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The concept of and the need for confidentiality concerning pregnancy out of wedlock as seen by eleven unmarried mothers

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SCHOOL OF SOCIAL WORK

Thesis

THE CONCEPT OF AND THE NEED FOR CONFIDENTIALITY CONCERNING PREGNANCY
OUT OF WEDLOCK AS SEEN BY ELEVEN UNMARRIED MOTHERS

Submitted by

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In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1957

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CHAPTER I
INTRODUCTION

Problem.-- Despite the fact that confidentiality has become to be accepted as one of the basic concepts of casework practice, there has been very little research into how the recipients of therapy of this sort view this concept. As a result of the prevailing attitude of society in general, and the existing moral code in our culture, the maintenance of confidentiality as far as the unmarried mother is concerned seems to be of utmost importance. The Booth Memorial Hospital in Brookline, Massachusetts, which has a program of service for unmarried mothers, respects their need for confidentiality. The focus of this study will be on the attitudes towards confidentiality as indicated by the patients themselves. The Salvation Army philosophy is such that they feel that the maintenance of confidentiality is necessary in order to protect the unmarried mother as regards her adjustment to her present situation, as well as future adjustment. They however, do not want the patient to lose contact with reality. The maternity home and hospital program is set up for the maintenance of confidentiality, and what the writer wants to know is whether this interpretation is valid in the light of total casework goals.

Purpose.-- The purpose of this study is to determine and to evaluate the attitude of the unmarried mother toward her apparent need for confidentiality. When the data regarding the above have been collected, the

writer hopefully will be able better to evaluate the program of service of this program. Thus, this is an exploratory study. The writer hopes to be able to shed some light upon the attitude of the unmarried mother towards the concept of confidentiality. Are those offering the service to the patient more concerned about the maintenance of confidentiality than the patient herself? Are we denying the patient the best possible program or type of service through our interpretation of this concept?

The writer feels that the study has potential value. The way in which the patient views confidentiality, and the way in which the case-worker views it can have an effect on the whole worker-client relationship, and also on the patient's present and future ability to adjust to her total situation.

Method and Scope.-- The data collected, and the conclusions arrived at, will be based on the patients' responses to the writer's questions concerning confidentiality. As has already been indicated, the writer used a predetermined set of questions. Thus the interviews were structured. There was one interview conducted with each patient, and this was done at the time of the initial intake interview. As regards sample selection, interviews were conducted with 11 patients, the only criteria for selection being that they be pregnant out of wedlock, and be interested in either coming into the maternity home, or through the prenatal clinic held at the Booth Hospital, in which case they would come into the hospital on becoming in labor.

Limitations.-- The limitations are as follows:

1. The sample selection will include 11 patients, and as such will represent as very small percentage of the total population of unmarried mothers, and a small percentage of the number served at the Booth Memorial Hospital.
2. In common with other research projects where the question-answer method is employed for data collection, the writer had to be careful not to suggest answers to the patient. In addition, the patient could have easily been given the impression that she had to reply in a certain way in order to be accepted for care. This could possibly apply to those questions concerning the necessity of contacting a child placing agency, and also the group discussions in the maternity home. Perhaps the word necessity should have been omitted, but it emphasizes the hospital policy, and also represents the law in many states.
3. Due to the fact that the data collected for this research project was obtained at the time of the initial intake interview, when the patients are usually very anxious, their responses might not be an expression of their true feelings.
4. At the time of the initial interview the patient is usually and mainly concerned with the making of a plan which will

eventually lead to the meeting of her practical needs. Since the questions asked concerning confidentiality were not specifically geared towards the meeting of needs of this sort, they could possibly arouse further anxiety within the patient. The writer, too, was limited as regards the amount of pressure applied for answers, lest the patient become so anxious that she was driven away from the agency. The patient was not asked to elaborate upon her answers to any great extent. If the question asked seemed to be too anxiety provoking, the first answer, even if only one word, was accepted. As a result there were limitations as regards the amount of data collected. Perhaps this could have been checked if the patient was made aware of the fact that the writer was conducting a study, and something about the nature of the study.

5. It was necessary on many occasions for the writer to elaborate as regards the questions asked, or to rephrase them in different ways. The greater the elaboration, the greater were the chances of suggesting answers to the patient.

CHAPTER II

THE CONCEPT OF CONFIDENTIALITY

Since the beginning of human development, in the so called "stone age" period, up through the complexities of modern civilization, it has become increasingly evident that men need the help and support of each other in order adequately to adjust to their external and internal environments, and to subsequently fulfill their capacities. There is very little historical data as regards the concept of confidentiality, but apparently it was an outgrowth of people going to other people with problems of various sorts. From what the writer remembers, as a result of studies in the past, it seems that confidentiality as regards the nature of the assistance being given a particular person, was not always maintained or even thought necessary. In the field of medicine for example, the writer recalls having seen pictures of doctors and medicine men working on patients with a large audience surrounding them. The maintenance of confidentiality did not seem to be of importance to the doctor and even to the patient. Perhaps the reason why confidentiality was not maintained is that in the early days it was thought that medical abnormalities were a result of the persons having evil spirits within him, and as such deserved just punishment for this. Thus, other people were acquainted with the nature of his condition.

The same principle seemed to apply to criminal offenses. The people

involved in difficulties of this sort, and the nature of the difficulties, were revealed to the general public, even to the extent of the various executions being made public. This is partially true today, in that we read about criminal trials in various periodicals, and hear about them through other means of communication. However, the parties involved in the court proceedings very often have the right to choose whether or not they want a private and unpublicized hearing, and executions are never open to the public.

In the Bible there can be found some evidence as regards recognition of the need for confidentiality in certain types of situations, especially in the New Testament. The specific situations are not made known, but the wording in some particular passages seems to indicate a recognition of the fact that there are some problems which people face which they do not want their friends, and perhaps family members, to know about. It seems that in the early biblical days, prayers were offered publicly and very often in unison. When certain passages in the New Testament are read, and which, according to spiritual leaders, represent direct messages from God, one gets the impression that they represent divine recognition of the need for confidentiality. The following is one such passage:

"But thou, when thou prayest, enter into thy closet, and when thou has shut the door, pray to thy Father which is in secret; and thy Father which seeth in secret shall reward thee openly."

With the gradual, and sometimes rapid acquirement of knowledge in the fields of religion, law, medicine, psychiatry, and social work, there came to be further emphasis upon the need for confidentiality on the part of the recipient of assistance. This maintenance of confidentiality came to be recognized as an ethical and moral obligation, to be respected by those in the professional fields of endeavor. In certain of these fields it is essential that the recipient of assistance put himself completely in the hands of the person from whom he is seeking help. This is particularly true of those seeking medical, religious and legal help, in order that the treatment and counseling will prove to be of positive value to them. The social work profession is comparatively new, but the above statement applies to this field of endeavor also, and the value of the therapy given to the client is dependent upon his trust in the worker. Since the client can choose whatever information he wants to reveal to the social worker, there must be established a sense of trust in the worker, if he is to feel free to reveal all pertinent information, or that information which the worker feels may be pertinent, but the client for which does not see the need.

The District of Columbia Chapter, American Association of Social Workers, released a statement regarding the principles of confidentiality in social work in 1946. In the preview section of the publication concerning the above is stated the following:

"Clients have a right to protection of personal information about themselves in their relationship with a social agency during the process of obtaining service, a right which may be superseded in exceptional situations. Recognition of this right requires adherence to the following principles:

- I. The client should be used as the primary source of information about himself and information sought from him should be limited to that which is essential to provide service.
- II. Within the agency information regarding a client should be revealed only to those persons and to the extent necessary to provide service.
- III. Other agencies and individuals should be consulted only with the client's consent and within the limits of that consent.
- IV. Only that information should be recorded and those records maintained that are essential to provide service and the use of records should be determined by agency function and the consent of the client."

The above principles may be superseded in situations involving young children, those individuals who are ill to the extent whereby they are out of contact with reality, or those individuals whose actions are such that the social worker is obligated to report to the proper legal authorities.

The same principles concerning confidentiality are still in effect, and with the onset of the so called "team work" approach these principles are ever in the foreground of our thinking and our approach.

