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A study of problems created for children by parental illness.

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BOSTON UNIVERSITY
SCHOOL OF SOCIAL WORK

A STUDY OF PROBLEMS CREATED FOR
CHILDREN BY PARENTAL ILLNESS

A Thesis

Submitted by

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the Degree of Master of Science in Social Service

1953

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TABLE OF CONTENTS

CHAPTER		PAGE
I	Introduction.	1
	Purpose of Study	3
	Sources of Material.	4
	Definitions.	4
	Methods of Procedure	4
	Limitations.	5
II	Agency Setting.	6
III	Review of Literature and Interviews	9
IV	Significant Data on Families Studied. . . . .	.16
V	Case Presentations. . . . .	.26
	Cases in which mother was ill, but in the home . . . . .	.27
	Cases in which mother was ill, but in and out of the home . . . . .	.35
	Cases in which father was ill, but out of the home . . . . .	.43
	Cases in which father was ill, but in and out of the home. . . . .	.49
	Cases in which both parents were ill but both in and out of the home . . . . .	.56
VI	Summary and Conclusions . . . . .	.62
	Bibliography. . . . .	.69
	Appendix. . . . .	.71

LIST OF TABLES

TABLE	PAGE
I Sources of Referral.	16
II Reasons for Referral	17
III Other Problems	18
IV Nature of Illness and Parent Affected.	19
V Extent of Parental Incapacity at Referral.	20
VI Age and Sex Distribution of Children at Referral.	21
VII Age and Sex Distribution of Children at Onset of Parental Illness.	22

CHAPTER I

INTRODUCTION

The importance of a home to a child, and the presence of two parents who can meet his emotional as well as physical needs, is now recognized by all persons who work closely with children and are familiar with the dynamics of family life. As Martha Eliot recently expressed it,

For our children we know there is no greater source of strength and security than the fact that the vast majority of them grow up in families with parents who love and care for them. In our society the family is the basic social institution and children have the best chance for a good start in life in a family with parents who are reasonably mature, healthy and understanding of their children's needs.¹

Government recognition of the meaning of a child's home to him, came in 1936 with the establishment of the Aid to Dependent Children program under the Social Security Act. This made it possible for millions of needy children to remain in their homes despite the death, continued absence from home or the physical or mental incapacity of one or both parents.

However, it has become increasingly clear to psychiatrists and social workers connected with child guidance clinics, child placing and family agencies, and state welfare departments that children are deeply affected by many problems connected with family living and that they need to be helped to adjust to these problems if they are to achieve mental

¹ Martha Eliot, "The Family Today: Its Needs and Opportunities," Journal of Social Casework, 34:47-54, February, 1953.

health. It is not enough just to meet the financial needs of children deprived of the parental attention and affection they need. In many families in which economic resources are adequate, children are deeply affected as the result of actions of immature parents and such problems as marital discord, or death of a parent, and need help.

As the dynamics of family life are better understood, treatment can be offered for problems of parent-child interaction and of family balance and functioning...family problems - illness of father or mother, marital conflict, desertion and separation - introduce conflict situations for the child and often necessitate far-reaching changes in the child's life.²

Taking children into treatment is a comparatively new emphasis in family casework and has developed rapidly as it has been recognized that a child can and should participate in his own fate and can use treatment to help him "strengthen his capacity to deal with his drives, his environment and life's events."³

Workers in Federal Public Assistance programs probably come in contact with the greatest number of families in which parental illness is a serious problem. In most states Aid to Dependent Children caseloads are unfortunately so high that the workers have little time to give individual attention to these families and help parents and children adjust to the problems induced by illness. Therefore, referral of such families to a private family agency equipped to give casework service seems the wisest procedure and helps to insure for these clients a more careful

² Eleanor Clifton and Florence Hollis, editors, Child Therapy, A Casework Symposium, p.1.

³ Ibid., p.5.

consideration of all their problems than is possible when they are known only to a public agency, the primary function of which is to meet financial need. In rural areas where there are few family agencies, federally sponsored child guidance and mental health clinics can conceivably provide this important casework service on a state-wide basis. In addition to these referrals from public agencies, there are in the caseloads of all family agencies, many families in which there is no financial need, but in which illness is the cause of much unhappiness and emotional stress.

Purpose of Study

It is the purpose of this study to examine a group of families known to the Brookline Friendly Society during the calendar year 1952, and to attempt to secure answers to the following questions:

1. What are the types of problems created for children by parental illness?
2. What was the focus of the worker in dealing with families where parental illness was present?
3. How were the children in these families helped by the caseworker to achieve better social adjustment and emotional health?

It is further proposed to study these families to determine how proximity of the parent during illness is related to the problems encountered by the children; whether the problems are greater for any particular age group, or for either sex; in what manner family relationships prior to onset of illness may affect the severity of the problems faced; whether the presence of relatives or others in the home has a

bearing on the development and extent of the problems; finally the economic status of the family will be noted to determine whether it accentuated the problems.

Sources of Material

The twenty-five cases which form the basis of this study were all active at the Brookline Friendly Society at some time during the calendar year 1952. They represent all cases active with the agency in which parental illness existed and in which there were one or more children under the age of sixteen at the time of referral.

Definitions

For the purposes of this study physical illness is considered to be a chronic or disabling condition present in the parent or parents, in which the prognosis for recovery is poor or guarded.

Methods of Procedure

The twenty-five cases which form the basis of this study were read and the material was abstracted with the use of a schedule, in order to bring out the information needed to secure answers to the questions posed for study. A copy of the schedule questions used will be found in the appendix. In some cases, summarization of material covering long periods of time, made it difficult to get a detailed picture of the family interaction, while in others the recording was not sufficiently complete to provide answers to all the questions in the schedule used to abstract the material.

Following the reading and abstracting of material, the writer interviewed all workers still with the agency to whom these cases were

known, in order to supplement material in the records and confirm the writer's understanding of the dynamics and handling of the case situations. Cases were then grouped according to which parent was ill and whether he or she was in or out of the home during the time the family was known to the agency. This grouping was selected since it is a reality factor and appeared to have significance in terms of the children's problems noted in the cases studied.

Limitations

Because of the comparatively small number of cases read, any conclusions reached can be considered to have applicability only in terms of this study.

CHAPTER II

AGENCY SETTINGThe Brookline Friendly Society

The Brookline Friendly Society was originally organized as "The Brookline Union" on September 29, 1886. Even prior to this date however, there existed a Temperance Lunch Room and Reading Room for men which was soon expanded and provided recreational and educational facilities for both sexes.

According to the Society's Fiftieth Anniversary pamphlet, "the Union was organized for the purpose of carrying on in the town a charitable work similar to that done by the Associated Charities in Boston."⁴

The organization set about to "learn something more definite as to the condition of the poor in the town and how it could be improved."⁵

In 1889 the Union changed its name to the present one and in new quarters speedily added new activities. The nursing service was instituted in 1905.

The year 1912 is a most important date in the history of the Brookline Friendly Society for it marks the completion of twenty-five years' experience in the beginning of an organized Social Service Department fully equipped to be a Family Agency, covering all sides of family life - health, recreation, and financial. In the early days "relief"

⁴ The Brookline Friendly Society, Fiftieth Anniversary, 1886-1936, p.1.

⁵ Ibid., p.2.

was given with little consideration of treatment and prevention but with the advancement of professional casework there came an ever increasing desire to stress the importance of family guidance rather than relief.

Today the agency, composed of two distinct services - Family Service and Visiting Nurse Service - works directly with individuals, regardless of race, religion or creed, who are ill or are troubled about health, personal or family problems and seeks to improve economic and social conditions that are inimical to a healthy, happy family living.

In many cases the agency has the help of a psychiatric consultant to advise about the probable ability of a client to change, and the best method to use in offering help.

In Family Service, children as well as adults are seen in treatment on an individual basis. Within the past few years a Child Study group has been organized in which children whose parents are active with the agency are observed in play. This gives the agency a unique opportunity to evaluate the effects of a disturbed home situation on the child. The caseworker then utilizes this material and incorporates it in the treatment plan. The group also provides a chance for the members to learn to make social adjustments and provides new experiences.

Another recent development has been the organization of adult groups for Family Life Education. These are open to adolescents or adults who wish to examine or strengthen their individual personalities or their interpersonal relationships.

Both individual and group counselling are available without cost to persons unable to pay. However, for those who can pay or feel more

comfortable in doing so, an adjustable fee scale is in effect. Group fees vary according to the number of sessions and the size of the group.

At present the staff of the agency is comprised of the Executive Director and four caseworkers. The agency provides field work experience for students from the Schools of Social Work at Boston University, Boston College and Simmons College.

In 1952, 350 individuals and families, totalling 1,135 persons came to the Brookline Friendly Society for help in solving problems. Clients are usually seen in the agency building at 10 Walter Avenue, or in their homes if illness or other conditions prevent their coming to the agency. Children are usually seen in well equipped playrooms.

As a member agency of the Family Service Association of America and the United Community Services of Metropolitan Boston, the Brookline Friendly Society seeks to preserve the family as a social unit by working with individuals and groups troubled about their adjustment in life and their relationships to other people.

CHAPTER III

REVIEW OF LITERATURE AND INTERVIEWS

With the advance in medical science more and more people are enabled to survive the ravages of epidemics and acute disease only to fall prey to the so-called "chronic" diseases, the social significance of which has been realized in the past twenty-five years. "Chronic Diseases...are a dry rot constantly weakening and destroying the social organism."⁶ With rising hospital costs and a dearth of homes and institutions for the increasing number of the chronically ill, more and more of these unfortunate people have to be cared for at home - thus placing a tremendous burden on all those who come in contact with them.

He who has had personal experience with an individual disabled by chronic illness knows the cost it entails in physical and mental suffering and knows further how the presence of a chronic invalid conditions the life of a whole family...the presence of an invalid whose physical and mental suffering, whose needs, desires, whims and fancies are always in the foreground determines the work, recreation and development of the lives of other members of the family.⁷

Chronic disease is no longer confined to the aged. Young people too are affected and when this occurs the results can be even more devastating.

The social consequences of invalidism of younger individuals are far greater than in the case of the aged, because they still have growing children...undernourishment, loss of morale, neglect of children and disorganization of family life inevitably result when the burden of chronic illness becomes greater than the family can bear.⁸

6 Ernest P. Boas, The Unseen Plague, Chronic Disease, p.4.

7. Ibid., p.14.

8 Ibid., p. 80.

Montefiore Hospital for Chronic Diseases in New York City has developed a program under which doctors, nurses and social workers go into homes where there is chronic illness and give necessary care and attention that will prevent hospitalization of the person who is ill, and assist the family in its adjustment to the patient. Thus often family breakup is prevented and young children are enabled to have the security of their mother's presence in the home, even though she may be ill. Mrs. Minna Field, Assistant to the Chief, Division of Social Medicine, of that hospital writes, "In working with patients with prolonged illnesses, the effects on the family and particularly the children are severe."⁹

Several medical schools in the United States, among them Boston University, now have their students participating in Home Medical Services and Domiciliary Care programs operated by teaching hospitals. In a description of such a service operated from the Out-Patient Department of the Massachusetts Memorial Hospital, Dr. Henry Bakst states that during 1949 the Home Medical Service referred 131 patients to the Social Service Department.

