McGill University

CASEWORK AIDS TO THE ADOLESCENT GIRL

A Thesis Submitted to

The Faculty of Graduate Studies and Research

In

Partial Fulfilment of the Requirements

for

The Master's Degree in Social Work

by

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Montreal, April, 1953

PREFACE

This thesis was written from case materials made available at the Mental Hygiene Institute, the Family Welfare Association, the Girls' Counselling Centre, the Catholic Welfare Bureau, and the Social Service Department of the Royal Victoria Hospital. The author acknowledges with thanks the assistance of the professional staffs of these agencies whose cooperation and interest made this study possible.

The writer is indebted to Miss Eva R. Younge, Research Director of the McGill School of Social Work; to Mrs. F.F. Anderson, Head Social Worker of the Mental Hygiene Institute; and to Miss Joan M. Smith, Director of Social Service, Verdun Protestant Hospital, for their patient and encouraging supervision which provided the incentive to the completion of this thesis.

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CHAPTER I

INTRODUCTION

This is a study of the role of the social worker in the treatment of twenty-two adolescent girls with emotional difficulties. They are not mentally defective girls or delinquent girls, but "normal" adolescents who have been referred to the Mental Hygiene Institute of Montreal because they displayed some symptom of disturbance. They have normal intelligence and normal physical capacities; they come from supposedly normal homes where one parent or both parents are present. They belong to the group which the child guidance centre is best able to help.

Before the casework service given to each girl can be evaluated, the problems presented, the meaning behind the problems, and the basic reasons for the problems have to be weighed. Some consideration will therefore be given to the psychology of adolescence and to a reflection on the differences between the personality and behaviour of members of the group studied and those of adolescents who have experienced a healthy, emotional development. In short, a group of supposedly normal adolescent girls has been taken from the files of the Mental Hygiene Institute.[1] Their problems have been studied, their environments examined, and their relationships with persons in their environments have been weighed, so that it might be discovered what it was in their "normal"lives that lead them to adopt disturbed and anti-social behaviour. The focus of this

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[1] Hereinafter referred to as M.H.I.

study is upon what the social caseworker, through her relationship with the girl and her parents, was able to do to help the child. Did the child's difficulties improve, remain the same, or become worse, and what did the caseworker contribute to these results?

Adolescence is perhaps the most conflicted period in a girl's life. There are many fundamental needs to be met at this time when physiological and emotional changes of great significance take place and satisfactory adjustment to them affects greatly the girl's future stability and happiness. The disturbed, adolescent girl therefore requires assistance in achieving a satisfactory adjustment. The social worker may here play an important part.

As social agencies with specialized functions have grown up across the country, the caseworker has been enabled to give help to the adolescent girl through a wide variety of settings. There are now child guidance clinics where the girl's difficulties may be diagnosed and treated; there are big sister associations where she may be counselled; there are residences where she may live under the guidance of one who knows and understands her difficulties and there are training schools for the so-called "delinquent girl". Apart from these specialized settings, the caseworkers in the family, in the children's, and in the group work agencies, are also able to assist the adolescent with her difficulties as are the caseworkers in the hospitals and in the schools. As psychology began to place more emphasis on this period of the growth process, casework with the adolescent girl has become more specialized. The supportive treatment given by the caseworker at this time can do much to help the adolescent

girl who often feels insecure in most spheres of her endeavour. The social worker in these cases becomes a new vehicle of identification to the girl who has felt neglected, rejected, or overprotected, and who has not experienced a healthy identification with her mother. This new relationship can do much to undo the harm of, and make up for, the lacks of the old one. As the majority of adolescents must develop and become independent while they live in the very home which has generated their difficulties,[1] work with their parents is also necessary. The social worker, through an understanding relationship with the parents, can do much to clarify and protect help given to the girl.

Although we are to study here the social worker's role in work with a selected group of adolescent girls, we have referred to the whole field of adolescent psychology. Over the years many groups have been concerned with the stormy years of adolescence and the process of maturation. These include doctors, teachers, psychologists, sociologists, and psychiatrists. These persons had amassed a wealth of material with regard to this conflicted period of life before the advent of the social worker to the field. Recently, however, the social worker has begun to put her knowledge and experience into words and has added a little to the literature of adolescence. The social worker now has allied herself to all the groups mentioned above and works with them in many different settings. In one of these settings, namely the child guidance clinic, is found the subject of this study.

In most of the writings of the professional groups mentioned above,

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[1] Helen L. Friedman & Betty Meyer, "Treatment of the Adolescent in Family Casework", The Family (March, 1941), p. 20.

however, it is mainly the theoretical side of the subject of adolescent adjustment which has been expounded. The social worker, in her contributions to the literature of the field, has shown that she is essentially interested in the practical side of the problem. True, she is aware of the importance of diagnosis, but her focus is on treatment and often on treatment in the very environment which has given rise to the girl's difficulties.

At the time at which the twenty-two girls to be studied were referred to the M.H.I., it was mainly a diagnostic centre. Psychiatrist, psychologist, and psychiatric social worker made up the clinic team and psychological and psychiatric consultation was offered to social agencies and individuals in the community. There was only one social worker on the staff, the psychiatrists were greatly overburdened with work, and little regular treatment was carried out. Diagnostic services were given, however, to the agencies in the community which referred children to the centre, and the responsibility for carrying out some treatment or support was taken, in most cases, by a caseworker in the field.

In order to help the girls the caseworker had to investigate many areas of their lives. This study will consider the development of each girl and the growth of her problems by examining the various environments with which she had to cope, namely the home, the school, the community, and the job situation. The specific problems presented by these girls and how they differ from the usual problems of the adolescent will also be considered. The focus finally will be on what help the social worker set out to give the girls, what help she was able to give them, and what the result was to each of the girls.

As this is a study of adolescent girls, it was first necessary to decide from which specific age group the cases should be chosen. A review of the classical literature of the field was made; it lead to the selection of the twelve to eighteen year classification as that most commonly referred to as the adolescent period. English and Pearson[1] refer to the fourteen to twenty-one year group as adolescent. Thom[2] chooses the twelve to eighteen year group. In reality, adolescents are those in the years between puberty and maturity. Many persons never reach maturity emotionally, therefore, no chronological age should really be set for this period of physiological and psychological growth. Some persons may be said to remain adolescents always, while still others continue to handle their life situations with responses characteristic of the latency period.[3] For the purposes of this study, however, the twelve to eighteen-year-olds will be referred to as adolescents. All of the twenty-two girls studied fell within this age group at the time of their referral to the M.H.I. because of some emotional difficulty for which the services of a psychiatrist were sought.

The sample for this study was selected by examining the intake books at the M.H.I. during the years 1945 to 1948. The writer had originally set up certain criteria on which to base the selection of case material, but some alteration had to be made due to the inadequacy of the records

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[1] O.S.English and G.H.J.Pearson, Emotional Problems of Living (New York, 1945), p. 278.

[2] D.A.Thom, Guiding the Adolescent, U.S.Children's Bureau Pub. No. 225 (Washington, 1946), p. 2.

[3] Irene M. Josselyn, "Social Pressures in Adolescence", Social Casework (May, 1952), p. 191.

as to detail and because not enough records of the desired type were available. More than three hundred adolescent girls were referred to the agency during the period chosen, but it was necessary to exclude the majority for a variety of reasons. Many were not of normal intelligence. Some were suffering from, or recovering from diseases such as tuberculosis or rheumatic fever; several were subject to epileptic seizures, and some had an organic deficiency. It was felt that these disorders and deficiencies would undoubtedly add to the difficulties facing the girls and they should therefore be excluded from the sample. In a great many cases the girl was without parents or had been placed in a foster home or an institution where casework with her parents toward a better adjustment was not possible. Many adolescent girls were referred to the Institute during this period for vocational guidance but did not have an interview with the psychiatrist. Their records were not complete and no intensive work was done with them. The writer discarded cases where the girl had not had a complete examination by the whole clinic team and where no casework contact, beyond one interview with the mother, was maintained. Cases where there had been no follow-up and where it was not possible for the worker to read a continuing record were also discarded. Although the writer had wanted to study completely "normal" girls, this was not possible. It was therefore decided to include children who had only one parent in the home instead of two; it was also decided to include children without siblings; the economic background was not restricted. The inclusion of girls for whom one parent was absent, who were only children, and who came from very low income groups would, of course, pose added problems which would have to be discussed in studying their individual adjustment. From approximately three

hundred cases perused, only twenty-two fitted the criteria outlined above, and it is therefore the records of these girls and their difficulties which form the basis of this study.

The limitations and impediments have been many. The case records used were not compiled for research purposes and many were lacking much vital material. They are sketchy and show little detailed process in the work with the particular girl. As there was for most of the time only one social worker on the staff of the M.H.I., many of the cases were not followed by a social worker there, but were referred, after diagnosis by a psychiatrist, to a social worker in an allied agency for treatment. In the majority of the latter cases, the focus of that worker was on a relationship with the parents and the record showed little with regard to the child, although it could be seen that some help had been given her. Some of the records are very much more detailed than others and information on one aspect may be lacking in the case of one girl while it is detailed in the case of another. The writer has worked with admittedly inadequate data.

As this is a study of the role of the social worker, the thesis will necessarily focus on her part in helping the girls in their adjustment to the many changes of the adolescent period. Before this help could be analyzed, however, it was necessary to review the many areas of which the caseworker had to be aware in order to aid these girls, and of which one must be aware in studying the help given. Before commencing an analysis of the specific difficulties of the group, it was first necessary to review the classical literature on adolescence. By understanding the typical problems facing the average adolescent, one can better under-

stand the difficulties of the girls to be studied and better explore the possible reasons for their difficulties. The next chapter, therefore, deals with a discussion of the average adolescent and her physical, intellectual, and emotional development. The following chapter goes on to examine the difficulties facing the caseworker in treatment of the adolescent girl. This consideration is followed by a study of the problems which brought the girls to the M.H.I. and the basic difficulties behind their symptoms. A study of each girl's family and home environment then follows, as it has long been agreed that basic personality traits are formed in the child's family associations. Later the child acquires other patterns of behaviour outside her family sphere in the larger setting of the school, the community group, and the employment situation. Each girl's adjustment in these settings, therefore, has also been explored in further chapters. Final consideration is given to an examination and evaluation of the role of the caseworker in helping the adolescent girl and her parents toward a happier adjustment.

CHAPTER II

ADOLESCENCE AND ITS IMPLICATIONS

We are about to study a group of emotionally disturbed girls who have had difficulty in facing the doubts and storms of adolescence. At this critical period of growing up they have encountered special difficulties. They have, however, faced the same adjustments with which every girl has to cope as she journeys from childhood to adulthood. A consideration of the adolescent development of the average or "normal" girl will help greatly toward understanding the behaviour of the group. This consideration will be discussed in psychoanalytic terms and will review the various adjustments every girl must make--to her changing self, to her family and friends, and to life in the community.

During the latency period the physical, mental, social, and emotional development of the child is slow. At puberty there is a sudden and uneven growth and the child is faced with many problems. This growing up or adolescence is much more simple in primitive societies where children are initiated into their adult responsibilities as soon as they have reached puberty. In our modern society, however, the period of adolescence has been prolonged and further problems created for the adolescent. Social maturity is delayed far beyond the attainment of physical maturity; marriage is delayed far beyond the development of sexual maturity with resultant tensions. Children do not work at as early an age as formerly, and economic independence is therefore postponed. The adolescent girl of

today faces a society of contradictions and anxieties.[1] She may work, yet she may not vote; she may leave school, yet, without her parents' permission, she may not marry; she may drive a car in one community at a given age while she cannot until two years later in another. Longer life expectancy and social security measures have intensified the adjustments which must be made by the adolescent of today.

In adolescence a girl begins to face the problems of adulthood. Accompanying her body's rapid growth are disturbing psychological forces and social demands which expect her to take over an adult role and to give up her previously dependent state. Her adjustment to these forces and demands helps to form her personality as an adult and to decide her fate as a mature woman.[2] In the transition from puberty to maturity the adolescent girl must accomplish a great deal. She must struggle toward emancipation from her parents and siblings, toward accomplishing a satisfactory relationship with the opposite sex, and she must make some preparation toward a vocation for herself. She must also effect an integration of her personality if she is to develop a healthy, confident way of meeting reality.[3] This will not be too difficult for the girl who has progressed fairly well in an atmosphere of affection and security, for it has been established by psychiatrists that the adjustments of adolescence

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[1] Marynia F. Farnham, The Adolescent (New York, 1951), p. 2.

[2] Helene Deutsch, Psychology of Women, Part I (New York, 1944), p. 90.

