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The relationship of the absence of fathers with mothers' attitudes toward their latency aged sons

BOSTON UNIVERSITY
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THE RELATIONSHIP OF THE ABSENCE OF FATHERS WITH MOTHERS' ATTITUDES TOWARD THEIR LATENCY AGED SONS

A thesis

Submitted by

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CHAPTER I

INTRODUCTION

This is a study of the relationship of the absence of fathers through divorce or separation with mothers' attitudes toward their latency aged sons. In order to see if these relationships were unique to this group, these attitudes will be compared to families where the fathers were present. The study examined: (1) the background characteristics of the Fatherless group and how they related to mothers' attitudes; (2) the divorce or separation; (3) the fathers' relationships to mothers and children prior to the dissolution of the marriage; (4) mother-son relationships including the identification of the sons' problem behavior with the fathers and the affectional relationships between mothers and sons; (5) the mothers' handling of control and the setting of limits; and (6) the mothers' attitudes and expectations regarding coming for help.

The rate of divorce and separation is growing to alarming proportions in this country. When the father is absent from the family, the equilibrium of the natural family structure which includes both mother and father and their children is disrupted. The dissolution of this family unit may result in severe emotional deprivation in

an individual. It becomes extremely important, therefore, to examine what happens in families where the fathers are absent, especially in those areas that are usually considered as part of the fathers' roles. A comparison with families where fathers are present serves to make a clearer differentiation of the two groups as to what the fathers' roles are with respect to latency aged sons and the relationships of the absence of fathers on mothers.

The Fatherless group consisted of nine cases that were drawn from the cases of the Worcester Youth Guidance Center. The Fatherless group will also be referred to as the F group in this study. This group was selected after meeting specified criteria. After the selection of the Fatherless group was completed, the Intact group was selected. In the latter group, the natural family was intact and not broken-up by the absence of any of its members. This Intact group will also be referred to as the I group in this study. The cases in the Intact group were obtained after being matched with the cases in the Fatherless group as to the ages and presenting problems of the children. Each case was analyzed in terms of a schedule (See Appendix A). The information from this schedule constituted the data of the study. The data was categorized and then analyzed.

The material for this study was collected at the

Worcester Youth Guidance Center, a child guidance clinic. The clinic's basic functions are the diagnosis and treatment of disturbed children and their parents, and the dissemination of mental health concepts in and around the Worcester area.

CHAPTER II

REVIEW OF THE LITERATURE

This is a comparison study of mothers' attitudes toward their latency aged sons as related to the absence of fathers through divorce or separation.

The knowledge of people's attitudes is essential in social casework. Although this method of social work does not often attempt to change the basic neurotic conflicts, changes in behavior can take place by modifying attitudes.[1] At the present time, the trend in child guidance clinics is to try to modify the attitudes of parents in order to establish a more positive environment for the growth and development of the child's personality. It is now felt that treating the child without treating the parents is not as beneficial as involving the parents in treatment and working toward the modification of their attitudes.[2] The emotional attitudes of parents toward their child are crucial as it is from these attitudes that the person acquires attitudes about himself.[3]

Not only are the attitudes of parents toward their children essential for the social caseworker to know and

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[1]Gordon Hamilton, Theory and Practice of Social Case Work, p. 24.

[2]Percival M. Symonds, The Dynamics of Parent-Child Relationships, p. 132.

[3]Ibid., p. 2.

work with, but knowledge regarding the attitudes toward wanting help and participating in the problem-solving process is equally vital. "No matter what the nature of the client's problem is, he must want some help or change and must reach out with some part of himself to use it."[4]

> Many students of human behavior have stressed that one of the most salient characteristics of our culture is the existence of the family, composed of father, mother and children, with each component part interrelating to enhance the meaning of each, and by this interrelating creating a meaningful unit, the family.[5]

From the beginning of marriage in a normally healthy family, there is a tendency to give and take between spouses. With the passing of time, there is an increased awareness of needs of the marriage partner and a willingness to sacrifice one's own needs for the satisfaction of the other. A great deal of interdependence and a certain amount of independence develops between the marital partners. The positive side of the emotional ambivalence for each other grows stronger so that the negative feelings will not need to be repressed to the extent that this might result in unacceptable flight reactions, self-punishment, or expression through another family member. This give and take process also characterizes the relationship

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[4]Helen H. Perlman, Social Casework, p. 185.

[5]Irene M. Josselyn, "Psychology of Fatherliness," Smith College Studies in Social Work, vol. 26 (February, 1956), p. 1.

between the parents and the child. The specific nature of this give and take process changes as the individual matures from infancy to adulthood. During this maturational process, parents help the child with emancipation as the child is ready for it by supporting the child's relationships outside of the family group. This process is necessary for the establishment of a sense of identity, and the parents enable the child to separate with a minimal amount of guilt.[6]

"It has been recognized that the absence of any part (of the family) results in the crippling if not the complete dissolution of the unit."[7] It is not only the one-one relationship whether between mother and child or between father and child that is important to individual growth and development, but rather the effects of the multiple, dynamic relationships that create meanings over and beyond the significance of the individual parts.[8] Since the family has such a vital role in the development of the ego and in maintaining ego strengths, the family unit's dissolution

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[6]Otto Pollak, "Design of a Model of Healthy Family Relationships as a Basis for Evaluative Research," Social Service Review, vol. 31 (December, 1957), Pp. 370-371.

[7]Josselyn, op. cit., p. 2.

[8]Irene M. Josselyn, "The Family as a Psychological Unit," Social Casework, October, 1953, p. 337.

may result in severe ego damage in an individual.[9]

The father's influence in the family and on the mother-child relationship is too often overlooked. He is too often considered of secondary importance and is in danger of becoming forgotten. His role in the family has many facets, that of husband, father, breadwinner, teacher, counselor, and hero.[10]

When families are broken because of divorce or separation, the consequences to mother, child, and their relationship with each other must be carefully considered. Some marriages must realistically end in divorce because of the inability of one or both partners to grow toward a mature, interdependent relationship, and sometimes social casework help is given in terms of reaching this solution and working it out. However in most broken families that come for help, this responsible working through has not occurred but rather fight or flight has taken place. Usually, it is the mother who turns for help after the father has left.[11]

> The duration, degree, and openness of the conflict that existed between the marital partners before separation have already had an effect on the emotional health of the mother and the

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[9] Ibid., p. 338.

[10] Ibid., p. 341.

[11] Ruth J. Peterson, "Understanding the Reactions of Fatherless Families," The Significance of the Father, p. 55.

> children, and will be important determinants in the success or lack of success in the family's adjustment when father is no longer in the home.[12]

Although the effect of the father's absence may differ in degree in relation to the particular cause, the mother's degree of maturity, and the stage reached by the child in psychosexual development when the absence occurs, the father's absence creates in all families an imbalance in their potential for gratification resulting in a lack of inward cohesion in the family as a group and in its individual members.[13]

Many important emotional dependencies are destroyed, accustomed responses disappear, co-operative plans for rearing children, mutual sexual satisfactions, intellectual interstimulation, and maintenance of social status in the community are all interrupted with this break in family cohesion.[14]

By looking at some of the problems the latency aged boy whose father is absent has to solve or cope with, some of the areas of probable concern for the mother who is left to handle the situation will be revealed. Bornstein stated

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[12] Ibid.

[13] Ibid., p. 62.

[14] Robert R. Sears, Margaret H. Pintler, and Pauline S. Sears, "Effect of Father Separation on Preschool Children's Doll Play Aggression," Child Development, vol. 17, p. 221.

that the latency period begins with the resolution of the oedipal complex and with the establishment of the superego. The author divided latency into three major stages: first, from five and one-half to eight years; second, from eight to ten years; and third, from ten to twelve years. (Only the first two stages will be referred to as they are pertinent to the age range of this study.) Common to both states is the "strictness of the superego in its evaluation of incestuous wishes--a strictness which finds expression in the child's struggle against masturbation."[15] In the first part, there is a "intermingling of two sets of defenses, one against genital, and the other against pregenital impulses. The superego is very strict and there is increased ambivalence."[16] In the second part, the ego handles less severe conflicts as the sexual demands are less exerting and the superego less rigid. This leaves more energy to handle reality. Along with this, the belief in parental omnipotence subsides. This new balance is a precarious one, though, and the fear of upsetting it does still exist.[17]

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[15]Berta Bornstein, "On Latency," Psychoanalytic Study of the Child, vol. 6, p. 280.

[16]Samuel Kaplan, "The Latency Period," Journal of the American Psychoanalytic Association, vol. 5, p. 526.

[17]Bornstein, op. cit., p. 282.

"Disturbances during the preoedipal libidinal development will probably be reflected in the latency period."[18] If the defenses are too weak, it may result in acting out; if the defenses are too rigid, inhibition in acting may occur.[19] Boys in the second part of latency have fantasies revolving around ambition and aggression. If there is a loss of an object, delinquency is sometimes used as a defense.[20]

In separation or divorce, the normal relationship between father and son is disturbed. The particular meaning of the father to the child, of course, varies according to the child's developmental level. In infancy, the father's absence arouses great anxiety and feelings of insecurity and loss. The young child feels his "daddy" does not love him, and at around the oedipal period, the boy suffers from terrific guilt feelings because of his love for mother and his competition with father. The absence of the father leaves the field clear for the boy who is then placed in the position of assuming the father's role before he is chronologically ready.[21]

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[18] Kaplan, op. cit.

