period when the child's relationships to his parents will be very important in determining the outcome of

¹Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1947), p.64.

²Sol. W. Ginsburg. "Adolescence is Hard on Everyone," Child Study. Vol.28, No.1. (New York: Winter 1950-1951), p.14.

³Fritz Redl. "Adolescence and the Parent," Child Study. Vol. 14, No.8. (New York: May 1937), p.235.

⁴M. F. Farnham. Op.cit. p.16.

⁵Ibid. p.129.

his sexual drives. Upon the successful outcome of this depends the basis of heterosexual relationships in adult life. "It is during adolescent years that a girl's identification with her mother becomes a fundamental requirement for normal sexual adjustment."¹ It will be up to the parent to guide the boy or girl at this time. The parent will have to help the youngster to recognize that all this is part of growing up, and it is neither shameful nor bad. He will also have to be the one who points out to the child the immense responsibilities that are involved and the need for control and thought. The parent should be there when the child needs him, ready to give him direction, and if necessary to give him control.² "Unless he is supplied with this kind of understanding, there will almost surely be a catastrophe in the relations between him and his parents. The catastrophe will take many forms, varying from a total lack of communication to the most outlandish and disturbing behaviour."³

Sexual activity in these years of adolescence is usually an expression of confusion and conflict. Some of it is an expression of hostility and defiance towards parents. Some of it is a search for secure love.⁴ This is particularly true for girls, for "sexual involvement is more total and more ultimate in the female than in the male."⁵ It is a "desire for popularity, attention and the participation in social activity which they feel would otherwise be denied them that is the motivating

¹J. Louise Despert. "Resistance to Change in the Adolescent Girl," The Nervous Child. Vol. 4, No. 1. (New York: 1944-1945), p. 16.

²M. F. Farnham. Op.cit. p. 125.

³Ibid. p. 125.

⁴Ibid. p. 130.

⁵Ibid. p. 130.

factor in many instances."¹

It has been found that girls who have felt unwanted since childhood sometimes developed patterns of antisocial behaviour in order to secure attention or affection. Dissatisfaction over the experiences with one man often leads them desperately to further attempts to justify their hostility towards their parents and to find affection from other men. There is a need to punish not only themselves but also their parents.²

It is therefore important that the adolescent feels that he is loved and accepted as an individual, and this kind of security is necessary for him to pass through the complicated process of growth successfully.³ "The problem of the parent is to discover how best to prepare the child for the adult realities -- social, political, economic, sexual, and emotional -- that he will inevitably meet."⁴

As mentioned above "in adolescence the final foundations are laid for the future personality of the adult, and the fate of the mature woman (or man) is decided."⁵

If the adults in the home show encouragement and sympathy, the experiences of growth during adolescence may be relatively uneventful. However, if there is opposition or paternal blindness, the adolescent may suffer from con-

¹Guiding the Adolescent. Federal Security Agency. No.225. (Washington, D.C.: 1946), p.76.

²Ernest G. Lion, Helen M. Jambor, Hazle G. Corrigan & Katherine P. Bradway. An Experiment in the Psychiatric Treatment of Promiscuous Girls. (San Francisco: 1945), p.38.

³Geo. E. Gardner. "Can Parents Grow Along with Their Teenagers," Child Study. Vol.28, No.1. (New York: Winter 1950-1951), p.15.

⁴M. F. Farnham. The Adolescent (New York: 1951), p.109.

⁵Helene Deutsch. The Psychology of Women. Vol. 1. (New York: 1944), p.90.

flicting wishes and may show obvious symptoms of personal and social insecurity. This emotional distress may increase the difficulty of this period of transition from childhood to adulthood, during which social adaptations have to be made.¹

"The difficulty is probably not in him so much as in his world, which does not provide the easy and gradual approach to maturity that an earlier world did."²

Today, the problem of delinquency is increasing among children and adolescents, and has become one of the main challenges confronting our society. Caroline Zachry believed that,

An increase in juvenile delinquency is a symptom of problems among our adolescents, a sign that something is wrong with them emotionally. It is also a sign that something is wrong -- radically wrong -- with their homes, the daily environment where they have come into being, and which like the earth and sunlight of the plant, has fostered their growth.³

Delinquency among adolescents has become so disturbing and extensive that it is not uncommon to link the two words together.⁴ It has been found that in the "larger percentage of delinquent adolescents, the most frequently noted personality abnormality is the presence of a defective, under-developed conscience."⁵

As a legal term, delinquency varies from one country to another. What may be delinquent behaviour in one country or culture, may not be so in another. The age group, which

¹C.M.Fleming. Adolescence. (New York: 1949), p.16.

²M.F.Farnham. Op.cit. p.107.

³Caroline Zachry. "Emotional Problems of the Adolescent and Juvenile Delinquent," Child Study. (New York: Winter 1942-1943), p.45.

⁴M.F.Farnham. Op.cit. p.136.

⁵Robert Gluckman. "The Role of Psychiatry in the Understanding of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept. 1951), p.26.

is classed as juvenile delinquent, also is different from one place to another, varying from twelve years to twenty-one years. In Canada, it is usually twelve to eighteen years, although some of the provinces, such as Quebec, recognize sixteen years as the upper age limit.

Various definitions of delinquency have been presented in literature, some of which are as follows.

In its widest sense, the term "delinquency" refers to a child's or adolescent's failure to conform to more or less generally accepted standards of behaviour and to a positive rebellion against those standards.¹

Mabel Ross propounded the view that "usually juvenile behaviour which is unacceptable to society and is considered detrimental to the child or to society as a whole is considered juvenile delinquency."²

A legal definition of delinquency is one presented by the National Probation and Parole Association. A delinquent, according to this, is a child who violates any law, ordinance, or regulation of the state; or who is habitually wayward or disobedient and is uncontrollable by his parents or guardians; or one who habitually deports himself so as to endanger the morals or health of himself or others.³

Various theories as to the cause or causes of delinquency have been presented by sociologists, scientists, and psychiatrists. These have varied from ones of heredity to ones of social or environmental causes.

¹S. A. Szurek. "Some Impressions from Clinical Experience with Delinquents," Searchlights on Delinquency. (New York: 1949), p.115.

²Mabel Ross. "Emotional Aspects of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept. 1951), p.12.

³Negley K. Teeters & John O. Reinemann. The Challenge of Delinquency. (New York: 1950), p.5.

The theories around heredity are that criminals are people who are born with the predisposition towards delinquency or criminality.¹ This theory has long ago been proven invalid and unsound.

Sociologists stressed the social environment, which they felt to be the cause of delinquency.² The factors involved were poor housing and poverty. For a while they were stressing the ecological factors³ as causes, showing how delinquency was more prevalent in crowded areas of the city than in other areas. The sociologists have contributed a great deal to the understanding of delinquency,⁴ for it is recognized today that the above factors, poverty, poor housing, and crowded areas do contribute towards delinquency.

In recent years other scientists, particularly the psychologists, have shown that ecological factors are secondary causes of delinquency. This new understanding has emerged since psychologists have made intensive studies of the family relationships.

Economically unstable or underprivileged home conditions may tend to encourage young people to steal or to beg in order to satisfy their cravings for material luxuries. Furthermore if the mother is forced to work, the child not only lacks adequate supervision but he is also forced to find his own recreation.

¹Paul Bergman. "The Objectivity of Criminological Science," Searchlights on Delinquency. (New York: 1949), p.276.

²Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1947), p.9.

³Negley K. Teeters & John O. Reinemann. Op.cit. p.39.

⁴Kate Friedlander. Op.cit. p.9.

Unwholesome parental attitudes, indifferent moral standards or actual criminality among adult members of the family serve as undesirable behaviour models and may result in resentment and hatred of the home situation or in the following of the parental pattern. Emotionally unstable parents with poor marital relations are likely to subject the child to continual bickering and quarrelling, with a subsequent division of loyalties or lack of respect for one or both parents.

From such inadequate home situations the youngster may derive a feeling of inferiority, inadequacy, insecurity or lack of affection,¹ and in seeking compensation he may indulge in overt behaviour which merits the censure of his elders.²

It is felt, however, that a good relationship to the mother may counteract bad environmental conditions. "This explains why under very bad economic conditions only certain individuals and not others become delinquent."³

Today the emphasis is not on one single cause alone, but on multiple causes, mainly the personality of the individual and his environment. "Underlying personality disorder is primary and the superimposed sociological factors secondary in the causation of delinquent behaviour."⁴

Psychoanalytic theory has contributed to this change in focus. "It had been discovered that the roots of unconscious

¹Sheldon & Eleanor Glueck. Unravelling Juvenile Delinquency. (New York: 1950), p.280.

²Kate Friedlander. Op.cit. p.97.

³Ibid. preface.

⁴Robt. Gluckman. "The Role of Psychiatry in the Understanding of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept. 1951).

tendencies which influence our actions go back to experiences of early childhood."¹

Marynia Farnham writes of this change in focus in her book "The Adolescent."

Theory after theory has been examined and abandoned as the absolute and final cause of all delinquency. More and more, emphasis has been directed towards the deeper question of the personality of the youngster who is involved or may become involved in trouble.²

Studies made by the Gluecks,³ Burt,⁴ Healy and Bronner⁵ have shown that a large percentage of the delinquents were children who had been unable to form a close relationship with a parent or another adult member in the family circle, and who had received defective discipline. Burt⁶ found that children who had suffered from defective discipline were encountered five times as often among delinquent children as among non-delinquent children.