[3] English and Pearson, op.cit., p. 278.

are dependent on adjustments made many years before.[1]

Growth in itself is not a new experience, but the years of adolescence are characterized by a period of more rapid physical growth and changes far greater than any which the child has undergone. In the girl there is a tremendous rapidity of growth in height and weight; the breasts develop, body hair appears, the voice changes, and an active menstrual life begins. With these changes comes a reactivation of many of the instinctual drives quiescent during the latency period. All of these changes, directly or indirectly, derive from the principal undertaking of achieving sexual maturity.[2]

Adolescent girls differ in the age at which these physical developments take place. The girl who varies noticeably from her friends, therefore, has her security threatened as she differs from her group and feels unsure of herself. The girl who suffers from overweight, the girl who is underdeveloped for her age, or the girl with acne will be faced with greater adjustments than her friends and feel left out of the group. These difficulties produce the awkward girl who lacks any grace, the tomboy who rejects her femininity, the glamour girl who overly accepts her femininity and the shy, anxious girl who tends to isolate herself. The attitude of the adult toward her, during this period of physical growth, also baffles the adolescent girl for, although she may be physically

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[1] C.M. Fleming, Adolescence (New York, 1949), p. 69.

[2] Marynia F. Farnham, op.cit., p. 7.

mature, she may be socially no more than a child. On the other hand she may appear quite mature, socially and intellectually, while she is late in developing physically. What adults expect of her will have a far-reaching affect on the girl's adjustment to her physical changes. These uneven growth trends in her development will affect the girl's whole personality. In the average adolescent, however, a pride and pleasure in growing up also goes with the feelings of insecurity due to the rapidity of growth and maturation. The girl who has developed through childhood with a reasonable degree of security does not usually find the physical changes of adolescence too great to assimilate.

More affected by the process of growth and development than any other part of the personality are the emotions. Psychoanalysis sees in adolescence the revivalof the old oedipal conflict. With physiological change sexual feelings and fantasies once more come to the fore.[1] As the oedipal situation is surmounted by the adolescent, complete dependence on the parents ceases, and identification begins to take the place of object love.[2] However, before this can be done, the old emotional ties must be cast off and new ones created. With the tossing off of infantile dependence comes the devaluation of previous love objects regardless of their earlier relation. We therefore see the parents' place being taken, for a time, by other persons whom the girl feels answer her requirements better--

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[1] Anna Freud, The Ego and the Mechanisms of Defence (New York, 1946), p. 157.

[2] Ibid., p. 157.

such persons as teachers, counsellors, and group leaders. This is the period of the "crush" through which most girls pass. Slowly the girl is able to transfer identification from others to her own person and this leads to more confidence in herself. She becomes very sensitive to criticism and feels that no one cares about her. The realization of her own limited capacity for love leads to emotional solitude which even her newfound self confidence finds impossible to overcome. Because of her great need, not only to be loved, but to love, the adolescent girl turns, not only toward accessible persons but also to a rich life of fantasy.[1] She clings to great causes which she abandons frequently, and her impulsiveness leads her to strong loves and strong hatreds. With a proper adjustment, however, the secure adolescent learns to turn from her heroes and heroines of fantasy and to temper her loves and hatreds. She forms warm relationships with members of her own sex and then with members of the opposite sex. If, by the end of the adolescent period, inner security with warmth and friendliness for both sexes has developed, we need fear little for her future healthy, emotional adjustment.

The adolescent girl's first efforts to stand alone concern an adjustment in her relationships with her parents. She must later learn to adjust in her relationships with her friends outside the home and with the other forces in the community, such as school, recreational groups and employment, with which she comes in contact and which frequently are sources of difficulty for her.

The development of emotional freedom from her parents is the most difficult of the adolescent girl's adjustments. The existence of so many

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[1]Helene Deutsch, op.cit., p. 97.

adults who have never accomplished this testifies to the fact.[1] A healthy attitude on the part of the parents is vital to the cause, since many difficulties of the adolescent are related to the emotional immaturities and the unsatisfied personal needs of her parents. It is clear that the years of adolescence bring into prominence the quality of a parent-child relationship which has, in its essentials, been established many years before.[2] If the parents react, as so many do, by resenting the mild rebellion and withdrawal of their daughter, she will develop a feeling of having failed them. They must realize that she no longer is looking for affection alone from them but also for confidence and respect. Moderately well adjusted parents will realize the great importance of the change in relationship and with this realization the natural antagonism and unhappiness of the adolescent period will slowly vanish. It will produce the girl who eventually, on leaving her family, will be able to cope with the responsibilities of living on her own and who finally will be able to participate in setting up another family unit.

As the adolescent moves beyond the need for constant admiration and approval of her parents, she turns to her contemporaries for these. Closer bonds are formed with her associates of the same sex, and the necessity of belonging to the peer group becomes extremely important. Later she may have a love interest in an adult of the same or the opposite sex. Experimental attachments to a variety of contemporaries of the opposite sex finally leads to the choice of a mate and the setting up of

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[1] Marynia Farnham, op.cit., p. 19.

[2] C.M. Fleming, op.cit., p. 69.

another family environment.

The adolescent also has many important adjustments to make as she faces the forces of the community. The adolescent faces at school the decision as to whether or not she will continue with her education. Later she must choose a vocation and start to work. Starting employment requires an adjustment similar to that made at the time of school entrance at the age of five when new faces, new habits, and new ideas were approached.[1] A poor work adjustment produces the girl who drifts from job to job and is constantly dissatisfied. Adjustment to community mores regarding sex and marriage is often another source of difficulty to the adolescent girl. Although she is sexually mature, the time at which the community allows her to use her sexual powers is postponed. Although it is recognized that there is considerable infringement of the mores, guilt and anxiety are the accompaniment. In the wider circle of the community and its groups the disturbed girl may act out her repressed hostilities and unresolved conflicts.

The social caseworker usually has referred to her girls who have had difficulties in one or more of these areas of adolescent adjustment. Many girls are without their parents' love and understanding as they struggle with the doubts of this period. Sometimes the girl who receives little satisfaction and affection at home is helped in her journey toward maturity by the warmth, friendship, and understanding of a relative, a school teacher, a group leader or another adult in the community with whom she has a meaningful relationship. From such a person she is able to gain something akin to the satisfactions she should derive from her parents,

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[1] English and Pearson, op.cit., p. 308 f.

and this aids greatly her personality development.

The girl who nowhere gains a feeling of satisfaction, success, and security, is, however, in jeopardy. Through her continued striving to secure these she is lead to take on antisocial behaviour and soon she develops symptoms of deep maladjustment. Through never having experienced a satisfying relationship with her elders she is unable to establish it with her contemporaries and, unless some sort of treatment is secured for her, it is doubtful if she will ever be able to cope adequately with the responsibilities of adulthood.

As well as recognizing the girl torn by too great a conflict and stress during the adolescent period, the social caseworker must be aware of the girl who has no apparent conflict. The "goody-goody", the asexual, and the overly submissive girls are also maladjusted and have repressed their doubts and denied their existence. These girls will also need treatment if they are to attain maturity.

CHAPTER III

CASEWORK WITH ADOLESCENTS

All adolescents, as we have pointed out, are beset with disturbing forces and by doubts as to their ability to face adulthood. The social worker, who meets the maladjusted girl in whom all these feelings are intensified, may have great difficulty in establishing with her a meaningful, sustained relationship. Before looking specifically at the casework problems facing those who deal with girls of the adolescent age group, let us consider casework generally and the case worker's means of helping the individual.

> "Social casework is an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities of the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment."[1]

This is one of the many definitions of the method used by the social caseworker in helping persons with problems, no matter what the setting in which the help is sought. The caseworker's skill is based on an understanding of human personality generally and the individual in particular. In compiling a rapidly growing body of scientific knowledge in the social work field, the social caseworker has borrowed from the

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[1] Swithun Bowers, "The Nature and Definition of Social Casework", Part III, Journal of Social Casework, Vol. XXX, No. 10, (Dec.,1949),p.417.

knowledge and skill of many professions and sciences and uses these in cooperation with the many other professional people with whom she works and cooperates--the psychiatrist, the psychologist, and the teacher.

Casework is carried on through the establishment and maintenance of a relationship between the social worker and the client. The caseworker's whole ability to be helpful to the client is dependent on this skilled ability to relate constructively to the client who is seeking service. In the relationship the individual client must be accepted as he is and his freedom to choose his own course of action must be recognized. With the establishment of a constructive and meaningful relationship the caseworker must also have an ability to study the individual, diagnose the individual's problems and attitudes, and set for the client and himself some treatment goal. This may necessitate an exploration of the early experiences and personality development of the client. It will include working through with the client many of his attitudes and feelings toward his difficulties in the past and at present. Through help directly to the client and through cooperation with others in the community with whom the client has a contact, much can be done to help the individual mobilize himself to cope unaided with his difficulties.

Casework differs from other types of therapy in related fields. Of late much knowledge has been gained from the psychiatric field, and the caseworker has worked under the guidance of the psychiatrist in different settings. Although casework and psychotherapy by a psychiatrist have similarities, there are many differences in their methods of treatment. Both psychiatry and casework offer therapy to those in emotional distress. Both the psychiatrist and the caseworker accept the client's right to

self-determination and both are dependent upon the active participation of the client or patient. The psychiatrist, however, goes more deeply into the client's emotions, works with unconscious material and repressed feelings, and encourages the patient to relive, in a therapeutic atmosphere, past emotional difficulties so that he or she may gain insight and understanding of self. In casework treatment the caseworker deals only with conscious or near conscious material. Through thecaseworker's warm and understanding support a relationship is built by means of which the client's ego is strengthened, his anxieties relieved, and his ability to resolve his own difficulties encouraged.

Casework with the adolescent[1] however, invclves some additional factors to those we have just discussed. During the adolescent stage, as was pointed out in chapter two, support, guidance, and encouragement are needed if normal conflicts are to be resolved and maturity finally attained. The adolescent with whom the caseworker deals has usually not found this security and satisfaction at home, and her continual struggle to attain these has lead to a need for treatment. Just how best to treat the adolescent has been a most discussed subject among therapists for some time.[2]

Through the establishment of a warm and understanding relationship, much can be done to strengthen the adolescent girl's wavering ego, alleviate her many anxieties, and encourage in her a more mature way of facing her problems. Establishing a sound relationship with a girl rocked

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[1]Since this study is of adolescent girls, feminine pronouns will be used throughout although much of the material applies to both sexes.

[2]I.M. Josselyn, Psychosocial Development of Children (New York, 1948), p. 113.

by the storms of the adolescent period, however, is beset with many dangers. Firstly, the adolescent is endeavouring to emancipate herself from her parents. In the caseworker, even more so in the woman caseworker, the child sees her mother and adult authority--two synonymous figures from whom she is attempting to escape. The caseworker who can play a big-sister role will perhaps find most success in building a sound relationship. Even so, the hazards are many. Although the girl is struggling to reject her parents, she is somewhat frightened by this possibility as she needs their support in her confusing world. Should the caseworker over-identify with the adolescent girl and agree with her rejection of her parents, the relationship is in danger. Her identification too strongly with the parents will also be disastrous. A middle road is necessary with the caseworker remaining positive to the parents, supporting the need for parental controls, and at the same time giving recognition to the girl's needs and feelings about the parents' role.

Another difficulty, which the caseworker must overcome with the adolescent, is the latter's withdrawal and reticence in verbalizing her problems. As has been discussed earlier in this chapter, casework depends on the worker's ability to encourage the client to talk through her emotional difficulties. The adolescent will not easily do this nor form any sort of a one-to-one relationship. The normal adolescent clings to the group for security and depends on group rather than on individual relationships. The adolescent who readily pours out her emotions is therefore usually very disturbed. Because the majority of adolescents rely on their peers, group activity is an important treatment source and the group leader

is an important person needing unusual skill. She, like the caseworker, must overcome the adolescents' suspicions of adult intervention before she can gain any acceptance.

With the adolescent the caseworker cannot be as completely permissive as she frequently is in the casework relationship with an adult. Without the parents' consent the child would not be coming for help and, because of the parents' willingness for help to be continued, the child is not free to determine her own course of action. The caseworker must therefore use various techniques to endeavour to make the adolescent feel free within this "planned" relationship. Movies, dinner engagements, and pleasure trips are utilized by the caseworker to give the adolescent a feeling of freedom to chose her own course of action. During the course of these expeditions the adolescent, who is loathe to discuss her anxieties, discloses subtle revelations which can be caught by the skilled worker. Complete permissiveness would not be wise for another reason which we have already mentioned. The adolescent fears too great a freedom, and the caseworker who can steer the middle course will do much to settle the adolescent's great confusion.

Casework treatment differs from psychiatric treatment in that conscious material only is dealt with by the caseworker unless she is working under the strict guidance and supervision of a psychiatrist. During the adolescent period the ego is weak and impulses are near to the surface. The caseworker therefore uncovers and lays bare the unconscious of the adolescent much more easily than when working with a more mature person. Environmental and concrete services are a safeguard against becoming involved in too deep material and weakening the adolescent's

hold on reality. They also assure the prolonging of the contact when this occurs.