[19] Ibid.

[20] Ibid., p. 535.

[21] Samuel H. Lerner, "Effects of Desertion on Family Life," Social Casework, vol. 35 (January, 1954), Pp. 4-5.

The visible presence of the father is most necessary for the boy from birth until the age of six or seven. The father's visible presence provides the model for male identification. If the home is fatherless, the boy has no father to imitate and from whom he can learn about the world and life.[22] Although the father is the embodiment of sexual and aggressive power, his influence serves to act strongly toward the repression and sublimation of these instinctive wishes. The physical presence of the father is essential, too, in terms of the boy's renunciation of mother in order to keep father's love and not incur his wrath which is a necessary part of the resolution of the oedipal conflict. If the father leaves the family while the boy is in the midst of struggling with this conflict, this is often seen as a punishment for his wishes.[23]

Even though the father has left, the child might not really accept this. He might maintain a fantasy father or might maintain an idealized image of the father which might differ remarkably from reality.[24] Thus, unless there is a father substitute, "boys who are raised in fatherless

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[22] O. Spurgeon English and Gerald H. J. Pearson, Emotional Problems of Living, Pp. 96-97.

[23] Anna Freud and Dorothy Burlingham, Infants Without Families, Pp. 105-106.

[24] Ibid., Pp. 109-112.

homes can identify themselves only with their mothers."[25]

Stolz studied the effect of the absence of the father during war on the father-child relationship. The author found that children whose fathers were away at war were more aggressive than those whose fathers were not. Another finding was that the degree to which the mother transmitted her anxiety about the separation to the child had an effect on the degree to which the separation disturbed the child.[26]

The mother, however, is left to bring-up her son without his father, without the help of her husband. The task and the responsibility belong to her.

The wife's emotional needs in terms of her relationship with her husband are crucial to the wife's feelings of well-being.[27]

> How adequately or inadequately his relationship with her satisfy these (emotional) needs determines very importantly how well or how poorly she functions as a mother to her children.[28]

"To give consistently to her child the love he needs, a woman needs the consistent love of her husband and the certainty of his love for the child."[29]

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[25]Leo Bartemeier, "The Contribution of the Father to the Mental Health of the Family," American Journal of Psychiatry, vol. 110 (October, 1953), p. 279.

[26]Lois M. Stolz, "The Effect of Mobilization and War on Children," Social Casework, April, 1953, Pp.144-146.

[27]Bartemeier, op. cit., p. 277.

[28]Ibid., p. 278.

[29]Ibid.

Although the father may not appear to be performing the fathering role overtly, his influence, strengths, and power pass through the mother to the child. The father's provision of physical and emotional support are essential to the mother's security and freedom from anxiety.[30]

With the absence of the husband, the wife is left with those roles that the husband performed or should have performed as a father. Taking on the responsibility for the fulfillment of these roles in addition to her own becomes a difficult task. The mother alone must be both mother and father to her son. The resulting problems may be numerous as the mother may not know how to assume the father's roles. In the area of controlling and setting limits on the son, the mother may run into difficulty. The basic responsibility for that task has traditionally been thought of as belonging to the father even though the mother usually spends more time with the child during the days. As the father is absent, this then becomes the mother's primary responsibility. Assuming the roles of both mother and father would most probably require a lot of adjustment on any woman's part. Whether, or not, the mother is able to make this adjustment at all and make it so that it is beneficial both to the child and to herself is another question that must be considered.

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[30]English and Pearson, op. cit., p. 325.

Even in those situations which may justify the dissolution of a marriage, by divorce or separation, the wife must deal with very strong emotions that accompany this traumatic experience. These may include feelings of guilt, shame, anger, or rejection, as well as feelings of failure and self-blame in terms of the marriage not being a success. Along with intense positive and negative feelings are always ambivalent feelings. The wife may still want to return to her husband but may also want to punish him.[31] This struggle with conflicting feelings cannot help but upset the mother and, in turn, disturb the child. For example, she may be hostile toward the husband which may in turn be displaced onto the child. If she feels guilty, this may undermine her ability to cope with her child's problems. In addition, the wife loses the person who once gave her a feeling of worth. She is also confronted, perhaps for the first time, with many of the reality problems of life such as earning a living which may also be an area of real concern and anxiety. All of these feelings may stir up a lot of anxiety in the mother which may then be transmitted to the child which then become an additional burden for the child. The mother may find it necessary to work away from the home which is another source of insecurity and anxiety

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[31]Joseph E. Steigman, "The Deserted Family," Social Casework, April, 1957, p. 167.

for the child and also for the mother who may often feel this is tantamount to neglecting her child. Thus, further guilt and anxiety are aroused.[32]

The mother often contributes to her son's difficulties. Deprived of a husband, she may turn to her son to obtain gratification in order to make up for her own deprivation both in terms of her sexual needs and her dependency need.[33] "Without the child's emotional tie to the father, the mother is likely to indulge excessively the child's infantile wish to possess her completely."[34] She may also try to substitute her son for her husband by telling her son that he is the man of the family. This creates a great deal of anxiety in the child who has reached or gone through the oedipal period as now his fantasies have become reality.[35]

The mother's relationship with her son may also become one in which she overidentifies this child with her feelings toward her husband.[36]

The mother becomes the only model for identification unless there are father substitutes. Lacking the father's

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[32]Lerner, op. cit., p. 5.

[33]English and Pearson, op. cit., p. 98.

[34]Lerner, op. cit.

[35]Ibid.

[36]Peterson, op. cit., p. 56.

support, the mother is more likely to reveal her anxiety in a dangerous situation which then provides a poor model for identification for her son.[37]

In a study by Wylie and Delgado that examined the mother-son relationship in a group of aggressive, fatherless boys, it was found that mothers come for treatment under the pressure of external influences, that they identified their sons with their former husbands, and that they either withdrew or responded poorly to treatment. Erotic relationships between mothers and sons existed in most of the cases where in almost half of the twenty cases, son and mother were sleeping together. There was also, in most cases, a strong need to get rid of the boys in some way. This need reflected their rejecting, hostile feelings towards the boys. The mothers all complained of not being able to control or discipline their sons. In these families, the marital break-up was an expression of conflicts that existed for a long time. The mother's own conflicting attitudes regarding her own sexual identification seemed to play a big part, both in her marriage, and in her relationship with her son who was often seen as the bad, aggressive penis that she always wanted and always had to fight too.[38]

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[37]Lerner, op. cit.

[38]Howard L. Wylie and Rafael A. Delgado, "A Pattern of Mother-Son Relationship Involving the Absence of the Father," The American Journal of Orthopsychiatry, vol. 29 (July, 1953), Pp. 644-649.

The literature suggests that the following areas are crucial in considering the absence of fathers in families.

These areas include an examination of the fathers' relationships as husband, father, and breadwinner before the separation in terms of their effects on mothers' attitudes toward their sons.

The study is interested in the effects of the fathers' absence in those areas which are predominately a part of the fathers' roles when they are not absent from the home. Also included in the study are the circumstances around the dissolution of the marriage, and their relationship with mothers' attitudes toward their sons.

After having studied the relationship of the fathers' absence with the mothers' attitudes, the findings will be compared to the attitudes of mothers toward their latency aged sons where the fathers were present in the families.

The following areas were examined:

1. The background characteristics of the Fatherless group and how they related to mothers' attitudes.
2. The divorce or separation.
3. The fathers' relationships to mothers and children prior to the dissolution of the marriage.
4. Mother-son relationships including the indentification of the sons' problem behavior with the fathers and the affectional relationships be-

tween mothers and sons.

5. The mothers' handling of control and the setting of limits.
6. The mothers' attitudes and expectations regarding coming for help.

CHAPTER III

BACKGROUND OF THE STUDY

PART I. METHODS

This is a study of the relationship of the absence of fathers through divorce or separation with mothers' attitudes toward their latency aged sons. In order to see if these relationships were unique to this group, they were then compared to families where the father was present.

The study is based on eighteen cases seen at the Worcester Youth Guidance Center in which mothers were in treatment because of problems with their latency aged sons. In nine cases, the fathers were absent from the family as a result of divorce or separation; in the remaining nine cases, the fathers were present in the family.

The cases in the Fatherless or F group were selected after meeting the following criteria:

1. The natural father was absent from the home as a result of divorce or separation.
2. The latency aged son was living with the natural mother who had not remarried.
3. The mother was in treatment.
4. The mother was seen at the clinic for at least three months.

SAMPLE SELECTION

A total of ten cases was selected as the number of

cases that would constitute the Fatherless group. Five of these cases were obtained from among those cases used in previous research at the clinic on fatherless sons.[1] These five cases were the total number of cases used in that research that met the above criteria for the selection of the F group. Five additional cases were selected at random from the indexed file catalogue that listed certain indentifying case information that included the name and age of the child and the presenting problem. As the marital status of the parents in a case was not usually kept up-to-date on these cards, each case that met the other requirements for selection had to be examined in order to obtain those in which the father was absent through divorce or separation only. Fathers who were deceased did not fall within the criteria and scope of this study. One of these five cases had to be omitted as the case record later revealed that the child was born illegitimately before the mother's marriage. This left a total of nine cases for the F group.

