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A follow-up study of the social adjustment of referred children after group termination

BOSTON UNIVERSITY
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A FOLLOW-UP STUDY OF THE SOCIAL ADJUSTMENT OF REFERRED CHILDREN AFTER GROUP TERMINATION

A thesis

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CHAPTER I

A FOLLOW-UP STUDY OF REFERRED CHILDREN AFTER GROUP TERMINATION

Introduction

Most parents have two clear goals for their child. First, they want him to be a happy child. Second, they want him to grow into a happy adult who will play a significant, constructive role in society.[1]

The double goal which most parents have for their child is, without question, synonymous with the objectives which most teachers, ministers, doctors, social workers and all who are interested and engaged in child welfare desire for the children with whom they work. It is, therefore, appropriate that this study should deal with the social adjustment of children whom the agency has tried to help to develop a sense of security and a feeling of belonging with their families, peers, adults and others in their environment so they could be happy.

Group experience has a special value for children who are physically handicapped and emotionally disturbed. Many of these children have experienced emotional deprivation in other groups - family, school, and peer group. Before they can move

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1 Irene Josselyn, The Happy Child, p. 3.

on to larger group settings, a limited group experience is necessary. The therapeutic values of such groups has been noted in those agencies serving the physically handicapped and the emotionally disturbed child.

A. Purpose

The present study is an attempt to determine the social adjustment made by referred children following group termination.

The writers have also endeavoured to present a picture of the child's adjustment at the time of referral to the Department of Neighborhood Clubs of the Boston Children's Service Association to ascertain the nature of the problem.

It is the purpose of this study to examine the referral material on each referred child and to conduct interviews with parents and teachers. Some questions this study hopes to answer are:

1. What is the range and extent of social relationships referred children have made in home, school, and community?
2. Was the group experience beneficial in helping the referred child overcome difficulty present at the time of referral?
3. What are the present problems?
4. What attitudes do parents have toward the groups conducted by the Department of Neighborhood Clubs?
5. What changes, if any, in formation and termination policy are indicated?

B. Scope

The Department of Neighborhood Clubs terminated sixty-four groups during the years 1951 to 1955. Thirty of these groups were group referrals, i.e., all children in the group had a common physical ailment (cerebral palsy) or emotional disturbance (delinquent behavior). The writers eliminated these groups as there was insufficient time to study each group member. Also, it would be difficult to single out any one individual in these groups in preference to another individual as each child had a specific problem. Another reason for excluding group referrals was the lack of individual information on such referrals. Therefore, the writers selected groups formed around an individual child which would allow a wider representation of those children served by the Department of Neighborhood Clubs.

Of the remaining thirty-four children, fourteen were omitted because adequate material on the child's adjustment in the home, school, and community prior to referral was not available. Of the twenty children remaining, two were eliminated under the guidance of the director of the Department of Neighborhood Clubs as it was felt that the material sought in the interview would be too threatening to the parents. In one case, the mother was undergoing therapy, and it was felt that the interview might provoke anxiety needlessly. In the second instance, the parents did not speak English. In a third

instance, the child had died. The seventeen children finally considered for the study were those in which referral information was adequate to permit the writers to analyze past and present social adjustment of the referred child and to compare these. By most complete referral information, the writers refer to material dealing with the referred child's relationship in the family, adjustment in school, participation in social groups (Scouts, Y's, student council), and adjustment in situations where the referred child has been separated from the home.

Three of the final seventeen children were eliminated because the families had moved and could not be located. One parent chose not to participate in the study. The final sample, therefore, represents all those children with substantial referral information whose groups terminated during 1951 to 1955 and whom the writers were able to contact.

C. Method and Sources of Data

The data for this study were obtained from the following sources:

1. A study of the referral material for each of the thirteen referred children.
2. Interviews with the parents of the referred children. (See interview guide in appendix.)
3. Interviews with the school teachers of the referred children. (See interview guide in appendix.)

In preparation for this study, the writers, supervisor, and research worker of the Department of Neighborhood Clubs discussed the kind of diagnostic material to be sought from each referral. After examination of this material, letters were sent to the parents for appointments. During these interviews, the writers requested permission to contact the child's teachers. Following this, letters were sent to school principals requesting permission to speak with the child's teachers.

The interviews conducted were relatively unstructured; however, the writers had questions that were predetermined in terms of knowledge already obtained from the records and information being sought. Depending upon the nature of the problem as seen in the referral material, guiding questions for parents and teachers were designed accordingly. These questions were not asked in the order in which they appear in the interview guide, but rather they were introduced in accordance with the responses given by the interviewees. They were used mainly to insure a necessary amount of control in the interview.

The parents were contacted by letters which described the purpose of the study and assured them of confidentiality in the use of information given. Appointments were made with the assurance that the writers would schedule visits at a time convenient for the parents. At these interviews, the writers

started with general questions of the child's present adjustment. As the parents responded, the writers then asked for specific material in the areas of particular interest to the study - family relationships, school relationships, and peer relationships. Notes were taken during these interviews with the parents' permission. The writers requested permission from the parents to interview the child's teachers. One parent disapproved.

Eleven parents responded positively to the interviews. The writers were readily accepted due to their affiliation with the agency. Even in cases where the child's adjustment had shown little improvement, these parents warmly received the writers. Their reactions are indicative of the positive relationships established by the department staff.

In two cases, the parents were reluctant to participate. Their reception of the writers was one of indifference. This was possibly due to their feelings that the interview would reflect their own inadequacies in handling their children. In both of these cases, the child's adjustment has been poor. Both of these parents were critical of the agency's formation of groups and therefore may have transferred their hostility toward the writers who represented the agency.

In approaching schools, the writers sent letters to the principals requesting permission to interview teachers and noting parental approval of this procedure. Principals and

teachers recognized the opportunity to share their observations with the writers and to evaluate more closely the social growth of the referred child.

Interviews were conducted in an unstructured manner. Due to the tendency of the teachers to focus primarily on the child's academic achievement, it was necessary to restate the purpose of the interview and to limit most of the discussion to the child's social development in school. The writers took notes during these interviews. In many cases, the teachers were aware of the child's relationships with classmates. Their knowledge and observations in this one area of development were most helpful to the study. In cases where the teachers had previous knowledge of the child's contact with the agency, their observations were most instructive.

D. Limitations and Values

One major limitation of this study is the small number of cases involved in it. Any conclusions resulting from this study will be related mainly to these cases and possibly cases with similar diagnostic material. Another limitation is the amount of time the writers were able to give to the study. Consequently, the records of the total group experience of each child were not studied; therefore, changes which may have resulted from the group experience itself were evaluated solely on the material obtained from interviews with the parents.

A third limitation lies in the fact that the selection of cases does not present a total picture of children served by the Department of Neighborhood Clubs. Children referred as a group and individuals referred with little diagnostic material were eliminated for reasons stated in section B of this chapter. The children used in this study are representative of individuals referred with ample diagnostic material in the areas of family relationships, school relationships, and social relationships. These particular cases were best suited for a study concerned with past and present social adjustment.

A follow-up study of terminated cases has not been explored to any great extent previously, and it is hoped that this study will be of value in helping workers in specialized settings to re-examine formation and termination policies and to evaluate results of group experience for those previously served in order to determine whether objectives are being achieved. Also, it is hoped that the conclusions drawn from this study will stimulate further interest in the social adjustment of referred children following group termination. Another value of this study is the opportunity the writers had to acquaint schools with the work of the agency and to increase their knowledge of group work programs for children with special problems of adjustment.

The writers hope that this study will have additional

value to the research team of the D.N.C.[2]

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2 The Department of Neighborhood Clubs will be referred to as the D.N.C. in the future.

CHAPTER II

CONCEPTS OF GROUP WORK

A. Introduction

> Human beings live not alone; they grow up in a family, tribe, or other group. Each individual needs relationships with others, and he needs the assurance and conviction that he is a part of the whole, of a collective that unites him with other persons, and that accepts him as a part.[1]

From the earliest years of his life, an individual is a member of one or more groups, some of his own choosing, others not of his own choosing. The desire to belong is a common human need; within each individual the desire to belong is basic. Almost everyone belongs to a number of groups - family, church, school, fraternity, scout troop, political club, and corner gang. These associations largely determine our actions, attitudes, values and standards. The extent to which an individual develops in these associations depends greatly on the experience. "A cooperative group experience may help him to develop sound social attitudes; a regimented group experience may have the opposite effect."[2]

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1 Walter A. Friedlander, Introduction to Social Welfare, p. 412.