Once a continuous and dependable relationship has been established between the child and the caseworker, much can be accomplished. For many children this is the first stable relationship they have experienced. Others have lost what relationship there was with their parent or parents in their struggle to emancipate themselves from parental authority. In the caseworker is found someone willing to help through the confusion of which the adolescent is so well aware and who will provide a "flexible, sympathetic, but incorruptible" superego pattern for the child.[1]

Frequently the adolescent's worst confusion is in her relationship with her parents. Here, as we have shown, the caseworker can be of great help. In spite of her rejection of her parents in particular and all adult authority generally, the adolescent longs for some adult guidance. The caseworker must assist the adolescent in understanding the point of view of her parents while at the same time supporting her in her own point of view. Dr. Josselyn suggests that the process of emancipation from parents must be given support, but that it should be encouraged to occur through "evolution rather than revolution".[2] With skill much can be done to help the adolescent understand her parents and their way of handling her difficulties. For those who have not been too damaged, the relationship with parents may be rebuilt or strengthened, and the adolescent enabled to

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[1]I.M.Josselyn, Ibid., p. 115, quoting Adelaide M.Johnson, "Searchlights on Delinquency" (New York, 1948).

[2]I.M.Josselyn, "Psychological Problems of the Adolescent", Part II, Social Casework, Vol., XXXII, No. 6 (June, 1951), p. 250.

realize that she has not been quite so deprived as she has felt.

It is hoped that, from encouragement in her relationship with the caseworker, the adolescent girl will learn to adopt a more mature way of meeting her difficulties. Because of liking the caseworker the adolescent will want to be more like her and, it is hoped, will thus leave her more childish ways of securing satisfaction. Most writers agree that the caseworker, in order to be of maximum help to the adolescent, must be a person who has handled her own maturation relatively well.[1] She must also be willing and able to tackle a very difficult job as the many storms of the adolescent period make work with this group a trying one. The adolescent is bombarded by anxiety and emotionally self-centered, and her demobilized psychic structure puts the psychic integrity of thecaseworker to its severest test.[2] The caseworker must be willing to meet adolescent crisis with patience, understanding, and genuine acceptance. This genuine acceptance can only be displayed if the caseworker realizes the many difficulties besetting the adolescent and if the caseworker has worked through satisfactorily her own conflicts. The personality of the caseworker, therefore, is of great importance in work with adolescents as it is an important factor in all casework.

Also of great importance is the caseworker's ability to utilize community resources. As we have said, there are dangers in getting too deeply into the adolescents' problems, and the use of community resources

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[1] I.M.Josselyn, Ibid., p. 253.

[2] Maxwell Gitelson, "Character Synthesis: The Psychotherapeutic Problem of Adolescence," The American Journal of Orthopsychiatry, XVIII (1948), p. 429.

is therefore a safeguard. In the community are group workers who can help the child to adjust to her peer group; psychological testing is available and the diagnostic services of a psychiatrist can be obtained. The caseworker must be aware of all of these factors and be able to work as the member of a team of professional persons who are all working toward the better adjustment of the child.

CHAPTER IV

REFERRALS AND SYMPTOMS

The examination of children presenting emotional problems includes a wide range of investigation. For both diagnostic and treatment purposes the child's whole background must be considered. At a child guidance clinic, therefore, the clinic team studies, not only the child's physical and intellectual capacities, but also the history of the presenting symptoms of maladjustment and looks beyond it for underlying motives. Inquiry is made into all phases of the child's life--her emotional reactions, her fears, her habits, and her psychological status.[1] In the majority of cases, when the whole picture is reviewed, it is evident that the presenting symptom is accompanied by a constellation of problems and is indicative of a deeper and more basic difficulty. This is true of all but three of the twenty-two girls under study. Their symptoms, which will be reviewed in this chapter, indicate a basic difficulty in relationships within their environment.

The social caseworker in a child guidance clinic plays an important role in collecting essential material with regard to these symptoms for other members of the clinic team. If the child is referred from a community agency the social worker there forwards a social history and details of the difficulty at the time of referral. If, however, the patient is referred privately, it is the responsibility of the social

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[1]Gerald H.J. Pearson, Emotional Disorders of Children (New York, 1949), p. 22.

worker in the clinic to interview the mother of the child on one or more occasions and secure from her a complete social history. The caseworker can here utilize her skill in encouraging the mother to discuss readily her own and her husband's feelings toward their child from the time they expected her birth until the present when her behaviour is a source of difficulty and discouragement to them. This information is of great importance to the psychiatrist for diagnostic and treatment purposes as it is an accepted psychoanalytical fact that basic personality difficulties are related to experiences and relationships from earliest childhood.

In these cases the source of referral is an important consideration as it indicates to whom the girl appeared to be having difficulty and to be in need of help. In ten cases the mother reported concern about her daughter to her family agency caseworker, and it was through the latter that a referral was made to the M.H.I. Five girls were referred through the Girls' Counselling Centre where efforts had already been made to work through their difficulties with them before the services of a psychiatrist were sought. School teachers became concerned about three of the girls and reported these pupils to the School Attendance Department who in turn referred them to the M.H.I. Two girls were referred by hospital clinics and one by a private doctor as no physical basis could be found for their symptoms. A legal aid society worker brought the remaining girl to the M.H.I. when her behaviour was becoming of concern to the neighbourhood.

The majority of these persons making referral saw the girls' problems in relation to themselves and the symptoms for which they referred were not always indicative of the real problems. To most parents a

problem was something which would either be difficult for them to handle in the girl's training--such things as eneuresis, constant physical complaints, or continued disobedience--or some behaviour attracting unusual attention to their daughter such as stealing, truancy, or unusual sex interest. To most teachers the aggressive girl, who was difficult to handle, caused alarm. The child who escaped through daydreaming and fantasy was not referred whereas the truant and the class disturber were felt to be problems. Difficulties which often seemed to be of less concern to the parents and teachers were more evident to the social worker. She tended to look beyond the symptoms exhibited for more basic difficulties. The following case indicates the concern of the referee for the child's actual behaviour rather than for her underlying emotional problems.

> Helen, aged twelve, was referred to the M.H.I. by the School Attendance Department who had learned of her from her teacher. The latter reported Helen to be defiant, disobedient, to have an uncontrollable temper, and to be continually truanting.
>
> Helen's home was a fairly comfortable one as far as the physical aspects were concerned. Her mother, however, favored her four brothers and stated that she gave more beatings to Helen than she did to the boys. Helen's father was in the home a great deal as he carried on his business from there. He was dictatorial in his attitude toward his children and quarreled with his wife whom he had married at the age of fifteen. Both Helen's parents felt that she was a trial and wanted to place her in a school away from home.
>
> The psychiatrist who saw Helen concluded that she was quite seriously rejected by both parents. Her attempts to compensate for her emotional deprivation lead therefore to the aggressive behaviour which was of concern to her teacher. The psychiatrist felt that placement would only intensify the child's feelings of rejection.

In this case the teacher was disturbed by Helen's behaviour both in class and when she did not attend class. She was probably none too aware of the difficulties Helen was experiencing at home and was concerned mainly with

her disturbing influence in the class.

How and when the girls' problems originated, although an important matter, was not always directly indicated in the referral. It appeared, however, that neurotic symptoms had been evident for a greater length of time prior to referral than the aggressive behaviour which lead more directly to someone referring the child for help. In three cases the symptoms seemed to have been present for an undetermined length of time and no precipitating factor appeared to be present. In the cases of two girls, one who had displayed her symptoms for eight years and another for four years, the history of the children at the time of onset gave ample evidence of disturbing experiences precipitating the difficulties. Three girls were reported to have been displaying difficulties for the past two years, eight girls' problems were evident throughout the year prior to their referral, and six mothers stated that their daughters' problems had begun "a few months ago". The following case of Lisa exemplifies the girls whose difficulties had been evident for a long time.

> Lisa, who was referred because of psychosomatic complaints, had apparently been suffering with these difficulties for many years, although they had, at the age of fourteen, become intensified. This child had reported a ringing in her ears, periodic feelings of numbness, and "nervousness" since she was a child. A severe case of uticaria was the most recent manifestation of her emotional disturbance. Repeated nightmares about pits and narrow bridges were also reported.[1]

Sonja, on the other hand, illustrates the situation of the girl whose symptoms were of recent origin.

Sonja was a child of superior intelligence and had not experienced

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[1] Infra., p.41.

> any too great difficulty in developing through the latency period. Her truancy, however, became a problem at the age of sixteen when she had only one more year of school to complete her matriculation. Because of the financial difficulties of her parents she felt she could not compete with her peers and was becoming moody, unhappy, and friendless.[1]

Another factor affecting treatment and the girl's attitude toward the clinic was the length of time that help had been sought for her. In four cases referral to the M.H.I. was the beginning of treatment hopes. No efforts had been made to assist the girls in overcoming their symptoms other than those taken by their parents. In four other cases the parents had sought help from their family agency caseworker who had, in turn, referred the case to the psychiatrist. Three girls were taken by their parents for medical advice, two to hospital clinics and one to a private doctor, before they were referred to the M.H.I. for treatment of their psychosomatic complaints. The Girls' Counselling Centre had worked with five of the girls for varying lengths of time before seeking help from the Institute in dealing with their problems. In the remaining five cases it is doubtful if the girls would have gone to the Institute had it not been for a family agency caseworker, active in working with the parents, who became aware of the child's problems although the parents, themselves, were not particularly concerned.

As we look at the many problems presented to the clinic by the twenty-two girls under study we notice that, in most cases, one symptom was brought out as being of primary concern. Others were mentioned secondarily by the referees or were revealed later as treatment progressed. Only three of the girls presented an isolated problem. In the other

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[1] Infra., p. 48.

nineteen cases there was evidence of many accompanying symptoms of maladjustment. For the purposes of this study, these difficulties will be divided into behaviour problems and neurotic symptoms.[1] Included under the former heading will be truancy, stealing, and promiscuity; under the latter, enuresis, masturbation, nervousness, and psychosomatic complaints.

TABLE I

DISTRIBUTION OF PROBLEMS[a] INDICATED BY REFEREE AT TIME OF REFERRAL OF TWENTY-TWO ADOLESCENT GIRLS TO THE MENTAL HYGIENE INSTITUTE

Reasons for referral	Number of girls	Age in years at time of referral		
		12 - 13	14 - 15	16 - 18
Total	22[b]	5	12	5
Truancy	10	3	6	1
Stealing	4	1	3	
Somatic complaints	3	1	1	1
Nervousness[c]	2			2
Enuresis	1		1	
Masturbation	1		1	
Suspected promiscuity	1			1

[a] Chief problems as seen by social workers or parents.

[b] All children presented more than one problem.

[c] Such things as nailbiting, hair pulling, and "unhappiness" have been grouped as parents saw them as "nervousness".

Most common of the behaviour problems as can be seen in the above table was that of truancy. Ten girls were referred to the M.H.I. because of their continued absences from school. It is true that probably all

[1] Gordon Hamilton, Psychotherapy in Child Guidance (New York, 1947), p. 76.

children have, at some time, "skipped school". Some do so in a spirit of excitement and adventure, and one or two episodes usually fulfill their desires. Economic hardships at home sometimes culminate in a girl's leaving school so that she may help out financially or obtain for herself, through working, the possessions so necessary to an adolescent in order that she may compete with her peers. The girls who fall into these two categories are not suffering from a behaviour disorder, but they are reacting realistically to their life situation. Three of the group were found to belong to this latter category. Barbara is typical of them.

> Barbara, aged fourteen, was in grade seven, had an I.Q. of 100, and had passed each year. She was a friendly child and appeared devoted to her home. Her father, a quiet, conscientious, and steady man, earned a very low wage and the family lived on a marginal income. Barbara's mother, who previously had worked as a charwoman, was ill and an older sister and her family lived in the home to care for her. In spite of the very crowded quarters, it was reported that "a general atmosphere of cooperation and understanding was evident in the home". Barbara tried to persuade her parents to allow her to secure employment and assured them that she would continue her studies at night. Their rejection of her plan lead to her truancy.
>
> Barbara showed no marked difficulties besides an overwhelming desire to leave school. When seen by the psychiatrist, Barbara was felt to be "a normal girl with a good outlook and a stable disposition". Her parents were advised to allow her to carry out her wishes and to do what she felt was the best in solving her own and her family's problems.

The motivations of the other seven girls were quite different. It was clear that they left school to escape unpleasant circumstances, and their problem was the result of a conflict between themselves and their environment. In each case relationships at home were difficult. In each case there was also evidence of other behaviour disorders or neurotic symptoms or both. Such is the case with Mollie.

