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A study of some of the effects of an alcoholic father and the father-son relationship.

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Boston University
A STUDY OF SOME OF THE EFFECTS OF AN ALCOHOLIC FATHER ON THE FATHER-SON RELATIONSHIP

A Thesis

Submitted by
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CHAPTER I
INTRODUCTION

A. Purpose

Much has been written by leaders in the field of social work concerning the treatment of alcoholics and the effects of drinking upon the economic stability of the family. However, little has been written on the aspect of the father-son relationship where the father is alcoholic. When a father is alcoholic, will conflict appear between the father and the children? What type of problems are noted in the behavior pattern of the children? How do the children react to abusive treatment by the alcoholic father when drinking? These and other questions will be considered in this study.

It is, therefore, the purpose of this thesis to study and evaluate a selected number of cases in each of which the father is alcoholic in order to ascertain the problems and conflicts in the boy precipitated by the father's drinking.

B. Scope and Method of Study

The writer has selected ten closed cases referred to the various child guidance clinics, under the Massachusetts Division of Mental Hygiene, during the period of February, 1947 and November, 1949. The research book, which contains all of the cases referred to the various clinics along with a brief description of each case, was consulted and those cases in which the father was alcoholic were selected. The cases were selected on the basis of content. Those cases with an inade-
quate amount of social history, especially regarding the description of the father's drinking and familial relationships, were passed over. The cases were selected in consecutive order and not chosen at random.

The schedule which was used in the study of these cases appears in the Appendix.

The following general questions were investigated:

1. How does the son of the alcoholic react to his father's drinking?

2. What type of relationship exists between the alcoholic father and his son?

3. Is there any similarity between the problems presented at referral?

C. Limitations

The writer has limited this thesis to the study of the noticeable manifestations of the father's drinking during the times when he drinks. The problems related to the general personality characteristics of the alcoholic have been omitted because it would necessitate a more involved study which the writer is not in a position to undertake in this thesis.

The cases were further limited to those of boys.

D. Definition

Alcoholism in this thesis is used to mean, "drinking to excess so that the normal family function is disrupted to some extent." That is to say, that the alcoholic father, in most cases, uses cruel and abusive treatment toward one or more
members of the immediate family; or, his actions and speech are obscene so as to have a detrimental effect upon the normal family pattern.
CHAPTER II
CHILD GUIDANCE CLINICS

Background

"The Commonwealth of Massachusetts was the first state to provide by legislation (in 1922) for a Division of Mental Hygiene, with the establishment of child guidance clinics financed by state funds as one of its major activities."¹ This was the logical outcome at the peak of the mental hygiene movement which advocated correctional treatment through child guidance clinics. New psychiatric concepts and the formation of social service departments in mental hospitals brought to light the fact that breakdowns in the adult personality were often the result of early childhood experiences. Massachusetts was a backer in the new field of psychiatric social service and by 1922 trained workers were in demand all over the country.

Out-patient clinics were established for the supervision of patients from mental hospitals and expanded to care for non-committable patients including delinquent children. Traveling school clinics were established for the examination of mentally retarded children and were a great stimulus toward the founding of the child guidance clinics. Besides these clinics, out-patient mental hygiene clinics came to be established by the mental hospitals in various communities. The demand for these was great and they served patients from

¹ Edgar C. Yerbury, M.D., and Nancy Newell, The Development of the State Child Guidance Clinics in Massachusetts, Division of Mental Hygiene, Department of Mental Health, 1948.
infancy through childhood.

In the various clinics the cases showed "striking similarities of etiologic factors and unmistakable indications that the most fertile field for mental hygiene lay in the realm of childhood." Also, in this preliminary period one phase of clinic procedure was worked out which remains standard today; that is, the clinic team, which consists of psychiatrist, psychologist, and social worker. Other variations were introduced, but this combination has proven more effective in evaluation and treatment than the efforts of any one type of worker.

In 1923, three clinics were opened by the Division of Mental Hygiene, and were given a warm reception by children's agencies, visiting nurses, and family welfare workers who promptly referred children and parents to them. As the years went by, new clinics set up by the Division were originally for demonstration, and later to be turned over to hospitals or to private organizations. In some instances they became out-patient departments of the various hospitals; in others, they were closed in order that the Division might serve more populous areas, and in still others private organizations took them over. The Division retained only those clinics in communities near Boston.

When, in 1933, the Division had been in operation ten years, it was conducting nine clinics which had become fairly

permanent. Two different types were noted among these. Five were known as "community clinics" because of their close association with the schools and social agencies. These were important in influencing the teachers and parents through school conferences and parent group organizations, respectively. Emphasis was put upon the normal child with problems. The remaining four clinics were affiliated with hospitals and had the advantages of medical service and the opportunity to interpret to medical interns and nurses the meaning of personality problems. During this period, speech correction, remedial reading, and occupational therapy were added as special services to the clinic program.

Since 1933 the Commonwealth child guidance program has focused on stabilization and efficiency rather than expansion. Certain clinics were closed in order that more effective areas could be served. Others were taken over or new ones established by state hospitals.

There are five state child guidance clinics now in operation in the Commonwealth. The Springfield Clinic, because of its distance from Boston, is operated independently. The other four clinics are located in Brockton, Quincy, Lowell, and the West End (Boston). These clinics all perform the same function with varying degrees of case load and special services available.