CHAPTER III

BOOTH MEMORIAL HOSPITAL, BROOKLINE, MASSACHUSETTS

The Booth Memorial Hospital in Brookline, Massachusetts, is a general hospital which is owned and operated by The Salvation Army. This does not necessarily mean that those whom they serve have to be members of the Army. It is nonsectarian in this respect. The Booth is a general hospital in that it has facilities for accommodating medical and surgical patients as well as obstetrical. The patient capacity is 87, 40 hospital beds, 25 bassinets in the newborn nursery, and 22 beds in the maternity home for unmarried mothers. The medical and surgical patients are privately cared for by members of the medical staff. In the obstetrical department there is a more varied program of service, meeting the needs of both the married and the unmarried patient. The married patient may be privately cared for by a member of the medical staff or by the resident physician in the prenatal clinic.

The Booth Memorial Hospital is a teaching hospital, affiliated with Tufts University Medical School. The students are provided with lectures by a member of the medical staff on a weekly basis, and an occasional lecture by the Director of Social Service. They sometimes have the opportunity of observing patients in labor. Every month a student is assigned from the medical school, and remains at the hospital for this period of time, and receives training in obstetrics.

There is a training school for practical nurses at the hospital. This comprises an 18 month course, and the students are taught medical information and nursing arts, and are given some orientation as regards the program of service for unmarried mothers and the role of the social service department.

The Social Service Department offers its services to the total patient population if necessary, but its major responsibility is to provide casework services for the unmarried mothers. There is a 100 per cent review as far as they are concerned.

Since this study is to be concerned with the unmarried mother, the remaining portion of this chapter will be devoted to the services provided for her. In accordance with the distinctive needs of the unmarried mother, there is a specialized program of service in which the Social Service Department is very active. Every unmarried mother who applies for care has contact with one of the hospital's social workers, and very often with social workers from the child placing agencies. There are basically four programs which the Booth has to offer the unmarried mother, and the one which is selected hopefully is the one which will best meet her present needs.

As mentioned previously, there is a maternity home attached to the hospital which has facilities for accommodating 22 unmarried mothers. This home affords a protective environment where the patient may come and live for varying lengths of time before her expected date of confinement.

The length of stay in the home is dependent upon the patient's need to leave her community and family. If a patient applies early enough in advance, it is preferred that she come into the maternity home at least four to six weeks before her due date. Those patients who apply in their ninth month of pregnancy are, however, accepted for care in the home if the need warrants such care. The main reason that the patients want to come into the maternity home is a desire to maintain confidentiality. There are some, however, who come for other reasons, such as adverse family pressures, or the need for a more supervised environment.

The patient lives in the maternity home where she is seen regularly by one of the social workers here or by a worker from one of the outside agencies. There are various programs of recreational activity, in addition to some light housekeeping duties to perform. A chapel service is held every Sunday morning to which all of the patients in the maternity home come. This is in keeping with the Army's desire for spiritual regeneration. The patients have privileges of going out and of having visitors. As regards medical care, those patients in the maternity home are under the care of the resident physician with the benefit of staff consultation from the psychiatric as well as the medical, obstetrical, and surgical specialists.

The patient remains in the maternity home until such time as she begins labor, or the doctor feels that she should be admitted to the hospital for other reasons. If she enters the hospital for delivery, she

is expected to remain there for at least eight postpartum days. This applies to the baby as well. After this time, if suitable arrangements have been made for both the mother and the baby, they are discharged from the hospital. Occasionally, if the need arises, a patient is discharged from the hospital to the maternity home where she remains until a plan for her to return to the community can be worked out.

The remaining three programs of care for the unmarried mother concern those patients whose need can be better met by their remaining in the community, whether it be in their home town or a totally different community. Very often these are patients who probably would not adjust to the group living environment in the maternity home, those who would benefit more by living with a private family, whether with relatives or in a foster home, or those to whom confidentiality is not important. Sometimes the patients reside in a rooming house near the hospital until such time that they begin labor.

In meeting the needs of the above mentioned group of patients, there has been established two prenatal clinics, as well as a program whereby a patient may be privately cared for by one of the physicians on the staff of the hospital. These patients are admitted to the hospital at the onset of labor, or for other reasons which the doctors feel warrant admission.

As regards the two prenatal clinics, one is held at the Booth Hospital and the other at the Boston Dispensary. The clinic held at the hospital is only for unmarried mothers, or married women who may be

pregnant by other than their husbands. The clinic at the dispensary is for the legitimately pregnant married women as well as those who are illegitimately pregnant. The unmarried mothers who are treated at the dispensary are those to whom the maintenance of confidentiality is not of great importance. They are mixed in with the legitimately pregnant women during their period of hospital confinement, as well as during their period of prenatal care, and as such are subject to questions from these patients. As with those patients who were confined to the maternity home, the mother is not discharged until suitable arrangements have been made for both she and the baby.

In all of the above outlined programs, the patient is entitled to a six weeks postpartum checkup.

As far as finances are concerned, rates are determined on an individual basis, with the exception of the Dispensary Clinic, where there is a standard fee. This fee is supposed to be paid by the time the patient is in her seventh month of pregnancy. Those patients who are treated in the clinic at the Booth Hospital pay in accordance with their respective resources. Potential resources are the alleged father, the patient's family, the patient, herself, or a private or public agency. There are many patients to whom service is rendered free of charge. The way in which the patients pay is also determined on an individual basis, in that some pay in advance, some pay during their period of confinement, or on the day of discharge, and for many there are long term arrangements made

whereby small, regular payments are sent in accordance with the signed, promissory note. The patients' ability or inability to finance their care is not one of the criteria for care at the Booth Memorial Hospital.

CHAPTER IV

CONFIDENTIALITY AT BOOTH MEMORIAL HOSPITAL

In the preceding chapter it was mentioned that the majority of unmarried mothers who apply for care at the Booth Memorial Hospital are very concerned as regards the maintenance of confidentiality. In accordance with this concern, the program of service at the Booth is geared toward protecting the patient from people finding out that she is pregnant. Out of necessity, in many cases, there are certain people who must be notified if the patient decides to place her baby for adoption, or temporarily in a foster home, in which case she has to be referred to a child placing agency, and if the patient is under 21 years of age there are certain permits which must be signed by her legal guardian.

There are certain procedures as regards the maintenance of the confidential nature of any client's situation which are common to all social agencies. The purpose of this chapter is not to enumerate these, but to give a description of additional procedures at the Booth Memorial Hospital which are specifically designed to protect the confidential nature of the unmarried mother's situation.

At the Booth Hospital, those employees who out of necessity take on active part in the treatment and general care of the unmarried mother are

acquainted with her need for confidentiality, and as such are expected to respect this need. They are told of the confidential nature of the service either before they are employed, or early in their period of employment. Those who display a tendency toward betraying this confidentiality are dealt with accordingly. The medical and nursing students are also acquainted with the above.

When an unmarried mother applies for care, she is first interviewed by a member of the casework staff. The policy at the present time is such that it is felt that the use of the Social Service Index presents a threat towards the maintenance of confidentiality. Thus, this resource is not employed.

Subsequent to the patient's being accepted for care, only her first name and last initial are used. Her full name appears on the social service records. Those medical charts and other records which are readily accessible to other hospital staff members and which perhaps may be seen by the patients and visitors, indicate only her first name and last initial. When these records are ready for permanent filing, the patient's full name is added. In the maternity home and in the clinic, the patients refer to each other only by the first name and may occasionally add the last initial. This applies to verbal interaction between staff members and patients also.

The maternity home and the prenatal clinic devoted exclusively to the unmarried mothers are located^{ed} on the fourth floor of the hospital, and the

entire floor is devoted to this program of service. Thus, this affords protection for the patient since it lessens the number of people who might otherwise learn of her pregnancy. Only those employees whose services are essential to the adequate operation of the maternity home and clinic are permitted in this department.

Visitors are limited as to time in the maternity home, and to time and number both after the patient is admitted to the hospital. In the maternity home, the patients may either go out with their visitors or they may arrange to see them somewhere on the premises. They must, however, visit in a designated area. This affords protection to the maternity home residents in that they know when visitors are likely to be coming into the building and perhaps into the maternity home itself, and thus can remain out of sight if they so desire. In the hospital section the visitors are limited to three people for each patient. This insures a greater degree of confidentiality for the patient in that they cannot hide so easily in the hospital section; and if the visitors are limited as to number, she will not be subjected to having so many people seeing her.

