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A study of mothers of adolescent daughters seen at the Massachusetts Memorial Hospitals Children's Psychiatric Clinic.

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A STUDY OF MOTHERS OF ADOLESCENT DAUGHTERS SEEN AT THE
MASSACHUSETTS MEMORIAL HOSPITALS CHILDREN'S
PSYCHIATRIC CLINIC

A Thesis
Presented to
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Master of Science in Social Service

by
Jane E. Davis
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CHAPTER I

INTRODUCTION

This thesis is a study of mothers of adolescent daughters at the Children's Psychiatric Clinic at the Massachusetts Memorial Hospitals.

Purpose of the Study.

It is the writer's purpose to study mothers of adolescent daughters and to find, if possible, what the mothers' experiences during adolescence were with the maternal grandmothers and to see if these experiences were, in any way, reflected in the mothers' problems with their adolescent daughters.

The specific questions related to this purpose to which answers are sought are:

1. What are the daughters' problems?
2. What are the mothers' attitudes toward the adolescent daughters?
3. What were the maternal grandmothers' attitudes during the mothers' adolescence as described by the mothers?
4. Are there similarities and differences in the relationships between the two generations?

Scope of the Study.

This is a study of twenty mothers referred to the

Children's Psychiatric Clinic between January 1, 1950 and January 1, 1954. This represents the total number of closed cases of mothers of adolescent daughters who were seen in Social Service for a period of more than three months.

Sources of Data.

In writing this thesis, the writer made use of literature dealing with the adolescent period and with literature dealing with the mother-child relationship. Use was also made of the case material of the closed file of the Children's Psychiatric Clinic of the Massachusetts Memorial Hospitals.

Method of Procedure.

The schedule (see Appendix A) was made to collect specific data from the social case records of the mothers of adolescent daughters. This information involved consideration of attitudes expressed by the mothers which related to both her own and her daughter's adolescent period.

Limitations of the Study.

Limitations are present in such a study as this because of the very nature of case recording which often limits a full explanation of attitudes expressed by the mothers both towards maternal grandmothers and towards the adolescent daughters. Further limitations were met because of the difficulty in limiting the study to just the mother-daughter relationship.

While case records for maternal grandmothers were not available, it may be formulated that the mothers' statements regarding their feeling towards the maternal grandmothers show, to a good degree, what the attitudes were toward one another.

This is a study of mothers of adolescent daughters seen in treatment and for this reason this is not a study of all types of mothers seen in Social Service at the Children's Psychiatric Clinic of the Massachusetts Memorial Hospitals.

Value of the Study.

This study is made not only to find the kinds of problems adolescent girls have who are referred to this clinic, but also to study these problems in relationship to the mothers and their adolescent period of development.

CHAPTER II

THE AGENCY AND THE PSYCHIATRIC SOCIAL WORKER

The Psychosomatic Clinic of the Massachusetts Memorial Hospitals was established in August 1946 as part of the Department of Psychiatry and Neurology. It is affiliated with the Boston University School of Medicine and serves the purpose of treating and training center for medical, psychology, and social work students. It is divided into three divisions: Adult, Children's and Seizure Clinics.

The Children's Psychiatric Clinic was established in 1948 by Doctor William Malamud, Director of the Psychiatry Department of the Boston University School of Medicine. It was established for the purpose of evaluating and treating acute emotional problems in children and somatic disturbances which may develop on the basis of emotional difficulties.

The Children's Psychiatric Clinic receives patients from both inside and outside of the hospital. All hospital referrals are accepted for evaluation, and the suitability of the child for treatment is determined during the evaluation period. The criteria for acceptance of patients in the Children's Psychiatric Clinic are:

1. Symptoms should be of recent origin and occurring within a year previous to application.

2. The age span is from birth to eighteen years.

In the Children's Psychiatric Clinic the psychiatrist sees the child while the psychiatric social worker sees the mother.

Psychiatrists working with children differ in their approach, but generally the doctor utilizes the relationship with the child to meet the particular needs depending upon what is wrong with the child. One use of the relationship is to provide the child with a strong adult when the child's problem springs from lack of a strong, secure adult around him. In other methods, the psychiatrist uses the relationship to help the child develop insight into the reasons for his difficulties, to free inhibitions, re-enact unhappy experiences, experience and control repressed emotions and to develop some awareness of these feelings. However, psychiatrists have been conservative about suggesting intensive therapy for adolescents, because anxiety and panic states are so easily aroused and the weak ego of the adolescent may not be able to bear the demands of insight.¹

¹ Gordon Hamilton, Psychotherapy in Child Guidance, (New York: Columbia University Press, 1947) p. 251.

Usually the parent who assumes responsibility for bringing the child to the clinic is the mother. That she does is of great importance because she comes essentially then as a parent and continues as such unless there is some clarification with her that she comes on some other basis. More often than not, the clinic experience means many conflicts for the mother and she feels anxious and uncomfortable. Often she has tried in the past to solve her problems with her child and, unable to continue, now comes for help at some strategic point in both her growth as a parent and also because of the difficulty her child is in which is more than she can handle. The mother comes blaming both herself and her child for the predicament they are in. The mother looks upon the worker as a person knowing a great deal more, not only about the child's care but also about being a parent.