Healy and Bronner⁷ have shown that the first object-relationship is of paramount importance, for of two siblings growing up in the same family, the one who has not become delinquent has been able to form a close relationship with the mother.

In the first section of this chapter, the development of normal personality was described as being dependent upon

¹Kate Friedlander. Op.cit. p.8.

²M. F. Farnham. The Adolescent. (New York: 1951), p.142.

³Sheldon & Eleanor Glueck. Op.cit.

⁴C. Burt. The Young Delinquent. (London: 1944).

⁵W. Healy & A. Bronner. New Light on Delinquency and Its Treatment. (New Haven: 1938).

⁶C. Burt. Op.cit.

⁷W. Healy & A. Bronner. Op.cit.

the modification of instinctual urges by consistent discipline and by the formation of a strong super-ego. Psychoanalytic literature states that an antisocial character or latent delinquent personality is the result of inconsistent discipline and the lack of love, since this lack leads to the development of a poor super-ego.¹ According to Kate Friedlander, "Defective super-ego formation seems to result from the failure of the ego to develop toward the reality principle."² Aichhorn³ maintained that the ego of the delinquent is still under the dominance of the pleasure principle and that for this reason impulses are acted out more easily than with a personality whose ego is governed by the reality principle.

If the child should enter the Oedipal phase with a disturbance in its ego development, it is very unlikely that this phase will pass successfully.⁴ "The most important outcome of the decline of the Oedipal phase is the consolidation of the super-ego,"⁵ through identification with the parent of the same sex. Robert Gluckman has found that,

in most of our aggressive, rebellious delinquents, whether boy or girl, the relationship with the proper parent has been severely damaged by an overly punitive or rejecting attitude on the part of the parent.⁶

¹M. Woolf. "The Child's Moral Development," Searchlights on Delinquency. (New York: 1949), p.265.

²Kate Friedlander. "Formation of the Antisocial Character," Psychoanalytic Study of the Child. Vol.1. (New York: 1945), p.199.

³August Aichhorn. Wayward Youth. (New York: 1925), p.198.

⁴Kate Friedlander. "Latent Delinquency and Ego Development," Searchlights on Delinquency. (New York: 1949), p.207.

⁵Ibid. p.207.

⁶Robt. Gluckman. "The Role of Psychiatry in the Understanding of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept.1951), p.26.

Leo Kanner writes that "there is hardly anything more pathetic than a child unwanted, rejected, hated by one or both parents."¹ He goes on to write that parental hostility is a major breeder of infantile unhappiness and retaliating misbehaviour.²

A very common cause of disturbed behaviour from earliest childhood is the feeling within a child of not being loved or wanted by his parents. This feeling is frequently justifiable because the parents actually do not want the child and consequently reject him emotionally if not physically. Such children very early reveal their frustrations by temper tantrums, bed-wetting, stubbornness, difficulty in school, and later in fighting, lying and stealing, etc. The stealing in these cases is often an attempt to retrieve in displaced form the affection these children crave, which has been lacking throughout most of their lives.³

Within the child's personality lies a reason for his acts which are a result of the injuries and conflicts of growing up. His antisocial behaviour is a result of these conflicts and it expresses his attempt to gain recognition and to overcome his feelings of insecurity. It may also be a result of the treatment accorded him by neglectful, rejecting parents.⁴

The parents' rejection may take one of several forms, which vary from overprotection and overindulgence on one hand to outright hostility and punishment on the other. Whatever form this may take, the result in the child's personality development is a disastrous one and it may lead to the development

¹Leo Kanner. "The Role of the School in the Treatment of Rejected Children," The Nervous Child. Vol.5, No.4. (New York: 1940-44), p.236.

²Ibid. p.236.

³Robt. Gluckman. "The Role of Psychiatry in the Understanding of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept. 1951), p.28.

⁴M. F. Farnham. The Adolescent. (New York: 1951), pp.147-148.

of a latent, delinquent personality, as discussed by August Aichhorn.¹ Unless later life experiences tend to correct this disturbance in character formation, the latent rebellion within the child may develop into manifest, anti-social behaviour.

¹August Aichhorn. Wayward Youth. (New York: 1925).

Chapter III

PERSONAL AND FAMILIAL CHARACTERISTICS OF THE 23 ADOLESCENT GIRLS

This chapter will introduce the delinquent adolescent girl in relation to her environment and background. In order to understand the girls and their problems, it is necessary to know something about the girls themselves, in terms of age, education and health. It is also necessary to know something about their parents, their parents' backgrounds and what kind of a home the girls came from.

The topics to be dealt with in presenting this part of the material will be the general and personal characteristics of the 23 girls, the family backgrounds, the personalities of their parents, the home environment in terms of physical and emotional factors, and the family relationships.

For the purposes of this study, the family backgrounds of the girls will be the age, ethnic origin, and religion of their parents.

From the records it was found that 19 of the girls were born in Montreal and had lived here most of their lives. Only one of the girls was born outside Canada. She was born in Russia and came to Canada when two years old. This means that all of the girls were raised in Canada and accustomed to Canadian ways of living and standards of conduct at school and in society in general, if not at home.

At the time of referral, the age groupings into which the girls fell varied from 12 years to 15 years and 11 months.

The greatest number fell between the ages of 14 years to 15 years, 11 months, thus indicating that for this sample it was in the later years of young adolescence that problems became serious enough for the parents or guardians to seek outside help.

The I.Q.'s of the girls ranged from 70 to 120 respectively.

The average age of the group was found to be 14 years and 3 months. The average I.Q. was found to be 90. For comparison one may refer to a study of 500 delinquent girls and boys and 500 non-delinquent girls and boys made by the Gluecks.¹ They estimated the average age at 14 years and 8 months, while the average I.Q. of 92 was found for the former group. The average age of 14 years and six months, and the average I.Q. of 94 was found for the group of non-delinquents. Thus the averages found for this study seem to be fairly representative.

With respect to education, Table I below indicates that 16 of the 23 girls reached Grade VII or higher. Thirteen of the girls were of average intelligence or better, that is in the range from 90 and over.

¹Sheldon & Eleanor Glueck. Delinquents in the Making. (New York: 1952), p.50.

Table I

I.Q. Range in Relation to Grades Reached at School by
the 23 Adolescent Girls

I.Q. Range*	Total of Girls	Grade 5 Number	Grade 6 Number	Grade 7 Number	Grade 8 Number	Grade 9 or over Number
Total	23	4	3	10	5	1
70-79	5	1	2	2	-	-
80-89	6	2	-	4	-	-
90-99	6	1	1	3	1	-
100-109	4	-	-	1	2	1
110 and over	2	-	-	-	2	-

* I.Q.'s based on psychological tests at M.H.I.

This table also indicates that six of the 11 girls whose I.Q.'s were below average, that is, in the 70-89 range, reached Grade VII.

The fact that the majority of the girls had not completed public school and so were not fitted for any skilled occupation was reflected in the type of work which they had done, for example, working as waitresses, sales clerks and as factory employees.

The records indicated that only eight of the girls had been gainfully employed. Of the rest, 12 were still at school, two had stopped going to school, and one girl had left school to help around the home. This means that the majority of the girls were still economically dependent upon their parents.

None of the girls suffered from any severe physical handicap or illness. One girl had suffered from enuresis, but at the time of referral this had disappeared. One girl

had had congenital syphilis and one had been exposed to tuberculosis. The girls were in general good health at the time of referral to the Institute.

A description of the parents and of their backgrounds is needed here, in order to understand what sorts of family backgrounds the 23 girls came from.

Three of the girls' fathers and three of the mothers were dead. Two of the girls were illegitimate children; the mother of one of these girls had never married and the record indicated that this was an important factor in the relationship between the girl and her mother.

With respect to ethnic origin, the records indicated that most of the parents, 12 fathers and 11 mothers, were born outside Canada. Nine were born in Montreal and 12 in other parts of Canada. This is illustrated in Table II.

Table II

Distribution of Birthplaces of the Parents of the 23 Adolescent Girls

Birthplace	Total of Parents Number	Father Number	Mother Number
Total	46	23	23
Montreal	9	4	5
Canada (other than Montreal)	12	5	7
British Isles	8	3	5
Continental Europe	11	6	5
U.S.A.	2	1	1
Others	2	2	-
Unknown	2	2	-

This table shows that of the parents born outside Canada, 11 were of continental European descent. This indicates that in these 11 cases the girls were exposed to two different cultures, that of the immigrant home and that of the Canadian habits. These differences in cultures and in living habits added to the conflict in the home between the girls and their parents in the cases of at least two of the girls.

The parents ranged in age from 30 years to 59 years. Table III shows the distribution of ages.

Table III

Distribution of Ages, at time of referral, of the
Parents (living) of the 23 Girls

Age	Total of Parents Number	Father Number	Mother Number
Total	40	20	20
30 - 39	13	3	10
40 - 49	18	10	8
50 - 59	8	6	2
Unknown	1	1	-

The majority of the fathers, now living, were 40 years and over, and the majority of the mothers were under 49 years of age. Ten mothers and only three fathers were less than 40 years of age. This indicates that the majority of the parents were in the middle years of life.

With respect to religious background, the girls and their parents were classed as mainly Protestant, since 21

belonged to this group. The other two girls were of the Hebrew and Roman Catholic faiths, respectively. One girl had been exposed to all three faiths, and another girl was experiencing conflict over the choice between two religions, that of her parents and another to which she had been exposed. From the information available in the records, it was impossible to tell how many practiced their faith or whether they attended church regularly.