In a general sense, the function of the child guidance clinic is the study and treatment of children of normal intel-
ligence. Diagnostic services only are provided for the abnormal child. The clinic tries to consider the "whole child" by making a thorough study of his personality, including his intellectual, social, and emotional life. This calls for cooperation of the clinic team of psychiatrist, psychologist, and social worker. The social worker obtains the history of the child's problem from the mother upon referral and, also, a complete social history. The emphasis is put upon obtaining a complete picture of the child, his family, and environment. The psychologist examines the child to obtain an I.Q. and also to determine his potentialities. The social worker and the psychiatrist consult to see if the child should be accepted for treatment after obtaining preliminary material. If the child is accepted, a plan is worked out whereby the psychiatrist usually sees the child for treatment and the social worker sees the mother in order to try to help her to understand the causes of the child's difficulty and assist her in working out modifications in her own reactions to the child.
CHAPTER III
EXCESSIVE DRINKING AND THE FAMILY

Structure of the Family

According to Seldon D. Bacon the family is a "social phenomenon."¹ He further states that this should be emphasized because the family is often thought of as a biological phenomenon. The family, however, is in no sense a biological phenomenon because "one can be born, grow up, maintain life, procreate new life, and die, without a family."² The family is made up of a group of persons in answer to human needs and has existed at all times in every society of which we know.

Basically the family is an association of one or more adult men with one or more adult women and their offspring. The primary function of the American family has come to be the satisfaction of the personality needs of affection, prestige, self-respect, and sexual expression. Many functions of the older family have been taken over by economic and educational institutions and governmental and recreational organizations.

The family has lost power and prestige due to this loss of functions. In comparison to other societies it might be said that our family institution is relatively weak. However, the family is still of great importance. It is within the

¹ Alcohol, Science, and Society, Quarterly Journal of Studies on Alcohol, 1945, p. 223.
² Ibid, p. 224.
family setting that the personality is formed. Also, ideas, ideals, attitudes, satisfaction of inherited drives, language, taboos, basic anxieties, ability to use and appreciate material objects, and learning of interpersonal relationships and the orientation of the self occur under the control of the family. A society is made up of individuals and the family, without doubt, is the most important institution which molds these individuals.

Some of the personality factors mentioned make marriage less attractive, even threatening, to certain types of people. These types will be briefly mentioned.

One type is the man who has been very dependent on an older person. Because of this strong dependency, he has found it unnecessary to join play groups or school groups or groups of his contemporaries. This type of man never needed to surrender himself in part to others and feared close, mutual relationships which approached equality.

Another type is the selfish and aggressive man who joined groups of his equals but only for the purpose of dominating them. This man is afraid to put himself in anyone else's power.

A third type may have solved his needs without coming in contact with other persons. He is dependent upon himself for

5 Ibid, p. 227-228.
love, admiration, and respect. He may get the thrill of achievement through daydreams. His emotional life is protected from the frustrations of the reality world.

Marriage is threatening to such men as these because of the important aspects of marriage—affection, intimate contact, and a mutual relationship which lasts over a great portion of life.

What has this to do with excessive drinking? These three types constitute the largest group of alcoholics. The following is a partial list of the personalities of alcoholics: dreamers, immature, frightened of the opposite sex, aggressive, asocial, without close friends, suspicious, idealistic, generally introverted, escapist, and emotionally childish.

In our society the adult man who is dependent and immature, or aggressive and domineering, or a socially isolated dreamer, is subject to emotional insecurity. His basic drives are the same as others, but he finds it difficult to satisfy these needs as it would mean surrendering his immaturity, aggression, and secure isolation. A person in such a condition can achieve a happy life only under very favorable circumstances. It is not surprising, then, to find men using alcohol as a release from their insoluble problems, especially in our society where most men come in contact with alcohol at some period in their life.

In view of the foregoing discussion, there can be little

6 Ibid, p. 228.
doubt that excessive drinking in marriage poses serious problems regarding family stability. When there are children as a result of the marriage, the problems become even more complex. In this situation, husband and wife also play the roles of father and mother. However, the role of father is apt to increase the personality difficulties of the men which have been described. The husband, who has been emotionally playing the role of little boy to his wife's role as mother, is rudely shocked. Now there is a real child and he is an adult. The husband, although he knows not why, feels unhappy, upset, excited, and fearful. He may suffer with headaches, or suddenly find that he has to go away on a business trip. It may be that he is overly anxious concerning the health and safety of the child. This may be true because he is perhaps dimly aware that he does not want the child, an attitude which is not socially acceptable, and in his repression of this attitude may go the opposite extreme.

For the dreamer or the one who is prone to fantasy, the reality of the situation becomes even more pressing and real and further necessitates his withdrawal.

In regard to the aggressive, domineering person, he is trapped into a social world. He is no longer free to act in his own way. Unless he is able to adhere to the moral views and customs of society, he will have to behave in a manner which seems inconsistent with his major personality traits.

Alcohol serves as an escape mechanism to the types of
persons described here. All unhappy people do not become excessive drinkers, but it is not unlikely for a man with a deep emotional problem to make use of alcohol in order to ease or to forget his problems, especially those he does not understand.

As for the effects of excessive drinking on the family, the alcoholic can use drinking to attack his family, to obtain attention and mothering, to test their love of him, and as an excuse for his not being a responsible husband or father. A reputation as an alcoholic may be a lesser stigma than a reputation as a weakling, or a wife-beater, or a mentally disturbed person or even as a little boy masquerading as a man. Excessive drinking also may ruin the economic and social structure of the family and also tend to deteriorate the normal social ratio of husband and wife. Excessive drinking tends toward selfishness, carelessness, and aggression. For the close relationships which exist in a family this can be disastrous.

If separation or divorce does not occur, which is true of most of the cases to be presented in a later chapter, the family must limp along in a fashion unlike that of the normal family way of life. The role of mother will differ; the role of father toward the children will differ; and the position of the children toward the father will vary. A vicious circle is set up which tends to increase the father's anxieties to which he adjusts through further drinking.

