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Psychiatric treatment and social case work:

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PSYCHIATRIC TREATMENT AND SOCIAL CASE WORK
AN INTENSIVE STUDY OF A SINGLE CASE

A Thesis

Submitted by
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(B.S. in Ed., Boston University, 1945)
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Chapter I

Introduction

The general subject of this study is how much can be done to help children through helping their mother by psychiatric treatment. The study of psychiatric treatment and case work includes first, an historical study of the development of the technique used and second, a study of a case on which the writer worked intensively for six months to test the possibilities of treatment.

The case was one in which the family seemed to be about to fall apart entirely, and an attempt was made to help the children through helping their mother by psychiatric treatment. To be considered are the background of the mother and the causes which led to her neurosis; the study of the children's behavior in relation to their mother's treatment; the possibility of placement and the children's reaction to it; and the conclusions that we may draw from this particular study.

To make clear the import of the techniques used, the writer has first traced the historical developments of psychiatry and of social work, and then discussed the divisions and methods of case work.

Since the agency which enabled the writer to make this study is the Jewish Child Welfare Association, its formation as an outgrowth of Jewish philanthropy is depicted.
This agency was founded in 1864, and had for its organizers religious men who followed the leadings of the Old Testament. One of their principles was "that the donor should not know the recipient to safeguard the dignity of the individual who needs help,"¹ and their ultimate aim was to help the individual to secure his own independence.

The modern philosophy of Jewish welfare still retains the old principle of strengthening the individual's independence. However the mores and trends of society have changed and social work methods have developed in accordance with the times.

Today social work deals with all human problems. Financial assistance is not so much in the foreground since the government introduced the Social Security Act and thereby freed the private agencies of some of their financial burdens. Assistance is centered now on people who cannot get along together, with themselves or with their mates or with their children. These children are helped in various ways. Some are placed in foster homes or in institutions, according to their individual needs. The social worker tries to break down friction between parents and children, and to mediate between teacher and student and between court and adolescent.

The tools the agency uses are well-trained people and ample facilities such as summer camps, study homes,

youth centers, and the like. The purpose of all these new methods is to help where help is needed, and to be effective in that help.
Chapter II
The Historical Development of Psychiatry

Events are results of human drives, passions; they are charged with the intensity of human needs, of anxieties, loves, hatreds, ambitions, and failures. To look upon these events as if they were dots on a chart or figures on a statistical table means to miss the most essential aspect of man's business of living and, in the long run, means to miss the essence of history.1

If one wants to enjoy and be enlightened by history one must not report facts alone, for they can never truly mirror a certain epoch of history. One has to be able to put himself in the place of Alexander the Great, Julius Caesar, Cromwell, or a humble Roman slave. Compilations of facts do not make history if they are not combined with intelligence and intuition and skill. And the atmosphere of events has to be reconstructed if history is to become vivid and alive. But true as this is of history, it is even more true for the history of medicine.

Men have always feared illness and have always admired their healers. They have always looked upon the story of medicine with either one-sided contempt or one-sided admiration. We give credit to great doctors of the past centuries, we erect monuments to them, but we never forget to emphasize that they were products of their own time and did not know better. But though we know that the

1 Gregory Zilboorg, A History of Medical Psychology, p. 17.
greatest discoveries in medicine are being made in the present time yet we are humbled when we are preoccupied with the history of medicine. As Emil Littre wrote a hundred years ago,

If the science of medicine is not to be lowered to the rank of a mere mechanical profession, it must preoccupy itself with its history. The pursuit of the development of the human mind, this is the role of the historian.  

What is true of medical history is even more true of the history of medical psychology or psychiatry. The compilation of facts would never give a picture of the development of psychiatry. There are psychological, cultural and social factors which fought the battle against mental diseases, an invisible army defending the secret that is mental disease. To bear this purpose in mind means to accept an important amendment to the tradition of medical historical pursuits and to make, not a boast, but a contemplative critical confession. The branch of medical psychology is different from the spirit of general medical history. As far as we go back, the sick man has always felt that he was sick regardless of whether he had a broken leg or an abscess. Whether he sought help of the primitive priest or of the medicine man, whether he desired magic or the infusion of herbs, he was making medical history when he asked them to relieve his pain. This demand for help caused the

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2 Zilboorg, op. cit., p. 20.
appearance of the primitive doctor, who from the beginning responded to the demands of the patient. The patient was not interested in the theory of the disease; he was interested only in being relieved. More often the patient idealized his doctor. Even as the doctor abandoned mysticism and became a layman, he still was considered a good and self-sacrificing man with the odor of social sainthood about him. The idealized character of the doctor prevails through three thousand years of medical history.

But if we turn to the pages of medical psychology the picture changes completely. First, the mentally ill patient was not aware that he was ill. If he had "lost his mind" he had truly lost it. It could conceivably happen to everyone else but to him. In general he did not feel ill and protested at being a patient. In the community he was not liked, and was not pitied, but feared. In primitive culture he was looked upon as a person of supernatural power. Because this illness was a secret kept from the layman and revealed only to the priest, medicine had no power, even no right, over the mentally sick. Therefore mental disease was excluded from the other branches of medicine.

Doctors are only human beings, children of their own era, and followers of their own culture, and therefore even the greatest had the same opinion of mental disease as did the rest of the community. This we have to keep in mind,
that the history of medical psychology has to have a different approval than does the history of medicine and surgery. Psychiatry needs an investigation into the development of culture and in some aspects, into jurisprudence, theology, and philosophy.

For centuries gone by man had refused to deal with mental diseases. In the earliest monotheistic nations we find only fragments of mental diseases. It is certain the primitive man was a very frightened human being. What was true of the primitive one was also true of the Egyptians and of the Jews. The Bible has many examples of people who were mentally ill. Some suffered from deep depressions which were recurrent. Ezekiel was coprophagic. The ecstasies of many prophets were well known. Saul was believed to have the power of "an evil spirit from God".

Many centuries passed before people acquired a more enlightened relationship to the mentally ill. Even to-day we consider a mentally ill person a "fool" or a "nut".

The first knowledge of mental illness goes back to the Greeks and to the Hindus. Both civilizations affected deeply our European culture. We find similarities in both cultures. The Hindus had already operated on cataracts, and performed vaccinations.³

In psychiatry there is a discrepancy in viewpoint between the Greeks and the Hindus. Mental disorder among the

³ 1 Samuel 21:14-15.
Hindus was in the domain of the priest. The psychology of the Hindus, in spite of psychological and physical foundation, was a mystic philosophy as well as a mystic psychology. The combination of religion and psychology is an old phenomenon and this union played a critical role in the history of psychiatry.

In Greece the great medical contribution came from Hippocrates, the most important person in this period of medical history. It seems strange that he was the only one. He may have had many predecessors but if so they are forgotten and the fact remains that he stands alone in history. He is an almost mystical figure, and it appears sometimes that many of the writings accredited to him were composed by others. He was a contemporary of Pericles, Phidias, Socrates and Sophocles, during the age when Hellenic culture was at its zenith.

Hippocrates was a descendant but not a follower of the templar medicine. The temples of healing had a membership which originally was inherited, but as time went on outsiders were admitted too. Out of this membership arose the schools of Cos, Cnidus and Rhodes. It was at the school at Cos that Hippocrates received his training. During the age of Pericles clear thinking was combined with superstitions, and there were already signs of social decay. The spirit of Hippocrates and the social conscience of Socrates
stand out in the cultural background of this time.

Hippocrates, the medical man caring for the ill, was a contribution to Greek society, but Hippocrates, the medical psychologist, must have felt more than once the opposition of his contemporaries. His emotions were aroused by the Sacred Disease, as epilepsy was called at that time, and he felt that the disease was not more sacred than any other disease. He was a true physician and therefore did not limit himself only to theories. He observed diseases and described them in clinical details. His attention was fixed on the course of the disease and its final outcome.

It is clear that Hippocrates’ views on mental diseases were liberal and flexible. He introduced many theoretical conceptions, but his approach was not based on the empirical understanding of the individual patient, for his attention had not risen to this level of individualization. But he made a serious attempt to bring together all the knowledge he had on philosophy, anatomy, and physiology. He wanted to free psychiatry from mystical prejudice, and give it a biological point of view. He worked with intuition and with great clinical perspicacity and professional authority, and for centuries he remained the only great authority.

With the decline of the Greek and Roman nations a new and dark era of medical history came to the surface. The philosophy was that physical illnesses were natural, and
that mental illnesses were more supernatural. The terms "devil sicknesses" and "vital disease" gained more frequent use. Miraculous cures similar to those observed at Lourdes to-day were very frequent in the thirteenth century. The ecstatic religious tradition must have stimulated many mental diseases.

The number of mentally sick individuals as well as the number of psychopathological epidemics became so imposing that the state in the end of the fourteenth and beginning of the fifteenth centuries had to take drastic measures. The magician, the psychotic and the heretic were perceived as the devil's creatures. It seemed as if Europe were doomed. Theology had to produce a dogma and jurisprudence a legal technique.

In the middle of the fifteenth century the mentally ill became for the most part a problem of legal procedure. It was the darkest age of psychiatry. It was at the same time when Michael Angelo started to paint, and Columbus tried to find a new way to a new world, that psychiatry had the greatest breakdown, after the fall of classic culture. But the struggle after new truth, new knowledge, new freedom, was already in the air.

The psychiatric atmosphere of the sixteenth century prevailed during a large part of the seventeenth century too. The devil psychology ruled in the minds of the doctor,
the philosopher, and the man on the street. It ruled not only the Catholic world; the Reformation did not reject it. It was followed by Butler, Calvin and King James of England, and the first settlers in Massachusetts were also filled with this spirit. It dominated the world's thinking until it finally died out in Germany in 1775. The Inquisition was the most outstanding example of this in the sixteenth century.

But at the same time other great contemporaries lived and made their contributions. One of the most outstanding was Juan Luis Vives. He was born in 1492, and died in Bruges in 1540. For forty-eight years he had led a life of scholarship and profound concern for reform education, and had a deep social consciousness. He was deeply religious, but his contributions to psychology are so important because he broke with the old way of thinking. He thought that the scholar may learn more from nature and from the common man than from princes. He hoped that in the future men from all nations would be clear and free in intellect, and throw off the yoke of tyranny.

Vives was a forerunner of the political philosopher and sociologist. He stressed self-observation, introspect, and understanding of feelings and emotions, and their role in human behavior. He had felt that the mind, not alone the intellect, must be well understood, and that a deeper under-
The word "..." is not transcribable and has been omitted. The text appears to be a page from a book or report, possibly discussing scientific or technical content. The handwriting is clear and legible, making it readable. However, without further context, it's challenging to provide a precise interpretation of the content.
standing of "the mind as it works and as it makes man act was the paramount prerequisite of all theoretical and practical learning of philosophy, education, politics, and science."^4

He went far beyond his time, when there existed the popular belief that the motion of the stars and the planets affected the human mind. Vives was the first one who described the importance of psychological associations. He recognized the emotional origin of certain associations, their ability to be forgotten, and to be revived again by certain long forgotten emotional events. He was the forerunner of Freud in his description of associations, even if he did not use the word "unconscious".

In his chapter about emotions he deals with the very selfish drives of man. His deep religious feeling did not interfere with his clarity of thinking. He describes

... the egoistic drives of man, his appetites, his trends of self-approbation, active love, and passive love - terms almost ultra-modern, almost Freudian. Passive love, that is, the tendency to be the recipient of love, produces gratitude; and gratitude is always mixed with shame. Shame would naturally interfere with the sense of gratitude. Anything which gives one a feeling of being thwarted produces a sense of anger. Love is mixed with hate.5

It is the first time in medical history that one sees the "illogical" phenomenon of contradictory impulses in one drive. The term "ambivalence" had still not been introduced

^4 Zilboorg, op. cit., p. 190.
into medical psychology, and it was Eugen Breuer who introduced it in the twentieth century.

Vives died at the age of forty-eight years after having reached a human understanding far above that of his predecessors. He was not only the father of empirical psychology but he was also the forerunner of dynamic modern psychology.

Paracelsus was a follower of Vives, but he cannot be fully evaluated because his style was confused and vague. But he introduced the biological point of view and he was the first to state that the human individual is a product of "total biological function". He left two or three penetrating intuitive suggestions which proved invaluable and which, characteristic though they were of the man, proved to be centuries ahead of his day and baffling in their obscurity as well as their insight.

Agrippa followed Paracelsus, and his fate was similar to his; both died alone in poverty. Agrippa was a strange combination of scholar and man of action. His writings were not original, but he became the advocate for all the people who were condemned to be witches and who were maltreated and tortured, especially by Nicolas Savin. But Agrippa's life was dedicated to too high an idea for these unfortunate people. He had to flee his town of Metz, and even after his death he was condemned by the monks.
Three years before his death he taught a seventeen year old student, and this young man became the first teacher who made the greatest contribution to psychiatry during the Renaissance, Johann Weyer. He was a humble man by birth, quiet, slow moving, and a methodical thinker. He lived to be seventy-three years old. He studied under Agrippa, and later went to Paris to study medicine, where he watched the turbulent events. He was cautious but not without courage; he was religious but not bigoted. He had the qualities of stability and security, and became the personal physician of Duke William of Julich, Berg, and Cleves, serving for thirty years.

He was a serious practitioner of medicine who made some original observations, but his major interest was mental diseases, and in this field he made his greatest contribution. When he started to approach mental diseases he had to deal with the action of the Inquisition. He strongly objected to the fact that innocent people had been burned and tortured. He said that the duties of the monks were to cure and not to kill. He fought a battle with the clergy in his way as with humor and with clarity he attacked the problem with the methods of his time. If one reads his illustrations one sees that he hits back with the arguments as they were used. One of the cases was that of a little girl of ten, who was supposed to be able to fast and yet
read the corruptions of the first two books of the Ptolemaic Empire.