Many of these patients were referred because of the presence of multiple problems of social, environmental or emotional nature complicating physical illness. Some were relatively simple situations...others were much more complex and were concerned with the provision of adequate care and the development of a proper family adjustment in cases of chronic illness, the association between family relationships and marital problems in illness and the personality problems in individual patients.¹⁰

⁹ Minna Field, letter to writer, January 20, 1953.

¹⁰ Henry Bakst, "A Domiciliary Medical Care Program as an Integrated Facility in the Medical Curriculum," Journal of the Association of American Colleges, 25:406-416, November, 1950.

The preventive aspects of such a program present challenging possibilities which no doubt will be developed as medical knowledge is combined with the understanding of the dynamics of family life and inter-personal relationships.

The social worker in any agency - medical, family, children's, group work, public assistance, psychiatric - deals with problems of illness. Because illness creates a myriad of personal, intra-family, economic and social problems, the illness itself often becomes the focal point of the social worker's attention...the social worker's special contribution lies in understanding the interaction of the members of the family, in assessing the strains and strengths, in relieving tensions and in developing personal and family strengths.¹¹

Fortunate indeed is a family, in which the mother of young children is ill, to have the services of a caseworker who is aware of the effects upon a child deprived of the care and attention of his mother and who through her skills and resources can assist in planning for adequate substitute care for the child which will insure his continued feeling of well being and security. "The ill effects of deprivation vary with its degree. Partial deprivation brings in its train acute anxiety, excessive need for love, powerful feelings of revenge and arising from these last, guilt and depression."¹²

Any family in which there is chronic illness or incapacity on the part of a parent must be regarded as a potential source of deprived children. "The contribution of chronic ill-health in a parent, especially the mother, to the causes of children becoming deprived has been much underrated in the past."¹³ It is the feeling of the author of the above

11 Frances Upham, A Dynamic Approach to Illness, p.14.

12 John Bowlby, Maternal Care and Mental Health, p.12.

13 Ibid., p.80.

that just as preventive measures have reduced diphtheria and typhoid to negligible proportions, so can determined action greatly reduce the number of deprived children throughout the world. He points out the woeful scarcity of social workers skilled in the ability to diagnose the presence of psychiatric factors and deal with them effectively.

A particularly impressive feature of the past decade has been the extent to which the psychiatric approach to casework has developed in American Schools of Social Work and the extent to which social agencies are employing child psychiatrists to aid their case workers.¹⁴

In spite of the fact that there appears to be general recognition of the fact that children are adversely affected by parental illness, there has been little research on the subject. The need for such research in order to develop in caseworkers an awareness of resultant problems, was stressed by Miss Doris Siegel and others in recent interviews.¹⁵ The writer felt that because of the nature of their work they would be able to provide helpful information on the subject of this thesis. It was Miss Siegel's feeling that the most serious aspects of parental illness as they affected children would be the demands made on children over and above what should be expected of them and the resultant hostility, as well as the threat to a child caused by separation from parents necessitated by hospitalization. Miss Siegel felt also that how a parent viewed his illness or handicap would have great bearing upon the child and the effectiveness of the caseworker's service. This opinion was

¹⁴ Ibid., p.157.

¹⁵ Doris Siegel, Health Education Consultant, Division of Health Services, The Children's Bureau, Federal Security Agency, Washington, D.C., Interview with writer, December 30, 1952.

shared by Mrs. Pauline Miller Shereshevsky.¹⁶ Writing in a pamphlet for the Division of Tuberculosis, United States Public Health Service, Mrs. Shereshevsky states,

The full array of Social Services in the community, including child welfare agencies, day care and institutional facilities, housekeeping aid service and family welfare agencies must be called upon to take their proper share of responsibility in minimizing the impact of tuberculosis on children...the community cannot eliminate the deleterious effects of tuberculosis as it bears upon children of sick persons; at best, it can provide resources for minimizing the tolls exacted from children when their parents suffer from tuberculosis.¹⁷

In the writer's interview with her, Mrs. Shereshevsky also pointed out that many children seen in child guidance clinics are there for treatment because of the destructive effects of parental illness. She emphasized the value of a family agency working with a public welfare department on Aid to Dependent Children cases where there is parental incapacity. In this connection it is significant that in a recently published report of a nationwide study of the Aid to Dependent Children program, carried on by the American Public Welfare Association, no mention is made of the effects of parental illness and incapacity on children and yet incapacity is considered the most frequent single factor precipitating the crisis necessitating application for Aid to Dependent Children.¹⁸

16 Pauline Miller Shereshevsky, Caseworker on Staff of Jewish Family Society, Washington, D.C., formerly Psychiatric Case Work Supervisor, Lasker Child Guidance Center, Jerusalem, Israel, and Special Consultant to the Medical Social Section, Division of Tuberculosis, U.S. Public Health Service, Interview with writer, January 2, 1953.

17 Pauline Miller (Shereshevsky), Medical Social Service in a Tuberculosis Sanatorium, p.40.

18 Gordon W. Blackwell and Raymond F. Gould, Future Citizens All, p.21.

At the suggestion of Miss Vocille Pratt,¹⁹ the writer communicated with the directors of Public Assistance Divisions in the Departments of Welfare in the states of Illinois, Indiana, Louisiana, Oklahoma and Tennessee since these states have active research programs, but all reported having done no investigation into the effects of parental illness on children though all expressed interest in the value of such a study. "Needless to say, we recognize that the problem you have chosen is one of real significance."²⁰

No doubt the size of Aid to Dependent Children caseloads has been to a large extent the reason why little if anything has been done with this group of families in which parental illness presents such a problem. But it is also true that we are still inclined to think too much in terms of the ill person himself and not enough of the effects of his illness upon his family. Mrs. Bess Dana, Director of the Social Service Department of Beth Israel Hospital, Boston, feels that since the social service departments of most hospitals are patient focussed, as a result of departmentalized service, it is definitely the function of the family agency to work with parents and children to offset the possible destructive effects of parental illness.²¹ However, Mrs. Dana pointed out that one reason

19 Vocille M. Pratt, Chief, Division of Program Standards and Development, Public Assistance Division, Federal Security Agency, Letter to writer, January 16, 1953.

20 Christine C. Reynolds, Commissioner, Tennessee Department of Public Welfare, Nashville, Letter to writer, February 11, 1953.

21 Bess Dana, Director, Social Service Department, Beth Israel Hospital, Boston, Interview with writer, January 20, 1953.

why family agencies have sometimes not proved as effective as they might in dealing with this problem, is the lack of knowledge about disease on the part of the family worker. This leads to fear on the part of the worker and makes it difficult for her to work constructively in this area. But Mrs. Dana pointed out that with increased emphasis in schools of social work on providing students with sufficient medical knowledge, and with close cooperation between medical and family workers, the latter should be able to offer valuable help to children of chronically ill parents.

Dr. R. Gerald Rice, Director of the Division of Maternal and Child Health, Massachusetts Department of Public Health, feels that casework for the families of the chronically ill is as vital as casework for the unmarried mother. With chronic disease becoming such a tremendous problem Dr. Rice feels that much can be done to offset the widespread effects on all members of the family by a family worker working closely with the medical social service department of the hospital where the ill parent has a contact.²²

When there is prolonged illness (of a parent), the whole pattern of family living may be disturbed over a long period of time. In such cases it is important that the child understand the meaning of the illness, even if some unpleasant basic realities about the situation have to be explained. The extent to which the long illness of a parent will disturb the child and interfere with his normal development depends largely on this understanding.²³

22 R. Gerald Rice, Director, Division of Maternal and Child Health, Massachusetts Department of Public Health, Boston, Interview with writer, February 3, 1953.

23 George J. Mohr, When Children Face Crises, p.11.

CHAPTER IV

SIGNIFICANT DATA ON FAMILIES STUDIED

TABLE I

SOURCES OF REFERRAL

Referral Source	Number
Family	12
Hospital Social Service	5
Visiting Nurse Service	2
Department of Public Welfare	1
Friend	1
School Attendance Officer	1
Physician	1
Town Nurse	1
Personnel Officer	1
Total.	<u>25</u>

Sources of Referral

Twelve of the referrals, nearly half, were initiated by the families themselves. Although nine families were known to a social service department of a hospital, only five referrals came from this source. The remainder of referrals came from other community agencies, the school, a friend, and a personnel official. Table I shows the sources of referrals.

TABLE II
REASONS FOR REFERRAL

Reasons	Number
Financial Assistance	9
Management of Children	6
Care of Children	4
Plans for Guardianship	1
Recreational Services	1
Day Care	1
Marital Difficulty	1
Poor Living Conditions	1
Home Management	1
Total	25

Reasons for Referral to the Family Agency

The need for financial assistance was the reason given for referral in nine of the twenty-five families studied. Six were referred, or personally requested help, in the management of their children. Four desired help with a plan for the care of their children, and there were six other requests, each of a varied nature. In eighteen families the need for service rose quite directly as a result of the illness, while in seven there did not appear to be any relation between the request for service and the illness. Of the twelve referrals coming from families themselves, only five indicated an awareness of the possible problems that might arise for the children as a result of the illness. One client recognized that her children were "frightened by my heart attacks;" another expressed concern over the fact that her children had to live with "someone who is chronically ill;" two well parents connected their children's poor school performance with the fact that the other parent

was ill; a fifth expressed fear that unless his children could be cared for in the home during his wife's illness they would become "attached to someone else and forget their mother." In only two out of thirteen referrals from other sources was there indication of a recognition that the family might need help because of the possible problems for the children arising out of the parental illness. Table II shows reasons for referral.

TABLE III
OTHER PROBLEMS

Problem	Number of Families Affected
Financial	13
Marital Discord	8
Alcoholism	3
Community Adjustment	3
Trouble with Relatives	3
Unemployment	2
Illness of Child	2
Parent-Older Child Relations	1

Other Problems Noted in Addition to Parental Illness

Unfortunately, but as might be expected, parental illness was by no means the only problem confronting the families studied. There were others in addition to the illness and reason for referral which did not necessarily bear any relation to these. In several cases these other problems developed after referral and had little connection with the parental illness. Table III shows other problems that were a source of concern, and the number of families in which they occurred.