The foregoing has been a brief but general picture of
the alcoholic in the family setting. It is the writer's intention that this chapter be a basis for the material to follow. The following chapter will contain material on the normal emotional development of the family which the writer feels should be separate from this chapter for the purpose of clarity.

THE EMOTIONAL DEVELOPMENT OF THE CHILD

Emotional development begins in the earliest period of the child's existence. The tendencies which later are to develop into love, affection, and desire for people and objects in the outside world are at first connected with sensations from various parts of the child's body. This early period denotes the auto-erotic stage in which the child is generally concerned with external things as objects of desire only for the purpose of bringing about his own bodily comfort and satisfaction. In the early period of development there is in all probability no clear separation between the animate and inanimate objects of the environment. In the process of the gradual development of these distinctions there is found what Freud calls "object love." This is described as "the experience of desire for, and affection towards, some object or person of the environment, the highest manifestation of which is found in the passionate and all absorbing loves of subsequent adolescent or adult life."7 The advent of object love

is a very important stage of development. The first love of a child is usually his mother who administers to his bodily needs and comfort. If the parent gratifies these needs and gives emotional warmth at the same time, the child gradually separates the physical from the emotional and develops the capacity to receive love independent from physical gratification. "Maturation proceeds smoothly from one level to the next under situations meeting two conditions: adequate emotional gratification at the lower level and experiences both actual and emotional that indicate it is safe to leave one level of adjustment and explore a higher one."8

In the attainment of these levels of adjustment the normal child proceeds from one level to the next with little difficulty. However, the child who has not had adequate gratification at one or another level of adjustment may react in one of two ways. The first is "fixation." Fixation means that the child has reached a certain level in the maturation process and elects to remain there, thus rebels against maturing beyond that level. This is apt to occur for two reasons. The first of these is due to incomplete gratification. The child wishes to remain at this level to complete the gratification before moving on to the next. The second reason is due to a fear of moving on to the next level because the child senses danger or frustration. In this instance gratification has been

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complete on the one level and the child wishes to remain where he knows he will be satisfied.

The other reaction of those who have not had adequate gratification is regression. Unlike fixation, included in regression is an attempt to advance to a higher level of maturity. This advance, however, is met with frustration and a sense of danger and the child then retreats to the emotional level which offered him greater security and contentment.

In most instances the child progresses through the stages of development which can be called the training period. He begins to learn how to get along in society and learns what society expects of him. At about the age of three the child enters the oedipal stage of development. This is the most significant stage for the purpose of this thesis because most of the boys in the cases to be presented have not adequately resolved their oedipal conflict.

The boy has progressed through the levels of development dependent upon the mother for satisfying his dependency needs. As he enters the oedipal period his love object does not change. He remains strongly attached to his mother emotionally, but this attachment differs at this time. It is a stronger relationship and unconsciously he recognizes that part of this affection is like the type of love which his father offers his mother. In the light of this his father

becomes a rival for his mother's love. The boy sees his father as a dangerous rival because his father is strong and can be a punishing figure. The child is striving to be masculine and his father can destroy this most important striving in the boy. The boy is afraid the father will castrate him.

This fear is reinforced by his observations of others. He knows that other people do not have a penis if he has seen the genitalia of little girls or of his mother. He feels he is in danger of losing his penis as he believes others have. He associates this danger with his father because of the competition for the mother's love. The boy feels that if he provoked his father, his father would become hostile and castration would be the result of these hostile feelings.

This is only one aspect of the conflict which produces anxiety and confusion for the boy. If the father-son relationship has previously been a good one the positive aspects will be preserved because the boy wants this gratification.

Another aspect of the conflict which leads to confusion is the mother's inability to look upon the boy as a rival of the father. She appreciates the child's attention to her, but she continues to look upon him as a child and the father still occupies his position as her husband. This brings about resentment in the child along with feelings of inadequacy. The feelings of inadequacy are reinforced by his physical size. He wishes to exhibit himself which serves as reassurance. Exhibitionism is also employed as a means
of seducing the mother.

The boy must find a solution to this conflict through which he can be more comfortable in his surroundings. He is motivated in the choice of a solution to have the love of his mother. The boy first thinks of being like his father because his mother loves his father, thereby winning his mother's love. The danger from the father is great here, however, and anxiety is created which must be handled. The solution must go further than this. He must identify with his father and combine his father's goals and standards with his own pattern of behavior. The sexual aspect must not enter into this identification because of the possibility of concern by the father. In order to keep the love of the father, the boy strives to be like him and, at the same time, renounces his mother as a sexual love object. The boy gains new security through this identification with the father and the father is pleased to see his son growing up to be a real boy. The mother is pleased with the masculinity of the boy. The boy has achieved his goal, although it is not as satisfying as he had at first anticipated. This solution to the conflict has paved the way for the development of his super-ego.

With the development of the super-ego comes a departure from the intensity of the family relationships and a turning outward to the world beyond the family triangle. He socializes and makes friends with those his own age. He becomes
active in competitive games which provide an outlet for his competitive feelings. He lives in a fantasy world of playing "cops and robbers" and "war" games. This all leads to adult socialization and obeying the laws of fair play. It represents the activities of a normal child in his development from the oedipal period to adolescence.
CHAPTER IV

ANALYSIS OF THE CASES AND CASE PRESENTATIONS

It is interesting to examine the cases as a whole before presenting them individually. All of the cases became known to a child guidance clinic because of some emotional problem of the boy. The problems at referral are shown clearly by the following table:

TABLE I.