It is generally agreed that the Ptolemaic Empire was divided into two parts, the eastern and the western. The eastern part, which included Egypt and the Near East, was governed by the Ptolemaic kings as their personal possessions. The western part, which included the Mediterranean and the Black Sea, was ruled by a series of governors appointed by the Ptolemaic kings.

The Ptolemaic Empire was characterized by a strong central authority, which was able to maintain a relatively stable and prosperous economy. The empire was also known for its intellectual and cultural achievements, which included the development of mathematics, astronomy, and medicine.

The Ptolemaic Empire was eventually dissolved in the 1st century BCE, when it was divided among the Roman provinces of Egypt, Syria, and Asia Minor. However, the legacy of the Ptolemaic Empire continued to influence the development of the Roman and Byzantine worlds.
live. It was said of her that after a severe illness of six weeks duration she remained mute for six months. After that time she had not eaten or drunk, or moved her body. When Weyer came to see her she looked well, but walked on crutches because her back was supposedly lame.

After the parents, who were poor, had received gifts they consented to Weyer's plan to bring the girl and her little sister to his home. First Weyer found out that the little sister had always brought the necessary food to her sister; then he rubbed bland oil on her back and her lameness disappeared. She ate at his table, and after three weeks was sent back home. At first the Duke was angry that the girl, her sister and her parents had hoaxed the public. It took Weyer's influence to explain that they were not swindlers but mentally disturbed people.

The little tale would not be of much interest if Weyer had not used methodical and systematic curiosity, and what was more valuable, objectivity. He wrote many books in which he dealt with the concepts of the devil and witches, and in which he tried to fight prejudices for the sake of rational observation and treatment to relieve the poor women who were called witches.

He wrote to Duke William after finishing his book, De Praestigiis, the following letter:

To you, Prince, I dedicate the fruit of my thought. For thirteen years your physician, I have
heard expressed in your Court the most varied opinions concerning witches; but none so agrees with my own as does yours, that witches can harm no one through the most malicious will or the ugliest exorcism, that rather their imagination—inflamed by the demons in a way not understandable to us—and the torture of melancholy makes them only fancy that they have caused all sorts of evil. For when the entire manner of action is laid on the scales, and the implements therefore examined with care and scrutiny, the nonsense and falsity of the matter is soon clear to all eyes and more lucid than the day. You do not, like others, impose heavy penalties on perplexed, poor old women. You demand evidence, and only if they have actually given poison bringing about the death of men or animals do you allow the law to take its course.  

He continued his struggle against superstitions and the problem of witchcraft. He reviewed the Bible in reference to wizards, and did the same with Greek mythology; his conclusion was that witches are mentally sick people.

The sixteenth century pointed in two ways, to obscurity and to enlightenment, but at least it paved the way for medical psychology in relation to jurisprudence and theology. With the Renaissance the struggle of state and church continued. The old world did not want to surrender, and the new one was not strong enough to win the battle. In the seventeenth century and also the eighteenth there appeared a striking paradox; the scientists gave up their preoccupation with the human mind, and left it partly to the theologian, and partly to the philosopher.

It would, therefore, be a mistake to assume the view that it was the church and theology which militated against

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6 Zilboorg, op. cit., p. 215.
the scientific development of psychology. It was man and man alone who was responsible. He was afraid of self-knowledge and whatever his social guise, ecclesiastical or secular, he seemed to prefer to give least consideration to matters which concerned the nature of his mind.

Despite the fact that we think of it as the great century of rationalism and enlightenment, the eighteenth century turned away from the problems of mental diseases and the way to control them. It was the time when the leaders were going to the guillotine, and when mental diseases were freed from the clutches of sadism, and the mentally ill were being humanized, but still no big discoveries were being made to help them. It was the century when men were hungry for emotional, political and intellectual experiences.

In 1778 Mesmer arrived in Paris and took the city by storm. In Vienna he had discovered animal magnetism, but had got into trouble and had had to leave and come to Paris. France has given hospitality to many men since the thirteenth century. Mesmer wanted to make a fortune, so he mixed with all kinds of people, princesses and common people, physicians and scientific men. He wanted to convince them all that his discovery was true and great. He did not write but he magnetized people, privately and in public. The people responded and came in droves, but the scientific world was more conservative than the public. We owe the
Mesmer published a booklet in which he described how all human beings are influenced by the stars and that this influence means that a constant flow of magnetic fluid fills the Universe, the balance of which protects us from various ills. A dis-equilibrium of this fluid causes diseases and the person who could magnetize was the individual "who could reestablish the necessary balance by initiating a greater flow of the magnetic fluid into or from the patient through contact with him or even at a distance."

Mesmer's teachings were still discussed forty years after his death. His fame also reached the United States, and Mary Baker Eddy was one of the successful patients who was cured in 1861 of her hysterical paralysis. Thus there is an inner continuity from Mesmer's teachings to Christian Science.

The proper evaluation of Mesmer came slowly. His teachings made hypnosis possible, and therefore he was the forerunner to the claims of Charcot, Bernheim, Bleuer and Freud. Mesmerism was unable to offer any plausible explanation of the phenomenon with which it was dealing. In 1860 Liebeault began to study Mesmerism and discovered hypnotic sleep and used it for treatment. He practiced in a little village in France, and when peasants asked for help he would tell them, "If you wish me to treat you with drugs, I will

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7 Zilboorg, op. cit., p. 344.
8 Ibid, p. 347.
do so but you will have to pay me as before. But if you will allow me to hypnotize you, I will do it for nothing.” Such people came to Liebeault because they wanted to be helped. He himself was a poor man but did not want to capitalize on a method which was still not proved.

In 1891 the British Medical Association heard a report of their own committee on hypnotism, who neither rejected nor endorsed it. By the eighties, though, hypnotism was fully established and was used on a treatment basis and as a method of research.

Charcot, a very well trained neurologist and a very keen clinical observer, used hypnosis for people who suffered from hysteria. He was visited by students of the whole continent, one of whom was Freud. The latter learned what Charcot had to teach, was stimulated by him, and went home to apply what he had learned.

In Charcot’s famous Lecons he admits that autosuggestion and imagination of the hysterical individual may lead to "realizations", that is, to formation of physical hysterical symptoms. He differentiated between minor hysteria and major hysteria.

In the meantime, Bernheim worked along Liebeault’s lines. He had the same interest as Liebeault in curing the patient and theory was not too important for him. But he observed well and accumulated a great deal of material. He
had data on 5,000 cases in which he could show his views. He objected to some of Charcot's methods and thought that Charcot's school was not careful enough in hypnotizing. In the end Bernheim won the battle, because his knowledge was so much wider in experience than Charcot's.

Bernheim was the first one who expanded the field of psychoneurosis to gain insight into all human beings. He introduced the problem of the legal responsibility of criminals as he was one of the first to use suggestion and autosuggestion. "Bernheim was the very first to absolve the will, the allegedly great free agent and author of all evil, from the tarnished old-fashioned stigma of being the origin of mental disease and crime." 9

He was the first scientific psychologist. He advocated the irresistible impulse, something which had not been known to the world before. Charcot and Bernheim's work belonged to the last decade of the nineteenth century. There were many others who worked for the liberation of the human mind, some of whom were Pinet, Tuck, Ferrus, Morrel and Magnan. There were many more who made their contributions, but the last one revolutionized psychiatry to such an extent that his thoughts were taken into many of the branches of science, education, psychology and anthropology.

He was Sigmund Freud, born on May 6, 1836, at Freiburg, a small town in Moravia, a part of the Austria-Hungarian

9 Zilboorg, op. cit., p. 368.
monarchy. He lived most of his life in Vienna, but died in exile in London, where he went after Hitler's invasion of Austria. He worked and wrote actively for over fifty-five years.

He started as a neuropathologist and as a research worker; later on he became a lecturer on nervous diseases at the University of Vienna. In 1884 he came very close to the discovery of the anesthetic, cocaine. In 1885 he was in Paris with Charcot. He tried first Erb's theories and later as they did not work, he turned to Charcot and Liebeault's methods. He was much impressed by Bernheim's experiments where he witnessed people in hypnotic states.

After his return from France, he came in contact with Breuer, who was a general practitioner in Vienna who hypnotized people and asked them to talk and tell him what it was that oppressed their minds. The patients talked freely and Breuer observed that in talking they discharged a great deal of emotion. After awakening they felt relieved. Freud was impressed with Breuer's method and used it, calling it the "Cathartic method". His book about the cathartic method appeared in 1895, in which he discussed the discovery of the unconscious.

Freud very soon found that he could dispense with hypnotic states as easily as he had with suggestion. He noticed that by letting people talk, after a while they overcame
their resistance and talked of the inner obstacles, as they had done in the hypnotic states. This new method was called that of free association, and the method of analyzing and interpreting what the patient said was called psychoanalysis.

Psychoanalysis is thirty years old, a very short time for a scientific discovery to be in use, but its roots relate to all human functions which have been for centuries a battle ground of prejudice, passions and piety.

In his early work Freud discovered that a great many of the phantasies or thoughts which were revealed dealt with sexual matters. In his theory Freud followed Weyer's work. He also made another discovery that the patient's unconscious fantasies charged with masses of energy, at times had such power that psychological reality appears to have more meaning to the patient than material reality. When unconscious psychological reality dominates the real world instead of the (normal) reverse mental disease occurs. The answer as to what constitutes mental disease was thus perceived for the first time.

In 1905 Freud's three contributions to the theory of sex appeared. Five years previously the interpretation of dreams had been brought out. This work was accumulated after a period of years with the observations of his patients and himself. In 1904 the *Psychopathology of Everyday Life* had been published. This had showed that the borderline
between normal and abnormal psychology had begun to disappear.

Freud came to the United States in 1909, where he delivered the introductory lectures on psychoanalysis which are the classic in that field. He worked with Jung and Adler, but both left him and branched out in their conception of psychoanalysis. Jung could not take Freud's purely biological view, and Adler tried to channel drives into one of man's strivings for power.

Freud's theory of the libido is a flexible one, and as he himself often insisted, is subject to revision in the light of new facts.

His official honors were not many. He received the Goethe prize for literature in 1930, but at that time was ill and his daughter Anna received it for him. And on his eightieth birthday he was made an honorary member of the American Psychiatric Association.

Freud's contributions to psychiatry are great even if one does not agree with his theories. He not only proved but believed "that there is scientific substance to the dictum that man is man and that nothing human is alien to him."\(^{10}\)

On the occasion of Freud's death Ludwig Jekels, one of his oldest and most philosophic pupils spoke thus at a special meeting of the New York Psychoanalytic Society:

\(^{10}\) Zilboorg, op. cit., p. 494.
You might think me mystic when I contend that it is altogether fitting that this man should have left the world at this very time. I say it not because Freud had reached an advanced age and had suffered from a severe illness for a period of almost twenty years. What I wish to say is that it seems wholly natural that this man, whose entire being was devoted to the noblest principles of humanism should abandon this world at a time when the crassest contradictions to these principles prevail.

Thirst for truth and love are the fundamentals of humanism. They pave the way to that broader understanding of fellow men which is the mainstay of humanism. Freud's immense drive to learn the truth reveals itself in the story of his research and in his uncompromising battle for the verification and assertion of the truth as he saw it. This was acknowledged by an honored although immutable opponent of Freud's teaching when Dr. Beep, professor of theology at the Catholic University of Freiburg stated: 'Freud is a fanatical searcher for the truth, and I believe he would not hesitate to unveil it even though it should cost him his life.'

As to love, did not Freud's work reclaim for mankind the right to love? Did he not elevate love to the level of a legitimate, vital and natural factor of life? This he saw fit to do at a time when love was given recognition only by poets and was more generally regarded as a play of the imagination, a whim, or a mood... Let us not overlook the fact that for a long time psychoanalysis was closely identified with the libido theory and no man could have constructed such a scientific gospel of love if he himself, to use the words of the evangelist 'had not love'. Perhaps indeed his great need to love was an obstacle to Freud in his work because he discovered so late that in the development of man hate is the forerunner of love. He wrote in his The Predisposition to Obsessional Neurosis: 'It may be that the meaning of W. Steckel's contention that hate and not love is the primary emotional relationship between men. At the time Steckel wrote this, it seemed to me inconceivable.'

Perhaps the true secret of Freud's immense influence all over the world is to be found in the fact that he was the first humanist in clinical psychology, which although it followed a humanitarian tradition, had become rather static and indifferent toward the
deeper psychology of man. The fact that Freud's system grew out of therapeutic work for its scientific research was another potent factor which in itself is a derivative of humanism.\textsuperscript{11}

\textsuperscript{11} Zilboorg, \textit{op. cit.}, pp. 499-500.
Chapter III

The Historical Development of Social Work

The developments of psychiatry and of social work have many factors in common. The history of psychiatry shows that mental diseases were not understood for centuries past because of the prejudices of their time. Social work went through the same historical process. It was always bound up with the economic conditions and the philosophy with which these conditions were regarded. As human needs always existed, the response was spontaneously created.

The downfall of feudalism and the beginning of the Industrial Revolution brought people from the soil to the cities. With these wandering masses, industrial poverty began even before this. In 1536 we see for the first time that a State passed a law "decreeing that alms were to be collected by the churches each Sunday, and that local authorities were to help to relieve the importunate and the sick poor. Begging and beggars were to be discouraged."1 In 1572 communities were taxed to aid the poor.

The Elizabethan Poor Law came into existence in 1598, and was revised in 1601. This law which was the basis of poor relief for 200 years in England and even in America, consisted of three categories of relief recipients: the

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1 Robert W. Kelso, The History of Public Poor Relief in Massachusetts, p. 12.
able-bodied poor; the unemployable poor; and the dependent child. The able-bodied had to work, or in the case of refusal to work, were put into jail. The other two groups of relief recipients were put into almshouses, independent of their needs. They were all crowded together: the mentally ill with the lame and the blind; the aged with the dependent child. The philosophy of this time did not differentiate between their needs. America derived the almshouse from England. In America poverty was always a disgrace, regardless of its cause; it was an individual matter and the responsibility of no organized body. Those people who received relief and who wanted to avoid almshouses gained help in exchange for their services to people in the community. The almshouses had a long and not too honorable history.