After the selection of the F group was completed, the Intact group was selected. This was the group where the natural family was intact and not split-up by the absence of any of its members. This group will also be referred to as the I group. The criteria established for the F

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[1]Ibid.

group were also used for the I group with the difference being that in the I group, the child's natural father was not divorced or separated from the mother but was living in the home with the mother and son. The cases in the I group were selected at random from the same indexed file catalogue. These cases were obtained after having been matched with the cases in the F group. The cases in the two groups were matched on a case to case basis as to the age of the son, within one year, and the presenting problem. It was not possible to match the presenting problems exactly but rather in terms of the kinds of behavior patterns or the matching of some of the specific symptoms.

DATA COLLECTION

The following areas were investigated as having a relationship to the absence of a father in the home:

1. The background characteristics of the Fatherless group and how they related to mothers' attitudes.

2. The divorce or separation.

3. The fathers' relationships to mothers and children prior to the dissolution of the marriage.

4. Mother-son relationships including the identification of the sons' problem behavior with the fathers and the affectional relationships between mothers and sons.

5. The mothers' handling of control and the setting of limits.

6. The mothers' attitudes and expectations regarding coming for help.

The material in the study was obtained from case records. Material from more than fifteen interviews was not used. Interviews were either recorded in process or summarized. A schedule was then constructed (see Appendix A), and each case was analyzed in terms of this schedule. The information from this schedule constituted the data of the study. The data was then catagorized according to defined classifications and then analyzed.

PART II. SETTING

The case studies were collected at the Worcester Youth Guidance Center, a child guidance clinic that was first established in 1922. The clinic is supported by public and private funds which more specifically are the Worcester Community Chest, the Department of Mental Health of the Commonwealth of Massachusetts, the United States Public Health Service, the National Institute of Mental Health, and fees from clients.

The clinic has two basic functions, one of diagnosis and treatment of disturbed children and their parents, and the other of dissemination of mental health concepts to parents, teachers, and others influential in the lives of children. Services are offered to the people of Worces-

ter and the Worcester area.

In carrying out its functions, the clinic utilizes a multi-team approach. Usually, parents are seen by social workers, and children are seen by psychiatrists and psychologists. This is not a rigid rule, however, as flexibility in assignment does exist and is made in accordance with the clients' needs and the workers' abilities.

Other services include consultation to parents, schools, agencies, and allied professional groups in the community. The clinic is an approved training clinic for trainees in social work, psychology, and psychiatry.

Ongoing research is a part of the clinic's program. Two staff psychiatrists at the clinic made an exploratory study on the relationship between mothers and sons in fatherless homes.[2]

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[2]Wylie and Delgado, Ibid.

CHAPTER IV

ANALYSIS OF THE DATA

PART I. BACKGROUND CHARACTERISTICS

Background characteristics of the Fatherless group were studied and compared with background characteristics of the group where the father was present, or the Intact group.

Age of the Child

The ages of the children ranged from six to ten years. As each child in the F group was matched within one year of each child in the I group, no significant differences between the groups as to age occurred. (See Table 1.)

TABLE I

AGE OF THE CHILD

Age	F[1] Group	I[2] Group
6-7	5	4
8-9	2	4
10	2	1
Total	9	9

[1]The Fatherless group is referred to as the F group in this chapter.

[2]The Intact group is referred to as the I group in this chapter.

Ordinal Position

In the majority of the cases, the son's ordinal position in the F group did not differ significantly from the I group in having the distinction of largely being the first born son or of distinctively not being the first born son. (See Table 2.)

TABLE 2

ORDINAL POSITION

Position	F Group	I Group
First born	4	6
Second born	5	2
Third born	0	1
Total	9	9

Number of Siblings

The number of siblings that the boys had ranged from no siblings to four siblings. (See Table 3.) The majority of the boys in both the F group and the I group had only one sibling at the time of referral. No significant differences in the two groups were found. There was a tendency for the families to be larger in the I group.

TABLE 3

NUMBER OF SIBLINGS

Siblings	F Group	I Group
None	1	0
1	5	4
2	1	3
3	1	2
4	1	0
Total	9	9

Son's Age at Parents' Break

A break-down of the son's age at the time the parents separated was made for the F group. Two cases fell in the category that included from before birth to two years of age. Three cases fell in the category of three years to five years. Two cases fell in the category of six years to seven years. In two cases, the ages were undetermined. Thus, in only two of those cases known were the boys' fathers present during the entire oedipal period.

The Presenting Problem

The presenting problem is the problem as stated by the parents at the time of referral. Although the cases were matched as to some of their specific presenting problems, they were then categorized as to whether their prob-

lems were generally aggressive, inhibitive, or a combination of the two.

Aggressive problems included firesetting, stealing, destroying property, fighting with peers, and general uncontrolled behavior. Inhibitive problems included withdrawal, extreme shyness, fear of playing with peers, inability to learn in school and effeminate behavior. A combination of the two included some aggressive and some inhibitive symptoms such as those that have already been mentioned.

The presenting problems of cases in the F group were more aggressive than they were inhibitive. (See Table 4.) The cases in the F group also were more aggressive than those in the I group.

TABLE 4

THE PRESENTING PROBLEM

Presenting Problem	F Group	I Group
Aggressive	6	3
Inhibitive	1	2
Combination	2	4
Total	9	9

The Associated Symptom

The associated symptoms, or existing symptoms that were not included as part of the presenting problem, were examined. (See Table 5.) The associated symptoms were classified on the same basis as were the presenting problems. No associated symptoms were mentioned in four cases in the F group, and none were mentioned in five cases in the I group. None of the other findings were significant. The two groups did not really differ in this area.

TABLE 5

THE ASSOCIATED SYMPTOM

Associated Symptom	F Group	I Group
Aggressive	3	2
Inhibitive	2	2
None	4	5
Total	9	9

Source of Referral

The sources of referrals ranged considerably and included the child's mother, friends or relatives, schools, physicians, a social agency, a juvenile court and a minister. (See Table 6.) There is a wider scattering of the referral sources in the F group than in the I group. The largest single referral source in both groups was the school.

No trends emerged in the F group. The majority of the referrals in the I group were made by schools.

TABLE 6

SOURCE OF REFERRAL

Referral Source	F Group	I Group
Mother	1	1
Friend-relative	2	0
School	3	6
Physician	1	1
Social Agency	1	0
Juvenile court	0	1
Clergy	1	0
Total	9	9

Age of the Mother

The ages of the mother were examined for both the F group and the I group. The ages of the mothers in both groups fell within the range of twenty-three to forty-one years. The groups did not differ significantly from one another.

Employment of the Mother

The employment of the mothers was classified in terms of whether the mothers were employed fulltime, parttime, or whether they were unemployed. (See Table 7.)

In the F group, the majority of the mothers were employed to some extent and most of them were employed on a fulltime basis. In the I group, the majority of the mothers were unemployed.

TABLE 7

EMPLOYMENT OF THE MOTHER

Employment	F Group	I Group
Fulltime	4	0
Parttime	1	2
Unemployed	4	7
Total	9	9

Others in Household

The cases were examined to ascertain whether, or not, there were any other people living in the household with the mother and son. In the F group, six cases reported there were additional people in the household. No specific pattern as to the character of these people emerged. In the I group, there were no additional household members in any of the cases.

The Religion

The findings in both the F group and the I group were comparable and did not differ significantly as to their religion. (See Table 8.)

TABLE 8

THE RELIGION

Religion	F Group	I Group
Catholic	3	4
Protestant	4	4
Jewish	1	0
Undetermined	1	1
Total	9	9

Ethnic Background

It was not possible to examine the ethnic backgrounds of the two groups because this factor was undetermined in four cases of the F group and in six cases of the I group.

Income

The majority of the cases in the F group received some amount of private and/or public assistance. (See Table 9.) In most of those cases, the amount was supplemented by the mothers' earnings. The specific income was not known in the F group. Findings for the I group were not as conclusive as the income was undetermined in four cases. However, in those cases where the incomes were known, there seemed to be a scattering of incomes, but no case was receiving any kind of outside financial assistance.

It does seem that there was a tendency for the F group

to need or have some kind of financial assistance in addition to, or excluding, income from direct employment.

TABLE 9

INCOME

Income	F Group	I Group
Private and/or Public assistance	3	0
Private and/or Public assistance and Supplementation	5	0
2000-2900	0	1
3000-3900	0	0
4000-4900	0	3
5000-5900	0	0
6000	0	1
Undetermined	1	4
Total	9	9

Educational Level of the Mother

The educational level of the mothers was examined. The results were incomplete because of the absence of data in this area. This factor was undetermined in five cases in the F group and in four cases in the I group.

PART II. THE DIVORCE OR SEPARATION

The majority of the factors examined in this section related only to the Fatherless group as the factors were directly related to the absence of the father through divorce or separation. Those characteristics will now be described.

Length of Marriage

The length of marriage was compared in both the F group and the I group. Findings were not complete because of the absence of data in this area. This fact was not known in three cases in the F group and in four cases in the I group. In those cases where the length of marriage was given, the range extended from two to nineteen years. No significant differences were found between the two groups. As the ages of the mothers did not differ significantly, this means that the mothers in the F group must have married earlier than the mothers in the I group.