Each patient is asked the names of the people whom she is expecting to visit while she is confined. A visiting card is made out by the social worker for each visitor. This card must be presented before the visitor is permitted to see the patient. This insures the patient's confidentiality further in that a person whom she does not want to learn of her

pregnancy will not be permitted to visit by accident.

At the time of the initial application interview, or the interview between this and the time that the patient is admitted, she is requested not to have people calling in to inquire about her while she is in the home just as a matter of course. It is realized by the staff that her family and friends will probably want to call after she is in the hospital section, but it is requested that these, too, be limited to as few as possible. Those staff members, mainly the social service workers, who usually are the ones who would be taking such calls, are instructed to say something to the effect that even if we did have a patient here by that name, our service is of such a confidential nature that we are not permitted to release any information. If, of course, the calls are indicative of an emergent situation and the name of the person who is calling is on the visiting list, a message is taken for the patient or she may be permitted to talk to them herself. There is an unlisted phone in the maternity home for the patients to make use of. They can use this for outgoing calls only, and are specifically instructed not to give this number out to anyone. If a staff member hears this phone ringing she instructs the patient not to answer it.

As regards notification of the birth of a baby, the social worker asks each patient who is planning to come into the maternity home, at the time of the admission interview, whom she wants notified at the birth of her baby. If the patient is coming in on labor, she is asked this question

about a month to six weeks before her due date so that the social worker will have it should she deliver prematurely. The patient usually gives the name of a family member or a close friend, and sometimes the name of the alleged father. If she does not want anyone notified her wishes are respected. Should an emergent situation arise, however, the name of a relative to be notified is secured if possible. The means of communication which best protects the confidential nature of the message is employed. Sometimes a code message is made up.

The patients may receive and send as many letters and packages as they wish. In order to protect the confidential nature of their situation, they use a post office box number as a return address instead of the hospital address. Their mail is picked up at the post office every morning by one of the hospital staff members and then is brought back to the hospital and handed to each patient. Mail is never given to one patient to give to another patient as they would see the patient's last name. Those writing to the patients may use just the first name and last initial, and they will still receive their mail. As a result of the provision of the post office box, the patients may correspond with people who may not know that they are pregnant and who cannot trace their place of residence. As regards outgoing mail, there is a locked container in the maternity home into which the patients may place the letters they wish to send. The box is opened every morning by a member of the staff, and its contents taken to the post office. The patient, however, may mail

their own letters or have their visitors mail them.

The patients in the maternity home are permitted to go out with each other. They are never permitted to go out alone. They are told to go out by twos, and are occasionally permitted to go out three at a time. If they congregated in a group outside of the home it would be likely to indicate where they are from. The people living in the vicinity of the hospital are aware of the fact that there is a maternity home for unmarried mothers attached to the hospital.

If a staff member, or especially one of The Salvation Army Officers in full uniform, sees them on the street or elsewhere, they are told not to speak until the patient speaks first. This applies to before and after the delivery of the baby. This protects the patient especially if she happens to be with her family or friends who were not aware of her pregnancy.

In planning admissions to the maternity home, the social workers are careful not to admit two patients from the same home town at the same time. This applies only, of course, to the small towns where the two patients are more apt to know each other.

There are various volunteer groups, and also individual people, who have asked to be permitted to devote some time to the program for unmarried mothers. If permitted to do so, these people are instructed in the confidential nature of the service and are expected to respect this need on the part of the patient. If a patient requests it, she may be given a

list of the names of the people composing such a group. If she does happen to be acquainted with one of the members, she may be excused from taking part in the services which the group is offering.

In the hospital section, the unmarried mothers, with the exception of those coming through the Boston Dispensary, are not placed in rooms with married patients. In fact, they try to place them in a designated area on the hospital floor. These patients are required to stay eight days after delivery. There are various medical reasons for this ruling which the writer will not delve into at this time. Some of the reasons, however, for this ruling concern confidentiality. The chances of post-partum complications such as hemorrhages or breast abscesses arising are greatly lessened if the patient remains for this eight or nine day post-partum period. If a complication of this sort arose after she left the hospital, and she had to be taken to a local physician or to a local hospital, more people would become aware of her having had a child out of wedlock. This can also apply to family members and to friends in that in many instances they are not aware of the patient having been pregnant. The lengthy stay in the hospital further insures confidentiality in that the patient is better able to resume physical activities when she returns home and to the community as a whole. She may have previously explained to her family and to friends that she has been away working or on a vacation. They might begin to suspect the true reason for her absence if her physical abilities were too limited. In addition, many of the patients

have only been able to secure a certain amount of time off from work. Their jobs may depend upon their being able to return to work at a designated time. The few extra days in the hospital further insures their being able to comply with the wishes of their employer, and thus they are not required to make additional explanations for their not being able to return to work as agreed.

As regards birth certificates, these are filed at the Brookline Town Hall and are never published. In the case of a single patient who is pregnant out of wedlock, the birth certificate is never returned to her home town. In the case of a married woman who has borne a child by other than her husband, the birth certificate is eventually returned to her home town. She, however, may request that the birth not be publicized. If the patient is divorced and her divorce has been final for at least nine months, the birth certificate is not returned to her home town and her ex-husband does not have to be consulted if she desires to place the baby for adoption.

After a patient has been discharged from the hospital, she is not contacted either by phone or by mail if such a contact presents a threat towards the maintenance of confidentiality. Those patients whom the hospital personnel have been given permission to contact are written^{to} on plain stationary using the post office box number as the return address.

Contacting other agencies for the plan for the baby or for funds to help defray the cost of the patient's care is handled very carefully.

Many of the patients to whom confidentiality is very important, who are also aware of the necessity of contacting an agency if they desire to place their baby, do not want to contact an agency in their local community. It is generally better if they do so, but if it is very upsetting, she is helped to contact an agency in a community where she is not so well known. An agency is never contacted for funds unless the patient is first consulted. When the local Salvation Army center is able to help, this is sometimes arranged without revealing the patient's name.

Thus, it is readily observable that the program of service at Booth Memorial Hospital for unmarried mothers is geared towards the maintenance of confidentiality, and as such, respects the patient's need for secrecy.

CHAPTER V

ATTITUDES TOWARDS NEED FOR CONFIDENTIALITY

This chapter is divided essentially into two sections. The first section is devoted to a brief presentation of the characteristics of the patients selected for the study, primarily through the use of Table 1. This is followed by sample interviews with two of the patients which illustrate their views of the concept of confidentiality and their need for a confidential type of service. The second section categorizes the information obtained concerning confidentiality as a result of the eleven interviews. As mentioned previously, this information was obtained at the time of the initial application interview.

The eleven patients selected at random for this study represent approximately eleven per cent of the total number of unmarried mothers applying for maternity home and hospital care between November 1, 1956 and January 31, 1957. According to the monthly statistical reports for this period there were 100 applicants. The characteristics as presented on the following table seem to exemplify average findings as regards the total number of applicants for care. The above statement is made on the basis of the writer's own experience, and a brief glance at the maternity home and hospital register for the designated period. There were not any available statistical studies which included all of the characteristics outlined on the table.