It was a long while before the individualization of needs was recognized. The early orphanages were one class of institutions which grew out of this process of categorical relief. Other institutions such as asylums for the insane followed. Much later a school for the deaf was opened, and in 1848, a school for the feeble-minded. At this particular time the responsibility fell on the local community, especially in New England and the Middle Atlantic regions.

In the present day the system of relief has been
coordinated by the states and the federal government; and in some forms the local community and state are subsidized by the federal government.

Social work has always been untilized in situations after the damage has been done. Never before has an attempt been made to prevent social distress which is so intimately interwoven with the economic conditions and the industrial life of America. We still do not realize that one part of our work is to understand the forces which create poverty, bad housing conditions, ill health, and unemployment, among others; and we still fail to recognize our responsibility to take social action, and to report and interpret social conditions as they exist in every day life.

Private social agencies developed out of the need of certain humanitarian individuals to save the poor from gross poverty without having actually to share with them. The consciences rather than the intellectual processes of these humanitarians dictated their philanthropy. The time may come when man's intelligence will function with his conscience to create a world in which social work will have a different place.

We are already moving in the direction of creating a better world, one in which social stress is prevented as well as corrected. The Beveridge Plan in England and the Wagner-Murray-Dingle Bill in America are evidences of this
fact, even though they are not yet accepted by the total population.
Chapter IV
The Divisions and Methods of Social Work

When we look upon the field of social work three groupings are in the foreground, community organization, group work, and case work.

Community Organization

When we look back we see that we have not lived in an organized society for long, and that community organization is an achievement which is relatively new in this organized society. It was not an easy task to provide this kind of service for the community. There were always needs to be met, but there always was and still is a gap between the needs and their fulfillment, regardless of their nature.

The nature of community organization has been defined thus:

Community organization is a process whereby social welfare resources are developed, extended, maintained, and coordinated for the purpose of making them available to people (individuals and groups) who are in need of such resources so that they may use them together with other resources toward more effective and satisfying living. If that is community organization, then the person who performs those services is a community organization worker.¹

There is still disagreement even concerning the use of the term "community organization".

There are those who feel that the term is essentially a sociological one and that social workers are guilty of interprofessional larceny. Others are willing to surrender the term to the sociologists, but are in a

quandary what to put in its place. The most favorite substitutions are social organization work and social welfare organization.\textsuperscript{2}

In social welfare we have to distinguish between resources. The paving of a street in a farmer's community is a fulfillment of a need, but we cannot consider it as a social welfare project. But on the other hand, the establishment of a public housing project, or old-age homes, or child guidance clinics is considered as developing resources to meet social welfare needs. An organized body distinguishes between needs, makes resources available, and organizes their distribution. If that is done, the resources are given to agencies and are made available to the worker who tries to meet the client's express needs. The community worker's job is to bring about a closer adjustment between the client's needs and community resources.

Community organization has paralleled the development of social work. The beginnings go back to the early services of the church and to the Elizabethan Poor Law, where some service was rendered to those in need. Later, when charity organizations began to give service directly to clients, the task still was left to organize the resources for this kind of service. Various groups had developed which were concerned about legal aid, housing conditions, tuberculosis sanitoriums, etc. Later these groups emerged into the form of national associations and out of these groups the first

\textsuperscript{2} Fink, \textit{op. cit.}, p. 444.
functional council was set up. In 1909, even before the first World War, councils had developed in various cities and community chests for raising funds had come into existence too. The first chest appeared in 1914, but the development of chest and council were so interrelated that one is justified in looking upon them as having developed together. Both were a demand of business and Chamber of Commerce groups, for more business-like methods of raising and distributing of welfare funds.

Group Work

Group work is occupied with the group of individuals working in a unit. After all people do not live by themselves. We are all members of a group, regardless of whether the group is the family, a club, or the community. We need these groups for various reasons. All people need to belong somewhere. Most of the time the individual cannot bear to expose himself with all his inadequacies and misgivings about himself, and needs to feel the security and strength of being a part of something larger than himself. The group gives him this place, provides him with outlets, permits the expression of many impulses, and denies others, which the individual could not endure otherwise. In this way the members affect each other and become affected by the group, and the balance of the individual and the group is the foundation of the socialization of the individual.
mental and moral="subjective reality". A "community"
within a group is a group. However, a group is not a "community" in the
traditional sense. A group is a collection of individuals who share a
common purpose or interest. A "community" is a group of individuals who
share a common identity or culture. A "community" is a more cohesive and
intimate group than a "group".

This distinction is important because the concept of a "community"
can be used to understand the social dynamics of groups. A group may
be a temporary association of people who come together for a specific
purpose, such as a project or a sports team. A "community" is a more
permanent association of people who share a common identity or culture.
A "community" is a more inclusive concept than a "group".

In summary, a "group" is a collection of individuals who share a
common purpose or interest, while a "community" is a group of
individuals who share a common identity or culture. The concept of a
"community" is important for understanding the social dynamics of
groups and for creating a more cohesive and intimate group than a "group".
Social group work has its setting in group life, but in a controlled environment. Usually group work is carried on in an institutional framework. Independently, if a gang of youngsters come together or if men come together to discuss politics or community activities there is always a controlled environment. All of these groups are in need of a leader, an appointed or a self-selected one, but a leader nevertheless.

The first settlement houses came into existence in 1887. The first YMCA was founded in Boston in 1851, seven years after George Williams had begun the movement in England. In 1869 the first Boys' Club was launched in Salem, Massachusetts. With the turn of the century Girl Scouts and Camp Fire Girls appeared. From these beginnings group work developed.

The origin of the settlement houses reaches back to the Industrial Revolution in England. It was a time when thousands of workmen and their families were crowded into manufacturing centers and lived under horrible conditions. At that time the "laissez-faire" economy found its equal in the stories of Charles Dickens, and in the humanitarian reformers such as Robert Owen and Thomas Carlyle. Education throughout England tried to give workmen a share of their culture and their knowledge. Oxford and Cambridge students especially were very active in this movement and taught at
the Workmen College, which was established by Frederic Maurier in London in 1860. Edward Denison, a university student, started to teach and to live and work among the poor in the parish of St. Philips Stepney, whose vicar was an Oxford graduate, Samuel A. Barnett. Others followed, but the idea led to putting a settlement in the heart of the slums as a place where workmen and university men could meet and work together.

In 1886 Charles B. Stover established the first settlement house in New York's lower East Side. Since that time settlement houses have spread through the whole United States and their programs have changed with the needs of the neighborhood.

Case Work

Case work devoted its approach to the individual, to help him to adjust happily to his environment. In the beginning relief was the essence of case work. Facts were compiled and investigated, and if justified relief was given. The later development was to bring a change in the individual so that he might function more effectively. The emphasis was around the personality of the individual and not so much on his cultural and social background.

Case work is developing in many directions. It spreads over so many fields of human life that it absorbs all kinds of forces; it assimilates the rapid changes in
our society and gives them new expression in its treatment of different people. Freud's contribution to the world made case work treatment possible, but in addition to their knowledge of psychology case workers have to become aware of the new era which is on the march. Case work runs parallel with life, and therefore the trembling, the insecurity, the vanishing of one world and the coming of a new one, are so interwoven with our time and with ourselves that we are caught up in this turmoil of war, revolution and change. In this confusion we ask ourselves just what is the function of case work to-day!

Case work is the human contact of two people in which one tries to help the other with sympathetic appreciation of his needs. The case worker must submerge her own gratification, her own drives, to serve the client with all her giving capacity and knowledge, in the frame of what society and her particular agency allow her to offer. She is confronted by several great forces, the client's personality and need, the outside world, and the case worker's own personality. To find the balance in this three-cornered world is the art of case work.

There are no rules and regulations about how to find this balance, but there are certain techniques and methods which have to be learned. But they still are only techniques. Knowledge and one's personality have to be inte-
grated, then one's own life experience is added, and the result may be a good case worker.
Chapter V

Historical Development of the Jewish Child Welfare Association

The synagogue was the first religious agency. Its members participated in the raising of funds in accordance with their own means. The contributions were made regularly and in addition more was raised on special occasions like holidays, anniversaries, or other events, and these funds were distributed to the poor, so that no need for organized philanthropy was felt.

In 1864 the first organized Jewish relief agency in Boston was formed and received the name of United Hebrew Benevolent Association. In this twenty-six members of the synagogue guaranteed to raise $500 a year for the needy, helpless members of the community. In a few years this amount was increased to $1500 a year.

The money was distributed by dividing the city into districts, with a director in each. The poor families who came to the attention of the other members of the community were referred to the director, and food, rent and fuel were given. The directors met once a month and the amount to be distributed was approved. As time went on the members of the organization saw that they could not meet all the needs of the growing Jewish population. In 1878 the Hebrew Women's Sewing Society was formed to furnish clothing and
blankets to the poor.

In 1888 the Leopold Morse Home for the Aged and Infirm Hebrews and Orphanage was founded in Boston. In 1881 as the pogroms in Russia had become unbearable many Russian Jewish emigrants came to the United States. The existing Jewish community was swamped. In general all these emigrants were without funds or with such small amounts of money that it was soon exhausted. Heroic efforts were made by the local community to offer support and erect or provide temporary shelters.

In 1891 the Benoth Israel Sheltering Home was organized, and at the same time the Baron de Hirsch fund was established. The purpose of this fund was to make loans to immigrants for training purposes, for transportation, and for the teaching of English. An employment bureau and a craft and trades school for girls were supported by this fund. The school was opened by the Hebrew Women's Sewing Society, and in 1922 became known as the Hecht Neighborhood House, under which name it is still active and functions as a community center and nursery school. The Jewish community grew very quickly. New immigrants arrived all the time and their needs were acute. Therefore new societies were created, many of which duplicated each other. Some of the leaders felt that all of the agencies should be united so that better service could be given.
In 1894 Abraham L. Spitz submitted a plan for a federation based upon the plan of the United States government, giving each organization autonomous rights over its own institution and letting each retain its identity within the Federation. The objects of the Federation were stated as follows:

1. To secure the harmonious action of the different Jewish charities by establishing a central Bureau for the reception and registration of all applicants for relief.

2. To place the results of investigations at the disposal of the members.

3. To provide means for furthering the charitable work of its members and for such other purposes as will tend to raise the needy beyond the need of relief.\(^1\)

This plan was passed in January, 1895, and the Federated Jewish Charities began by integrating the following organizations: The United Hebrew Benevolent Society, The Women's Sewing Society, the Leopold Morse Home, The Sheltering Home, The Free Employment Bureau, and The Free Burial Society.

The idea of the Federated Jewish Charities was to provide from childhood to death. They provided the home which took care of the orphan and educated him; The Sheltering Home which provided a place for the immigrant; The Benevolent Society which furnished clothing; The Employment Office which tried to provide jobs; and The Old Age

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\(^1\) Abraham L. Spitz, *Our Associated Charities*, p. 5.
Home, and the Burial Society.

Nowadays the Beveridge Plan tries to do the same thing only on a much wider basis, and for all people. The idea is similar, to insure people from the cradle to the grave.

Other agencies joined the Federation, such as the Hirsch Committee and The Hebrew Aid Society. In 1909 the Helping Hand Temporary Home for Destitute Jewish Children and the Mount Sinai Hospital Society were included in the Federation. In 1911 the Leopold Morse Home and the Helping Hand Home consolidated into the Home for Jewish Children, the predecessor of the present Jewish Child Welfare Association.

The Federation created better cooperation among all the agencies, but the service to the community was not improved sufficiently; so in 1918 Morris D. Waldman, the head of the United Hebrew Charities of New York, was called to Boston to reorganize the Federation. He revised the whole district plan on the basis of the seven distinctly Jewish neighborhoods in Boston. A district office was established in every section to fill the needs of that particular Jewish community. At its head was a trained social worker whose function was to serve any family whose need was known to the community, regardless of what it was. Her aides were volunteers.
Another change under the new reorganization was the administrative set-up of the Federated Jewish Charities. A District Services general board, consisting of the trustees of the various charitable organizations of the city, was in charge of the whole district service.

The function of the board was to receive appropriations from the Federation, to formulate district services, policies of a general character, and be generally responsible for the district work all over the city. The executive committee, selected out of the board, was the only standing committee with broad powers. There were to be also five planning committees, each dealing with one of the large segments of the philanthropic sphere - children, health, relief, social morals and industry. These committees were to study the problems in their respective fields, and on the basis of such study recommend the steps to be taken by the Board of Governors, elected among the Board of Trustees, and in the final analysis responsible for the conduct of the Federation. As new constituent societies joined the Federation, two more governors were elected from amongst the trustees so as to insure a majority always on the governing board who will represent the community at large, rather than any particular organization, and thus insure democracy of the system. The district service is expected to develop into a democracy of philanthropy, so far as philanthropy can be democratic.2

The district service tried to handle all cases, independent of their nature. The idea was to meet all the needs of the neighborhood, but somehow the workers became confused about the function of the agency. In 1931, even though the Public Welfare Department was meeting the relief needs of the public, the district service was still regarded by all community members as a source of relief for all.

2 S. Anne Gerber, Cooperative Case Work Between the Jewish Family Welfare and the Judge Baker Guidance Center, p. 17.
Jewish clients. Therefore it was impossible to refer Jewish clients to the Public Welfare Department, even when case work function was not indicated. The community insisted on relief for Jewish people too, and to be allowed to supplement welfare allotments for Jewish clients.

Recreation facilities were not adequate to serve the Jewish communities, especially as they were fluctuating in different neighborhoods where new centers were set up. As in many other activities, the trend toward specialization appeared in social work. Group work and case work were considered different fields to be handled by different workers, especially since relief clients were unwilling to meet with recreational groups because of fear of being stigmatized for being dependent on an agency.

As case work brought the concept of treatment more into the foreground, the district service plan vanished. The former function of recreation was turned over to the neighborhood houses and the family agency function became individual case work.