TABLE IV
NATURE OF ILLNESS AND PARENT AFFECTED

Illness	Mother	Father
Tuberculosis	4	5
Ulcers	1	2
Pyelonephritis	1	
Cardiac Diseases	3	2
Cancer	1	
Bronchial Asthma	1	
Diabetes	1	
Arthritis	1	
Cirrhosis of Liver		1
Raynaud's Disease	1	
Multiple Sclerosis	1	
Parkinson's Disease	1	
Orthopedic Conditions	2	
Genito-urinary Diseases	2	
Totals	20	10

Nature of Illness and Parent Affected

In the twenty-five families studied, thirty parents were ill. In five families, both parents were ill, in five the father only and in fifteen the mother only. The significance of which parent was ill was clearly such an important factor that it was used as the basis for the grouping of cases for presentation and is discussed in Chapter V. Table IV shows the nature of illness and number and sex of parents affected.

TABLE V
EXTENT OF PARENTAL INCAPACITY AT REFERRAL

Extent of Incapacity	Mother	Father
Physically well	1	1
Able to carry on normal activity part of the time	7	3
Unable to carry on normal activity but not bedridden	6	1
Bedridden	6	5
Totals	20	10

Extent of Parental Incapacity at Referral

Of the thirty ill parents considered in this study, nine were bedridden at referral and two became so later. Eleven, though not bedridden, were unable to carry on normal activity and eight were able to carry on normal activity part of the time. In view of the fact that the greatest responsibility for the care of the children belongs to the mother, it is significant that in this study, of the twenty ill mothers, twelve were either bedridden and required care themselves, or if not bedridden, were too ill to carry on normal duties. Three of the bedridden fathers were ill away from home, but the two others required much care and attention from the mothers. Table V shows the extent of the parental incapacity at referral.

Duration of Parental Illness at Time of Referral

Of the twenty-eight parents who were ill at referral, nine were referred before they had been ill a year; nine had been ill between one and three years when referred, and ten between four and twenty years.

Two who were well when the family was referred became ill during the contact so that the agency was in on the problem from the beginning. It seems fortunate that as many as nine became known to the agency before the illness was of too long-standing. It is interesting, however, that there seems to be no particular connection between parental awareness of possible problems for the children, and the time at which they sought help. In the five families referred to in the discussion of Table II, who indicated an awareness of possible problems, one parent had been ill one month, one had been ill four months, one had been ill seven months, one had been ill four years and one had been ill twelve years.

TABLE VI

AGE AND SEX DISTRIBUTION OF CHILDREN AT REFERRAL

Age	Male	Female	Total
0 - 2	6	6	12
3 - 5	9	6	15
6 -12	14	8	22
13 -16	3	5	8
Totals	32	25	57

Age and Sex Distribution of Children at Time of Referral

A total of fifty-seven children under sixteen were living in the twenty-five families studied at the time of referral. In each of three families there was one child over sixteen in the home. Eight families had an only child; five were composed of two children; four families were composed of three children and four families were composed of four children; one family was composed of five children and one family was

composed of six children. Three additional children were born to one family during the period it was known to the agency and two to another family.

Table VI shows the age and sex distribution of the children at time of referral.

TABLE VII
AGE AND SEX DISTRIBUTION OF CHILDREN
AT ONSET OF PARENTAL ILLNESS

Age	Male	Female	Total
0 - 2	12	16	28
3 - 5	5	6	11
6 -12	11	10	21
13 -16	0	2	2
Totals	28	34	62

Age and Sex Distribution of Children at Onset of Parental Illness

During 1952 the agency worked with twenty-five families in which there was parental illness and a total of fifty-six children still under the age of sixteen. By far the greatest number of these were born into families where one or both parents were already ill. The parents of eleven children became ill while their children were in the oedipal period. Twenty-one children were in the latency period when illness overtook the parent and only two were in adolescence. It is apparent that the greatest number of children considered in this study, were exposed to parental illness during their most formative, dependent years. Table VII shows the age and sex distribution of children at onset of parental illness.

Length of Time Family was Known to Agency at the Time of This Study

All cases studied were active with the agency in 1952. By far the greatest number, ten, had been known to the agency less than one year at the time of the study; two had been known eight and nine years respectively and nine ranged from one to seven years in the length of time known.

Home Status

In three of the families studied, the father was out of the home all the time because of illness and in twenty-two others either mother or father, or both, were in and out due to the nature of their illnesses which required more or less frequent hospitalization or convalescent care. There were six broken homes, not, however, the result of illness; three fathers were deceased, two were out of the home because of divorce and one was separated from the mother and out of the home.

Economic Status of the Family

Not all families included in this study were financially dependent. Nine appeared to have adequate income to meet their needs; in seven families the income was barely sufficient to cover essentials; two families required intermittent assistance from the Department of Public Welfare and seven received regular support under the Aid to Dependent Children program.

Summary

Nearly half of the referrals came from the families themselves, but less than half of these families appeared to have any awareness of the possible problems for the children resulting from the parental illness;

however, on the part of other referral sources there seemed to be even less awareness. Requests for service varied widely, with financial need predominating.

Because of the wide variety of illnesses noted and the fact that only one, tuberculosis, was common to several parents, no conclusions could be reached as to whether some diseases create more problems for the children than others. Of the twenty mothers who were ill, twelve were bedridden or unable to carry on their normal duties, but they were in the home all or part of the time. Six of the ten fathers who were ill were bedridden or unable to carry on normal duties, but three of these were out of the home entirely.

At the time of referral, the greatest number of children studied were in the latency group, with boys outnumbering the girls in two of the four groups considered. More of the adolescents were girls, while in the youngest group the numbers were equal. At onset of parental illness, the greatest number of children affected were in the pre-oedipal period. Girls outnumbered the boys affected at onset, in all but one age group.

There appeared to be no connection between size of family and the number of severity of problems noted in the children.

Of the twenty-five families studied, nine were incomplete. Three of the fathers were out of the home because of illness, three were deceased, two were absent because of divorce and one because of separation. In none of the families studied was the mother permanently absent for any reason, although of the thirty ill parents two-thirds were mothers, a large proportion of whom spent time out of the home for treatment. It

may be surmised that the reason no families in which the mother was permanently absent received service is because in most instances application would be made directly to a child-placing agency for long-term foster care if there were no available resources among the relatives.

Eighteen of the twenty-eight parents ill at referral had been ill less than three years. The duration of the illness and the length of time the case had been known to the agency at the time of the study, seem significant only if considered with other factors, such as the nature of the illness, extent of incapacity, parental awareness of the children's problems and the parent's ability to use help.

Practically all the families studied had serious problems in addition to the parental illness, but not all were economically insecure.

CHAPTER V

CASE PRESENTATIONS

The twenty-five cases studied were grouped according to the proximity of the ill parent to the child, since this was an objective factor, not based on the assumptions of the writer.

Using this grouping the cases fell into five categories: 1) those in which the mother was ill but in the home; 2) those in which the mother was ill but out of the home part of the time; 3) those in which the father was ill and out of the home; 4) those in which the father was ill, but in and out of the home; 5) those in which both parents were ill and both in and out of the home.

Each parent has his or her special significance for the child, depending partly on the age of the child, as well as on his sex. Undoubtedly the mother's importance is the primary source of strength for children at all ages, particularly in infancy, however. Therefore it seemed important to present two groups of cases in which the mother was ill, and either in the home all the time or at least part of the time. In this way it might be possible to determine, in the cases studied, whether in spite of her illness, her presence was a factor which might decrease the number of problems created for the children.

Furthermore, in view of the father's position in the family "triangle" as well as his importance as wage earner and as a source of emotional support for the mother, it seemed important to include two groups of cases where the father was either out of the home all or part of the time. In this way we could determine the degree to which the

problems noted in the children were the direct result of the father's illness or had more indirect causes related to the mother's reaction to her husband's incapacity.

Finally, since in the Introduction we pointed out the importance to a child of two parents who are well, it seemed valuable to present one group of cases in which both parents were ill, in this way attempting to determine whether the problems for the children were doubled.

Nine cases were selected for presentation as illustrative of the five groups into which the twenty-five cases studied fell. In each of the nine cases, the essential facts are presented, followed by interpretation and an attempt to answer the questions and bring out the facts the writer endeavored to secure in the study.

I Cases in which the mother is ill, but in the home

The R. and S. families are illustrative of the seven families studied which fell into this group. Ten children were members of families in which this situation existed. Of the seven mothers, five had full responsibility for the children, since three were widowed and two were divorced.

Case 1

Mrs. R. was widowed when Jim was nine and his elder sister was eighteen. Mrs. R. had had diabetes for several years prior to Jim's birth and when he, a male child, was born with a congenital malformation of the right hand, she felt extremely guilty, thinking that he had inherited her weakness. When Jim was eleven she was referred to the agency by the Department of Public Welfare from which she was receiving an Aid to Dependent Children grant, because she was concerned about Jim. He was retarded in school, sensitive, and she had to do many things for him as she would for a much younger child.

Because of her own physical limitations, she found it difficult to care for Jim and she was worried, since because of her own illness, she saw great need for this handicapped child to be independent as soon as possible. Although not confined to her bed, Mrs. R. was greatly limited in her activity by poor eyesight (diabetic cataracts) as well as extreme exhaustion induced by the diabetes, which she did not control too well because she lacked funds to provide herself with the diet she needed.

It was evident from the first that this mother was over-protective and over-cautious in her handling of Jim. Early in life he had been seen at _____ Hospital and certain exercises and an appliance were recommended to strengthen his arm, but Mrs. R. was not able to follow through on these recommendations, partly because of her own physical condition. By her own resistance to treatment she fostered resistance in Jim and he had great need to deny his handicap and compete on a normal level with boys of his age. When he resisted attendance at a special school, her ambivalence made her quite ill.

In psychiatric consultation it was pointed out that Mrs. R.'s guilt was stirred up by her need to push Jim into independence. At the beginning of contact the worker, recognized the problems created for Jim as a result of his mother's illness. He was caught between her need to overprotect him and her desire for him to become independent of her.

Jim was often disobedient, hostile, stayed away from home and in many other ways expressed his resentment and feeling of rejection. He had limited intelligence, but direct casework as well as wide use of community resources helped him by relieving the pressure placed upon him by his mother's incapacity and basic rejection. He was sent to camp, directed into Boy Scouts, encouraged in church activities and a close contact with his teachers was maintained by the worker. In casework Jim responded well to the relationship with a stable mother-figure and his need for male identification was partially filled by membership in the Big Brothers Association.

Financial strains were present because Mrs. R.'s illness always prevented her from working, so the agency helped offset this by providing Jim with clothes and equipment he needed to take his place comfortably with his friends.

In spite of Mrs. R.'s unconscious rejection of Jim, the worker was always aware of a close relationship in this

family. Jim and his older sibling, who remained in the home and contributed toward the expenses, were close and their mother derived much satisfaction from their activities, since she was for the most part homebound and had few outlets herself.

On the whole with help from the caseworker she managed her illness well and looked on the bright side of things though she became progressively worse physically as diabetic complications developed.