> Mollie, aged thirteen, was in grade eight, had an I.Q. of 125, and had passed every year although it was always felt that she had more ability than she displayed. For a period of months Mollie truanted continually. She wrote her own notes, lied about her whereabouts and kept her truancy from her parents during this period. While supposedly at school Mollie went for walks, to shows, and to the shops. She left for school each morning and returned home each night.
>
> Mollie was an only child. Her father, who drank heavily and frightened Mollie with his drunken behaviour, was unemployed. Her grandmother was also an alcoholic and shared a bedroom with Mollie. An aunt, who previously lived in the home and to whom Mollie was very much attached, died three months before Mollie's referral. Her mother worked extremely hard to support the family.

With Mollie it was evident that she reacted to very real difficulties in her life situation. Truancy here was a symptom of a marked personality difficulty which developed because of the unhappiness and concern Mollie experienced in her environment. Further evidence of this was seen in the fact that she showed also the neurotic symptoms of nailbiting and enuresis.

Stealing was the next most frequent complaint and was common to four of the girls. Although we might say that stealing is not uncommon among children, habitual stealing has many complicated motivations and is indicative of an emotional disturbance. In some cases of stealing, socio-economic conditions are such that this behaviour might well be expected. True, two of the girls under study were brought up in an asocial community where such things as stealing were more accepted than in most groups in our society. Two of the girls, however, came from homes which could never be termed deprived as far as the physical and financial standards were concerned. It was obvious, however, that they were deprived emotionally. all four girls showed marked difficulties in their relationships with their parents.

It is an accepted fact psychoanalytically that money is a symbol

of affection and love. Children who steal from their parents, as did two of the girls, take tangible goods to compensate themselves for the coveted parental affection they are unable to attain.[1] They steal from their parents also in anger, to deprive and hurt them as they, themselves, have been deprived and hurt. Some psychoanalytic scholars state that stealing can be regarded as aggressive behaviour which has been displaced.[2] The child who steals, therefore, is disturbed as the following case points out.

> Lynn, aged twelve, was in grade seven and had an I.Q. of 115. She was reported to have stolen since she was eight years old. Money was taken mostly from her father who was the treasurer of a local Mission and kept the funds at home. There were also rumours of her stealing at school, although this had never been proven. Lynn had recently stolen a bicycle and tried to sell it. The money she stole was never spent on herself, but used, together with her allowance, to buy things for other children.
>
> Lynn was an only child and lived in a comfortable flat with all the material necessities of life. Her mother worked and the child had therefore been responsible for many household chores from an early age. The mother reported that she had always "to be strict with Lynn for her own good" and that her method of disciplining was "beating". Lynn's father was a steady worker and a likeable person but completely dominated by his wife. Lynn's mother did not approve of her daughter's friends and the child was not allowed to bring them to the home. Lynn told the doctor that she was very fond of her father and felt that her mother was "hard on him".

Lynn was obviously rejected by her mother. She probably received little affection from her father, also, as he was willing to give into his wife and to carry out her wishes with regard to rigid discipline. Lynn had to

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[1] J. Bowlby, "Forty-four Juvenile Thieves: Their Character and Home Life," International Journal of Psychoanalysis (1944), p. 53.

[2] O.S.English and G.H.J. Pearson, Common Neuroses of Children and Adults (New York, 1937), p. 150.

steal in order to get attention from her parents and felt also that she had to buy the affection of her peers. As she was able to relate well to those who showed her acceptance, it appeared that with help there was hope for her adjustment.

One girl was referred to the M.H.I. because her mother feared that she was sexually promiscuous. The difficulties facing the adolescent girl in the realm of her sexual drives was discussed in an earlier chapter.[1] Although she has reached physical maturity, society rules that the adolescent may not give expression to these drives until, at a much later age, she marries and sets about forming another family unit. Meanwhile the dangers in her relationships with boys are of much concern to her parents. Isabel's mother's concern lead eventually to the child's referral to the Institute.

> Isabel, aged fifteen, had difficulties also in her school attendance and had feelings of inferiority with regard to her peers, but her mother's prime concern was that she was "misbehaving". She forbade Isabel to go out with boys which only served to encourage the child to do so secretly.
>
> The psychiatrist found Isabel to be attempting to escape her responsibilities at school and at home because of her insecurity and dependance on her overly protective mother. Her supposed promiscuity was not felt to be a problem at the time.

In studying this case it was interesting to note that the mother of this child was married at the age of seventeen when she was three months pregnant with the daughter about whom she was showing so much concern. Her own feelings and experiences were causing her to treat this phase of her daughter's development in an unrealistic way, and she was trying to deny

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[1] Supra., p. 15.

the girl any male friends. What was not at the time a problem, might well develop into one in the future.

Children who display neurotic symptoms differ from those with behaviour problems in that they are not able to act out their aggression which is sublimated because of the fear of losing affection.[1] In the group studied here three girls were referred because of psychosomatic complaints, two because of "nervousness", one because of masturbation, and one because of enuresis.

Psychosomatic disorders are physical complaints for which no organic basis can be found. They cover a wide range of difficulties among the most common of which are nausea, headaches, abdominal pains, aches of the joints and extremities, respiratory troubles such as asthma, and various types of dermatitis. All these difficulties are indicative of anxiety in the child and stem from emotional distress which has no outlet. It is felt by many that there is always a physical as well as a psychic basis for these conditions.[2] We might say that the child's physical history determines which of the complaints she will adopt as the expression of her emotional disturbance.

Three girls were referred to the M.H.I. after examination by a doctor had failed to reveal any organic reason for their many difficulties. The latter included nausea, headaches, earaches, abdominal pains, fainting, feelings of numbness, and severe urticaria. The parents of the three girls all referred to them as "nervous" or "sulky". It was interest-

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[1] Gordon Hamilton, op.cit., p. 76.

[2] L. Kanner, Child Psychiatry (Springfield, Ill., 1948), p. 389.

ing to note that two of the three girls came from homes in which the sons were favoured and the daughters rejected. Two of the girls were fatherless: the father of one remained overseas after the war, and the father of the other lived in common-law union near the child's home. The father of the third girl was very domineering and was feared by his children. In two of the homes support was supplemented by income from a welfare agency. The third family lived on a very marginal income. Two of the homes were in deteriorated and rat-infested flats; the third home was also overcrowded but it was on a farm with the advantages of country life. All three girls had extreme difficulties in their family relationships and there appeared little wonder that their anxiety should have found expression in some neurotic symptoms.

"Nervousness" is a lay expression which refers to the presence of some personality maladjustments. The term has little meaning of itself and it points to many neurotic symptoms, some of which have already been discussed. The underlying difficulties which are masked by this term must be analyzed before a diagnosis can be made. In the cases in this study of the two girls referred for "nervousness", it appeared to be their mother's way of explaining that the child exhibited a tenseness which was not understood. One of these girls bit her nails and both were reported to cry and sulk. Neither did well at school and one truanted occasionally. One mother felt sure that her daughter's condition was the result of having been hit by a golf ball two years previously, and the other wondered if the child had a glandular disturbance. Neither had consciously questioned their own relationship with their daughters. One mother was found to be overly ambitious for her daughter, extremely critical

of her behaviour, and continually nagging. The girl's antagonism toward her mother was finding expression also in her desire to be free of female authority in general, which resulted in her increasing truancy.

Masturbation was the referring problem in only one case. It is accepted that all children masturbate to some extent from birth onward. It is universal at various ages, and the child is sometimes not even aware that she is getting pleasure from the act.[1] Compulsive masturbation, however, as in our case, differs from normal masturbation. It is usually performed openly so that the attention of the disapproving adult can be gained. There is usually no pleasurable sensation connected with it as in the case of the normal act. Such was the case with the girl in this study who exhibited her behaviour, not only at home, but openly before her tent-mates and counsellor at camp. This child also stole money from her mother who referred to her as "always sulky and bad tempered".

Enuresis is a condition in which a child continually wets herself although she has been toilet trained or has passed the age when toilet training should be completed. No logical, physical cause can be found. Some children may continue to wet because of a lack of training; the problem then is not in the child but in the environment. However, the disturbed child who is suffering from rejection, usually by her mother, wets for a reason. Some consciously wet to take revenge for the unkind treatment they receive. They are unable to express their feeling any other way and know their habit involves extra work for their mother. Enuresis is also a symptom of conversion hysteria as in the case of the older child who, being jealous of a new sibling for whom she is rejected, regresses

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[1] G.H.J.Pearson, op. cit., p. 227.

to the anal stage of development and becomes a baby. It may also be a symptom of anxiety hysteria. The one case referred to the M.H.I. because of enuresis was a serious one.

> Cynthia, aged fourteen, not only wet her bed nightly, but frequently wet herself during the day. She had been toilet trained early and had no problem until, at four years of age, she had suffered with scarlet fever, pneumonia, and diphtheria all within one year. She had spent three months in hospital and, one week after her return home, nocturnal enuresis began. Two years later diurnal enuresis accompanied it and she had suffered these difficulties ever since. She also was reported to be "nervous", to feel faint and dizzy a great deal, and her school attendance was poor. No physical basis was found for her enuresis and she was referred to the M.H.I. for help.
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> There, Cynthia's mother recounted her efforts to cure the child by restricting her fluids and by making her wash her own bedclothes each day. She also stated that the trouble with Cynthia was that she had spoiled her always because she was delicate and her present difficulties were the result. Cynthia's father, of whom the child was fond, worked on the railroad and was at home only for two nights a week. It was clear that he was dominated by his wife, as was the whole family.
>
> The psychiatrist, who saw Cynthia, felt that she was overly protected by a rejecting mother, and that she gained little affection from her father.

As can be seen clearly, the variety of symptoms presented by the girls under study were indicative of a much smaller number of basic difficulties. Nearly all the girls were experiencing difficult parent-child relationships which were finding expression in their various symptoms of maladjustment. The emotional atmosphere, therefore, as well as the physical quality of the girls' homes, will form an important part of this study.

CHAPTER V

INFLUENCES IN THE HOME

Since it is in the home that the girl's first adjustment to her environment must be made, it seems wise first to view the relationships within her family. The drama of adolescence is first acted out within the family group and unless a girl attains some degree of maturity there, it is doubtful if she will attain it elsewhere. In chapter two the struggles of the adolescent period were reviewed. The girls' emotional involvement with her parents throughout her whole lifetime was brought out in a discussion of the adolescent struggle for emancipation. We noted the great importance of the parents' own adjustments if their daughters' conflicts and unhappiness were to fade later into a harmonious life. With this in mind, we will deal, therefore, in this chapter with the relationships within the girls' families and discover, if we can, the various factors in this most important area which have contributed to the emotional difficulties of the group we are studying. This will involve, not only the adolescent girl's feelings toward her parents and siblings, but a review of the parents' own backgrounds and relationships toward each other which have contributed to and culminated in their attitudes and actions toward their daughters.

The twenty-two pairs of parents of the group cover a variety of cultural, religious, economic, and social backgrounds. All these features have influenced the family situation and the parent-child relationship.

The following table shows the ethnic origin and the religion of the twenty-two girls.

TABLE II

ETHNIC ORIGIN AND RELIGION OF THE TWENTY-TWO ADOLESCENT GIRLS[a]

Ethnic origin	Number of girls	Religion			
		Protestant	Roman Catholic	Hebrew	Russian Orthodox
Total	22	19	1	1	1
Canadian	12	10	1	1	
British[b]	4	4			
Italian	2	2			
German	1	1			
Czechoslovakian	1	1			
Russian	1				1
American	1	1			

[a] All girls were born in Canada

[b] Of these girls, one was Scotch, three were English.

All the girls were born in Canada, but ten of them were first generation Canadians. Four were of British parentage, one German, two Italian, one Czechoslovakian, one Russian, and one American. In the cases of two of the children of foreign parents there was a tyrannical father who ruled his home in Canada as his own European home had been run. The children felt that their mothers were abused, and they appeared to fear and hate their fathers. There is not always conflict present in immigrant families, but in our free society, which differs from that of the old world, the girl particularly is likely to feel a stranger among her peers if her parents are rigid in their discipline. The following case is an

example.

> Lisa's father left a peasant life in Czechoslovakia to come to Canada as a young, married man. After working in various factories he bought a small farm near Montreal where he, his wife, and five children worked extremely hard for their living. Lisa's father was "tyrannical" while her mother was submissive and accepting of her husband's dictatorial ways. Lisa reported that she feared her father, pitied her mother and wanted only to join her two older sisters who had already left the home. Lisa felt that her father disliked women and favoured her brothers. She was determined "never to marry a European; they are so bad to their women".[1]
>
> Lisa, when referred to the clinic from a hospital, was suffering from urticaria, bit her nails, scratched continually, and complained of "blacking out". The psychiatrist felt that her nervousness and her many physical complaints were of a psychological origin.

