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The effects of the broken home on school adjustment:

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Boston University
THE EFFECTS OF THE BROKEN HOME ON SCHOOL ADJUSTMENT

A study of twenty-five cases from the Massachusetts Division of Mental Hygiene Child Guidance Clinic in which there was a broken home and in which there was found to be a difficulty in school adjustment.

A Thesis

Submitted by
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PREFACE

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CHAPTER I

INTRODUCTION

A. Purpose

School adjustment is the second great step that the child is called upon to make in his growth and development from infancy to adulthood. His first adjustment in life having been made to the family circle into which he was born. If the parental relationships in the home have not been harmonious, if the home has been broken by divorce or death of the parents, then the task of making an adequate adjustment to his family is difficult for the child. It is hard for him to overcome this hurdle without some distortion of his personality.

It is then the purpose of the study to take this environmental influence to the child's development, the broken home, and consider how and to what extent, in the case studies used, the emotional upset of this situation has been a significant factor in the child's inability to adjust and achieve in school commensurately with his capacity.

B. General Questions

In relation to the purpose of this thesis the writer has posed the following general questions for consideration in the group of cases to be studied:
1. Does the emotional upset of the broken home affect the child's ability to make an adequate adjustment in school?

2. If the emotional upset of the broken home does affect the child's ability to make an adequate school adjustment, what are the factors in the home situation which seem to have affected the child?
   a. What effect did the difficulties in the family prior to the break have upon the child's ability to adjust in school?
   b. How was the child's ability to make an adequate school adjustment affected by the home situation subsequent to the break?
      (1) How did the absence of a parent affect him?
      (2) How was he affected by the attitudes of the parent with whom he was living?
      (3) What new subsequent relationships in the family constellation affected his ability to make an adequate adjustment?

In posing these questions it is the writer's purpose to attempt to see if the broken home situation has been a cause of the poor school adjustment of this group of children. Then further, if this has been true, to attempt to see if it can be determined what the factors were in the broken home situation which caused the child to be emotionally disturbed and consequently unable to achieve in school commensurately with his capacity.

C. Limitations and Definitions

In this subject certain limitations and definitions
are necessary. A broken home in the broadest sense means a home broken by divorce, separation, desertion or death of one or both parents. The child in such a situation may be in his own home, a foster home or an institution. Because of the variety of other factors that may be involved in a case where a child is living outside his own home, the limitation has been imposed that the child must be living in his own home with one of his natural parents.

The term school adjustment as used in this thesis includes both academic achievement and personality adjustment. Both of these factors are present in a child's inability to adjust in school and will be separated when possible for analysis in this study.

This study has been limited to include only children of normal intelligence or above (i.e. with an intelligence quotient of 90 or above). In children of below normal intelligence many of their emotional problems related to school adjustment may stem from their innate inability to keep up with the standard school work of their chronological age level.

D. Method

The material of this study consists of twenty-five cases selected from the various clinics of the Commonwealth of Massachusetts, Division of Mental Hygiene's
Child Guidance Clinics. To select these cases the writer went through the research book of the agency for the years 1946 - 1947. This book gives brief information on each closed case. From this book the writer listed all the cases in this period in which there was a broken home and in which there was some indication of an inadequate school adjustment, though this was not necessarily the reason for referral to clinic. The writer then went over this group of more than sixty cases to determine the following: that the child was at the time of referral living with one natural parent and that these children had an I.Q. of over ninety as tested by the clinical psychologist. The cases were further selected by ascertaining that they had a full social history and that there was sufficient information on the family background and the school situation. Twenty-three cases were selected in this manner, and the two remaining cases were recommended by clinic personnel from 1948 records as having a bearing on the purposes of this thesis. Thus, the cases were not selected at random, but picked to fit the limitations of the thesis and sorted to insure that they had sufficient information. All the information used in this thesis is taken from the social and psychiatric histories of these records.

A schedule\(^1\) was devised and applied to each case

\(^{1}\) See schedule, Appendix #1.
to examine the child's reason for referral, his position in the family constellation, his physical health and his personality tendencies. Special emphasis was then made in determining his school adjustment, his intelligence rating and the family situation, both prior to, during, and subsequent to the break.
CHAPTER II

THE COMMONWEALTH OF MASSACHUSETTS,
DIVISION OF MENTAL HYGIENE CHILD GUIDANCE CLINICS

A. HISTORY AND DEVELOPMENT

"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 a natural outcome at the peak of the mental hygiene movement, the promotion of mental health by preventive and correctional treatment through child guidance clinics. New psychiatric concepts and the adoption in mental hospitals of social service departments brought to light concurrently the fact that breakdowns in the adult personality were often the result of early childhood experiences. By 1922 Massachusetts was a leader in the new field of psychiatric social service and trained workers were in demand throughout the country.

Out-patient clinics were established for the supervision of patients from mental hospitals and these were

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.
expanded as centers for non-committable patients including delinquent children. As early as 1919 the General Court of Massachusetts required that all children three years retarded in school be examined and special classes be set up for their instruction. "Traveling school clinics" were formed for their examination and were a great stimulus toward the founding of the child guidance clinics. In addition to the traveling school clinics, out-patient mental hygiene clinics came to be established by the mental hospitals in various communities. There was an immediate demand for these and they were faced with giving service from infancy to adulthood. Between 1921 and 1924 a division for the examination of prisoners was established in Massachusetts and was equipped with psychiatric social services.

In this period of the dawn of state clinic psychiatric and social services the cases in all these diverse fields showed "striking similarities of etiologic factors and unmistakable indications that the most fertile field for mental hygiene lay in the realm of childhood." 2 Also in this preliminary period one phase of clinic procedure was worked out that has remained standard to date, the clinic team consisting of psychiatrist, psychologist

and social worker. Many variations have been introduced, yet the combination of these in evaluation and treatment has proven more effective than the efforts of any one type of worker.

In 1922 Dr. Douglas A. Thom and Dr. George M. Kline, with other leading psychiatrists, presented to the Legislature a preventive program and secured the establishment of the Division of Mental Health, with Dr. Thom as director. This was the result of a revealing survey Dr. Thom had made the previous year on the value of a psychiatrist to health clinics of the Baby Hygiene Association. This division had as its responsibility "all matters affecting the mental health of citizens of the Commonwealth, investigation of causes and conditions that tend to jeopardize mental health." State funds were made available for research and for the child guidance clinics.

In 1923 three clinics were opened by the Division and were given a heart warming 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 were opened throughout the state. All the clinics set up by the division were originally for

3 Annual Report of Massachusetts Department of Mental Diseases, 1922, p. 7.
demonstration and it was intended that they be turned over in time to hospitals or to private organizations. In some cases 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. Only in communities near Boston did the division retain the clinics.

In 1933, after the Division had been in operation ten years, it was conducting nine clinics which had become more or less permanent. There were two different types noted among them. Five might be called "community clinics" because they were closely affiliated with the schools and social agencies. These were very important in influencing teachers through school conferences and parents through various parent group organizations. The emphasis was on the normal child with problems. The other four clinics were affiliated with hospitals and had the advantages of medical services when needed as well as being used to interpret to medical interns and nurses the meaning of personality difficulties and the recognition and treatment of neurotic symptoms. During this time certain other special services were added to the clinic program including speech correction, remedial reading and occupational therapy.

Since 1933 the Commonwealth child guidance pro-
gram has seen a period of change in the interest of stabilization and efficiency rather than expansion. Certain clinics were closed to serve more effective areas. Others were taken over or new ones established by state hospitals. The Springfield Clinic was expanded into a full-time clinic with financial contribution from the Community Chest.

Today there are five State Child Guidance Clinics in operation. The Springfield Clinic, because of its distance from Boston, is operated independently. The other four are operated from the Division office in the Department of Mental Health. The Brockton Clinic, opened in 1938 at the request of the school department was a unique innovation in its close connection with the school system. The Quincy Clinic is a community clinic, also much used by the school system, and is jointly financed by the state and by the local community chest. The Lowell Clinic, started 1925 is located in the Lowell General Hospital. It is somewhat different in its scope from the others and limited by its location. The West End (Boston) Clinic has continued since its inception in 1924 and is still flourishing, serving a wide area.

This provides a bit of history and development of the State Child Guidance Clinics. Let us now consider a little about the organization of the clinics as a back-
ground for understanding the cases which provided the material for this thesis.

B. ORGANIZATION AND PROCEDURE

The child guidance clinics have as their purpose the study and treatment of children of normal intelligence, though they do provide in addition diagnostic services for the abnormal child. This latter service must of necessity come within the function of the clinic because in the case of borderline children it cannot be known in advance of examination whether the child is sufficiently endowed mentally to respond to treatment. Roughly defined, a behavior problem is one which shows the child is not adjusting to his environment.

The clinic tries to consider the "whole child" by making a thorough study of his personality, focusing on his intellectual, social and emotional life. This calls for constant cooperation and interaction of all staff members, including the psychiatrists, psychologists, social workers and special therapists, such as the speech therapist, reading tutor and occupational therapist. Interviews are held on clinic days by appointment. This system of appointments gives the patient a feeling of security that a certain specified time is for his own use. The actual upper age limit of children accepted for study is fourteen, but some-
times exceptions are made. Three of the children in this study were above this age when accepted.

At the time the child is referred to the clinic the social worker obtains the story of her child's difficulties from the mother. The worker obtains information concerning the parents, the number of children and their relationship to the child referred, as well as the child's age, grade in school and teacher. Arrangements are usually made at this time to visit in the home to secure a more complete picture of the child, his family and his environment. The worker gains permission to visit the child's teacher. After this she is interested to learn what the mother has told the child about coming to clinic; the child who has been coerced is often resistant to therapy. The mother is then given a description of the clinic, its services, and suggestions of how it may be used. The worker advises the mother to allow the child to feel that his interviews with the psychiatrist are confidential.

On the basis of this the psychiatrist and social worker consult to see if the child should be accepted for service. Usually the psychiatrist requests that the social worker obtain a full history on the child's background, his home and school life. Then in regular interviews with the mother, the worker tries to help her understand the causes of the child's difficulty and assist her in working out
modifications in her own reactions to the child. She also, if necessary helps the mother alter the environment to make the child's readjustment easier. This frequently means cooperation with other social agencies and the school in order that the basic needs of the child may be met.

The psychiatrist talks with the mother on the first visit when possible to obtain information about the birth, early feeding routines and training as well as illnesses and social habits of the child. The psychiatrist usually treats only the child. (There are exceptions made when the psychiatrist sees the mother and the social worker the child, or again when the child sees one social worker and the mother another, under the guidance of the psychiatrist.) Once it is decided the child should be accepted for treatment, appointments are made to see him at regular intervals.

The psychologist, who usually sees the child on the first visit, examines him not only to obtain his I.Q. but to try to determine his potentialities and various aspects of intelligence or personality. In difficult cases projective tests such as the Rorschach and Thematic Aperception Test are given at the request of the psychiatrist. The test most often used are the Stanford-Binet and Wechsler-Bellevue, but are often supplemented by the Merrill-Palmer or Goodenough Drawing Test. When necessary, achievement
and aptitude tests are also given.

When all the findings of the psychiatrist, social worker and psychologist (in addition, if it is a speech or reading problem, the findings of the speech therapist and reading tutor) are obtained, the material is discussed and through it the psychiatrist may obtain a more complete diagnosis. On the basis of this suggestions can be made to meet the needs of the child. The type of service to be given is also decided at this time. If the case is given full service, the psychiatrist works intensively with the child and the social worker with the mother. The child is referred also to whatever special services he may need.

In some cases intensive service does not seem to be warranted and the case may be accepted for special service only. If this is true, only such information as seems necessary to guide the staff in determining future activity is sought.

This telescoped description gives an idea of how the guidance clinics under state auspices function and gives a background for the presentation of the material which provided the basis for this thesis.
CHAPTER III
SURVEY OF THE LITERATURE

A. The Adjustment of the Child

Every human being is confronted by the problem of expressing his instinctual desires fully in a world whose physical reality and social customs hamper such full expression. Therefore, he must develop powers within his personality which will allow this full expression, but which will limit it and redirect the manner of expression so it will be in accord with his physical and social environment.

The individual's behavior is the result of the interaction within himself and the factors within his environment. Thus, those factors which lead to maladjustment can be found within the individual himself, in his environment, or in a confluence of both factors.

A well-adjusted child is one who is able to face the persons and situations he meets day by day adequately and efficiently. He is a person whose habits and skills allow him to satisfy his needs, fill his wants, and furnish him with satisfaction. The child who can integrate conflicting tendencies into acceptable means of expression and who is able to reduce friction, fear and stress is in good mental

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1 O. Spurgeon English and Gerald H. Pearson, Common Neurosis of Children and Adults, p. 18.

2 Percival M. Symonds, Mental Hygiene in School, p. 4.

3 Ibid
The unadjusted child is the individual whose habits and skills are poorly organized to meet the demands of the situation and who cannot solve the problems of everyday living. Such children display tendencies and acts which deviate from usual patterns of behavior. They are described as suffering from personality disturbances.

The formation of the personality, which is the basis for the individual's habitual modes of reaction, occurs largely during the first six years of the child's life. Throughout this period the child is reacting to his environment, primarily his father and mother and their immediate surrogates, the other children. This is the basis upon which all future character and behavior patterns are built. Once successfully passed through the child is on the way toward attaining success and happiness in vocational and sexual life. Many, however, do not attain this. Somewhere along the way growth is interfered with. There are three main courses for interference with this growth, as expressed by English and Pearson:

5 English and Pearson, op. cit.
6 English and Pearson, op. cit., p. 52.
1. Subjection of the child during early years to unusual fortunes.