2 Gertrude Wilson and Gladys Ryland, Social Group Work Practice, p. vii.

It has long been recognized that groups play a vital part in our civilization. The group has become an object of study not only for social group workers, but also for educators, psychologists, psychiatrists, anthropologists, and sociologists. However, it has remained for the profession of social work to define a skill of social group work practice as a means of achieving personal growth as well as social goals. In this endeavour, social group work is:

> . . . a process and method through which individuals in groups in social agency settings are helped by a worker to relate themselves to other people and to experience growth opportunities in accordance with their needs and capacities. In social group work, the group itself is utilized by the individual with the help of the worker, as a primary means of personality growth, change and development. The worker is interested in helping to bring about individual growth and social development for the group as a whole as a result of guided interaction.[3]

Gisela Konopka placed the basic concepts of social group work into three main categories.[4] These concepts relate to the individual, the group and the larger community.

The quality of the group experience depends greatly on the worker who is an enabler, a person whose skill in the helping process involves the conscious use of self. He is there to do things <u>with</u> the group rather than <u>for</u> or <u>to</u> the

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3 Harleigh Trecker, <u>Social Group Work</u>, pp. 8-9.

4 Gisela Konopka, "The Generic and the Specific in Group Work Practice in the Psychiatric Setting", <u>Group Work in the Psychiatric Setting</u>, p. 17, Harleigh Trecker, editor.

group. His goal is to enable groups to function in such a way that both group interaction and program activities contribute to the growth of the individual, and the achievement of desirable goals.[5] The worker is skilled in three areas. He has an understanding of planning for and carrying out program activities, of the group process, and of individual behaviour.

B. Working with the Individual in the Group

> All social workers work with individuals. The degree to which they do so differs; the setting in which the work is carried on differs. In case work, group work and community organization, respect for the integrity of the individual is of utmost importance.[6]

In the field of social group work, there has been an increased awareness of and interest in the individual in the group. It is one of the specifics of the group work method that the individual is not lost in the whole, but that he is helped to feel as a unique person who can contribute to the whole.[7] Group workers acquire an understanding of the individual in the group by observing his relationship to the other members, the activities, and the leader. This understanding is necessary in order to know the individual's potentialities for development, his abilities and his needs. Such understanding is acquired through intensive and frequent contact

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5 Dorothea Sullivan, Readings in Group Work, p. 420.

6 Harleigh Trecker, op. cit., p. 14.

7 Gisela Konopka, op. cit., p. 22.

between the leader and the members. It involves knowledge of the home background of the individual, his relationship with his parents and relatives, his school and work record, his relationships there, his activities outside the club, his peer relationships, and many other similar facts. The success with which he has utilized family, school, work and other groups will determine the ease with which he can come into a happy relationship in his agency group.[8] Only as the leader understands these areas can he know and understand the forces affecting the individual and the reasons for his behaviour.

Thus, the group worker is able to plan and form groups which offer satisfying social relationships to the individual as well as personal and group satisfactions. Individual work is also done with those members participating in leadership programs, with those who have difficulties in adjusting, and with those who serve on agency or inter-agency councils, and often with parents.

This close relationship between leader and individual can help the leader to determine to what extent the group can or cannot help the individual. In this latter instance, much individualization is necessary to prepare a member for referral to another agency. "Work is done with individuals in groups not because they are 'problems' but because they are persons,

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8 Harleigh Trecker, op. cit., p. 96.

and the group is worthwhile only if it meets their specific needs."[9]

C. Limitations of Individualization in Group Work

Modern group work agencies have been increasingly aware of and interested in the individual in the group. However, there are realistic limitations to the degree of individualization that many group work agencies are able to do. These limitations include heavy work loads, lack of trained personnel, and insufficient information about the background of the individual members. Moreover, it must be remembered that people attending group work agencies are usually those who seek normal happy relationships.

Within these agencies, however, there are many maladjusted individuals who do not help the group and cannot be helped by it. These are the individuals who have not found fulfillment of one or more of the four basic needs: the security of unconditional love from the parents or parent-figure; the development of ego strengths through recognition; growth in adaptability in normal group associations; and the satisfaction inherent in creative leisure-time activities.[10] These are the people who do not go to leisure-time agencies,

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9 Harleigh Trecker, op. cit., p. 87.

10 Claire B. Fisk, Cementing Case Work and Group Work Relationships, p. 18.

or who do not find satisfaction when they do go. It must be remembered that the group worker gives help to the individual as a member of the group. Harleigh Trecker clearly states that

> He (the group worker) is not assuming a casework relationship; in fact, it is doubtful whether it would be desirable or even possible for a worker to be both group worker and case worker to the same individual.[11]

D. An Approach to Individual Problems Through Specialized Group Work

Although the group worker recognizes individual needs and seeks to fulfill these through the group process, there are limitations to individualization which have been discussed previously. It must also be remembered that efforts to refer a member to an agency for more intensive individual treatment are frequently ineffective. Usually the individual involved is not aware of the need for help; furthermore, if he does not like the help that is offered, he can ignore it by the simple means of dropping out of the program.[12] The question to be answered is: "If the individual cannot adjust to the group situation and cannot accept individual treatment, how can he be helped?"

The rise of specialized group work services geared to

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11 Harleigh Trecker, op. cit., p. 165.

12 Merrill Conover, "The Joint Use of Group Work and Case Work Techniques", in Readings in Group Work, p. 100, Dorothea Sullivan, editor.

meet the needs of these individuals is an approach to this problem.

> In most cities where specialized group work services have developed, they have grown out of local need. Sometimes there is an emergent need, such as an increase in juvenile delinquency, where the emphasis is on directing the service especially to help those children who are referred by the courts or the police. Or again, such specialized services may be set up to work particularly with gangs. In still other cities, they are initiated for certain types of handicapped persons, such as the blind, the deaf, or the aged. As yet, there is no one accepted pattern.[13]

Agencies working with these out-patient groups include: Cleveland Child Guidance Center, Wilder Clinic in Minnesota, Pittsburgh Child Guidance Center, New York City Youth Board, Special Youth Project of Boston, and the Department of Neighborhood Clubs of the Boston Children's Service Association. Such groups have been referred to as clinical groups, diagnostic groups, protected groups, psychiatric groups, specialized groups, and therapeutic groups. In all of these groups, the therapeutic goal is similar - to help the individual meet needs which have hitherto been unfulfilled. The program of the Department of Neighborhood Clubs illustrates the therapeutic groups work approach.

E. Therapeutic Group Work

Therapeutic group work, as practiced in the Department of

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13 Marjory Warren, "On the Outside", The Group, Vol. 12, No. 2, March, 1950, p. 6.

Neighborhood Clubs, is designed specifically

> . . . to help physically handicapped and/or emotionally disturbed children who are experiencing marked difficulties in their social relationships. The Department's basic objective in its work with these children is to enable them to participate in an increasingly comfortable and mature way in relationships with their peers. Department workers employ the social group work method in working with these children.[14]

A distinctive feature of this specialized approach is that the group is formed around individuals who need a group experience or members of a group needing such services. The majority of clubs conducted by the Department are of the first type. Through the use of relationships with members, group interaction, and program activities, the leader seeks to meet the special needs of the individual. The ultimate goal is to enable the individual to move into more normal community settings.

Most of these groups formed around an individual are natural groups; that is, the other children are presumably youngsters whom the referred child ordinarily would associate with were he healthier or less disturbed. This form of group composition is based on the theory that the referred children "can use and benefit emotionally from an opportunity to work out some of their major problems in social relationships

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14 M. Warren, The Group Work Department of the Boston Children's Service Association, Unpublished mimeograph paper, March, 1957, p. 1.

through associations with their neighborhood peers in a protected group setting."[15] With school groups, institutional groups, and special groups for children with particular handicaps, group composition varies.

In these therapeutic groups, the leader takes an active part in the program, guiding it according to the needs of the members. The leader maintains a close relationship with all of the members both in the group and through individual contact. Notwithstanding the leader's awareness of the individual's limitations and his strengths, focus is directed toward the strengths and ways in which these can be developed.