PROBLEMS PRESENTED AT THE TIME OF REFERRAL

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<th>Problem</th>
<th>No. of Cases</th>
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<td>Poor school adjustment</td>
<td>6</td>
</tr>
<tr>
<td>Poor socialization</td>
<td>1</td>
</tr>
<tr>
<td>Fears</td>
<td>1</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1</td>
</tr>
<tr>
<td>Enuresis</td>
<td>2</td>
</tr>
<tr>
<td>Aggressive behavior</td>
<td>1</td>
</tr>
<tr>
<td>Keeping late hours</td>
<td>1</td>
</tr>
<tr>
<td>Reading disability</td>
<td>2</td>
</tr>
<tr>
<td>Nervousness</td>
<td>2</td>
</tr>
<tr>
<td>Listless and daydreaming</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

It can be readily seen from this table that poor school adjustment was the most prevalent problem. Enuresis, reading disability, and nervousness were the next most prevalent problems at referral.

The father's behavior when drinking is an interesting factor to view over-all. In four cases the father was physically abusive to both the mother and the boy. In two

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1 The cases number more than ten because some of the boys were referred with more than one problem.
cases he was physically abusive only toward the mother. In only one case was he physically abusive to the boy alone. In two cases there was no evidence of physical abuse. The father was incapable of doing much work when drinking in two cases. In one case the father was verbally abusive only to the boy.

In most of the cases there were some family problems involved. In five cases arguments and quarrels were outstanding. In two cases the mother contemplated divorce but remained with the father for the sake of the children. In one case the mother separated from time to time, but returned to the father. The mother obtained a divorce, but only after the boy had attained the age of twelve years. Economic stress was indicated in at least two cases where the material showed the mother was working full time.

The cases are presented in the order of the father-son relationship. Case #1 represents a boy who seeks friendship and understanding outside of the home. Cases #2, 3, and 4 represent boys who have not been able to identify adequately with their alcoholic fathers because of open rejection by the father, frequent beatings, and lack of interest for the boy on the part of the father, respectively. Cases #5 and 6 represent boys who have ambivalent feelings toward their fathers. Cases #7, 8, 9 and 10 represent boys who have apparently identified adequately with their alcoholic fathers. It appears that lack of abusive treatment in cases #7 and 8
has helped toward a good relationship. In cases #9 and 10, although physical abuse is present, it appears that the father in periods between drinking shows the boy some attention and affection which is adequate for the basis of a good relationship.

It is interesting to compare this study to the brief study by Nancy Newell. Mrs. Newell states:

In his periods of sobriety, the alcoholic father frequently is charming, affectionate, understanding, and penitent. He inspires the natural love of his offspring, who build therefrom an ideal father-image of omnipotence and loving-kindness. The disillusionment of the drunken episode is shattering to the frail super-ego structure of the child. He is forthwith subjected to alternating experiences of exalted hopes and blighting disappointment....It is surely dangerous to the highly organized human creature who, in the formative period of childhood, is just becoming aware of social and cultural standards as well as of the interpersonal relationships of his home. It is not surprising that a child thus exposed presents a bewildering array of ambivalence, inconsistencies, antagonisms and touching overtures of affection.

Case Presentations

Case #1

Patient is an eight-year-old boy with an I.Q. of 116 and is the second of five children. He was referred to the clinic because of the problem of poor school adjustment.

Until two years ago patient's father had been drinking heavily since he was fifteen years old. He is now thirty-four. At present he is being treated for alcoholism voluntarily. He was extremely cruel to mother when he was drinking.

He ran around with other women a great deal. Mother lives in fear of father returning to drinking. Father threatens mother by telling her he will take up drinking again and by this gets what he wants. Mother fears father and is afraid to sit down and talk with him for fear that he will get angry and threaten to return to drinking. Mother fears the repetition of cruelty. Father has said he only knew his boy was alive for the past two years since he stopped drinking.

Father is nervous now and high-strung and doesn't want to be bothered spending any time with his own family. Mother has to constantly keep the children quiet or busy as they upset father when they are noisy. The children are not allowed to eat with father. Mother waits on him completely. She seems to have a need to suffer through difficulties.

Mother permits father to do as he pleases and apparently was not upset when he went around with other women. Mother feels father picks on patient more than the other children. The parents differ in their ideas of discipline.

Patient will not mind mother. Mother tends to shelter patient and she says he will do things for her if he is asked in a pleasant way.

Father believes in very strict punishment and does not hesitate to hit patient with his hand or a strap. The father is sober when he administers these beatings. He often hits patient on or about the head. He will beat patient and shortly afterward give him money for funnybooks. He tries to explain and reason with patient, but he appears to be incapable of relating to him. He beats him on the slightest provocation.

Patient lives in fear of his father. Father makes promises and does not keep them which is disappointing to the boy. Father goes fishing but either goes alone or with other men and never takes patient. He says he cannot be bothered with him. Patient is quite sensitive about father's drinking. He has to seek friendship and understanding outside the home.

Psychologist reports patient's general performance
is good. He concentrates well, for the most part, but at times his attention wanders. He has good reasoning ability. He is classified as having superior intelligence.

In school he is repeating the second grade. He marks up his papers and does little work in class. He does do better work under supervision. Once when he was sent to the principal's office he got his coat and went home. He is reported as being a disturbing element in the classroom and corridor. He has no friends and does not know how to enter into play with other children. At recess he sticks close to the principal who is the only man in the school. He tells stories during "story hour" of trips to the woods with his father.

The home is poor and drab. Mother is described as a poor housekeeper. They live in an apartment in a crowded area where there is no yard for the children to play.