2. Subjection of the child during early years to adverse and unwholesome parental attitudes.

3. Overstimulation of the child during this period of development

Thorpe\(^7\) states this a little differently when he says that childhood maladjustments spring from either constitutional or environmental factors or a combination of both. The environmental factors noted are (1) inferior moral environment, (2) mentally unbalanced parent or parents, (3) pedagogical inadequacy of parents, (4) broken homes, and (5) lack of parental care and training.

Of utmost importance\(^8\) to the child are the parents' attitudes. If the adults' relations toward each other are unsatisfactory it will be mirrored by the children. The parents' attitudes toward the child are just as important. Desirable attitudes are shown in love and affection, along with the freedom to build his own independent existence. Undesirable attitudes of (1) rejection of the child, (2) antagonism versus favoritism for specific children, and (3) oversolicitude, are sure indications toward the development of maladjustment.

\(^7\) Thorpe, op. cit. p. 702.

\(^8\) C. M. Loutitt, *Clinical Psychology*, p. 276.
According to Sayles⁹ there are four main emotional needs of the child, the satisfaction of which normally rests with the parent. (1) The need for security: the child needs to be loved by both parents. If the home is broken by discord or death, if there is contention between the parents, if the parents are unable to love the child, the child becomes insecure. (2) The desire for growth and freedom of opportunity to grow: if the child has security, but no freedom of action he is immature, anxious and dependent. (3) The need of a concrete ideal embodied in the parent: the child identifies with the parents in their own daily living. If they are inadequate he makes inadequate identifications. (4) Companionship between the children and parents: the child needs someone to whom he can turn for guidance. If the parents are not accepting and understanding, the child is unable to turn to them with his difficulties.

From this we can see that in a harmonious, stable home security, development and growth are found. If the home is not harmonious, if the child's needs are not met, a distortion in personality is almost inevitable.

B. The Effects of the Broken Home

When¹⁰ divorce, desertion or death break a family

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⁹ Mary E. Sayles, The Problem Child at Home, p. 52.
it can also remove the children's feeling of security. Children who face the death of one of their parents need to be assured constantly that they are loved and wanted. Any changes in their life, unless they are carefully considered, are bound to cause a reactivation of this feeling of insecurity. However, it may be even more difficult for children to face the fact that one or the other of their parents have left them than to face the fact of death. Being left by this parent can mean nothing else to the child than that the parent doesn't love him. It means that, unlike other children, he does not have two parents. This is a source of constant confusion to children. As difficult as this is for children who have faced death of a parent, still, as Dr. Plant¹¹ has said, the child of death can look up with a clear eye, while the child of separation will do anything to cover up that the parent does not love him.

The continuing seriousness for the child of the death of a parent has its import in the family constellation, prior to the traumatic event and in the adjustment that the remaining parent makes subsequent to the death of the mate. If the child felt secure in the family when it was intact, he has a solid foundation on which to weather the storm.

If, however, the child felt insecure in the family earlier or felt rejected by one or the other of the parents, the death would serve to make him more insecure. It might arouse in the child guilt and he might connect himself as responsible in some way because of his earlier wishes toward the parent for his death. In such situations, however, the basis for the maladjustment stems not from the death itself, but the earlier parent-child relationship and the death crystallizes and brings to a crisis the earlier conflict.

As indicated earlier, death\textsuperscript{12} does give rise to subsequent problems in adjustment for the remaining parent and child. It may foreshadow instability in the conduct of the remaining parent. If the parent is unable to meet the loss adequately, the child, too, becomes insecure. The parent may tend to resent the fact that the children tie him down, and so reject the child. If the child is very young, they see less portent of the change in child-parent relations. Re-marriage, however, even with very young children is often the basis for antagonisms. "Should the step-parent be disliked for any reason the child tends to resent the fact that his own parent has brought in another

\textsuperscript{12} Ernest R. Mowrer, \textit{The Family}, p. 214.
to take the place of the departed one."\textsuperscript{13}

Death, however great its import, is not as fraught with basic conflict as disorganization through divorce, separation or desertion as our culture is better adjusted to its occurrence. The literature concerning the broken home for the most part agrees with the summary made by Thorman\textsuperscript{14} when he states:

"While emotionally disturbed children frequently come from broken homes, their unhappiness and emotional upset are not due to the separation or the divorce itself, but to the events which led to the breakdown of the marriage. The real damage has been accomplished before the separation or the divorce was granted. The marriage had been shaky for a long time and in most cases the child had already been subjected to experiences that make him feel rejected and insecure . . . The child's problem centers around the failure of the parents' marriage . . . This does not mean that the actual process of divorce itself may not affect the life of the child, nor does it preclude the fact that the way the child is handled after the divorce can have far reaching effects."

It would seem that the assumptions made by so many, that family break-up is the cause of a great deal of maladjustment in children is an erroneous assumption. On the evidence of most of the literature, however, the assumption is not erroneous, but rather, misplaced. The

\textsuperscript{13} Mowrer, op. cit. p. 214.

\textsuperscript{14} Thorman, op. cit. pp. 3-5.
same problems which cause the break-up of the marriage often also cause the maladjustment in the child. As Mowrer\textsuperscript{15} points out, children in a family where there is constant open conflict between parents live under a double handicap as the family environment is unstable and community relations are uncertain. No child can develop normally under such a tension between the parents in spite of the fact that the parents try to conceal their conflicts from the children.

There are a variety of ways in which domestic discord may effect the emotional life of the child. In the main, however, the following brief summary\textsuperscript{16} covers the most important areas. (1) It may effect every phase of the child's emotional life. (2) One parent may identify the child with certain traits of the other parent and constantly try to change or may reject the child. The parent may identify the child with traits of the other parent and superimpose that parental role upon the child. (3) Sexual conflict on the part of the parents is laden with chances for emotional tensions in the child as the child may grow up without sex instruction or may receive a distorted idea of the opposite sex. (4) When the parents quarrel over

\textsuperscript{15} Mowrer, op. cit., p. 217.

\textsuperscript{16} Adapted from Mowrer, ibid; pp. 217-222.
discipline the child becomes confused, or may become an opportunist and play one parent off against the other.

(5) In domestic discord normal competition for the affection becomes exaggerated and may lead to over-protection on the part of one parent or to rejection by the other. (6) Children may lose respect for one or another of their parents and resent all attempts at discipline.

These are all factors which act as antecedents to any actual physical break in the composition of the family, yet they are potent forces in causing maladjustment in the children. In full cognizance of this many authors have agreed with Lempkin\(^\text{17}\) in saying:

> In some cases divorce does rescue the child from the bad environment, pressures of a disintegrating family in which he may be exposed to the deteriorating influence of a vicious parent or to a constant demoralization of his feelings by witnessing quarrels and conflicts between his parents.

It may be something done about a bad situation, not the best solution, but one which removes the child from the continual round of parental friction. In many cases\(^\text{18}\) it is but an incident in rejection (insecurity), the damage of which has long since taken its toll. This insecurity that the child

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18 J. S. Plant, op. cit.
feels when the paramount interests of his parents are elsewhere still persists, but the divorce stops "the daily rubbing of salt in the wounds". Nevertheless, to lose a parent is an emotional shock and, as mentioned earlier, creates if not already present, or increases a sense of inferiority.

This gives us a picture of the effects of the situation antecedent to the break. Let us consider what the literature has to say concerning the situation subsequent to the break. Many of the factors are the same at this point as with the child whose parent has died. In this relationship Bossard\(^{19}\) finds three sets of circumstances of basic importance: (1) The new family relations which the parents establish, (2) the disposal that is made of the children in a broken family, (3) the attitudes and the behavior of the separated or divorced parents.

If the parents remarry, the child must make an adjustment to this relationship. This new parent may be resented by the child for taking the place of his own parent. On the other hand, the new parent may find it difficult to accept this child who is not his, particularly if the child

is antagonistic to him. The absent parent\textsuperscript{20} is seen infrequently and then under the most favorable circumstances. This tends to increase the child's affection for this absent parent. If the child is a pawn between the parents and is shifted back and forth there can be nothing but constant confusion for the child. If the child identifies with one parent and yet lives with the other it is a continuing source of conflict. If the parent having custody of the child remains single the child\textsuperscript{21} has contact with only one parent and may be denied the character forming influences of the parent of the opposite sex. The present parent may attempt to assume both parental roles and, in so doing over-protect the child. What then about the attitudes of the separated or divorced parents? The child\textsuperscript{22} may be rejected by the present parent as never wanted. The parent\textsuperscript{23} may identify the child with that which is hated and feared in the rejected partner and reject the offspring in the


\textsuperscript{21} Lempkin, op. cit. p. 842.

\textsuperscript{22} Bossard, op. cit. p. 371.

\textsuperscript{23} J. S. Plant, op. cit. p. 817.
same way. The parent\textsuperscript{24}, in fearing this rejection may try
to compensate for it by being over-indulgent.

\textbf{C. School Adjustment}

School is the second great adjustment to his en-
vironment that the child has to make in his process of
growth from infancy to maturity. Apart from other influences
the school\textsuperscript{25}, because of his long contact with it, is, next
to the home, the most important factor in growth of behavior
patterning. The adjustment the child has been able to make
to the family circle are an indication of the adjustment
he will be able to make at school.

This is the period of the child's first and con-
tinuing steps toward independence and emancipation from his
family. They are, as such, an important period entirely
aside from the academic learning process. The relationship
he is able to make toward his teachers and those in author-
ity are steps toward the establishment of mature relation-
ships. These attitudes, as well as the attitudes toward
the other children, and the work habits he makes, are all
steps in training for responsible citizenship.

There are many symptoms which appear in the school

\textsuperscript{24} Mowrer, \textit{Divorce and Readjustment}, op. cit., p. 195
\textsuperscript{25} C. M. Loutitt, op. cit., p. 286.
situation which are danger signals of possible maladjustment. Taken by themselves any of these may not be particularly important. But several of them appearing in the difficulties which the child is experiencing at school are expressions that he is not well adjusted to the school situation. Hollingshead\textsuperscript{26} has given a detailed description of these symptoms. These are summarized here and give an indication of how manifold they may be. The anti-social child is self-centered, he must be first in all things, and is insensitive to the rights and feelings of others. He exhibits no feelings of friendliness toward his classmates and is unable to work or play with them without constant friction. He often wears a scowl, and is insolent and rebellious to all rules and regulations. When his desires are not met he displays a violent temper. His actions seem to be motivated by feelings of revenge. The un-social child, on the other hand exhibits no feeling of self confidence, seems shy and timid. He is crushed by feelings of anxiety and worry. He finds no pleasure in group contacts and has no close friends or else concentrates his attention on one friend and seeks to possess him. This child is usually docile and conforming. Usually a chronic daydreamer, he may also exhibit exaggerated feelings of superiority. His actions

\textsuperscript{26} Arthur D. Hollingshead, \textit{Guidance in Democratic Living}, pp. 173-175
seem to be controlled by his feelings of inferiority and fear of failure.

Children whose school progress is erratic and puzzling, whose behavior is difficult to understand, or whose personalities show traits which are cause for concern, are to be found in every school. Some are unresponsive, repressed or unhappy, and others serious discipline cases. These problems, it is often found, are due to unsuspecting factors for which the home and the school rather than the child himself are responsible. Maladjustment in school may be either inability to do the work satisfactorily or in behavior difficulties. Often the two are intertwined.

Three main groups of factors seem to be the causes for these maladjustment: (1) those centering around the child himself, (2) those in which the school system or personnel seem at fault and (3) those in which home conditions play a major part. However, important as these first two areas are, they are not within the scope of this thesis.

The personality and conduct disorders which are traceable to the home may interfere with school work, resulting in unsatisfactory work so that the child barely


passes or even fails a grade. Thus, the possible influences of the school on behavior problems and school achievement depends, indirectly, but in large measure, upon home influence.

The behavior pattern which the child has developed as a result of an insecure, unstable home, or in the home that kept him dependent, may be carried over into the school. What makes this even more difficult to untangle is the action and reaction that may go on in such a situation. As a simple example; a child may become a behavior problem in school. In looking back it may seem to be due to the lack of success he has had in school achievement. Looking further, however, we may see that his inability to achieve was due to a feeling of insecurity that was carried over from the home.

D. The Broken Home and School Adjustment

Save for general statements in survey writings comparatively little has been written on this subject of the broken home and school adjustment. Bossard, writing from a sociological point of view has said that "the continuity of the child's school life and the quality of his school work are disturbed." Mowrer points out how the

29 Bossard, op. cit.
30 Mowrer, The Family, op. cit.
child reacts to insecurity or rejection in the disintegration of the family by aggressive behavior. "The attitude of revolt toward the parent is often carried over to school teachers or to anyone else in authority. The individual becomes absorbed, therefore, in outwitting everyone to whom he is supposed to be subordinate."

Three studies were found which dealt with the effects of the broken home on school adjustment. These findings, however, are not at all conclusive. Scarf, in an analysis of case studies of children from broken homes shows that such children often possess less intelligence. This is not, he feels, an intrinsic failing, but one that tends to develop because their minds become erratic and disturbed and they find it difficult to concentrate. He further states that children from broken homes have more difficulties in their school work in mathematics and reading in comparison with children from normal homes.