To meet the needs of individuals and their families, the Department uses the various community resources when necessary. This is in recognition of elements outside the immediate group setting which affect the individual members. In general, the total services of the Department of Neighborhood Clubs is geared toward the needs of the referred individuals.

F. Group Therapy

Therapeutic group work must be distinguished from group therapy. As defined by S. R. Slavson, Director of Group Therapy, Jewish Board of Guardians, New York, group therapy is

> . . . treatment of socially maladjusted and personally disturbed children in which the therapeutic agents are the group situations, the interaction of the personnel

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15 Loc. cit.

> of the groups, the activities that grow out of the setting, the expanding reality to which they are exposed, the complete freedom of expression, and the growing restraints emanating from the situation.[16]

Group therapy is geared toward treatment based on psychotherapeutic principles. It seeks to re-integrate the personality, re-shape attitudes and give the patient means for dealing with his life in new ways.

In the group treatment of children, activity group therapy is the approach used by the exponents of the Slavson school. The children in this type of group have all experienced destructive or undesirable relations with people. It is this fact which determines the techniques involved, the type of adult with whom the child is confronted, the selection of the group personnel, and the materials provided.[17]

The therapist's role differs from that of the group worker. While the group worker plays an active part in the group, the therapist plays a neutral, permissive role, allowing the patient to enjoy freedom of communication and expression. In this way, the therapist becomes a symbol of unconditional love. As the children discover that their behaviour has no effect on the therapist's attitude toward them, they are able to release guilt feelings and gradually are able

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16 S. R. Slavson, The Practice of Group Therapy, p. 24.

17 Charles McCormick, "Group Work Versus Group Therapy", Readings in Group Work, p. 182.

to change their attitudes and behaviour.

The use of activities in group therapy also differs from group work. In the treatment process, activities and materials are selected with a view toward balancing the emotional pressures within the client, thus serving to correct his needs. "In group therapy, we provide activities in the constructional, plastic, graphic, and other arts and occupations to rebuild the distorted personality."[18]

Both group therapy and therapeutic group work reach children who cannot be helped in regular and traditional programs. The writers have tried to make a clear distinction between these two methods, both of which use the medium of the group as the fundamental tool.

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18 S. R. Slavson, "Principles and Dynamics of Group Therapy", American Journal of Orthopsychiatry, Vol. 13, April, 1943, pp. 650-659.

CHAPTER III

BOSTON CHILDREN'S SERVICE ASSOCIATION DEPARTMENT OF NEIGHBORHOOD CLUBS

In many communities, specialized services have developed to meet the needs of individuals and groups and also to supplement individual services. The D.N.C. of the Boston Children's Service Association has long recognized the need for group activities as a supplement to case work services to help children with problems of adjustment

> For certain children and young people who are not too well adjusted, association with others in small groups can be directed so as to serve a more positive purpose. The need is for socialization and understanding guidance. It is through skillful conduct of these groups, with the highest quality of skilled leadership, a premium on "individualization" within the group, and in close co-operation with other agencies . . . that recreation can achieve the true purpose of social treatment.[1]

A. Boston Children's Service Association

Boston Children's Service Association, founded in 1800, is a child placing and adoption agency concerned with children who have presented behaviour and personality problems resulting from instability or breakdown in the family. Concern for early treatment and prevention led to the establishment of the Home Libraries Department in 1885. This department was the forerunner to the present group work department currently

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1 Roy Sorenson, Recreation for Everybody, p. 9.

known as the Department of Neighborhood Clubs. The purpose of the Home Libraries Department was to supplement individual services of the agency.

The program, a simple one, centering around the exchange of books and story-telling, expanded as the leaders became more aware of the children's needs. The values of this program were the adult leadership provided, the small, informal natural group attending, and the use of the home setting for group meetings. The group work department of the agency, called the D.N.C., is an outgrowth of this program.

B. Department of Neighborhood Clubs

The present function of the D.N.C. (so called since 1946) has developed out of the use which community agencies have made of the department. It is a service to children referred individually and in groups by case work and group work agencies, schools, hospitals, parents, residential centers, and other organizations. The department gears its services to children six to sixteen years of age whose needs cannot be met by the programs of existing group work agencies. The department's basic objective in its work with these children is to enable them to participate in an increasingly comfortable and mature way in relationships with their peers, through a real life group experience under the leadership of a

trained worker.[2]

Referrals to the D.N.C. fall into two general classifications: (1) children with chronic illness or physical handicaps who have been isolated from their peers and who can be helped through group experience to make an association with other children and develop new interests within their capacities, and (2) children with personality difficulties manifesting themselves in behaviour or emotional problems.

In the case of an individual referral, a group is formed around the referred child. There are other instances, however, where an entire group-as-a-whole is referred and accepted.

> When a child's handicap or disturbance is such that his needs cannot be met without sacrificing the needs of other group members, he is placed in a group with others of like handicap. If his handicap or disturbance is not that serious, a group of his neighborhood peers is formed around him.[3]

In forming clubs, the department enlists the cooperation of the child and parent in selecting club membership. The department feels there is special value in having as members of the group those children in the neighborhood with whom the referred child would normally associate were he not handicapped or disturbed. The rationale of the staff is to give

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2 M. Warren, The Group Work Department of the Boston Children's Service Association, Unpublished mimeograph paper, March, 1957, p. 2.

3 Loc. cit.

the handicapped or disturbed child experience with healthy, normal children so he may develop positive attitudes toward himself and sustaining relationships with group members. When the referred child has no friends in the neighborhood, the department enlists the aid of other social agencies, schools, and churches for members who might benefit from the experience and who will also be able to accept the limitations of the referred child.

In the formation of a group, much work is carried on behind the scenes by the worker who is assigned to the group. The worker assumes the responsibility of working individually with the parent and the child. He has to interpret the meaning of the club to the potential members and their parents. In all instances, the worker is the active liaison between the referred child and neighborhood peers. The department employs professionally trained workers from graduate schools of social work. Graduate group work students also lead clubs.

The size of the group and the place of meetings are determined by the needs of the individual, but the needs of group members are also considered. Some groups meet weekly in the home of the referred child who may be physically incapacitated. Other groups are held away from the child's home. The worker assesses the value of community resources and utilizes these as much as possible in his planning with the group. Clubs do not meet regularly during the summer

months, but the agency extends its services through its camping program. Group members enjoy the association with each other as well as the experience of being with and among other children. They are observed daily by leaders who use this data as a means of planning for the needs of the group in the fall.

All groups are formed for a definite purpose. When the purpose is achieved, the group is terminated. The general policy of the agency is to limit duration of groups to three years. There are cases where clubs have terminated without fulfilling the objectives because the child could not be helped from the group experience or due to lack of cooperation from the parent of the referred child. In preparation for termination, the staff assesses the needs of the group and the adjustment of the referred child.

Factors relating to group termination are:

1. The readiness of the referred child to participate in broader social activities such as Scouts, Y's, and settlement programs without the support of the small therapeutic group.

2. The availability of neighborhood resources. Whenever possible, the department in cooperation with parents, social agencies, and the child makes referral to another social agency.

From this frame of reference, the writers will proceed in Chapter IV to determine the social adjustment of referred children following group termination based on the following questions:

1. What is the range and extent of social relationships referred children have made in home, school, and community?

2. Was the group experience beneficial in helping the referred child overcome difficulty present at the time of referral?

3. What are the present problems?

4. What attitudes do parents have toward the groups conducted by the D.N.C.?

5. What changes, if any, in formation and termination policy are indicated?

CHAPTER IV

PRESENTATION OF THE STUDY

Introduction

Groups are the media through which (1) individuals achieve personal and social satisfactions and goals; (2) individual and social norms are changed; (3) controls in society are maintained; and (4) society passes on its customs, norms, and values.[1] Individuals need to have satisfactory experiences in many groups. When they have learned to function in small primary groups, they are ready to move on to larger groups and intergroup situations.[2]

It is always hoped that individuals moving out from social agencies will be able to develop and maintain satisfactory social relationships with peer groups and adults in the larger community. With the young child and the adolescent, such adjustment may be reflected in the individual's relationships at home, school, and in the neighborhood. The thirteen children included in this study were referred individually to the D.N.C. and exhibited marked difficulties in their social relationships in home, school, and community. Their referrals contained substantial diagnostic information in these three areas from which a comparison of past and

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1 Gertrude Wilson and Gladys Ryland, op. cit., p. 36.