Illustrative of the types and ranges of responses are the following excerpts from the interviews with Alice and Theresa:

Table 1. Characteristics of Eleven Patients Comprising Sample Selection

<u>Characteristic</u>	<u>Alice</u>	<u>Carol</u>	<u>Roberta</u>	<u>Dorothy</u>	<u>Marilyn</u>	<u>Mary</u>
Referral Source	Doctor	Agency	Agency	Doctor	Agency	Agency
Month of Gestation	7th	7th	6th	5th	6th	7th
Age	18	16	17	27	19	22
Marital Status	Single	Single	Single	Single	Single	Single
Race	White	Negro	White	White	White	White
Religion	Prot.	Prot.	Prot.	Prot.	Prot.	Cath.
Education	H. S. Grad.	10th Grade	11th Grade	H.S. Grad.	11th Grade	10th Grade
Occupation	Clerk- typist	Student	Student	Account- ant	Usher- ette	Wait- ress
Plan for Baby	Adopt.	Adopt.	Adopt.	Adopt.	Adopt.	Adopt.
Previous Pregnancies	0	0	0	0	0	1 illeg.
Financial Responsibility	Father	Agency	Alleged Father	Alleged Father	Father	Self

Table 1. Characteristics of Eleven Patients Comprising Sample Selection

<u>Characteristic</u>	<u>Janice</u>	<u>Theresa</u>	<u>Jean</u>	<u>Karen</u>	<u>Evelyn</u>
Referral Source	Sister	Agency	Agency	Sister	Sister
Month of Gestation	6th	9th	7th	6th	6th
Age	16	16	21	19	30
Marital Status	Single	Single	Divorced	Single	Single
Race	White	White	White	White	White
Religion	Prot.	Prot.	Prot.	Prot.	Cath.
Education	7th Grade	9th Grade	10th Grade	H.S. Grad.	9th Grade
Occupation	Mail Sorter	Student	Factory Worker	Pract. Nurse	Factory Worker
Plans for Baby	Keeping	Keeping	Adopt.	Adopt.	Adopt.
Previous Pregnancies	0	0	1 Legit.	0	0
Financial Responsibility	Sister	Father	Self	Father	Self

CASE OF ALICE

QUESTIONS ASKED AND RESPONSES RECEIVED CONCERNING
CONFIDENTIALITY AT TIME OF INITIAL CONTACT

1. Question.-- Is the maintenance of confidentiality important to you?

Response.--

Verbal.-- "Yes, I don't want anyone to know."

Non-verbal.-- She sighed and an expression of relief came over her face. There was marked relaxation prior to the verbal response.

2. Question.-- Why is this important to you?

Response.--

Verbal.-- "I don't want my friends to find out."

Non-verbal.-- The patient blushed and looked rather embarrassed, but quickly composed herself. There was a slight pause before she answered.

3. Question.-- How do you think they would react if they were aware of your pregnancy?

Response.--

Verbal.-- "Because there would be a funny feeling....it makes the relationship with your friends different." She then went on to say that she had a friend who became pregnant and she was not married, and her friends who found out about it were "sort of standoffish" towards her after that. She wasn't, but the girls

other friends practically ignored her.

Non-verbal.-- She hesitated a while before answering but did not blush as before. She did stammer somewhat as she related the above, especially when trying to convey the way in which people would alter their relationships with her should they become aware of her pregnancy.

4. Question.-- Whom did you first tell about your pregnancy? How far along were you?

Response.--

Verbal.-- She told her mother first, and was seven months along at that time. Her mother was "very good" about it. Her mother told her father, and they contacted the family physician and he in turn suggested that they contact the Booth Memorial Hospital.

Non-verbal.-- She immediately responded to the above questions without displaying manifestations of anxiety.

5. Question.-- How many people are aware of your pregnancy at the present time? Who told them?

Response.--

Verbal.-- Six people are aware of her pregnancy, namely, her parents, her paternal grandmother, a girl friend, the family physician and the writer. She told her mother and her girl friend herself. Her mother told the rest of the folks.

They all have been "very good about the whole thing."

Non-verbal.-- The above question was answered after a few moments of thought and counting upon fingers on the part of the patient. The question did not seem to arouse anxiety, and there were not any postural indications of anxiety.

6. Question.-- Due to your desire to place your baby for adoption, it will be necessary for us to refer you to a child placing agency for help with these plans. Do you feel that the necessity of acquainting another social worker with the nature of your present situation presents a threat toward the maintenance of confidentiality?

Response.--

Verbal.-- "No, because I know that they are not going to tell anybody in my home town, and they are there to help me." She had thought that the hospital placed babies for adoption, but she doesn't mind going to another agency for help in finding a good home for the baby.

Non-verbal.-- There was a few minutes of silence during which time she looked around the room and seemed to be concentrating. This behaviour was displayed both before and after the verbal response.

7. Question.-- What if the child placing agency that we suggested to you were in your home town?

Response.--

Verbal.-- She would prefer to go to an agency away from her local community as she lives in a small town, and she is afraid that she might know someone who works there. She would, however, go if absolutely necessary.

Non-verbal.-- She suddenly looked up with a worried expression and then responded quickly with the above answer. There was a short period of silence subsequent to the verbal response.

8. Question.-- Should there be a possibility of securing some funds from one of the agencies in your local community to help defray the cost of your care while you are confined in the maternity home and hospital, would you have any objections to our approaching them for such funds?

Response.--

Verbal.-- "I'd rather not. I'm afraid someone might find out about me. I wouldn't mind so much if it wasn't in my home town."

Non-verbal.-- Again there was a surprised and rather frightened expression on her face, followed immediately by the above verbal response.

9. Question.-- What if there was a Salvation Army center in your community which might be able to help financially?

Response.--

Verbal.-- "I wouldn't mind that at all."

Non-verbal.-- She answered very quickly, and seemed to be surprised that such a question would be asked.

10. Question.-- Would you consider the use of the Social Service Index on the part of the maternity home as a potential threat towards the maintenance of confidentiality?

Response.--

Verbal.-- "No, I wouldn't mind." She felt that there would not be any danger since the only people who would be using this would be social workers.

Non-verbal.-- She thought several moments before answering, and while doing so kept twisting her handkerchief.

11. Question.-- How are you planning to explain your absence to the community and to relatives?

Response.--

Verbal.-- As far as work is concerned, she left two weeks ago. She was able to work up until then because they wore smocks, and no one was able to guess that she was pregnant. She took a leave of absence from work on the basis that her physician said that she needed a change of environment and "complete rest" for a few months.

She will give the same explanation to neighbors and relatives.

Non-verbal.-- The above was related easily, quickly and without anxiety.

12. Question.-- In the light of your desire to maintain confidentiality, would you object to taking part in group discussions with the social worker and other patients in the maternity home? What if factual information about yourself was involved?

Response.--

Verbal.-- "I wouldn't mind since the other girls are all in the same predicament." The above answer applied to factual information as well as matters of mutual concern to all unmarried mothers.

Non-verbal.-- She answered without hesitation and looked directly at the writer.

13. Question.-- Should there be certain individuals or groups of individuals who volunteered to come to the maternity home and hospital and put on special programs for the patients or to teach art and craft classes, would you have any objection to this in the light of your desire to maintain confidentiality?

Response.--

Verbal.-- "I wouldn't mind because they would be careful who they let in the place, and those that do

come would know enough not to say anything. They would only come to help us."

14. Question.-- Are you planning to start court proceedings against the alleged father of your baby?

Response.--

Verbal.-- "No. He doesn't even know I'm pregnant."

Non-verbal.-- There was a surprised and ~~somewhat~~ and somewhat frightened expression on her face after she spoke, and there was a quiver in her voice.

15. Question.-- What is your main reason for not wanting to take the matter to court.

Response.--

Verbal.-- "Everyone would know about me then. Besides we can take care of this ourselves."

Non-verbal.-- Again she looked rather frightened, and there was a definite air as regards the manner in which she replied.

CASE OF THERESA

QUESTIONS ASKED AND RESPONSES RECEIVED CONCERNING
CONFIDENTIALITY AT TIME OF INITIAL CONTACT

1. Question.-- Is the maintenance of confidentiality important to you?

Response.--

Verbal.-- "Most people know anyway. They knew before I did. They all suspected at school because I was so white and had dizzy spells." She went on to say that she tried to keep them from finding out and has not told that she is definitely pregnant.

Non-verbal.--She answered without hesitation, all the while looking directly at the writer. She shrugged her shoulders once as she spoke.

2. Question.-- Why is this important to you?

Response.--

Verbal.-- "I know that they would be ashamed of me. They wouldn't speak and would say that I was bad, wrong."

Non-verbal.-- She blushed and looked alternately out of the window and onto the floor. She hesitated before replying, and there were some pauses as she spoke. She seemed to be quite embarrassed and anxious.

3. Question.-- Whom did you first tell about your pregnancy and how far along were you?

Response.--

Verbal.-- It was suggested by the school nurse that she go away for a while because of frequent dizzy spells. She thinks that the nurse suspected that she was pregnant. She took her advice and went to stay with an aunt. She remained with this aunt for two months. While she was there she confided in her aunt, and she took her to a local physician who confirmed the fact that she was pregnant. She was about three months along at the time. Her aunt wrote to her father. He then came and took her home. According to Theresa, her family has been understanding, and she feels that they have not "changed toward her."

Non-verbal.-- She related the above easily and without apparent anxiety. There seemed to be a certain eagerness to tell the writer her story.