Campbell, in a study on children from broken homes, who were in four different types of institutions, concludes that the school work and conduct of a child may be affected while he is under a period of stress, but that

31 Scarf, quoted by Lempkin, op. cit.

he is likely to recover when the stress is removed. It seems to have no effect on the child's achievement when it is regarded over a period of years. Wallenstein\textsuperscript{33} has written a study on the character and personality of children from broken homes in elementary schools, using quantitative measurement devices. He feels that, although it is impossible definitely to decide, the findings indicated that being subjected to a broken home situation is associated with inferiority in certain respects of character and personality as far as elementary school children are concerned. Possibly, however, because of compensatory factors in life, the differences in disfavor of the broken home are rather small for the most part.

\textsuperscript{33} Mehemiah Wallenstein, Character and Personality of Children from Broken Homes, Bureau of Publication, Teachers' College, Columbia, New York, 1937.
CHAPTER IV

THE MATERIAL OF THE STUDY

A. The Children

The material of the study includes twenty-five children whose homes are broken by death or separation of the parents, and whose school work seems to be adversely affected by emotional factors other than by the lack of intellectual capacity. While school work seems to be a problem, it was the reason these children were referred to clinic in only eight cases out of the twenty-five. The other seventeen were referred for all types of personality difficulties from lying and stealing to antagonistic behavior. The ages\(^1\) of the children ranged from six to six-

Table #1

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
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<tr>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>3</td>
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<tr>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

\(^{1}\) See Table #1.
A table is presented in the document. The table contains columns labeled "first" and "second." The numbers 3 and 4 are written in the "first" column, and 1 and 2 are written in the "second" column. It is unclear what the table represents without additional context.
teen years at the time of their referral to clinic. Sixty per cent of the children were between the ages of nine and thirteen. There were twenty boys and five girls in the group. The Intelligence Quotients of this group\(^2\) ranged from ninety to one hundred and twenty-nine. The average for the group was one hundred and three. Thus, the group showed reasonable intellectual capacity. The time lapse between the break

<table>
<thead>
<tr>
<th>Intelligence Quotient</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>90 - 94</td>
<td>4</td>
</tr>
<tr>
<td>95 - 99</td>
<td>5</td>
</tr>
<tr>
<td>100 - 104</td>
<td>7</td>
</tr>
<tr>
<td>105 - 109</td>
<td>2</td>
</tr>
<tr>
<td>110 - 114</td>
<td>2</td>
</tr>
<tr>
<td>115 - 119</td>
<td>2</td>
</tr>
<tr>
<td>120 - 124</td>
<td>2</td>
</tr>
<tr>
<td>125 - 129</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>25</strong></td>
</tr>
</tbody>
</table>

in the family and the referral to clinic ranged from a few months to fourteen years, and averaged six years. Thus, in most of the cases there was ample time for the adverse situations to take effect on the personalities of the children. Moreover, in ten cases of separation and divorce destructive influences had been at work in the home for a number of years prior to the actual break. In a certain number they existed in the early developmental period of the child's life,

\(^2\) See Table #2.
and in others they arose after an early period of comparative security and harmony.

B. The School Situation of the Children

1.) Academic Achievement -

The children in this study ranged from grades one through ten. Ninety-two per cent of these children were evenly divided in grades one through seven, and only eight per cent were in grades one through ten. Referring back to Table #1, where the statistics on the ages of the children are given, we see that they ranged in age from six to sixteen. Taking the distribution of these ages and changing it to the normal grade placement for this group the following facts are found in such a distribution\(^3\). Seventy-two per

<table>
<thead>
<tr>
<th>Grade</th>
<th>Distribution of Normal Grade Placement</th>
<th>Distribution of Actual Grade Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
<td>3</td>
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<tr>
<td>5</td>
<td>4</td>
<td>4</td>
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<tr>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
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<tr>
<td>10</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Total: 25  

See Table #3
cent of the children should be in grades one through seven and twenty-eight per cent should be in grades eight through eleven. A comparison of this normal grade placement with the group's actual grade placement shows that, as a group, they are below grade in school.

This is further borne out by the fact that eleven of the children (forty-four per cent) have repeated one or more grades in school. Of these eleven children who have repeated grades, six have repeated one grade, three have repeated two grades and two have repeated three grades or more.

Table #4

<table>
<thead>
<tr>
<th>Years Retarded</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3 or more</td>
<td>2</td>
</tr>
</tbody>
</table>

One child was one grade ahead of normal for his age and the remainder, thirteen, have not repeated any grades since starting school.

In twenty-two of the twenty-five cases in the study the child's teacher felt that the child was not working up to capacity. In six cases they were failing in school in the year they were referred and in five more cases they were barely passing. In the remainder, eleven of the twenty-two

4 See Table #4.
cases, the fact that they were not working up to capacity varied in meaning from an inability to concentrate to a generalized lack of effort. In two cases of children with superior ability one was failing in one subject and doing barely average work in the others, and in the second, the boy was doing only average work.

A consideration of the special difficulties which these children possessed shows that eight had reading disabilities, three had speech defects and only two had trouble with arithmetic.

2.) School Adjustment:

In a consideration of behavior traits as related directly to the school situation the following facts were noted concerning the group as a whole. Sixteen of the group, exhibited, according to the teachers, a lack of interest in school. Among the behavior traits which indicated aggressive behavior there were four in the group who were truanting, seven who were reported for consistent misbehavior in classes, and five were considered hostile toward their teachers. There were eight in the group who found it difficult to get along with their fellow students. This, however, cuts across the lines between aggressive and unassertive personality tendencies and is found in both. Among those who exhibited unassertive personality tendencies there were
thirteen who, their teachers felt, engaged in a great deal of day-dreaming. In this group two of the children exhibiting aggressive symptoms of behavior were also felt to be preoccupied and day-dreaming in classes.

B. The Parents

In five families, one parent had died (three mothers and two fathers). In the remaining twenty families, seventeen couples were divorced, and three had separated. The custody of the children was in the hands of the mothers in nineteen cases, and in the hands of the fathers in six cases. There were six step-mothers and five step-fathers, making eleven out of twenty-five children who were living with one step-parent.

1.) Death of one parent -

In five homes that had been broken by death, three couples had been, as reported in the records, adequate and congenial. The death of the father in one case resulted later in aggression toward the mother by the child. In two cases the death of the mother was followed by the advent of a rejecting or resented and inadequate step-mother. In the fourth case, the home situation before the death of the mother had been unhappy because of extra marital affairs, then the father remarried and both he and the step-mother rejected the child. In the fifth case the father had been
Alcoholic and failed to provide. After his death, a sick and inadequate mother was unable to manage the child. In this study, all the children whose homes were broken by death were very young at the time of the break. In three cases the children were less than three years old and in the other two they were less than six.

2.) Separation or divorce of parents -

Consideration of the cases in which there was separation and those in which there was divorce can be merged as the factors involved are essentially the same. Moreover, in six of the seventeen cases in which the homes were broken by divorce, desertion or separation was known to have existed prior to the actual divorce for from one to seven years and averaged three and one half years. 5

Table #5 -

<table>
<thead>
<tr>
<th>AGE OF CHILDREN AT TIME OF DEATH OR SEPERATION OF PARENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>0 - 3</td>
</tr>
<tr>
<td>3 - 6</td>
</tr>
<tr>
<td>6 - 9</td>
</tr>
<tr>
<td>9 - 12</td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

5 See Table #5. In all future discussions the earliest known period in which there is separation will be used as the beginning of the break in the family.
<table>
<thead>
<tr>
<th>Station</th>
<th>Distance (miles)</th>
<th>Support TN (ft.2)</th>
<th>Support TN (ft.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>1000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td>1250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>1500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td>1750</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H</td>
<td>2000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
At the time of the separation of the parents nine of the children were less than three years old. In two cases the children were between the ages of three and six when the separation took place. Five children were between the ages of six and nine and the other four children were between the ages of nine and twelve. From these figures it would seem that a discussion of the parents can be divided into two groups, those in which the children were less than six years of age and those in which the children were between the ages of six and twelve.

In the group of parents whose children were less than six years of age the following factors seems to stand out. First, in the marital situation prior to the divorce there were conflicts which affected the children. As important as these were in the child's life, the situation subsequent to the separation also had factors which resulted in personality difficulties for the child. In the majority of instances the factors subsequent to the separation seem to have a more direct influence on the personality.

There were eleven cases where separation took place before the child was six years of age. In these cases the following facts were found to be true in the parental situation prior to the separation. In five of the cases the parents were in conflict from the time of the child's
...
birth. In another three of the eleven cases there was no overt strife, but an incompatible relationship. In the ninth case the father was inadequate and in the tenth the mother married for spite. In the eleventh the situation prior to the divorce is not given.

Considering the situation subsequent to the separation in these eleven cases there existed in four cases a poor relationship with the step-parent or rejection of the child by the step-parent. (Two of these cases were the same ones in which there has existed earlier rejection of the child by the mother.) In three other cases the mother identified the child with traits she disliked in the father. In three of the remaining cases, there was an over-protective mother in one case, too many adults in a subsequent home in the second case, and confusion concerning the identity of the absent parent in the third case. The eleventh case was one in which there had been rejection by a neglecting and promiscuous mother before the separation. The divorce occurred when the child was two years of age. However, he remained with the mother while the father was in service.

Now, though the father and stepmother have custody, the child is reacting to the trauma of earlier events.

In the group of nine children who were between six and twelve years of age at the time of the separation, the situation preceding the divorce seems to be of the
most importance in creating the child's difficulty in all but one of the cases. In each of these eight cases there were years of turmoil to which the child was subjected. In five of them, in addition, there is a definite indication of rejection by one or both parents. In the other three the child was confused in his relationship to each of his estranged parents. The one case in which this difficulty seems to be due to subsequent events the child was jealous of his stepfather and confused over his own father's lack of interest in him.

In seventeen of the twenty cases of separation the mothers had custody of their children and in all but one of these cases they had sought the divorce. Cruel and abusive treatment was the most prominent cause for divorce or separation. This was true in seven instances. In five, separation occurred as a result of some type of incompatibility and in three cases the husband had failed to provide. The one case in which the father had sought the divorce, but the mother had custody of the child, it was granted due to frigidity on the part of the wife. In two instances the cause of the divorce was not given. In the three cases in which the father had custody, the separation was obtained because the mothers were neglecting the children and were promiscuous.
D. Method for Classification of Cases

The concern of this thesis is to examine a group of cases of children who were exposed to a broken home situation and who were found to be making a poor school adjustment, to try to determine if the emotional upset of the broken home had an effect upon their school adjustment. A study of the cases as a whole gives indications that the child's ability to make an adequate school adjustment is affected. As can be seen from the preceding section on the school situation of the children, they are, in spite of average intelligence as a group, behind in their grade placement and at the time of their referral almost the entire group was not working up to capacity. Beside poor school achievement they were exhibiting behavior traits of aggressiveness, from truanting to constant disturbance of the classroom, or withdrawal through continual day-dreaming and inability to relate to teachers and other students.

In all of these cases this poor school adjustment seems traceable, in part at least, to the home situation of these children. An analysis of the group, however, seems to present no basis by which the cases can be classified according to the school difficulties the child exhibits. They vary with the child's behavior and seem to be a carrying into the school situation of his reaction to his
difficulties at home.

Within the broken home situation there may be a variety of factors which are affecting the child's ability to make an adequate adjustment. From the material in the section on the parents there seem to be two main groupings of the cases. First, cases where there were factors in the family situation prior to the divorce which seemed to be most responsible for the child's maladjustment. Secondly, cases where there were situations in the family subsequent to the separation which were responsible for the child's problem. This second classification of the cases is further broken down into the following groupings: (1) those in which the absence of the father had an affect upon the child; (2) those in which the attitudes of the parent with whom the child was living were a cause for the child's maladjustment; (3) those in which the attitudes of a new parent had an effect upon the child. One other classification was necessary to include cases in which the child's difficulty was the result of a combination of factors. This group includes the cases where there were factors in the family situation prior to the separation of the family and a new situation in the family subsequent to the separation which caused the child to be unable to make an adequate adjustment.
C.  

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CHAPTER V
THE FAMILY RELATIONSHIPS PRIOR TO THE MARITAL BREAK

In this chapter are presented three cases illustrative of a group of six cases in which the effects of the family situation prior to the break seem to be most responsible for causing the child's difficulties. In the cases of George, Claire and Peter, the children were exposed to an inadequate parent or parents who were rejecting of them. The case of George is presented as illustrative of these cases. In the cases of Arthur and Phillip, the father rejected the children and they were, in addition, exposed to years of marital conflict. Arthur is presented as illustrative of these. In the sixth case, that of Jack, the boy was confused by the conflict between the parents, and his ambivalence toward his alcoholic father.

* * * * *

George is a nine year old boy who was referred to clinic because of poor school adjustment. He has one sister, Claire, aged six, who was referred some months later because of her poor school adjustment and reading disability. The parents were separated six months before the referral of the patient. The marital situation had been one of continual turmoil. Both parents seemed quite inadequate. The father was extremely cruel to the mother and often beat her severely in the presence of the children. He paid very little attention to the children. He had a long court record for larceny and had gone with other women ever since his marriage. The mother resented this behavior on the part of the father, but for years had been unable to give him up, and often took part in his drunken sprees. She appears
constantly fatigued, has many physical complaints and is very unhappy over the failure of her marriage. She is so preoccupied with her own problems that she is unable to give her children the care and attention they need. She rejects George and identifies him with the father. Claire she seems to reject even more, identifying her with herself. Her intellectual capacity is probably limited.