Thirty-two of the parents were described as unstable people. Only four fathers and five mothers were described as stable or dependable. Six of the fathers and one of the mothers drank. Information about the personalities of five of the parents was unobtainable. However, from the above information it can be surmised that the majority of the parents were unstable and undependable persons. The significance of this information can be summed up as follows, "emotionally unstable parents or foster parents tend to have emotionally unstable children."¹

Little information could be obtained about the parents' own backgrounds. Ten of the records indicated that these parents came from poor backgrounds and had suffered emotional and physical deprivation. In two of the cases, the case records suggested that the relationships with their own parents was repeated in their relationships with the girls. Thus it can be surmised that the majority of the parents themselves came from unstable and emotionally deprived backgrounds.

¹C. M. Fleming. Adolescence. (New York: 1949), p.62.

Their own childhood deprivations, frustrations, and other emotional eruptions and disruptions may well have been reflected in their attitudes and practices, when they, in turn, had to deal with their own children.¹

What of the home environment from which the girls came? The records indicated that the girls came from somewhat similar homes with respect to physical and emotional environments. All of the 23 families had been known at some time to another social agency in regard to problems around financial assistance, health or marital difficulties.

Twelve of the homes from which the girls came were small, over-crowded ones, according to the records, and they were generally located in poor and crowded districts. Of the 12, three were described as dirty and unkept and as having little privacy. The other nine were described as neat and kept as attractive and clean as possible. Ten of the girls came from homes which were described as adequate with respect to size, cleanliness, etc.

Only five of the girls came from homes which were financially secure. The majority came from homes where there was some financial insecurity. Eleven of the girls came from homes where there was financial deprivation. The fact that there were financial problems in the home would aggravate any other problem in the home and contribute to the parents' difficulties in maintaining adequate surroundings.

The economic picture of the homes was also indicated by the occupation of the fathers, as illustrated in Table IV

¹Sheldon & Eleanor Glueck. Op.cit. pp.39 & 40.

below, where it can be seen that the fathers were mainly employed in unskilled work. Several of the fathers were described as "irregular workers," and two had frequent periods of unemployment. In several of the cases, the mothers worked to supplement the income, or else they were the only wage earners in the family.

Table IV

Distribution of Occupations of the Fathers of
the 23 Adolescent Girls

Occupation	Distribution Number
Total	23
Professional	1
Skilled*	3
Unskilled	6
Others	5
Unknown	8

*Where training had been received for a particular trade.

This table illustrates that the majority of the fathers were employed in unskilled work. The occupations of eight of the fathers were unknown, but the case records indicated that they were also employed in unskilled work. Only one father was classed as a professional person, in this case an engineer.

Of the mothers who had worked or were working, the majority were employed in semi-skilled or unskilled work, for example, as waitresses, sales clerks, domestic or factory employees.

The emotional atmosphere of the homes was another important factor which needed to be considered and the following material describes this.

Since it is the parents who set the tenor of the family life and by their relationship to each other determine the affectional mood of the home, it is crucially important to learn something about the quality of their feeling for each other.¹

Table V shows the distribution of the marital relations of the parents of the 23 girls. From this table it can be seen that the records indicated that the majority of the girls came from broken homes as well as from homes in which there was friction or conflict.

Table V

Distribution of Marital Relations of the Parents
of the 23 Adolescent Girls

Relations	Distribution Number
Total	29
A. <u>Adequate</u> ^(a)	2
B. <u>Conflict or Inadequate</u> ^(b)	
One parent in a mental institution	1
One parent dead	6
One parent deserted	3
Parents separated or divorced	2
Friction or conflict	10
Common-law union	1
Unmarried mother	1
C. <u>Unknown</u>	3

(a) Fully sufficient - New Dictionary of the English Language. 1928 Ed.

(b) Opposite meaning to adequate.

¹Sheldon & Eleanor Glueck. Op.cit. p.50.

One girl's mother was in a mental institution. Six of the parents were dead. In one case, the remaining parent had remarried. In the two cases under separation or divorce the parent, with whom the girl was living, had remarried. One of these parents had lived in common-law relationship for 13 years before remarrying. Only two girls came from homes where the records indicated that there were good or adequate relations between the parents themselves.

From this it can be surmised that on the whole, the marriages were unhappy or unstable ones, and that these would affect the personality development of the girls.

Psychologically broken homes in which the child is exposed to disharmony between parents, used as a buffer or battleground by his parents, are seen as contributing more significantly to the development of problems and delinquent behaviour than the physical make-up of the family."¹

Before the sibling relationships of the girls are described, some mention of the size of the families will be made in order to see what position the girls held in the family in relation to their siblings. Table VI illustrates this.

¹Gustav Schramm. "Juvenile Behaviour Problems," Social Work Year Book. (New York: 1951), p.278.

Table VI

Distribution of Size of Family and Ordinal Position of the 23 Adolescent Girls in Relation to Siblings in the Family.

Size of Family	Total Families	Ordinal Position of Delinquent Girls	Total Delinquent Girls
Total	23		23
one child	3	only child	3
two children	5	first "	8
three "	3	second "	4
four "	3	third "	4
five "	3	fourth "	2
six "	3	fifth "	-
seven "	1	sixth "	2
eight and over "	2	seventh "	-

This table indicates that 11 of the girls were first children. Fifteen came from families with three children or more. Two came from families of eight or more children, and one of these was the eldest child in her family. This means that in most of the families there would be increased competition for parental affection and that this would tend to increase the emotional strain, tension and friction present in the home. It also means that there would be less privacy for the individual members as indicated by the physical description of the homes.

Information about sibling relationships could be obtained from 18 case records. Table VII shows the distribution

of these. The classification used in this table was based upon information obtained from the social history which had been collected by the social worker in the case.

Table VII

Distribution of Sibling Relationships of the
23 Adolescent Girls

Relationship	Distribution Number
Total	23
A. <u>Good</u>	5
B. <u>No Siblings</u>	3
C. <u>Poor Relationship</u>	
Competition and Jealousy	6
Conflict	6
D. <u>Unknown</u>	5

Only five of the girls had good relationships with their siblings. Three had no siblings. The other 12 had poor relationships with their siblings and in these cases there was more than the normal conflict or competition and jealousy between the girl and her siblings. The competition and jealousy was usually due to the girl's feelings that her parent or parents preferred the other sibling or siblings. In one case a sister was held up to the girl as an example of a model child and this intensified her feelings of rejection. Thus sibling rivalry was a factor in the problems of 12 of the girls at least.

This has been a brief description of the sample group, and of the parents of the girls in order to introduce the girls to the reader. The implications of the material presented in this chapter will be seen more fully in the later chapters on parent-child relationships.

Chapter IV

PROBLEMS PRESENTED BY THE 23 ADOLESCENT GIRLS

The material discussed in this chapter will be a description, by means of case illustrations, of the problems presented by the 23 adolescent girls. The problems, which will be described, will include those which necessitated referral and also those which came to light in obtaining a social history or in the course of treatment.

The girls were referred for problems of stealing, truancy from home and school, sexual misbehaviour and incorrigibility. Table VIII below shows the distribution of these problems.

Table VIII

Distribution of Referral Problems of the
23 Adolescent Girls

Problem	Distribution for the
	Given Group Number
Total	37
Stealing	8
Truancy:	
Home	2
School	5
Sexual Misbehaviour	5
Incorrigibility	18

This table indicates that 18 of the girls were referred because of incorrigibility. Their parents or guardians felt that they could no longer control them, and they sought outside

aid with this problem. The second most serious problem, for this sample, was stealing, which occurred among eight of the girls. Truancy from home was the problem which occurred least among this group of girls. Sexual misbehaviour occurred among five of the 23 girls. Fourteen of the girls were referred for more than one problem, and one girl was referred for three of the five problems.

It was found, however, that all the girls presented other problems besides the one for which they had been referred. As indicated by the records, the problems were an indication of the girls' feelings of insecurity, inadequacy and anxiety. Table IX shows the distribution of these problems in terms of personality and behaviour.

Table IX

Distribution of Problems Presented by the 23 Adolescent Girls

Problem	Distribution Number	Problem	Distribution Number
Apathetic	2	Nightmares	1
Backward	1	No interest in school work	11
Bad companions	16	No sense of responsibility	6
Behaviour problem at school	3	Poor ability to form relationships	6
Bullying	3	Rebellious	2
Craved affection or attention	7	Sexual Misbehaviour	9
Crying spells	2	Shy	3
Daydreaming	2	Stays out overnight	6
Depressed	2	Stealing	12
Difficulty in expressing themselves	4	Stubborn	2
Dirty and untidy	9	Sullen	6
Disobedient	8	Temper	6
Drinks	3	Truants:	
Easily led	3	home	3
Feelings of inferiority	3	school	12
High strung	2	Unable to hold a job	7
Impudent or rude	4	Unmanageable	18
Irritable	2	Unwilling to help at home	7
Jealous	2	Unwilling to work	2
Late Hours	8	Untruthful	10
Lazy	2	Wilful	1
Nail Biting	1	Withdrawn	2
Nervous	4		

From this table it can be seen that the girls presented a variety of problems. All of them presented some personality defect, as well as presenting some asocial behaviour. The girls were described as either shy, nervous and backward or as aggressive, sullen and impudent. Seven of the girls were described as craving affection or attention. Six were unable to form good relationships, and three were easily led. Table IX also illustrates that 16 of the girls associated with bad companions. This was a contributing factor in their asocial behaviour. In normal adolescence, the boy or girl desires to be part of a group where he is accepted by others with interests and activities similar to his own.¹ In order to win and keep the approval of the group, the adolescent follows the patterns of behaviour set by the group. In most cases "the average adolescent group has a healthy basis for it arises out of the need of the young person to find a place in the world where he belongs."² In the cases of these 16 girls, they had chosen a group with delinquent tendencies.