4. Question.-- How many people are aware of your pregnancy at the present time? Who told them?

Response.--

Verbal.-- She is not certain just how many people are aware that she is pregnant. She definitely knows that eight people know, namely, her parents, the alleged father, her aunt, the doctor and the agency doctor, the

social worker at the family service organization who referred her here and the writer.

Non-verbal.-- It took considerable time for her to relate the above. She kept counting the people and changed the number many times as she remembered other people who knew. There were a considerable number of pauses throughout her answer, but she did not seem to be upset by the question. When she was counting and thinking to herself, she stared out of the window; but when speaking, she looked at the writer.

5. Question.-- How are you going to explain the presence of your baby when you return to your local community?

Response.--

Verbal.-- They have to leave the place where they are living now due to the fact the landlord has sold the property. Thus they will be moving. This will make it easier for her. They are not going to make any explanations to her two younger brothers, ages 8 and 13. She is just going to bring the baby home with her. When they move, she will not have to bother making any explanations to the neighbors because she won't know any of them. In case they do not move before the baby is born, she may possibly go to her aunt with the baby. This is not

definite as yet.

Non-verbal.-- She related the above easily, without hesitation, all the while looking at the writer.

6. Question.-- Should there be a possibility of securing some funds from one of the agencies in your community to help defray the cost of your care while you are confined in the maternity home and hospital, would you have any objections to our approaching them for such funds?

Response.--

Verbal.-- "No." She went on to say that her father will be responsible for the finances. There is a possibility of securing some help from the alleged father at a later date.

Non-verbal.-- She answered immediately, and the tone of her voice indicated she meant what she said. The question did not seem to arouse any anxiety. She reinforced her answer with the shaking of her head.

7. Question.-- What if there was a Salvation Army center in your community which might be able to help you financially?

Response.--

Verbal.-- "It would be OK to ask them."

Non-verbal.-- Again she answered immediately and with surety.

8. Question.-- Would you consider the use of the Social Service Index

on the part of the maternity home as a potential threat towards the maintenance of confidentiality?

Response.--

Verbal.-- "That would be OK with me."

Non-verbal.-- She answered without hesitation and with surety. There were no indications of ambivalence.

9. Question.-- How are you planning to explain your absence to the community and to relatives?

Response.--

Verbal.-- She has already started telling some of the folks that she is going away to visit some friends for a while upon the recommendation of her doctor. She has been telling them this for quite some time, and thus they will not be surprised when she does leave home. Some of them may, however, suspect that she is pregnant. She is not going to make a special effort to tell each person individually. They will probably tell each other.

Non-verbal.-- Her actions and the tone of her voice seemed to indicate that this was not a matter of great concern to her.

10. Question.-- In the light of your desire to maintain confidentiality, would you object to taking part in group discussions with the social worker and the other patients in the maternity home? What if factual information

information about yourself was involved?

Response.--

Verbal.-- "I wouldn't mind sharing things with them. It wouldn't do any harm."

Non-verbal.-- She responded immediately without manifestation of ambivalence or anxiety.

11. Question.-- Should there be certain individuals or groups of individuals who offered to come to the maternity home and put on a special program for the patients or to teach art and craft classes, would you have any objections to this in the light of your desire to maintain confidentiality?

Response.--

Verbal.-- "I wouldn't mind. It wouldn't bother me."

Non-verbal.-- Again she answered with surety, all the while looking at the writer. She shook her head as she spoke to further emphasize that which she was saying.

12. Question.-- Are you planning to start court proceedings against the alleged father of your baby?

Response.--

Verbal.-- "If he refuses to help, we will." She and her father have already discussed the matter with a lawyer, and if the father of the baby will not help as he said he would, they will take him to court. He was to come to see

them a week ago, but he did not do so. They feel that since he did not come as he promised, he will not pay anything either. They are fairly certain that they will end up taking him to court.

Non-verbal.-- She related the above easily and without hesitation. There seemed to be a certain eagerness to tell the writer the above..

13. Question.-- Do you feel that court proceedings would violate the confidential nature of your present situation?

Response.--

Verbal.-- "No." She and her father both feel that he should contribute something toward her expenses, and that this is important.

Non-verbal.-- She answered with firmness and without apparent anxiety. She looked at the writer and shook her head once as she spoke.

Importance of Confidentiality.-- All of the patients, with the exception of Theresa, indicated that the maintenance of the confidential nature of their present situation was very important to them. Theresa said that many people are already aware of the fact of her pregnancy. However, as the interview progressed, it became apparent that she, too, was making some effort to hide the fact of her pregnancy although she was not as concerned about this as the other patients. There were a couple of patients, as exemplified by Carol and Marilyn, who became embarrassed and quite anxious when asked about the importance of confidentiality. These two patients also were the only ones who did not give an immediate verbal response. During the silence preceding the verbal response, they looked alternately out of the window and onto the floor. Marilyn blushed quite markedly. The remaining patients, all of whom were quite tense, acquired a more relaxed state, as indicated by their posture, facial expression and occasional sighing. This sighing seemed to be a manifestation of relaxation rather than anxiety.

Why Important.-- Overt manifestations of anxiety, as indicated by blushing, stammering, frequent periods of silence, nervous spasmodic laughter, inability to look at the writer, shifting around in chairs, were unanimous reactions. Eight of the patients were very concerned lest their friends should find out. Marilyn answered with, "I'd be ashamed," not indicating any particular relationship. The word "ashamed" was used by the majority of the patients, and with the exception of Marilyn, was

used in the sense that other people would be ashamed of them. Dorothy was the only patient who expressed concern over the fact that she might lose her job if her employer found out. Carol feared that she might not be able to return to school if the principal or teachers found out. Mary and Carol were more concerned over the embarrassment and shame it would bring upon their parents rather than on themselves. This is exemplified clearly in Mary's answer, "my mother would die of shame. I would have to change my name." Karen related to the writer how her older sister had gotten into this same difficulty about 18 months ago. Her parents were ashamed of her then, but would be even more ashamed now if people found out that another one of their daughters was pregnant.

Predictability of Behaviour of Others Toward Pregnancy.-- Anxiety,

overtly manifested in the same ways as after the previous question concerning the reasons for the importance of confidentiality was again a unanimous reaction. None of the patients seemed to be able to express their feelings adequately. Four of them actually stated, "I don't know."

However, three of these were able to elaborate upon their answers a little more fully after a few moments of silence. The fourth, Evelyn, just simply stated that she did not know. Four of the patients felt that other people would react by talking about them, as illustrated by Karen who said, "I don't know. (Pause) They probably would talk about me a lot and spread the news all over town." Two of the patients felt that people would react by not talking to them. This is illustrated by

Marilyn who said, "I don't know. (Pause) They probably would not speak to me." As in their answers to the previous question, Carol expressed concern over the fact that they might not let her finish school, and Dorothy was afraid that she would lose her job. The indefinite content of the responses is clearly illustrated by Alice who said, "Because there would be a funny feeling. It makes the relationship with your friends different"; and Carol who said, "Sort of different." Alice, however, attempted to clarify what she meant by using the illustration of a friend of hers who became pregnant and was not married and how her friends were "standoffish" toward her after they found out.

First Person Confided In and Month of Gestation.-- The questions concerning the above for the most part did not seem to be anxiety provoking. Most of the patients gave an immediate verbal response. Those who did not respond immediately were noticed by the writer to be counting up the months of gestation on their fingers. A table seems to be the best medium with which to illustrate the responses obtained. (See the following page.)

Roberta and Karen did display some anxiety during the course of their respective verbal responses. Roberta became somewhat embarrassed and flustered as exemplified by her blushing and stammering as she related how she felt when her doctor confronted her with the fact that he had diagnosed her to be pregnant. Karen was on the verge of tears as she told how upset her mother was when she told her that she was pregnant.

Table 2. First Person Confided In and Month of Gestation

<u>Name of Patient</u>	<u>First Person Confided In</u>	<u>Month of Gestation</u>
Alice	Mother	7th
Carol	Mother	7th
Roberta	Doctor ¹	3rd
Dorothy	Doctor	4th
Marilyn	Mother	6th
Mary	Mother	6th
Janice	Girlfriend	6th
Theresa	Aunt	3rd
Jean	Mother	7th
Karen	Mother	2nd
Evelyn	Sister ²	6th

¹The doctor found out that she was pregnant when she was in the hospital for evaluation regarding whether or not she would be amenable to treatment for burns sustained many years ago, via plastic surgery. He confronted her with his findings after which she confided in him.