It is clear in the above case, as in the others, that cultural differences were only one of a constellation of causative factors of Lisa's difficulties.

The religion of the twenty-two girls is also shown in Table II. The influence of religion must be acknowledged, but it was not seen by the psychiatrist or the social worker here as a precipitating factor in the difficulties of any of the girls.

Economic factors played an important role in the lives of the majority of the twenty-two girls and are illustrated in Table III on the following page.

The importance to the adolescent of being able to compete with her peers was discussed in chapter two.[2] Her clothes must be the same, her home and her parents the same, and she must be able to do the same things as her friends. For the five girls whose families were on relief

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[1] The child's own words from the case record.

[2] Supra., p. 14.

TABLE III

ECONOMIC SITUATION IN THE HOMES OF THE TWENTY-TWO ADOLESCENT GIRLS

Income of family	Number of girls	Moving of the home			
		Constantly	Occasionally	Rarely	Unknown
Total	22	7	7	6	2
Adequate[a]	7	1	1	4	1
Marginal[b]	10	3	5	1	1
Relief[c]	5	3	1	1	

a) Sufficient income to meet basic needs.

b) Income not sufficient to meet basic needs.

c) Supported by relief from a family agency.

and the ten whose families existed on marginal incomes, there were many difficulties. All of these children had inadequate clothing and allowances; two lived in homes which were "run-down" and rat-ridden; the remainder lived in dark and overcrowded flats. Several homes, because of the mothers' inadequacies, were given no care as the following description from one of the case records points out:

> "The home was indescribably dirty with dirty clothes, papers, and dishes everywhere. Cockroaches and bedbugs infested the place, and the homemaker found maggots in the food."

Seven girls came from homes which could be termed "adequate" in that the financial resources of the parents were such that they were able to feed, clothe, and house their families without any evidence of neglect of the children. The majority of these homes were small flats or apartments in working-class districts where the children had suitable sleeping

accommodation and there was not overcrowding as in the cases mentioned earlier. None of the families of the twenty-two girls belonged to what could be classed as the upper-income group.

The fact that a child's home is constantly changing and that every year or six months takes her to another dwelling place, is also likely to take its toll as far as a child's feelings of security and belonging are concerned. Four of the group moved from room to room or from flat to flat in the same district. In these cases the child continued to attend the same school and to keep the same companions so that the loss was not as great as if the family had left the neighbourhood. In three cases, however, the children had moved a great deal and to widely separated neighbourhoods, so that for them there was a loss of the total environment outside of the family circle.

In order that a child may develop to the best advantage it is important that she have both a mother and a father with whom to relate.[1] The adjustment of that mother and father is also of importance. Whether her parents are emotionally mature will greatly affect the child's development as immature parents tend to have immature and unstable children.[2] If the parents' relationship with each other is lacking harmony, the parent-child relationship is bound to be affected. Twelve of the twenty-two girls were fortunate in having, up to the time of their referral, a supposedly normal home in that there was the opportunity for identification with both a male and a female figure, and further, that these figures

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[1] O.S. English and G.H.J. Pearson, Emotional Problems of Living, op.cit., p. 89.

[2] C.M.Fleming, op.cit., p. 92.

were the child's true parents. It appears, however, that only five girls lived in homes which were relatively free from marital conflict. Seven of the twelve, in which both parents were present, were homes fraught with continual quarreling. In these homes drinking, assault, and non-support were common occurences, and the girls themselves spoke often of the abuse which their mothers suffered at the hands of their fathers. In only one of these latter cases did the girl side with her father in feeling that he was dominated by the mother. In all seven cases the parents' actions and attitudes created emotionally disturbing experiences for their children. A case in point is the following record of Jacqueline.

> For as long as Jacqueline could remember there had been frequent quarrels between her parents, and she remembered vividly witnessing these affrays as a youngster. Jacqueline's three older sisters had all been, for varying lengths of time, at the Girl's Cottage School. They had since married and two of them were already separated from their husbands and again in the parental home. Tension, friction, and quarreling were rampant, and affection was lacking between members of the family. As Jacqueline, at eighteen, told the psychiatrist: "at our place everyone goes their own way".

Ten of the girls were living in fatherless homes. In all but one of these families the mothers were working and taking full responsibility for their children. Family agencies gave partial support in four cases and total support in one case only. Psychiatrists acknowledge that the absence of the father has a detrimental affect on a girl's emotional development. At what age in the child's life the loss occurs is, of course, a significant factor, but in most cases it can be said that the child's psychosexual development is handicapped by this misfortune. After the death, desertion, or disappearance of her father, a girl may become too strongly attached emotionally to her mother because of the strength of

their early, emotional relationship. The eventual homosexuality of some girls has been traced to the fact that they have developed in completely female environments without having had a fatherfigure with whom to relate.[1]

The circumstances of the father's absence must also be taken into account since it may be assumed to colour the child's attitude toward her absent parent. As shown in Table IV, four of the fathers had deserted, three were dead, two were in the penitentiary, and one was hospitalized because of a mental illness.

TABLE IV

THE CAUSE OF ABSENCE OF THE FATHER AND THE AGE OF TEN GIRLS AT THE TIME OF THEIR FATHERS' DEPARTURE

Cause of absence	Number of girls	Age of child at time of father's departure		
		1 - 6 years	7 - 12 years	13 - 18 years
Total	10	2	8	0
Deserted	4	1	3	
Dead	3	1	2	
Jail	2		2	
Hospital	1		1	

No matter what the reason for the father's departure from the home the very fact of his absence has added something to the many problems of the girl. The following case is that of a child whose father died suddenly when she was twelve years old. His death was a traumatic experience for her and the very deep feelings of rejection she displayed several years later may have been linked to it.

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[1] O.S.English and G.H.J.Pearson, op. cit., p. 97.

> Her father seemed to mean a great deal to fifteen year old Betsy. He had died of pneumonia three years before she became known to the M.H.I., yet her affection for him appeared to have grown with the years. Betsy, the eldest of a family of four, felt rejected by her mother who was ill and overworked. The latter expected Betsy to shoulder a good deal of responsibility and gave her little warmth. Betsy, since her father's death, had become discontented at home, withdrawn, had few friends, and appeared to feel rejected by and resentful toward her associates.
>
> The psychiatrist felt that this child had marked feelings of emotional deprivation. Possibly Betsy felt that her father as well as her mother had rejected her. Her guilt feelings, because of the resultant resentment toward her father, had therefore lead to her exaggeration of her past affection. Her emotional difficulties were leading her into continual outbursts at home and her maladjustment was affecting her associations at work and in the community.

As the father's absence from the home has its detrimental effect upon the child, so does the absence of the mother. Although none of the twenty-two girls was motherless, in nine cases the mother was working and therefore absent from the home for the greater part of the day. Not all of the nine mothers were employed full time. In four of the cases they were employed part-time, and in two of these cases the income was supplemented by a family agency as the father was absent. Five of the mothers were working full time and, of these, four were taking full responsibility for their families. The absence of the mother at work was not pointed out by the psychiatrists as a reason for any of the twenty-two girls' difficulties, but it probably did add to the feelings of insecurity so common to the group.

Another consideration in the study of the parent-child relationships is that of the ordinal position of the child in the family. No matter how many or how few children there are in a family, no two are handled by their parents in exactly the same way. Each child, therefore, has a

somewhat different relationship with her parents. The position of the twenty-two girls in their families is shown in the table below.

TABLE V

THE ORDINAL POSITION OF TWENTY-TWO ADOLESCENT GIRLS IN THEIR FAMILIES

Ordinal position	Number of girls
Total	22
Eldest child	6
Middle child[a]	9
Youngest child	3
Only child	4

[a] These children were from families with three to seven siblings.

The eldest child is the only member of the family who, for a time, has all her parents' attention. With the birth of siblings she feels cheated of this and jealousy of her younger brothers and sisters is usually the result. It is said that the middle child often gets a smaller amount of affection than her siblings,[1] but it would seem that this would be dependent on the identification of the various siblings with the parents. The middle child, however, strives always to catch up to and equal her elder siblings while keeping ahead of her younger siblings. The youngest child has several parents as her elder siblings play a parental role with her.

The only child is exposed to the full force of parental attitudes, whether these be love and indulgence or hatred and rejection. This child

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[1] Ibid., p. 43.

has no siblings from whom she may learn something of the "give and take" of life which prepares her somewhat for further relationships outside the family and the home. Nor has she siblings with whom she can share the burdens and difficulties of a home in which the general atmosphere is that of emotional tension and striving to procure the minimum standards of life. The following is the case of one of the four only children in the group who might be termed typical of this small group.

> Sonja, aged sixteen, felt that she had no one with whom to share the responsibilities of being an only child. For over a year her father had not worked and before that time had worked only spasmodically. Her mother therefore had taken in boarders and also gave Russian lessons in order to produce the family income. She was ill, however, with real and imagined maladies. A great deal of work in the home, therefore, fell Sonja's way and in return the child felt that she received little. She had few clothes, no spending money, no room in which to entertain her friends, and no warmth from her parents toward whom she felt ambivalent. Sonja, who had superior intelligence, artistic talent, and ability in many fields was, at the age of seventeen, friendless and unhappy.

To the psychiatrist it appeared that all but three of the twenty-two girls were suffering from the effects of adverse parental attitudes. In only three of the cases did the psychiatrist feel that the child was reacting normally and had "a good outlook and stable disposition". Nineteen girls, therefore, had poor relationships with one or both parents and this poor relationship was undoubtedly, in great part, responsible for their emotional difficulties. The following table shows what the psychiatrists at the M.H.I. believed was the basic difficulty affecting each of the adolescent girls. All of these difficulties were in the realm of the parent-child relationship.

TABLE VI

PARENTAL ATTITUDES TOWARD THE TWENTY-TWO ADOLESCENT GIRLS

Parental attitudes	Number of girls
Total	22
Rejection by mother	3
Rejection by father	2
Rejection by both parents	2
Overprotection by mother	1
Overdependency on mother	2
Emotional deprivation leading to feelings of insecurity	8
Inadequate mother imposing on girl who has developed an overgrown sense of responsibility	1
Healthy parental attitudes	3

Rejection and overprotection both denote a serious degree of hate on the part of the parent. In some cases this is an unconscious feeling and in some it is an open, conscious attitude.[1] Both attitudes are very damaging to the child and may have lead to the feelings of insecurity mentioned in the above table, although the psychiatrist referred to the difficulty as "emotional deprivation".

In the secure home the adolescent is reassured and encouraged through her awareness of being loved and is trained toward adult maturity by participating in family planning and functions.[2] Only three of the group appear to have had this opportunity. The others have been subjected

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[1] O.S.English and G.H.J.Pearson, op.cit., p. 108.

[2] C.M.Fleming, op. cit., p. 78.

to the whole gamut of parental and domestic difficulties which, in turn, are based on the parents' own personality problems. These may, in turn, be related to the parents' own experiences during their earlier development. These parental attitudes are very often carried on from one generation to another by immature and anxious parents.

Several of the twenty-two cases show markedly the reactions to parental attitudes as discussed above. First let us consider the case of the child rejected by both her parents. The case of Sally, as given below, shows how disturbed these attitudes can render a child.

> Sally's father left the home several months prior to her referral to the M.H.I. at the age of thirteen. He had never shown real interest in his family and had recently set up a home with another woman and her children. Sally's father had never worked regularly and had not provided adequately for the family for as long as Sally could remember. For years he had rejected his whole family. Sally's mother did not ease the situation for her as she was concerned with her own great difficulties in providing for her family and did little to cope with their problems or give them affection. Sally, herself, had become the mother in the home and cared for the children in her mother's absence. She was extremely jealous of her younger sister who did better than she at school and in groups in the community. At thirteen Sally was doing badly at school, did not mix with other children, and complained of various types of somatic complaints for which the hospital could find no physical cause.
>
> The psychiatrist who saw Sally felt that she was reacting with nausea, fainting, headaches and earaches to her own feelings of inadequacy as a result of the severe emotional deprivation she had experienced and also to her own intellectual deficiency as seen in relation to the ability of her sister.

The overly protective mother may do more harm to her child than the rejecting mother. At some time she has become aware of her dislike for her child and, feeling guilty for such feelings, has driven them into her unconscious and over-compensated by being unnaturally careful

and protective of her child.[1] Cynthia, whose case was discussed in chapter four, was felt, by the psychiatrist, to be of this group.[2]

> Cynthia was the youngest of five siblings and her father was away from the home a great deal of the time. Her mother, eight years her father's senior, was the domineering member of the family. Since the age of four when she was very ill, Cynthia had suffered from enuresis which was becoming worse rather than improving. She was reported by her mother to be nervous, very sensitive, and to lose the strength in her hands and legs from time to time with no apparent reason.
>
> The psychiatrist who saw Cynthia and her mother felt that the former was an overprotected child who had missed her father's affedtion and who was receiving no real affection from her mother. Her enuresis was felt to be emotionally based.