2 Wilson and Ryland, op. cit., p. 99.

present behaviour could be made.

The group of thirteen children will be described under various aspects: age at the time of referral, termination, and now; length of time spent in the D.N.C. groups; referral problem; family background; previous social adjustment in home, school, and community; present social adjustment in home, school, and community; and changes of adjustment which are evident from the study and possible factors relating to these changes.

A. Age Distribution of the Total Group

Of the thirteen children studied, eleven were boys and two were girls. At the time of referral, the ages ranged from six years to thirteen years. Three children were referred at the age of nine years; three were referred at the age of eleven years; two children were referred at the age of seven years; two were referred at the age of eight years; and the three remaining children were each referred at the ages of six, ten, and thirteen years. The average age at the time of referral was slightly over nine years.

At the time of termination, four children were nine years; two children were ten years; two children were twelve years; four children were thirteen years; and one child was sixteen years. The average age at the time of group termination was twelve years.

The present age range of the children is distributed in the following manner: five children are fourteen years; three children are thirteen years; two children are sixteen years; and the three remaining children are each twelve, fifteen, and seventeen years. The average age is fourteen and one-half years.

B. Length of Time in the D.N.C. Groups

The length of time spent in the D.N.C. groups by these children ranged from one to three years. Four children spent one year in the group; five children spent two years in the group; and four children spent three years in the group. The average length of time spent in the group was two years.

C. Initial Problem at the Time of Referral

Children referred to the D.N.C. are generally classified into two groupings: those with physical handicaps, and those with emotional problems. Of the thirteen children included in this study, nine had physical handicaps and four had emotional disturbances. The physical limitations present in the nine children were poliomyelitis, hard of hearing, hemophilia, perthes, spinal cord tumor, epilepsy, multiple tumors, and osteogenesis. Due to hospitalization and medical attention required at home, many of the children had been isolated from peers, with the exception of siblings, and had been unable to attend school. Feelings of inadequacy around the handicap, limited experience in normal social relationships, and

restricted physical activities resulted in problems of adjustment in peer and adult relationships.

The four emotionally disturbed children displayed abnormal patterns of behaviour marked by temper tantrums, severe aggression and withdrawal, and general inability to form positive relationships with peers and adults. These children were unacceptable to peers and were unable to form and sustain relationships with others due to this atypical behaviour.

D. Family Background

In most of the children studied, the family unit consisted of mother, father, and at least one sibling. In two cases, the fathers had died and the mothers had not remarried. Three of the children have no siblings. The following parental situations were found at the time of the study: nine children were living with both mother and father; two children were living with mother and stepfather; and two children were living with their mothers. In the latter instance, both fathers had died and the mothers had not remarried. Eight children had siblings and five were only children. Table I illustrates the family units of the group at the time of the study.

TABLE I

FAMILY UNITS OF THE GROUP AT THE TIME OF THE STUDY

Family Unit	Number of Children
Mother, father, and siblings	8
Mother, stepfather, and siblings	1
Mother and stepfather	1
Mother and father	1
Mother and siblings	1
Mother	1
Total	13

Most of these children were experiencing problems in their family relationships at the time of referral. In the area of parent-child relationships, the writers found evidence of aggression, dependency, overprotection, rejection, and withdrawal. An example of aggression would be the child who constantly fights and quarrels with parents and is considered unmanageable. By dependency, the writers mean the child who is unable to assume day-to-day responsibilities without the assistance and approval of the parent. Overprotection is noted in the child whose freedom of expression and activity is limited as a result of fears transmitted from the parent to the child. By rejection, the writers refer to

the child who either was unwanted from birth or was unable to meet standards established by the parents. An example of withdrawal is the child who avoids close relationships with parents and exhibits this in his inability to respond to parents verbally and non-verbally. The child's relationships with brothers and sisters followed similar patterns as described above.

E. Previous Social Adjustment

The thirteen children were referred to the D.N.C. due to difficulties in their social relationships. By social relationships, we mean the child's behaviour and reactions toward adults and other children in the home, school, and neighborhood. Although such referrals are usually classified into those with physical handicaps and those with emotional problems, the writers have observed two categories into which these children fit: children exhibiting withdrawal and children exhibiting aggression in their relationships. In order to differentiate the degree of withdrawal and aggression, the writers will describe those children who seem to exhibit similar patterns of behaviour.

Withdrawal ranged from moderate to very severe. By withdrawal, we mean the child's general inability to respond to other people. Children who usually got along well in three of the following areas - peer relationships, parental relationships, sibling relationships, and school relation-

ships - were classified as moderately withdrawn. For example, problems of withdrawal in social relationships might be observed at school but not at home nor in the neighborhood. Also, withdrawn behaviour in the area of sibling relationships might not occur in the school setting. The following children were classified as moderately withdrawn as these symptoms were particularly noticeable in one are of social relationships. The material used below was drawn from case records presented at the time of referral.

Case I

> L. P. was referred to the D.N.C. at the age of six following grand mal seizures which started at the age of five. L. P. was active in school and the neighborhood until his illness occurred. He was able to spend much time outside; however, he withdrew from his peers and found it difficult to initiate friendships with other children in the neighborhood. His mother also discouraged his association with peers. The boy felt very insecure due to the limitations in social activities necessitated by his handicap. His relationships with parents and older brother were normal. He was not attending school at the time of referral.

Case II

> D. P. was referred to the D.N.C. at the age of eleven. A spinal cord tumor had resulted in partial paralysis below the waist. She was not able to attend school due to urinary incontinence. In the hospital, D. P. withdrew from children her own age and reached out to younger children. She gets along well with her parents and younger sister, all of whom have fostered a dependent relationship with her. At home, D. P. has withdrawn from neighborhood peers, depending on her family for social activities.

Case III

> W. L. was referred to the D.N.C. at the age of seven. He had spent much time in an orthopedic clinic undergoing treatment for multiple tumors. While out of the hospital, he has played mostly with younger children and little girls. Even then, he feels insecure and often states: "I don't trust people." His adjustment in the hospital was poor. He could not relate to the other children and expressed many fears. The family relationships are normal. At the time of referral, he was not attending school.

Case IV

> D. G. was referred to the D.N.C. at the age of eleven. Although mentally retarded, he was able to stay in his home and attend school. D. G. desired the companionship of other children; however, they teased him, called him names, and showed little interest in him. This caused D. G. to withdraw greatly and to fear reaching out to others based on his past experiences. He was only able to relate to members of the immediate family.

In the severe group, the writers found children whose withdrawal was noticeable in two areas of social relationships. In these instances, the child's relationships in home and school or with parents and peers or a combination of two of the four areas were characterized by inability to initiate and sustain social relationships. Those children who seemed to have problems in two of the four areas - peer relationships, parental relationships, sibling relationships, and school relationships - are described below. This material has been taken from case records presented at the time of referral.

Case I

G. M., a polio victim, was referred to the D.N.C. at the age of eight. Due to several hospitalizations, G. M. has had little contact with other children and feels unable to keep up with his peers. He has avoided associations with other boys due to his feelings around his physical limitations. When he has been able to attend school, withdrawal has been typical of his pattern of behaviour.

Case II

L. R. was referred to the D.N.C. at the age of thirteen. He had formerly been hospitalized for osteogenesis. In the hospital, he related easily to other children; however, in the neighborhood and at school, he is unable to initiate friendships and withdraws from peers. He feels inadequate with other children, particularly boys. His only companions are his siblings. His relationships with parents and siblings are normal.

Case III

L. M. was referred to the D.N.C. at the age of nine. A hearing handicap had helped him to develop a sense of inadequacy and a feeling of being rejected by all people. He stayed away from other children, feeling that they picked on him. This led to his refusal to leave the house and preference to staying at home by himself. He could not relate to either teachers or schoolmates. In the home, L. M. was not withdrawn but rather openly hostile.

Case IV

L. V. was referred to the D.N.C. at the age of nine following a three and one-half year confinement in a hospital for treatment of perthes. During this time, he was isolated in a single room from other children for a long period. Following discharge, L. V. found it extremely difficult to adjust to his peers. He was not acquainted with the typical activities boys engage in and withdrew from these associations. He also withdrew from his mother.

Case V

> L. R. was referred to the D.N.C. at the age of ten due to his inability to relate to school and neighborhood peers. He refused to play with other boys and spent most of his time playing by himself. There was very little communication between L. R. and his family. Consequently, his social relationships were greatly limited.