From tables VIII and IX, it can be seen that the girls were referred for behaviour problems with which the parents were no longer able to cope. Although only 18 of the girls were referred because of incorrigibility, actually all 23 girls were beyond the control of their parents and guardians, and it was found necessary to refer them for advice or guidance.

¹M. F. Farnham. The Adolescent. (New York: 1951), p.87.
²Ibid. p.87.

The other problems, such as nervousness, unhappiness, daydreaming, etc. were more or less ignored by the parents. It was only in obtaining the social history of the girls that these other problems were brought to light.

It can also be seen that although only five girls were referred because of truancy from school, the records revealed that 12 had been truanting. This was also the case with respect to sexual misbehaviour; whereas only five were referred for this problem, nine girls had been known to have some sexual problem. Eleven of the girls had shown little or no interest in their school work.

The following case illustrations will describe the various problems which the girls presented. Five of the girls were referred because of school problems and the following three cases illustrate this.

Lorraine A.,¹ 13 years old, was referred because she was truanting from school and staying out late at night. She was repeating Grade VI, where she was of larger size than the other girls in her class and she felt embarrassed and ashamed because of this. She had refused to continue at school, and her mother was unable to overcome the girl's resistance.

Lorraine was referred because of difficulty in getting her to school. Yet it was found that she presented other problems as well. She was larger than other girls her own age, and this caused her embarrassment. This was because she was different to her peers, having developed physically ahead

¹Case No.I.

of them. She was also a shy, withdrawn girl with little confidence in herself, had no contacts with clubs or associations, and she was unable to make friends easily. She tended to crave attention and affection from other people.

Similar to Lorraine was Phyllis H.,¹ 14 years and 8 months old, who was referred because of her inability to cope with her school work, truancy, and for occasionally stealing small sums of money. Phyllis was in Grade VII. She had made a poor adjustment at school; she daydreamed and showed little interest in her school work. She truanted alone and spent her time at the movies or looking through stores. She did not like to go to school, and she cried when she was forced to go.

Phyllis also presented problems of personality. She was lazy and untidy around the home; she refused to help with the housework or to care for her own clothes. Like Lorraine, she did not mix well with girls of her own age. She also desired attention and affection from other people. She was suspected of promiscuous behaviour.

These two girls showed difficulty in school and both had refused to continue. The school problem was the one which had led to their referral to the Mental Hygiene Institute, whereas the other problems of personality and maturation were unrecognized.

Natalia D.,² 15 years old, was referred like the two girls above because she was truanting from school, had run away from home and had been stealing. Natalia was in Grade VIII, which she was repeating. Like Phyllis and Lorraine, above,

¹Case No. IX.

²Case No. XV.

she showed little interest in her school work. However, unlike these two girls, Natalia presented a far more serious personality problem as she was beginning to develop neurotic patterns of behaviour, becoming very seclusive and withdrawn in her habits.

These three girls were referred mainly for problems around school. All three had been truanting, and had shown little interest in school or their class work. The three girls were unmanageable by their parents and presented other problems besides the school one. In all three cases the parents had recognized the problems relating to school and to home only, but they had not recognized the psychological problems of the girls who were seclusive or withdrawn in their habits.

Eighteen of the girls were referred because their parents could no longer control them; and the following two cases illustrate such situations.

Doreen R.,¹ 15 years and 7 months old, was referred because of her refusal to work and the fact that she was staying out late at night. She associated with girls known to the juvenile court, drank and stayed out overnight.

The record described Doreen as a girl who was easily led, largely because of her desire for affection which she sought from other boys and girls rather than from her mother. Because of this, she had been involved with other girls in charging items on fictitious charge accounts.

Doreen also presented a problem at school, where her attendance had been poor and she had missed on the average, 56 days a year.

¹Case No. XVII.

Margaret F.,¹ 14 years and 7 months old, was referred because she was beyond her parents' control. She stayed out late at night, usually hanging around with a "gang," and several times she had stayed out overnight. She frequented undesirable places, drank and associated with bad companions.

Margaret had also presented a problem at school and at work. While at school, her record had been poor and she had shown little interest in the work. She had also made a poor work adjustment and had not worked for four months before referral, having lost her job because of absenteeism and unsatisfactory behaviour while at work.

These two girls were exhibiting serious problems in adjustment, not only at home but also in society. Margaret had been unable to hold a job because of her behaviour. Both girls showed insecurity in their inter-personal relationships, seeking affection from other people. The two girls also associated with bad companions, and evidently followed the set behaviour of their "gang."

Eight girls were referred because of stealing, and the following two cases illustrate this type of problem.

Joanne B.,² 13 years old, was referred because of stealing and also truancy from school. The record indicated that Joanne stole money in order to treat other boys and girls in an attempt to buy their affection. Joanne was untruthful, jealous, and insecure in her relationships with other people. She had belonged to clubs but only for a short period of time. She associated

¹Case No.VIII.

²Case No.II.

with bad companions. At school her work had been satisfactory until the last year, when she had begun to fall behind in her work and had begun to truant.

Joanne showed lack of ability to persist at things. Her insecurity was shown not only in her relationships to other people, but also in the fact that once she began to fall behind in school, she "ran away" from it by truanting. Her insecurity was clearly shown in her need to buy affection.

Theresa C.,¹ 14 years and 8 months old, was referred for theft from her employer. Theresa had been involved with two other girls in stealing a large sum of money from her employer and had been arrested for this.

The record described Theresa as a shy, pleasant looking girl who appeared to be several years older than she was. She was untruthful, and gave little indication of recognizing the seriousness of her behaviour. She had been a problem in school, and had been unable to get along with her school mates. Theresa had indulged in sexual relations with men.

Both girls were referred because of stealing but Theresa presented a more serious problem and was the more delinquent girl of the two, as she had indulged in sexual misbehaviour as well as theft. Joanne stole in order to secure affection which she felt she could not obtain otherwise. Both girls presented personality problems and both girls had presented problems in school. Both girls showed insecurity in their relationships with others.

¹Case No.VI.

The following case illustrates problems around sexual misbehaviour for which five girls had been referred.

Marjorie W.,¹ 14 years and 6 months old, was referred because she was indulging in sexual misbehaviour of various kinds. Over the past year, Marjorie had become increasingly unmanageable, hanging around questionable places and indulging in sexual misbehaviour. She also had exhibitionistic tendencies.

Marjorie was described as a pleasant girl, who was easily led and tended to follow the behaviour of her older sisters, with whom she had been involved in trouble. At school, she had been subjected to racial prejudice on the part of the teachers because of her colour; but she had done satisfactory work and had been able to get along with her class mates.

These case illustrations indicate that the girls presented more than one problem each and that in some cases the other problems were at least as serious as the one which led to referral.

The implications of these problems will be seen more clearly when they are discussed in Chapter VI along with parent-child relationships.

¹Case No.XXII.

Chapter V

PARENT-CHILD RELATIONSHIPS

This chapter will describe the relationships between the 23 girls and their parents. Case illustrations will be used to describe the different patterns of family life.

As relationships are intangible things and difficult to define, the classifications to be used in this chapter will be based largely on Symonds'¹ description of parent-child relationships and those relationships determined by the psychiatrist in his diagnosis, which was supplemented by the social worker in her social history.

Symonds, a psychiatrist who had studied extensively in the field of parent-child relationships, believed that emotional security was the prime factor in the development of personality. "Emotional security during childhood depends basically on the relationship engendered by the child's care and protection for which parents must take the responsibility."² "Not only is emotional security a prime essential for the formation of a healthy, normal, well-integrated personality, but emotional security enters into all human relationships."³ Without this security in the parent-child relationship, the result is a damaged personality. Poor relationships may take one or a combination of several forms as illustrated in Table X. Whatever form they take, they all stem from the parents' rejection of the child.

¹Percival M. Symonds. Dynamics of Parent-Child Relationships. (New York: 1940).

²Ibid. p.2.

³Percival M. Symonds. Psychology of Parent-Child Relationships. (New York: 1939), preface.

A child's basic need is love. It is from his parents that a child learns what it is to be loved and as he grows older he is able to love in return.¹ Of the 23 girls studied in this sample, the records indicated that all of them had experienced some form of emotional deprivation. Some had experienced deprivation in the form of outright hostility. Other girls had experienced it through overprotection, over-indulgence, or in their failures to live up to the standards set by their parents. Seventeen of the girls, at least, had also experienced inconsistent or ineffective discipline. Only one girl had had a satisfactory relationship with a parent, in this case with her father. This is illustrated in Table X.

¹Aline B. Auerbach. "What Does a Child Need?" Child Study. Vol.28, No.4. (New York: 1951), p.5.