Here is a boy of superior intelligence whose alcoholic father is extremely cruel to his mother when he is drunk. The father has been drinking heavily for nineteen years. At the time of referral the father was being treated for alcoholism and threatens the mother by telling her he will take up drinking again. By these threats the father controls to a great extent the mother's behavior. The mother fears the father and patient lives in these surroundings which appear to be dominated by fear. The boy is undoubtedly confused about his father's behavior. The father is inconsistent with discipline. Although the father has apparently stopped drinking, the tension and the fear in the home have not lessened due to the father's threats to return to drinking. The boy is quite sensitive about his father's drinking and this appears to have limited the father-son relationship as
patient seeks help and guidance from the school principal.
The boy has been forced out of the home to seek friendship.
Patient lives in fear of his father.

Case #2

Patient is an eleven-year-old boy with superior intelligence. He is the second of two children. He was referred to the clinic because of the problem of poor school adjustment. He is also a diabetic.

Mother describes father as a "character" from LOST WEEKEND. When drunk, father is extremely pugnacious. He makes promises when drunk and does not keep them. He has caused the family to lose many friends. Patient turns to mother with his problems because he is upset by father's drinking.

Mother seems to be very unhappy in her marriage to father. She is very grim about the situation. The relationship between mother and father is poor partly because of a strong attachment father has for paternal grandmother for whom he works. He spends a great deal of time outside of working hours at the grandmother's home. He has identified greatly with grandmother and this is a source of friction in the home. Mother feels he does not spend enough time with his own family. Mother is also worried about father's diabetes. He pays no attention to his diet.

There is a very close relationship between mother and patient. Mother favors patient and father favors patient's sister.

There is very little relationship between father and patient. Father rejects patient, preferring the daughter. Patient feels a need of proving himself to father. When patient talks about his father, he has a very critical air. He feels inferior and strives to be accepted. Patient is dependent upon mother for satisfying his needs.

Psychologist states that patient has superior intellectual capacity, but unevenly distributed ability. He has good verbal ability, but poor performance. It would seem that he has been
pushed beyond his very good capacities. Psychologist further states that he has set up high goals of achievement and has built defenses against failure. It is felt that here is a combination of emotional disturbance and possibly organic defect.

In school there is no difficulty as far as marks are concerned. He has good mental ability, but doesn't get along with other children. The children do not accept his domineering attitude and his attempts to be "bossy."

Here is a boy of superior intelligence who turns to his mother with his problems because he is upset by his father's drinking. When drunk, the father is extremely pugnacious and makes promises which he does not keep. The father spends little time at home which is a source of friction between the parents. The father-son relationship is poor due to rejection on the part of the father. The father prefers his daughter. The boy's relationship with his mother is good and he depends upon her to satisfy his needs. The boy feels inferior and strives to be accepted.

Case #3

Patient is a thirteen-year-old boy with an I.Q. of 92. He is the first of six children. He was referred because of the problem of enuresis.

Father drinks a great deal. Mother obtained a divorce when patient was twelve on the grounds of "cruel and abusive treatment." He frequently beat patient and mother. Father also gambles his money away. The relationship between mother and father is extremely poor because of the father's abusive treatment when drunk.

Mother is described as a passive person in a dependent way. She apparently identifies patient with his inadequate father and seems to reject patient. Mother has the teacher at
school call him names thinking this will shame him.

Mother is constantly punishing patient for every little thing. She slaps him when he has petty arguments with his sisters. He comes back with, "You're always licking me." She scolds him and makes him feel ashamed about his enuresis.

Patient has not seen his father for the past year. Previous to that the relationship of father and son was poor due to frequent beatings. Patient had no adequate father-image.

Patient does not want to do anything for his mother. He finds fault readily, "You don't feed us."

Psychologist reports patient is a conscientious child who reacts favorably to praise. He has a need to achieve. In the test behavior, he indicated a rigid set of work habits.

He attends parochial school and is in the sixth grade. His sister, who is younger, is in the same grade. He is doing fair work in school and there are no significant factors involved. He dislikes English and grammar.

Here is a boy of low average intelligence who has been subjected to abusive treatment by his alcoholic father. The father drinks a great deal and gambles his money away. The boy is rejected by his mother because she apparently identifies him with his inadequate father. Mother frequently punishes the boy for every little thing. He is scolded and made to feel ashamed for his enuresis. He seems to get no love or affection in the home. The father-son relationship is poor due to frequent beatings administered by the father when drunk.

Case #4

Patient is a fourteen-year-old boy with an I.Q.
of 86. He is the second of three children. He was referred to the clinic because of the problem of a reading disability.

Father is described as an alcoholic and brutal to the children. He is now living out of the home and does not contribute financially. He was in the home until patient was ten years old. He occasionally returns to the home.

Mother works full time to support the children. Mother is described as a burdened, harassed woman who has little energy or interest left for the children and takes a pretty casual attitude towards this serious problem.

Surprisingly, the domestic relationship when father was in the home is described as harmonious. Mother and father reportedly get along well. It seems that mother has become resigned to father's behavior. Father went to Florida due to his health. He has a lung condition due to a rifle injury.

Mother and patient see little of each other as mother works days and patient works evenings in a bowling alley. Father has no interest in patient and patient has no concern about father.

Patient is defiant and arrogant in school. He shows complete indifference to everything. He has been transferred from school to school because he couldn't get along well. He is now in a printing shop and doing well. He spends a lot of time trying to prove the teacher wrong. When he is late for school, which is often, he argues whether he is late or not. Patient does not take responsibility.