Nineteen of the group, then, were reacting, as illustrated in the last two instances, to the adverse attitudes of their parents. These attitudes, we have assumed, were linked with the immaturity and unsatisfied personal needs of the parents themselves.

Before we go on to study the actual work of the caseworker with the twenty-two girls under discussion, it is necessary to move from the inner circle of the home and family to the outer circle of the school, the employment situation and community life. Here the child uses the experiences and lessons learned in the home and her adjustment in these settings will be partly dependent on her earlier adjustment in the home.

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[1] O.S.English and G.H.J.Pearson, op.cit., p. 111.

[2] Supra., p. 38.

CHAPTER VI

INFLUENCES IN THE COMMUNITY

Although the girl's first adjustments to life are made in the home and these affect greatly her growing to maturity, the influences of the school, the employment situation, and community groups also have a marked effect on her development. Many children, as has been pointed out in the previous chapter, do not gain the affection and satisfaction at home which are so necessary to their development into well adjusted adults. Some girls, however, may gain some affection and satisfaction from relationships formed at school, at work, and in community groups. Here the adolescent may be compensated for the lack of affection at home through the acceptance and recognition received from a teacher, a group leader, or an employer and through companionship gained at school, at work, and at play. In some schools and in some groups the girl meets men and women trained to deal with her feelings, trained in understanding her maladjustments, and intent on helping her to some degree. The orphaned girl may find a substitute mother, the rejected girl may find recognition for a talent ignored at home, and the only child may find the rivalry and companionship missed through being without siblings.

Next to the home in influence upon the lives of children is the school.[1] At school, where children spend a great part of their time during

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[1] M.F.Farnham, op.cit., p. 228.

the formative years, the first ties of friendship outside the family group are made. The teacher, therefore, has a great opportunity to be of help to the child in many areas besides that of intellectual growth. Within recent years educationalists have become increasingly aware of the social and psychological consequences of the experiences which a pupil meets in the classroom.[1] The teacher is becoming more concerned, not only with the intellectual growth of her pupils, but also with their physical, social, and emotional maturation. As has been pointed out in chapters four and five, the adolescent's insecurity in the home is reflected in her attitude toward school. The teacher who is aware of this, therefore, has a great opportunity to help her pupils, particularly those who are disturbed.

Lack of detail in the case records makes it difficult to study the teachers' help to the girls. Only in the case of one girl is there evidences of the interest and attention of her teacher as a factor in the improvement of her symptoms. In two cases the lack of understanding on the part of a school principal and of a teacher gave no help to the caseworker in her attempt to help the girl in question. In spite of interpretation by the caseworker, the teacher remained concerned only about the child as a disturbing influence in the class. In all probability there were other cases where the teachers' attitudes, both affirmative and negative, affected the outcome of treatment.

Although ten of the twenty-two girls under study were referred to the M.H.I. because of school problems, the records show that in all but

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[1] C.M.Fleming, op.cit., p. 141.

four cases some difficulty in adjustment at school was evident. Included in these difficulties were truancy, poor attendance, continual lateness, day dreaming, an inability to concentrate, rudeness and defiance toward the teacher, and an inability to "apply herself".[1] When all the cases were reviewed carefully, it was clear that both the withdrawn and the aggressive child had difficulties at school, although the latter was more often the actual problem to the teacher.

As can be seen in Table VII[2], in the majority of cases the girl's achievement was in line with her intelligence quotient. None of the twenty-two girls had below-average intelligence, and several were of superior intelligence. Their difficulties were therefore not caused by any lack of mental ability, but rather, as was seen in chapters four and five, because of feelings of insecurity and poor relationships at home. These lead the girls into difficult relationships at school with their teachers and/or their classmates.

Only five of the girls who were in attendance at school were reported to have had satisfying relationships with their schoolmates. Six girls had one or two friends only, and six girls were reported to be friendless. As will be discussed in chapter seven,[3] there was a change in relationships with peers in many of the cases during and after treatment as the emotional difficulties displayed were in great part the cause of such difficulties.

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[1] Supra., p. 27.

[2] Infra., p. 55.

[3] Infra., p. 70.

TABLE VII

SCHOOL ACHIEVEMENT AND INTELLIGENCE QUOTIENT
OF TWENTY-TWO ADOLESCENT GIRLS

Case number	Grade completed	I.Q.	Chronological age[a]	School problems		
				Marked	Few	None[b]
Total				10	7	5
114	V	93	12		x	
121		92	12	x		
109	VI	90	15		x	
110[c]		92	15	x		
101		91	14		x	
111	VII	90	13		x	
102		115	12	x		
119[c]		95	14	x		
113[c]		105	16			x
116		100	14			x
105		91	14	x		
104[c]		100	15		x	
108		102	14			x
117[c]		91	15		x	
112	VIII	112	16	x		
115		125	13	x		
106		108	14		x	
122[c]		102	15			x
118	IX	112	14			x
103		117	14	x		
120	X	126	15	x		
107	XI	128	17	x		

a) Refers to age at time of completing grade aforementioned.

b) I.E., no problems were reported at the time of referral or apparent during treatment.

c) These girls were no longer at school at time of referral.

Few girls spend all their adolescent years at school. Most spend the later part of their maturing years in some type of employment. For many adolescents the decision about seeking employment comes early. The majority of girls under study are from homes in which there is a marginal

income.[1] The girls' desires for material possessions which their parents are unable to give them, and which mean so much to the adolescent, lead many to forsake their education and start to work at the school-leaving age of fourteen or soon after. This early departure from school results in many girls taking jobs for which they are not suited and which they very soon dislike. Consequently, their work histories are poor with constant changing of jobs and repeated periods of unemployment.

TABLE VIII

EMPLOYMENT OF TWENTY-TWO ADOLESCENT GIRLS

Work history	Number of girls	Present age		
		12 - 13	14 - 15	16 - 18
Total	22	5	11	6
Full time	6		2	4
Summer and Christmas holidays	3	1	2	
After school	2		2	
Holidays and after school	2		1	1
No work history	9	4	4	1

In this group of twenty-two girls, as is shown above, only six were employed in full time jobs, while seven had worked during holiday periods and/or after school hours; nine girls had no work history. Of the six girls who were employed full time, only two could be said to have good work histories. One of these had a good record in the same job for the past eight months; the other was adjusting fairly well in her first job

[1] Supra., p. 42.

but she had had it for only six weeks. The other four girls, two of whom were waitresses and two messengers, changed jobs frequently with periods of unemployment between jobs. One girl had held seven jobs in a period of nine months while another had been dismissed from two jobs within three months. Just as she presented problems of adjustment at school, the disturbed girl found it difficult to adjust at work. The disturbing relationships and material difficulties of her home were once more showing their effect.

It does not appear from the case records that the caseworker contacted employers with any interpretation of the girls' difficulties. In many cases jobs were secured for the girls, but little seems to have been done to assure that the job had any permanency. In only one case can a contact with an employer be found and the purpose appears to have been mainly to check on the girl's adjustment rather than to interpret her needs.

Adolescence also brings with it widening associations beyond the school and the employment situation. In the community are a variety of groups and clubs where the adolescent may experience new relationships with other girls, with boys, and with adults. In studying the twenty-two girls it is clear that, although there were a great many groups available to them, many of the girls did not take advantage of membership. Twelve girls appeared to have had normal interests and took part in such groups as the Girl Guides, the Canadian Girls in Training, community centre groups, the Y.W.C.A., church choirs, and in some sports activities. Seven girls, however, stated that they spent their leisure time in reading, listening to the radio, or attending the movies. Two girls, although they would

like to have partaken of group activity, faced parental opposition, and the remaining child lived on a farm in the country where group participation was not available to her. There is ample evidence that the caseworkers, in the cases of most of the girls, made a real effort to encourage membership in various community groups. There was interpretation in some cases when referral was made to group work agencies, but in others it was just a matter of making the group available to the girl and there was no further contact with regard to her adjustment there.

Healthy relationships with friends of both sexes are necessary for adequate adolescent development.[1] A true analysis of the twenty-two girls' relationships with their peers is not possible as we know only that they had friends or that they were friendless. The quality of the relationships is unknown and knowledge is based on the girls' reports only. Seven of the girls were reported to have had both girl friends and boy friends; ten girls had girl friends only, and five girls reported that they had only one friend. In only two cases does it appear clear that the girl's inability to relate to male friends was related to her feelings toward her father. In both of these cases the father's attitude to, and treatment of the mother was such that the girls stated that they would never marry. In four cases the girls blamed their parents for their lack of male friends, stating that they were not allowed to have dates. Two of the girls, both of whom had heavy responsibilities in the home, were not allowed to bring friends of either sex to the home, and they spent what free time they had in solitary activities. The unhappiness they were experiencing at home had therefore no chance of being offset by satisfying relationships in the

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[1]Supra., p. 13.

community.

Although we have been unable, because of the lack of material in the case records, to analyze adequately the girls' adjustments and relationships outside the home, their importance cannot be overlooked. The ability the child develops to face problems and adapt herself to school, employment, and the forces of the community is dependent on her past adjustment in the home. As we have seen, all but two of the girls under study experienced damaging forces early in their lives. The resulting difficulties affected greatly their adjustments to school, to work, and to friendships in the community.

CHAPTER VII

EXAMINATION AND EVALUATION OF THE ROLE OF THE CASEWORKER

We must turn now from a study of the significance of causative factors to a consideration of the social worker's role in treatment. In this examination and evaluation, treatment will refer to that process by which an attempt was made to help the girl toward a better social adjustment. This process was brought about in three different ways--through environmental treatment, through relationship therapy, and through a combination of both.

Environmental treatment placed little emphasis on the emotional problems involved and the social worker helped the adolescent to make her own plans, to enter into group activities, to return to school, or to seek employment. Either more intensive help was not needed or it could not be used. In relationship therapy or supportive treatment, little or no interpretation was given and an attempt was made to alleviate the situation through emotional support. It gave to the adolescent girl a relationship with an adult outside her immediate environment. Recreational trips such as movies, drives, and dinners were utilized and were an important part of treatment. The caseworker here was not attempting to change the girl's personality, but to strengthen it through emotional support. The method most widely used and the one which appeared the most successful was a combination of these two. There were no cases in which an attempt was made to effect changes in personality or to help the girl gain insight

into her emotional problems. As has been discussed earlier, the disturbed adolescent girl is slow to verbalize directly to adults her underlying disturbances[1] and her subconscious is so easily laid bare that insight focused therapy is not a wise method of treatment unless regular psychiatric guidance is available to the case worker.

Environmental treatment only was given to six girls. Four of these were known to family agencies where the mother and the problems of the family as a whole were of prime concern. Heather was among these.

> Heather's caseworker referred her to the Institute for vocational guidance and "possible psychiatric help". The child, aged sixteen, would not attend school regularly and efforts to get her to work had proved futile. She was reported to be moody and unhappy in the home and her late hours and smoking were of concern to her mother. Heather was found by the psychiatrist to be "an insecure adolescent of average intelligence". It was felt that she should be given sympathetic guidance and should be encouraged to find a factory job where she would gain satisfaction from her accomplishments.
>
> The caseworker who worked with Heather's mother was faced with many family problems. The parents' constant quarreling lead eventually to the father's desertion. The family agency was then called on to administer relief and to help the family with housing when they were evicted. The family's material needs became of prime importance in the contact and the worker's efforts to help Heather were of an environmental nature only. The child was seen very irregularly over a period of nearly two years during which time a free Y.W.C.A. membership was procured for her, clinic appointments were arranged, the school situation was clarified, and several jobs were found for her, none of which she kept for long. Although it could not be said that Heather's difficulties had improved during her contact with the worker, they also had not become worse.

The other two cases in which the environment was manipulated were carried at the M.H.I. over a short period. Environmental treatment was given, but the contact was terminated before any real relationship with the mother or child was formed. It was the policy of the Institute to

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[1] Supra., p. 21.

leave responsibility for continuing contact with the parent or the referring agency. When a contact was broken, therefore, the case was closed.

Three of the girls were helped through the establishment of an understanding relationship with their caseworker and without manipulation of their environment. In these cases there was a strong emotional tie to the caseworker and a deliberate giving of affection and interest. Catherine was aided in the above manner by her worker at the Institute.