George does not react well to discipline. At home he lies and steals and is very restless and hyperactive. He bosses his younger sister. On the other hand, while his mother states that at home he gets along well with other children, at clinic he does not make contacts with them and seems to be a withdrawn and unhappy boy. He has nocturnal enuresis. This year he is constantly complaining of pains in his stomach and head despite the fact that the physical examination reveals nothing organically wrong. He was much disturbed by the beatings the father gave the mother and seems very ashamed and unhappy about the father. He seems insecure and is constantly under emotional pressure.

According to the psychological findings, George’s I.Q. is within normal limits, having a Stanford Binet rating of 97. In school he is in the third grade, having been placed there on trial. He repeated the first grade. According to his teacher he has no sense of responsibility or desire to learn. He is withdrawn and daydreams in classes and is maladjusted in school. The patient is discouraged and wants to do better. His achievement tests show him to be on an average of one grade below his present placement. He has a definite reading difficulty and needs intensive remedial reading.

This boy has been exposed to constant open conflict between his parents from the time of his birth. His parents have been so concerned with their own problems that they were unable to give adequate parental care to either this boy or his sister, Claire. The father paid little attention to the children and the mother was so concerned with her own problems that she was unable to give them even adequate
physical care, let alone consistent discipline and affection. Added to this the children were continually exposed to conflict between the parents. The children, brought up in such a disturbed home life where they were unable to make adequate adjustments, were unready to pass on to school and make the adjustments that this entailed. They felt so insecure and confused in their home relationships that they found it difficult to make new relationships in school and to settle down to learn. Thus, George seemed to have been unready for reading when he started school and has in his more than three years at school always had difficulty with it. His sister, starting school this year, has had the same problem. They both are unable to put their attention on their work and spend a great deal of time daydreaming. The actual separation of the parents has removed the children from the quarrels of the parents. However, the mother is still so concerned with her own problems that she is unable to give them adequate care.

Thus, in this case, the difficulties stem back to the inadequacy of the parents. The same inadequacies of the parents, which made it impossible for them to adjust, also were responsible for causing the difficulties of the children.

* * * *
Arthur is an eight year old only child who was referred to clinic because of reading difficulties and emotional disturbance. His parents were divorced six months before he was referred to clinic and, up until the time of this separation, the boy had never known anything but the insecurity of a home in which there was constant marital strife. Until the boy was five his father, a clergyman, was having an affair with a parishioner. The father had very little to do with his son and seemed to reject him. From the time the patient was five until the divorce there were several changes of residence. There were two temporary separations when the mother and child returned to the maternal grandmother and twice they rejoined the father. After the father had asked them to rejoin him, he was very resentful and brutal toward the patient. The mother, on the other hand, has always been protective of the patient. After several months with the father, the mother and patient left. She obtained a divorce and they returned to the maternal grandmother. Here the patient was still under a strain as the grandmother was very strict and was continually placing unnecessary limitations upon him. The mother, beginning to emerge from years of uncertainty and conflict, was gaining more control of her attitudes and ability to handle the boy.

Arthur was very emotionally disturbed and showed many neurotic traits. He is very intense and has a short attention span. When things do not go as he wishes he becomes very upset and will not listen to reason. He is hyperactive, easily distracted and oversensitive. His usual manner of reaction to any prohibition, just or unjust, is one of aggressive behavior.

According to the psychologist's report the patient has and I.Q. of 102. His attention, however, was very poor and it was felt that, while he was of average intelligence, his ability was greater than this rating showed. His emotional disturbance prevented him from doing his best on these tests. In the supplementary tests he passed reading only at the primer level, and at school seemed totally unable to read. He is at present in the first grade, has repeated that grade twice and is this year failing all his subjects. Since starting school he has transferred four times. Arthur has an intense hatred for and resistance to all reading, as well as a dislike of school. His first teacher
this fall claimed he was a behavior problem and untrustworthy. His school was changed, however, and his second teacher claimed he was no real behavior problem, if one were patient with him. Academically she felt that his reading disability was making all of his subjects difficult.

Early rejection by his father, a home in which there was continual conflict between the parents, over-protection by the mother who sided with the boy against the father all were factors in the emotional situation causing this boy's maladjustment. In addition to this the constant moving from the time the boy was five, the adjustments that this entailed, as well as the many changes in schools, were environmental factors which helped to increase his difficulties. Probably most severe among these factors was the early rejection by the father. To this feeling that the father did not love him was added the insecurity that the patient felt as a result of the constant friction between his parents. Thus, by the time the child began school he was emotionally disturbed and unready for this new adjustment. The boy's difficulties in learning to read stem from this emotional insecurity, but must have become further hampered by the many changes of school. Continual failure in this added to his feelings of insecurity and inferiority and constantly frustrated him. His reaction to this frustration was through a deep hatred of school, and aggressive acts of behavior.
In this case the factors prior to the divorce in
the personality difficulties of the parents combined with
the actual marital strife itself, were responsible for caus-
ing this boy's maladjustment as well as his inability to get
along in school.

* * * * *

Jack is an eleven year old referred to clinic because
of tics and because he was a disciplinary problem at
home. He is the oldest of four children, the next
younger is eight years old and is achieving little in
school despite good intellectual endowment. The brother
also has nocturnal enuresis. The parents were divorced
six months before Jack came to clinic. The father was
a heavy drinker and, when drunk, beat and abused the
mother many times; when sober, he was a good father
and husband. The mother was very ambivalent about the
divorce. While she was bitter about the treatment
she received from her husband during the scenes, she
spoke with obvious affection concerning their relation-
ship at other times. The mother, with the increased
responsibilities of the whole household had less time
for Jack and she was much more irritable.

Jack had a good relationship to his father. He had,
however, witnessed many of the scenes between his
parents and was confused and frightened by the way
his father abused his mother. After the divorce Jack
remarked to his grandmother that "now Mamma will not
have to come home and be beaten up any more." When the
father visited once a week there was much confusion as
to why he did not stay. When, after the divorce, the
mother started keeping company with other men, the
patient could not understand it. His confusion and
anxiety about the separation of his father and mother
was great.

Jack had had various tic symptoms for the past four or
five years, each lasting for a period of about six
weeks. However, these began to grow more severe be-
fore his referral. In the home he became very stubborn
and was rebellious and, the mother felt, lazy. He seem-
ed unable to play with his own age group and preferred
children younger than himself. If he could not get
his own way he would go off in a huff. In his play it was noticed also that he seldom took any initiative.

The psychological findings show that the patient is of barely normal intelligence with a Stanford-Binet rating of about 90. Several supplementary tests were used, however, and on these he tested consistently higher. In school he was in the fifth grade. He showed a lack of interest, but his conduct was good. He repeated the first grade and each succeeding year he has barely passed. He seems to have definite difficulty with reading, spelling and arithmetic. His teacher feels he is capable of much better work.

Here is a boy who is confused and uncertain as a result of the turmoil between his parents. He seems to have had a good relationship with each of them. The relationships in the family were fairly strong when the father was sober. However, when the father came home drunk, the feeling which the boy had for his father would topple. He feared these scenes and could not understand them. There was a constant uncertainty and a continual turmoil. There was the continual ambivalence for the father who seemed to him two very different people. His concern over this situation carried over into school and made his adjustment there difficult. In his case it would seem to be enough to throw off balance an already rather precarious school situation. One might expect average marks at school if he were ready for it, but the home situation made concentration difficult. The reading difficulty stemmed back to his first grades and probably was the result of both his
unreadiness to learn and his barely average I.Q. Inherent native capacity may well play a part in this case, yet it certainly is a situation in which one might expect average progress if the home had been without conflict.

Here the factors prior to the divorce in the turmoil and confusion of relationships are important in creating the over-balance which made the school adjustment more difficult.

Summary -

In all but the last of these cases basic in the child's maladjustment is the rejection by one or both parents. The seeds of the feeling of rejection were in each case sown early in the child's life so that from the earliest years he felt insecure. However, added to this were the years of turmoil between the parents to which the child was subjected. Thus, these factors prior to the divorce weighed heavily in creating the child's maladjustment. Basically it must be said that it was the rejection in five of these cases and not the break in the family that caused these difficulties in the child. However, it was the same parental inadequacies which were responsible for the mishandling of the child that were in large areas also responsible for the marital conflict. Surmounting this basic problem of rejection was the marital turmoil of the parents.
to which the child was exposed. In the case of Jack there was not rejection but his concern and confusion over the strife at home affected his school adjustment.

In all of these cases the difficulties in school were quite serious and center essentially around poor academic adjustment, which had been existant over a period of years. In three out of the six cases the child is failing in school the year he was referred and in the other three cases they are doing very poorly. In all but two cases they have repeated at least one grade. However, in these two instances they were failing in school the year they were referred to clinic. In four of these cases, Arthur, George, Peter and Jack, the children had a reading difficulty and in the other two cases, Claire and Phillip, there was a speech disability. From all indications in the cases these difficulties are the result of the emotional conflict of the child. The poor social adjustment of these children in school mirrors their maladjustment, in all areas of their life. In only two instances, Arthur and Phillip, did they show aggressive symptoms. The aggressiveness of Phillip¹, however, centered around his inability to get along with his teachers for he was at the same time quite withdrawn and daydreamed continually in class. Both George and his

¹ Not presented in detail.
sister, Claire, reacted to their insecurity and confusion by being very withdrawn and daydreaming in class. Of Peter this also had been true. At the time of referral he had been taking a more active interest in classes, though his inability to read caused him a great deal of difficulty.
CHAPTER VI
THE ABSENCE OF THE FATHER

Five cases fall into the grouping in which the absence of the father had the most important effect on the child. The first case, that of Dick, the boy feels insecure and confused because of lack of information about his father. In the second case, Barry's difficulties are the result of first, the absence, and then the death of his father. Morris' mother over-protected him to try to compensate for his lack of a father. The last two cases, Carl and Fred, which are illustrated by the case of Carl, are examples of cases in which the child is torn by attachment to the father and dependence on the mother.

* * * * *

Dick was almost thirteen when he was referred to clinic by the school because of poor school adjustment. He had one brother three years his senior who was in the second year of high school and was a serious problem because of a severe rheumatic heart involvement which limited his activities. Their father left home two weeks before Dick was born and the parents were divorced within a year. According to the mother, the father was immature, irresponsible and was dominated by the paternal grandmother. The father never visited the boys nor exhibited any interest in them. He is never mentioned at home, and no pictures or other mementoes of him have ever been kept around the house. The mother manages by working. She is an intelligent, sensible woman who is concerned as to whether Dick's maladjustment is a part of adolescence or a more profound problem with its roots in the past. She feels rather overwhelmed in trying to meet the problems of these growing boys. The mother now looks back with
regret and says she never realized how important a father was in bringing up boys. The maternal grandfather lives in the home, but is rather irritable.

Dick seems to have difficulty in getting to sleep, has occasional habit ticks and is now quite irritable. When he was younger he had many night terrors. For the past two years up until about three months ago he had nocturnal enuresis. Until recently he was quite thoughtful and kindly. He is irresponsible, very active in athletics and mixes well with boys his own age. He is inclined to be introspective and worries about family affairs. He has many anxieties, seems to be under a great deal of tension and exhibits and instability of attitude. He shows much confusion as to who his father was and what he was like.

In school, until this year, he obtained good marks and got along very well. This year he has no interest in school and is doing very poorly. The school states that he was very "nervous" and irritable and unstable in his actions. They felt that he was unable to settle down to his work. According to a psychological test given at clinic he had an I.Q. of 97 (W.B. full scale). The vocabulary test, however, was much higher and on the other tests he exhibited diverse ratings revealing a pattern that suggested many anxieties, indicating that he was not functioning up to his ability.

As indicated above, this boy has previously presented neurotic symptoms of insecurity and anxiety, coupled at that time with anxiety symptoms and the inability to work up to his capacity in school. He has never known a father and the father has seldom been mentioned at home. The boy is naturally much confused in this area, but hesitates to ask questions. This has undoubtedly been a problem with him for years, but with the onset of adolescence this earlier conflict has been remobilized and with it the feeling that in all probability he never had a father, or was perhaps
illegitimate. His concern with these things was so pressing that he was unable to give his attention to school.

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In the second case the school difficulty stems from an extension into the school of the behavior pattern exhibited at home, and this pattern in large measure seemed to be the result of first, the father's being away from home in service and then, of his death.

Barry, a six year old boy, was referred to clinic because he was a disciplinary problem and was overactive. His father was killed in the Philippines when Barry was four years old. Barry never really knew his father as he entered the service following Barry's birth. Until the age of two the patient had all the attention of his mother and was overprotected by her. When he was two his sister was born and since that time he has been a disciplinary problem. There is intense sibling rivalry as the boy has had to share the attention of the mother with his younger sister. Earlier all these attentions had been showered upon him.