Table X

Distribution of Parent-Child Relationships of the
23 Adolescent Girls

Relationship ^(a)	Both Parents Number	Mother Number	Father Number
Total	85	51	34
A. <u>Adequate</u> ^(b)	1	-	1
B. <u>Rejection</u>			
Denial of love or hostility	18	10	8
High or rigid standards of behaviour or expectations	8	6	2
Humiliation and criticism	14	10	4
Neglect	6	4	2
Overindulgence	4	1	3
Overprotection	3	3	-
Punishment and maltreatment	9	5	4
C. <u>Inconsistent Discipline</u>	17	12	5
D. <u>Unknown</u>	5	-	5

(a) P. M. Symonds. Dynamics of Parent-Child Relationships, and psychiatrist's diagnosis.

(b) Fully sufficient - Highroads English Dictionary.

From this table it can be seen that mothers tended mainly to have high or rigid standards of behaviour. The failure of the girls to meet these expectations affected the relationship between mother and daughter. Six of the girls had suffered from neglect in their relationship with their parents. Eighteen of the girls felt unloved or unwanted by their parents

and nine had received harsh or cruel treatment.

Overprotection and overindulgence were found to be the less noticeable forms of damaging relationship and in most cases they were usually the result of guilt feelings on the part of the parents because of their feelings of hostility towards the girls.

Symonds¹ believed that perhaps the most serious way in which a parent can show hostility to a child is by neglect through desertion, placement in a foster home or an institution, or through inattentiveness towards the child. As illustrated in Table X, the records indicated that six of the girls had experienced neglect in the relationship with their parents. The following cases are examples of neglect.

Case XVIII, Elise S., 12 years and 4 months old, Hebrew. Oldest of two children. Lived with her maternal grandmother in a moderate, well kept home.

Elise was first deserted by her mother when she was four years old. The record indicated that Elise's mother had neglected her children even before this, and had seemed incapable of giving them love or attention. This first desertion was for a period of a few months until her mother reclaimed her. Elise then went to live with her mother and her future stepfather. When Elise was six years old her parents were divorced and her father received custody of the children. He returned Elise to her mother after a period of two months as he found the girl too much of a burden. When Elise's stepfather went overseas during World War II, her mother once again deserted her. Elise

¹P. M. Symonds. Dynamics of Parent-Child Relationships. (New York: 1940), p.15.

was left in the care of her maternal grandmother, who was a harsh and rigid person, giving the girl little love or affection and using harsh methods of discipline. When Elise was eight years old, her mother was killed in a motor accident.

Elise considered her stepfather her real father, and had a fairly good relationship with him. He was not prepared, however, to provide a home for her.

Case XIX, Barbara R., 15 years old, Protestant. Only child. Lived with foster parents in a financially comfortable home.

Barbara was an illegitimate child. Following her birth, she was cared for by her unmarried mother, who was in constant conflict about wanting to keep the girl but because of her feelings of shame she had also wished to give her up for adoption. When Barbara was two years old, her mother placed her in a home, supposedly for adoption, and then she gradually dropped out of the girl's life. When Barbara was 14 years old, she learned from her foster parents the circumstances of her birth and also that she had never been legally adopted. In the foster home, Barbara received very rigid and harsh discipline and she had felt unloved by her foster parents.

Case I, Lorraine A., 13 years and 1 month old, Protestant. Oldest of two girls. Father dead. Lived with her mother and sister in furnished rooms.

Lorraine felt neglected for her mother's boy friend, who spent a great deal of time in their home. There was also the factor that Lorraine's mother worked and that she was not home during the day to give her children daily discipline and attention. The mother's methods of discipline varied between harsh and cruel treatment to easy permissiveness.

Lorraine had had a good relationship with her father and his death, three years before referral, had been a traumatic experience for her. She had found it very difficult to accept her father's death.

These three cases have illustrated neglect of a child. The first one, Elise S., was through desertion; the second, Barbara T., was through placement in a foster home; and the third, Lorraine A., was through inattention. All three girls had experienced emotional deprivation in a severe form and they had also received harsh and severe discipline; and all three girls had felt unwanted and unloved.

The following case will illustrate all three forms of neglect.

Case III, Dorothy B., 14 years old, Protestant. Second of three children. Lived with her father and stepmother in an economically poor home, situated in a poor neighbourhood.

Dorothy's mother deserted her family to live with another man, when the girl was five years old. Even before this, she had neglected her home and children. Following her mother's desertion, Dorothy was left in the care of housekeepers for two years and was then placed in foster homes until she was 12 years old and her father had remarried. Dorothy was never able to relate to her stepmother.

Before placement, Dorothy had been her father's favourite. She was placed in the same foster home as her younger brother, who became the favourite of the foster parents. Dorothy was unable to accept this, becoming increasingly upset and unmanageable. Because of her misbehaviour, her father began

to show hostility towards her, finally identifying the girl completely with her mother.

"Denying the child is one of a variety of positive expressions of hostility shown by parents."¹ Table X illustrated that 18 of the girls fell into this category. The following cases describe denial of a child.

Case V, Geraldine B., 12 years and 7 months old, Protestant. Second of five children, and the only girl. Came from an extremely dirty, poorly kept home of low income and standards. Marital discord.

Geraldine's mother openly rejected her, criticizing and beating her for behaviour which she condoned in the four boys. Mrs. B. openly stated that she had no warm feeling for the girl, whom she described as stubborn and cheeky. The girl's relationship with her father was not much better as she felt that he also preferred her brothers. His methods of treatment varied between overindulgence or spoiling to anger and punishment.

Case IX, Phyllis H., 14 years and 8 months old, Protestant. Oldest of two girls. Came from a broken home, as her father was in prison. When he was home, there was marital discord between her parents, as her mother was unable to accept her father's behaviour. Came from a poor, but well kept home.

Phyllis' mother openly rejected her and compared her behaviour to her father's whom the mother despised. She punished Phyllis in order to force her to conform to her high, rigid standards of behaviour. She was critical of Phyllis and watched her continually. She was over-protective of her, largely because of her feelings of guilt, and this was indicated in her refusal to let Phyllis choose her own friends or

¹P. M. Symonds. Dynamics of Parent-Child Relationships. (New York: 1940), p.18.

make her own decisions about other things.

Phyllis' relationship with her father was based largely on fear as he beat her when home and was jealous of the attention she received from his wife, on whom he was very dependent.

The following case illustrates one in which the father was the rejecting person, and the mother tried to compensate the girl for this.

Case XIV, Alice L., 14 years and 4 months old, Protestant. Second of four children. Came from a respectable home, with good standards of living and moderate income.

Alice's father showed open preference for the older daughter, and was critical and mistrustful of Alice. He suspected and accused her of immoral relationships with men.

Alice's relationship with her mother had improved, with her mother trying to compensate the girl for the father's lack of attention. However, the relationship was not strong enough to give Alice security.

In these three cases there was open rejection of the girls. In the first two cases, both parents were unacceptable of the girls, whereas in the third case the mother attempted to accept and compensate the girl for rejection by the father.

"The most obvious expression of hostility by a parent is through punishment or physical maltreatment of the child."¹ This was illustrated in cases I, V, IX and XVIII above. It is also illustrated in the following cases.

Case XI, Helen K., 12 years, Protestant. Only child of a common-law union. Lived with her parents, who were foreign-born, in poorly furnished rooms, situated in a congested neighbourhood. There was marital discord between her parents, largely because of the way the father treated Helen.

Helen's father was a severe disciplinarian, who believed

¹P. M. Symonds. Op.cit. p.19.

in beating his daughter in order to make her behave. He also embarrassed her in front of other people by slapping her or criticizing her behaviour. He openly accused her of immoral behaviour.

The relationship between mother and daughter was better, although the mother found Helen unmanageable, and was worried and anxious about her behaviour, fearing she would get into serious trouble.

"Parents can do severe damage to a child's growing personality by criticism, open or implied, by ridicule, by blame or by unfavourable criticism of the child with others."¹ This has been illustrated in the case above, Helen K., and is illustrated in the following case examples.

Case X, May K., 15 years and 5 months old, Protestant. Third of seven children. Came from a neatly kept home of low income. Father unemployed. Parents quarrelled over discipline of the children and the father's unemployment.

May's mother was very critical of the girl, continually nagging her about her behaviour and calling her a "thief and liar." She found little to condone in the girl, causing May to feel unloved and unfairly criticized.

Case XXI, Nancy T., 14 years and 1 month old, Protestant. Oldest of two girls. Came from a well furnished, well kept home in a moderate residential neighbourhood. Some marital discord due to the mother's feelings of dissatisfaction.

Nancy's mother was very critical of the girl's behaviour and very strict in her discipline of Nancy. She compared Nancy unfavourably to her younger daughter, whom she considered a

¹P. M. Symonds. Op.cit. p.20.

model child, and had the latter spy on Nancy. Mrs. T. did not approve of any of Nancy's friends and refused her to choose her own activities, indicating overprotection as a form whereby the parent deprives the child of pleasure, as well as hurting and punishing the child by their authority.¹

Nancy's father tended to spoil her and the relationship between them was fairly good. It was not enough, however, to compensate Nancy for her feelings of being unloved by her mother.

Overprotection or overindulgence of a child may be expressions of fear, anxieties, or worries or may be the reaction against unconscious hostility toward the child.² In this sample, where overprotection or overindulgence was found in the relationship between the girls and their parents, it was generally a reaction against feelings of hostility, as illustrated in cases I and IX above.