Divorce or Separation

In eight out of the nine cases in the F group, fathers were absent from the family as a result of divorce rather than as a result of separation. Separation can sometimes mean the hope of reconciliation. In this study, however, there was little difference between divorce and separation.

Reason for the Divorce or Separation

The reasons given by the mothers for the marital dissolutions varied. In only one case was this factor undetermined. The husband's commission of a criminal offense and his subsequent imprisonment was given by one mother as the reason for their divorce. Two mothers stated their marriages broke-up because of their husbands' infidelity. Two mothers stated that their husbands' drinking and constant fighting with them were responsible for the break. Incompatibility, such as "discovering we were not meant for each other," was the reason for divorce in two cases. Sexual deviation, the husband's performance of fellatio with his son, was given by one mother as the reason she finally left her husband.

No particular pattern emerged as being the majoy reason for marital dissolutions.

Time Lapse Between the Marital Dissolution and the Referral

The time lapse between the dissolution of the marriage and the referral ranged from one to nine years. In one case, this finding was undetermined. The majority of mothers were referred from within one to three years after divorce or separation from their husbands.

Communication Between Mother and Father

The frequency of communication between mothers and their separated or divorced spouses was examined. In four cases, there was never any communication at all. In four cases, there was occasional communication in that some kind of communication took place once every two months or at certain holidays, such as Christmas time. In only one case was there frequent communication that was on a regular basis.

Communication Between Father and Son

The frequency of communication between the fathers and their sons was studied. There was little change in this area from that of the area just discussed, the communication between the parents. In five cases, there was never any contact between father and son. In three cases, there was occasional communication, and only one mother stated that communication existed on a frequent basis.

Responsibility for the Divorce or Separation

Mothers' attitudes regarding who was responsible for the divorce or separation were examined and categorized for the F group. In five cases, there was no information in this area so an accurate study was not possible. A following question might be why there was insufficient data in this area. Perhaps, the mothers were not able to discuss the act of separation itself. This, then, would be

important to know in terms of learning how to elicit this information. Knowledge in this area would be important in terms of indicating just how much the mothers projected onto the act of separation itself, or how realistically they could view the total situation.

PART III. FATHERS' RELATIONSHIPS TO MOTHERS AND CHILDREN

The father's relationships, as a husband, father, and breadwinner were studied. How mothers described the role performances of their divorced or separated spouses when they were present in the home was studied and compared with the I group regarding how mothers described their husbands' role performances in those same areas with the father present in the family. In the F group, attitudes about past experiences were described. In the I group, sttitudes about present experiences were described. The author was primarily interested in determining how these attitudes related to mothers' attitudes toward their sons. The F group and the I group were then compared with respect to these attitudes.

In all three roles, of husband, father, and breadwinner, fathers were rated as to whether they were inadequate, sometimes inadequate-sometimes adequate, or adequate in the performance of the roles as seen by the mothers.

The Father as a Husband

Statements such as "always hard to trust," "constantly belittling," "always extremely difficult," "not affectionate," and "always ignores me," seemed characteristic of the father that was seen as an inadequate husband. Statements such as "kind and considerate," "get along very well to-

gether," "a real strength," and "able to discuss things together," were illustrative of the father who was seen as an adequate husband. The sometimes inadequate-sometimes adequate category was to include those fathers that were seen by the mothers as being adequate in certain situations but as also being inadequate, in others.

(See Table 10.) No cases in either group were found to belong to the latter category, that of being sometimes inadequate-sometimes adequate as a husband. Significant findings between the F group and the I group did emerge. All the mothers in the F group saw the fathers as being inadequate in their roles as husbands. Less than one-half of the mothers in the I group saw the fathers as inadequate husbands. This proportion was also carried over to those mothers in the I group who saw the fathers as adequate. As both the F group and the I group differ considerably, this will be explored further.

TABLE 10

THE FATHER AS A HUSBAND

As Husband	F Group	I Group
Inadequate	9	4
Sometimes inadequate-Sometimes adequate	0	0
Adequate	0	4
Undetermined	0	1
Total	9	9

The Father as a Father

Statements such as "did not show much interest," "took no responsibility," "never helped," and where in one case the father performed fellatio with his son were taken as indicative of the father's inadequacy as a father. An adequate father was one who "was always a rather good father," "spends a lot of time with his son," and "is understanding but firm." The father who sometimes assumed responsibility for the child but sometimes did not, who tried to discipline and control but was often too impatient and not understanding, who was very inconsistent as to the amount of time spent with the child was seen as being sometimes inadequate-sometimes adequate in the role of father.

The findings between the F group and the I group did not drastically differ in this respect. (See Table 11.) Findings were generally scattered in both groups although the mothers in the F group seemed to lean a little more toward seeing the fathers as inadequate.

TABLE 11

THE FATHER AS A FATHER

As Father	F Group	I Group
Inadequate	5	2
Sometimes inadequate-Sometimes adequate	2	3
Adequate	1	3
Undetermined	1	1
Total	9	9

The Father as a Breadwinner

The mother's picture of how the father fulfilled the role of the breadwinner in the family was examined but nothing could be determined because of insufficient information.

PART IV. MOTHER-SON RELATIONSHIPS

Certain aspects of the mother-son relationship in the Fatherless group were scrutinized. Generally, they included the extent of the mother's identification of the child's problem behavior with the father, the affectional relationship between mother and son, and the mother's handling of controls and the setting of limits. The findings were then compared to the findings for those same areas in the Intact group.

Identification of Child's Problem Behavior with Father

As seen in Table 12, considerable differences existed between the F group and the I group regarding the degree of the mother's identification of the child's problem behavior with the father. All of the mothers in the F group identified the child's problem behavior with the father to some degree. The majority of these mothers totally identified the problem behavior with the father. None of the mothers in the I group made a total identification. Although in two cases, this factor was undetermined, the majority of the mothers for whom this data was available made no identification of their sons' problem behavior with the fathers.

As a difference between the two groups, the F group and the I group, was found in this area, an attempt at

understanding this difference more thoroughly will be attempted by correlating this factor with other significant factors.

TABLE 12

IDENTIFICATION OF CHILD'S PROBLEM BEHAVIOR WITH FATHER

Identification	F Group	I Group
Total identification	5	0
Some identification	4	3
No identification	0	4
Undetermined	0	2
Total	9	9

The Father as a Husband
And
Identification of Child's Problem Behavior with Father

The chapter surveying the literature pertinent to the subject and scope of this thesis made clear how important the father's role as a husband was in terms of the necessary satisfaction that the mother needs from this relationship in order to be able to love and mother her child in a healthy way. As the F group, or the group in which the father was absent from the home, unanimously saw the fathers as being inadequate husbands and differed significantly from the I group in this respect, this factor was further examined, especially in its relation-

ship to the mother's attitudes toward her latency aged son. It was correlated with the degree to which mothers identified the child's problem behavior with the father. The reason this was studied was that significant differences between the F group and the I group were also found regarding this factor.

As seen in Table 13, the majority of the mothers in the F group both saw the fathers as inadequately fulfilling the role of the husband and tended to totally identify the children's problem behavior with the fathers. No patterns emerged in looking at the relationship of the two factors in the I group.

As the findings seemed significant in that these factors seemed related in the F group alone, and thus were very important to what was being studied in the thesis, further correlations were made in order to further examine the relationship of these factors.

TABLE 13

THE FATHER AS A HUSBAND
AND
IDENTIFICATION OF CHILD'S PROBLEM BEHAVIOR WITH FATHER

As Husband	Identification Total F'I	Some F'I	No F'I	Undet. F'I
Inadequate	5'0	4'1	0'3	0'0
Sometimes inadequate-Sometimes adequate	0'0	0'0	0'0	0'0
Adequate	0'0	0'2	0'1	0'1
Undetermined	0'0	0'0	0'0	0'1

Affectional Relationship Between Mother and Son

As was indicated in the literature chapter, the fact that the father was absent might have some bearing on the kind of affectional relationship the mother might have with her son. This would, in turn, have a definite influence on the child's psychosexual development in terms of his own identity and the kinds of relationships he would be able to form.

The mother-son affectional relationships were studied in the F group and categorized on a five point scale and then compared with the Intact group.

Extremely rejecting relationships would involve those where the mother had absolutely nothing whatever to do with her son, where she had withdrawn all affection, and

where she had verbally expressed only negative feelings for him.

Rejecting relationships would involve those in which the mother openly expressed some resentment toward the child and was fairly punitive, either emotionally or physically. However, the mother did not completely withdraw from the child.

Normal ambivalence would include those relationships where, for the most part, positive feelings and attitudes were expressed by the mother for her son. The mother received enough affectional gratification from other sources so that she did not need to seek them all from her child. The son was seen as a child although the mother did not try to prevent growth.

Overprotective relationships were those in which the mother seemed to encourage the child's dependency and prevented his maturation and separation from her. The mothers tended to hover and were also quite fearful that their sons would get hurt in some way.

Highly eroticized relationships were those in which the mothers and sons shared the same bedroom and usually the same bed for an extended period of time or in which a lot of intimate contact existed between mothers and sons. The child seemed to be placed in the adult male's role in most areas of the affectional relationship. Punishments

inflicted by the mothers more often than not were very erotic in quality.