The basic problem created for Jim by his mother's illness was an emotional one and resulted in a conflict created by his mother's inconsistency in handling him. Because of her guilt at having passed on to him a physical weakness, she had great need to overprotect, but at the same time, as she became less strong physically, she often pushed him too fast to stand on his own feet for fear he would become a burden for her. As Jim grew into adolescence and sought fulfillment of his dependency needs, Mrs. R., instead of meeting these, made demands on this boy which he was unable to meet due to her early overprotectiveness and her tendency to keep him a baby.

Unconsciously she expected him to assume the protective role of a husband which presented serious problems for Jim, complicated by his feeling of inadequacy around his physical handicap and limited intellectual capacity.

Taking advantage of this mother's desire for and ability to use help, the worker focussed on helping her become aware of Jim's problems. As Mrs. R. did so and the worker was able to satisfy some of her dependency needs she made fewer demands on Jim. She was encouraged by the worker to seek the medical assistance she needed and so was better able to control her illness.

In the casework relationship, Jim was helped to handle his hostility and resentment at his mother's excessive demands; also he received the added attention and recognition he needed. The burden of a sick, widowed mother was considerably lightened for this boy. Community resources, also, were very beneficial in this case, in providing normal outlets and securing male identification for Jim.

The fact that Jim's father was dead made Mrs. R.'s continued presence in the home, even though she was ill, a very positive factor since it provided the underlying security Jim needed. Certainly this home would have been broken up if Mrs. R. had required continuous hospital or nursing home care.

To some extent, the strong family attachments in this group offset the effects of Mrs. R.'s illness. Jim's relationship to Susan, his sister, as well as his dependence on his mother and her interest in him, in spite of her own needs and concerns, were strengths in the R. family.

Undoubtedly economic stress in this family indirectly contributed to Jim's problems, since lack of money made it hard for Jim to compete on an equal level with his friends, which was one of his greatest needs.

The nature of Mrs. R.'s illness was such that it probably was not as frightening or guilt-producing to her son as many illnesses. The fact that Jim never knew a mother who was not ill no doubt reduced the trauma, but at the same time there was an all-inclusive aspect to Mrs. R.'s illness which affected him in all areas. It is unfortunate that she was not earlier aware of this and waited until Jim was eleven before seeking help. Her patterns, as well as the child's, were pretty well established by this time.

Case 2

Mrs. S., a widow, bedridden with arthritis for the past two years, was referred by the Visiting Nurse Service for planning in terms of finances. She was living with her son Ted, aged fifteen and her sister and brother-in-law. An older son, Jim, was in Korea. He wrote frequently but did not contribute financially. Ted, a high school sophomore, took almost complete responsibility for his mother who had been ill since he was eight; although she had been able to get around with a cane until the death of Mr. S. four years ago. Ted came directly home from school daily to get her up. He put her to bed every night and because of her condition this was a lengthy and painful process. Ted did all the errands and was considered to be a dutiful son. He had little time for himself; his mother stated he was not interested in sports, liked to read and seldom went out with other boys; he preferred to be by himself. When he did not come in when she expected him, she worried and fussed over him and at him. The worker observed Ted to be a quiet boy who usually responded to his mother's nagging, patiently, however, giving the impression he was exerting great self-control and repressing his real feelings.

Almost from the beginning the worker talked with Mrs. S. about the problems her illness was creating for Ted but Mrs. S. stated she could see no problems and did not give Ted the worker's messages that she would be glad to talk with him at any time. Ted, when approached directly by the worker denied he had any problems. When the worker offered housekeeper service for Mrs. S., while her sister and brother-in-law were away, to relieve Ted and release him for summer employment, Mrs. S. refused. The case finally had to be closed, because Mrs. S. saw the agency functioning only in terms of friendly visiting and resisted all attempts on the worker's part to help her to see what was happening to Ted.

The problems created for Ted by his mother's illness were apparent to the worker from the first contact in this case. Furthermore, there was some slight indication that Mrs. S. also was aware of them, but her need for attention and recognition was so great that she had to deny that Ted was in any way affected by her illness.

Deprived of normal companionship and activities so vital to an adolescent, Ted showed tendencies to withdraw from social contacts. He

was forced by his mother to play the role of a husband and the worker sensed a seductive quality in this mother-son relationship in which he was forced to dress and undress his mother daily and attend to her most personal needs.

But without real awareness or acceptance on the part of his mother, of the possible effects of her illness, this boy was deprived of help he badly needed for satisfactory adjustment.

In spite of his mother's illness, no doubt her presence in the home gave Ted a security he would not have known otherwise. It justified the existence of the home which probably had a good deal of meaning to Ted. Ted had always been closer to his father, and his mother had always appeared fonder of Ted's older brother. The boy's conflict must have been considerable and no doubt he was torn between his need for a home, made possible by his mother's presence, and the resentment he undoubtedly felt at being the only one left to assume responsibility for this mother who had never shown him much love. In view of this, his mother's helpless condition must have stirred up tremendous guilt, as he watched her suffering.

In many ways the problems for this adolescent boy had even greater significance for the future, although his present social isolation is indeed serious. He was forced too early into a role he was not yet ready to assume. He appeared caught in a frightening situation which could have unhappy results in his later relationships with women. The fact that he refused to accept the worker's offer of help might well be related to his resentment of women and his fear of the results of a close relationship with one.

The presence of his aunt and uncle in the home did not seem to have any bearing in this situation, since Mrs. S. depended entirely on Ted. Possibly their contribution had some slight effect on Mrs. S.'s financial situation in that it relieved her of some of the major expenses and thus Ted had fewer deprivations as far as material things went.

Possibly, if referred earlier before her own needs became so great, Mrs. S. could have been helped to be more aware of Ted's problems and to accept casework help. A supportive relationship at the time of her husband's death might have proved helpful to this woman and relieved Ted to some extent.

Summary of Cases in Group I

The seven cases in this group all show the strength the mother lends to the home even though she is ill. Since five of these mothers had full responsibility for the children, their presence was all the more vital and certainly prevented certain break-up of the homes.

In four of the cases, the illness was of long standing, but only two parents sought help early. Casework in these was more productive, indicating that early referral made it possible to focus successfully on parental awareness of children's problems growing out of the illness. This in turn produced more constructive results.

Problems uncovered in this group of cases fell primarily into two categories - emotional and social. Few physical problems were noted, which would seem to indicate that the mother's presence to oversee the home and care of the children prevented to any extent the development of physical problems.

Excessive household responsibilities, which deprived children of proper recreation and made demands on their emotional resources beyond their capacity, was an outstanding problem for the older children in these families. In three cases in this group older boys were forced to assume husband roles, which produced anxiety and guilt and endangered future normal relationships with women. The illnesses of the parent in all but one of the cases were frightening. Resentment stirred up by the inability of the mother to function normally, produced guilt when the child was forced to observe her helplessness and suffering.

Among the younger children in the group, problems resulting from the rather traumatic nature of the illnesses were apparent. There was actual fright upon observance of a parent's heart attack or hemorrhaging; poor school performance and social adjustment developed out of fear of separation from parent and siblings.

Economic insecurity in four of the cases seemed to accentuate the problems faced by the children because the mothers were more anxious because of financial worries and more oblivious to the children's problems.

There seemed to be less trauma for the children in the cases where prior to illness the relationship with the mother had been good, or where there were in the home other relatives - father, grandparents or older siblings, to whom the child could relate positively and from whom he could secure certain satisfactions denied by the nature of the mother's illness.

No one age group seemed more affected than any other. Each age group seemed to have had problems of particular significance at that period. Most problems had future as well as current significance. On the whole the boys seemed to have somewhat more serious problems,

probably because in six of the seven cases, there was no father figure and the mothers made excessive emotional demands on their sons.

All but one of the ten children in this group received some help in achieving better social adjustment. The older children received direct casework help and were encouraged to participate in group activities. The younger children were helped indirectly through work with their parents, which enabled the latter to be less rejecting and demanding.

II Cases in which the mother ill, but out of the home part of the time

The X. and Y. families are representative of the eight families in which the mother was frequently separated from her children because of illness, for periods of days, weeks or months. In these eight families there were sixteen children and the father was present in all but one.

Case 3

Mr. X. requested financial help from the agency. He was unemployed and the family was receiving General Assistance which was insufficient in view of the fact his wife was afflicted with chronic bronchial asthma and their medical expense was high. They had three children - Raymond, aged three and a half, Martha, aged two and a half, and Joyce, aged four months.

The family was known to the Visiting Nurse Service, which reported a good relationship in the home.

Mrs. X., who had had asthma for twelve years, felt her condition was aggravated by the dampness in the apartment they were occupying. Mr. X. secured a job soon after the agency contact was made and held it. He was observed to be very much attached to the children and they to him. He assumed much of the responsibility for their care. Mrs. X. had frequent hospitalizations, many of them on an emergency basis because she was careless about following the doctor's instructions. The children appeared bewildered by her comings and goings, and were often frightened and resentful. When she was at home she found it wearing to care for her children and displayed little warmth,

particularly to the two older ones, who because of their age, were very active and therefore made greater demands on her limited strength.

She observed that only when she was ill did the children want to stay indoors and be a "nuisance" to her. She exerted little discipline, finding it too much of an effort. She compared the older children unfavorably to the baby whom she described as "no trouble" and a "good eater."

As Martha grew older, Mrs. X. accepted her attendance at the agency Child Study group where she was observed to be a quiet child, inclined to individual play, and one who did not easily express her feelings. She was independent, stubborn and determined. It was felt her behavior indicated considerable insecurity and lack of warmth from her mother, offset to some extent by a good relationship with her father.

Raymond was observed in the Child Study group to be overly aggressive, a possible indication of hostility, yet fearful of leaving his mother.

Both children were inclined to "show off."

These children, especially the two older ones, were directly affected by their mother's illness. She was unable to provide consistent discipline and could not display affection or warmth to any degree. Her absences from home were anxiety provoking. The children responded with aggression and hostility and the two older ones were feeding problems.

It is doubtful if Mr. X. was aware of the possible effects of his wife's illness upon the children when he first requested help, but the caseworker was able to give both him and Mrs. X. a measure of understanding which they could accept. Mrs. X. did not have too much capacity for insight but was able to use help in specific areas. She was enabled to manage her illness better through consistency in keeping medical appointments, which resulted in more adequate control of her illness. She had certain dependency needs but received sufficient support from the worker so she did not

need to compete with her children for Mr. X.'s attention and was able, with help, gradually to meet more of the children's needs as she felt better physically.

Mrs. X.'s part-time presence in the home was not as positive a factor as might be expected, since never at any time since the children were born had she been able to meet their needs adequately. They were not used to depending on her, but rather turned to their father, who fortunately was able to partially make up for the mother's inability to perform her role. This unusually strong father-children relationship tended to diminish the problem of a rather unloving, passive mother.