The name of the Federation was then changed to Jewish Philanthropies, and with the change of name came also a change of philosophy. The rights of the Jewish common man were injected into the community. "Philanthropy" was substituted for "charity", and "case work" was substituted for "relief work".
Now the Associated Jewish Philanthropies include the following institutions: The Jewish Family Welfare Association and the Jewish Child Welfare Association, which is the child placement agency; and The Beth Israel Hospital, and The Jewish Memorial Hospital. Beth Israel Hospital gives medical care, and the Jewish Memorial Hospital takes care of chronically ill patients. The Camp Chebacco Association and the Country Week Association give camp service to boys and girls. A study home is the newest creation of the Jewish Philanthropies. The Big Brothers Association helps delinquent boys and girls. The Young Men's Hebrew Association and the Hecht House offer to the neighborhood recreational programs. The Benoth Israel Sheltering Home and the Bureau of Jewish Education maintain the Hebrew Teachers College. The Hebrew Free Loan Society gives loans without interest. In 1945 the Jewish Family Welfare Society combined with the Jewish Child Welfare Association.

The Jewish Philanthropies maintain a Jewish Community Chest to coordinate the activities of the Jewish philanthropic, educational and communal organizations of Boston for the welfare of the community.

Thus we see the growth of the Jewish Philanthropies in Boston from their simple beginnings as part of the religious life of the community to a modern, scientific welfare organization serving a large number of individuals in many different ways.
Chapter VI

The Development of the Psychiatric Approach in the Jewish Child Welfare Association

The development of case work standards in the Jewish Child Welfare Association was similar to those in other agencies at that particular time. In the beginning of the organization in 1864, when it was called the United Hebrew Benevolent Association, only material help was the object and the aim of the agency. This material help consisted of money, groceries and medicine. The approach was that of temporary relief of the family, with no plans for permanent rehabilitation. By 1894 it became the aim of the agency to make the individual self-supporting, as stated by Abraham Spitz that "the true object of charity should be to make people self-supporting...".¹ In spite of the recognition of this principle of charity, no practical changes in the method of approach or of policy were made. The only help to aid material independence was money given for a horse for peddling, or for newspaper stands.

Volunteers and board members distributed relief, for it was not considered ethical to receive compensation for charity work. Only the superintendent was a paid worker.

It was in 1916 when for the first time the need of trained workers came to the foreground and a committee

¹ Spitz, op. cit., p. 1.
considered employing trained people and establishing a social service department. At that time the agency still had as its aim only the relieving of material poverty. Dealing with personal problems and behavior pathology were still not recognized as functions of the agency. After the first World War came the mental hygiene movement which influenced case work practice. The worker became acquainted with the mental hygiene movement, became interested in the personality of the client, and started to recognize the emotional implications of behavior.

As certain social workers in contact with psychiatric clinics gained more rapidly the knowledge of behavior mechanisms the conviction spread that this was a highly specialized field of case work into which one could gain entrance only by longer and more advanced training.

Consequently truant children, drinking husbands, deserting mothers, so-called 'behavior problems' of all kinds, were brought into a psychiatric clinic for the revelations which a psychiatric study might produce into the causes of their behavior and for the magic which contact with the psychiatrist might work in character and conduct.²

The worker started to recognize that certain patterns of behavior were repeated by clients, and that certain methods and techniques were necessary to deal with these problems.

In 1927 a mental hygiene committee under the chairmanship of Mrs. Maida H. Solomon, a psychiatrist, was asked

to help social agencies by advising case workers, by limiting the case workers' loads, and by stimulating them through lectures and conferences.

Some agencies started to employ a psychiatrist on their staff, other agencies employed a psychiatric social worker, and some already had a case consultant. The case consultant's work was to read records, discuss them with the worker, outline the problem of that particular client, and direct the worker in approaching the client's problem. This method was found best at that time, and was accepted by the Federated Jewish Charities.

A young worker was sent to the Smith School of Social Work, with the agency paying for her training. After her schooling was completed she returned to the agency as a psychiatric case worker. She also had to interpret the mental hygiene movement to the community. She talked to different clubs on various questions such as child training and the various emotional implications which were based on the relationship between children and parents. Shortly after the introduction of the psychiatric social worker into the agency, a psychiatrist was employed by the Jewish Charities. Both these workers tried to combine their services. The plan was that the psychiatric social worker would read the record and discuss it with the case worker. If the psychiatric social worker decided that the case should be
discussed with the psychiatrist, then the family case worker prepared a special summary in accordance with the outline used by the mental hygiene department. The summary was read and revised by the psychiatric social worker, who pointed out what other information was desired. This process was a very expensive one in point of view of time, and therefore very few cases were referred to the department. As the workers felt that this way was not the right one, a new experiment was introduced. The psychiatric social worker wrote all the summaries for the cases referred to the department, in order to relieve the worker from the task. After three months the summaries were returned to the case worker for their educational value. A study was made and the cases which were referred were catalogued and analyzed. Most of these cases dealt with behavior problems, mental diseases, marital friction, vocational guidance, and parent-child difficulties. Some were handled by the psychiatrist alone, some were taken by the psychiatric social worker, and others were returned to the case worker after being evaluated and having the treatment possibilities outlined.

The whole project was not too easily accepted by all of the staff members. They recognized the need of a psychiatrist but resented the psychiatric social worker. Some felt that their years of experience made up for the psychia-
eric social worker's training, and the older workers found it hard to accept guidance from the younger one. In some cases, it was true that the experience of the older worker made up for theoretical training. It would probably have been wiser to have selected an older worker for the training as a staff consultant. Another difficulty was that the staff expected miracles from the psychiatrist and the psychiatric social worker; when they were not produced disappointments followed. It is clear to us now that every science has its limitations, but it was not recognized at that time and the outcome was hampered also because the staff was partly inadequate and not trained enough to treat people on this basis.

After one year of experimentation this plan was discontinued and the psychiatrist left. The psychiatric social worker continued her functions as a case consultant for another year. After the second year the whole plan of the mental hygiene department was discontinued.

But in the years which followed the staff were still influenced by the plan of the mental hygiene department. Because it had started to introduce new techniques and concepts of psychiatric social work, they had learned to notice deviations from the norm which had been overlooked before. One of the most important concepts of the plan was to use good trained workers in order to treat environmental
and personal problems of the client. The agency, as every living body, underwent many changes. The district service plan was discontinued, and the policy of the agency also underwent changes. Not every community problem was accepted; those accepted were limited to those cases where case work functions were desired by the client.

This new approach was possible only because public welfare agencies had taken over the relief problem and unburdened private agencies for other services. Many years later the Jewish Family Welfare Agency tried to supplement the relief which was given by the Public Welfare Department, but during the last few years this practice has been discontinued. However the agency gives money for temporary relief, and uses money as a tool for relieving economic needs, but keeps behavior problems as the basis for accepting cases. But the children's agency is different; children are taken because of their need, and support is given, often entire material support, supervision, foster-home placement, schooling, etc.

The work of the family and children's agencies is a very integrated one. All cases where the case worker cannot cope with the problem are discussed and analyzed by the consultant, and the further planning for such a family or for a single child is outlined by her and followed by the worker. Regular hours of treatment by a psychiatrist are
included in the plan.

The last achievement of the agency is a study home which serves two purposes. It is a temporary shelter, and gives children an opportunity to overcome the trauma of separation from their parents, or the effects of an inadequate foster home; and it also gives the staff a chance to observe the children and to study them. The study of the children is done on a team-work basis, the team including a psychiatrist who knows all of the children committed to the home, the director who is a very well-trained social worker, and other staff members.

In addition to utilizing all the resources of the agency, the workers continue their training through weekly seminars conducted by the consultant.

The agency has excellent resources in terms of staff and consultation, and their ability to diagnose behavior and personality problems; but this does not mean that they try to cope with all personality problems. If the problems are too severe, the clients are directed to clinics for diagnosis and treatment.
Chapter VII

Case Study: The A. Family

Against the background of the Jewish Child Welfare Association, the writer was given the opportunity to undertake the treatment of C. and D., the two children of Mrs. A., who had asked for their immediate placement. In order that it may be seen how the case work treatment of the children proceeded while at the same time their mother was receiving psychiatric treatment, and what techniques were employed, the case record is presented as a running story of the human factors involved.

Introduction to the Case

The history and the problems of the A. family are described in the letter to Dr. D., which is being used to explain the background of the family. It shows the life of three generations, the maternal grandparents, the parents, and their children.

All three generations have one thing in common, unhappiness. All of the members had tried and still try to flee from this unhappiness and had used different ways to do so, but the end was always destruction. Mr. and Mrs. B., the maternal grandparents, became divorced after a marital life of twenty-five or thirty years; Mr. and Mrs. A. are on the same road after a marriage of five or six years; and C. and D. show destructive tendencies in demolishing their
own home.

With all the resources a community has to offer, the agency is going to try to break this pattern. The first step was taken when the agency's consultant discussed the plan for the family with the family case workers, and when the plan for treatment was outlined, the initial feature of which was referral of Mrs. A. to the Psychiatry Clinic.

(Copy of the letter)

October 3, 1945

My dear Dr. D.:

This family came to our attention first in November, 1944, when the Red Cross referred the situation to us for financial assistance as Mrs. A. claimed that she was unable to manage on her $100 monthly allotment which she was receiving from her husband. Mrs. A., born in Chelsea on 9/27/18, is the oldest of four sisters. She was married in Boston in 1939 to Mr. A., who was born in Winthrop on 9/9/14. There are two children, C., born 6/5/40, and D., born 9/22/42.

Mrs. A. is a rather youthful, attractive looking woman of neat appearance. She has graduated from the Chelsea High School and worked for about two years prior to her marriage and shortly after her marriage as a saleswoman in the W. Book Store in Boston. She describes her childhood as being an extremely unhappy one, due to the constant friction between her parents. Her mother, Mrs. B., is an attractive young looking woman in the late forties, and married to a man twenty years her senior. We understand that Mrs. B. was an orphan and married through sheer necessity to escape a disagreeable home situation. Mr. B., the father, is a general laborer and has had to struggle in order to earn enough to support his family. There are three daughters in the B. family now, two of whom, ages twenty-three to nineteen, are working, and a girl of twelve at school. Mrs. B. has not been happy in her married life. She is a rather self-centered, selfish individual, interested in seeking pleasures for herself at the cost of the security of their home life, and Mrs. A. brings out a great deal of hostility towards her parents, although identifying with her
mother. Mrs. A., being the oldest of the children, necessarily assumed the role of arbitrator between her parents during their periods of separation, and has been the confidant of her two younger siblings. Mrs. A. has practically no friends and has always been shy and reserved, and claims that she felt different from most of her friends. Although an attractive looking young woman, she had difficulty in meeting boy friends. She was not at all certain about her love for her husband, whom she married a few months after she had met him. He was a clerk in a meat store, earning about $18 a week at the time of the marriage. The couple made their home with Mrs. A.'s parents for about six months, but because of friction between Mr. and Mrs. B., she felt that she could not continue to live there and moved out into a small barely furnished apartment.

Mrs. A.'s married life was fraught with tension and friction almost from the beginning. She describes her husband as being a very domineering, uncouth individual, who forced his attentions upon her, so that her sex life became unbearable and disagreeable to her. The constant quarreling led to violent behavior on Mr. A.'s part, and he frequently resorted to beating Mrs. A. Although she wished to separate from him immediately, she seemed unable to take any action because she could not afford to seek legal advice. When she finally confided in her parents, they urged her to separate from the man. Six months before Mr. A. enlisted in the Marine Corps, Mrs. A. took steps to secure a divorce, which was terminated as a result of Mr. A.'s enlistment in April, 1944. Mrs. A. was deeply disturbed over this turn of events as she felt that the only solution to her problem would be to divorce her husband, place her children, and return to work.

However, she was afraid to take definite steps in this direction as Mr. A. had threatened to kill her if she succeeded in divorcing him. She stated that he often beat her up, was furiously jealous, and did not permit her to go out in the evening alone without him. Although she had complained to the police about his behavior, she stated that nothing was done as they did not pay attention to her complaints, telling her that if she wished action she would have to bring formal charges into court. This Mrs. A. seemed unable to bring about. Mrs. A. admits that her husband seems to like her and Mr. A. has shown more patience with the children, and Mrs. A. admitted that in spite of his treatment of her, she was able to manage the children much better when he was at home. While he was stationed at the Z base, he used to visit the home every night and week-ends until he was sent overseas during the early spring. He is now in
Guam, and Mrs. A. hears from him very frequently. Besides the allotment, Mr. A. manages to send his family $25 or $30 a month additional, which Mrs. A. claims is secured by him through gambling. Mrs. A. claims that these funds are sent only when she writes to him, but he stops writing and sending her money if she fails to write him favorable letters. She feels as if she is being paid by him for being loyal.

During the early summer, Mrs. A. began to become more agitated, and concerned about her situation. The conditions in her parents' home had become aggravated due to serious illness on the part of her mother, necessitating an operation, which meant that Mrs. A. had to assume the care of her family. Following her mother's convalescence, there was continued friction between the parents, resulting in definite separation and Mr. B. had moved away to a separate apartment, giving separate support to his wife and twelve year old daughter. Both parents would complain to Mrs. A. about the behavior of the other, and her father began to press Mrs. A. to intercede towards arranging a reconciliation, which Mrs. A. felt she could not participate in. She began to request assistance from our agency towards placing her children in order to enable her to go to work and secure enough funds for further divorce proceedings in the event that Mr. A. is discharged from the service. She stated that V-J Day was one of the unhappiest days in her life as she felt that her situation was utterly hopeless. She complained of extreme physical fatigue, and had become rundown, was anxious to separate from her children. She further indicated that she had been losing control over them and that they were becoming neurotic and unmanageable. Neither her mother nor her sisters were able to relieve her in any way. Since it was not possible to make emergency plans for Mrs. A. and her children during the summer, we offered the services of a mother's helper for several weeks in August, pending Mrs. A.'s going for a vacation to the G. I. Wives' Camp for two weeks in September, which, however, did not materialize as the camp was closed down for that period in view of the prevalence of poliomyelitis cases in that section.