This is a boy of below average intelligence who is subjected to brutal beatings administered by the father when he has been drinking. The father left the home when patient was ten years old and returns to the home only once in awhile. Patient seems to have had no close relationship with either his mother or his father. The home was apparently harmonious when patient was growing up. However, patient was transferred from school to
school until placed in a printing shop where he is doing well. The mother is working full time and takes little interest in the boy. She does not appear to realize the seriousness of the problem. The boy seems to have adjusted well in spite of the earlier influence of an alcoholic father.

Case #5

Patient is a nine-year-old boy who has low average intelligence. He is an only child and was referred to the clinic because of the problem of poor school adjustment, poor socialization, fears, anxiety, and enuresis.

Patient's father drinks a great deal. When he is drunk, he quarrels and hits members of the family. Father frequently cries when he has been drinking and never wants patient to see him that way. Mother forgives him and takes him back only to have the situation repeated. When patient tells mother what other children say about father's drinking, she hits him for talking about it. Mother has apparently identified patient with father and is unreasonably fearful that patient will be like him. Patient fights children who speak of his father's drinking.

Father is out at night much of the time and goes out with other women. He has been found peeping into windows on several occasions. There is much quarreling in the home which patient witnesses. Father once threw a knife at mother which act was witnessed by patient.

It has been very difficult for mother to live with this man. She has contemplated divorce but friends have discouraged this for patient's sake. Mother has left him for periods of time but has always returned. Mother underwent a hysterectomy while father was in the service. Father now blames her that they cannot have a girl.

The parents' relationship with each other is not a good one. There is continual marital conflict. Father was furious patient was a boy. When father was in the service, he contributed little to the family. He uses foul language to mother in front
of patient and disagrees in ways of discipline. 
Mother does not know how much of this she can 
stand. Much of mother's energy is used up 
coping with father and thus has little left 
to offer patient.

Mother's attitude toward patient is one of 
anxious criticism. She is punishing and argu­ 
mentative with him. She appears anxious over 
her training of him. Patient does not mind 
mother well. On one occasion, he said, "You 
hate me, Mommy, you wanted a little girl." 
Mother is irritated that he is not convinced 
of her love and acceptance of him. There is 
not a good relationship here.

Father seems to have no regard for patient's 
well being. He has rejected patient because 
he wanted a girl. He did not want a boy who 
would grow up to be like him. Patient is very 
ambivalent toward father. When patient was 
young he cried for father during periods of 
separation. When divorce was pending, patient 
cried. When parents quarrel he does not know 
what to do. He appears extremely confused 
and withdraws within himself. The reality situation 
which patient faces causes him to fear and doubt 
himself.

Psychologist states that patient relates well 
and adapts easily to a new situation. He has 
marked feelings of inadequacy and belittles 
himself. His low average intelligence is a 
minimal rating.

Patient has always had difficulty in school. 
He is stubborn and manifests an "I don't care" 
attitude. He repeated the second grade and did 
not get along with his teacher. During four 
years of school, he has attended seven different 
schools. He is at present in the third grade. 
There are several reported episodes of stealing 
in school. He gets blamed for what other children 
do because the children like to see him punished.

Patient has moved about a great deal and has 
lived with parents in both grandparents' homes 
and also in maternal great grandparents' home.

Here is a boy who is subjected to abusive treatment from 
his alcoholic father. The father cries when drunk and does
not want the boy to see him that way. When the father cries
the mother forgives him only to have the situation repeated.
The mother hits patient when he talks about the father's
drinking. Patient fights children who speak of his father's
drinking. It is indicated that the mother has apparently
identified patient with his father and is fearful that patient
will be like him. There is evidence of rejection here as the
father has stated he wanted a girl. The boy is ambivalent
toward his father and appears confused. He withdraws within
himself.

Case #6

Patient is a fourteen-year-old boy with an I.Q. of 103. He is the second of four children. He
was referred to the clinic because of the prob­
lem of aggressive behavior, staying away from
school, and keeping late hours.

Father drinks considerably and when drinking
he is aggravating. He makes promises which he
does not keep. He is abusive to patient in a
verbal way and implies that patient is crazy.
Father calls him a delinquent.

Mother has tried to compensate for father's
attitude by taking an interest in the boy. She
is quite concerned about his behavior and is at
times too strict with discipline. She dominates
patient and tells him what he can and cannot do.
Patient rebels at this. However, at times patient
seems to have a good relationship with mother.

Mother does not see eye to eye with father.
When the children were young she would not let
father strike them. There is a great deal of
conflict in the home and much of the time the
parents do not speak to each other.

Father is extremely strict with patient and
often warns of sending him away if the late
hours continue. Father prefers younger brother
and makes his feelings known to patient. Patient does not get along with father and they often fight with the result that mother has to step in to stop them. Patient feels that father thinks he is crazy. He is ambivalent toward father; liking him one minute and hating him the next.

As mentioned previously, patient gets along well with mother on occasions. He has some feminine tendencies. He hates school. He would rather stay home and play with his sister's dolls. He also likes to sew. He swears at both mother and father and often does the opposite of what they suggest.

Psychologist reports average intelligence with some emotional blocking. He enjoys doing manual activities and rates high in this category on the test.

He hates school and therefore truants often. Although he is absent a great deal, he is doing average work in school. Truancy seems to be the only problem connected with the school.

The family lives in a high delinquency area. They live on sixteen dollars a week given them by Public Welfare. To supplement this, mother works occasionally.

Here is a boy of low average intelligence who is rejected by his alcoholic father. The father states openly that he prefers his younger son. The father calls his son crazy and a delinquent. The mother often has to step in to stop the father and son from fighting. The father is not physically abusive, but is aggravating and makes promises which he does not keep when he is drunk. The boy seems to be ambivalent toward both parents. He likes his father one minute and hates him the next.