Physical neglect was not present here because of this capable father who occasionally had the help of relatives during Mrs. X.'s hospitalization. But there is evidence to support the fact that if Mrs. X. had not been in the home part of the time, the home might have been broken up since relatives available to help were not always dependable and Mr. X. could not act as both homemaker and wage earner indefinitely.

It is to be hoped that since the parents were able to use help when the children were comparatively young, the development of serious problems growing out of the early deprivation, may be prevented. There is no doubt but that the strong father-child relationship was a big factor in offsetting what might easily be seriously destructive effects on the children. Also the opportunity for group participation assisted the children to be less dependent on their mother and more secure in their social adjustment.

If the X. family had been in a better economic position, they could have moved to better housing, which no doubt would have been a positive

factor in Mrs. X.'s health situation and her ability to be a better mother to her children.

Case 4

Mrs. Y. who knew she was dying of cancer asked for help from the agency in making guardianship plans for her two children, Connie, aged 14 and Jack, aged 7. For several years she had had trouble with her husband who often failed to support adequately and now drank to excess. Also he was abusive to Connie.

For a year, Mrs. Y. had had to be hospitalized frequently because of her condition and Mr. Y. failed to provide for the children when she was away. Mrs. Y. was fearful of what might happen to them after her death. When she was at home she was bedridden.

Connie took a great deal of responsibility for the household routine. She did all the shopping and most of the housework. With Jack she was quite maternal and appeared to copy her mother's way of handling him. Jack was a restless child who did poor school work. He was enuretic. It appeared that his mother babied him.

During one of Mrs. Y.'s hospitalizations a cousin came to look after the children in the home, but the father was reported to have made advances to her, so thereafter when their mother was absent, Connie and Jack stayed with an aunt of whom Jack was afraid, and he always resisted the plan. The extended duration of Mrs. Y.'s last hospitalization precipitated a break-up in the family and separation of father and children.

Mr. Y. indicated he was very much worried by his wife's illness and took refuge in alcohol. His reason for doing so was interpreted to his wife, but she was unable to accept this.

Although the Y. home was located in a poor section, it was always neat and clean. In spite of the fact she was unable to do much when at home, Mrs. Y. appeared to be a very stable influence and kept things running smoothly. When Connie was small she had to wear a neck brace. Apparently Mrs. Y. had handled this well for Connie was able to compete in work and play with the other children with no feeling of inferiority or embarrassment. Mrs. Y. also had given her appropriate sex information and now exercised wise supervision of Connie's

free time. She seemed to treat Connie as an adult, but with Jack she was indulgent and tender, obviously realizing how threatened he was by her absences.

Because Jack was worried by his mother's illness the worker made arrangements for him to attend day camp so that he would be away from the depressing atmosphere of the home and develop new interests. Both parents accepted this plan and understood its value. Mrs. Y. readily accepted a plan for Connie to see the worker in office interviews and Connie herself appeared to want this. It was felt that because of her mother's illness she had been plunged too early into the maternal role and needed help in expressing her feeling regarding her mother's illness and accepting her increased responsibilities. This seemed especially important in view of the fact that her father, toward whom Connie was expressing overt hostility, was such a weak figure in the family.

In treatment, Connie seemed to show ability to adjust fairly well to her mother's illness and accept her increased responsibilities. She actively participated in planning for the future, without denying the inevitable outcome of her mother's illness. On the other hand she displayed strong resentment toward the nuns at her school who had attempted, knowing the situation, to "mother" her. It was felt she was projecting on to them much of the hostility she may have had toward her mother and the situation her mother's illness had created for her. At fourteen she still played with dolls yet it was noted that she cleaned up the agency waiting room each time she came for appointments - thus revealing a conflict as to her own role as well as a compulsive pattern of behavior. The conflict was further accentuated by the necessity for her to share a bedroom with her father and brother since the nature of Mrs. Y.'s illness required that she sleep alone. Her father's behavior when he drank was deeply distressing to Connie, yet she felt responsible for making a home for him. At fourteen she displayed a great deal of independence and a marked lack of interest in boys of her age.

In this case the children's problems resulting from the mother's illness were quite apparent. Jack was an anxious, insecure little boy and Connie a hostile, overly independent adolescent girl, too early burdened with home responsibilities too great for her. For their ages, the problems seem equally severe.

The mother was aware of the effects of her illness and readily accepted help from the caseworker for Connie and Jack as well as for herself. In spite of the threatening nature of her illness, she was fortunately not preoccupied with herself to the exclusion of concern for other members of her family.

Through day camp Jack did develop greater maturity and showed growing independence. He had a good relationship with Connie which improved as Connie was helped in casework to accept her responsibilities and adjust to the situation. Given an opportunity to work through her feelings, Connie was thereby helped in her adjustment. In her mother's absence Connie had to assume the role of wife as well as mother, which was extremely threatening to her. Without the supportive help from the caseworker in the mother role, she might have rebelled or withdrawn to such an extent that later it would have been difficult for her to form normal heterosexual relationships.

- Prior to Mrs. Y.'s illness she had had a strong relationship with both children, probably partly the result of her husband's rejection of them and his failure to provide adequately. Because of the existence of this strong feeling, Mrs. Y.'s absences were less traumatic for the children and they always had this support even when she was away. When she was at home and bedridden she still gave security and stability to these children. There was less emotional deprivation for the children because of the strong sibling affection.

Financial need was certainly a factor in this situation, which no doubt increased the problems for Connie, who had to struggle to provide

essentials for herself and Jack because their father refused to do so.

Possibly earlier referral of this case would have made it possible for the worker to do more in helping these children adjust to the problems around this distressing illness. It was made more traumatic because it suddenly struck a mother who up to that time had been able to function normally in the family.

Summary of cases in Group II

As in Group I, this group of cases clearly showed the importance of the mother's influence, even though her illness required her occasionally to be out of the home. Some of the children because of their need, were terribly threatened by the mother's departures; others seemed able to adjust because they felt sure of her return.

In only two of the cases was the parental illness of long standing and most parents were referred early in the illness. Six parents were able with help to become aware of the children's problems and to use casework help for themselves and the children.

In this group also, problems noted were for the most part emotional and social, probably due to the fact that the mother was in the home enough of the time to prevent the development of physical problems.

For the older children, heavy housekeeping duties and responsibilities for younger siblings presented serious problems. They were, in two families, deprived of recreation and the opportunity to satisfy their own dependency needs.

Children in this group who were in the latency period displayed a tendency to regress to more infantile behavior, developing enuresis, masturbation and thumb-sucking. They found it difficult to get along in

their peer group and their school performance was poor. One child developed an illness similar to the ill parent's for which there was no physical cause. There were several instances of delinquent behavior - truanting and stealing.

In the youngest group of children there were problems manifested by withdrawal, feeding problems, regression in toilet training and speech development, lack of normal response to adults and children when there was temporary foster care placement.

Economic insecurity undoubtedly was a contributing factor to the problem of insecurity, although it did not seem to have a direct effect in the majority of these cases.

In all cases but one in this group, there was present in the home another parent, older sibling or grandparent, who to some extent provided a source of strength for the child. No doubt this was another reason why physical problems did not appear in this group.

Group II included more young children who seemed less able to cope with the problems they faced and were more vulnerable to the illness.

Except for two infants, most of the children in this group received casework help, as well as some type of group experience. In casework there was opportunity to release hostility and resentment, to identify with a stable parent figure and gain a simple understanding of the parent's illness, as well as an acceptance of their absences.

In the Child Study group, some of the children received valuable social experience and their behavior was observed so that it could be used in work with the parents.

In community groups, new interests were developed and broader outlets provided.

Supportive casework with the parents increased their ability to see the children's problems and made them more able to carry on as parents in spite of illness.

III Cases in which the father is ill and out of the home

The D. and E. families illustrate this group of three families in which the father of the children was ill and out of the home. Six children were affected. All of the fathers were ill with tuberculosis and were patients in sanatoria.

Case 5

Mrs. D. was referred by the Social Service Department of a hospital because her husband had recently been hospitalized with tuberculosis, and Mrs. D. was found to be apathetic, unresponsive and detached from the situation. She had three children, Anne, aged ten, John, aged eight, and Hugh, aged two.

At the first visit worker found that the mother realized the children were upset and missed their father. Anne seemed to be most affected and had difficulty in school. She did not get along well with other children, was stubborn, irritable and wanted her own way. She was left alone with the younger children a good part of the time and was expected to assume full charge after her mother took employment, partly to relieve financial strain and partly because she was so overwhelmed by her responsibilities that she felt she had to be occupied on a job.

Anne resented her mother's absence and begged her to stay at home. She became solemn, tense and high strung and fought with her siblings.

John was observed to be a nervous child. His mother restricted his activities because he had so many accidents she was afraid to have him participate in athletic activity.

The baby was found to be greatly over-protected and both his mother and Anne had a tendency to overfeed him. He showed lack of care, was destructive and very difficult for his mother to handle. Mrs. D. worried excessively over their financial situation which was complicated by the fact that she was attempting to make payments on their partly finished house, purchased not long before Mr. D.'s hospitalization. She felt deserted by her husband. Mrs. D. felt cut off from her family in Italy and did not get along well with her mother-in-law who came very occasionally to look after the children.

When Mr. D. came home on infrequent visits everyone was miserable; he and the children because he could not get near them and she because he so violently opposed her working outside the home.

The caseworker attempted to give this bewildered mother support, and encouraged her in her efforts to become better adjusted to her situation so she would not be so upset and so impatient with the children. However, although Mrs. D. had an appreciation of the effect of her husband's illness she was too much at loose ends to do much constructive planning, and finally when her husband's condition became worse and it appeared evident he would have to be in the sanatorium for a long time, she returned to Italy with the children.

The effects on the children were clear. Anne was thrust too early into an independent role, at a time when her dependency needs were still very great. John, lacking a father figure in the home with whom to identify, displayed confusion and was insecure in his relationships. It was not explored as to whether this child was "accident prone" in a desire for attention, or possibly to identify with the father's incapacity, although both are possible. Hugh suffered from the over-protection of his mother and sister. Although still at an age where his father was less meaningful than his mother, he suffered from Mr. D.'s illness and consequent absence, because of his mother's self-preoccupation and resulting inability to meet his physical and emotional needs.

A partial awareness on this mother's part made it possible for the caseworker's initial efforts to be accepted. But on the whole this mother was so engrossed in her own troubles, amplified by the removal of her husband's emotional and material support, that she could not adjust to the situation or cooperate with the worker in assisting the children to do so.

It was unfortunate that this mother chose escape as an answer because there is no doubt that the children were further traumatized by such a drastic removal to an alien setting, demanding still greater adjustments and separations for which they were ill prepared emotionally.