There were significant differences between the two groups. (See Table 14.) In the F group, all but one of the cases involved a highly eroticized relationship between mothers and sons while in the I group, there was almost an even distribution between the overprotective and highly eroticized relationships.

As the findings were significant, further explorations of the meaning of this difference were made.

TABLE 14

AFFECTIONAL RELATIONSHIP BETWEEN MOTHER AND SON

Affectional Relationship	F Group	I Group
Extremely rejecting	0	0
Rejecting	1	1
Normal ambivalent	0	0
Overprotective	0	3
Highly eroticized	8	4
Undetermined	0	1
Total	9	9

The Father as a Husband and The Affectional Relationship Between Mother and Son

Because of the significant findings indicated by the previous table, Table 14, the affectional relationship between the mother and son were then correlated with how the mother saw the father as a husband. This latter area has already been shown to be an area of significance for the F group.

As seen in Table 15, all but one of the mothers in the F group saw the fathers as inadequate husbands, and these mothers also had highly eroticized relationships with their sons. These results differed significantly from the I group where no significant findings or patterns emerged. Further study of the relationship of these factors was made.

TABLE 15

THE FATHER AS A HUSBAND
AND
THE AFFECTIONAL RELATIONSHIP BETWEEN MOTHER AND SON

Affectional Rel.	Father as Husband: Inadeq. F'I	S.Inad.-S.Ad. F'I	Adeq. F'I	Undet. F'I
Extremely rejecting	0'0	0'0	0'0	0'0
Rejecting	1'0	6'0	0'1	0'0
Normal ambivalent	0'0	0'0	0'0	0'0
Overprotective	0'1	0'0	0'1	0'1
Highly eroticized	8'2	0'0	0'2	0'0
Undetermined	0'1	0'0	0'0	0'0

The Father as a Husband
The Identification of the Child's Problem Behavior
With the Father
and
The Affectional Relationship Between Mother and Son

Further study of the relationships between how the mother saw the father as a husband, the mother's identification of the son's problem behavior with the father, and the affectional relationship between mother and son was made as these factors had been seen as significant for the F group thus far. An attempt was made to understand the relationship of these factors more clearly in order to determine their relevance for the F group. These three factors were then correlated together for the F group and

compared with similar correlations for the I group although no findings had thus far emerged for the I group in the previous considerations of the relationships of any of these factors.

(See Table 16.) These three factors do seem to be related in the F group as over one-half of the mothers in the group saw the fathers as inadequate husbands, totally identified their sons' problem behavior with the fathers, and had highly eroticized relationships with their sons. Findings in the I group were highly scattered. The implications of this relationship of factors will be discussed in the next chapter of this thesis.

TABLE 16

THE FATHER AS A HUSBAND,
THE IDENTIFICATION OF THE CHILD'S PROBLEM BEHAVIOR
WITH THE FATHER,
AND
THE AFFECTIONAL RELATIONSHIP BETWEEN MOTHER AND SON

A. The Fatherless Group

	Father as Husband															
	Inadequate				S. Inadeq.-S. Adeq.				Adequate				Undeter.			
Affectional	TI[3]	SI[4]	NI[5]	U	TI	SI	NI	U	TI	SI	NI	U	TI	SI	NI	U
Ext. reject.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rejecting	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Normal ambiv.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overprotec.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Highly erotic.	5	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Undeter.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

[3] T.I. designates "Total Identification".

[4] S.I. designates "Some Identification".

[5] N.I. designates "No Identification".

B. The Intact Group

Affectional	Father as Husband															
	Inadequate				S. Inadeq.-S.Adeq.				Adequate				Undeter.			
	TI	SI	NI	U	TI	SI	NI	U	TI	SI	NI	U	TI	SI	NI	U
Ext. reject.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rejecting	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0
Normal ambiv.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overprotec.	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	1
Highly erotic	0	1	1	0	0	0	0	0	0	2	0	0	0	0	0	0
Undeter.	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Mother's Attitudes Towards Son's Activities

The attitudes of mothers toward the activities of their children were examined in order to get some further picture as to the kinds of sexual identifications that these children were apt to make.

Some mothers discouraged masculine attitudes by not letting their children play with guns or knives as these were seen as aggressive toys. These children often were not allowed to participate in sports because this was seen as dangerous.

Other mothers encouraged masculine attitudes by allowing and encouraging their sons' participation in sports, clubs, and camping activities. These boys were allowed to

play with guns which were recognized as "boys' toys".

Mothers who were mixed both encouraged and discouraged masculine attitudes in their sons. The mothers expressed a desire for their sons to be more assertive and aggressive in peer relationships, for example, but also were quite fearful of the dangers that might befall their sons. This group was very inconsistent in their attitudes.

No significant trends or differences were found when this area was examined. Insufficient information in this area, especially for the F group, further prevented the complete examination of this factor.

Raising the Child Alone

In the F group, the mothers' attitudes regarding the raising of their children alone were examined in terms of whether they expressed resentment, ambivalence, or acceptance of this task.

Eight mothers expressed resentment. The expression of this resentment varied as some mothers felt "trapped" or "couldn't stand the complete responsibility." Others openly said they resented it, and some had considered placement at one time or another. One mother was more ambivalent in her feelings as she recognized that her task was a very difficult one, but that it also afforded her pleasures. No mothers were completely accepting of

this job.

One can only speculate about the impact that this resentment had on the child and his feelings of being loved and wanted.

PART V. MOTHERS' HANDLING OF CONTROL AND SETTING OF LIMITS

Mothers without husbands are faced with the problem of being the parent responsible for handling control and setting limits with respect to their children. As discussed in the literature chapter, this responsibility has traditionally been primarily the responsibility of fathers in the family. As mothers in the Fatherless group now had this additional job, an exploration of their handling controls and limit setting was made in order to get a picture of what happened in these situations.

Control as a Problem

Seven mothers in the F group felt that the control of their sons was always a problem. One mother said it was sometimes a problem. One mother indicated that it was never a problem. Five mothers in the I group found that control of their sons was always a problem, three mothers stated it was sometimes a problem, and one mother indicated it was never a problem

The similarities between the two groups may, in part, be explained by the initial matching of the boys on the basis of their symptoms. However, it is very interesting and significant that the majority of the boys in the F group were seen as always being hard to control by their mothers.

How is Control a Problem?

In those cases in the F group where control of the boys was seen as a problem by the mothers, the boys' behavior was seen as being active resistance by the mothers. The boys engaged in constant fighting were destructive, and very rebellious at home. In one case, the boy's behavior was in the form of passive resistance such as in "not paying attention to what he is told." Five mothers in the I group described behavior that was active resistance, one mother described behavior that was passive resistance, and three mothers described behavior that contained mixed elements of active and passive resistance.

Again, the two groups did not vary significantly. It is interesting, however, that the resistance described by the majority of mothers was on an active basis. This would relate to the original symptomatology of these children.

The Setting of Limits

The frequency of the mother's abilities to set limits was examined. (See Table 17.) The majority of the mothers in the F group saw themselves as never being able to set limits with their sons. This differed considerably from the I group where the results were quite scattered and nothing distinctive was found.

This difference will be explored further.

TABLE 17

THE SETTING OF LIMITS

Limitsetting	F Group	I Group
Always	0	1
Sometimes	2	3
Never	7	3
Undetermined	0	2
Total	9	9

The Setting of Limits
and
The Affectional Relationship Between Mother and Son

The frequency of the mothers' abilities to set limits was correlated with the kind of affectional relationships that existed between mothers and their sons, the latter factor having already been found to be of significance in the F group.

As seen in Table 18, the F group significantly differed from the I group in that the majority of the mothers in the F group were never able to set limits regarding their sons and also had highly eroticized relationships with them. No clear results emerged in the I group. Thus, these two factors seem related in the F group alone.

TABLE 18

THE SETTING OF LIMITS
AND
THE AFFECTIONAL RELATIONSHIP BETWEEN MOTHER AND SON

Affectional Rel.	Limitsetting: Always F	Always I	Sometimes F	Sometimes I	Never F	Never I	Undet. F	Undet. I
Ext. rejecting	0	0	0	0	0	0	0	0
Rejecting	0	0	1	0	0	1	0	0
Normal ambiv.	0	0	0	0	0	0	0	0
Overprotective	0	1	0	2	0	0	0	0
Highly erotic.	0	0	1	1	7	2	0	1
Undeter.	0	0	0	0	0	0	0	1

Methods of Setting Limits

The specific methods that mothers used in setting limits were examined for both groups. The methods ranged from threatening, bribing, reasoning, removing privileges, or a combination of some of these. Complete data was not available for all cases in this area. No significant trends or patterns were found for either group. In both the F group and the I group, the results were scattered fairly well.

The Nature of the Limits

An attempt was made to explore the nature of the

limits set by mothers in terms of whether, or not, the limits were realistic in nature. This study was not possible because of the lack of data in this area.

Mother's Reactions to Disobedience

A study of what mothers do when their sons disobey them was made for both groups. The findings ranged from the mother isolating herself from the child, threatening, punishing physically, shouting, removing privileges, or a combination of these responses.

No significant differences stood out between the two groups. Most mothers in both the F group and the I group used a combination of the range of techniques described above in response to the disobedience of their children.