Case #7

Patient is an eight-year-old boy with an I.Q. of
89. He is the second of two children. He was referred to the clinic because of the problem of nervousness. He makes faces and cannot sit still. He also has a reading disability.

Father drinks heavily but is not abusive physically. He is good to the children. He has epileptic-like fits when he drinks to excess. Patient has seen at least one of these at the age of two and a half. Father misses many days from work due to his drinking. Mother sleeps with patient rather than father because of father's drinking. When father goes to the barroom, patient follows him because he is able to get money from father when he is drunk.

Mother has been working nights to compensate for father's loss of work. There are many arguments between the parents which are not hidden from patient. Mother has considered leaving father if it were not for the children.

In the matter of discipline, mother "blows up" rather than punish physically. The children vacate the house until she has settled down.

When father has the epileptic-like seizures, he is very tired afterwards. At this time mother treats him like a baby. Mother realizes that she is quick, nervous and inconsistent. She states that father is the same way so that there has been no stability in family relationships.

Father is materially good to patient. He has never been one to play with patient or show any interest in patient's activities. The father-son relationship is apparently based only on material things such as money.

Patient, at eight years of age, is sleeping in the same bed with mother. Mother seems to use the boy as protection against sexual relationships with father.

Psychologist reports that this boy is of dull normal intelligence due in part to his inability to read. Special reading lessons were recommended.

Patient is in the third grade in school and is unable to read at all. An attempt was made to place him in a special reading class but he
blocked. He was not pushed.

This is a boy whose father is not abusive when alcoholic. The father is good to the children. The boy sleeps with his mother as protection for the mother against sexual advances by the father. The boy seems to identify with his father as a drinking person as he follows his father to barrooms because he is able to get money from his father when drinking. The father has missed many days work due to his drinking which has necessitated the mother's working nights. The boy witnesses arguments between his parents. Mother realizes the instability which exists in the family environment.

Case #6

Patient is an eleven-year-old boy with an I.Q. of 89. He is the sixth of six children. He was referred to the clinic because of the problem of extreme nervousness and inability to go to school.

Father is described as a chronic alcoholic. He manages to get drinks from friends who treat him. He is drunk several times a week. He has worked very little since patient's birth and has become progressively lax in his own habits, dressing and eating. Mother has separated from father several times due to his drinking and abusiveness, but has returned for the sake of the children. Patient goes downtown with father when he goes to talk with friends or goes to a barroom.

Father is sixty-three and has cancer and kidney trouble. Mother is an invalid which makes it difficult for her to get around. She tries to compete with father for patient's affection. She becomes angry with patient if he shows her no affection.

Mother and father quarrel a great deal and the house is not a happy one. Father does not help mother in the home and is not careful with any money they receive. Mother is fifty-three.
Mother gets angry with patient for not going to school. She screams and yells at him. She punishes, threatens and pleads with him, all of which are to no avail.

Father has always tended to baby him. He takes patient's side against any of the others. He seems to be quite close to the boy and is never firm with him. Patient is content to be with father all the time. Patient sits at home with him and listens to him talk with old friends who come to visit.

Psychologist reports patient is introverted. He is not in emotional rapport with his world. He lives in an infantile world of his own imaginings.

Patient has a strong fear of school. He will not go and runs away when forced to go. He gets white and nauseated at the thought of school.

Patient is the only child in the home at the present time as all the siblings left home early either to marry or work. They have little contact with the home.

In this case the father is described as a chronic alcoholic. He has worked very little since patient's birth. He is abusive toward the mother which has caused her to separate from him several times. The boy goes downtown with his father when he goes to talk with friends or goes to a barroom. Father has always been good to the boy even during periods of drinking and there seems to be a good relationship here. The mother becomes angry with patient when he shows her no affection. It appears that she competes with the father for patient's affection. The father has babied patient, therefore making patient dependent upon him.

Case #9

Patient is an eleven-year-old boy with an I.Q.
of 111. He is the third of three children. He was referred to the clinic because of the problem of misbehavior in school.

Father started drinking when patient was about two years old and has become progressively worse. He is now physically abusive to both mother and patient. He often strikes patient.

Mother sends patient out of the house when father comes home after drinking. Mother has become resigned to father's drinking, but has some insight into the effect it has upon patient's life. Mother tries to protect patient when father has been drinking by telling him not to talk back to father but to ignore him. Father makes derogatory remarks about mother in front of company. He accuses her of drinking up all the liquor in the house and also of her telling everyone he is an alcoholic. Father's personality when drinking is repulsive to mother. She gets up and leaves the house when father is drunk.

Mother is the disciplinarian in the home. The parents argue a great deal and mother is unable to hold her temper. She gets upset and worked up over the unpleasant situation. Mother "blows up" when her temper gets the best of her.

Mother is very protective of patient. She shields him from father and takes him with her when she goes bowling or visiting. She also checks on his playmates. Patient helps mother with dishes and with chores around the house. He wants to be with mother all the time. He teases her by untying her apronstrings and by holding things away from her.

There was apparently a good relationship between father and son up to the time when father became abusive. Father is a full-time fireman and patient used to go to the fire station with him. Father takes patient to a ball game occasionally. Patient loves to sit down and talk with father. They talk about sports, politics and the war. They get together often when father is sober. Patient has stated he wants to be a fireman when he gets older.
Psychologist reports patient is rather shy and evasive. There is an indication of frequent mood swings. The test pattern reveals a boy who is having difficulty relinquishing early childhood patterns.