Children classified as being very severely withdrawn were experiencing difficulties in three of the four areas of social relationships defined earlier in this chapter. The two children, described below, were functioning at a very low level, and social relationships were almost totally absent. The material presented below is taken from case records presented at the time of referral.

Case I

> N. P. was referred to the D.N.C. at the age of seven. He is a hemophiliac and thus has had to restrict his social activities. Although he has been set apart from other children due to his handicap, he attempts to engage in strenuous activities with other children, against the advice of physicians, risking severe injury for the sake of gaining status. His usual pattern of relating to peers is characterized by withdrawal. In school, he has been unable to adjust to other children and cannot compete in the classroom. He lacks self-confidence and tends to be effeminate, self-depreciating, and overdependent. He withdraws from his parents; however, he is aggressive toward his sister and brother, engaging in numerous fights and bitter quarrels.

Case II

> W. R. was referred to the D.N.C. at the age of seven. At this time, he was experiencing difficulties in relationships at home, school, and in the neighborhood. W. R. lived a secluded life away from other children.

> He had no playmates and was unable to adjust to peers and adults in school. He expressed extreme fear of aggression which had caused him to avoid social contacts with peers. This same pattern of behaviour was evident in his relationships with his mother and grandparents. The death of his father and baby brother had enforced his withdrawal.

The remaining two children were predominantly aggressive in their social relationships. Their behaviour was characterized by temper tantrums, hitting out at others, numerous quarrels and fights with peers and adults, and general inability to tolerate any frustration. Two degrees of aggression were apparent in these cases: severe aggression and moderate aggression. The severely aggressive child displayed this pattern of behaviour in all four areas of social relationships - peer relationships, parental relationships, sibling relationships, and school relationships. The moderately aggressive child displayed this pattern of behaviour in two of the four areas mentioned above. The first child in this group was severely aggressive; the second child was moderately aggressive. The material presented below is taken from case records presented at the time of referral.

Case I

> C. L., an epileptic, was referred to the D.N.C. at the age of nine. He had been hospitalized on many occasions previous to the referral. His adjustment in the home, school, and community had been characterized by extreme acting out and constant fights with mother, younger stepbrothers, and peers. C. L.'s extreme aggression had resulted in poor social adjustment with primary and secondary groups.

Case II

S. P. was referred to the D.N.C. at the age of seven. She was described as being unfriendly toward family members as well as others. S. P.'s frustration tolerance was so low that when disturbed, she would strike out at other children. She seemed unable to sublimate her hostility, particularly in her relationships with peers and siblings. Her relationships with family members, excepting siblings, were characterized by moderate aggression and moderate withdrawal.

Table II on page 39 indicates the number of children in each group described above.

TABLE II

SEVERITY OF THE PROBLEMS
AT THE TIME OF REFERRAL

Severity	Number
Moderate withdrawal	4
Severe withdrawal	5
Very severe withdrawal	2
Moderate aggression	1
Severe aggression	1
Total	13

F. Present Social Adjustment

In determining the present social adjustment of the thirteen children, the writers classified the children in accordance with their adjustment in the four areas of social relationships described above - peer relationships, parental relationships, sibling relationships, and school relationships. The writers categorized the present social adjustment of the children into three groupings: normal, withdrawn, and aggressive. The normal group consisted of those children who have formed and sustained positive relationships in home, school, and community. They are well liked by peers and adults and participate in social activities whenever possible. In the area of social relationships, there is no cause for concern. Problems were noted in the area of academic achievement, but such problems have not affected the child's relationships with other people. Generally, these children are now self-confident and assured of their ability to get along well with others. The material presented in all of the following cases has been compiled from the writers' interviews with parents and teachers of each of the children

Case I

> G. M.'s group terminated in 1954. His mother reports that since termination he has made several new friends in the neighborhood and still associates with former club members. He does not belong to any formal group programs, but he does attend various social events with his chums. His mother reports that at home, G. M.'s relationships with family members

have improved greatly. He spends much of his time with his father making model planes and is very congenial and pleasant with his mother and siblings. In school, G. M.'s teacher reports that he is well liked by classmates. He appears to feel comfortable with them and shares well. He is active in games and enjoys group activities at school.

Case II

L. R.'s group terminated in 1952. His mother reports that immediately following termination, there was some regression to withdrawn patterns of behaviour. Now, he no longer feels inferior to other children and has made friends at school and in the neighborhood. His mother feels that at home L. R. gets along well with parents and siblings. He and his father are very close and share hobbies and chores in the home. The teacher reports that L. R. reaches out to others and is accepted by most members of his peer group. As he is not socially sophisticated as some boys and girls at school and does not date, he limits social relationships to those peers who share his interest in science, debating, and journalism. He belongs to several school groups and assumes a responsible position in all. Because of his many interests, affable manner, and ability, he has found status and acceptance in social groups.

Case III

L. V.'s group terminated in 1953. His mother reports that although he has little contact with former group members, with the exception of a cousin, he has been able to make friends on his own. He has many friends in the neighborhood and participates in sports and games with them. His mother said that he attends a Y camp each summer where he has adjusted well to campers and counsellors. At home, L. V. is no longer aggressive toward his mother who remarried recently. His relationship with his stepfather is positive, according to his mother. Due to his earlier illness, L. V. is in a lower grade at school and hence, his schoolmates are much younger than he. His teacher reports that although this has caused L. V. to feel awkward in class, he relates well to the younger boys and is well liked by them. He is very active in school sports and attends ball games after school and on weekends. Academically, L. V.'s

work is not up to his potential, and his teacher felt this due primarily to the boy's concern about being the eldest pupil in the class. His relationships at school with teachers are good.

Case IV

S. P.'s group terminated in 1954. Her mother feels that this occurred at a time when S. P. was entering adolescence and contributed to some regression to aggressive behaviour. Presently, S. P. has many friends in school and in the neighborhood, some of whom were former group members. S. P. is very outgoing and initiates contacts with others readily. Although her closest friends live in different neighborhoods and attend different schools, S. P. sees them often and spends weekends and holidays with them. She is active in sports and attends youth programs at her church and the Y. For several summers, she has attended an interracial camp and has maintained friendships acquired there. She is very popular with her peers and enjoys associations with them. Her mother reports that at home S. P. is very affectionate with her mother and sisters. Although she is still somewhat reserved with her father, she is able to reach out to him more than before. One problem in the area of family relationships has developed between S. P. and her grandmother who has recently moved into the home. S. P.'s teacher reports that she is well liked by teachers and classmates and responds warmly to them. Her academic work, however, is not commensurate with her potential ability.

Case V

L. P.'s group terminated in 1951. His father reports that his peer relationships have developed positively. Although he moves out slowly toward others, he has found new friends with whom he associates frequently. He and his friends exchange visits on weekends. Although L. P. is still not able to participate in strenuous activities, he attends ball games with friends and other events. L. P. is well liked by the neighborhood children and enjoys being with them. Both parents felt that L. P. gets along well with them and with his brother. Now that he has friends of his own and his physical condition has improved, he does not depend on his older brother for social diversion. The school reports that L. P.'s relationships with nuns and classmates are good. He enjoys school and

participates in special events and trips offered to the pupils. He is quiet in school but not withdrawn.

In the moderately withdrawn group, the writers have placed those children who are having difficulties in social adjustment in one or two areas of relationships. This same classification was used in discussing previous adjustment. Based on interviews with parents and teachers, the writers feel that the following children are now moderately withdrawn.

Case I

L. R.'s group terminated in 1953. In talking with the mother, the writers felt that the boy's relationships with his parents are still very strained. His father is very distant in his relationship with L. R., and the mother still rejects the boy due to his inability to measure up to her standards. The mother reports that L. R. reacts to both parents through moderate withdrawal, limiting communication with them to the barest minimum. His mother feels that L. R. gets along much better now with his siblings than before. He has made a few friends in the neighborhood, and these boys share his interest in mechanics and electronics. With the exception of these boys and one or two friends at school, L. R. prefers to remain much by himself to pursue his hobbies. His teacher reports that he is accepted and liked by classmates even though social contacts are usually initiated by them. In school, he responds to friendly gestures made by others but functions best when left alone to perform at his own pace and respond to people according to his own needs and desire.