> Catherine, aged thirteen, was referred by the School Attendance Board because of truancy. It was later learned that she stole money from her mother who reported her to be "high strung and quick tempered". Her mother also was concerned about Catherine's smoking, staying out late at night, and the possibility of her becoming pregnant. Catherine, herself, was concerned about the necessity of remaining at school where she was with children very much smaller than herself as there was a discrepancy between her physical and mental development.
>
> Catherine's mother was found to be very harsh in her treatment of Catherine and the child resented her mother's recent relationship with a man whom the child said she hated. Her father, of whom she was reported to have been very fond, had died two years previously.
>
> The worker's relationship with Catherine's mother was a difficult one. The latter reported that the psychiatrist had told her that she was selfish and did not consider her children. She did not keep appointments with the worker who saw her several times at her work which was not at all satisfactory. Catherine appeared, however, to have benefitted somewhat by the emotional support given her by her worker until the contact was cut short as Catherine's mother felt the child no longer needed help. The worker saw Catherine regularly, however, for five months during which time her feelings of inferiority at school, her feelings of jealousy toward her younger sister, and her resentment of her mother's treatment were discussed. Catherine's school attendance improved, she enjoyed a Christmas holiday job which she had secured herself, and her mother reported that she and her sister laughed and played together as they had not done for many months. Catherine's mother continued to complain that the child did not confide in her. She stated, however, that Catherine was helping out at home as she had not done previously, and was remaining at home at night. Contact with Catherine was not persued, and her further adjustment could not be followed through the Attendance Department worker as Catherine had passed the age of compulsory school attendance.

Most often used by caseworkers at both the Institute and the other agencies was treatment through a combination of environmental manipulation and relationship therapy. Virginia's case, perhaps the most successful of those being studied, shows this clearly.

> Virginia, aged fourteen, was referred because of truancy. She was also reported to be sulky, nervous, and to have aches and pains of a somatic nature. Her mother was very ambitious for her, nagging and overly critical. Virginia's parents were separated and her mother, who worked to support the family was overly concerned about her own health.
>
> The caseworker in this case maintained a warm relationship with Virginia over a period of one year. Another worker, also at the Institute, attempted to give Virginia's mother insight into the child's true problems and to help her toward readjustment of her attitude toward the child.
>
> As it had been recommended by the psychiatrist that there was no value in forcing Virginia to remain at school, the girl's desire to seek employment was fostered. She was helped to find employment and a night school course was arranged for her. The worker met her for dinner, a soda, took her to the movies, bowling, etc. Virginia was at first tense on these trips, desiring to pay for the outing. Her manner, however, in a short time became relaxed, and she was willing to take these things from the worker, knowing that it was the agency who was giving them. Meanwhile, the universal problems of adolescence, which Virginia's mother found so difficult to accept, were discussed many times with her. The mother's own childhood was reviewed and some insight gained. At the end of one year the case was closed "in view of an adequate adjustment".

Several significant factors must be pointed out before treatment methods in the twenty-two cases can be evaluated. The cases of only five of the girls were carried by caseworkers on the staff of the M.H.I. The role of working with the other seventeen girls was assigned to a caseworker on the staff of the social agency which referred the girl for treatment. The diagnosis and recommendations of the psychiatrist at the Institute were forwarded to these agencies and it was the responsibility of the

caseworker there to carry them out. To the family agency caseworker, to whom the job was assigned in eleven of the cases, this was not an easy task. She carried a heavy caseload and her focus was on the family as a unit and on the parents in particular. She was not able, or did not in many cases, give the adolescent girl enough time and effort to show any marked improvement in her difficulties.

Several other objective facts should be considered also as affecting treatment. In all cases the social workers were left with full responsibility for treatment. All the girls were seen by the psychiatrist at the Institute for diagnostic purposes but no treatment interviews were carried out. The psychiatrist diagnosed the problem and made recommendations with regard to methods of treatment and concrete services. In fourteen cases these recommendations were carried out; in five cases they were carried out in part; and in three cases, all in which placement was recommended, they were not fulfilled. In the latter cases the worker was unable to work through, with either the girls or their mothers, the importance of the child's living outside the home. One can only conjecture about what could have been accomplished under closer psychiatric supervision. In only nine cases did the worker return to the Institute for a re-evaluation of the girl's difficulties, and in no case was there a psychiatric consultant she could turn to at her own agency.

The period over which the cases were treated varied greatly. Contact with seven of the girls was for a period of a few months only; ten were seen for from one to two years, and five were worked with for two to four year periods. Only eleven of the girls had a continuing relationship, during their period of treatment, with one worker. Ten experienced one

change of workers, and one girl had three workers within a period of four years.

TABLE IX

THE SOURCE AND LENGTH OF CASEWORK SERVICE TO TWENTY-TWO ADOLESCENT GIRLS

Agency giving treatment	Number of girls	Length of treatment		
		0 - 1 yr.	1 - 2 yrs.	3 - 4 yrs.
Total	22	7	10	5
Mental Hygiene Inst.	5	4	1	
Family Welfare Assoc.	10	2	7	1
Girls' Counselling Gen.	5		2	3
Catholic Welfare Bur.	1			1
Royal Victoria Hosp. (soc. service dept.)	1	1		

The difficulty all adolescents experience in forming relationships has been discussed earlier. The eleven girls who were called upon to form a relationship with two or more workers during their period of treatment were at a great disadvantage. The early re-assignment of cases was rarely carried out, and many of the girls knew nothing of their workers' impending departure until their last interview with her. There was no overlapping of workers, which is often helpful in the re-assignment of cases, and particularly in those involving the adolescent.

In only eleven of the cases was a real attempt made to work with the parents toward modifying their treatment of the girl and increasing their understanding of her difficulties. Nine of the mothers were interviewed only superficially in connection with their daughters' problems and,

in two cases, the parents were not seen at all. In all but two cases it was the mother alone who was seen. In only one case was one worker assigned to treat the mother while another worker, in the same agency, worked with the girl.[1] In the remaining twenty-one cases, casework with the mother and with her daughter was carried on by the same worker.

TABLE X

THE CHANGES OF THE WORKER IN CASEWORK SERVICES TO TWENTY-TWO ADOLESCENT GIRLS

Length of treatment	Number of girls	Number of workers		
		One	Two	More
Total	22	12	9	1
Less than one year	8	8		
One to two years	9	3	6	
Three to four years	5	1	3	1

This was not always a successful plan and a study of the cases indicates that treatment of the girl and her mother by different workers would be preferable. Also, that cooperation between the clinic worker and the worker from the referring agency might be an effective method of treatment in such cases. The following case shows how one worker was able to work successfully with both the mother and the child.

> Peggy, at fifteen, was truanting from school and had recently forged a cheque in her mother's name. With an I.Q. of 126 and her matriculation partially completed, it was felt by the psychiatrist that she should be encouraged to continue her education. Peggy, her mother, sister, and brother lived in one dirty and poorly furnished room. Her mother's day work earnings were supplemented by relief as her

[1] Supra., p. 63.

father was in a mental hospital.

> The family agency worker carrying this case was able to form a supportive relationship with Peggy and to help her to understand her mother's treatment of her. Work with Peggy's mother, at the same time, was aimed at helping her to change her attitude toward the child, and to encourage Peggy in her studies rather than force her to find work. Peggy's mother was able to change from forbidding her to attend choir practise and Girl Guides as punishment, to a more constructive method of discipline. Peggy completed her year at school and, on her own, found an office job with a large firm who agreed to pay her night school fees. When the contact was closed, after a year and a half, Peggy was still enjoying the same job, was active in various groups, and was adjusting much better at home.

In many cases, however, it was difficult for the case worker to work constructively with both the mother and the child as can be seen in the following case.

> Louise, aged fourteen, with an I.Q. of 95, had been stealing for several months, at school and later at work. This girl's father had served a sentence for stealing when Louise was a baby and her mother constantly pointed out to her that she was like her father.
>
> During the worker's contact with the family, and while some effort was made to work with Louise, the family was receiving relief because of the father's temporary hospitalization. Although the worker helped the mother in her concern for the child by referring the latter to the M.H.I., the focus of the contact was on the family's financial difficulties and, when the father was discharged from hospital and financial help no longer necessary, the case petered out and was closed. Had the Institute worker been working with the child and the family worker with the mother, it is not likely that this would have occurred.

In studying the caseworker's method of carrying out treatment, the structure of the interview and of the contact must be reviewed. Good casework includes regular interviews. It is important that these be arranged with the adolescent to whom it is so necessary that the adult be "always there". Although the length of the interviews should be controlled to a certain extent, permissiveness is advisable with the adolescent.

She should not, however, be allowed to control the relationship for unlimited freedom creates a sense of danger and increases the child's anxiety.[1] In this case the relationship is in danger of becoming as frightening to the girl as is that with her parents upon whom she cannot depend for support.[2] The worker must be aware of the transference situation and be able to control it.

A perusal of the cases of the twenty-two girls, in the light of the above, was difficult because of the lack of details in the case records. In only nine cases does it appear that regular interviews were planned. In five cases it appeared that the worker saw the girl on visits to the home to talk with the mother about family problems. These contacts were never on a planned basis although the worker had been interested enough to refer the case originally for psychiatric evaluation. Nowhere could a record of the actual length of the interviews be found nor of planning with the girl on this basis. Likewise there was no discussion in the records of the transference and one can only speculate as to its presence.

The problem of comparing treatment results is not an easy one. An accurate evaluation of the social worker's role is hampered by the incompleteness of the case records. No records contained a real evaluation by the caseworker, and in many cases the girl's adjustment was judged by reports from her mother to the family worker. It has been possible,

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[1] Frederick J. Hacker & Elizabeth R. Geleerd, "Freedom and Authority in Adolescence", American Journal of Orthopsychiatry, Vol. XV, No.1 (1945), p. 622.

[2] Supra., p. 20.

however, to set up some criteria for judging success and failure. The cases have been classified, as shown in Table XI, as improved, maintaining the same level, and deteriorated. These are rough measures as eleven cases were still active when studied, while eleven had been closed. The attitude of the mother at the time of closing was a factor affecting judgement of success or failure. Four cases were closed by mutual consent of the worker, the child, and her mother, while in five cases the parents of the girl ignored further offers of help. In two cases the girl moved out of town during treatment, one to be married. Only one of these families informed the worker of this move.

TABLE XI

TREATMENT RESULTS IN RELATION TO THE SYMPTOMS OF THE TWENTY-TWO ADOLESCENT GIRLS

Symptoms	Number of girls	Treatment results			
		Improved	Same	Deteriorated	Cut short[a]
Total	22	8	6	2	6
Behaviour problems	15	7	2	1	5
Stealing	4	2			2
Truancy	10	5	2		3
Promiscuity	1			1	
Neurotic symptoms	7	1	4	1	1
Somatic complaints	3		2		1
Nervousness	2		1	1	
Masturbation	1	1			
Enuresis	1		1		

a) Indicating contact was cut short before treatment was carried out.

Eight cases were judged to have improved. By this is meant that the girls were making a better adjustment to their environment than at the

time of their referral. Evidences of this were an improvement in the girls' relationships with parents, siblings, and peers, together with an improved adjustment to the school or employment situation. Mollie is typical of these.

> Mollie's difficulties were discussed in chapter four.[1] She was referred because of truancy and also exhibited the neurotic symptoms of nailbiting and enuresis. The home situation was a very difficult one for this child as her father and grandmother were alcoholics. Her mother was worn out with her responsibilities in the home and in working to support the family. An aunt, from whom Mollie had previously received a good deal of affection, had recently died.
>
> The psychiatrist at the Institute felt that Mollie was "an unhappy child with marked concern about the difficulties existing in her present home setting". He advised that she be allowed to take a commercial course instead of continuing at her present school and also advised that, if possible, the child should live in a residence away from home while she continued her training.
>
> The worker in an agency for adolescent girls was able to form a fairly close relationship with Mollie. She saw her, for a short time regularly, and then at least once a month for more than a year. Although it was not possible to work through Mollie's placement in a girls' residence, she was given a great deal of help and support which resulted in a marked improvement in her difficulties. Mollie went to camp and, on her return, entered Commercial School. The worker also was able to arrange for Mollie to take music lessons and she headed her class in music and also had a leading part in an operetta at school. These things did much to help her feel more secure with her friends of whom she had previously had very few. Later Mollie was found a Saturday job which enabled her to buy much needed clothing for herself. At the same time the worker saw Mollie's mother on several occasions and gave her support in facing the many home difficulties and in helping Mollie to carry through her plans. Although Mollie's enuresis and nailbiting did not improve markedly, there was a great improvement in her adjustment at school and in her peer group. Truancy was no longer a problem and Mollie, with an I.Q. of 125, had every intention of completing her course.