²Her sister asked her if she was pregnant because of her frequent attacks of nausea. She then confided in her.

She again related how her older sister had gotten into this same difficulty, and her mother is less understanding now than she was the last time this happened to one of her daughters. The above reactions probably represent guilt feelings also. Five of the patients were able

to elaborate upon their answers by briefly describing the way in which the person in whom they confided reacted. Jean said that her mother was very angry at first, but she is "OK" now. Evelyn related how her sister felt hurt and angry because she had kept the fact of her pregnancy a secret.

Number of People Who are Aware of Pregnancy at Present Time and Who Told Them.-- This question did not appear to arouse anxiety in any of the patients. There were frequent pauses throughout the verbal responses, but these were at such times when the patients were concentrating upon giving the writer accurate answers. The majority of the patients counted on their fingers during this period of silence. The number of people who are aware of the patients condition range from four who know of Karen's condition to nine who are aware of Dorothy's pregnancy. These figures include the writer.

As regards acquainting other people with the fact of their pregnancy, this task was mainly left to the patient or to her mother. Exceptions to this are Evelyn whose older sister helped her, Theresa whose aunt and father helped her, and Janice whose girlfriend helped her. The mothers usually took the initiative in telling other family members, doctors and agency social workers. This, however, was subsequent to discussions with the patient. In some instances both were present when relating the fact of the patient's pregnancy to other people. The patients, themselves, usually assumed the responsibility of telling

their girlfriends and the alleged fathers. An exception to this is Theresa whose father told the alleged father of her baby that she was pregnant.

Table 3. Groups of/or Individual People Aware of the Patient's Pregnancy.

<u>Group or Individual</u>	<u>Number of Patients</u>
Both Parents	8
Agency Social Workers	6
Sisters	6
Doctors	5
Alleged Fathers	5
Girlfriends	4
Brothers-in-law	3
Mothers	2
Grandmothers	2
Aunts	2
Brothers	2
Brother's-in-law father	1
Supervisor at work	1

Referral to Child Placing Agency.-- This refers to the responses of nine patients only since Theresa and Janice were planning to keep their babies. The questions concerning the above brought a variety of responses, especially when writer asked if they would mind contacting an

agency in their home town. Marilyn, Carol and Evelyn showed no anxiety, and they felt that a referral to an agency even if it were in their home town would not present a threat to the maintenance of confidentiality. Marilyn shrugged her shoulders and seemed to have a rather indifferent attitude and was not at all concerned. Roberta acted very surprised when the writer posed the first question. Carol said, "Oh no, it's easy to talk to them, and the social worker would never say anything." Evelyn expressed herself by saying, "No, they work with unmarried mothers all the time the same as you do here." The most anxiety was displayed by Karen, especially as regards the latter question concerning a referral to an agency in her home town. She became flustered and stammered as she spoke. She said that she definitely did not want to contact an agency in her home state. (Only one Protestant agency in this state.) Her sister placed her baby through an agency in Boston and it worked out very well. None of the folks at home ever found out. In addition, the staff pediatrician at the agency in her home state is a personal friend of the family. Five of the patients, namely, Alice, Roberta, Dorothy, Mary and Jean felt that they would rather contact an agency away from their local community but would be willing to contact one at home if this would prove to be the better plan and if absolutely necessary. None of the nine patients, however, felt that a referral to a child placing agency outside of their local community presented a threat to the maintenance of confidentiality. Those who did not feel that they wanted to

contact an agency in their local community or at least would prefer not to if other arrangements could be made, were afraid that they might know someone from the agency on a personal basis.

Explanations to be Given as Regards Presence of Baby.-- This section includes the responses obtained from two of the patients, namely, Theresa and Janice. The question did not seem to arouse anxiety in either of the patients. Janice said rather unconcerned, "I don't know. My sister may be able to take the baby and watch it for me." She went on to say that when she first left school there were rumors going around that she was pregnant. Theresa said that her family was going to move thus she would not have to explain to the neighbors. In case they do not move in time, she may be able to go to her aunt's house with the baby. She has two younger brothers at home, but she is not going to make any further explanations to them. She is just going to bring the baby home. Neither one of them seemed to be very concerned about the whole matter.

Referral to Agencies in Local Community for Financial Assistance.-- This section will include the responses obtained concerning the contacting of The Salvation Army center as well as other social agencies. The first question particularly aroused some anxiety especially in those who felt that they did not want to be referred to agencies in their local community. Seven patients definitely did not want to be referred to local agencies, and the remaining four felt that they would not mind. As regards referral to local Salvation Army centers, eight patients would not mind contacting

them. These eight include three of the patients who had previously stated that they definitely would not want to contact other local agencies. Dorothy, one of the three, felt that since "it was all part of the same organization," (the Booth Memorial Hospital being operated by The Salvation Army), she would not mind a referral of this nature. The remaining three patients, Janice, Jean and Karen were indefinite as regards referrals to the local Salvation Army. This is evidenced by their respective answers: "I wouldn't mind that as much;" "That wouldn't be so bad;" and "I'd rather them if necessary." Six of the patients, however, expressed the opinion that they would prefer to work out the finances between themselves, their families and the alleged fathers.

Use of Social Service Index.-- With the exception of Jean and Janice, all of the patients paused for a considerable length of time before replying. This silence, for the most part, did not seem to be indicative of anxiety or ambivalence, but of concentrating upon the nature of the resources in question. Eight of the patients definitely felt that being indexed would not violate their need for confidentiality. Typical responses were: "No, since they would only use it if they felt it would be of some help to us;" "It's all right as long as it's for a good cause." Three of the patients at first did not seem to be too sure of themselves, responding first of all by saying that they did not know. Karen seemed to be the most cautious as indicated when she said after a

long period of silence, "I don't know, I'd have to think that over." All three of these patients, subsequent to their expression of ambivalence, said that the use of the Social Service Index would be alright since they are careful to whom they give information, and only social workers would be using this resource. Karen, however, still remained a little unsure of herself. These patients, too, expressed the opinion that the resource had possible potential value to them.

Explanations Regarding Absence.-- This question did not seem to provoke any anxiety; the patients responded quickly and easily. Four of the patients told people that they were going away for a rest cure, or for other types of treatment as a result of the recommendations of their doctor. Roberta, for example, said that she was going away for treatment for scar tissue as a result of serious burns. Three said that they had secured employment outside of their local community. Karen, a practical nurse who had been doing private duty, said that she was being assigned to a case in Boston. Another three said that they were going away to visit various relatives and friends as illustrated by Dorothy who said that she was going to stay with an elderly aunt who wanted a companion for a while. The remaining patient, Jean, was not going to bother making an explanation to neighbors since she "is not close to any of them." She is also leaving things very indefinite as far as relatives are concerned, in that she is just simply going to tell them that she is going away. As far as work is concerned, she does not owe them any explanations since

she has already quit her job.

Group Discussions with Social Worker and Other Patients.-- The patients were able to respond easily and with a minimum of anxiety. None of them expressed any objections to taking part in the discussion. They felt, for the most part, that since they were all experiencing the same type of problem, they would respect each others need for confidentiality. This is illustrated by Mary, who said, "We're all there for the same reason, so I guess I wouldn't mind. The others would not want people to know either." Evelyn, Jean and Carol felt that the amount of freedom of expression on their part was dependent upon their relationship with the other girls, namely, how friendly they were with them. Jean said, "It depends if you're on the 'in' with the girls, and how they accept you and how friendly you are with them. If you are friendly with each other you can trust each other." As regards the rendering of factual information, Janice felt that she would not want anyone to know her last name, and Karen said that she would not want the others to know where she is from because it is such a small community.

Services of Volunteers in the Maternity Home.-- There did not seem to be any evidence of anxiety as regards the above. Some of the patients, such as Carol, seemed rather surprised that such a question was asked. The majority expressed the opinion that the volunteers would be carefully screened and that they wouldn't let just 'anybody' in. Dorothy said, "You wouldn't let people come unless you were pretty sure

of them." Roberta and Karen both replied that they probably would not know^{any} of them since they were both from out of state. Karen further stated that she would not want to discuss her personal problems with them and especially would not want to tell them her name and where she is from.