According to Symonds,³ parents who set high standards of behaviour or expectations usually do so because of their own unfulfilled ambitions or desires. This has been illustrated in Case IX above, where Phyllis' mother was a very capable person with high standards of behaviour. When her husband failed to meet her expectations, she began to despise him and later to identify Phyllis with him so that she could not accept the girl and was openly critical and punitive in her attitude towards the girl. This was also illustrated in Case XXI, where

¹p. M. Symonds. Op.cit. p.77.

²Ibid. p.63.

³Ibid. p.86.

Nancy's mother set high, rigid standards of behaviour for her husband and daughters largely because of her own dissatisfaction with her married life.

Parents adopt different attitudes toward their children. What that attitude may be will depend sometimes upon the ordinal position of the child, the sex of the child, the relationship which they, themselves, had had with their own parents, and in some cases upon the relationship between husband and wife. In Case IX, Phyllis' mother was unable to accept the girl because of identifying her with her husband whose behaviour had become unacceptable. With respect to Case V, the sex of the child seems to have been the dominant factor, for she was punished for behaviour acceptable in her brothers. In Case II, Joanne B., her mother had experienced emotional deprivation in her own childhood and because of this was unable to give love to her daughter. Joanne's mother was repeating with her daughter, the pattern of her relationship with her own mother.

In this sample, the parents had adopted damaging attitudes towards the girls and these poor relationships had a harmful effect on the development of the girls' personalities and on their adjustment at home and at school. This will be described more fully in the following chapter.

Chapter VI

EFFECTS OF POOR PARENT-CHILD RELATIONSHIPS

According to Robert Gluckman¹ a child must have security in order to develop into a normal personality. Without this security or feeling of being loved and wanted, he may develop delinquent behaviour. Symonds also believed that emotional security was important for the development of a child's normal personality.² As described in Chapter V, all 23 girls in this sample had experienced some form of rejection from one or both parents. Chapter IV showed that all 23 of the girls were exhibiting anti-social behaviour as well as presenting personality problems. The purpose of this chapter will be to describe the relationship between the problems presented by the girls and their relationship with their parents. The diagnosis or impression made by the psychiatrist will be used to show that the behaviour of the girls was, in part, an acting out of the deprivation which they had suffered.

Symonds believed that, "rejection is more serious the earlier it occurs."³ Little information was available in the records of the early developmental history of the girls. However, from information available in ten of the records, six of these indicated that the girls had been unwanted children from birth. From other information in the records, it can be surmised that at least six of the thirteen other girls were also unwanted children.

¹Robt. Gluckman. "The Role of Psychiatry in the Understanding of Juvenile Delinquency," Federal Probation Quarterly. (Washington, D.C.: Sept.1951), p.28.

²P. M. Symonds. Dynamics of Parent Child Relationships. (New York: 1940), p.2.

³Ibid. p.23.

Children will show rejection in their behaviour and this may take several forms, such as attention-getting behaviour, rebelliousness, jealousy, or counterhostility. It may also be reflected in the child's feelings of inadequacy, insecurity, anxiety or that of feeling unwanted by his parents. It will be reflected in the child's behaviour not only at home but also at school or in the community at large, and as in this sample lead to minor or major forms of delinquency. This has been illustrated in Table IX¹ where it can be seen that all of the girls exhibited some of these above-mentioned characteristics. It may also be seen in the following case examples.

Elise S.,² according to the psychiatrist, was reacting to an utterly chaotic series of home backgrounds and severe emotional deprivation. Elise is an example of rejection from a very early age as her mother had never been capable of giving her love or affection. This was reflected in Elise's feelings of insecurity and of not being wanted or liked by people. She was rebellious and flouted discipline of any kind; she adopted an "I don't care attitude." Elise had been continually deserted by her mother and she had been unwanted by her father. Her stepfather was good to her, but he was unwilling to give her a home and her grandmother was unable to give her love or consistent discipline. Because of her life history, Elise felt unable to trust people for fear of being hurt as in the past. Her habit was to test people by seeing how far she could misbehave and still receive acceptance. Elise was an

¹Supra, p.45.

²Supra, p.56.

example of a child who was using attention-getting behaviour in order to gain the attention she could not obtain otherwise. She was unable to make friends and was found to be wilful and hostile in her relationships with other people. Her failure to adjust was reflected also in her behaviour at school where she was disobedient, in that she refused to pay attention or to do her school work and eventually she truanted.

Joanne B. is another example of severe rejection from an early age. According to the psychiatrist, Joanne had marked feelings of insecurity and because of her feelings of inadequacy, she was resorting to stealing and other delinquent-like behaviour. Joanne felt unloved by her mother who, because of her own unhappy childhood, was unable to give Joanne acceptance and understanding. Joanne looked to other people for affection, and she stole in order to buy this affection. In spite of this, she still felt insecure and was unable to make friends or establish good relationships. She began to truant from school when she was no longer able to keep up with the work and this was another reflection of her feelings of inadequacy. Joanne was described in the record as a jealous and unhappy girl.

Both of these girls were damaged by their parental relationships to such an extent that neither felt secure enough to form good relationships. One tried to buy affection and even then she felt insecure. The other, Elise, could trust no one and had to test people in order to gain needed acceptance. So far, no one had given her this acceptance and her

behaviour was becoming increasingly more serious.

"To punishment or humiliation by parents many children will respond by retaliation and revenge."¹ As illustrated in Table X² 14 girls had experienced this in the relationships with their parents. The following cases are examples of this.

Geraldine B.,³ according to the psychiatrist, because of her feelings of rejection by her parents was attempting to compensate herself by aggressive behaviour for emotional deprivation. Geraldine felt unloved and unwanted by both of her parents and in order to overcome these feelings, she was defiant and disobedient. Geraldine was described as sulky and stubborn with an uncontrollable temper and a tendency to lie in order to cover her misbehaviour. At school, she was a disturbing influence with the same traits of personality as evidenced at home. Her relationships with the other students were very poor as she quarrelled with them and tattled on them. She was rude, defiant and disobedient towards her teachers.

Phyllis H.,⁴ according to the psychiatrist, was showing signs of insecurity because of her feelings of inadequacy and rejection. Because of her inability to cope with her school work, Phyllis began to truant as well as to steal small sums of money. Her insecurity was reflected in her inability to mix with girls her own age, preferring to play with younger children with whom she could cope and feel equal. She was described as a person who liked attention and exhibited attention-

¹P. M. Symonds. Dynamics of Parent-Child Relationships. (New York: 1940), p.28.

²Supra, p.55.

³Supra, p.59

⁴Supra, p.59

getting behaviour. Phyllis tended to be shy and because of her mother's dominant nature rather submissive. She was disobedient and at times defiant. In school, she had made a poor adjustment, day-dreaming and taking little interest in the work. She disliked school because she was falling behind, and cried when she was forced to go, or truanted. When she started to work, she was unable to adjust, would steal from her employers and be discharged. Within one year Phyllis had held ten different jobs.

In these two cases also, the girls were reacting with defiant and aggressive behaviour to mistreatment and rejection from their parents. Both of the girls had damaged personalities and both of the girls were unable to make satisfactory social adjustments.

In these two cases above, sibling rivalry was present to a greater than normal degree. Geraldine felt unwanted, unloved and punished for behaviour which was condoned in her brothers. Phyllis was jealous of her younger sister, with whom her mother compared her unfavourably.

Barbara T., according to the psychiatrist, was reacting to severe discipline by her foster parents. Barbara had been able to accept the restrictions imposed by her foster parents as long as she had believed that they were her real parents. The foster parents were strict, rigid people, who had tried to impose a certain pattern of behaviour on Barbara. The foster mother tended to be critical and somewhat punitive towards her, giving her the material necessities but no real affection. On learning that these were not her real parents, Barbara found

their restrictions intolerable. She became openly rebellious, hostile, and she began to steal. She was ambivalent in her feelings towards her mother, whom she felt had deserted her, and she became aggressive and disturbed in her mother's presence.

Children who have been frustrated from early childhood may turn to erotic or sexual practices for satisfaction.¹ This is illustrated in the following cases.

According to the psychiatrist, Margaret F., 14 years and 7 months old, because of severe emotional deprivation since early childhood had a low frustration level and reacted to frustrations either by aggressive behaviour or by submitting to the demands of her opponents in order to gain acceptance.

Margaret's mother had always found her the most difficult of her four children to discipline. Margaret was very defiant, disobedient, and wilful as seen in her determination to go her own way in spite of her parents' wishes. Her father was very unaccepting of Margaret; he forbade her the privileges which he allowed the other children, and he did not want her in the home. Because of her feelings of unacceptance, Margaret was resorting to aggressive behaviour and indulging in sexual misbehaviour. The latter took the form of both masturbation and sexual relationships.

Another example is Marjorie W., 14 years and six months old, fourth of eight children of a coloured family.

¹P. M. Symonds. Dynamics of Parent-Child Relationships.
(New York: 1940), p.34.

Marjorie had experienced both physical and emotional deprivation from early childhood. She had never received affection from her father, who had been a cruel, demanding person, and who had deserted his family when Marjorie was eight years old. Her mother became the wage-earner in the family and because of her absence from home as well as her own incapacities, she was unable to supervise or discipline her children properly. She was also incapable of giving her children the affection they needed because of her own deprived childhood. According to the psychiatrist, Marjorie was showing this lack of discipline and affection in her behaviour. She was becoming increasingly unmanageable; she was indulging in sexual relationships of various kinds, and she was showing exhibitionistic tendencies.

Dorothy B., according to the psychiatrist, was reacting to emotional deprivation since early childhood; and the fact that her father was identifying her completely with his first wife was forcing her so to identify herself.