Consistency in Limit Setting

Whether, or not, mothers were consistent in setting limits was examined for both groups. Consistency in setting limits was seen as sticking to a limit once it was set and not setting limits that were contradictory in purpose. Inconsistency was seen as the opposite of consistency in that a limit might be enforced one day and not enforced the next which would be extremely confusing to the child in terms of what he could and could not do. This inconsistency would really interfere with the establishment of constructive controls.

A significant difference between the two groups occurred. The complete validity of this difference must be qualified by the fact that there was no information in four cases in the I group. (See Table 19.) It still can be noted, however, that all of the mothers in the F group were inconsistent in setting limits as against five cases in the I group.

TABLE 19

CONSISTENCY IN LIMIT SETTING

	F Group	I Group
Inconsistency	9	5
Consistency	0	0
Undetermined	0	4
Total	9	9

PART VI. MOTHERS' ATTITUDES AND EXPECTATIONS REGARDING COMING FOR HELP

Knowledge of the mothers' attitudes and expectations regarding coming for help was seen as being essential to any ideas at all about treating these mothers and sons in any kind of a setting. Unless some of the client's attitudes regarding the problem, coming for help, and expectations from help are known, treatment might become very difficult and marked with resistances of varying kinds or sometimes impossible. The question of motivation and some inkling of the client's attitudes are imperative.

Attitude Regarding Referral

Mothers' attitudes regarding referral were examined for both groups and classified as to resistance, ambivalence, or acceptance.

Mothers exhibiting resistance usually came after an external crisis, usually involving the school and were very vague and non-specific as to what they wanted help with. Some mothers did not know if they would have come if they had not been referred.

Mothers exhibiting acceptance of the referral were more definite in expressing their need to come for help and usually requested help for themselves, too. They did not seem to "fight" the referral as did the resistant group.

Ambivalence seemed to describe the attitude of wanting help but at the same time being fearful of what would be involved. There was a vascillation between wanting help but not really thinking treatment could help.

The two groups did not really differ in this area. (See Table 20.) The attitudes of the mothers in both groups tended to show more resistance regarding referral.

TABLE 20

ATTITUDE REGARDING REFERRAL

Referral	F Group	I Group
Resistance	4	4
Ambivalence	1	0
Acceptance	3	3
Undetermined	1	2
Total	9	9

Attitude Regarding the Symptom

The mothers' attitudes regarding the symptoms of the children were ranged as to whether the symptoms were unacceptable or acceptable to mothers or whether mothers were ambivalent about the symptom.

Unacceptable attitudes would involve expressed negative feelings about the symptoms either because they upset

the mother, the mother saw the child as unhappy, or because the mother was concerned as to what others would think.

Acceptable attitudes would involve verbalized indications by the mother that the child's behavior was all right as far as the mother was concerned even though others might be distressed by it.

Ambivalent attitudes would involve an expressed concern about part of the child's behavior but also some gratification on the mother's part in this area, such as wanting the child to learn in school but also wanting him to stay close to her.

Both groups were very similar in this area in that nine mothers in the F group and eight mothers in the I group found their children's symptoms unacceptable. One mother in the I group was ambivalent.

Attitude Regarding the Cause of the Symptom

Mothers' attitudes regarding the cause of their children's symptoms were studied in both the F group and the I group.

Projection was involved when the mother wondered whether something or someone outside of herself was responsible for causing the problem.

Introjection was involved when the mother wondered whether or felt that that she was somehow directly responsible for causing the difficulty.

A mixed attitude existed when the mother thought that her own problems might be connected to the child's but that her husband was also a part of causing the difficulty.

As seen in Table 21, the two groups differed in this respect. Projection was used by most of the mothers in the F group while introjection was used by exactly the same proportion of the mothers in the I group.

As the findings were significant, further study to try to understand this difference was made.

TABLE 21

ATTITUDE REGARDING THE CAUSE OF THE SYMPTOM

Cause	F Group	I Group
Projection	5	1
Introjection	1	5
Mixed	3	3
Total	9	9

Attitude Regarding the Cause of the Symptom and The Father as a Husband

The mothers' attitudes regarding the cause of the symptoms were then correlated with how mothers saw fathers as fulfilling their roles as husbands to see if a relationship existed between these factors in the F group.

As seen in Table 22, just over one-half of the mothers in the F group used projection regarding the cause of the

symptom and also felt the fathers were inadequate husbands. Findings in the I group varied widely and no patterns emerged.

TABLE 22

ATTITUDE REGARDING THE CAUSE OF THE SYMPTOM AND THE FATHER AS A HUSBAND

Husband	Cause: Projection F'I	Introjection F'I	Mixed F'I
Inadequate	5'0	1'2	3'2
Sometimes inadequate-Sometimes adequate	0'0	0'0	0'0
Adequate	0'1	0'2	0'1
Undetermined	0'0	0'1	0'0

Attitude Regarding Change

Mothers' attitudes regarding the change of the symptoms were explored. These attitudes were categorized in terms of the symptoms being fully unalterable, partially alterable, or completely alterable. Thorough study of this area was not possible as this factor was undetermined in four of the cases in the F group and in one case in the I group.

The findings were not distinctly different for either the F group or the I group. (See Table 23.)

TABLE 23

ATTITUDE REGARDING CHANGE

Change	F Group	I Group
Fully unalterable	2	1
Partially alterable	2	3
Completely alterable	1	4
Undetermined	4	1
Total	9	9

Attitude Regarding the Clinic

Mothers' attitudes regarding who would do the work in treatment were analyzed and classified in terms of those who indicated that they, or the clinic would do everything; that I, or the mother would do everything; or that both, the clinic, and the mother would do something.

Similarities existed between the F group and the I group as to their feelings in this area. There was a slight tendency for mothers in both groups to feel that the clinic would do everything. This was not conclusive because of the undetermined data in this area.

TABLE 24

ATTITUDE REGARDING THE CLINIC

Clinic	F Group	I Group
They	5	4
Both	3	3
I	0	0
Undetermined	1	2
Total	9	9

Attitude Regarding Referral
and
The Communication Between Mother and Father

The relationship of these factors was examined for the F group only. (See Table 25.) No significant relationships were found.

TABLE 25

ATTITUDE REGARDING REFERRAL
AND
THE COMMUNICATION BETWEEN MOTHER AND FATHER

Referral	Communication		
	Never	Occasional	Frequent
Resistance	L	2	1
Ambivalence	1	0	0
Acceptance	1	2	0
Undetermined	1	0	0

Attitude Regarding the Symptom and The Communication Between Mother and Father

The relationships of these factors was examined for the F group only. (See Table 26.) No significant relationships were found.

TABLE 26

ATTITUDE REGARDING THE SYMPTOM AND THE COMMUNICATION BETWEEN MOTHER AND FATHER

	Communication		
Symptom	Never	Occasional	Frequent
Unacceptable	4	4	1
Ambivalent	0	0	0
Acceptable	0	0	0

Attitude Regarding the Cause of the Symptom and The Communication Between Father and Mother

The relationship of these factors was examined in the F group alone. (See Table 27.) No significant relationships were found.

TABLE 27

ATTITUDE REGARDING THE CAUSE OF THE SYMPTOM
AND
THE COMMUNICATION BETWEEN MOTHER AND FATHER

Cause	Communication		
	Never	Occasional	Frequent
Projection	3	2	0
Introjection	0	0	1
Mixed	1	2	0

Attitude Regarding Change
and
The Communication Between Mother and Father

The relationship of these factors was examined in the F group alone. (See Table 28.) No significant relationships were found.

TABLE 28

ATTITUDE REGARDING CHANGE
AND
THE COMMUNICATION BETWEEN MOTHER AND FATHER

Change	Communication		
	Never	Occasional	Frequent
Fully Unalterable	0	1	1
Partially alterable	1	1	0
Completely alterable	0	1	0
Undetermined	3	1	0

CHAPTER V

SUMMARY AND CONCLUSIONS

This was a study of the relationship of the absence of fathers through divorce or separation with mothers' attitudes toward their latency aged sons. This was done by studying the case records of nine families without fathers who were seen at the Worcester Youth Guidance Center for help with the problems of their latency aged sons.

In order to see how specific these attitudes were to this group of fatherless families, the attitudes were compared with a group of mothers of latency aged sons where the fathers were present in the families.

The following areas were examined:

1. The background characteristics of the Fatherless group and how they related to mothers' attitudes.
2. The divorce or separation.
3. The fathers' relationships to mothers and children prior to the dissolution of the marriage.
4. Mother-son relationships including the identification of the sons' problem behavior with the fathers and the affectional relationships

between mothers and sons.

5. The mothers' handling of control and the setting of limits.
6. The mothers' attitudes and expectations regarding coming for help.

It was felt that study of these areas might increase our specific understanding of: the roles of fathers with latency aged sons;and what attitudes must be changed in mothers without husbands to effect a change in their children.

The following represent background characteristics of the Fatherless group. The similarities and differences between the Fatherless group and the Intact group will be disucussed as they related to the boys and to the mothers.

Similarities in the background characteristics of the boys follow. The boys' ages for both groups ranged from six to ten years. The boys in both groups were similarily either first born sons or not first born sons. The associated symptoms were studied. The findings included aggressive, inhibitive, or no associated symptoms. The results were spread out in both groups. In most cases in both groups, no associated symptoms were mentioned by the mothers.