Court Proceedings Against the Alleged Father.-- The previously listed manifestations of anxiety were found in all but two of the patients, namely, Theresa and Roberta, Theresa being the most calm. Theresa and her father had already spoken with a lawyer, and Roberta felt certain that the father of the baby would help her. In addition, she might marry him. Five of the patients definitely did not want to go into court. Of these five, Carol, Mary and Jean gave as their main reason the fact that they wanted to assume the financial responsibility themselves, or among their own families. They also said that they did not know whether or not court proceedings would violate the confidential nature of their present situation. Alice and Karen were afraid that people would find out about them if they went to court. They both pointed out that they could pay for their own care. Dorothy would take the alleged father to court only if he refused to pay voluntarily. She said that if she went to court she would request a private hearing so that people would not find out the circumstances under which it was being held. Marilyn, Evelyn and Janice all replied, "I don't know," when asked about the court proceedings and also whether or not they were afraid that such action would violate their

need for confidentiality. Evelyn said that if people already knew she would not hesitate going into court. Roberta, despite the fact that she and the alleged father might get married and also that she felt certain even if they didn't he would pay for her expenses, said that court proceedings might mean people finding out and this would hurt her parents. Thus, actually seven of the patients expressed some concern over the fact that court proceedings might reveal their secret to those whom they would not want to know.

CHAPTER VI
SUMMARY AND CONCLUSIONS

The purpose of the study was to determine the attitudes of eleven unmarried mothers toward their need for confidentiality, the information being obtained at the time of the initial contact with the maternity home and hospital, and to find out if we are interpreting their need too rigidly in the light of total casework goals.

In order to provide a background for the study, there was given a description of the existing facilities and program for unmarried mothers at the Booth Memorial Hospital with special emphasis upon how this program is designed to maintain confidentiality. Also included is a brief resumé of the concept of confidentiality as it applies to other professional fields of endeavor as well as to social work. Accepted principles of confidentiality as outlined in current literature, designed for the protection of the client, were cited.

Confidentiality as regards the nature of the problem and the type of assistance being given has come to be recognized as a need of all clients. It is not only their right to have a confidential type of service, but a sense of trust in the worker is enhanced. This in turn is conducive to more effective treatment.

A table and two sample interviews were used to present the characteristics of the sample selection and the content of their responses,

both verbal and non-verbal.

It seems to be the general opinion among laymen as well as professional social workers that the unmarried mother, especially those who apply for maternity home care, needs to be even more protected than other types of clients. The very fact that they want to enter a maternity home indicates that they themselves feel a need to hide the fact of their pregnancy from certain individuals. This is not true in every case but seems to apply in the majority of cases. This study seems to bear out the above, and also seems to point out that the unmarried mother seems to be mainly concerned as regards personal acquaintances finding out about her pregnancy. There seems to be considerably less concern as regards the seeking of professional help, contacts with other unmarried mothers, and volunteer groups in the maternity home. This is based upon the actual verbal expressions on the part of the patient.

Ten of the patients verbally attached a great deal of importance to their need for confidentiality. The remaining patient, although not as concerned, indicated that she was making some effort to hide the fact of her pregnancy. The majority seemed to be relieved when asked if the maintenance of confidentiality was important to them. This seems to indicate that the mere asking of this question on the part of the writer serves to show recognition of, ^{and} an interest in the patient's need. The foundations of a sense of trust are thus being laid, this being extremely important as regards the success of subsequent therapy.

The fact that it was very difficult for them to verbalize why they wanted to hide the fact of their pregnancy and how people would react if they found out, may be interpreted in various ways. It may indicate that they just accepted the unmarried mothers' need for confidentiality as a matter of course and that it would not be within the realms of our existing moral code not to be ashamed. Thus, they never stopped to formulate their own reasons for wanting to keep their pregnancy a secret.

Their guilt feelings, already existent to some extent, may have become so intensified as they concentrated on responding to the question, that a temporary anxiety state was aroused with resultant inability to express themselves. If we want to delve deeper, we might possibly say that the guilt feelings aroused were the result of a subconscious desire not to keep their pregnancy a secret, that is to say, guilt over not actually being ashamed of their pregnancy as they felt they ought to be.

Another possible interpretation is that the sense of trust, which seemed to be developing as a result of the first question asked, was being counteracted. Their anxiety thus may be indicative of hostility. Hostility may have also been aroused on the account that they felt that the writer, especially as a member of the social work profession, should already be aware of the reasons for their need for confidentiality and the probable reactions of others.

Despite the fact that all of the patients attached some importance to their need for confidentiality, they all told more people that they

were pregnant than was absolutely necessary as regards the meeting of practical needs. The writer feels that there is only one possible way to view this and this is that some emotional needs must be met through the telling of certain individuals. In some cases it may be for the support and understanding to be gained. They not only need support from their families but from a friend, from a doctor or from the alleged father. The patients told a greater percentage of family members than other people. This may be indicative of good family relationships but more probably it is indicative of adverse relationships. The very fact of their becoming pregnant out of wedlock is evidence to support the latter theory.

Eight of the patients told both of their parents and two told only their mothers. Two of the patients seemed to display a particular eagerness to tell the writer their mothers' reaction and seemed to derive a certain amount of pleasure over the fact that their mothers were so upset. This satisfaction may be indicative of hostility toward their mothers, and the eagerness to tell about their mothers' reaction may serve as an outlet for their guilt feelings over this hostility.

Despite the fact that the writer did not ask the patients to tell about the reactions of other people in whom they have confided, most of them did say something to this effect as exemplified by the above mentioned patients. Some of the patients told how their relatives, especially their parents, were 'OK', 'very good', or 'understanding' about the whole thing. The fact that this information was offered voluntarily suggests a need to reassure themselves of the support of their relatives which they may actually doubt they are receiving, or to reassure

themselves as in a couple of cases, that they actually succeeded in getting their mothers upset.

Some of the patients expressed concern over the shame which would be brought upon their families, especially their parents, if people found out that they were pregnant. The fact that they tended to project this feeling of shame upon their parents may indicate that they are actually blaming their parents for their present condition; that they are denying their own guilt; or the existing attitudes of society toward they, themselves.

The fact that ten of the patients told their mothers about their pregnancy seems to imply that mother has the greatest potentiality for meeting a daughters need, whether the relationship is good or poor, and whether or not the need is neurotic in nature.

A desire for self-punishment may be the reason why the patients all told more people than was absolutely necessary from the writer's point of view. Their guilt was not satiated through the letting of only one or two people know, or perhaps not letting anyone know. Thus they may have been compelled subconsciously, to let more people know.

The previous, possible interpretations, are further supported by the fact that the majority of the patients waited until they were in their sixth or seventh month of gestation before confiding in anyone. As indicated in Table 1, this applies also as regards the time of the referral to the maternity home and hospital. The two whose pregnancies

were revealed very early did not actually confide in any one of their own accord, but the fact of their pregnancy was discovered. Despite the fact that this was discovered so early, namely, their third and fourth month, one patient waited until her eighth month to apply for care, and the other until her sixth month. At the time of the initial application interview, the fact of pregnancy was very obvious on all but one patient. This waiting until their pregnancy is obvious before beginning to make a plan does not seem to comply with the great importance they attach to their need for confidentiality. They may have been afraid to tell anyone, or the mechanism of denial may have been operating within them, and they did not want to and could not face reality. Perhaps this behaviour is again indicative of a self-punitive mechanism, or a desire for their families to be punished.

The question remaining to be answered is in what way does the telling of more people than actually seems necessary on the surface, and waiting until their pregnancy is obvious before seeking a more protective environment, fit in with their verbal expression of an intense need for confidentiality?

The reasons why the unmarried mother singles out certain individuals to tell about her pregnancy and whether their relationships with those individuals are positive or negative affords a subject for future research projects.

Out of the nine patients who were asked about referrals to child placing agencies, six displayed manifestations of anxiety and said that

these referrals would not present a threat toward the maintenance of confidentiality if the agencies were located outside of their local communities. They were afraid that they might know someone there on a personal basis. Thus, the social worker who has the potentiality of being known to the patient on a personal as well as a professional basis, is to be feared as far as the maintenance of confidentiality is concerned. Many of the patients did tell a personal friend of their condition, but this was a person whom they singled out of their own accord. This possibly represents a need to confide in an unbiased, professional person who would as such respect their desire for confidentiality.