Since the father's death, the mother has been in conflict over this grief. The maternal grandparents have been over-solicitous with financial help and suggestions. The mother would like to return to work, but the grandparents are against it. The mother reacted to the problem behavior which Barry exhibited and seemed to reject the boy because of it. No consistent pattern of discipline was employed and there seemed to be a constant battle between the mother and boy. Barry has reacted by stealing, playing with fire and getting into a great deal of destructive mischief. The patient seems unable to get along with children his own age, particularly boys, and insists upon being the boss. He has no real father-figure with whom he can identify, tells many stories of a fantasy-father.

He is of above average intelligence, with an I.Q. of 121. This rating is probably minimal as it was felt
that during the testing situation his efforts were sporadic and casual. In school he is reported as being hyperactive and is not able to stick to one thing for any length of time. The teacher is unable to cope with him. It is felt that he is not working up to his capacity and is actually failing in arithmetic. In spite of this, it is difficult to keep him occupied as his ability is far in excess of his grade placement.

In this case the problem seems to stem basically from the absence of the father. This resulted in the boy's being given too much attention and coddling during his earliest years. Then, with the birth of the sister, this was cut short. In the patient's attempts to regain this seeming loss of affection he turned to misbehavior and destructive mischief to get attention. The more he tried to get attention, the more he alienated his mother's affection and the vicious circle grew ever wider. Throughout this period there was no father-figure with whom he could identify and who could help in this situation. The mother, first busy with another child, neglected him somewhat; then, concerned with the father's death, was inconsistent in her methods of discipline and handled him unwisely. This pattern of behavior was taken over into the school. The patient identified the teacher as a mother-figure. She reacted in her attempts to discipline him much as the mother had done, with the result that there is a repetition of the same pattern. His rivalry with his sister seems to be pro-
jected onto his relationships with the other children and he has the desire to try to dominate their play as he does his sister's.

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In the last two cases discussed there are other factors influencing the school situation, but the effects of the broken home are contributing factors in the failure to adjust adequately in school.

Morris was nearly fifteen years old when he was referred to clinic because of stuttering and serious behavior difficulty in school.

The mother divorced the father when the patient was but one year old because of brutality and non-support. There was marital strife prior to the divorce and the father was often picked up by the police on vagrancy and larceny charges. Since that time, Morris has been surrounded by women, his mother, his two older sisters, his grandmother, and a procession of aunts. The mother has felt that she must be both father and mother to the boy and has overprotected him. Throughout his medical history there were a series of somatic complaints; he has stammered badly since he was three, and has had a 42% loss of hearing in one ear since he was eight years old.

Morris is very stubborn and, while he makes friends easily, he loses them rapidly as he cannot stand kidding. He often has outbursts of intense rage when he is crossed. He has worked, occasionally, part time and with men bosses he did not get along. A well-developed adolescent, he is not interested in athletics, and is childish in many ways. He was inclined to be negativistic in group relations and is extremely self-conscious and over-sensitive.

According to the psychologist at clinic, he has a verbal I.Q. of 99, and a performance I.Q. of 115, which places him on the high side of average intelligence. However, he has never fitted into the school
situation and it has been a series of failures. His stammering and reading difficulty prevented his achieving in school and, as a result, he dislikes school intensely. He repeated several grades and was, just prior to referral, in a vocational school. However, he was expelled for throwing a block of wood into the school machinery when he lost his temper. Every day his relationships at school are a succession of painful comparisons. His failures at school, both in work and socially, cut very deeply with him, and this lack of success and the self-respect that goes with it, become a demoralizing experience for which he attempts to compensate by a sullen and aggressive manner.

The lack of a father-figure, the attempts by the mother and other relative to compensate for this by being over-solicitous of his welfare and of his illnesses, and the lack of consistent discipline in his early years which would stimulate the boy toward achievement and foster a growth toward independence, all seem to have been contributory factors toward the beginnings of Morris' difficulty. He began to stutter and later, when he went to school, developed a reading difficulty. The speech and reading difficulty which were symptoms of his inner maladjustment and emotional insecurity were an additional handicap which he was never able to overcome. These increased and aggravated the problem, and when nothing was done about them school became a series of dismal failures for the boy.

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Carl is an eleven year-old boy referred for inattentiveness, poor concentration, "nervousness", and distractability. He is the oldest of three children from a broken and economically insecure home. The father
was a quiet and retiring man who was a good husband and parent when sober. However, he drank heavily and, when drunk, was abusive to the mother. One year and a half ago, they were legally separated. The mother claims that she is contented, but appears unhappy and is a constricted person. The family is having difficulty managing financially. The parents are on speaking terms and the father visits the children in the home once a week. The mother identifies the patient with the father and shows it in her attitudes toward Carl.

Carl was born with a club foot, which was in a cast until he was five. He had a series of operations; and at eighteen months he was operated on for a cleft palate, at three years for a double hernia, and at four for a slippin knee. One year ago he was in the hospital three months with arthritis. He wears glasses, has severe strabismus, and protruding eyes. He is totally inadequate in getting along with other children, and is teased by them because of his physical unattractiveness and lack of coordination. He has few friends, spends much of his time at home reading, and does his share of the work without complaining. He does not get along with siblings and has to be the boss. He has been involved in several stealing episodes where it appeared that he tagged along with the group. Carl is very fond of his father and looks forward to his father's visits. He misses his father not being in the home and finds it difficult to understand his parents' separation.

In school he is not a behavior problem, but shows no interest, daydreams, and seems to feel inadequate. He is very inattentive, his concentration is poor, and he is easily distracted. His work is slow and on a very low level, but is passing. According to his psychological test, his verbal I.Q. is 86, and his performance I.Q. is 95.

In this case we see a situation in which the emotional component of the broken home is one of several factors operating in causing the poor school adjustment of the child. Carl's physical handicaps, which make him an easy prey to ridicule by his own age group, and his barely
average intellectual capacity are factors in his inability to make an adequate adjustment at school. However, this is overlayed by his preoccupation and confusion with the earlier marital strife and the consequent separation of his parents. The pattern of the alcoholic father also is confusing to the boy. Carl is emotionally torn between a father to whom the boy is attached when he is sober and a father of whom the boy is afraid and ashamed when he is drunk. Now that the father is no longer part of the family and only returns for visits, the boy is torn between his loyalty to the father and his dependence on the mother with whom he lives. The mother does identify the boy's inadequacy with that of the father and her attitude toward him is rejecting. These factors contribute to his inability to work up to his capacity at school.

Summary -

One factor is common to all of these five cases, and this is the fact that the father is absent. The children in all five instances have felt this loss of a father figure with whom they could identify. In three of these cases (Dick, Barry, and Morris) the children were very young when the home was broken. Dick felt confused and did not understand about his father. Barry's mother became unstable, and was inconsistent in her handling of the boy
so that he reacted by aggressive behavior. The mother of Morris reacted toward the situation by becoming overprotective of the boy. In the other two cases (Carl and Fred) the parents were not separated until the children were older after years of marital conflict and alcoholism on the part of the father to which the children were subjected. They seemed to be torn between their attachment to their father and their dependence on their mother.

In the school situation all of this group exhibited a lack of interest in school. In addition, in all instances they were not working up to their capacity, two are barely passing and the third failing. Two have repeated previous grades. Barry is carrying his pattern of aggressive behavior into the classroom. Morris has reacted by misbehavior and aggression. This is a result of his constant failure in school which stems back to his speech and reading difficulty which are symptoms of his emotional maladjustment. Carl and Fred seemed withdrawn and the same two boys spent much time in daydreaming, as does Dick.

These were not the only factors which were effecting this group's school adjustment. In the case of Barry his superior intelligence made the school situation

1 Fred not presented in full.
to which he was exposed boring and yet no efforts were made to challenge his interests. In the case of Morris nothing was done about his stuttering and reading disability. Consequently, the school situation became to him a constant source of failure creating in itself more problems. With Carl his physical handicaps and unattractiveness made him the butt of continual ridicule by the other children, making him feel inferior and adding to his insecurity and confusion. Thus, it was no one factor that caused the difficulties of the group, but an interplay of the many factors.

The break of the home in these cases where there is a subsequent absence of the father had its affect on the emotional adjustment of these children in school. However, it is but one factor intertwined with all of the other factors in the situation and is closely tied up with the adequacy of the remaining parent and that parent's ability to make for herself and the child a satisfactory adjustment. The affect of subsequent influences cannot be minimized, but it would seem that the child who lacks a parent or who is in conflict concerning that parent is more apt to be adversely affected by these subsequent influences.
CHAPTER VII
ATTITUDES OF THE RESIDUAL PARENT

The next grouping includes five cases in which the most significant factor in the broken home seems to be the attitudes of the parent with whom the child is left. In three of these cases (Roger, Jerry and Jerome) the mother identifies the child with the absent father and rejects the child. This is illustrated by the case of Roger. The difficulties in the fourth case (Betty) stem from an atypical parental situation. The child in the fifth case, Louise, is a constant reminder to her mother of a spite marriage. In all of these cases the present parent is the mother, who seems to be an inadequate or constricted person who has little understanding of the needs of children. In three of the cases there was no father figure with whom the children could identify.

Roger, an eight year old boy, was referred to clinic because of temper tantrums and unmanageableness. His parents separated when he was two and one-half. The marriage, however, had been stormy before this time. The father was a kleptomaniac and had been arrested on several charges of petty larceny. He never took any interest in the patient. The mother, whose previous marriage had also ended in divorce, was the parent who requested the separation. She placed the child in a foster home when he was three. He remained in this home five years when his mother brought him back to live with her. The mother has little understanding of the child's needs and expects him to be grateful to her for reestablishing the home. She is giving him good physical care, but seems unable to
show him much love and acceptance. She identifies his behavior with some of the things his father did.

Roger is hyperactive and, whenever his mother crosses him, he has temper tantrums. When he is out with his mother he talks roughly to her. On the street he is apt to strike out at people when walking by them. At the same time he is afraid of the boys his own age and has taken money from his mother's pocket book to buy candy to bribe the boys not to hit him. He is restless and talks in his sleep.

According to the psychologist's report he is a boy of average intelligence, with an I.Q. of 101. In school the teacher reports that he is difficult to handle and his behavior in the classroom is very aggressive. He is not working up to his capacity and the teacher complains that he has a "don't care" attitude. The teacher sympathizes with the mother and the patient feels this and reacts against it.

Here is a boy of average intelligence whose school and social adjustment is poor, and who is showing many symptoms of aggressive behavior. Much of this can be explained on the basis of his having to adjust to the demands of strict home and city life after having spent his most formative years in the country with foster parents to whom he had become attached. In attempting to make this adjustment he is hampered because his mother is unable to give him the security and affection he needs. She is rigid, expects too high standards of behavior and has little understanding of normal boyish actions. When the boy feels insecure in this situation and reacts by showing aggressive behavior, the mother identifies him with the father.

The patient's problems are traceable to the dis-
...
cordant situation that existed between his parents. The divorce deprived him of an undesirable father and also of his natural home for five years. When he had become attached to his foster home, he was again uprooted to live with his mother who was out of touch with his development and expected too much maturity. In this insecure relationship he was called upon to adjust to a new school and community. His unhappiness expressed itself in his aggressive behavior which was misinterpreted by his mother and reminded her of her marital disillusionment. In school, also, his unruliness merely aggravated his difficulties.

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The second case to be presented in this group is one that seems to be essentially the result of an atypical parental situation, as the child is supervised by her grandparents, uncle and mother.

Betty, an eleven year old only child was referred to clinic because of poor school work, and daydreaming. Her parents were separated when she was very young. The father left the mother for another woman. According to the mother he was a good provider, but wanted too much of a good time.

The mother never was able to free herself from her family and returned to the maternal grandparents with Betty, who was then two years old. The mother, however, was bitterly disappointed about the failure of the marriage and felt she had failed as a wife. The maternal family had little patience with the child and expected adult behavior. Their approach was highly moralistic. As the mother works she has to leave much of the management of Betty to her family. The father is never mentioned at home and, though the mother says
Betty knows she is divorced, the child seldom asks questions.

At home Betty is very quiet, daydreams, and is quite inattentive. Up until six months prior to the time of referral she was enuretic. She has taken small amounts of money from purses in the home. There have been times when she has stayed out all evening and would not say where she has been. About a year ago she was known to have been involved in sex activities with a younger neighborhood boy. She seems unable to get along with children her own age.

The psychologist reports that Betty is of bright average intelligence with an I.Q. of 111, but in the achievement tests she was up to grade only in arithmetic and reading. In school she is no disciplinary problem, but is not working up to her capacity. She has little to volunteer and seems to exert just enough energy to obtain a passing grade. Occasionally she will show spurts of interest, but these are always short-lived. She is inattentive and spends much time in daydreaming. Her school work has always been poor and there has been much pressure from home. The family has changed her school four times and she has repeated two grades.

This child's normal home life was disrupted by the infidelity of the father which broke the spirit of an immature and unemancipated mother and threw mother and child back upon elderly moralistic relatives. Her preoccupation suggests confusion and an unwholesome interest in sex. It is the factor behind her failure in school and is exhibited in her home also. The several adults in her family have little understanding of the child's needs, insist upon her achievement in school and upon conformity at home. As a result, she feels she is not understood. This fact in itself makes it harder for her to get along with her teachers.
There must be also a great deal of confusion and questions in her mind concerning the father she has never known. Yet she is unable to ask questions about this. The mother, who was unable to free herself from her parents during her marriage is a weak parent image, and is now relying on the family to help care for her daughter.