Mrs. A. intimated that the children had become increasingly unmanageable and wild. She could not get them to sleep before late at night, nor could she get them to eat on time, or adhere to any discipline. They were out on the streets all day long, and C. assumed the care of her brother, D. Both children are attractive and intelligent, and relate well to outsiders. D. is the more affectionate, and Mrs. A. admitted that she is more attached to him. She has never felt any love for C. who seems to be a capable, self-reliant
youngster. She has recently taken the school tests for placement, and was unable to make the first grade to everyone's surprise, and is now attending the kindergarten. C. has been a bedwetter continuously. Mrs. A. informed us that during the first five days of school, C. stopped her bedwetting, but this has been resumed recently again. C. is more related to her father, and is looking forward to seeing him. She is aware of the fact that Mrs. A. dislikes her, and constantly seeks assurance from her mother. In order to rid herself of the responsibility of the children, Mrs. A. has against her better judgment sent them to the movies several days in succession. They have become destructive and she cannot seem to control them in any way. D. particularly has broken the windows and has destroyed everything he gets hold of. The household furnishings are literally demolished beyond repair. Mrs. A. feels that it is utterly useless to build up her home since her apartment has not been renovated for many years and is in rundown condition and infested with vermin. She would like to place her children immediately, give up the remaining household furnishings, and continue to live with her mother, working and contributing towards her support. As a result of C.'s continuous wetting, her bed has been completely ruined, and D. has broken his crib, so that Mrs. A. and the two children occupy her own bed, which is constantly wet and uncomfortable. Mrs. A. complains that she has night terrors and fears of her home being broken into by strangers and of being raped. As a result of this extreme anxiety, she gets very little sleep and is becoming very much rundown, and feels that she is on the verge of collapse. She shows a great deal of insight into her problems and is reaching out for help since she states that she does not wish to have her children repeat her own pattern of life.

In view of the urgency of the problem, we discussed the situation with the Jewish Child Welfare Association, who have accepted the case for study with a view of placement of the children while Mrs. A. is receiving psychiatric help. From this point on, the Jewish Child Welfare Association will assume responsibility for the handling of this case.

Thank you for your kind cooperation.

Sincerely yours,

DF: IAM
Case Supervisor
The Case Record

9/27/45 Mrs. C., Mrs. F., Mrs. L., and I had a conference on the A. case. It was pointed out that Mrs. A. will be referred to the Psychiatry Clinic and we shall observe her children to see what kind of arrangements can be made. As Mrs. A. stated, the children are entirely out of control and it is impossible for her to keep them longer. Her apartment is in a desolate condition. The furniture is broken, walls are scribbled on, windows are broken and the cold air and rain come in, making conditions more than uncomfortable. Mrs. A. was referred to the family agency by the Red Cross. In the conference it was pointed out that we will try to keep the family together and utilize all resources towards this end – Psychiatry Clinic and Red Cross in relation to Mrs. A. Placement of the children will depend on the observation of the two children and their behavior.

10/10/45 Mrs. A. waited in front of the building when I arrived. It was 8:10 in the morning. She was holding the hands of both youngsters. We entered the building. I introduced myself and the children told me their names. C. is a very good-looking, blonde youngster with blue eyes, and a very curious and intelligent expression. She is five years old. Her little brother is also a good-looking blonde child, but he does not look as alert as his sister. C. started to take off her coat. She seems very independent and seems to know what she is doing. She looks around and waits quietly. The mother undresses the little boy and in these few minutes she complains that it had been very hard for her to wait in front of the building with the two children. She knew that she had come too early, but she seems to be very anxious to go to the Clinic. The mother leaves and the children and I go upstairs. Our room is on the third floor. Both stop on the second and look in all the rooms. They seem very impressed by the toys which are distributed in the different rooms. They are very eager to take them in their hands. Worker stands by and lets the first wave of excitement pass. C. takes a little stove with two little pots and D. takes a colorful little dog which looks more like a zebra and satisfied, they walk upstairs. Here there is another wave of excitement, but it is less strong and they take the toys and start to play. C. takes an airplane set where she has to construct airplanes. She discovers paste and asks me to bring her some water, but she cannot concentrate. She runs back and forth to see more toys and books, but nothing holds her interest. Her little brother is disturbing her. She seems to be very patient with him. She gives him toys he wants, and as he starts to
scribble, she says he cannot write but he can scribble. She gives him a hammer and first he starts to hammer on his head and later on hers. She doesn't hit back. Worker gives D. a block of wood to hammer, but he doesn't like to hammer on the block of wood. He hits the block and breaks it and then returns to his head and C.'s. After ten minutes he becomes very restless. He runs out of the room to look in the other rooms and he discovers the little desk in the hall and the water fountain. He does not want to leave the water fountain. He pushed a little chair near the fountain and drank and played with the water. It seems he is most relaxed when he plays with water. At the same time C. goes into the other rooms and tries to take all the toys she can carry. Worker explains she cannot have them, that she may take one toy, but not everything. Her reaction is a drawing back and then she says very cagily with a very thin voice, "I am going home to mother." Worker said she may if she wants to. She looks in the worker's eyes very straight and says, "No", and goes back to our room. She discovers the telephone on the desk. She picks up the phone and the way she speaks is a complete imitation of her mother. Her voice has a different sound, and she speaks very sweetly as she asks how they are and says that she is fine. D. then returns to the room and he tears the telephone from C.'s hands and telephones himself. He also imitates his mother but his movements are not so coordinated as C.'s. He is more jerky in everything he does. C. speaks to herself. She says, "I would like to have ice cream, but we have no money." In spite of her indirect question, worker tells her that she will get the ice cream another time because worker has to leave early today. A battle starts between C. and D. Both are fighting about the telephone. In that moment the other worker comes in. Worker leaves.

Analysis of Previous Interview

Most of the time it is much easier to understand a child's personality, conflicts and emotions than those of an adult. In spite of the fact that an adult can talk and rid himself of some emotions, children reveal them in play. When C. and D. said good-by to their mother, it was evident that they were used to leaving her and used to being sent away. As they looked at the toys and picked them up, they
took all they could hold and more, as if they could not restrain themselves. This showed the case worker that they had been deprived of love; otherwise the hunger to possess would not have been so tremendous. C.'s building a home illustrated by the stove and dishes, showed her need of security; she wanted her own home. D.'s aggression went both ways, against himself in hammering his head, and against C. in hammering hers too. C. tried to feel me out and to frighten me when she told me that she wanted to go home to her mother, and then expressed her casual wish for an ice cream and waited for my response. We did not fall into her mother's pattern. We told her that she might go home if she wanted to, and that she would get her ice cream, but that she had to wait until the next visit as the time was limited. We tried to show them in this first interview that we accepted them as they were, but we denied their aggression and postponed the wish for ice cream.

10/17/45 Mrs. A. did not bring her children. Worker called the Psychiatry Clinic and the social worker said that she would discuss with Mrs. A. about bringing her children regularly. It seems too hard for her to bring them on the same day that she goes to the Clinic. Mrs. A. will bring them tomorrow.

10/18/45 Mrs. A. and the children to the office. Mrs. A. is very neatly dressed. She has on a new gray suit, her hair is well groomed, and her make-up is perfect. She looks very attractive. This time she will wait for the children in our waiting room. It was not a very good idea for her to wait. D. goes back and forth from the worker's room to his mother. He seems to be really attached to her. Worker goes with C. and D. into the room. They start to paint. C. and D. seem to enjoy this. C. asked for an apron because
she said her mother would murder her if she got dirty. Worker brings her a paper towel. She starts to work and during her activity she said very casually, "I wanted to take some money out of my mother's pocketbook." Worker asked how much and she replied, "Twenty-five cents." Worker asked what she wanted to do with it and C. said that she wanted candy, but she hadn't taken it. The whole conversation was very casual, but during the time she was working very intensely. She asked how worker liked her painting and worker replied that it was very nice. Her reply was, "It isn't, I will kill you, it's lousy." This procedure was repeated several times until she thought her painting was nice too. In the meantime her little brother painted first with a self-made paper brush, then with his finger, and later with his whole arm. They both got a little messy. Then he sees the telephone again and starts to talk. As I want to go a little closer, he says, "Don't come near me or I'll murder you." C. says, "My mother doesn't like it either if somebody comes near her when she telephones." C. goes on working. To-day she concentrates much better than last time, but D. disturbs her. He takes a hammer and throws it against the wall; he runs to his mother; he comes back; he runs to the bathroom; and he starts painting again. After a while worker takes them out to have ice cream. Worker asks C. to hold her pocketbook to show her that she has confidence in her, even knowing that she wanted to take money from her mother to-day. In the ice cream parlor C. doesn't accept the ice cream. She wants potato chips. She does not want to sit on the chair; she wants to sit on the step outside the door. D. got an ice cream. He also did not sit still, but ran back and forth in the store. It is too much for the store owner and worker has to leave. As we arrive at the agency a fight starts between D. and C. D. wants the whole bag of potato chips and C. wants to give him just a few pieces. D. gets very wild. He bites C. and worker, throws the potato chips on the floor, and starts to scream. He screams for quite a while and as he goes back to his mother he is still screaming. His mother said to worker, "You have to do something. You have to place them. I cannot stand it any more. You cannot take such a long time." Then she said, "If you want me to I'll bring them every day, but do something." Worker said that we would try as soon as possible, but that it is hard because both are so wild and even if the agency would pay a very high price it would not be easy to place them together. Her answer was, "Aren't all children that come from homes like mine that way?" Worker tells her that we will do what we can and as soon as we can. Mrs. A. leaves, very depressed. The children are so out of control that it is very hard for anyone to manage them. We shall try next time to see them
separately, one worker for the little girl and one for the little boy.

**Analysis of Previous Interview**

C. continues in her second interview to try the worker out by saying that she wanted to take money. Her questioning and then waiting for worker's response was a repetition of the first interview. We know that her mother does not love her, but that instead she prefers her little brother. C. tries to find out if another woman would love her even if she is a bad girl. This was illustrated by the way she painted; she enjoyed it and at the same time blamed herself and the person who admired her work. It shows the contradiction of her wish, expressed in a symbolic way. It is a contradiction to paint, to smear, to blame oneself, and even to murder the other person who permits and even appreciates smearing, while at the same time she wants approbation. D.'s attachment to his mother is illustrated by his running back and forth and being restless and not able to play or to decide where he should be, at his mother's side or in the playroom. C. did not accept the ice cream because it was a postponed wish, but she found a substitute, potato chips. As they fought with each other, Mrs. A.'s helplessness and her aggression against us and the children came into the foreground, and the result was depression.

**10/25/45** Mrs. A. did not come in for her appointment.

**10/26/45** Worker went to Mrs. A.'s home. Nobody answered
the doorbell. Worker found out from neighbors that Mrs. A. had gone to the Beth Israel Hospital and that the children were at her mother's home. Worker went to Mrs. B.'s and found the children on the street in front of their grandmother's house. G. and the little boy smiled at worker and brought her upstairs. Mrs. B. opened the door. She is a blonde, middle-aged woman with the face of a doll. She must have been quite attractive some time ago. Her dress is not buttoned and her hair is a little untidy. She stands by the stove and cooks. She takes a spoon out of the pot and tastes it, stirs it around, and in between tasting she talks to worker. She complains about her grand children. The agency has to do something very fast. They need care and she feels exhausted. She hardly mentions her daughter who is in the hospital. She only says that she had gone to the BIH Wednesday and they wanted to hospitalize her because she was bleeding so much. However Mrs. B. told her that she would have to wash the children's clothes first because she wouldn't do it. Then she went on talking about herself. Before worker leaves she tells her that we will get in touch with Mrs. A. and will try to do something for the children.

Analysis of Previous Interview

In this interview the grandmother showed her relationship to her daughter. It is not a coincidence that she had said that she had asked her daughter to wash her children's clothes before she went to the hospital. We know that if one is suffering from bleeding all physical exercise should be avoided, but Mrs. B. thinks much more about herself than about anybody else.

10/26/45 Conference with Mrs. C., Miss F., Dr. R., Dr. D., and worker. Mrs. C. reviewed the case. She said that Mrs. A. had been referred to our agency because she wanted placement of her children. The reason Mrs. A. gave was that she could not take care of them because they were entirely out of control. Mrs. A. is a nice-looking, attractive woman. She told Mrs. C. that she had not married her husband out of love, but because she wanted to leave her home where her parents fought all the time. Her first shock was the first time she had sexual intercourse. It was very painful and Mrs. A. felt that she had been seduced and maltreated. That feeling has continued throughout her marriage. Her
husband would beat her after arguments and at the height of
the argument would throw her on the bed and seduce her.
Once she called the police and there exists a court record.
However the court did not take it too seriously. At the
present time Mrs. A.'s husband is in Japan and she feels worn
out and tired and unable to take care of her children. The
questions about the case were centered about the kind of
arrangements that should be made to help the family. The
consultant's aim and that of the psychiatrist is to keep the
family together if possible. Dr. R. showed that Mrs. A.'s
marriage pattern is a continuation of her parents' pattern,
with fighting and struggling. The children carry out this
pattern too. Mrs. A.'s father was a weak man and when she
married she hoped to have a strong husband. She knew that
he could box and wrestle very well, and he is a tall, strong
boy. When it came to the sexual act he was more excited
than she. Dr. D. feels that she provokes the argument to
have him beat her and to be seduced to get satisfaction in
having a superman husband. Her little girl is continuing
this pattern because she provokes her little brother who is
aggressive, and she doesn't strike back when she is beaten.
The problem was what should be done, to separate them from
their mother, or to keep Mrs. A. and the children together.
If the first plan were to be followed Mrs. A. would then
form a homosexual relationship with her mother and sister
which would serve as a means to displace her husband as the
male person in the family. If the second plan were to be
followed Mrs. C. believes that as long as Mrs. A. has her
children she has an object on which to place her anxiety,
but that the children's reaction makes her so uncomfortable
that she needs to get help with it. Dr. R. believes that
there is no emergency situation because she always wanted
to get rid of the children and complained about them, but
she has still been able to carry on. We feel that her pre-
sent bleeding with the necessary curettage is a way to force
us to take care of the children. In spite of this strong
symptom, Dr. R. believes that the plan should be to treat
her and the little boy at the Children's Center. Dr. R.
would be her psychiatrist and the boy would be seen by some-
one else; and the little girl would go to the Habit Clinic
three times a week. Our responsibility would be to take
care of the home, to fix the windows, and to drive the fam-
ily three times a week to the Children's Center and to the
Habit Clinic. This is an experiment and we shall have to
see how it works out.