Differences in the background chafacteristics of the boys follow. There was a tendency for the boys in the

Intact group to have more siblings than those in the Fatherless group. This meant that the families in the latter group tended to be smaller. This would be expected as the fathers were not present in these families. Most of the boys in the Fatherless group lost their fathers either before or during the oedipal period. In only two cases were the fathers present during the entire oedipal period of their sons. This suggests the probability that the oedipal period was an extremely difficult one for most of these mothers and sons. Adequate resolutions of the oedipal conflicts must have been a real problem for the sons. The mothers had to serve as a major model for sexual identification. Although the boys in both groups were matched generally as to the presenting problems, they were more aggressive in the Fatherless group. The largest single referral source in both groups was the school. This was more clearly a definite trend in the Intact group. There was a wider range of the referral sources in the Fatherless group.

Similarities in the background characteristics of the mothers follow. The ages of the mothers in both groups ranged from twenty-three to forty-one years. The findings as to the religion in both groups were comparable. In the Fatherless group, three mothers were Catholic, four were Protestant, and one was Jewish.

Differences in the background characteristics of the mothers follow. The majority of the mothers in the Fatherless group were employed to some extent. Most of these mothers were employed on a fulltime basis. The majority of the mothers in the Intact group were unemployed. This suggests the possibility that the mothers in the Fatherless group were away from home more and were less able to spend as much time in caring for their children. This also raises the question as to the effect of this responsibility on the mothers, and how this relates to the mother-son relationships. In the Fatherless group, most of the mothers reported there were additional people living in the household. No specific pattern as to who these people were emerged. In the Intact group, there were no additional household members. This factor seems quite pertinent especially as most mothers in the Fatherless group were employed fulltime. This suggests the possibility of the influence of other relationships on the sons. The possible implications of this for casework will be discussed later in this chapter. The majority of the cases in the Fatherless group received some amount of private and/or public financial assistance. In most cases, the amount was supplemented by the mothers' earnings. Although the income for hearly one-half of the cases in the Intact group was undetermined, no financial assistance was

received in the known cases.

It was not possible to examine the ethnic backgrounds or the educational levels of the mothers as sufficient information in those areas was lacking.

An examination was made of those factors which were directly related to the absence of the fathers through divorce or separation.

The length of marriage was compared in both groups. In those cases where this factor was known, the range extended from two to nineteen years. No significant differences were found between the two groups. It has already been stated that the age of the mothers in the two groups also did not differ significantly. This means that the mothers of the Fatherless group must have married earlier than the mothers in the Intact group. This suggests the question as to how prepared the mothers in the Fatherless group were to assume the responsibilities of marriage and children in the first place.

In all but one of the cases in the Fatherless group, fathers were absent from the families as a result of divorce rather than separation. There was little difference between divorce and separation in the areas examined by this study.

Mothers gave a variety of reasons for the cause of the divorce or separation. In one case, the husband

committed a criminal offense; infidelity was the reason in two cases; drinking and fighting was the reason in two cases; incompatibility was given in two cases; and sexual deviation by the husband was given as the reason in one case. This factor was undetermined in one case. No particular pattern emerged as being the major reason.

The time lapse between marital break-ups and referrals ranged from one to nine years. Most mothers were referred from within one to three years after their divorce or separation. Whether coming then was a result of the eruption of the problem at that time or pressure from the community to get help for an existing problem, or both, must be asked.

The frequency of communication between mothers and their separated or divorced spouses was studied. In four cases, there was never any communication; in four cases, there was occasional communication; and in one case, there was frequent communication.

The frequency of communication between fathers and sons in the Fatherless group was similar to the frequency of communication that existed between mothers and fathers.

In most of the cases, there was no information as to how mothers in the Fatherless group placed the responsibility for the divorce or separation. This suggests the possibility that the act of the separation or divorce

itself was not able to be discussed by these mothers. This would be important to know in relation to our learning how to elicit this information more successfully. Knowledge of the mothers' attitudes in this area is quite important as it would serve as another indication of the degree to which these mothers projected and their ability to separate out reality.

A mother's attitudes regarding how satisfactory she finds her husband in fulfilling certain responsibilities are very important. They are important in terms of how the mother fulfills her own roles which include rearing her child. How mothers described the role performances of their spouses as husbands, fathers, and breadwinners was examined. Mothers in the Fatherless group discussed their attitudes about past experiences. In doing so, they displaced a lot of the responsibility for their present difficulties on to past experiences with their husbands. Mothers in the Intact group, however, discussed their difficulties in terms of their current experiences. This is important in casework in terms of helping these mothers begin to face their own part in their problems. An easy trap for the caseworker may be that of being seduced into treating the past experiences as if they operated currently.

All the mothers in the Fatherless group saw the fathers as being inadequate in their roles as husbands. Less than

one-half of the mothers in the Intact group saw the fathers as inadequate husbands. Less than one-half of this group saw the fathers as adequate husbands. Both groups differed considerably. Further study of this factor was therefore made, and the findings will be presented later in this chapter.

The findings as to how mothers saw fathers fulfilling their roles as fathers did not differ significantly between the groups. The mothers in the Fatherless group, however, tended more to seeing the fathers as inadequate fathers than did those in the Intact group.

In addition to understanding mothers' attitudes about fathers, it was also important to study mothers' attitudes about their sons. Certain aspects of the mother-son relationships in the Fatherless group were studied. The findings were then compared with findings in the Intact group.

All of the mothers in the Fatherless group indentified to some degree their sons' problem behavior with the fathers. In most of the cases, there was total identification. This factor was undetermined for two cases in the Intact group. Of those cases known, no mothers totally identified their children's problem behavior with fathers. Most mothers in this group made no such identification. This factor was further studied in order to try to more thoroughly understand this difference.

The degree to which mothers identified the children's problem behavior with fathers was correlated with how mothers saw fathers as fulfilling their roles as husbands. Most of the mothers in the Fatherless group totally identified their sons' problem behavior with the fathers who were described as inadequate husbands. Findings in the Intact group were not significant. This suggests the possibility that mothers' attitudes in this area represented projection as they blamed everything negative on their husbands who had already left the family. Further correlations of these factors will be discussed.

Mother-son affectional relationships were studied. All mothers in the Fatherless group except one had highly eroticized relationships with their sons. This relationship existed in the Intact group but in a more diminished fashion. In the latter group, the relationships were rejecting in two cases, three were overprotective, and four were highly eroticized. The presence of the fathers in the families seemed to have made a definite impact on the affectional relationships between mothers and sons. This may be due to the fact that the fathers were available to meet the mothers' libidinal needs. Further study of this factor was made.

The affectional relationships between mothers and sons were correlated with how the mothers saw the fathers

as husbands. A positive correlation of these factors was found in the Fatherless group. All of the mothers except one had highly eroticized relationships with their sons and saw the fathers as inadequate husbands. Further study of the relationship of these factors to other factors was made.

A correlation was made of three significant factors: how the mothers saw the fathers as husbands; the degree of the mothers' identification of their sons' problem behavior with the fathers; and the kind of affectional relationships between mothers and sons. These three factors seemed to be related in the Fatherless group only. The majority of the mothers in the Fatherless group saw the fathers as inadequate husbands, totally identified their sons' problem behavior with the fathers, and had highly eroticized relationships with their sons. Findings in the Intact group were highly scattered. This suggests the probability that the boys will be unable to make adequate identifications. They were pushed into assuming inadequate self-images as this was how the mothers saw them. They were also pushed by the mothers into the adult male's role. On the one hand, the mothers saw them as bad children, but on the other hand, these mothers used their sons to fulfill their own affectional needs. This suggests the possibility that these mothers were not able to see their sons as child-

ren. The constant stimulation from the sexualized relationships with the mothers would greatly increase the tensions that these boys felt. These tensions must somehow be discharged. This may possibly be related to the amount of aggression in these boys.

Mothers' attitudes toward the activities of their children was examined as to the kind of sexual identifications mothers encouraged in their sons. Insufficient information in this area, especially for the Fatherless group, prevented complete examination.

All of the mothers in the Fatherless group except one expressed resentment regarding having to rear their children alone. One mother expressed ambivalence about this responsibility. This raises the question as to whether similar findings would have been found if the mothers had been married later.

An exploration of how mothers handled control and set limits was made as these responsibilities are usually those of fathers in families.

The majority of the mothers in the Fatherless group felt that the control of their sons was always a problem. There was a similar tendency in the Intact group. This similarity may, in part, be explained by the initial matching of the children as to their symptoms.

In those cases in the Fatherless group where control was seen as a problem, the boys' behavior was seen as being active resistance by the mothers, rather than as passive resistance. This was similar with findings for the Intact group where over one-half of the mothers described their sons' behavior as active resistance. Although the two groups did not differ significantly, it is interesting that the resistance seen by most mothers was described as being on an active basis. Although the mothers in the Fatherless group have been seen, thus far, as mothers who tended to project a lot, the recognition of the realities involved in having to handle such actively resistant boys must be recognized as such.

The two groups differed with respect to the frequency of the mothers' abilities to set limits with their sons. The majority of the mothers in the Fatherless group were never able to set limits. The results were more scattered in the Intact group, and no pattern was found. Further exploration of this factor was made.