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The last case in this group is presented because it is one in which the school referred, yet not on the usual basis. Academically the patient was doing well and was no behavior problem until the time of her referral.

Louise was referred to clinic by the school department because of hysterical symptoms which were causing her to absent herself from school. The parents had gone to Florida and left the patient and step-sister with a housekeeper. At this time the patient insisted she could not attend school as her legs were paralyzed. The patient is a fifteen and one-half year old girl, who is in the tenth grade. The psychological tests given show she is of normal intelligence with a W.B. full-scale rating of 106. Academically she is doing average work, though it appears from what both teachers and patient say that she works very hard to achieve these marks. The teachers feel that she is quite withdrawn. She does not get along with the students or adults and is able to make only very few and inadequate adjustments to people.

At home the patient is in constant rebellion against her mother. She is self-righteous and always on the defensive and argues continually. The patient, however, is unable to succeed in this rebellion and submits to her parents with a martyr-like air. She has a long history of withdrawal from social contacts and would seem to have a great phantasy life. There is also intense rivalry with her step-sister.
The mother divorced the patient's father when the girl was two. The mother claims she married to spite the maternal grandmother and was miserably unhappy with her husband. The mother married her present husband when the patient was five. The mother is very neurotic, extremely dominating, and gives the impression that she has always rejected the patient and tried to control her every move.

One feels that this seriously disturbed adolescent has always been rejected by the mother as the product of a spite marriage and beyond this the mother identifies the daughter with herself and tries constantly to control in her daughter the things she disliked in herself. This attitude toward her daughter is not only the result of this previous marriage, but goes back beyond this to the antagonism which caused the mother to marry for spite in the first place, and which is still part of the mother's own personality difficulties.

In academic work the patient has found one area in which she could achieve and has done fairly well in school. This was a compensation for her failure with her mother and her inability to relate to other students and adults. School, nevertheless, seemed more difficult because of her preoccupation with her personality difficulties. She was pushing against odds in order to have one area in which she could succeed. Her serious pattern of withdrawal and conflict over authority is becoming so central that her concern makes school more and more difficult.
Summary -

Considering these five cases presenting the attitude of the residual parent, the mother proved to be an inadequate person. The factors which led to the conflict in the marital situation also definitely continued over and were a part of the situation that led to the difficulties the parent was having in handling the child. In Roger's case the mother had twice married inadequate men and was herself poorly adjusted, but expected perfect behavior from her son. When he was unable to meet these demands she identified him with the father, fearing he would be like him. This was also true in the two cases not given in detail. Betty's mother was never able to free herself from her parents even in marriage. After the break-up of this marriage she seemed to turn her daughter over to them to bring up. Louise was the reminder of a spite marriage that had been unhappy from the start.

1 In the case of Jerome even though the break in the home was due to the death of the father, the mother saw in the child's behavior reminders of the father's attitudes toward herself and she rejected the child.

The marital conflict of Jerry's parents centered around the inability of a neurotic wife to adjust to the frequent sexual demands of her husband. When the mother saw the child masturbate she was unable to take a healthy attitude toward it. Fearing the child was going to be like the father, she so poorly handled the problem and increased the child's confusion that it was almost impossible for him to make an adequate adjustment in any area of his life.
In all cases there is carried into the school situation the personality traits the child has exhibited at home. None of these children were working up to capacity. Only one, however, had ever repeated a grade. All of this group were unable to adjust to children their own age. In two cases the child was a discipline problem: Jerome truanted from school, often acted up in the classroom and was hostile toward his teachers; Roger was hyperactive and couldn't settle down to classroom tasks. In to other cases, Betty and Jerry, the children, no disciplinary problem, conformed to the classroom routine, but were daydreaming and doing very poor academic work. They seemed preoccupied with their difficulties and could not concentrate on their school work. Louise was doing average work and was trying to achieve, but her concern about her relationship with her mother and her inability to relate to adults made this difficult. All of this group of children were unable to gain adequate social satisfactions and, as a result, felt inferior to the other children. They exhibited this by aggressiveness or withdrawal and these behavior patterns affected their ability to make an adequate school adjustment.
CHAPTER VIII

NEW FAMILY RELATIONSHIPS SUBSEQUENT TO THE BREAK

Adjustments to a Step-parent

This chapter is a consideration of four cases in which factors subsequent to the break in the family seem to be largely responsible for causing the child's difficulty. The first two cases (Joe and David), of which the case of Joe will be presented, are children whose homes were adequate until the death of the mother. The child then, after the trauma of this loss, was faced with the difficulty of adjusting to a new mother. When the child did not respond to this stepmother she rejected the child. The third case, Helen, is an instance where the mother seems to reject the child because she fears the child may break up the new marriage. Alfred, the fourth case presented, is one in which the boy became too dependent upon his mother, was jealous of his stepfather and confused over the attitude of his own father.

Joe is a ten year old who was referred by the school as a behavior problem. He has three half siblings ranging from five years to fours months in age. His mother died when he was two years old and for the next two and one half years he and his father lived with the maternal grandparents. At this time his father re-married. The stepmother is a domineering type of woman who claims she has so helped the boy's father that "He is the only respectable one of a no-good family." After the patient came into the home the stepmother gave him good physical care and, when he did not immediately respond and seem grateful, she merely tolerated him.
The patient reacted to this lack of affection by aggressive behavior in the home and in the community. As a result of this the stepmother has openly rejected the boy and demands that he be placed in a training school. Very little is known about the father except that he wants Joe out of this home. The father is distressed over this, though at the same time he rejects the patient, because of his behavior. Neither parent has any understanding of children nor of their emotional needs.

Joe's pattern of behavior is almost entirely aggressive. There is intensive rivalry between his oldest half-brother and himself. He lies a great deal and has stolen from his stepmother. He stays out late nights and frequently will stay away from home all day. Recently he set fire to a garage. He is very untidy about his appearance. At clinic he does not become interested in any activity, but runs about aimlessly. He will not respond to any discipline from his stepmother, yet in the presence of most adults he is very shy.

Psychological findings at clinic gave him an I.Q. of 100 on the Stanford Binet scale. It was felt, however, that this was a minimum rating as the child was so unhappy and insecure that it interfered with his maximum functioning. At school he shows no interest and has truanted several times in the last few months. In class he is restless and talkative, causing frequent changes of his seat. Joe does not get along with other children and often provokes them to fight. He has stolen from children at school. His teacher feels that he responds somewhat to warmth and understanding, adding that he is courteous when reprimanded and never tattles on others. Academically Joe has never repeated a grade, but last year he barely passed. He does not apply himself, is indifferent and seldom completes his work. In written work he does poorly, but his oral work is better. At the time of referral the patient had a C-D average.

Here is a boy who knew security his first two years, then lost his mother. From then until he was four and one half he lived in relative security. At this point he again experienced a change and they came to live with a new and strange mother. She gave him little chance to make this
adjustment and soon treated him as an unwanted stranger in the household. When he reacted to this through his behavior and showed his insecurity and his craving for affection by staying out late, the stepmother rejected him all the more. The father seemed also to reject him as unwanted because he was breaking up the harmony of the family group. Thus his emotional security was constantly threatened and he was an unhappy child who felt that nobody cared. His reaction to this in order to get some attention was one of aggression. The extreme rivalry he felt toward his siblings is carried over into his relations to other children. This same pattern of aggression he carries over into the school. Teachers are adults of whom he must be wary and thus he must always be on the defensive. He is too insecure and unhappy to be able to settle down to school work. In his restlessness he antagonizes his teachers and they, in turn, react toward this, making him feel that they, too, are against him. School has become a place where he can gain little acceptance, resulting in the same feeling of rejection he has known at home.

* * * * *

Helen is a nine year old only child who was referred to clinic because of antagonistic behavior. Her parents were separated when she was two and one half years old because the father was in love with another woman; the divorce was granted when the child was four. The mother seems to have no bitterness. The
2. In conclusion, the results of this study suggest that more research is needed in this area. Further investigation is required to understand the complex interactions between...
father is remarried and lives in the same town and the patient visits him from time to time. The mother remarried when the patient was six. The stepfather has little understanding of children and demands immediate obedience from the patient.

Helen, before the divorce, was a happy, sunny child. After it she was confused and couldn't understand it. She often visited her father and frequently said to her mother, "Why can't I have a daddy?" When the mother remarried she became jealous of the stepfather and childishly demanded a great deal of the mother's attention. The stepfather does not understand this and cannot accept Helen's behavior. The mother resents the demands on her attention. She is torn between her daughter and the new marriage and is constantly "trying to keep peace". She fears that this difficulty between the daughter and stepfather will break up the new marriage and, as a result, seems to reject the patient to some degree. The patient visits the father's family and there is some feeling over the difference in economic status as the father is doing well and the mother is barely getting along. This is a reversal of the earlier situation as at the time of the father's marriage to the patient's mother, he was making only a marginal living.

At home Helen is very negativistic. She is stubborn and cries and whines with little provocation. She demands a great deal of her mother's attention, has stolen small amounts of money from her mother and quite often lies protectively. She does not get along well with other children, but is bossy and wants her own way.

According to the results of the psychological tests given at clinic the patient was found to be of average intelligence with an I. Q. rating of 95 according to the Stanford-Binet scale. It was felt that she failed to achieve a higher rating because of her emotional disturbance. Helen feels that her teacher is "crabby". The teacher, on the other hand, feels that the patient is not entirely trustworthy. The patient is apt to quarrel with the other children, though the school has not deemed this serious. Academically she has not missed a grade, though this year she is barely passing. Reading is giving her a great deal of difficulty.
Here we have a situation where the child's earliest years were passed in comparative security, but who became confused over the separation of her parents and their subsequent remarriage. Helen wanted her father back in the home. She saw that other children had a "daddy" and felt inferior to them. Missing her father at a time when he was so important to her normal development, she turned to her mother for attention. Obtaining at six a new father, she resented the fact that he got much of her mother's attention. The patient and the stepfather were jealous of each other and the mother, fearing the break-up of this marriage, resented the difficulties that the patient was causing and began to reject her because of it. This, in turn, began to increase the daughter's insecurity which was carried over into the school situation. Her concern with it made concentration on school work difficult. The teacher was not too accepting and seemed to the patient like another rejecting mother-figure. This insecurity seems also to carry over into her play situations and she feels inferior. It is not the school situation alone that is affected, but the whole gamut of her life experiences.

It would seem in this case that the factors subsequent to the break of the home were most important. The failure to understand why the father was absent, the jealousy and lack of acceptance by the new father, and the
fears of the mother that the daughter was going to cause a break-up of this marriage all contribute to this girl's feeling of inferiority, insecurity and make her adjustment difficult.

* * * * *

Alfred is a fourteen and one-half year old adolescent referred to clinic because he was making a poor adjustment in school. He has one sister, aged nine. His parents were divorced when he was six years of age. There is little information given concerning the parental situation prior to the separation except that it was one of turmoil. The mother stated that the father was inadequate and irresponsible. After the divorce the patient was placed for a short period in order that the mother could work. The mother had a boy-friend who was in the service for several years and whom she married upon his return about two years ago.

The stepfather is good to the patient and likes him. The patient, however, is jealous of him and clings to the mother. The boy's own father claims to be interested in him, plans to see him or to take him on a trip, and then breaks these promises. These broken promises are a source of confusion to the patient. Alfred has also expressed his concern over his father's earlier abuse of his mother.

Alfred is a quiet, tense, under-developed adolescent who is emotional and at times almost tearful. He is submissive, very conscientious, and lacks self-confidence. Four years ago, while in a foster home, he had diurnal enuresis which was controlled with psychiatric treatment. He talks in his sleep.

The clinical psychologist states that the patient is of average normal ability. The Wechsler-Bellevue scale showed his verbal scale I.Q. to be 96, but on the performance scale he rated high normal with 112. In school he was in the eighth grade and it was felt that he was neither a specific behavior problem, nor an academic problem. It was felt that he was not working up to his capacity and that he had some difficulty with all his subjects, arithmetic in
particular. According to achievement tests he was more than two years behind his grade. His teachers felt that he was likeable and earnest, but very naive and immature. Their concern was with his social adjustment. In class he often said things that were unusual and totally unrelated to the subject under discussion. He does not get along well in groups and at school has few friends. The school was much annoyed by the mother who constantly interferes in the school situation and is hostile toward the teachers. His schools have been changed six times and he had to repeat one grade.

Here we have a boy who in the important period prior to the time he was six was unable to make an adequate identification with his father and was thrown onto an over-attachment to his mother. The oedipus complex was never resolved. He is confused over his father's rejection and lack of interest in him. Now that there is a stepfather in the home, Alfred is faced with making an adjustment to him and is jealous because they have to share the mother's affection.

His over-dependence on his mother makes it hard for him to establish friendships and tends to make him withdraw into himself. Confusion over relationships to his father and stepfather have increased his unhappiness. It is very probable that many of his early feelings toward his father have been reactivated by the emotional stress of adolescence which he is going through. All these factors make the school situation difficult when he is concerned with these unresolved conflicts.

The factors in the situation subsequent to the divorce in the boy's overdependence on his mother and rejection
by his father would seem essentially to be at the base of his difficulties.

Summary

In this group of four cases the one unifying factor for the whole group is the fact that the child's difficulties seem to be caused by the situation subsequent to the break-up of the family group. Further than this the subsequent situation seems to be an indirect consequence of the break-up of the original family group. A complicating situation which in three of the cases is primarily responsible for the child's maladjustment is the advent of a step-parent who rejected the child. In the fourth case the step-parent was but one of the complicating factors causing confusion for the youth.