This case clearly demonstrates the double effects of a father's illness when he is out of the home. Mrs. D. was a dependent person who was completely lost without her husband's support and guidance. All the children had problems of a serious nature. The fact that they had had a good relationship with their father before his illness seems to have had less positive effect than would be expected. This may be due to the fact that Mrs. D. was so upset that she was unable to use this constructively. Her feeling of discouragement and hopelessness increased the trauma of the father's illness and lessened the value of the former relationship. Undoubtedly another reason for the unhappy reactions of these children was the fact that Anne and John could remember before their father was ill; so when he went away suddenly they felt deserted and bewildered.

The financial strain caused by the purchase of the house no doubt had a bearing on the effects of this father's illness. The mother felt the need to work outside the home so the children were deprived of their mother as well as their father.

Case 6

The E. family was referred by Visiting Nurse Service because they had a problem around living arrangements. Mr. E. was in a tuberculosis sanatorium. Mrs. E., who was an arrested TB case, and her two children - Grace, aged six and George, aged five, were living on Aid to Dependent Children grant money. Grace had recently returned from a preventorium and her activities were limited. George had many food allergies and asthma. Both children appeared babyish.

Although Mr. and Mrs. E. had met in a tuberculosis sanatorium, she apparently had great feeling about the disease. She had never told the children why their father was away for fear they would "tell it outside."

Mrs. E.'s most verbalized problem was difficulty with her mother-in-law from whom she rented her apartment. The mother-in-law planned to repair and redecorate which would make it possible for her to charge more rent which Mrs. E. could not afford to pay. She felt that with her husband gone she was quite defenseless and projected a lot of blame on to him.

Through agency efforts, Grace and George were sent to camp where it was observed they were very close, resulting in a difficult adjustment to other children. George was over-anxious to be noticed and Grace used baby talk as a means of getting attention. It was obvious both children felt rejected by their mother. Grace often seemed confused, was a poor sleeper, shouldered excessive responsibility for George and displayed a great need of a secure adult relationship.

When these camp reports were discussed with Mrs. E. she claimed she could see no problems. Soon afterward, however, she requested help for George who was having trouble in school where he was reported to be a class nuisance and to take no responsibility. For a time Mrs. E. was eager for help and seemed understanding of the worker's interpretation of how George's home situation could be affecting his school. She observed that George had been upset when his father on his occasional visits from the sanatorium would become upset and yell at the boy. She mentioned that these visits were particularly hard, for Mr. E. could not fondle or kiss the children. They did not understand and felt he did not love them. She could not explain for fear they would tell the neighbors.

Shortly after this, she became resistant to casework, saying she was too tired and nervous to come in herself or send

George and expressed concern for her own health. She seemed burdened with her home responsibilities, although she expressed opposition to her husband's return.

These children quite overtly showed effects of their father's illness. They felt unloved, were over-anxious, tense and sought attention. Grace had been suspected of having tuberculosis and George had asthma and food allergies, possibly of psychosomatic origin. His school adjustment was poor. Not only were they affected directly by their father's illness but indirectly as their mother reacted to his absence by emphasizing her own need to be dependent, thereby being unable to fulfill her children's needs.

There was little real awareness on the part of Mrs. E. of the children's problems as related to her husband's illness nor could she be helped to see them. Because of this attitude on the mother's part the agency could use only environmental manipulation to try to achieve a better adjustment and this was limited to camp experiences for the children for one summer. This is an outstanding example of a situation where there is obvious need for casework help which is impossible to give because the family is unable to accept it. As a result we have children indicating great need, deprived of an important means by which they might have been helped to a better adjustment.

Absence of the father made the effects on the children even more severe, because of the mother's reaction to his absence which in turn affected the children. This is a particularly good illustration of how a child's lack of understanding of the parent's illness may greatly increase his problems. Since no explanation was ever given to these children as to the reason for their father's absence they could easily have felt that in

some way they were to blame and suffered an overwhelming sense of guilt. Obviously with this mother's feeling, she needed help long before it was sought, if serious problems with the children were to be avoided.

In this case there was no indication that financial insecurity contributed to the children's problems.

Summary of cases in Group III

The three cases in this group show the serious nature of the problems created for children when the father is ill and out of the home. In two of the three, the home was broken up and there were indications, when the third case was closed, that the family also might be separated.

In all these cases the fathers were ill with tuberculosis. One had been ill for fifteen years, a second for three years and the third for seven months. In none of the cases was much progress made toward helping the children to a better adjustment, since the mothers were too disturbed themselves to be helped to become aware of the children's problems.

Two of the three families had some financial worries, which contributed to the concern of the mother. The third mother was a professional person who preferred to work, so with the father gone she sought placement as an answer to her problem. It was apparent, however, that she had much guilt in this area and resisted efforts by the caseworker to examine her feelings about her responsibilities as a mother.

In this group of cases there were children with physical problems as well as those of a social and an emotional nature. Physical neglect appeared as a result of the mothers being too distraught to properly care for the children, or because they went out to work and had little time or

energy to provide adequate care. Disruption of household routine and poor nutrition were noted in these cases.

One child in this group carried excessive household responsibilities for her age. This interfered with her recreation, produced poor school performance and built up in her great resentment against her mother. The younger children in the group were deprived of the warmth and affection of their mothers whose discouragement and insecurity made them indifferent and apathetic. One child may have been "accident prone" in an effort to gain attention or identify with his sick father.

All the children were baffled by being unable to have physical contact with their fathers on their rare visits home.

In all three cases the children had had good relationships with the fathers before their going into the sanatoria. But the value of this was offset by the negative attitude of the mothers toward the fathers and their absence, which prevented them from building on the father-children relationship.

Every one of these children felt rejected by their mothers and since casework was not continued for any length of time, the prospect for a better adjustment seemed remote.

IV Cases in which the father was ill and in and out of the home

The A. and B. families illustrate this group of four cases. Twelve children were originally affected, although five were born after the cases become known to the agency and eventually were also affected by the parental illness.

Case 7

The A. family was referred by social service in the hospital where Mr. A. was a patient with severe cardiac difficulty.

It was not expected he would be a patient long, but because of his serious condition, he would not be able to work steadily. His fears about himself and his worries over family responsibilities made him irritable and difficult to get along with. In addition to his wife he had two sons - Albert, aged nine, and Mike, aged six. Albert was noted by the worker to be reacting to his father's illness by being overly aggressive and disobedient. His mother, always an ineffectual person, who was unhappily married, found it hard to discipline the boys. Because of insufficient funds they were poorly nourished, and inadequately clothed.

Soon after referral, Mr. A. returned home, his health improved, and he returned to work. A third son was born, and about a year later Mr. A. had a severe cerebral accident, which left him with total paralysis of the left side and some brain damage. At this time Mrs. A. was again pregnant and a fourth son was born eight months later. For the next six years Mr. A. was in and out of the home, but never again able to work. He presented a distressing appearance and the children were both frightened and ashamed of him. Always a strict disciplinarian, he became more so. The older boys resented this and took great delight in teasing and playing tricks on their father. It was difficult for them to accept his limitations and they rebelled at waiting upon him. His frequent depressions and crying spells upset them. Albert, the oldest boy, could not accept his father's illness and always looked forward to his recovery. He detested his added home responsibilities.

Mike on the other hand more cheerfully shouldered household tasks, shopping and caring for his two little brothers. All the children were to some extent neglected by their mother who was overwhelmed by her added duties and unhappy relationship to her sick husband. Strife between them worried the children.

The two younger children were fearful and anxious when their mother left them and both craved affection.

Deprived of their father's attention, all the children made excessive demands on their mother, which increased her disorganization and neglect of their physical needs. At certain periods there was poor school performance and Mike developed fainting spells. Sibling rivalry developed.

At one point, when Mrs. A. became acutely ill for a short time, the three younger children were placed in an institution which proved frightening for them, although Albert reacted fairly well to foster care. Upon their return, the two youngest boys regressed and resorted to thumb sucking,

masturbation and refusal to eat. Although there was little security in the home, the children clung to it like babies. As they grew older Albert reacted with either complete indifference or open rebellion and conflict with the father. Mike was considered emotionally disturbed, hostile and bitter. It was difficult for all the boys to make meaningful relationships and they were early forced to seek employment outside the home. Both older boys were given casework help and community resources were used by the worker to provide new interests and offset the unhappy home situation.

The two young boys were members of the Child Study group where their insecurity and need for attention was glaringly evident. Day camp was considered for them, but they interpreted it as their mother's means of getting rid of them and Mrs. A. felt so guilty at her rejection she refused to let them attend.

In this case all the children showed the evidences of emotional, social and physical problems brought on by the father's illness. The children were anxious, unloved, hostile and aggressive. All were physically neglected by their mother, partly because she was so upset and disorganized, but also because her husband demanded so much of her attention. This was resented by all the boys who continually competed with their sick father, for their mother's attention. Poor school performance, difficulty with social adjustment, insufficient opportunity for recreation, excessive home duties, were all problems for these boys.

Mr. A. was naturally a dominant person, whose relationship with the two older children prior to illness had not been close. His illness constituted a great threat to him and made him even less patient and understanding. The two older boys saw illness change their father from an aggressive, domineering man to a weak, petulant invalid whom they could neither love nor respect. The two younger children, born after their father became ill, knew only an unhappy, chaotic home life in which

they received the minimum of love and attention. Both displayed much regressive behavior.

Mr. and Mrs. A. were limited because of their own problems in becoming aware of those of the boys, but did show a desire for help from the agency.

Casework was offered to both older boys and in this relationship they were helped to recognize and handle to some extent their guilty and sadistic feelings toward their father, thereby relieving some stress and tension in the home. Interests outside the home were also encouraged to provide healthy outlets and to counteract the home demands and limitations. In Y.M.C.A., Boy Scouts, and in church groups, both had the opportunity to have contact with stable adult figures with whom they could positively identify and thus secured a measure of satisfaction of their needs.

The two younger boys through attendance at Child Study became somewhat more self-reliant and less fearful as their social adjustment improved.

Through the casework relationship, Mr. and Mrs. A. were given understanding support which served to offset their feeling of guilt and inadequacy as parents.

It was fortunate that this family was known to the agency almost from the onset of the illness. Otherwise, with the many destructive factors present, it is doubtful if a breakup could have been avoided. Actually there were strengths that the worker could use and the home, imperfect though it was, had meaning for the entire group.

Case 8

The B. family was referred by the school attendance officer because of poor living conditions and insufficient income. At the time of referral the family group consisted of Mr. and Mrs. B. and six siblings. Since that time, three more have been born. Mr. B. had a history of TB during adolescence and in adult life had relapses during which he was often hospitalized. Although no active TB had been found he had various symptoms, cardiac difficulty, hypertension, headaches, which were of a chronic nature and often prevented his working.

An inadequate, insecure man, Mr. B. prided himself on supporting his family. When he could not do so, the family suffered, not only because of financial deprivation but also because Mr. B.'s tendency to be over critical, dominating and demanding became accentuated.