Case II

W. L.'s group terminated in 1954. His mother reports that since that time he has lost contact with former club members and withdraws from peers his own age. His playmates are girls and younger boys with whom he feels equal. With these children, W. L. participates in passive activities and quiet visiting. In the home, W. L. has a dependent relationship with his parents. They are still

overprotective in their attitude toward him. Mrs. L. refused the writers' request to talk with W. L.'s teacher as she felt that the boy is not well known in the parochial school which he has recently entered.

Case III

W. R.'s group terminated in 1952. His mother said that immediately following termination, W. R. was unable to make any friends and could not maintain relationships developed in the group. He became apathetic and withdrew from peers. According to his mother, he has initiated new friendships with other children since being in a new neighborhood. He has two close friends in the neighborhood whom he sees every day. These boys are much younger than he. They share the same interests and find pleasure in stamp collecting. His mother reported that W. R. entered Boy Scouts for a short time but soon became bored and left. He does not belong to any groups now and has no contact with former club members. W. R. and his mother live alone. Mrs. R. reports that her son is very aggressive toward her. He does not respond to discipline at home, seldom obeys his mother, and reacts with hostility marked by abusive language. W. R.'s teacher reports that the boy is very withdrawn in school. He is neither liked nor disliked by classmates, but rather is merely tolerated. His teacher said that W. R. does not relate to classmates, has no friends in school, and does not participate in free discussions outside of academic work. The homeroom has class officers who change monthly; however, W. R. has never been nominated for any position. He is unresponsive toward teachers and limits conversation with them to monosyllabic responses.

Case IV

C. L.'s group terminated in 1954. His mother reports that following termination, C. L. became very depressed and regressed socially and academically. His aggressive behaviour reached extremes, to the point that his parents were no longer able to handle him and requested help for permanent placement. Tests at a child guidance clinic indicated possible psychosis. His mother maintained that none of the former club members continued social contact with him, and he was unable to initiate contact with peers.

> Presently, C. L. has one friend in the neighborhood, an older boy with whom he plays quiet games on weekends. C. L.'s relationship with his brothers has improved, and the fights which previously occurred with all members of the family have lessened considerably. In the fall of 1956, C. L. was placed at a special school. He has adjusted well to this new setting and although he has withdrawn from close relationships with schoolmates, he is more congenial with parents and siblings when he comes home on weekends and holidays. He does have a few acquaintances at school and has made positive relationships with teachers there.

The severely withdrawn group is composed of three children, all of whom are presently having difficulties in their social relationships with peers and adults. These children are unable to reach out to others and live for the most part within themselves. The following children have been classified as severely withdrawn based on material obtained by the writers during interviews with parents and teachers.

Case I

> D. G.'s group terminated in 1952. According to his mother, he is presently a lonely, maladjusted boy. He spends most of his time as an isolate and relates more effectively to television than to people. When the television is out of order, D. G. becomes baffled and is completely at a loss for something to do. He is largely confined to his home with a few extra-familiar contacts. Occasionally he attends the movies with his mother. He is very dependent on her for support and diversion in the larger community. Mrs. G. reports that D. G.'s sisters refuse to have him in their company because they are sensitive about his retardation and fear that his behaviour will embarrass them. Outside of movies, D. G.'s only other contact with people comes through his Sunday school class. Both his mother and sisters have little time for him. His mother is busy pursuing a college education, and his sisters have other activities which do not include him. D. G. was inattentive and could not learn; therefore, he was dismissed from public

school last year. D. G. readily responds to a warm, adult person, as was noted by his Sunday school teacher. While other members of the class are engaged in conversation, D. G. sits quietly by the teacher, waiting for some sign of recognition and understanding. The teacher felt that D. G.'s inability to relate socially and intellectually has made the child lonely, isolated, and unhappy.

Case II

D. P.'s group terminated in 1953. Since that time, her social adjustment has been marked by steady deterioration. Her mother reports that the girl has withdrawn into a shell and has no social contact with girls in the neighborhood. All of the former club members, with the exception of one, have made no move to renew social contacts with her. D. P. has rebuffed the attempts of one former group member to continue the relationships started in the D.N.C. group. Mrs. P. reports that D. P. is totally dependent on her family for social diversion, especially her younger sister who responds with affection. D. P.'s social activities are limited to quiet games and other projects which she can do alone or with her sister. On occasions when D. P. meets former group members and other girls at church or in the movies, she withdraws to a corner and remains there. D. P. gets along well with her parents and often goes out with them. D.P.'s teacher reports that the girl is very retiring and seems fearful of entering into a close relationship with both peers and adults. She has no friends in her class and only talks to a younger child with whom she shares a taxi to and from school. D. P. spends recess periods alone, usually just sitting or occasionally playing checkers with the aforementioned child. D. P.'s teacher has constantly tried to draw the girl into conversation and develop a relationship, but D. P. cringes and refuses to talk, limiting her comments to a quiet "yes" or "no".

Case III

L. M.'s group terminated in 1955. Following group termination, both L. M. and his mother received psychiatric help. This was discontinued a year ago. Both parents report that L. M. has no friends in the neighborhood and is unable to reach out to others.

> One former group member visited L. M. shortly after the group terminated; however, L. M. stayed in his room and refused to see the boy. This pattern is repeated when friends visit the family. The parents felt that L. M. is still afraid of being with other children, constantly complaining that he cannot hear them and that they make fun of him. L. M. was referred to another group work agency after termination, but he could not accept the idea of being with other children. He remains isolated, spending most of his time at home engaged in quiet hobbies. Both parents report no change in family relationships. L. M.'s behaviour in the home alternates between open aggression and depression. He and his sister are still very hostile toward each other. His parents take him on weekend trips for diversion. L. M.'s teacher felt that the boy is very withdrawn and remains isolated from classmates. Other boys have attempted to draw him into the group; however, L. M. has quietly rebuffed these gestures. He does not participate in any extra-curricular activities and comes and leaves school alone. His academic achievement is far superior to his social adjustment.

Patterns of aggression in present social adjustment were noted in one child. The writers have placed this child in the moderately aggressive category due to his pattern of behaviour with family members and the disciplinary problem which he presents at school. The following material is based on interviews conducted for this study.

Case I

> N. P.'s group terminated in 1952. His mother reported some regression immediately following termination. Mrs. P. felt that at the present time N. P. has become self-confident, has developed a sense of security, and is able to identify with other boys. N. P. maintained close contact with former club members until the family moved into a new neighborhood. N. P. now has many friends whom he sees frequently at school and in the neighborhood. Mrs. P. expressed concern about N. P.'s choice of friends. This has also concerned the school. The mother said that N. P. has been engaged in socially unacceptable behaviour

with these friends and is constantly running afoul of school authorities. Consequently, Mrs. P. has been summoned to school on many occasions. In the home, N. P. and his siblings are still having difficulties in their relationships, and although the hostility has lessened, there is still much tension between them. N. P. relates warmly to his parents with the exception of conflicts arising over his pre-delinquent behaviour. The school expressed concern over N. P.'s non-conforming behaviour and poor academic work. He does not respond to discipline and authority and seems unable to accept limitations. Although he relates well to classmates, there is some question about his choice of friends.

Table III illustrates the patterns of adjustment of the thirteen children both at the time of referral and at the time of the study.

TABLE III

PATTERNS OF SOCIAL ADJUSTMENT AT THE TIME OF REFERRAL AND AT THE TIME OF THE STUDY

	Previous Adjustment					Present Adjustment			
Name	Mod. With.	Sev. With.	Very Sev. With.	Mod. Agg.	Sev. Agg.	Normal	Mod. With.	Sev. With.	Mod. Agg.
C.L.					X		X		
L.M.		X						X	
G.M.		X				X			
L.R.		X				X			
L.V.		X				X			
L.P.	X					X			
D.P.	X							X	
N.P.			X						X
W.L.	X						X		
L.R.		X					X		
S.P.				X		X			
D.G.	X							X	
W.R.			X				X		

G. Factors Relating to Changes in Adjustment

The writers hesitate to point out any single cause as the determining factor that produced change in a child's social adjustment. The writers are fully aware of the influence of multiple environmental forces operating in the lives of these thirteen children. On the basis of the original referral information and material compiled from interviews, the writers were not able to find any particular significance in the length of time spent in the D.N.C. group for the children. Generally, there was no indication that the child who spent three years in the group made a better adjustment than the child who spent one year in the group. Therefore, the writers do not feel that duration of group membership has been a direct influence in determining present social adjustment. It should be stated, however, that several parents indicated that the group experience was not long enough and terminated before the child was able to initiate social relationships independent of the small protective group.