In the first two cases, Joe and David, the children carried into the school situation the pattern of aggression that they exhibited at home and in the community as masks for their feeling of insecurity and unhappiness. They were unable to settle down to tasks and accept even the normal frustration found in the discipline of school. In the case of Helen to a lesser degree the pattern was similar and, in addition, she felt that her teacher did not accept her and identified her with the mother who she felt was rejecting her. In the fourth situation the school
problem was not serious, but it would seem as though the patient's dependence upon his mother made it difficult for him to make friendships and adjustments to adults. His confusion about his own father's attitude toward him and his jealousy toward his new stepfather made it difficult for him to concentrate on his school work. All four of this group are unable to make adequate adjustments with the other students. All of these children have exhibited a lack of interest in school and none of them are working up to capacity with the exception of Alfred, all of them are barely passing, only one of the group has a special academic difficulty and only one, Alfred, has ever repeated a grade.

In these cases the actual break in the child's family was a traumatic event which made the child more prone to have difficulty with future adjustments. The school difficulties of this group is only one of the areas in which the child was unable to adjust as relatively the same pattern of behavior was being carried on in the home and in the community.
8.2.1 The term 'wash out' is often used to indicate that the reaction has reached a steady state. However, if the reaction is not in a steady state, the term 'wash out' is misleading. The term 'wash out' should be used when the reaction is in a steady state and the concentration of the reactants and products is constant. If the reaction is not in a steady state, the term 'wash out' should not be used. It is important to note that the term 'wash out' is only applicable to reactions in a steady state. If the reaction is not in a steady state, other terms should be used to describe the reaction. It is important to choose the appropriate term to describe the reaction in order to avoid confusion.
CHAPTER IX

REJECTION BOTH PRIOR AND SUBSEQUENT TO THE SEPARATION OF THE PARENTS

There are four cases in which the family situation both prior and subsequent to the break in the family seems to have had its influence on the child. Three cases in this group, Leon, Dorothy and Michaud, are very similar in that the child was rejected by the mother almost from birth and subsequently, after the remarriage, rejected by the stepmother. The case of Michaud will be presented. In the other case in this group, the case of Henry, there also had been rejection, in this case by the father, but there was a new sibling rivalry subsequent to the separation of the parents which also had an influence on the child.

* * * * *

Michaud, aged ten, was referred to clinic because of nocturnal and diurnal enuresis and difficult behavior. He has one sister, aged twelve and a half-brother aged two. He is living with his father and stepmother. His father separated from his own mother when the patient was four as the mother was alcoholic and promiscuous. The mother mistreated the children and rejected Michaud almost from birth. She tried to abort him several times during pregnancy. The future stepmother was the father's landlady at the time of the separation and she immediately took over the care of the children. The patient at first resented this intrusion and particularly the attempts which the stepmother made to change him to fit her pattern of life. The boy has become repulsive to her as she cannot stand his behavior and she openly rejects him in favor of his sister. His sister is accepted by the stepmother, is always held up to Michaud because
of her acceptable behavior and achievement in school. She is required to oversee him as the stepmother feels that the patient never can be trusted. Michaud is the cause of much marital friction between the father and stepmother. The father is very ambivalent toward the patient. At times he is protective of him, makes excuses for him, and argues with the stepmother about her discipline. At other times he becomes impatient and angry with the boy. The patient sees his own mother about once every three months. At these times his own mother rejects him in favor of his sister. If they go for the weekend he will return before nightfall saying that he doesn't care how much his stepmother yells at him, he prefers her to his own mother.

Michaud, besides being enuretic, sucks his thumb. He has run away from home several times and has stolen things of little value from the home. There is intense sibling rivalry between him and his preferred sister. He is very destructive of his own and other people's things. He does seem very willing to do his share of the chores around the house. He has no outlets in group activities and has only one friend four years his senior.

The psychologist is almost certain that he has a better intelligence than his I.Q. of 111 reveals. He is so emotionally disturbed that he made many careless errors, lacked confidence and was over-dependent. At school he is in the fourth grade. In class he shows no interest, wastes his time and sneaks toys from home to play with in school. He daydreams continually and his concentration is poor. He doesn't finish his work and is very untidy about it. He has always had trouble in school and each teacher has complained of him. He repeated both grades one and two and has in five years changed schools five times. Three of these changes being when he was in the third grade.

Here is a boy who has never known the security of accepting, loving parents. Rejected by his mother from before his birth, he was again openly rejected by his stepmother. His father, in addition, seems rejecting to the boy much of the time. His sister, two years older, is
openly preferred by the family and he constantly has to face this. He has never been able to make a satisfactory adjustment in any sphere and has been ever reminded of his inadequacies in the presence of his siblings, other children and school authorities.

In this case the patient's difficulties stem basically from his complete rejection. However, the inadequacies of his mother also caused the broken home. The future home held no more security as the stepmother is extremely hostile and poorly adjusted. The conflict over this and the present marital conflict have caused the old wounds to remain festering. This boy, who feels so insecure and so inferior, has had no chance to adjust in the school situation. He is so unhappy that he is unable to concentrate upon school work and has no interest in it. He has turned to behavior through which he can gain attention and so compensate for the security that he is missing. Thus, he has become difficult to handle in school and has not been accepted there. The frequent change of schools has also had its effect on his adjustment.

* * * * *

Henry is a seven year old child who was referred to clinic because of his poor school adjustment and his problem behavior. He is the oldest of two siblings, his sister being three years old. The father left the mother a year ago and six months later obtained a divorce. He claimed that the mother was sexually
It is observed that the behavior of the system under study is significantly influenced by certain parameters. These parameters are varied within a specific range to study their effects on the system's performance. Additionally, the results obtained are compared with those from previous studies to identify any discrepancies or improvements.

The experimental setup involves the use of advanced instrumentation to monitor and control the system's behavior. The data collected is analyzed using statistical methods to extract meaningful information. The findings contribute to the ongoing research in the field, providing insights that can be used to develop more efficient and effective solutions.

In conclusion, the study highlights the importance of considering the parameters' influence on the system's performance. Further research is recommended to explore the potential for optimization and to develop new strategies for improving the system's functionality.
frigid, petty in financial matters and poor company. The mother felt that the father was an infantile and dependent person. According to the clinic the mother is calm, in good health and basically fond of the children. There were often violent quarrels between the parents. The father had little interest in the children and rejected the patient in favor of the sister. He still shows this partiality when he visits. The patient is very resentful and hurt by this attitude of his father. The mother is bothered by the failure of the marriage, but feels she is partially to blame. She is boarding a thirteen year old boy to help out financially and she has placed him in the role of the father as his presence "seemed to give her security". The mother feels that, since the father left, the boy's problems have lessened somewhat. However, she seems to show some elements of rejecting him because of his behavior, says that he has a chip on his shoulder and is much like his father.

Henry pays little attention to discipline and often stays out until very late. He is extremely jealous of the thirteen year old boarder. He does not get along with his sister. With his playmates he is in a constant fight and teases the younger children. The patient is hyperactive and very restless. When he cannot have his own way he cries. With the exception of being nearsighted, he is normally developed.

Psychological findings indicated he was of normal intelligence with a Stanford-Binet I.Q. rating of 100. He was extremely restless in the testing situation and his effort was casual, which produced highly variable results. Thus, this may not be a maximum rating. In school the patient is in the second grade, having started at the age of five. He is uninterested, is very restless and pays little attention to the class work. He seems preoccupied with his own ideas. His teacher stated that he was a spoiled child. At school he fights a great deal with other children, yet they seem to like him. His academic performance is so uneven that he is failing in school this year.

This boy's overactive, aggressive and destructive tendencies would seem to go back primarily to the rejection he had suffered from his father. The marital conflict to
which he had been exposed had its toll in making him more insecure. Then, since the separation of his parents, the obvious preference his father had shown for the sister and the way his mother had seemed to favor the thirteen year old she was boarding all increased his feeling of rejection. The more insecure he felt, the more he attempted to compensate for it by aggressive acts of behavior.

In considering Henry's failure to adjust in school it must be realized that he started school when he was five. Thus, he was younger than the group into which he was placed. In addition, the marital conflict and rejecting father made him insecure and unready for this new adjustment. These factors were heightened after the separation of his parents by the intense sibling rivalry to the older boy in the home, as well as the attitude of his mother. The teacher in school was reacting toward his behavior as was his mother at home, which resulted in his feeling more insecure and unable to do his school work. Henry's school failure and his misbehavior were due to a combination of factors: his unreadiness for school, the rejection by his father, and the subsequent situation and attitudes in the broken home.

Summary -

The common denominator that stands out in this group of four cases so clearly is the rejection to which
吞咽食物时，手会自然地捧着碗。但手的移动，特别是手与碗的相对位置，对吞咽食物的流畅性有着至关重要的影响。手的位置过高或过低都可能妨碍食物顺利进入食道，从而导致吞咽困难。为了保持手与碗的适当距离，手会自然地调整位置。
these children have been subjected, a rejection which existed in each case prior to the break in the family. In three of the cases which were represented by the case of Michaud, their own mothers rejected the children almost from birth. In each case the mothers were inadequate and took very little interest in the children. The marital situation was a turmoil to which they were exposed from their birth. Though one of the marriages was broken by death rather than divorce, the actual situation was the same prior to the mother's decease. Then, in all of these cases following the original break in the family, there was a remarriage of the father and these children, already presenting problem behavior, were rejected by their step-mothers. In all of these cases the father was an unstable person. In the fourth case, that of Henry, superimposed on the child's early rejection by his father was the boy's continual feeling after the separation that the father preferred his sister and that the mother was rejecting him in favor of the older foster child.

The school difficulties which this group of children present is quite varied. None of the group were working up to capacity. Two of the group have repeated at least one year in school and a third is failing this year. All of the group are preoccupied and daydream in their classes. In the two cases presented the children show,
not only aggressive symptoms of behavior which are similar to their reactions at home and in the community, but also spend much time in daydreaming. They seem unable to concentrate on their school work. Leon and Dorothy present a somewhat different picture. Leon is no behavior problem at school. In fact, he seems to find there, in the warmth and understanding of his teachers, an acceptance that he lacks at home. Dorothy is a much more serious behavior problem in the home and in the community than she is in school. She is not working up to capacity, daydreams and pays very poor attention. In spite of her average intelligence she says "I like it in school, but it is too difficult for me." In these two situations the rejections that these children have experienced made them feel insecure and inadequate. At school, however, they have experienced warmth and acceptance, and as a result they have made a more adequate adjustment than in other areas of their life. In spite of this they were preoccupied and school was difficult.

Basically these children's difficulties stem from the inadequacy of the parents. The children have known little security, and have been unable to make adequate adjustments in any area of their life.
CHAPTER X
A CASE IN WHICH THE MARITAL BREAK-UP PLAYED A MINOR ROLE

In this chapter the writer presents a case in which, while there was a broken home, the reason for the youth's difficulties seem to stem from a situation which was due to other factors than the separation of the parents.

Ken was a fourteen year old boy who was referred to clinic because of somatic symptoms. His parents were divorced when he was three. The mother and patient lived together most of the time. The patient, however, did live with his father and his family for a period during this time and there are indications that he is confused about this. At this time his mother married the stepfather. The mother states that the stepfather is like a real father to the boy. From what the boy has said it is clear that he is very jealous of the stepfather for taking part of his mother's affection from him.

Two months after his mother's remarriage the patient was stricken with osteo-myelitis and for five years the mother took care of him day and night. For two and one half years he was in a wheel chair and for three years with crutches. Only for the past year has he walked without aid. The mother has always been very over-protective of the patient and he was closely tied to her. This summer at camp, after he had been there nearly three weeks, he developed hives which proved to be of psychosomatic origin. Again, in the fall soon after school started he had the hives so often and so severely that he had to stay out of school over half of the time. The school felt that he was truanting and requested he be referred to clinic. He was attending a new school. He had many fears concerning school, had never liked it, and his reactions to this seemed to cause the appearance of his hives.

Ken is a friendly out-going boy who is very talkative. He is good-natured, kind and thoughtful. However, he is sensitive and easily hurt. He has no close chums. Though he seems to get along easily with every one, it is felt that his social adjustment is poor.
A page of text that is not legible due to poor quality or handwriting. It appears to be a continuation of a sentence or paragraph, but the text is not clear enough to be transcribed accurately.
Earlier he used to have nightmares, but seldom has them now.

According to the psychological test the patient is of bright normal intelligence, his full-scale Wechsler-Bellevue rating being 117. He never had liked school prior to this year. He had been exposed to many changes of schools due to his illness and had repeated one grade. He seemed to dread a new school situation, yet when he got to his present school year he did superior work and was well liked by the teachers. He was behind in grade and it was suggested that he be pushed ahead.