10/27/45 When worker arrived at Mrs. A.'s home the child-
ren were in the street. They sat on the hood of the car.
An older boy was just hitting D. and C. was protecting him.
As they noticed worker they ran across the street. Two
cars came along and it was just good luck that they missed D. The car stopped just in front of him, and C. was right behind him. They did not want to go upstairs with worker and so stayed in the street while worker went up. Worker found Mrs. A, lying in bed. She had her clothes on and was resting. Worker suggested to Mrs. A. that she thinks it would be better not to have the children placed, but to have them stay with her and help her find another apartment. The agency would be very glad to help fix it up, and to make a home for her and the children. Worker would come and take D. three times a week to the Children's Center to be treated there, and C. would be treated at the Habit Clinic. Mrs. A. answered flatly, "No." She said that she cannot take care of them. They drive her crazy, especially C. with her whining ways. She gives them more money than any rich mother does because she cannot stand their presence. She says, "You have to give me a chance to recover or I do not know what I'll do. I will murder C. some day and you will be responsible. Place them. Do something. I cannot stand them." She goes on and says that C. has been bad since she was born. She was always whining. D. is much better, but he is also very wild and neighbors are reporting to the police and she cannot go and fight them. She says that she would like to go to a farm and rest but she knows that she is going to a psychiatrist, and she is willing to do it. Worker tells her that she will discuss this with the agency and let her know as soon as possible. Worker sees D. and C. on the roof of a car and an elderly man chases them down. Worker goes back to the agency and discusses the problem with the consultant, who feels that the children must be placed immediately, that the agency cannot take the risk of having them run over. She makes arrangements with the SPCC. Later worker goes back to Mrs. A. and tells her that she had observed C. and D. and that they were almost run over. We are going to place them in the SPCC Home until we find a foster home. In the meantime the children ran all around the room. D. has no underwear or pants on and C.'s excitement is focused on his genital area. She is laughing hysterically. She looks at his penis; she wishes to touch it with her finger, but she does not go too close. She dances around and picks up her dress, jumps on the bed, and jumps back and forth in a very excited way. During this exciting play she hugs D. almost to the point of strangling him, and then she pushes him into the clothes closet and continues to dance wildly. She turns somersaults and says many times that she wants to be a cowboy and wear pants. Her grandmother comes in and tries to interfere, but it is hopeless. The children jump back on the bed and tear down the picture. Finally their grandmother reaches them and pulls them into the kitchen. In the meantime
Mrs. A. had gone to her mother's home to bring some clothes for the children. She dressed them and worker explains that they will leave for a period of time, but that they will have a car ride. They say good-bye without too much emotion. C. sits with the driver and D. with the worker in the back seat. They behave quite well. They say good-bye to worker without much feeling.

Analysis of Previous Interview

That interview showed that we must not lose sight of reality, even if it would be better psychologically for the children to stay with their mother and not go through a traumatic experience such as separation always is. We had to act, as we could not rely on good luck alone; the placement had to be made and as we see the course of the case it was the right thing to do. The scene of C.'s sexual excitement showed how much she had been stimulated by her brother, and by sleeping in the same bed. Her wish to be a boy was clearly expressed when she said that she wanted to be a cowboy and wear pants. Her wave of excitement was ecstatic and showed that something had to be done, especially that separate bedrooms were a necessity.

11/7/45 Worker called at the SPCC Home and found that they are behaving quite well. D. vomited when he arrived but he felt better the next day. He still bites other children and the teachers, but otherwise reacts normally in the group. Both eat and sleep well. Worker said that G. has asked when they will go home, because it was said that they might leave in two days. Teacher has asked her if she believes that two days are over, and C. had said no.

11/9/45 Visited Mrs. A.'s children at the SPCC Home. When worker entered the teacher told her that the children behave quite well in the group. As they came down the stairs worker did not see much change in their behavior from that in their own home. They jumped on chairs and took everything
they could reach in their own hands. C. asked if worker
had come to take her home. Worker answered that she might
stay a little while longer until she came for her. She did
not react at all to this answer. The visit was a very short
one because the teacher showed impatience with their beha-

12/7/45 Worker wrote to Mrs. A. and asked her to come to
the agency's office. She came half an hour early because
she wanted to see her children. She looks fine. It seems
that her face is more rested, and she said that she feels
much better. It is the first time that she has been separ-
ated from the children and able to think things over. The
psychiatrist has helped her a great deal. She said that
she has changed her plans. She does not want us to place
the children in a foster home. She is willing to take them
back in two or three months because her husband will return
at the end of January or the beginning of February, and
she intends to take an apartment. She said that she had
thought that she would never again take a chance at living
with her husband, but as she misses the children very much
and knows that her husband loves the children and herself,
she is trying to give him a chance. The psychiatrist has
told her that he will work something out with him too.
When Mrs. A. told worker that she wanted to wait to get an
apartment until her husband returns, it was suggested that
she not wait so long for many reasons. One of them was
that apartments are so very hard to get, and one has to look
hard to find something. Secondly, it would not be good for
her husband to return to her mother's house. She interrupt-
ed to say that her husband blames everything on her mother.
She introduced the idea of living in Roxbury, near the
Children's Center, because the psychiatrist has told her
that he will treat D. there. We discussed the apartment
problem this way: She will buy herself a map of Roxbury
and find out the neighborhood where the Children's Center is
situated. Then she will see what kind of section it is
located in, and if she would like to live there. Otherwise
she will have to go a little farther out, which will not
make too much difference. We told her that we would be very
glad to help her. We will even look with her for an apart-
ment, and our agency in cooperation with the Red Cross, will
help her make a home. We suggested to her that she should
think the problem over and let us know about it next week.
She also said that she wanted to wait until her husband
returns because she thought he might have some money saved
and might go around with her to look for something. Worker
suggested that the time she would have to spend with him in
her mother's might spoil everything it seems that she has
accomplished, and therefore it would be much better if she
could work out some plans in the meantime. Mrs. A. said that she planned to open a store. Her husband's brother-in-law is an expert in retail shoe stores, and they may go into business together. They hope to get a loan from the government for it. We discussed the hope that she will not repeat the mistake of living in a section which she dislikes as much as she does Chelsea. Then she said that she wanted to live in a heated apartment. She feels that it would be possible to live in a different social standard this way, and we agreed with her. Worker gave Mrs. A. three tickets for a Walt Disney show so that she can go with her children tomorrow. We made another appointment for next week.

**Analysis of Previous Interview**

Four weeks of freedom from her children and visits to the psychiatrist have done a great deal for Mrs. A. She is rested and has had time to relax. Though she has gained some insight through her interviews with the psychiatrist, she still lives partly in a world of fantasy, not realizing that apartments are not available, even if one wants one. If she were not living in a world of her own she would know that the housing problem is one of the most difficult at this particular time. But worker gave in to her fantasy to find an apartment near the Children's Center (she might happen to find something, but it would be a miracle.) This means that she wants to continue to see the psychiatrist for a longer time, and that she thinks that her children may be helped by him too. It shows an identification with her children to have them helped as she is being helped. Because it is so extremely necessary for her to identify herself with C., worker encourages her fantasy of finding an apartment near the Children's Center as though it could
12/14/45  Mrs. A. 's interviews are always slow going in the beginning, and it takes a certain length of time until she warms up and speaks. Again she has changed her plans. She does not want the children removed from the SPCC Home as she intends to take them back in January. She believes that her husband will return in January, as letters that she has written to him have been returned to her. She said that it is so hard for her to leave her mother and when worker said that it had to be done, said that she has to help support her. Worker asked if there were anyone else to support her, and if she is not young enough and well enough to work. She said that all the sisters help with the exception of the fourteen year old, and that the father gives some money for the support of her mother and sister. In spite of all that she feels the need of helping her mother. She said that she wants to go, and still cannot leave her. Worker presses her to take an apartment if she finds one, and if she does not find an apartment to take a furnished room where she can stay alone, or with her husband. Mrs. A. said that she will not take a furnished apartment with the children as she is very much afraid that they will be as destructive as they have been before. Mrs. A. spoke about money and said that even if she found an apartment she would not be able to make a down payment as she has no money of her own. She has bought a winter coat and therefore has no money. Worker goes downstairs to Mrs. C., but as she is not in, goes to Miss M. and asks if we could give Mrs. A. a loan for a down payment in case she finds an apartment. Miss M. suggests that the children should be removed from the SPCC Home because even if Mr. A. returns, it would be good for the parents to live alone for a little while before taking the children back. Worker returns to Mrs. A., who accepts this suggestion. A loan of five dollars was given to Mrs. A. She leaves, intending to bring the children back to the office so that we can remove them to Mrs. S. 's house. Mrs. A. comes back two hours later with the children and her mother and sister whom she had met at the SPCC Home. The children look a little different. D. is afraid, something the worker has never seen before. He is crying and says that he wants to go home with his mother. His whole expression has changed. It seems that something is broken in him. C. behaves very well. She does not show any aggression, nor does D. We try to get a taxi without success. Worker explains to Mrs. A. that mother and sister cannot go to Mrs. S. 's house too, because it would be too much for Mrs. S. Mother and sister insist on going and waiting in front of the house. As it is a very icy day, and a snow storm is in progress, no taxi wants to go to Mattapan.
Mrs. W., who lives nearby gets a taxi later and takes us there. On the way to the foster home the children were very quiet. D. seemed very impressed with the darkness. We stayed briefly at the foster home. Mrs. S. seemed very warm. The other children brought the cat for C. and D. to see. Worker told Mrs. S. about board and clothing.

Analysis of Previous Interview

In this interview Mrs. A. verbalized that she cannot leave her mother, and that she has to support her. The reality is that the mother is supported by the divorced husband and by the other two daughters who are working, and does not need Mrs. A.'s money to live, although it makes her more comfortable. Mrs. A.'s conflict is that she cannot be separated from her mother. We do not know the reason; it lies much deeper than we can grasp in a case work interview, and the reasons could be so contradictory and various that we would not dare to touch them. But we pressed her to take a room until her husband returns, as we are afraid that living with her husband and her mother may be so conflicting that the little insight she has gained may leave her completely. Therefore we tried to use the authoritarian role and say that she has to take a room. In case work very often we do not have time enough to wait until people learn by themselves; the external conditions are often so pressing that we have to manipulate the environment in spite of the help of the psychiatrist. The ways the case worker and the psychiatrist go are parallel, the methods are different, but the aim is the same - to help Mrs. A.,
and through her, her family. The effect of separation from
their mother is much more visible with D. than with C., and
it is clear why. He is younger and the beloved child, and
he has suffered and lost something she has never had. In
stead of being destructive, he has become an anxious child.
It may be easier to work with and to handle an anxious
child than a destructive one, but that we do not know at
this time.

12/21/45 Mrs. S. telephoned several times. She spoke about
clothing which the mother had not brought. She complained
that D. has a cough, a slight rash on his arm, and a sore
on his groin. C. has a running nose. Worker telephoned
Dr. Sa. who prescribed Ipsatol, hot drinks, and keeping the
children in bed. Mrs. S. did not think the latter necessary.

12/22/45 As Mrs. S. was unable to reach worker she tele-
phoned Miss S. about clothing. Miss S. called Mrs. C. and
Miss M. Mrs. C. told worker to quiet Mrs. S. down and get
the necessary clothing.

12/24/45 Mrs. S. telephoned. She feels that the children
need pajamas, underwear and ski pants for C. Their mother
brought some clothing on Sunday. Mrs. S. got a friend who
has a clothing store to bring her the additional clothing
needed. She requested that Dr. Sa. visit, and worker tele-
phoned him and left the message.

12/26/45 Mrs. S. telephoned regarding children visiting
grandparents who are unable to travel. It was decided that
she tell them that the children, who have had a tonsillec-
tomy, are not well enough. (Mrs. S. knows the A. relatives
because they used to be neighbors.)

1/2/46 Mrs. C., Dr. D., Dr. R., Miss S., and worker had
conference. Dr. R. called the conference because he wanted
to know something about the legal status of Mrs. A.'s child-
ren. Miss S. started the conference by explaining to Dr. R.
that the sister-in-law of Mrs. A. had come to inquire about
Mrs. A. and to find out where the children are, as Mrs. A.
has not told her. She said that her mother, paternal grand-
mother of the children, was very anxious to know where they
are. Miss S. explained that she has no right to give the
information, but she called worker and told her about it. A few days later a lawyer called. It seemed that the attorney called first at the SPCC Home and was referred by them to us. Mrs. C. spoke to him and explained that the children are being taken care of, that we have responsibility for them, and that Mrs. A. is being treated by a psychiatrist. This is the first time that she has tried to do something for herself. The lawyer was a very understanding man and said that he will not take any action to get the custody of the children, and will quiet down his client, the paternal grandmother. The psychiatrist said that Mrs. A. is coming along fine. The ultimate aim of the psychiatrist is to free her from the ties of her mother, and even to free her from her husband, and to make her able to work again and to live alone. He feels that in the psychiatric interviews she is so far advanced that she shows a lot of resentment towards her mother. She says that she cannot stand her mother's behavior toward her fourteen year old sister. Her mother calls her all kinds of names. She knows that her mother treated her the same way when she was that age. It is clear that Mrs. A. identifies herself with this sister. In reality she may not be able now to cut the tie between her mother and sisters and herself. She said that Mrs. A. is a very infantile person and it would take years to make her grow up. Because we cannot spend so much of the community's resources on her, the ultimate aim is not to make her mature and responsible enough to care for the children, but to free herself, because Mrs. A. had been both relieved and very guilty when the children were removed. Mrs. A. had told the psychiatrist that she wants to live with her husband, not for her own sake, but only for the children's sake. The psychiatrist told her that the children are much better off in a good foster home at the present time than they would be in Mrs. A.'s house, as the children need good identification with good foster parents. It was suggested that the treatment of Mrs. A. should go on, and if her husband should require treatment when he returned, some will be given him.