He is in the fifth grade in school having repeated one grade. The teachers report he is a troublemaker in the classroom and on the playground. His misbehavior is sneaky and underhanded. He is a constant source of annoyance when he is doing something he dislikes. It is impossible for him to keep quiet. He does not seem to be trustworthy or dependable. He is not liked by other children and cannot get along with them. He dictates to them and they seem to fear him.

Here is a boy who is struck often by his father when alcoholic. The father is also abusive towards the mother. Patient is sent out of the room by the mother when the father comes home drunk. The mother also attempts to protect patient by telling him not to talk back to his father but to ignore him. The father insults the mother in front of company to the extent that the mother leaves the house when the father has been drinking. Patient apparently had identified with his father to some extent before the father became abusive because he likes to talk with him and he wants to be a fireman when he grows up. Mother appears to be overprotective of patient which tends to make patient dependent upon her.

Case #10

Patient is a nine-year-old boy with an I.Q. of 105. He is the second of two children. He was referred to the clinic because there was some question of his working up to his ability. He is also listless and daydreams.

Father began drinking during the war and,
according to mother, drinks to excess. Mother becomes very upset when father drinks and this leads to quarrels. Patient becomes disturbed. For four months prior to referral, father did not drink. During treatment of patient, however, father began drinking again.

Mother works every day. There are frequent quarrels between the parents, but apparently no abusive treatment. Father thinks certain jobs in the home belong to mother, such as helping patient with his homework. Mother had more education than father. Mother puts a great deal of pressure on patient and is cross and quick with him. She has a great amount of anxiety and worries a great deal about his achieving success in school. Mother feels that practice and pressure will see patient through his difficulties.

Mother places a great deal of blame on father. She blames him for her nervousness which she feels has an effect on patient.

Mother is very inconsistent in her handling of patient. She gets very impatient with him and has little control over him. She helps him dress as she wants him to look well groomed.

Patient apparently gets along well with father. They idolize one another. Father handles patient firmly and confidently. There is a strong tie between them. Patient minds father well. Patient frequently asks the parents not to quarrel. Patient minds mother poorly. Parents threaten him and shame him about his schoolwork.

In school he repeated the second grade and is likely to repeat the third grade. He is unhappy in school, dislikes to go and dislikes his teachers. He tends to be belligerent with younger boys on the playground. He is doing only fair work in school.

Psychologist reports that patient showed tendencies toward distractibility. He displayed a constant need for reassurance and approval. His speech is infantile.

Patient is like an only child in the home as
his older sister is married and living out of the home.

Here is a boy who becomes disturbed over his father's drinking. When the father drinks it leads to quarrels between the parents. The boy frequently asks his parents not to quarrel. The father's drinking is upsetting to the mother. The father stopped drinking for a short period prior to referral, but started again during treatment of patient. This boy seems to have identified adequately with his father as there is a strong tie between them. There is no evidence of abusive treatment. The mother, on the other hand, puts a great deal of pressure on patient to achieve in school.
CHAPTER V

SUMMARY AND CONCLUSIONS

It is the purpose of this thesis to study and evaluate ten cases in order to ascertain the problems and conflicts in the boy precipitated by the father's drinking.

The writer attempted to find out how the boys reacted to their fathers' drinking and the type of relationship which existed between the alcoholic father and his son. In addition, the types of problems were studied to see if there was any similarity between them.

In summary the cases show a variety of reactions on the part of the boys to their alcoholic fathers. In case #1 the boy is confused and sensitive about his father's drinking. He seeks friendship and understanding outside the home. In case #2 the father rejects the boy. The boy reacts, therefore, by striving to be accepted. In case #3 there is no outstanding reaction on the part of the boy. In case #4 the boy has no interest in his father. His reaction is one of nonchalance. In case #5 the boy reacts to his father's drinking by fighting with children who speak of his father's drinking. In case #6 the boy fights with his father and swears at him. He reacts by doing the opposite of what he is told. In case #7 the boy follows his father to barrooms where he is able to get money from his father when his father gets drunk. In cases #8, 9, and 10 the boys' reactions are not significant because the father-son relationship is good in each instance.
The boys seem to react in a normal way.

In regard to the father-son relationship, it is interesting to note the difference in the cases. In cases #1, 2, 3, and 4 the relationship is poor. The reasons for this seem to be the abusive treatment of the father and rejection by the father. In cases #5 and 6 the boys feel ambivalent toward their fathers. In cases #7, 8, 9 and 10 the father-son relationship appears to be good because of the lack of abusive treatment. The fathers in these four cases have shown some interest in the boys resulting in an adequate father-image and identification.

In conclusion, no definite reaction was noted on the part of the boys. The boys reacted in a variety of ways seemingly dependent upon the parents' reaction toward them. In the family where the father is alcoholic, the mother seems to play an important role in the adjustment of the boy because of her feelings and attitude concerning the alcoholic father. In the cases in which the father was abusive the reaction of the boy was more pronounced. Abusiveness also seemed to play an important part in regard to the intensity of the relationship. When abusiveness was present the relationship was poor; when abusiveness was lacking, the relationship
was good.

Other factors such as rejection and attention also effect the relationship whether abusiveness is present or not.

It is interesting to note the frequency with which a school problem was evident. This problem stood out noticeably in comparison to the other problems. Further study is indicated, however, to determine the reliability of this finding.
BIBLIOGRAPHY
BOOKS


PAMPHLETS


Newell, Nancy and Edgar C. Yerbury, The Development of State Child Guidance Clinics in Massachusetts. Massachusetts Department of Mental Health (revised), 1948.

APPENDIX
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