The writers have explored changes in adjustment as a result of the child's improved physical condition. Seven of the nine physically handicapped children have made progress in their physical condition. Four of these nine children had formerly been homebound and are now able to move about and attend school. Two children within this group of nine have chronic illnesses, hemophilia and hard-of-hearing, for which

the prognosis is poor. Improvement in social relationships was noted in five children whose physical condition had also improved and one child whose physical condition had remained the same. One child with improved physical condition showed no change in social adjustment and another child exhibited no change in either physical or social adjustment. In one instance, the writers observed that although the child's physical condition had improved, her social adjustment had regressed.

Five parents expressed the opinion that as the child's physical limitations decreased, his social relationships improved. On the basis of evidence drawn from the data and opinions expressed by parents, the writers feel that while improved physical condition may have influenced the child's present social adjustment, other factors within the environment must be considered.

The writers then examined environmental factors as influencing changes in social adjustment. Four children who had changed residences following group termination appeared to have made a better adjustment in the new setting. For instance, C. L. has shown improvement since being placed at a special school. W. R.'s mother indicated that he moved out toward other children more easily after the family moved to a new neighborhood. This is also true of G. M. and N. P., both of whom had moved following group termination. The writers

speculate that for these children a new start in a new neighborhood where they were not previously known may have motivated them to reach out for friends. It is not possible to say that environmental changes were the predominant factors resulting in improved social adjustment since some of the children who remained in their original neighborhoods also had exhibited improvement in social adjustment.

The group experience itself and group members must also be considered in determining changes in social adjustment. Eight of the eleven parents interviewed expressed the opinion that the group experience and the selection of group members were influential in helping their children to relate to peers and adults. Although friendships established in the group were not always maintained following termination, the parents felt that the opportunity of being with peers helped the referred children to learn how to get along with others. The five children whose parents felt that the group experience was not helpful are those who have made very slight changes in social relationships. These five parents all expressed dissatisfaction with the selection of group members. The writers were not able to evaluate the group experience as the group records were not studied.

Drawing from material compiled for this study, the writers are able to speculate on some factors influencing changes in the social adjustment of the thirteen referred children. The

five children who have made normal adjustments in social relationships, have shown improvement in all four areas: peer relationships, parental relationships, sibling relationships, and school relationships. In considering G. M.'s change from severe withdrawl to normal adjustment, the writers felt that improved physical condition, changes in family attitude toward the boy, new neighborhood, and the group experience were significant. G. M. is now able to move about with the aid of a crutch. As a result, he participates in some sports and games at school. His mother seems better able now to accept and understand his need to be with other children. Thus she is now able to encourage his participation with other children. Mrs. M. felt the group experience helped her son to develop a sense of belonging and not fear associations with peers.

L. R.'s change from severe withdrawal was influenced by improved physical condition, the group experience, and individual work done by the D.N.C., school, and vocational rehabilitation worker. L. R.'s improved physical condition lessened his fear of not being accepted by peers, according to his mother. The writers' talk with the D.N.C. staff and school indicated the cooperative services offered to the boy and his family. The adults working with the child were most influential in helping him to reach out toward other children and activities. Special interest on the part of teachers

helped him to move into activities at school where his skills were recognized and utilized to the maximum.

L. V.'s change from severe withdrawal to normal adjustment resulted as his physical condition improved, participation in a group was experienced, and changes in the family constellation occurred. L. V. is now completely free of physical limitations and can enjoy activities with other boys. His mother, who has remarried, felt that the presence of a male adult in the home has provided the boy with a father-figure with whom he can identify. She also felt that the group experience helped the boy to enjoy associations with other boys and develop a relationship with an understanding father-figure.

L. P.'s change from moderate withdrawal to normal adjustment seemed to be the result of improved physical condition, increased understanding on the part of parents, and participation in the D.N.C. group. Mrs. P. reported that her son changed considerably as physical limitations decreased. The group experience helped him to realize that he could make friends and do things like other boys. Mrs. P. related that she was able to feel more comfortable in allowing him more freedom of activity as his physical handicap lessened.

S. P.'s mother felt that the group experience and changes in parental attitudes helped S. P. to make a normal adjustment from previous moderate aggression. Mrs. P. particularly cited the group membership as an influencing factor as the girls in

the group were well known to S. P. and the mother. Also, Mrs. P. felt that her husband has attempted to lessen any display of preference for the two younger girls and reaches out to S. P. His actions have helped S. P. to relate to him and reach out for help and advice.

In the group of children now classified as moderately withdrawn, the writers noted similar factors which seem to have influenced changes in the child's present social adjustment. C. L., who was formerly severely aggressive, seems to have improved as a result of recent placement in a special school. His mother felt that although the group was helpful in providing him with companionship, the group members had no understanding of physical illness and thus rejected C. L. Mrs. L. also felt that her son's change in adjustment has been the result of change in the environment. As there are other handicapped children at the school, Mrs. L. feels that C. L. does not feel so alone and can identify with other children. She also attributes his change to the psychiatric help which the family received and which has helped both her and her husband to better understand the boy.

No change is evident in W. L. who is still moderately withdrawn. Mrs. L. felt that the group should have had another handicapped child with whom W. L. could identify. She expressed the opinion that more interpretation should be given to group members to help them understand the meaning of ill-

ness. She felt that this would facilitate relationships between the referred child and group members. Mrs. L. felt that the group was not as helpful as it might have been.

L. R.'s change from severe withdrawn to moderate withdrawal seemed to be the result of the group experience and the mother's attempts to understand him. Workers in the D.N.C. felt that the group experience gave L. R. an opportunity to be away from the constant tension in the home and helped him to find acceptance from his peers. They also felt that the mother is now less demanding of her son than before and has developed some insight and understanding of his needs. Therefore, she does not attempt to force him to develop interests in art and music.

The writers found it difficult to specify any particular factor as influencing W. R.'s move from severe withdrawal. The mother discounted any positive value of the group and the school's description of the boy contradicted that of the mother. Mrs. R. cited change of neighborhood as a possible cause for W. R.'s improvement in social relationships. The writers feel that a study of W. R.'s adjustment in the D.N.C. group might provide evidence for the slight change he has made.

In the group of children presently classified as severely withdrawn, data drawn from the original referral material and interviews were considered to determine the poor level of

adjustment. The parents of the three children in this group expressed disappointment with group membership and attributed this to the child's inability to make positive relationships with other people. L. M.'s mother expressed the opinion that L. M. should not have been in a group with children of similar handicap as he was not able to relate to children with normal hearing following group termination. The writers learned from the D.N.C. that L. M. had been in two groups, one with hard-of-hearing children and one with children whose hearing was not impaired. Workers at the D.N.C. expressed the belief that family tensions and particularly Mrs. M.'s own emotional instability have contributed to L. M.'s poor social adjustment.

D. P.'s mother attributed the girl's regression to community attitudes toward physical handicaps and composition of the D.N.C. group. She indicated that all of the neighborhood girls of D. P.'s age are physically well and able to participate in social functions. Therefore, they do not reach out to one who cannot keep up with them. Mrs. P. also felt that the group should have included another handicapped child so as not to make D. P. feel inferior to the girls and not to make the other members feel obligated to relate to D. P. only as long as the club existed. Workers at the D.N.C. also expressed dissatisfaction with group membership. There was also the feeling that the group should not have been formed at a time when D. P. was confined to bed. Several changes in adult

leadership for the group also contributed to the unsatisfactory group experience for D. P.

D. G.'s change from moderate withdrawal to severe withdrawal may be the result of his environment and changes in the attitude of family members toward him. His mother felt that as D. G. does not attend school and is considered "odd" by neighborhood peers and adults alike, he is not welcome in social circles by others. Mrs. G. also attributed his poor adjustment to his siblings' rejecting attitude toward him. She did not feel that the group helped him in any way. A staff member of the D.N.C. felt that Mrs. G.'s rejecting attitude toward the boy also has contributed to his severe withdrawal.

The one child classified as moderately aggressive was previously very severely withdrawn. The writers feel that this change is positive as the boy is now able to relate to peers and adults and moves out toward them. Mrs. P. cited the group experience as the predominant factor resulting in N. P.'s change. She felt that in the group, N. P. learned how to develop relationships and found ways of obtaining status without risking severe physical injury. Mrs. P. felt that the club could have lasted longer to help make the transition from group to independent friendships easier.