The feeling, however, was unanimous with certain criteria, on the part of six of the patients, that an agency contact regarding the adoption plans for their babies would not threaten the maintenance of confidentiality. The fact that they were all aware of the necessity of a contact of this sort may have served to color their answers and thus the willingness to make the contact. The writer feels, however, that this also represents a sense of trust in the professional social worker, either already present, enhanced by the present interview or developed as a result of this interview.

The above theories also seem to be borne out as regards contacts for financial assistance. There are, however, some additional points to be made as regards the nature of the responses. It is interesting to note that six of the patients made it a point of mentioning that they would

assume the financial responsibility themselves or take care of it with the help of some of the people already aware of their pregnancy. In a couple of cases, this was the only reason why they did not want to be referred to any agency for financial assistance. This again suggests a need for self-punishment or a need to punish someone already aware of their condition.

There was considerably less objection as regards the contacting of local Salvation Army centers. The patients may have felt that they had to reply in a positive manner in order to gain the approval of the writer, or in order to be accepted here for care since the hospital is owned and operated by The Salvation Army. In addition, they may have felt that the chances of their knowing the officers in charge of The Salvation Army center in their local community were very slim since there are usually just two officers at these centers whereas at other agencies the staff would probably be greater in number.

The fact that there was much less objection as regards contacting the Salvation Army for financial assistance may also indicate that the patients trust the writer or look upon her as a representative of The Salvation Army as well as of the profession of social work, and this trust has been extended to all phases of Salvation Army activities.

The writer feels that in the past we have not made full use of potential sources of income from the patients' community. This is possibly because we have interpreted the patients' need for confidentiality

so rigidly that we very often do not even acquaint her with the existing resources let alone discussing possible referrals. We should make a more intensive effort as regards bringing these potential resources to the attention of the unmarried mother. This may lead to a referral in some cases with possible funds forthcoming. If the hospital could acquire some additional funds to help defray the cost of care of only a few of the patients, this could lead to some additional improvement of the existing program of service.

The responses obtained as regards the use of the Social Service Index again point out that the patients seem to have enough trust in social workers to believe that they would not acquaint anyone with the nature of their present situation which would violate their need for confidentiality. Our not wanting to use a resource of this sort because of our interpretation of the patient's need for confidentiality does not seem valid in the sense that it is not conducive to the best possible casework practice. Information is not always readily obtainable from the patients and from those who are aware of her pregnancy. Past contacts with other agencies, the reasons for and the results of these contacts, have potential value as regards the effectiveness of the present course of therapy. Not to use the Social Service Index is almost like saying that we cannot trust our fellow-workers.

The above mentioned sense of trust in social workers seems to have been extended to the maternity home personnel as a whole, this being

verbally indicated by the patients. One further speculation regarding the above attitude concerns again the idea of a need for punishment and thus they did not mind being seen by the volunteer workers.

It is interesting to note that the main reason they were giving as regards their absences from their various communities was they they were going away for medical treatment. This sort of explanation could possibly make people more suspicious in that they would be more prone to think of pregnancy, especially since the fact of being pregnant was very obvious on all but one of the patients.

All but one of the patients were making an effort to explain their absences from their communities, yet they did not make any effort to do so until they were well advanced as regards their pregnancy. Perhaps guilt feelings were aroused or intensified as a result of the lying, and the obviousness of their pregnancies served to counteract this additional guilt as well as meet some of their need for self-punishment.

The responses obtained as regards the group meetings in the maternity home seemed to indicate that there already has been established a certain amount of group feeling despite the fact that none of the patients had met each other as yet. The majority did not express any fears that these meetings would violate confidentiality, and they were all willing to take part in them. After being exposed to our interpretation of their need for confidentiality after they are admitted to the maternity home, they could possibly change as regards their freedom of expression in these

group meetings, and as such, adversely affect that which is hoped to be accomplished through such meetings.

As regards court proceedings against the alleged fathers, most of the patients did not want to go to court. Some of the patients were afraid of the publicity involved and some because they preferred to work out the finances themselves. Of the total eleven patients, most of them expressed the latter feeling, this being even more emphasized than a fear of publicity. This again seems to indicate a need to be punished-- a need to bear the burden themselves.

Although the patients consciously expressed a need for confidentiality, their behaviour in many instances seems to counteract this conscious desire for secrecy. Much evidence has been given to support the theory of a need to be punished as the mechanism behind this behaviour. Some evidence is also found as regards a need to punish others, such as their family members. These needs apparently are situated at a subconscious level and as such are not recognized by the patient.

This study seems to indicate that we are interpreting the unmarried mothers' need for confidentiality more rigidly than she herself in interpreting it. This rigid interpretation could have an adverse affect on the total treatment process. Our not contacting certain resources, on the basis that we think that the patients would mind our doing so, in the long run may deprive the patient of the best possible type of care. In some cases it deprives the social workers of information which would

prove very valuable as far as diagnosing and subsequently treating the patients are concerned. In some instances, the hospital is deprived of funds forthcoming from some of these resources which would help to better our program of service.

After the unmarried mothers are admitted to the maternity home, and are as a result exposed to our interpretation of their need for confidentiality, they could possibly change as regards their freedom of expression with the social worker and in the group meetings. Our rigid interpretation of this need might serve to set up a block as regards expression of fact and feeling both, and thus, once again, adversely affect the treatment process.

The writer is aware of the limitations of this study, and the fact that these limitations greatly lessen its value. It does seem to indicate, however, that the conscious expression of a need for confidential type of service on the part of the unmarried mothers often is not an expression of their actual deeper needs, due to the fact that their behaviour does not comply with a desire for secrecy. In addition, our interpretation of their desire for confidentiality is not conducive to the best possible program of service.

Accepted;
David Landy
Thesis Advisor

Appendix A

Questions Asked Concerning Confidentiality at Time of Initial Application Interview

1. Is the maintenance of confidentiality important to you?
2. Why is this important to you?
3. How do you think people would react if they were made aware of your pregnancy?
4. Whom did you first tell about your pregnancy, and how far along were you?
5. How many people are aware of your pregnancy at the present time? Who told them?
6. Due to your desire to place your baby for adoption, it will be necessary for you to contact a child placing agency for help with these plans. Do you feel that the necessity of acquainting another social worker with these plans and the nature of your present situation presents a threat to the maintenance of confidentiality? (This applies only to those patients who expressed a desire to place their baby in a foster home for adoption.)
7. How are you going to explain the presence of your baby when you return to your local community? (This applies only to those patients who expressed a desire to keep their baby.)
8. What if the child placing agency were in your home town?
9. Should there be a possibility of securing some funds from one of the agencies in your local community to help defray the cost of your care while you are confined in the maternity home or hospital, would you have any objections to our approaching them for such funds?
10. What if there were a Salvation Army center in your local community that might be able to help you financially?
11. Would you consider the use of the Social Service Index on the part of the maternity home as a potential threat toward the maintenance of confidentiality? (This resource had previously been explained to each patient.)

12. How are you planning to explain your absence to the community and to relatives?
13. In the light of your desire to maintain confidentiality, would you object to taking part in group discussions with the social worker and other patients in the maternity home? What if factual information about yourself was involved?
14. Should there be certain individuals or groups of individuals who volunteered to come to the maternity home and hospital to put on special programs for the patients, or to teach classes of some sort, would you have any objections in the light of your desire to maintain confidentiality?
15. Are you planning to start court proceedings against the alleged father of your baby?
16. What is your main reason for not wanting to take him to court? (This applies only to those patients who replied to the above question in the negative.)
17. Do you feel that the court proceedings would threaten the confidential nature of your present situation? (This applies to only those patients who positively would take the alleged father to court, or to those who might do so.)

Appendix B

Schedule

Name

Referral Source

Month of Gestation at Time of Referral

Age

Marital Status

Race

Religion

Education

Occupation

Plan for Baby

Previous Children Born Out of Wedlock

Financial Responsibility

BIBLIOGRAPHY

Women's Social Service Secretaries of the Four Territories, in
Collaboration with the National Headquarters, Handbook of
Information, Homes and Hospitals for Unmarried Mothers,
1952, New York City

American Association of Social Workers, The District of Columbia
Chapter, Principles of Confidentiality in Social Work, 1946