There was a broken home and the absence of the father had created a dependence on the mother during the most formative years of his life. This had been due to his illness, just during the period when he should have been growing away from his mother. This created a natural and fertile field for his jealousy of the stepfather. He lived with the natural father part of the time subsequent to the divorce and prior to his illness. This contributes to the fact that he misses the father and this is a source of confusion to him. Basically, however, the maladjustment and the return to somatic symptoms are all difficulties which stem from the over-protection of the mother during the long period of physical involvement. His earlier dislike of school had some basis in his unreadiness to leave the mother on whom he had become so dependent. He feared, as any child who has been over-dependent, the new school situation. His fear was expressed physically through the appearance of the hives.
In this instance the physical disability with its consequent over-protection by the mother seems to have been the major factor causing this youth's difficulties in adjustment. That the broken home situation had been a source of confusion is indicated, yet he seems to have met and been able to cope with this.
CHAPTER XI

SUMMARY AND CONCLUSIONS

The social case records of the twenty-five children known to the Division of Mental Hygiene Child Guidance Clinics, whose homes were broken by death, divorce or separation, and who were found to be making an inadequate adjustment at school have been the subject of this study. Insofar as possible comparable information from each case record has been obtained by the use of a schedule. This was designed to gain information primarily concerning a) the parental situation prior to the break; b) the parental situation subsequent to the break; c) the child's reaction to the break; d) the personality tendencies of the child and e) the child's school adjustment and academic achievement. The group has been analyzed as a whole and individually with reference to the general questions proposed at the beginning of the study.

It must be realized that the number of cases in this study is small and its scope is limited. Of necessity it includes only children who have had some problem and were referred to a clinic. Therefore, from this study one cannot expect to find conclusive evidence as to the effect of the broken home on the child's ability to adjust in

1 See appendix.
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school. It is hoped that there can be drawn from this study some indications of how the broken home has affected these twenty-five children. Dr. Plant, in discussing children of divorced parents makes a statement which, taken in a broader sense, is very applicable to this study.

Divorce and Delinquency - even the matter of turning to the psychiatric clinic - are socially oriented phenomena. They have to do with psychological problems and tensions but they are not accurate measures of these tensions. As long as a phenomena which has psychological origins is described in terms that are purely sociological there can be no such thing as reliable data. (Reliable used here in the scientific sense of data from which predictions as to probability can be made) . . .

But we can look at him differently. We can cease to consider the sick person as weak (asking what is wrong with him) and consider him sensitive (asking him what he is trying to tell us). Tuberculosis tells us all persons need good housing, fresh air, good food. The many who died of typhoid were the sensitive ones - telling us in their own way that every one needs pure water and pure milk - once we stopped asking them what they were trying to tell us. So the divorced parents and their children who come to us may be the sensitive ones - telling us in their own way what the stresses are upon all children of divorced parents and of all marriages in our culture if we but ask.

The material in this study gives the following indications which may be presented by discussing, insofar

I. Introduction

II. Literature Review

III. Methodology

IV. Results

V. Discussion

VI. Conclusion
as possible the general questions posed in relation to the twenty-five cases in this study. Before proceeding with this discussion the following observation should be noted.

The findings in these cases on the effects of the broken home agree essentially with the material found in the literature on the subject, which was noted in Chapter III: However, it does seem that the broken home, as such, is too broadly a conceived framework in the study of the dynamics of individual maladjustment and is fraught with a number of intertwining factors. The term has functional value, but is only given full meaning by an intensive study of the individual. The maladjustment found in these cases is essentially the same as those in which there is a conflicting parent-child relationship. In relation to the school situation its main value, it seems to the writer, is as an indicator to the teacher that the child is in need of help. When it is realized that the child is not doing adequate work or is making an inadequate adjustment in the classroom, and he has been exposed to a broken home, the teacher should be able to understand the implications of this and refer the child to an agency where he could be helped toward making a more adequate adjustment. As William H. Kirkpatrick has said:

Teachers have a definite responsibility in the matter of personal maladjustment.
If they are not informed they may ignorant-
ly increase or may in some cases even bring on maladjustment. Or they may fail to recognize instances of maladjustment found among their pupils, and so fail to secure for them proper treatment.  

1. Does the emotional upset of the broken home affect the child's ability to make an adequate adjustment in school?

In the twenty-five cases with which this study concerned itself, the children, as a result of broken home situations, became emotionally upset. This disturbance resulted in aggressive behavior and preoccupation which the child took into the school situation and made him unready to settle down to work. This varied with the individual child from an inability to relate to other children and adults, to behavior which disturbed the whole classroom; or academic standing from generalized poor school work, to an emotional blocking which has resulted in a speech or reading difficulty. These examples of behavior and inability to do adequate school work were but symptoms of the child's internal feeling that "nobody loves me and nobody cares."

While there was a broken home in all of these situations, basically it was not the broken home per se that caused the child's maladjustment. The actual physical

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break in the family was, however, in many cases a contributing factor. To the children who were older when the break occurred the main difficulties lay in their relationship to at least one of their parents before the break and to the years of marital conflict to which they were subjected. To the children who were younger when the break occurred, the most important influence appeared to have been some subsequent situation to which they were exposed. Either the inability of the parent to make an adequate readjustment, often because of their own personality difficulties, or the advent of some new parental figure who was unable to accept or to be accepted by the children. The broken home, then, in these cases was either a situation added to an already disturbed parent-child relationship or a factor which resulted in his confusion or led to later disturbed parent-child relationships.

2. If the emotional upset of the broken home does affect the child's ability to make an adequate school adjustment what are the factors in the home situation which have an effect upon him?

While the broken homes destroys the normal family group and, as such, is to the child a trauma through which he loses the normal relationship to two parents, this is not the crux of the difficulty. The emotional factors which surrounded the break and caused the difficulty for the child reach back into the childhood and character of the parents.
When the parents separated because they were unable to adjust to each other then the immaturity and the failings which made a disaster of the marriage may result in the maladjustment of the child. In such instances the basic personality difficulties of the parent supplemented by the marital turmoil to which the child was exposed are responsible for the child's difficulties and not the actual break in the family itself.

If, however, after the break the parent with whom the child remained carried into the situation the personality difficulties which caused the failure of the marriage, they were detrimental to the readjustment of the child. In this readjustment of the child in many instances there was added to the trauma of the broken home, the trauma of the readjustment to a new step-parent.

In relation to the factors in the home situation which seemed to have caused the poor adjustment in school, there was little relationship between the particular type of broken home situation and the difficulty encountered in school. The following should be noted, however:

1) In those cases where the attitudes of the child's parents prior to the separation were responsible for causing his maladjustment all the children had difficulties in school which were academic. All had either repeated grades or were failing in the year referred. The whole group had
either reading or speech difficulties. The school behavior problem of this group was secondary to their academic difficulties.

2) Where the child's difficulty was related to some situation subsequent to the break in the family the children tended to project into the school situation the same pattern of behavior which they exhibited at home. This was particularly true in the cases where they reacted to the attitudes of the parent with whom they were living. In those cases in which the difficulty sprang from the absence of the father and in those cases in which there was the advent of a rejecting step-parent the children, in addition to projecting into the school situation their pattern of behavior from home, tended to exhibit confusion and inability to concentrate. They showed their concern and the insecurity by aggressive acts of behavior or by withdrawal and daydreaming. They were unable to focus their interest upon school and did poor academic work.

3) In the cases where there had been rejection by the child's own parents prior to the separation and then later by a step-parent, in two cases they carried their aggressive behavior into the classroom. In the other two cases they responded to the teacher's interest, but still found it difficult to achieve academically.
The effect upon school adjustment has been shown in the following ways: this group of children were shown, despite a normal I.Q., to be retarded in school. Eleven of the group had repeated one or more grades. In the year of referral seven were failing in school. Eleven of the group exhibited symptoms of their emotional maladjustment in special academic disabilities. Eight had a reading disability and three had a speech disability. Many of the children were antagonistic to their teachers and seemed to carry into the school situation the same feelings that they had toward their parents. The children who exhibited their insecurity by aggressive patterns of behavior in the home and in the community continued these in the school setting and were unable to settle down and concentrate on their work. Those who were unassertive spent much of their time in daydreaming, and found it difficult to relate to their teachers and to other children.

The writer has on the preceeding pages given a summary of the indications that could be seen in the twenty-five cases in this study. As indicated earlier, the scope of this thesis is too limited to reach any conclusive evidence as to the effect of the broken home on the child's ability to adjust in school. There are, however, several conclusions that the writer would like to make in relation to the cases in this study.
1) In the situation surrounding the separation and divorce of the parents, where the child was between birth and six years of age when the parents were divorced, the child's difficulty was caused by some situation subsequent to the family break-up. However, if the child was older, or in this study between the ages of six and twelve when the break occurred, the child's difficulties, in the majority of cases, went back to some situation which occurred prior to the separation.

2) As a group these children, despite normal I.Q. ratings\(^4\) were shown to be retarded in school. They were, as a group, above age for their grade placement and, according to teachers' reports twenty-two out of the twenty-five children were not working up to their capacity. Thus, as a group they were not achieving academically in a manner commensurate with their ability.

3) The effects of the influences surrounding the broken home situation have been in large part in the cases in this study the result of some inadequate adjustment on the part of the parents either prior to the break or to some new situation, or inability to make an adequate adjustment subsequent to the break.

4) In all of the cases in this study the school situation was only one of the areas in which the child was

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\(^4\) See Table \#2.
making an inadequate adjustment. It would seem that the factors surrounding the broken home situation to which the child was exposed affected all areas of his life. In the cases in this study the child's school adjustment was more or less seriously affected as the individual cases show. In each case, however, the poor school adjustment is an indirect result of the factors surrounding the influence of the broken home.

Approved,

Richard K. Conant
Dean
any sexual behavior. Understand that sexual behavior is "safe" only when all involved parties consent to it. Consent is a mutual agreement that both parties are willing and able to engage in the activity. It is important to remember that sexual behavior is not just about the physical act but also about creating a safe and respectful environment for all involved.

[Signature]
[Date]
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Annual Report of Massachusetts Department of Mental Diseases, 1922. Quoted by Yerbury, listed below.


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APPENDIX

Schedule

1. Name of Patient Age I.Q.
2. Grade in School
3. Why Referred
4. Other problems
5. Sex, age, adjustment of siblings

I. The Child

A. Physical Health

1. Birth and Developmental History (list unusual incidents)

2. Severe diseases or accidents

B. School

1. Adjustment
   a) lack of interest
   b) truanting
   c) misbehavior (specify)
   d) hostile (toward teachers)
      (toward students)
   e) withdrawn
   f) daydreaming
   g) teacher's attitude toward student
   h) frequent change of schools (specify)
   i) other
2. Achievement
   a) working up to capacity
   b) grade(s) repeated
   c) insufficient school facilities to interest
   d) Special disabilities
      1) Speech difficulty
      2) Reading difficulty
      3) Arithmetic difficulty
      4) other (specify)

3. School report on I. Q. and Achievement Tests given

C. Clinical psychologist's report
   1. General intelligence
   2. Impression and evaluation of abilities

D. Personality tendencies
   1. Aggressive behavior
   2. Unassertive behavior

II. The Environment and The Family

A. Situation prior to the break
   1. Marital situation prior to the break
   2. Child's relationship to the parent prior to the break
      a) the father
      b) the mother
   3. Reaction of the child at the actual time of the break
B. Marital situation

1. Home broken by: death of father____ mother____
   divorce
   separation
   desertion

2. Reason given as cause of break if other than death

3. Parent having custody of child

4. Age of child at time of the break____ Age now____

C. Situation subsequent to break

1. Parental adjustment to the break

2. Child's adjustment toward separation of parent

D. Home and Economic Situation

1. Prior to break

2. Subsequent to break
APPENDIX

Social History

<table>
<thead>
<tr>
<th>S. S. Record</th>
<th>Name:</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
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<tr>
<td>Address:</td>
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<tr>
<td>Telephone:</td>
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<tr>
<td>Source:</td>
<td></td>
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<tr>
<td>Problem:</td>
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</tbody>
</table>

FAMILY GROUP

Fa. - Name, age, date and place of birth, nationality, racial bkgrd, occupation and religion:

Mo. - Same -- date of marriage.

Sib. - Same -- School and grade.

Others in Household -- Same.

Language spoken in home.

Home Neighborhood
- Poor
- Average
- Superior

Economic
- Dependent
- Marginal
- Comfortable

Opened History

Closed

Reopened
I. THE CHILD

A. Present Situation: Describe the child, his problems, and circumstances that resulted in his being brought to clinic. Include worker's observations of child's behavior. State what child has been told about visit to clinic. Give child's and family's attitude toward problems and clinic.

B. Social Reactions: Give picture of personality traits and make-up. Describe attitudes and behavior at home and in neighborhood; e.g., ability to get along with adults and children. (Age, sex, type, etc., of companions.) Use of leisure time (interests, ambitions, hobbies, skills, membership in clubs, etc.) Methods of discipline, sex instruction, child's reaction to both. Handedness.

C. School: History as given by mother, including present grade, repetition of grades, child's and mother's attitude toward school. Report of school visit; give scholarship, effort, if any, impression of room as a whole, and teacher's attitude toward child and clinic. Handedness.

II. ENVIRONMENT

A. Personalities in household and family relationships; Include information re. patient's paternal and maternal relatives when significant. Brief historical sketch of members of household. Include education, health, and economic situation. Relationships among members of household. Discipline - methods used, by whom, child's reaction. Sex instruction.

B. Home and Neighborhood: General description of home, type of neighborhood, and accessibility to community resources. Placements outside the home, camp.

III. SOCIAL ANALYSIS

Sum up social history. Analyze the relationship between patient's problems and the social situation. Parent's attitude toward patient's problem and attendance at clinic.

IV. PLAN