As described in Chapter V¹, Dorothy's relationship with her mother had been one of neglect and finally desertion. The relationship with her father had been one of overindulgence and spoiling which had become one of hostility and resentment. This change in her father's attitude had resulted in Dorothy's increasing misbehaviour. She felt unwanted and unloved by both parents and because of this she reacted with aggressive and disturbing behaviour. She became rude, disobedient, and defiant. She lied, stole, and was rude and hostile towards

¹Supra, p.58.

her father and stepmother. She began to indulge in sexual relationships, perhaps seeking the affection she had lost from her father, as well as following her mother's pattern of behaviour. In personality, Dorothy was sulky, stubborn, with difficulty in expressing herself and with a tendency to defend herself by lying.

This chapter has described how the girls reacted to emotional deprivation and how they sought elsewhere, the affection they had not received from their parents. None of the 23 girls had been able to cope with their feelings of being unwanted and so they turned elsewhere for compensation and in this sample to delinquent behaviour.

Chapter VII

TREATMENT AND THE ROLE OF THE SOCIAL WORKER

The first part of this chapter will be a brief description of the treatment the 23 girls received at the Mental Hygiene Institute and of the outcome of this treatment. No attempt will be made to evaluate the treatment as the writer is not qualified to do this. The treatment received will be described in terms of the number of interviews which the girls and their parents or relatives had with the psychiatrist, the psychologist and/or the social worker and in terms of how long this treatment lasted. The last part of this chapter will be a description, in general terms, of the role played by the social worker, as part of the psychiatric team at the Institute, both in collecting the social history, which the doctor used to formulate his diagnosis, and in the treatment plan prescribed by the doctor.

The objectives of the M.H.I. are "The prevention and treatment of nervous and mental disorders, delinquency and anti-social conduct and personality maladjustments, by means of a medical-psychiatric and education service to the health, education and social welfare agencies in the community."¹ The M.H.I. gives service to other agencies in the community through a diagnostic evaluation of the child's problem. This diagnosis is based not only upon the psychiatrist's interviews with the child but also upon the social history which is pre-

¹Mental Hygiene Institute Annual Report. 1951. p.4.

pared in great detail by the social worker in the referral agency. The extension of these services to other agencies in the community limits the number of cases which can be carried for intensive treatment at the Institute.¹ This is illustrated in Table XI where it can be seen that only five of the 23 girls were carried on an intensive treatment basis. Four were short-service cases and the rest were diagnostic cases.

Table XI

Distribution of Type of Service given to the
23 Adolescent Girls at the Mental Hygiene
Institute

<u>Classification*</u>	<u>Number of Girls</u>
Total	23
Diagnostic	14
Short Service	4
Intensive	5

*Chapter 1, pp.6 and 7.

This table indicates that most of the girls were seen only once by the psychiatrist and once by the psychologist, and/or by the social worker. However, the 14 girls, seen for diagnostic evaluation only, were carried on a casework basis by the referral agencies, generally in consultation with a psychiatrist at the Institute.

With reference to the number of times which the girls and their parents or relatives were seen by the psychiatrist, Table XII illustrates that only 16 of the parents or relatives were seen by the psychiatrist and 15 by the social worker.

¹Mental Hygiene Institute Annual Report. 1951. p.5.

Table XII

Intensity of Treatment in Terms of Number of Interviews with the 23 Adolescent Girls and their Parents

<u>Interviewers</u>	<u>Number of Interviews</u>	
	<u>Girls</u>	<u>Relatives</u>
Psychiatrist	57	16
Psychologist	23	-
Social Worker	3	15

This table also indicates that all of the girls were seen once by the psychiatrist and that some of the girls were seen more than once. All were seen by the psychologist. Only three girls were seen by the social worker. Where the parents or relatives were not seen at the Mental Hygiene Institute, the case was one which was carried by the referral agency and the parent or relative was seen by the caseworker of this agency. Of the nine cases carried at the Institute, the parent or relative was seen at least once by the psychiatrist as well as by the social worker in order to complete the social history and to obtain a clear and complete picture of the girl's problem.

Table XIII, below, shows the distribution of recommendations for treatment made by the psychiatrist. From this table it can be seen that in nine of the cases, casework with the girl and her parents was felt to be the best possible solution. It was felt in these cases that placement away from home might increase the girls' feelings of rejection. It was hoped that, perhaps through casework with the parents or relatives, the parent-child relationships could be strengthened to such an

extent that the girls' feelings of not being wanted and of being unloved could be lessened or replaced by acceptance and understanding by the parents.

Table XIII

Distribution of Recommendations for Treatment
made by the Psychiatrist

<u>Recommendation</u>	<u>Number</u>
Total	23
Casework Supervision	9
Foster Home Care	5
Institutional Care	7
Others	2

Placement in foster homes was recommended for five of the girls as the best possible plan for treatment. It was felt that in the foster homes the girls might receive the acceptance and sympathy which they needed and which they could not receive at home because of their parents' attitudes towards them. Institutional placement for seven girls was felt to be the best plan mainly because these girls were too disturbed to adjust in foster homes. It was also felt that in an institution they would receive the necessary discipline which had been lacking in their own homes. In two cases, it was felt that through employment away from home, the two girls might be able to receive the necessary understanding and sympathy which they did not receive in their own homes.

This study was also concerned with the outcome of the treatment received at the Institute and whether the girls could be helped to adjust more adequately than they had in the past.

This is illustrated in Table XIV.

Table XIV

<u>Distribution of Outcome of Treatment</u>	
<u>Outcome*</u>	<u>Number</u>
<u>Total</u>	<u>23</u>
Successful	1
Partially successful	5
Failure	7
Unknown	10

*Chapter I, p.7.

From this table it can be seen that only one case could be classed as successful. The girl's behaviour had improved to such an extent that there was no longer a need for treatment. Five cases were classed as partially successful. That is, there was some change in the girls' behaviour, but some problems still existed. Seven were classed as failures. These girls' behaviour had become worse and in all cases their problems led to a second referral to the Institute. The outcome in ten cases was unknown.

The social worker also plays a part in the treatment services offered at the Institute. As a member of the psychiatric team she works in co-operation with the psychiatrist and the psychologist in order to contribute her share towards the understanding of the patient's emotional problems and his life situation.¹ This is one of her contributions when she prepares

¹Psychiatric Social Work in the Psychiatric Clinic, Report No.16. (Kansas: Sept. 1950), p.3.

the social history which aids the psychiatrist in formulating his diagnosis of the problem. She may also work with the parent or with the child, according to the treatment plan drawn up by the doctor.

The social worker has a special contribution to offer in the services of the Institute because of her training and her knowledge of community resources. She has been trained to understand not only the behaviour and personality of the individual but also the part which his environment plays in his problems. The social worker also interprets the function of the Institute to the parent in order that the parent may decide whether the services offered are appropriate for the problem of his child. She may also help the parent to accept the necessary treatment.

In this sample, the social worker collected the social history, in the nine cases which were carried by the Institute. In the treatment plan prescribed by the psychiatrist, she worked with the parents while the doctor continued therapy with the girls. In these nine cases, the social worker attempted to strengthen the relationship between the parents and the girls. "There is a steady conviction that treating a child who lives in his own home is of little avail if at least one of his parents is not an active participant in clinic treatment."¹

Including the parent in treatment from the start, seeing him as the nucleus and requiring his participation in every step, is our most important means for strengthening the parents' responsibility. Not only will this make treatment more effective, but it can be a means of treatment itself.²

¹Rose Green. "Treatment of Parent-Child Relationships," American Journal of Orthopsychiatry. Vol. 18, No.3. (New York: July, 1948), p.443.

²Ibid. p.446.

The following cases, selected from the nine carried by the Institute, will illustrate the worker's role with the parents of the girls.

In the case of Joanne B.¹ the worker's role was to work with the mother in order to interpret her daughter's needs for love and acceptance. After she had given the mother acceptance, support, and understanding, the worker was then able to give her an explanation of Joanne's behaviour. Because the mother was able to accept this interpretation, she became more relaxed in her attitude towards Joanne, so that the girl no longer felt a need to compensate herself for the lack of love through aggressive and disturbing behaviour.

In the case of Dorothy B.,² the worker's role was with the father. She tried to interpret Dorothy's behaviour and to explain the reasons for this behaviour. An attempt was also made to give the father enough support and understanding so that he could change his critical and punitive attitude towards Dorothy and eventually be able to accept her. In casework interviews, the father was found to be a very dependent person with a great need for acceptance. He was unable to accept or understand Dorothy because of his complete identification of her with her mother. During his present wife's illness and at the time of her death, the father was unable to accept any interpretation or to use the casework treatment. Because of this it was impossible to gain any acceptance for Dorothy, and her behaviour became progressively worse until placement was felt to be the only solution.

¹Supra, p.66.

²Supra, p.70.

In Phyllis H.'s¹ case, the worker attempted to interpret the girl's needs to the mother in order to gain the acceptance and recognition which Phyllis needed. However, Phyllis' mother, because of her own personality problems, resisted any attempt to be included in the treatment plan, and she maintained her rigid and uncompromising attitude towards her daughter. Phyllis' behaviour became worse until placement was recommended as the only solution.

In these three cases an attempt was made to include the parents in the treatment plan. In the first case, this attempt was successful and the parent-child relationships improved. In the second illustration, although the parent participated in the treatment, it was found to be impossible to treat the girl in her own home, because of her father's own personality problems and the environmental strains. In the third case, the parent refused to participate and because of this treatment of the girl, while she remained in her own home, proved impossible.