While six of the girls had not improved, they had not become more seriously disturbed. Their difficulties remained unmodified and they were

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[1] Supra., p. 32.

still not able to adapt to their families or their peers. Success in casework should not always be judged by an improvement in the case for, with many disturbed persons, the caseworker has done well if she has helped to prevent the situation from becoming worse. Among those whose symptoms remained was Lisa, whose home situation was discussed in chapter five.[1]

> Lisa was referred because of psychosomatic complaints. The hospital had ruled out any physical basis for her urticaria, fainting, and marked nervousness. She was found by the psychiatrist to be suffering from anxiety as a result of rejection and consequent frustration. It was advised that she would make a better adjustment out of the home but in an environment with guidance and supervision.
>
> Lisa was seen regularly by a worker in the hospital social service department for several months. She seemed to gain some support through this but was hampered by the great difficulty she had in coming into the city as she lived on a farm. Camp was arranged for her and her referral to a girls' work agency was attempted but not carried through. Lisa continued her contact with the worker as she continued to be unhappy and to display the same symptoms. After six months Lisa was referred back to the Institute as it was felt that her case should no longer be carried in the hospital. She failed to keep her appointment and, when referral elsewhere seemed impossible, her contact with the hospital worker was brought to a close.

Two of the girls showed no improvement and have been referred to as deteriorated. Their symptoms were intensified, and any adjustment was lacking. As can be seen in the following case, there were other reasons for this besides the lack of a real relationship with the worker.

> Connie was eighteen when she was referred to the Institute by a family agency worker. She had been unable to keep a job, and changed employment frequently with long periods of unemployment. This girl was reported to be "nervous" and unhappy, and her mother felt she was promiscuous as she kept late hours and occasionally stayed away from home all night.

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[1] Supra., p. 41.

Connie was brought up in an atmosphere of parental discord which finally lead to separation. Her mother hated her father who drank to excess and was brutal when drunk. The mother admitted that her five children were unwanted and that she preferred the other daughter to Connie. This adolescent girl was felt by the psychiatrist to have suffered emotional deprivation from early childhood and to feel rejected by her mother because of the latter's rigid attitude and the constant comparison with her sister. The doctor felt that with sympathetic understanding, interest, and encouragement Connie would make a favourable adjustment.

The caseworker who referred Connie to the Institute was from a family agency which had known Connie's family for more than twenty years. The contact was focused on the family difficulties but some intensive work was done with Connie for a short time. Temporarily it seemed that there was a slight improvement in the girl's difficulties when the worker found her employment and discussed at length with her her relationships with men. However, this was short lived and, without any warning to her mother or the worker, Connie married a negro boy and left the city. Several months later Connie had left her husband and was again living in her mother's home and failing to work and contribute to the household. At this point the caseworker felt that a casework relationship with Connie was of little benefit to her and no further efforts were made to help her apart from the assistance given directly to her mother.

There were other elements operating which contributed something to the success or failure of treatment. The parents and others in the community also affected the outcome. Although we cannot know of these factors in all cases, they are strikingly evident in several instances. The reaction of the parents, rather than those of the child, influenced the outcome in six of the cases.

As was discussed in chapter four,[1] the caseworker faces many difficulties in working with the mothers of the children she is treating. The girls' establishment of a meaningful relationship with the caseworker is a threat to the mother who thus fears separation from her child.[2]

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[1] Supra., p. 26.

[2] Lorna Sylvester, "Casework Process in a Child Guidance Clinic", Journal of Psychiatric Social Work, Vol. XVIII, No. 1, (Summer, 1948), p. 21.

Methods of treatment, therefore, must be interpreted to the mother and her reaction to the girl's relationship with the caseworker must be worked through if treatment is to be effected. The caseworker must also help the parent and the girl to adjust to their new relationship, including emancipation of the child, rather than intensifying their old one as happens so often in work with adolescents. The case of Catherine, discussed earlier in this chapter,[1] shows the result of the caseworker's inability to work with the mother. Catherine's mother, fearing her daughter's relationship with the caseworker, appears to have punished the girl by stopping treatment and breaking her contact with the agency. In three other cases the contact was also broken by the mothers who denied their daughters' difficulties, and treatment for the girls was abandoned. In two cases the mothers were able to gain fair insight into their feelings toward their daughters and their difficulties, and this did much to help the girls' adjustments.

In three cases of truancy it was evident that the attitudes of the teachers affected the caseworker's efforts to help the girls in question. The understanding of one teacher aided considerably the adjustment of one girl in the area of her school difficulties. In the other two cases the attitudes of the teachers, in spite of the caseworkers' attempts to interpret, were impediments to treatment as they were completely lacking in understanding of the problem and unwilling to give consideration to the girls in their many difficulties. It is difficult to find evidence in the records of other persons in the girls' community contacts whose efforts might have furthered their emotional adjustment. In only one case is this

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[1] Supra., p. 62.

clear. A woman, who had previously been a Sunday School teacher of one of the girls, continued a warm relationship with her which appeared to have been a factor in the eventual improvement of her difficulties. The caseworker consulted with this woman and, being aware of her ability to help the girl, concentrated on work with the mother. In the Sunday School teacher the caseworker saw someone who would, in all probability, continue her interest in the child for many years. In this case the caseworker showed her skill by remaining out of the relationship with the girl and by utilizing the existing resources.

From this examination and evaluation of treatment it seems clear that, in most cases, the caseworkers were aware of the adolescent girls' needs. They were, however, not always able to help the girls for a variety of reasons already mentioned. Most caseworkers did a great deal in the area of environmental manipulation. Evidence of regular planning, however, was lacking in most cases, and there was a wide difference in the amount of time the various workers did give or were able to give to their adolescent clients. After studying the caseworkers' methods, it appears that separate workers for the mother and child are indicated, but this, of course, is dependent on the resources of the agency carrying out treatment. Results would doubtless have been somewhat different had all the caseworkers been of equal skill and had all been working in the same agency with an equal amount of time to give to the girls they were endeavouring to help.

CHAPTER VIII

CONCLUSIONS

The purpose of this study was to discover how the social caseworker aided a group of twenty-two girls whose development had been such that symptoms of emotional disturbance became evident during their adolescence. The girls' difficulties were diagnosed at the M.H.I. and treatment was carried out by caseworkers there and in community agencies.

Adolescence, it was pointed out, is a stage of emotional growth. During this period the new conflicts brought on by physical change join the conflicts of childhood and both must be solved if the adolescent is to attain maturity.[1] The average adolescent needs support, guidance, and encouragement in an environment of warmth and security. The emotionally disturbed girls under study, we learned, had not found these in their homes and consciously planned assistance was therefore needed for them. The adjustment of many of the girls was aided through a casework relationship. The caseworker, however, faced many difficulties in this relationship as the adolescent tended to identify her with the mother from whom she was attempting emancipation; and the adolescent, dependent on the group for security, did not easily verbalize her difficulties. Casework, therefore, differed from that with adults and a certain control was needed in an otherwise permissive relationship. The disturbed girls, whose varied symptoms were indicative of a few basic difficulties, were aided

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[1] Supra., p. 11.

by the caseworker in three ways--through manipulation of the environment, through supportive or relationship therapy, and through a combination of both. The latter method was most frequently used and appeared the most constructive way of attempting to help the girl. The casework treatment was associated with varying results: the cases improved, remained the same, or deteriorated. The predominance of improved cases was not marked; meanwhile, the results were difficult to assess accurately since only half of the cases were closed at the time the records were studied.

From this study of casework with twenty-two adolescent girls certain conclusions can be drawn and several recommendations can be set forth.

When examining and evaluating the role of the caseworker it was found that the recent classifications of treatment set out by Florence Hollis[1] and most commonly used in studying casework with adults, could not be applied to work with adolescents. The reasons for this were brought out in chapter seven.[2] Another set of treatment evaluations had to be formulated, therefore, and it is in terms of this alternative set that the cases have been classified.

In chapter three it was pointed out that the social worker who treats adolescents must be a person who has managed relatively well her own maturation.[3] From this study it is clear that other qualifications are necessary. The caseworker must be capable of analyzing the child's situa-

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[1]Florence Hollis, Women in Marital Conflict (New York,1949),p.147.

[2]Supra., p. 61.

[3]Supra., p. 23.

tion and of formulating a goal of treatment. She must be able to work as the member of a team,[1] thus gaining guidance from and giving help to psychiatrists, psychologists, and other social workers in allied fields. Working closely with the family of her clients is also important as is her ability to utilize the services of other persons in the community. The caseworker must be able to interpret to the parents what she is attempting to accomplish in her relationship with their daughter. This is imperative in child guidance work, as was illustrated earlier in the case of Catherine.[2] The interest of teachers, employers, and group leaders can be enlisted by a skilled caseworker and, with proper interpretation, their cooperation can do much to supplement treatment. This is particularly true of the group worker. Adolescence, as was pointed out earlier, is the age of reliance on the peer group.[3] The caseworker must, therefore, assist her adolescent clients toward using and gaining strength from the group.

In the twenty-two cases studied, psychiatric consultation at regular intervals throughout the duration of a case was lacking. It is, however, indicated in working with the emotionally disturbed adolescent, for the problems of this period are not easily diagnosed. There is considerable difficulty in differentiating between certain adolescent behaviour problems, which are within the normal range, and the early symptoms of psychosis--particularly schizophrenia. Psychiatric consultation is also necessary in evaluating scientifically the client-worker relationship,

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[1] Supra., p. 25.

[2] Supra., p. 62.

[3] Supra., p. 14.

the transference situation, and the child's growth in the relationship. If no psychiatric consultant is available at the agency where the case is carried, the caseworker would do well to return for this to the Institute. Her own evaluation of each case at intervals during treatment, if it is written into the record, would also be of great help, not only to the caseworker herself, but to those to whom the case might later be transferred. Especially is this important in the agencies where there is a continual turn-over of staff, as was noted in several of the cases under study.[1]

The whole question of treatment to the adolescent girl should perhaps be considered by the agencies just mentioned. As was discussed in chapter three,[2] adolescents are slow to form relationships with adults, and treatment cannot be effected in a short time. For the adolescent girl, then, who experiences one or two changes of workers within a matter of months, there is some question as to how much help she is receiving. If the relationship has been a close one, breaking it after a short period may be interpreted by the girl as rejection, thus causing harm to her rather than helping her. The agency should therefore consider how each adolescent girl can best be treated and refer those girls elsewhere who cannot be afforded a reasonably long relationship with one caseworker.

Treatment of all members of the group under study was the responsibility of the caseworker. The sample was chosen for that reason. Why was the caseworker selected to treat in these cases? In reviewing them closely, common factors are evident. In none of the cases was there

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[1] Supra., p. 66.

[2] Supra., p. 20.

extremely marked or too serious pathology in the home environment or in the girl's early history. None of the girls faced in their homes the problems of illegitimacy, mental deficiency, placement or complete family break-up, although in many of the homes, one parent was absent. On the whole, there was an absence of a clear constellation of basic personality problems which are potentially the beginning of psychoses or severe neuroses. The caseworker was dealing with a group of adolescent girls she should be able to treat. As far as can be seen these girls were not in need of intensive psychotherapy but of environmental manipulation and of a warm, supportive casework relationship.

Undoubtedly there are cases of many adolescents which should be handled by the psychiatrist. There are others where the caseworker and the doctor might share the case, with the child having a relationship with one and the mother with the other. In some cases, as has already been pointed out in chapter seven,[1] separate workers for the mother and the child are indicated. Here the referring agency and the Institute might work cooperatively with one treating the mother while the other worked with the child. This is indicated particularly in the cases where there is reason for the worker in the referring agency to continue working with the mother.

The twenty-two adolescent girls then, all received some casework treatment. They were treated in a variety of agencies by a variety of caseworkers. These agencies had different functions and the caseworkers possessed different skills. With the help of a psychiatric diagnosis and of recommendations from a child guidance clinic, the caseworkers treated

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[1] Supra., p. 74.

the girls and, in most cases, their parents. Although the sample is small it demonstrates that the adolescent girl can use the casework relationship constructively. Relating to an adult in this way is not seen as being too threatening to the adolescent and the use of external aids are evident to facilitate and safeguard the relationship.

From this study it is clear that casework with adolescents requires particular skills and makes strong emotional demands upon the caseworker. Further attention might therefore be given to it in casework literature. In practise the selection of caseworkers who treat adolescents should be made carefully, and clarification of function is needed between agencies offering service to this group of clients. By these means casework with this age group may be practised more skillfully than formerly. Thus the adolescent girl may be more effectively aided toward a better adjustment.

A P P E N D I X

DOCUMENTARY SCHEDULE

Name: Age: Religion: Referee: Date of referral:

Reason for referral:
Other problems presented:

Home: Physical setting:
Emotional atmosphere:

Relationships: with mother: with father: with siblings:
Parents' own relationships:

Community relationships: with girls: with boys:
Recreational groups:

School: Grade:
Progress at school:
Problems at school:
Attitude to teacher:
Attitude to classmates:

Employment: History:
Present adjustment:
Earnings:
Attitude to money:

Sex information: Where gained:
Sex interests:
Sex experience:

Health: History and development:
Present health:

Psychological findings: I.Q.:
Recommendations:

Psychiatric findings:
Recommendations:

Social worker's role: Where treatment carried out:
Length of contact:
Reasons for closing:

Precis of social work treatment:

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