Later: Visited Mrs. S. who had telephoned and said she would like to see worker. When worker arrived she was very surprised to find Mr. A. and his father and sister there. Mr. A. returned to-day from Japan. He met his sister and brother at the train and they brought him directly out to see the children. He had not seen Mrs. A. Mrs. S. went with worker to the kitchen and wanted to know what was going on and if the children are staying with her for a longer time or not. She wants to have them longer. She is very pleased with C. and thinks it would make a bad impression on her own children if we changed so frequently. Worker told her we could not promise how long the children were
staying because it depends on so many external conditions, such as whether Mr. and Mrs. A. will live together and if they find an apartment. Worker knows that for the next few weeks the children will stay with her. It may be much longer, but worker cannot tell exactly. Mrs. S. presented a bill for clothing for thirty-two dollars. The children look very well. C. coughs. Worker could not talk with her longer because Mr. A. wanted some information about what was going on. Worker thought it best if Mr. A. would come back to the office with her, where Mrs. C. would give him all the information he wanted. At the office Mrs. C. had to leave to teach at B.U., but she arranged for Mr. A. and his sister to return in two hours to discuss all the things he wanted to know about. She asked him not to speak to his wife until she spoke to him first. She joked about another woman wanting to see him first, and he accepted it. He left his bag in the office and said he would return at 7:00.

Later: A joint interview was held with Mr. A. and his sister, Mrs. C. and worker. Mr. A. said that he wanted to know why the children had been placed. Mrs. C. said that she was responsible for that. Mrs. A. was a very nervous girl and therefore was sent to the psychiatrist to be helped. It was felt wise, therefore, to have the children placed at that particular time. As no good Jewish home was available, the children were placed at the SPCC Home. Mr. A. said that it was all right with him because he thinks the children look well and are well taken care of. Then he started to talk and said that he would like to live with Mrs. A. if she would go fifty-fifty, that is, if he wants to go out she will go out with him and not with her sister or her mother. Mrs. C. said that the mother was the big problem, wasn't she, and he said that she was. Mrs. A. has seen her mother acting the same way. Her mother never went out with her own husband. She either went out alone or with strangers. He himself saw her kiss other men. The sisters went out to dances and Mrs. A. joined them. He knows he did not always do right. In the beginning he tried very hard. He met her, fell in love and married her; he did all the housework and worked in the Navy Yard. He never had a break. He earned very little and his wife was not satisfied. His sister interrupted and said that Mrs. A. is not a good manager. When the day came to pay the rent she did not have it. She had spent it and if one asked her where it was, she said she did not know. Mr. A. asked if we knew that he was even in jail on charges of cruelty and non-support brought by Mrs. A., of which he was not convicted. He said that he still loves her and would like to live with her, but she would have to go half way with him. They had a hard life together and he knows it. He has learned to keep his temper in the army,
but he wants her to cooperate. Mrs. C. says that Mrs. A. is a nice girl, but that she was very nervous at the time she contacted the agency. She may have changed since he last saw her, but maybe not as much as he would like to have her. It may be that she still does not want to sleep with him and he should not be too angry with her. She still may not know what she wants to do. He should be patient, and she only wants to prepare him for that. Then she introduced the idea to Mr. A. that he may want to see his wife at our office. He called her and spoke with her. Worker talked with her too, and suggested that she take a taxi and come to our office. In the meantime the sister-in-law says that she wants to leave because she believes that Mrs. A. will be angry that Mr. A. has seen her first and not his wife. She says that she does not want to interfere with them, but only wants to make them happy. She knows that her family is a big trouble-maker and she excused herself to Mrs. C. for employing the lawyer. She said that they told him not to bring any action against Mrs. A. but to find out some information about the children. Her mother has heart trouble and they wanted to quiet her down and therefore employed the attorney. She left and Mr. A. waited for his wife. We left him alone. When Mrs. A. arrived Mr. A. ran down the stairs. It seems that he had been looking out the window and saw her arriving. When they came into the office we asked Mrs. A. to come into another office first. Mrs. C. told Mrs. A. that she may take any action toward her husband she likes, that that is her personal business, but she may know that she has all the support in relation to the children that the agency can give. If there is some court procedure we will secure a lawyer and support her, and for this reason she does not have to give in. Whatever she does with her husband is her personal affair. Mrs. A. says that she does not know what to do. She is still very frightened. When she heard his voice she was so afraid that she asked her sister-in-law to drive her to the office. She left the office and joined Mr. A. in another office. After an hour they came out and asked to be seen by Mrs. C. Mrs. C. asked them what their decision was and Mr. A. said that Mrs. A. wants more time to find out. She does not know now what she would like to do. Mrs. C. tells Mrs. A. that she should find a room and not always be her mother's baby. She is grown up and it does not matter whether she lives with her husband or not, but she should try to find a job and live alone independently no matter what decision she makes. Mrs. A. said that it would not be too hard to find a job, but that she would be very lonely if she did not live at her mother's house. Mrs. C. said that if one is grown up one has to live his own life. They both left and Mrs. A. has an appointment for next week.
Analysis of Previous Interview

It was lucky that worker saw Mr. A. before he saw his wife. It was also a coincidence that worker's visit to the children coincided with the father's visit on his return from Japan. Worker was careful not to commit herself as she was not sure whether he intended to take legal steps. In the office Mr. A. was given a chance to discuss something that had been bothering him for at least a year, the whole time he was in Japan. The consultant and the worker were the listeners. To us he could blame his wife for not cooperating, and on us could project all his hostile feeling and his fear about his wife's relationship to her mother, and not be blamed for unburdening himself. That was the help we could give as he indicated that he wanted to free his wife from his blame by saying that she was a nervous girl. We excused her in the same breath by saying that he was right, and that his mother-in-law was the root of the trouble. We helped him to channel his hostility toward his mother-in-law instead of to his wife. At the same time his own sister was calmed down and left him with us at the agency because she was satisfied with the idea that the mother-in-law was the guilty one and not her brother or sister-in-law. Both were favorably impressed by the conditions in the foster home. It was a nice house with a nice living room and C. and D. were dressed neatly and everything looked all right, and we,
the agency, were the people who had arranged all that. As Mrs. A. arrived she was given support in making her decision on her personal feelings, but at the same time was assured that the agency would stand behind her, no matter what she did. We tried to reproduce the pattern of a good mother.

1/9/46 Mrs. S. called and said that C. has a bad cavity which someone should take care of. As worker expected Mrs. A. the same day she calmed Mrs. S. and told her that she would arrange an appointment at the clinic with Mrs. A. C. will be taken on Monday to the BIRH Dental Clinic. Mr. and Mrs. A. in office. They were very friendly and said immediately that they have decided to live together. At this time they have come for help for very realistic reasons. Mrs. A. asked if we could do something to help them get an apartment. He has been to many war agencies and Mrs. A. has gone from door to door in Roxbury, and could not get one. They were not even able to get a furnished room with a kitchenette and therefore live in a hotel room where they pay ten dollars a week. Worker said that she cannot help them find an apartment. They must look around and not become too discouraged. They should try to keep in touch with the war agencies which help veterans find something. Then Mr. A. said that he would like to help the agency support the children. As worker started a budget for them it was apparent that they are spending at the present time more than they are earning. Mrs. A.'s allotment was one hundred dollars a month and Mr. A. has twenty-five dollars a month. They pay ten dollars a week for rent, and have all their meals out. They spend approximately twenty-eight dollars a week for food. This is more than they earn, so no plan was made for a contribution for support of the children. Mrs. A. said that she is seriously looking for a job and if she finds one will come in again and have a budget made out by which she can contribute to their care. Both look well and seem quite easy going.

1/30/46 Mrs. S. calls quite often and usually has some complaints. She does not seem satisfied with the clothing allowance in spite of the fact that she spent thirty dollars the first month and twenty-three the second. Mrs. A. came to the office. She told worker that she is quite well. She has not gone to the psychiatrist the last two or three weeks but she is with her husband again and they are trying to make a go of it. She says that she knows that her husband was here when they separated, and that he has spoken about
their sexual relationship, but that she is not bothered about it. She is working at Woolworth's and made eighteen dollars the first week and nineteen the second. She only took the day off because she wanted worker to help her get an apartment at the Federal Housing Project. It is not as easy to get a job as one believes. She was in many stores, but no one wanted an inexperienced salesgirl. She said that she is tired of standing all the time, but she knows she has to work and wants to do it. She lives alone in a hotel because her husband had to go back to Florida, but she expects him in a couple of weeks. She wants to pay something toward the children's support, and wants to live in a settlement house until her husband returns as she is afraid to stay alone in this little hotel. Once she tried to go back to her mother, but she had some guests and she couldn't sleep there. She sees the children regularly. She wanted very much to get an apartment. Worker tells her that she will write a letter to the Federal Housing Project, but that there is not much she can do. During the conversation worker suggested that Mrs. A. might like to learn something in the evening. The consultant came in and also spoke with Mrs. A. and told her that it would be good if she could learn something, maybe typing and shorthand, and in this way it would be possible to earn more than eighteen or nineteen dollars a week. The consultant also asked her if she were afraid of her because her husband had talked to her and Mrs. A. answered, "No, I have much more confidence in you." The consultant left after a short while and Mrs. A. and worker discussed what could be done to find an apartment, and what kind of school she could go to. Mrs. A. seems so much better than she has ever been before. She tries to live alone, and that is already indicative of great progress.

Analysis of Previous Interview

Mrs. A. came in because she knew that her husband had spoken about their sexual life with our consultant and she was anxious to know how he felt about it. Our consultant asked her directly if she had come because of her husband's talk with her and she denied it, but in spite of her denial she left the interview calmer and more secure. She seems to be on the road to recovery; she lives alone and is working. We do not know how many ups and downs she may have
until she is able to separate completely from her mother.

2/8/46 Visited Mrs. S.; C. and D. look very well. Both were running out of the door as worker came in. They are cleanly dressed, have gained weight, and their restlessness seems to have disappeared. They both said hello and joined Mrs. S. and worker. The first thing Mrs. S. did was to show C.'s painting and admire it. In front of C. she said that she is a very lovable and good little girl. D. said, "You brought us." After a little while Mrs. S. sent them upstairs where we heard them playing. Sounds came down indicating that D. cheated while playing hide-and-go-seek. They play with Mrs. S.'s children, two big boys and a girl. Mrs. S. starts to talk and her first question is how long do we think she will have the children. Worker answers that we do not know, but it would seem as though it will be for a long while, as Mrs. A. can take them only when she gets an apartment. Then Mrs. S. told how much she likes C. and how she cut her hair just as her daughter's is. When C. came she had nits and her hair was long. Mrs. S. cut a little every day as C. objected to having her curls cut. In a week it was a short as her daughter's and now C. enjoys it very much. C. still wets the bed, sometimes two or three times a week, and sometimes even more. She takes her up twice a night, at ten and at twelve. She gives them clean pajamas every day, clean underwear and clean outer wear, and therefore needs a larger clothing allowance. We discussed the allowance and worker told her that we think that Mrs. A. should give something toward the children's clothing; we will see what we can do and let her know. She explains that four dollars and a half is absolutely not enough as she needs orthopedic shoes for them and does not want to dress them any differently than her own children. Then she started to tell her whole life story. She lost two children who were about the ages of D. and C. Since one was a boy and one a girl she thinks that C. and D. belong to her family. They are no work at all. C. goes to kindergarten and D. stays with her. He is still destructive, but not so much as formerly. Now she has a good way to punish him. We saw it too, because when he came downstairs he scribbled on the door, and Mrs. S. put him in the corner. He held his hands behind him and mumbled to himself, but he stood there. Mrs. S. said afterwards that the best way to punish him for his destructiveness is to say that she does not like his deeds and to put him in the corner for a few minutes. She has no difficulties with C. whatsoever, as she is very much appreciated and this is the first time that people have noticed her prettiness. She tells neighbors that the children are her niece and nephew, and that their father is in Japan, and their mother does not feel well. Mrs. A. comes once a week,
but she never stays very long. Someone always drives her there because she cannot walk from the street car to the foster home as it is too much for her. It is about a ten or twelve minute walk from the car line. Mrs. A. is very enthusiastic about everything when she arrives, but after an hour gets terribly exhausted. Then she said something very nice, that the children call her husband "Uncle Daddy", and that her husband likes them very much. In the meantime they came downstairs and put on their skates, as they have water in the backyard which when frozen makes a place where the children can skate. She also says that she is very glad to have them there. She feels so much better now, but she tells worker about all her operations. We discuss foster homes in general, and worker asks her if she cannot get the agency some other homes too, which would be as nice as hers, both in physical care and in warmth. She promised to talk to some of her relatives whom she feels are suited and will let worker know. Worker lets her talk and she describes the way she cooks and the way she brings up her children, and we part as people who have learned to know each other a little better.

2/14/46 Mrs. S. called and said that D. has a rash and she believes that he has the measles. Worker informs Dr. S. who visited and reported that nothing was wrong with D.