The marital relationship in this family was good but Mrs. B., especially when Mr. B. was ill, tended to be overprotective of him and in doing so neglected the children, both physically and emotionally. On the other hand, she recognized to a degree the effect her husband's demands and inconsistencies had upon the children, so she felt a need to defend them against their father. She lacked firmness and the children were deprived of their parents' consistent support in their growth and development.

Among the children were found poor teeth and eyesight, a tendency to be underweight and a lack of stamina - all no doubt the result of poor nutrition - resulting from Mr. B.'s inadequate and sporadic earning power due to his illness.

The family struggled to purchase and keep in their possession a very poor home which was a constant drain on their finances, and complicated their distressing home situation even more.

Mrs. B., very soon after the family became known to the agency, indicated she needed and desired the support of a caseworker in matters affecting the children. Throughout contact, the agency freely used community resources to offset home conditions and parental attitudes.

In the agency Child Study group, Laura, aged four, showed the need for attention and affection, was passive and withdrawn. She had a "dreamy" look. She did profit, however, from the normal group experience.

Mr. B., throughout his life, had been critical of the "social order." He adhered strictly to unusual standards that made the children feel "different" from their contemporaries. When Mr. B. was ill, he was restless, irritable and even more negative and hostile.

Marvin, aged ten, particularly showed overt reaction to his father's punitive attitude. His school difficulty was felt to be directly related to the home situation - a sick father and a mother reacting to this illness in a confused, neglectful manner. Marvin displayed rebellion against authority by being tardy from school or absenting himself entirely. He was aggressive and hostile. In treatment he expressed fears regarding his father's health, but did not relate too well to the worker who undoubtedly represented another authority figure.

Camp was arranged for the children when it was obvious that Mr. B.'s illness increased emotional tension in the home.

In working with the parents, the worker was successful in helping Mr. B. follow medical recommendations which resulted in his being able to work more steadily. In the relationship he began to show some awareness of the effects of his illness.

This case is notable in that the direct and indirect effects of the illness were so obvious. Direct effects are physical whereas the emotional effects, particularly on the part of Laura and Marvin seem to be the indirect result of Mr. B.'s illness on his feelings and point of view.

Without casework help and extensive use of agency funds and community resources, it is very possible this family group could not have withstood the strains and pressures put upon it as a result of Mr. B.'s illness.

There was probably no awareness in this family at the time of referral of the effects of Mr. B.'s illness on the children. However, in spite of this, casework has continued and has been successful in pointing out to the parents in what ways the children are reacting, and why. Through casework Mr. B. managed his illness better and the support given to Mrs. B. had definite positive effects on the children.

The B. family demonstrates the difficulty for the children when the father is in the home, ill, making demands on the mother's time and attention. There was almost continuous conflict. Fortunately there was a good sibling relationship which offset to some extent the children's feeling of resentment at their father's domination and rejection.

The economic need in this family certainly heightened the effects of Mr. B.'s illness since he had such great need to care for his family adequately and when he could not, his punitive, critical attitude made the situation even more difficult for the children, to say nothing of their actual physical deprivation.

Summary of cases in Group IV

The four cases in this group showed the conflicts for the children resulting from having to compete with an ill father in the home. For the younger children it meant a sharing of affection, for the older ones it reactivated the oedipal conflict and emphasized the inadequacies of a weak father, in contrast to the strong, competent person he is expected to be in our culture.

Only one case became known to the agency early in the illness, but in spite of this, results were fairly satisfactory. Three of the four cases had been known to the agency four, eight, and nine years at the time of this study.

Problems around physical neglect were very evident in this group. In three of the four cases, the children were observed to have poor nutrition, with poor teeth and eyesight resulting, varied physical symptoms, inadequate clothing. Chaotic living conditions produced restless behavior and poor sleeping habits. Physical effects were clearly the results of

inadequate income and lack of time on the part of the mother to devote to her children. Economic insecurity in all these families contributed directly and indirectly to the children's problems.

Although all four mothers displayed concern and insecurity, they were less disturbed than the mothers whose husbands were ill and out of the home. All were better able to use agency help.

Social and emotional problems included restriction of social activities on the home, due to the presence of a sick father; excessive household duties and responsibilities; resentment, hostility and fear brought on by the father's helplessness and in two cases, the distressing, threatening nature of his symptoms.

In only one was the relationship with the mother strong enough to appear to reduce the threat and trauma of the father's illness, although in two cases, the father was ill before any of the children were born.

Three of the four families accepted help with their problems and through agency efforts a good deal was done to assist parents and children with their adjustment. Direct casework, group participation in the agency and community increased the understanding and acceptance of what the parental illness meant to everyone concerned and helped to offset destructive effects.

V Cases in which both parents are ill and both in and out of the home

The F. family is presented as illustrative of the three cases in this group. Thirteen children belonged to the three families.

Case 9

Hospital social service referred the F. family because Mrs. F. was ill with Raynaud's Disease and Mr. F. had

duodenal ulcers. There were four children, Maud, nine, Ella, eight, Tom, three, and Peggy, one. Mrs. F. was having difficulty doing her housework and coping with various problems in regard to her children. Housekeeper service was arranged. Mrs. F. was found to be underweight, tense and high strung. She worried incessantly over the children and was oversolicitous regarding their health. Both she and Mr. F. were in and out of the home for treatment and care.

At beginning contact, Maud was observed to be an overactive, outgoing, energetic child who did well in school and adjusted well in camp where she was sent by the agency.

Ella was submissive and placid, the family "favorite."

Tom, whiny and an attention seeker, displayed confusion and anxiety in his relationship with his mother, due in part, probably, to the fact that at two years he spent over a year with his maternal grandmother. About the time he returned home he was taken to the hospital because he ran a fever and his lips were swollen. The doctors felt he was reacting to the home situation and the lip biting was a sign of tension.

The baby Peggy was overprotected and was a feeding problem. Most of all, she was affected by the illness in the home. She became very anxious upon separation from her parents and was irritable. In the Child Study group she displayed overt signs of tension and appeared upset over her mother's condition. However, the experience was considered helpful and Mrs. F. could see this in relation to her illness.

A year after referral, the mother was considered for a lengthy stay in the hospital to enable doctors to study her condition. She refused, however, fearing it would mean foster home placement for her children, which she could not accept because in her youth she had experienced foster care.

Mr. F., a shy, conscientious man, who was able to work a good part of the time in spite of his physical condition, was inclined to blame his wife's illness on the girls "because they don't help more." When Mrs. F. became excited or irritated she lost her voice. Her useless hand interfered with her capacity to do more for the children and prevented her from exerting her authority when punishment was indicated.

In spite of this Maud developed into an attractive, outgoing girl who cheerfully assumed many confining home duties.

Ella on the other hand became anxious and sensitive regarding her mother's health. She was preoccupied with her mother's behavior and illness, displayed reluctance to be separated from the parents and developed the nail-biting habit.

In casework where she had an opportunity to voice her fears and hostilities, she seemed to improve.

During the period of contact, Mrs. F.'s father was always a member of the household, but grew increasingly feeble and dependent. Until he became incapacitated, Mrs. F. was quite dependent upon him.

On the whole the workers felt this was a family group in which there were a good many strengths and that the relationships were good.

The effects on these children of their parents' illness were less obvious on the oldest sibling than on the three younger ones. The baby, born under difficult circumstances, was most affected, showing real reaction to the deprivation of her mother's care and attention. She was anxious and revealed extreme lack of security. Tom's separation from his mother during the oedipal period also resulted in anxiety and tension evident in his nervous upset shortly after his return home.

Ella displayed some symptoms of a habit disorder, was fearful and anxious upon separation from her parents.

This is a family where there seemed to be little awareness of the effects on the children of both parents being ill and often out of the home. Fortunately their absences were never simultaneous. The worker states early in the record, "then began intensive contact with all members with focus relating to helping the various members of the family adjust to Mrs. F.'s chronic arthritis and Raynaud's Disease and Mr. F.'s ulcers."

Direct casework with Ella who seemed quite disturbed, camp for all the children, Child Study for Peggy, were all means used by the worker to

deal with the problems resulting from parental illness. Of all the children, Maud seemed the least affected, possibly because she grew through her most dependent years when both parents were well and able to meet her needs adequately. Her duties and responsibilities increased because of her parents' illness, but in spite of these she seems to have adjusted well.

The presence of the grandfather in this home may have had some bearing on the children's problems, for their mother was quite dependent on him. As he grew older he needed more and more of her attention, probably depriving the children even more.

Fortunately Mr. F. was able to work most of the time in spite of his illness so that financial need was never a serious threat to these children.

Both parents had been ill for some time at referral. However, it doesn't appear they would have been any more accepting of help if the agency contact had been established earlier. The gradual development of Mrs. F.'s disease made it less traumatic for the children and Mr. F. controlled his disease quite well by strict adherence to diet. No doubt his condition was aggravated by concern over his wife, but there is evidence he tried to "make up" to the children, especially Tom, for the lack of their mother's care.

Summary of cases in Group V

The three cases in this group indicated the widespread concern displayed by children whose parents are both ill. But the problems they presented seemed to be no more serious than those of children with only one ill parent. This, however, may be due to the fact that in each of

these three cases, one parent was not as severely ill as the other and neither was ever out of the home at the same time.

In two of the cases, the illness was not of long standing and referral to the agency was made almost at onset. One of the fathers was well at time of referral, but later became entirely incapacitated.

In this group of cases we saw problems around physical neglect and temporary foster care. One boy became seriously delinquent. Several of the younger children had school difficulty. In one family the boys were forced into employment early in order to supplement an inadequate income, so were deprived of proper social relationships and sufficient recreation.

Only one family, with help, developed an awareness of the problems resulting from the illness. But two sets of parents cooperated with the worker in her efforts on behalf of the children.

In two of the families the father's illness caused economic deprivation and contributed to the children's problems.

Fortunately relationships in all three families were good and what one ill parent was not able to give, the other was, so at all times the children seemed to have had some security. In one case, when the father was expected to die, the mother, though quite ill herself, developed real strengths and met the situation with a minimum of trauma for the younger children. She shared her concern only with the oldest boy, an adolescent, whose behavior shortly thereafter became delinquent.

The children in this group received casework help in acceptance and understanding and through use of community resources were given normal outlets and new experiences. The parents used the worker's

supportive help to satisfy their own dependency needs and utilized their strengths to become more understanding parents.

CHAPTER VI
SUMMARY AND CONCLUSIONS

This study was undertaken to discover the types of problems created for children by parental illness, the focus of the worker in dealing with families in which there was parental illness and to determine how the children affected were helped by the caseworker to achieve better social adjustment and mental health. It seemed desirable also, to try to determine what effect the following might have on the problems of the children: the proximity of the ill parent to the child; family relationships prior to illness; the age and sex of the child; the presence of relatives in the home; the economic status of the family.