The frequency of the mothers' abilities to set limits was correlated with the kind of affectional relationships that existed between mothers and sons. The two factors were related in the Fatherless group. In that group, the majority of mothers were never able to set limits and had highly eroticized relationships with their sons. Although

the specific dynamics of the mothers' personalities probably also related to this difference, the absence of fathers in the Fatherless group was the notable difference between the two groups. When the fathers were present, the relationship of these factors was not found.

The nature of the limits set by mothers could not be studied as there was incomplete information.

No significant differences existed between the groups as to mothers' reactions to the disobedience of their sons. Most mothers in both groups used a combination of techniques in response to this behavior.

All of the mothers in the Fatherless group were inconsistent in setting limits with their sons. Although this factor was undetermined in several cases in the Intact group, only about one-half of the mothers were inconsistent in setting limits. This suggests the possibility that even when mothers in the Fatherless group were able to set some limits, they were not able to follow through on them in constructive ways.

Mothers' attitudes and expectations regarding coming for help were examined for the Fatherless group. The findings were compared with the Intact group.

The two groups did not differ significantly with respect to attitudes regarding referral. The findings were spread-out for both groups and showed more resis-

tance than acceptance toward referral.

The majority of the mothers in both groups found their children's symptoms unacceptable.

A difference as to the mothers' attitudes regarding the cause of the symptoms was found between the two groups. Projection was used by most of the mothers in the Fatherless group; introjection was used by most of the mothers in the Intact group. This would tend to support the previous suggestions that mothers in the Fatherless group seemed to project more than mothers in the Intact group. Further exploration was made.

Mothers' attitudes regarding the cause of the symptoms were correlated with how fathers were seen as husbands. The two factors were related in the Fatherless group. The majority of mothers in that group projected the cause of the symptoms and felt the fathers were inadequate husbands. There were no significant findings in the Intact group where the results were spread-out. This suggests that the mothers in the Fatherless group did not see themselves in either situations but could only project the bad.

The findings for both groups were not distinctly different with respect to mothers' attitudes regarding the change of the symptoms. Findings in both groups were spread-out over the given classifications.

Similarities existed between both groups as to

mothers' attitudes regarding who would do the work in treatment. Although the results were spread-out for both groups, there was a slight tendency for mothers to feel that the clinic would do everything. This suggests further problems as to treatability of the mothers.

The frequency of communication between mothers and fathers in the Fatherless group was correlated with mothers' attitudes and expectations regarding help as related to referral, the cause of the symptom, change, and the clinic. The frequency of communication was not related to any of these areas. This suggests that the degree of communication or contact with the fathers after they have left the family did not relate to mothers' feelings about help in the examined areas.

An examination should be made of the referral crisis itself. As seen in this study, the frequency of communication between mothers and fathers after their separation did not relate to the mothers' attitudes regarding help. There may be a possibility, however, that someone else was meeting some of the mother's needs after the father left the family. It may also be possible that the loss of this person may have precipitated the referral crisis. This is only speculation. It is very important to examine what specifics have gone into the crisis that made mothers accept referral for help.

The findings and conclusions are most related to this study because of the limited size of the sample studied. Another limitation of this study is that imposed by the problem of recall. Many of the problems studied were related to past experiences. The absence of fathers did seem to relate to mothers' attitudes toward their latency aged sons. A summary of the main factors follows. Most of these mothers married earlier and resented the responsibility of raising their sons alone. However, most of these mothers were employed. Their households contained people other than the immediate family. This raises the question as to just how much these mothers had to do with rearing their sons particularly with respect to the roles of fathers. Another question would be whether the mothers alone should be seen in treatment, or whether others in the household should also be seen because of the roles they may play with the children.

The mothers were not able to talk about the act of the divorce or separation in most cases. Further explorations into the reasons for this should be made because of the critical nature of the issue. How mothers saw this becomes very important in terms of their being able to realistically look at what happened. It is essential, too, in terms of how they see themselves and their own narcissistic involvement. It also becomes a very critical

issue in regard to the mother-son relationships in terms of the mothers' abilities to make some separation between their sons and their husbands.

These mothers also displaced and projected negative qualities onto the people in their environment. Most of the mothers saw the fathers as inadequate husbands and totally indentified their sons' problem behavior with the fathers. They also were not able to assess situations realistically or see their own parts in them. These mothers used their sons for their own libidinal gratifications in maintaining highly eroticized relationships with them. One must ask whether these mothers could give up this source of gratification, or whether they needed to continue this behavior because of their own needs as their usual source of sexual gratification had left the family. They placed their sons into the adult male's role.

Most mothers were not able to control their sons who were seen as actively resistant. These mothers had to assume the male's role of controlling the children and setting limits. Most of them were not effective. For the most part, limit setting was never possible and when mothers were able to set limits, they were usually inconsistent.

Most mothers expressed attitudes toward treatment that would indicate that they would not be able to use

treatment constructively unless their attitudes were changed. Although most of them found the symptoms unacceptable, they expressed resistance regarding referral, projected the cause of the symptoms, were not really focused on changing the symptoms, and felt the clinic would do everything in treatment.

This raises the question as to whether the attitudes of these mothers can be changed with the use of our present treatment techniques. Another question this raises is whether these boys can be successfully treated while remaining in their own homes as long as the mothers retain these attitudes.

Diagnostically, it would seem that the mothers in the Fatherless group were very dependent and immature. They tended to act very impulsively. Most of these mothers seemed to be Character Disorders. Their actions appeared to have been ego syntonic as very little anxiety or guilt was in evidence in their attitudes over their actions. Because of this and the fact that they receive a lot of gratification from their behavior, they are difficult to treat successfully.

One of the first aims of treatment would be to stir-up anxiety and guilt over their actions so that these mothers become more anxious about their own behavior. It may also be necessary to provide substitute gratification for these

mothers in the treatment situation. Hopefully, this would involve letting the mothers work this out through the case-work relationship rather than through their children. In this way, the relationships with the caseworker become ones in which the mothers can meet some of their own unfilled dependency needs without using their sons for that purpose. As seen in this study, these mothers cannot be effective in areas involving control. The caseworker must help these mothers in being more consistent and in establishing controls. This can be done rather directly once the close, dependent relationship has been established.

One of the real treatment problems is that these mothers have such terrific needs and are so demanding. As evidenced by their difficulties with their sons and their husbands, these mothers have basic problems with men. It is important, therefore, that they work through their own relationships with their fathers in treatment. Another major treatment problem is that these mothers do not tend to stay in treatment. Although they cannot tolerate anxiety, they must be made more anxious in order for treatment to have any meaning to them. Inducing the optimal level of anxiety becomes a difficult task. It is further complicated by the fact that although these mothers may stay in treatment, they may at the same time be acting-out at home with their sons.

As can be seen in this study, these fatherless boys will have basic problems around their own sexual identification. Being a man is seen as being inadequate and bad. Their relationships with women will probably also present problems as their mothers were both punitive and seductive. Situations involving the exercise of control will probably become problem situations as most of these boys have not been able to internalize controls of their own. The implications of this for society are obvious. Many of these boys will continue to get into trouble throughout their lives unless they can be helped in treatment.

If these boys are treated while remaining in their own homes, it is necessary to first find out if the problems have become internalized or whether treating the mothers would be sufficient. If the problems have become internalized, the boys should also be seen in treatment. Some of the main goals of treating these boys should be to let them be children at their own age levels. The therapeutic relationships should be ones in which the boys are encouraged to express their feelings of hostility and frustration. The problem of sexual identification must always be worked on. In therapy, these boys must learn that it is not bad, not dangerous to be men.

accepted by
Maxwell Schleifer
July 1960

APPENDICES

APPENDIX A

SCHEDULE

I. Patient
   - A. Age
   - B. Ordinal Position
   - C. Age at parents' divorce or separation

II. Application
   - A. Presenting problem
   - B. Associated symptom
   - C. Referral source

III. Family Composition
   - A. Mothers
     1. Age
     2. Employment
   - B. Siblings
   - C. Others in household

IV. Identifying Data
   - A. Religion
   - B. Ethnic background
   - C. Income
   - D. Educational level of mothers

V. Divorce or Separation
   - A. Length of marriage
   - B. Reason for divorce or separation
   - C. Time lapse between marital break-up and application
   - D. Present communication between mother and separated spouse.
   - E. Present communication between child and father

VI. Father's Relationship with Family Before Absence (Fatherless Group)
   - A. As a husband
   - B. As a father
   - C. As a breadwinner

VII. Father's Present Relationship with Family (Intact Group)
   - A. As a husband
   - B. As a father
   - C. As a breadwinner

VIII. Mother's Identification of Child's Problem Behavior with Father

IX. Affectional Relationship Between Mother and Child

X. Mother's Attitudes Toward Child's Activities

XI. Mother's Attitudes Regarding Raising Child Alone

XII. Mother's Handling of Control
- A. Is control a problem? How?
- B. Ability to set limits
- C. Method of setting limits
- D. Nature of limits
- E. Reactions to disobedience
- F. Consistency or inconsistency in setting limits

XIII. Mother's Attitudes Regarding:
- A. Referral
- B. Responsibility for the divorce or separation
- C. Symptom
- D. Cause
- E. Change of symptom
- F. Clinic

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