Later: Worker visited Mrs. A. for several reasons. First, worker wanted to discuss her budget with her, and secondly, she was interested in knowing how she is getting along, as Mrs. S. had told worker that Mrs. A. did not feel well and had stopped working. Mrs. A. looked well and told that she had had a cold and did not feel well and has stopped working. She showed a telegram from her husband telling her to go to the Red Cross and ask them to do something for him because his records are lost and he may have to stay four weeks in California where he is stationed. He was released from the Navy Hospital and is now in Santa Monica. Worker called Red Cross, but they reported that they could do nothing as there is no emergency and he will be out in four weeks anyway. Then Mrs. A. said she thought that, but as he asked her she asked worker about it. She will write her husband and explain it. Then worker tells her that she has seen the children and that they look very well, and that Mrs. S. had called to-day to state that she thought D. had the measles. For a second Mrs. A. is a little frightened, but she recovers rapidly and says if he has the measles it is not dangerous. As we are speaking of the children worker tells her that if C. returns to her and masturbates a little more than she has in the past, she should not worry because there may be some anxiety. Mrs. A. said that she does not remember that C. masturbated. Worker asks her if she has
never noticed how she sat and pressed her legs together, and then Mrs. A. replied that she had but had forgotten it entirely. She did that quite often. Worker said that masturbation with a little girl is a normal procedure and parents should not stop it as it disappears gradually, and if it shouldn't disappear entirely and is kept on as a habit which is carried over even into married life, it does not matter as long as it satisfies both partners in their sexual gratification. Worker made that remark purposely as she felt after the interview between Mrs. C. and Mr. A., that Mrs. A. masturbates in her sexual life, something which arouses a great guilt feeling. Worker felt that if she freed her from this childish feeling that masturbation is forbidden, she might be able to free herself in other areas too. Mrs. A. and worker discuss the budget. Worker asked Mrs. A. to contribute something for the children as she thinks she can do it, especially as she lives in her mother's house and has the allotment for herself and the children. Mrs. A. flushed and said that she would have contributed this month, but she had sent money to her husband. She receives the one hundred dollars allotment, but gives her mother forty dollars for room and board. Lunch is not included and she needs thirty dollars a month for herself because she goes to the movies a couple of times a week and often buys her own lunches. She wants to contribute thirty dollars for the children. Worker takes her suggestion and Mrs. A. will contribute thirty dollars a month until her husband returns and we can make a different arrangement. Mrs. A. has been dismissed by the psychiatrist. After she had not been there for a few times, on her last visit he asked her how she felt about not coming to the clinic to see him any more. Worker asked her the same and she said that she feels it is quite all right, that it has helped her a great deal, that she has learned not to blame herself for everything, and that she has a different outlook in many ways, such as towards her husband. There was a time when she blamed herself entirely, then again when she blamed him, and now she thinks that both have something to do with it. "For instance, when I had intercourse with him I felt he was over-sexed and I did not like it. He had to have intercourse every day and I thought it was too much. When I returned from the clinic after the delivery of D., he did not even give me a night. He woke me up sometimes at four, and when I resented it he became wild. Sometimes there was a night when we did not have any intercourse, but then he talked the whole day about how good he was that he gave me peace. I feel now that when I don't withdraw as violently as I have done before, he may be less eager to have intercourse with me, and when he was here during the last four days I forced myself to show him some affection, and through this forcing
I really started to like him, and I really believe that I have never liked him before. Now he has changed too. He always thought that what he thinks and what he does is right. He could not discuss things before. This time we sat together and he could say something and I could listen, and I really believe we both have changed." Worker tells her that she is very right when she thinks that she will show him affection. If one doesn't feel loved, one has to have emphasis that he is loved and this emphasis to Mr. A. is sexual intercourse. When he feels loved his drive will lessen. All people have the need to be loved. If she is able to do it it is fine, because words alone are not enough; it must come from feeling. Then we discuss her wish to be perfect. This drive is very strong in her as she says, for instance, "I blame myself that I did not care properly for the children. I blame myself because I gave them away and I blame myself that I did not pay for them." Worker replied that she is paying now and that she is not to blame herself because none of us reach perfection. Then we discussed many other things like politics and books. Mrs. A. wishes to read good books and to enjoy other things in life too. She emphasizes that her husband has not similar tastes. The interview lasted one and a half hours and worker ended it. It is interesting to note that this interview proceeded in a very relaxed manner, in spite of the content. Worker had the feeling that Mrs. A. grasped the interpretations which were given her.

Analysis of Previous Interview

Before Mrs. A. came worker felt that she had to relieve her feeling of guilt. Worker had known before that she always blamed herself for being imperfect, but did not know the cause. Because Mrs. A. came very soon after her husband's interview with the consultant in which he discussed her sexual life, her drive to masturbate in intercourse and her running away to her mother after it seemed to be clues that worker could follow. Worker tried to relate her problems to those of her child, and said purposely that C. may masturbate when she returns to her mother when she is anxious
and upset, but that it does not matter even if she keeps on doing it. In this way worker tried to free her from her childish guilt which still seemed to operate. Perhaps her mother may have forbidden it when she was a child. But as a case worker we did not want to go too deep into her problem and therefore we discussed her daughter, knowing that her daughter's problem will arouse less anxiety and will not tear down defenses and yet will relieve her. Worker tried a little re-education by telling her that different sex habits do not matter when they satisfy both partners. It is very often that people think that habits which vary from the norm are bad, and worker hoped that by telling her this, she could relieve her sense of guilt.

3/2/46 Received the first payment for the support of the children, in the amount of thirty dollars.

3/8/46 Mrs. S. came to the office and discussed clothing and other budget matters with Mrs. C. and Miss M. She came up to see worker to ask that Mr. and Mrs. A. not come so frequently to her home. They still come once a week, and she feels that C. gets terribly upset, that she wets more, and that she starts to get nervous as early as Thursday when she is waiting for her father. Mrs. S. wants worker to tell Mrs. A. to see the children once in four weeks. She also spoke of her father-in-law's stroke which had occurred a few days ago, and what this meant to her in general and in relation to her father-in-law. Worker told her that she will discuss these matters with Mrs. A. and let her know the result.

3/9/46 Wrote to Mrs. A. asking for an interview next week.

3/16/46 Mr. and Mrs. A. in the office. Both look fine and content with themselves and the world. Worker wanted to discuss their visiting hours in the children's foster home. The foster mother wants them to come less frequently as C. gets upset when her father visits. They agree
that they will visit once in two weeks instead of once a
week. Mr. A. says that he has bought a house in Lynn. He
gave a partial down payment of one hundred dollars, but
still has to get a loan of seven hundred dollars for the
total down payment, which is twenty per cent of the cost of
the house. The total cost will be $3900, and he will have
to pay forty dollars a month including the taxes. This
would be the amount he would have to pay for rent for any
flat. They both feel that they would have to wait even two
to get a flat, and that the house is a good bargain
as they have taken a lawyer to see it. It will be repaired
and even hard wood floors will be put in if they can get
the lumber. Worker asked where he will get the $700 and he
said that his relatives will help them to get the money,
and he will pay it back in two dollar weekly payments.
Worker asked him if he does not want to take a government
loan, but he said no because the loan is good for five years
only, and later he would like to go into business. He has
a job now waiting for him with a salary of fifty dollars a
week, and he wants to take that first and then see how
things are moving. The house that they intend to buy will
be free in August. Until that time the children will remain
in Mrs. S.'s house. They explain the kind of furniture
they have. They have kitchen furniture and a bedroom set,
but need living room furniture and a set for the children,
and may need a new refrigerator and a new stove. Worker
asked them not to buy anything until they have budgeted
very carefully, as too many debts may put too much pressure
on them and friction may be the result. They seem very
happy about the house. Mr. A. said that they have a little
backyard and he will put a sand box in for D. and a swing
for C. The house consists of five rooms, a kitchen and a
living room downstairs, and three bedrooms upstairs. It
is just like the house Mrs. S. has, that is, one goes up-
stairs to the bedrooms. It seems that they were very much
influenced by the house in which their children live. They
are getting along fine. They have a room downtown which
they do not like, but as long as Mr. A. is here the room is
all right. If he has to go back to his base (the date of
return is not known), Mrs. A. will look for another type of
room as the neighborhood is bad. They have cut all their
expenses. They ask if worker received the thirty dollars
which they sent for their children. Mr. A. also told that
Mrs. S. wanted twenty-five dollars for finishing a wall,
the paper of which D. had destroyed. Mr. A. thinks it too
much, and worker tells him to discuss it with Mrs. S., and
make some arrangements to buy the wall paper and help
Mr. S. fix it. Worker also tells him that it is his com-
plete responsibility since it is his child who destroyed the
wall paper. We agree that if they want to know anything
they will call, and if worker needs them she will write, and they leave.

Analysis of Previous Interview

In the last interview worker tried to explain that pressure of any kind may arouse anxiety, whether it be economic pressure or another kind. Worker tried to show them that it is better to live with old furniture and a peaceful mind than with new things which they could not pay for without worrying about the debt, for out of this worrying may come friction.
Chapter VIII

Conclusion

This family that came to the agency for help seemed about to disintegrate. There was a family background of divorce, of fights, and destruction. For the writer as a student the case looked quite hopeless, but because children were involved and placement was asked for, the case was referred to us. The Red Cross had felt that it was a case for a family agency and therefore it was referred to the Jewish Family Welfare.

Although placement was the focus, we thought that we might be able to avoid it by helping the mother. However as it turned out we could not avoid it. We had to perform the surgical operation which placement always means, but so far as we can see the operation was successful. At the same time community resources such as the Psychoanalytic Institute were used.

For the first time in a long period of years Mrs. A. found herself without an external pressure. Her children were being cared for and she could relax and have time to think, and to go for treatments. Although she felt the pressure of her conscience because she had placed the children, this pressure was taken care of by working with the psychiatrist. We tried to reach the husband, to help him in seeing that placement was necessary. The environmental
manipulation of buying the new house was done by the couple themselves. We tried to reeducate them and to correct some of their wrong assumptions.

We were extremely fortunate in finding a good foster home. We had not known when we placed the children that there were two empty spaces in their family unit. The foster parents had had five children but two had died, and they felt very strongly that C. and D. were the substitutes for what they had lost. The material surroundings were pleasant; the house was in the suburbs with a backyard and trees around it, with a father and a mother and three children, a dog and a cat. We tried to show the foster mother what was needed in relation to both children. Both had a need to be loved and accepted, as have all human beings, and only because that was done could education and discipline be applied. We know that children can give up some of their instinctive drives only if they are loved, and therefore are able to give up some of their gratifications. The children had separate bedrooms so that sexual stimulation was excluded.

It looks as if all of them are trying to make a success of good family life. This success may last, or it may not; it depends on the external conditions. We know that economic pressure, death, deprivation, may put people back into their old neuroses. In a few years if we have a chance to see the family operating as a unit, we may know more.
presence and at times the presence of other. My understanding
and interpretation of this is that this is a situation
which is often more important than the
connection to the present. (This is not to say that the
connection to the present is not important, but that
the connection to the past and the future is equally
important.)

The present moment is often the
moment when we are able to reflect on our
current experiences and to draw
meaning from them. It is also the
moment when we are able to make
decisions about our future. The
connection to the past is important
because it allows us to understand
the context in which we find
ourselves, and the connection to
the future is important because it
allows us to plan for the future.

The connection to the present
is important because it allows us
to respond to the immediate
situations that we face. It is also
important because it allows us
to make decisions that are
informed by our current
experiences.

In summary, the connection to
the past, the present, and the future
are all important, and we should strive
to maintain a balance between
them in our lives.

To achieve this balance, we
should make an effort to reflect
on our past experiences, to
engage in the present moment,
and to plan for the future.
The conclusion we can draw from this case study is that when we as case workers recognize the dynamics of human behavior, through an analysis of ourselves or through studies, then we are able to diagnose, to plan, and to help others. The writer diagnosed Mrs. A. as a delinquent, meaning that her instinctual drives were so strong that she was afraid that she might not be able to control them. This was illustrated in the interview in which she said, "I am going to murder them. Do something, or you are responsible!" We as case workers know that we cannot deal with an individual who has little control of her instinctual drives, so the psychiatrist was introduced. This very short treatment with the psychiatrist made a compulsive personality of Mrs. A. instead of a delinquent. We know that in a delinquent the super-ego is very weak, and therefore aggressive drives are very hard to control. It is much easier to treat a compulsive neurosis than delinquency. The psychiatrist stopped his treatment and we continued, the difference in treatment being that we did not touch the unconscious at all, but tried in an indirect approach to correct and to reeducate the pattern of Mrs. A.'s childhood. This was done through the discussion of her daughter's masturbation in relation to her.

In the educational process we tried to show Mr. and Mrs. A. that any kind of pressure may reactivate anxiety
and therefore reactivate an old neurosis.

All the manipulation which was done, such as the placement of the children and the suggestion of different living quarters, was only possible because we had the psychiatric knowledge of her personality. There may have been no one in Mrs. A.'s childhood to identify with and therefore the super-ego was not developed, so that murdering her children might be possible; for this reason we placed them.

The psychiatrist's aim was to make Mrs. A. function, but his concern was only with her and not with the whole family, as he felt that she was too infantile and it would take too long and would be too expensive to make a mature person who would be responsible for herself, her children and her husband. We as an agency widened the treatment process; we included the husband and the children, and in treating them we made the family unit function again.

The children were treated through placement, where new identifications were formed. Therefore a stronger super-ego will develop which may help each of them in the future to conquer his destructive tendencies.

With the husband treatment helped him to abreact, to channel and to project his hostility.

The study shows that if sick people come to our agencies they have to be treated. Our resources allow us to treat them on a short-cut basis; with the help of a psychia-
trist, or without it. If the unconscious has to be worked with, the psychiatrist has to deal with the client, but in manipulation and reeducation case work has its place if it is oriented to the dynamics of human behavior in treating people.

We see from this one case that a great deal can be done to help a family. In spite of the fact that the agency is not completely sure that we have helped them permanently, it may be that we have. As yet we do not know, but at the present moment the picture looks quite rosy. We see a comfortable home in Lynn with a backyard and trees, and a father and mother and children, all of whom are trying to make a happy family unit. We have achieved what we wanted for the present. No one knows what the future will bring.

Approved,

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BIBLIOGRAPHY