There were twenty-five families available for study. These were all families known to the Brookline Friendly Society in the calendar year 1952, in which there was chronic parental illness and in which there were one or more children under the age of sixteen.

Nearly half of the families came to the agency for help on their own initiative, but only five appeared to have any awareness that the illness of the parent might create problems for the children. In the majority of cases, the need for service arose out of the illness, but many families had problems of a serious nature that were not related to the illness.

Twenty-eight parents were ill at the time referral was made and two more became ill after the family was known to the agency. Of the twenty-eight, nine had been ill less than a year when referred, but there

did not appear to be any connection between parental awareness of the children's problems and the point in the illness when help was requested. Some had been ill for years when they came to the agency; others only a short time.

Results achieved by the caseworker were in some instances just as positive in cases where families had been known a fairly short time, as those in which contact with the family was of long duration. Length of contact seemed less significant in terms of results than other factors, notably parental awareness of problems and the ability of parents to accept casework help for themselves and the children.

The families studied fell naturally into groups according to which parent or parents were ill and whether or not they were in the home with the children. This seemed a sound method of grouping for the study and was adopted, since it was realistic and could not be affected by the writer's assumptions. Furthermore, in view of the special roles of parents in our culture and their particular significance for the children, this grouping seemed the most meaningful of several possibilities.

Sixty-two children were members of the twenty-five families studied. Thirty-nine of these were under six years of age when their parents became ill and so began to be affected during their most impressionable years. However, their problems as they grew older did not appear to be any more numerous or severe than those faced by the group of older children to whom the parental illness was more traumatic since it came to parents whom the children knew as well and strong. Practically all of them displayed problems which seemed to be related to the parental illness, either directly

or indirectly. Some of the problems were physical, others social, with both having many emotional ramifications.

The children displaying the most obvious physical problems were those whose fathers were ill, as in Groups III and IV. With the wage earner ill, income was limited and in many cases nutrition was poor, clothing insufficient and the children were found to be underweight, to have poor eyesight and teeth, resulting from malnutrition and in some cases, where one or both parents had tuberculosis, to have symptoms of the disease.

Physical problems indirectly caused by the father's illness were actual neglect and poor care by the mothers. In the cases where the father was ill and away, the mothers tended to be so discouraged that they were indifferent to their responsibility to their children. In two cases, the mothers felt compelled to work outside the home, which further complicated the situation by limiting the time they could devote to their children's physical needs. The household routine was disrupted, meals were poorly prepared and irregular and the children often went to school in poor condition. Children below school age received poor physical care and were left in the charge of siblings too young to assume this responsibility.

Physical neglect was also a problem faced by children whose fathers were ill at home. In three of the four cases studied in Group IV, the father's illness was of such a nature that he demanded so much care and attention from his wife that she had little time or energy left for her children. Chaotic, disorganized living resulted.

In the families studied in which the mother, though ill, was present in the home even part of the time (Groups I, II, V), the problem of physical neglect was negligible. In these cases, financial need was not such a problem, and a well parent or older siblings were usually present to share the responsibility of the care of the children.

Although physical problems seemed limited to the younger age group and to families in which the father was ill, social problems were common to all age groups (except infants) and were found in all five groups presented. Concern over a parent's traumatic symptoms, hospitalizations or continuous absence produced problems of insecurity and inadequacy that carried over into poor school performance and created difficulty with peer relationships. The presence of an ill parent in the home limited the social activities there. In several instances the older children had to assume a good deal of responsibility for the care of the ill parent, so recreational activities and contact with contemporaries were curtailed. The same result occurred when older siblings were given the responsibility of household tasks and the supervision of their younger siblings.

Emotional problems growing out of the physical and social problems were very evident, especially in the children old enough to be seen in Child Study or to participate in a casework relationship. Feelings of resentment, hostility, aggression, being unloved, anxiety, jealousy and guilt were displayed or expressed by the children in all the families studied and not confined to any one age group. However, it is true that among the children whose fathers were ill and away from home, there seemed to be evidence of more emotional problems. Doubtless these children were reacting not only to the father's absence, but to the mother's feeling of

discouragement, fright, dependency and inadequacy. In the cases studied where adolescents were carrying the burden of a widowed mother, severe emotional problems were noted due to excessive demands made on the child, both from the physical and social, as well as the emotional standpoint.

It was clear from this study that the focus of the caseworker was to help the ill parent, as well as his spouse, become aware of possible problems which the illness might create for the children. In families where this was accomplished, the caseworker's efforts were certainly more effective as a result of increased understanding and a willingness to participate. There was a sizeable number of cases where parents were not aware and could not be helped to become aware of the problems, probably because of their preoccupation with their own needs. This is regrettable and presents one of the most disturbing aspects of this study. Although it is clearly a function of a family agency to provide service to families in which there is chronic parental illness, if the service is not accepted by the parent, either for himself or the child, there is little the family agency can do and children are, in many cases, forced to handle their problems without assistance.

Undoubtedly casework can help in bringing about a better social adjustment and a greater degree of emotional health by giving opportunity to children in individual treatment to cope with feelings of anxiety, hostility and resentment; in group experience to achieve satisfaction through greater independence and relationships with others; through use of community resources to offset unwholesome or unhappy home situations and to provide new interests and normal outlets for the expression of aggressive drives. Through work with parents of children too young for

either individual or group treatment, caseworkers can provide support and satisfy emotional needs so that the parent is less dependent on his children for satisfaction.

This study indicates that although there were still many problems, they were of a slightly different nature and somewhat less severe when the ill parent was at home, even if only part of the time. Children in the cases presented in Group III where the ill parent was out of the home, were more threatened than those in any other group. Further, children in families where the mother, even though ill, was in the home, were less insecure in some ways than children in families where the father was the ill parent.

On the whole, it appeared that where the relationship to the ill parent had been good prior to illness, or where there was present in the home a well parent, grandparent or sibling with whom the child had a happy relationship, the problems resulting from parental illness were somewhat less severe. The exception to this seems to be in families where the father was the ill parent and was forced by the nature of his illness to leave home, as in Group III.

The problems noted in the children in Group V where both parents were ill were similar in number and extent to those observed in children in the other four groups. This was probably due to the fact that in none of the families studied were both parents affected seriously simultaneously or with the same severity, nor were both parents ill and out of the home at the same time.

In the families studied, in which there was financial strain, physical problems among the children were present in greater numbers and

there was evidence to show (Cases 1, 5, and 8) that social and emotional problems were severe.

This study demonstrates that a family agency is equipped to give skillful help to families where parental illness has resulted in problems for the children and that this service effectively complements the financial assistance available under the public programs. It is interesting to note that although in this study only one family was directly referred by the Department of Public Welfare, in seven cases the family agency was working with families receiving Aid to Dependent Children grants. Of these seven, five accepted help from the family agency and participated in the treatment.

Recommendation

This limited study of cases known to a family agency seems to indicate there is justification for further research into problems encountered by the children of ill parents and how they can best be handled.

It would seem that abundant material for further research might come from the cases of families receiving Aid to Dependent Children grants on the basis of parental incapacity. The findings of such research would doubtless show the need for the intensive casework which a private family agency is equipped to offer.

Approved:

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Dean

BIBLIOGRAPHY

- Alexander, Franz, Psychosomatic Medicine. New York: Norton and Company, 1950.
- Bakst, Henry, "A Domiciliary Medical Care Program as an Integrated Facility in the Medical Curriculum," Journal of the Association of American Colleges, 25:406-416, November, 1950.
- Blackwell, Gordon and Gould, Raymond F., Future Citizens All. Chicago: American Public Welfare Association, 1952.
- Boas, Ernest P., The Unseen Plague: Chronic Disease. New York: J. J. Auguston, 1940.
- Bowlby, John, Maternal Care and Mental Health. Geneva: World Health Organization, 1951.
- Boyd, Julian D., "Unfavorable Living Conditions May Hold Back Children's Growth," The Child, 16:56-61, December, 1951.
- Brookline Friendly Society, Fiftieth Anniversary, 1886-1936, Private Publication.
- Clifton, Eleanor and Hollis, Florence, editors, Child Therapy, A Casework Symposium. New York, Family Service Association of America, 1948.
- Cooley, C., Social Aspects of Illness. Philadelphia: W. B. Saunders and Company, 1951.
- Eliot, Martha, "The Family Today: Its Needs and Opportunities," Journal of Social Casework, 34:47-54, February, 1953.
- English, O. Spurgeon and Pearson, Gerald H. J., Emotional Problems of Living. New York: W. W. Norton and Company, Inc., 1945.
- Garrett, James F., editor, Psychological Aspects of Physical Disability. Washington, D. C.: Federal Security Agency, 1952.
- Miller, Pauline (Shereshevsky), Medical Social Service in a Tuberculosis Sanatorium. Washington, D. C.: Federal Security Agency, 1951.
- Mohr, George J., When Children Face Crises. Chicago: Science Research Associates, 1952.
- Richardson, Henry B., Patients Have Families, New York: Commonwealth Fund, 1945.

Ross, Helen, "New Forces in Family Living - Emotional Values," Journal of Social Casework, 30:3-9, February, 1949.

Upham, Frances, A Dynamic Approach to Illness, New York: Family Service Association of America, 1949.

APPENDIX

SCHEDULE

FAMILY NAME:

ILL PARENT:

FAMILY SET-UP:

ILLNESS:

1. SOURCE OF REFERRAL
2. REASON FOR REFERRAL
3. WAS THE ILL PARENT OR SPOUSE AWARE OF THE POSSIBLE PROBLEMS FOR THE CHILDREN, AT THE TIME OF REFERRAL?
4. WAS HE HELPED TO BECOME AWARE OF PROBLEMS THROUGH CASEWORK?
5. IF NOT, WHY NOT?
6. WHAT WAS THE PARENT'S ATTITUDE TOWARD HIS ILLNESS?
7. WHAT PROBLEMS WERE NOTED ON THE PART OF THE CHILDREN?
 - EMOTIONAL:
 - PHYSICAL:
 - SOCIAL:
8. WHAT METHODS DID THE CASEWORKER USE TO HELP REDUCE THE PROBLEMS?
9. WHERE WAS THE ILL PARENT DURING ILLNESS?
10. WHAT WAS THE ECONOMIC STATUS OF THE FAMILY?
11. DID IT BEAR A RELATION TO THE PROBLEMS OF THE CHILDREN?

12. WHAT WAS THE CHARACTER OF FAMILY RELATIONSHIPS PRIOR TO ILLNESS?

13. WERE THERE OLDER SIBLINGS OR OTHER RELATED PERSONS PRESENT IN THE HOME DURING THE ILLNESS?

14. WHAT WAS THE RELATIONSHIP OF THE CHILDREN TO THEM?

15. WHAT OTHER PROBLEMS WERE PRESENT IN THE FAMILY?