In summing up, then, it seems clear that where the environmental strains and the personality problems of the parents are not too great, casework with the parent can help a great deal in strengthening parent-child relationships.

¹Supra, p. 67.

Chapter VIII

FINDINGS AND CONCLUSIONS

This final chapter will be a brief summary of the material presented in the preceding chapters, with a presentation of the findings and of the conclusions reached.

The majority of the girls in this sample were of Canadian birth, with 19 born in Montreal, the setting of the study. The average age of the girls was 14 years and 3 months, and the average I.Q. 90. All of the girls had reached Grade IV or higher, and 12 of the girls were still at school. Only eight of the girls had worked, and the education and training which they had received was reflected in the type of work which they had done, waitressing, housework and salesclerking. All of the 23 girls were in general good health at the time of referral.

With respect to the backgrounds from which the girls had come, it was found that most of their parents had been born outside Canada. Seventeen of their parents had been born in Continental Europe. This meant that for these 17, there had to be an adjustment between the cultural patterns of the old and new worlds. In some cases, the parents were still experiencing a conflict between these two cultures, and this conflict was affecting their relationship to the girls. The majority of the parents were forty years and over, that is, they were in the middle years of life. Thirty-two of the parents were described as unstable and undependable people with personality problems of their own. Most of the parents

had come from unstable and emotionally deprived homes. These lacks in their childhood appeared to be serious handicapping influences in their relationship to the girls.

The physical aspects of the homes from which the girls came were found to be poor. Twelve came from small, overcrowded homes, situated in poor neighbourhoods. Seven came from homes where there was financial insecurity and eleven from homes where there was severe financial deprivation. The majority of the fathers and all the mothers, who were working, were employed in semi-skilled or unskilled jobs.

The emotional atmosphere of the homes was also poor. Only two of the girls came from homes where there was a good relationship between the parents. Twenty came from broken homes either because of the death of one parent, separation or divorce, or conflict and friction between the parents. Whatever the cause, the home atmosphere was one of tension and conflict. Most of the girls came from large families, and eleven of the girls were first children. Three of the girls were only children. In 12 of the cases, there was found to be more than the normal sibling rivalry present, with open competition and jealousy present between the girls and their siblings. This competition and jealousy was found to be due to the girls' feelings that their parents preferred the other sibling or siblings.

The problems for which the girls were referred were those of stealing, truancy from home and school, sexual misbehaviour, and incorrigibility. All of the girls were beyond their parents' control and so the parents had sought outside help.

Incorrigibility was found to be the problem which occurred most often, with stealing second, and truancy from school and sexual misbehaviour third. Truancy from home occurred least. It was found that although the girls were mainly referred for one problem of behaviour, in most cases another problem existed as well. The girls were also presenting problems of personality which were found to be as serious and in some cases more serious than the problems of behaviour. The problems of personality were often overlooked by the parents. Meanwhile the girls' behaviour attracted their parents' attention largely because they were beginning to affect the routine of home, school, or of the community at large. All of the 23 girls had feelings of insecurity, inadequacy and inferiority. Several of them were exhibiting attention-getting behaviour as they had found this to be the only means by which they could gain the attention they craved. Several of the girls looked to other people for affection and acceptance and some stole in order to buy this needed affection. The girls were found to be not only insecure in their feelings but also in their ability to form personal and inter-personal relationships.

All of the 23 girls had suffered from emotional deprivation of some form, varying from outright hostility to overprotection and overindulgence. The majority had also suffered from inconsistent discipline. Six of the girls were found to be unwanted children from birth, and the rest had been rejected from an early age. Some of the girls had been subjected to harsh and cruel treatment as well as made to feel unwanted and unloved. All of the 23 girls were reacting to these feelings

of deprivation as indicated by their behaviour. The parents of the girls had been unable to give them the needed love and the discipline necessary for the development of a normal personality. The parents had been unable to give these because of their own deprived backgrounds, personality problems, dissatisfaction with their marriages, or because of environmental pressures. All of the 23 girls felt unwanted, unloved and insecure in their relationships to one or both parents. This insecurity was carried over to the community and school, where so many of the girls had made poor adjustments.

The treatment which the girls had received at the Institute was found to be mainly for diagnostic evaluation. Only five of the girls were carried on an intensive basis and four on a short-service basis. In all of the cases, whether foster home care, institutional care, or casework treatment was recommended, it was felt that an attempt should be made to establish a relationship with the girl from which she could gain the acceptance and recognition she needed in order to be able to adjust. At the Institute the social worker's role was that as a member of the psychiatric team. In the nine cases she carried, she worked with the parents in order to interpret the doctor's recommendations and the needs of the girls so that the former could be carried out. It is felt that treatment was not intensive enough in some cases. When it was recommended that the girl return for continued therapy, and she failed to do this, no attempt seems to have been made to follow up this case.

This study was based on the assumption that poor parent-child relationships do contribute towards delinquent behaviour. This was found to be true in the 23 cases studied in this sample. According to the psychiatrist, the girls were reacting to the emotional deprivation which they had suffered and they were trying to compensate themselves for the lack of love from their parents in their delinquent-like behaviour. The data showed that all the girls had defective personalities due to lack of love and consistent discipline. We can thus conclude, that for this sample, poor parent-child relationships did contribute towards the delinquency of the 23 girls.

According to Kate Friedlander,¹ the primary factors leading to antisocial behaviour are the defective relationships between parent and child, and the secondary factors are those of a poor environment. This was found to be true for this sample. As indicated above, all of the 23 girls had poor relationships with their parents. The rejecting attitudes of the parents had been the earliest influences in these girls' lives. They would appear to be also the major or primary factors in the children's lives. The secondary factors were those of financial deprivation, broken homes, poor housing, and poor neighbourhoods. Other factors were found to be poor adjustment in school work, poor use of leisure time and the girls' choice of companions.

The role of the social worker with the parents leads to the conclusion that for this sample, the findings indicate the importance of including the parents in the treatment plan.

¹Kate Friedlander. The Psychoanalytic Approach to Juvenile Delinquency. (New York: 1949), p.104.

Although this sample was not large enough to validate this conclusion, it does suggest that where the environmental strains and the personality problems of the parent are not too great, the active participation of the parent in the treatment is an aid towards the successful solution of the girl's problem.

It is not known whether or not the approaches used by the other agency caseworkers differed from those used by the Institute workers. The only way in which this could be discovered would be through an extensive follow-up study to see what happened to the 23 girls and what casework methods were used in treating the girls and their families. Such a study might indicate which of the casework methods in the treatment of delinquency were effective, which should be retained, and which should be discarded for new methods.

In summing up, it can be concluded that the best way to treat the delinquent child in his own home is through treatment of the parent as well as of the child. Where the parent is unwilling or unable to participate, the removal of the child from the home appears to be the only alternative.

In addition to the treatment of delinquency, the Mental Hygiene Institute has also placed emphasis on preventive measures.¹ The prevention of delinquency lies in a broad, social welfare program which will improve the poor economic and social conditions surrounding children in those areas in which the delinquency rates are relatively high. The alleviation of poverty and insecurity would do much to relieve the

¹Supra, p.72.

environmental strain and contribute towards better parent-child relationships. However, economic improvement alone will not prevent delinquency. We have seen in even this small sample studied here, that there are many, and very complex causal factors other than economic, which affect parent-child relationships. Therefore homes, schools, churches and community agencies must all unite in a well-integrated program for the prevention of delinquency.

A P P E N D I X

DOCUMENTARY SCHEDULE

1. Name.....
2. Referral Source..... Date.....
3. Reason for referral
referral information....
4. Source of Social History....
informant....
5. S.S.I. Contacts....
6. Age.... Birthdate..... Birthplace.....
7. I.Q.....
8. Education (Grade attained).....
9. Religion....
10. Family Constellation
Father Birthdate Birthplace
Mother
Siblings
Ordinal Position.....
11. What other problems, beside the referral ones, girls presented
12. Brief chronological history.
13. Brief social history
Home
Economic situation
Standards in home
Neighbourhood
Adjustment - personality
social
school
work
health
sexual
14. What were the parents' backgrounds - education, work, relationship with own parents, etc.
15. What were the attitudes of each parent towards the pregnancy.
Planned
Accidental - wanted, unwanted.

16. Family Relationships

A. What was the attitude of the mother, at the time of referral, toward the girl - what expression did this take. Has this always been the attitude.

(a) Rejection

1. neglect
2. denial of love
3. punishment and maltreatment
4. humiliation and criticism
5. overprotection
6. overindulgence
7. high or rigid standards of behaviour and achievement.

(b) Inconsistent discipline.

B. What was the attitude of the father, at time of referral, towards the girl - what expression did this take. Has this always been the attitude.

C. What was the relationship between the parents.

D. What was the relationship between siblings.

17. Treatment

A.

No. of visits		Collateral source
patient	relative	

Psychiatrist
Psychologist
Social Worker

B. Classification of Treatment

- (a) Diagnostic
- (b) Short service
- (c) Intensive

C. Recommendations for treatment

- (a) Casework supervision
- (b) Foster Home Care
- (c) Institutional

D. Role of Social Worker

- (a) social history
- (b) parents
- (c) girl

E. Outcome

- (a) successful
- (b) partially successful
- (c) failure
- (d) outcome unknown

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