As the writers have indicated above, many factors must be considered when evaluating the cause of change in social

adjustment. Among those factors cited were: length of group membership, improved physical condition, changes in the environment, changes in family attitude toward the child, services rendered by the D.N.C. and other agencies, and the group experience itself.

CHAPTER V

SUMMARY AND CONCLUSIONS

A. Summary and Conclusions

The purpose of this study was to obtain a picture of the present social adjustment made by referred children following group termination. In doing this, the writers studied the original referral information in order to determine the social adjustment made by these children prior to referral and to compare their previous adjustment with their present adjustment. To determine present adjustment, the writers conducted interviews with parents and teachers, particularly seeking information regarding the child's attitudes toward peers and adults in four areas: peer relationships, parental relationships, sibling relationships, and school relationships. A further purpose of the study was to consider any changes in group formation and termination policy which might have bearing in the future with children who have similar problems. The writers were also interested in parental attitudes toward the D.N.C. and the child's experience in the therapeutic group.

The results of the study show five children who have made normal social adjustments. Based on material drawn from original referral records and interviews conducted with parents and teachers, these children were judged to be relating well to both peers and adults in the home, school, and community. They

are well liked by others, participate in social activities, and are able to initiate and maintain social contacts.

Four children have been classified as moderately withdrawn. The writers felt that each of these children was still having difficulties in one or two areas of the four levels of social relationships mentioned previously. This classification was made according to the child's former level of adjustment as indicated in the referral forms and their present level of adjustment as noted from material provided by parents and teachers.

Three children were placed in the severely withdrawn category as the writers felt that these children are almost totally unable to relate to other people and appear to find great satisfaction living within themselves. On the basis of data concerning past and present social adjustment, the writers felt justified in categorizing these children in this manner.

One child was judged moderately aggressive due to his relationships with family members and disciplinary problems he is having at school. For this one child, the writers saw a positive element in his aggression as this has meant movement from withdrawn behaviour. Case material and personal interviews were used to determine this classification.

Due to the many environmental forces operating within a child's total life, the writers could not single out any one

factor as being the one which has produced changes in the child's social adjustment. The writers feel that any combination of the following factors may have influenced changes in adjustment: duration of club membership, changes in the environment, improved physical condition, changes in family attitudes toward the child, services rendered by the D.N.C. and other agencies, and the group experience and group membership.

The writers observed sharp contrast in parental attitudes toward the D.N.C. between those parents who felt the group experience was beneficial and those who held opposite views. Those parents who felt the group experience was of some help had children some of whom did not improve in their social adjustment. However, those parents who felt the group experience was of little or no value had children who regressed, remained the same, or showed very slight improvement in social relationships. The writers recognize the need to examine the individual records in order to determine correlation between parental attitudes toward the agency and present adjustment of the child.

B. Implications for Further Study

The writers feel that there is a need to study the actual group experience itself in attempting to evaluate present social adjustment. Such a study would give a more valid picture of the influence of the group experience on the

referred child and how he was able to use this in later social relationships. In addition to this, the attitude of parents during the group experience would lend more validity to their present attitudes if it could be determined how they felt while the group was in existence and what help they received while the child was a group member.

Another area of concern is the availability of resources for the handicapped child. For many children, social activities were still limited at the time of termination. Four parents expressed the feeling that club members attended the group only for the activities and once the group terminated, the referred child remained isolated as before. The writers recognize that the group possibly offered some parents a source of dependency which they were reluctant to abandon. However, the results of this study seemed to indicate the need of the physically handicapped child to participate in social groups following termination. A study of local resources for these children and preparation for such groups might lessen the impact which occurs when the other group members no longer feel obligated to relate socially to the handicapped child.

Further study in group formation and termination would be indicated from parental responses. Although some regression following termination is anticipated, the writers felt that in many cases the child was not ready to form independent relationships without the support of the group. A study of the

process of termination for these thirteen groups might help the D.N.C. in similar situations.

A particular value of this study was the renewal of contact with families, many of whom had not had recent contact with the D.N.C. The need for more help was indicated in some cases. Through the interviews, parents were helped to recognize the agency's continuing interest in the family. For those children who have been unable to make a satisfactory adjustment in social relationships, it is hoped that the agency might consider extended services of its own or use of those of another agency.

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Barbara Cayes

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APPENDIX

SCHEDULE

1. Name, age, school, I.Q.

2. Family

   a. marital status
   b. siblings

3. Length of membership in the D.N.C. group

4. Adjustment prior to referral

   a. family
   b. foster home
   c. physical development
   d. emotional development including any psychiatric evaluation
   e. school adjustment
   f. community adjustment

5. Reasons for referral

6. Present adjustment

   a. family
   b. school
   c. community (church, social groups)
   d. institutional placement

LETTER TO PARENTS

Dear Mrs. Jones,

The Department of Neighborhood Clubs of the Boston Children's Service Association, formerly Children's Aid Association, is interested in talking with parents whose children have been in our groups. We are making a study in the interest of improving our services. Johnny's group, which was led by Mr. Smith, ended in 1951. We are interested in him and would very much like to know how he is getting along since the club ended. This information will help us to understand how to make our services to children more effective.

I am a student in the department and would like to talk with you about Johnny. If it is convenient, I shall visit on Saturday at 12:00 p.m. If you are working, or otherwise unable to make this appointment, I shall arrange to see you at a time convenient for you. Your help will be greatly appreciated.

Of course, in any study of this type, names and other identifying material will be kept confidential.

If you are unable to keep this appointment, please call me at CA 7-3800.

Sincerely,

P.S. With your permission, I should like to take a few notes during the interview.

LETTER TO SCHOOL PRINCIPALS

Dear Sir,

The Department of Neighborhood Clubs of the Boston Children's Service is a Red Feather agency interested in providing adequate recreational facilities for boys and girls. At the present time, we are conducting a study of children who have formerly been in our clubs. We are interested in Johnny Jones and would very much like to know how he is getting along with other children at school.

I have spoken to Mrs. Jones who has given me permission to talk with Johnny's teacher, Mr. Smith. I would appreciate your help and wonder if I could call you for an appointment at which time I might speak to Mr. Smith.

If you have any questions about the visit, please call me at CA 7-3800.

Sincerely,

INTERVIEW GUIDE FOR PARENTS

1. Who are Johnny's friends now? Were any of these club members?

   a. What are their ages?
   b. Where do they live?
   c. How often does Johnny see them?
   d. Where do they usually meet?
   e. How long have they been friends?
   f. What do they usually do together?

2. What groups does Johnny belong to?

   a. What type of club is it? Who is the leader?
   b. How long has Johnny been a member?
   c. How often does the club meet?
   d. Where do they meet?
   e. Was Johnny asked to join or did he join voluntarily?
   f. What does Johnny say about the club and the members?

3. What sort of relationship does Johnny have with the family?

   a. How does he get along with his sisters?
   b. How does he get along with his brothers?
   c. Do they quarrel often? What about?
   d. How often do they play together?
   e. What do they do together?
   f. What types of problems are you now having with Johnny?
   g. How often is the family together?

4. What are your feelings about the D.N.C. groups?

   a. In what way was the group helpful?
   b. In what way was the group not helpful?
   c. How do you feel the department could improve its services?
   d. Do you feel the club should have continued longer? Why?
   e. Have you noticed any changes in Johnny's friends and the number?
   f. Did the club have influence in this?

INTERVIEW GUIDE FOR TEACHERS

1. How does Johnny get along with teachers?

   a. How does he respond to rules and limits?

2. How does Johnny relate to his peers?

   a. How popular is he?
   b. How many friends does he have? Ages?
   c. With whom does he play at recess?
   d. How often are they together?
   e. Is this a close or casual relationship?
   f. Does Johnny reach out to them?
   g. How does Johnny get along with other children?

3. To what other groups does Johnny belong?

   a. Did he join this group voluntarily or was he asked to join?
   b. Does he hold any office? Was he elected or appointed?
   c. What is Johnny's relationship to the members?
   d. How active is Johnny in this group?
   e. How enthusiastic is he about this group?

4. What is your general impression of Johnny?

5. Is there anything else which you feel is important to Johnny's relationships with peers in school?