Helen Witmer describes the psychiatric social worker's task:²

Most child guidance social workers, accordingly, now take as their task the fostering and enhancing of the strength that a parent displays when he decides to do something about an unpleasant situation. They try to prepare the child for psychotherapy by discussing with the parent, in the intake interview, how he will

² Helen Leland Witmer, Psychiatric Interviews with Children, (New York: The Commonwealth Fund, 1946), p. 14.

present to the child the plan of coming to the clinic. They seek to maintain the parent's interest in the child's treatment by accepting the ambivalence of the parent's desires, helping him to decide what he most wants to do about his child's problems, and discussing with him what the psychiatrist is discovering about the child's difficulties. By these and other measures they strive to be of help to the parent, to the end that he can support the child's psychological growth as it receives relief or fresh impetus from psychotherapy. Social work of this nature often leads into a discussion of a parent's own emotional conflicts, especially those having to do with family relations and duties, and it may result in improvement in the parent's own mental health. Such, however, is not the main objective. Its primary aim is to help the parent to work out a problem in social relationships and thus to provide an environment in which the child can continue the change he initiates in treatment interviews.

CHAPTER III

THE PARENT AND THE ADOLESCENT CHILD

The future social behavior of a child has its beginnings and is patterned in the sensations and emotions that arise from the relationship between the mother and child. During early childhood the mother may have been able to manage reasonably well in her role as a parent for her child, but often times with the arrival of certain situations and periods of development in her child, the mother may find it more difficult to be a parent.

Gordon Hamilton says:³

One may ask why it is that one child in a family seems to suffer so much more than the others. Why does the mother pick out one child for special rejection rather than another? It is seldom that all children in the family are equally disturbed, unless one is dealing with a psychopathic or much deteriorated group. One can only assume that one child touches off the same pattern that the parent himself has. The parent does not recognize the link with his own life experience, or, if he does, he fails to understand its meaning. He will say: "This child is just like me," but this may not be so, rather the child reminds him of an older "me" or of persons close to that older "me." This child may be just like his own sibling, or this child may remind him of his parents, or, even more deeply, this child may be an extension of his hidden impulses. Sometimes all the children touch off emotional problems of the parents, but more usually it is one child who especially elicits old responses, or perhaps this one is more

³ Hamilton, op. cit., pp. 278-279.

"allergic" to the family aggression or anxiety or both.

The problem may be transmitted from parent to child through the stream-or-unconscious motivation.

While previous periods may have gone relatively well for the parent, a child's adolescence is often a period when the parent responds with complex feelings to the strivings of the adolescent to now stand alone. Although parents who are themselves moderately well adjusted are likely to respect the individuality and integrity of the adolescent, even they for various reasons feel at least some degree of conflict over the adolescent's effort to free himself from their direction. At best parents have some mixed feelings as they see their child growing up. Parents who because of pervasive difficulties of their own never have felt free to accept the child primarily for himself, but rather always have regarded him chiefly in his significance as their offspring are likely to have great hardship in this transition of their child from childhood to adulthood. As the child passes through puberty parents experience the child's attempt to demonstrate his ability to stand alone. To the parents the child seems to them in many ways a child and still dependent. Yet he is often explosive and aggressive in his defiance; he is silly, he is mistaken in his judgment. Occasionally the adolescent permits his parents to see that he is once again counting on them for comfort and direction.

In this struggle, parents are often reminded of the unresolved difficulties of their own lives.

Most parents take pleasure in their children's approach to adulthood. However, parents are not without strong feelings of conflict in this. The development of the adolescent means that he is coming to the time when he will not need his parents. In the adolescent's display of independence of his parents' judgment, the parents are faced with a turn of events radically different from that which they have accepted since their child's birth.

The bond between the adolescent and the parent of the opposite sex may be strengthened temporarily by the adolescent's heightened interest at this period.⁴ With the mother in relation to her adolescent daughter during the girl's renewed preoccupation with the father, the mother perhaps in unconscious jealousy now finds her daughter unaccountably difficult to get along with. In the moods of jealousy resentment toward the mother which normally accompany this phase of her development are likely to give the mother many occasions to feel that she is of little use in caring and guiding her daughter now.

⁴ Irene M. Josselyn, The Adolescent and His World, (New York: Family Service Association of America, 1952), p. 64.

Many parents continue to be solicitous over the adolescent because they hope that he will fare better than they have done. Parents who in their youth experienced hardships may be especially reluctant to let their child experience the "hard knocks" of life.

As the daughter in her development becomes more like a woman, the mother is likely to find herself living over her own adolescent period. In this way, she often feels a greater need to influence her daughter's development more or less in the light of her own unfulfilled hopes for herself. At the same time, however, when the adolescent shows promise of greater success than their own parents, the parents feel envious. On this basis, they unconsciously regret their child's growing away from dependence on them.

The mother feels especially deprived in the recognition that her function in relation to her daughter is being greatly reduced at this period of her daughter's development. In the adolescent's growth away from her, it may mean to the mother that she is losing the function which has been central to her existence for many years. The mother's difficulty in facing her child's growing away from her, may be intensified by the fact that this may be about the time when she is experiencing the menopause. The fact that she is losing her capacity for reproduction may give rise to

impulses to cling tenaciously to the child who is now growing up.

Further, many a woman believes that in the menopause she is losing in power to attract others, to win their regard and affection. She may then feel pangs of envy if her daughter is developing in feminine charms just at this time.

For parents who throughout their lives have felt emotionally insecure, the adolescent's struggle to manage his own life with less and less help from them is likely to revive worries long since repressed and to create new conflicts for the parents. Their present difficulties are intensified if the child--having felt uncertain of their affections in his early relationship--comes to adolescence with strong tendencies toward submissiveness or rebellion.

In being emotionally immature, some parents are very inconsistent in giving attention to the adolescent. They are likely to take pride in his accomplishments, however, and consciously, or unconsciously, encourage dependence upon them as one of the many evidences of the attention which they, themselves, need.

Many mothers seek to continue undiminished their protection and leadership of their adolescent child in hope of disquieting their doubts as to their adequacy in the parental role. For mothers who are deeply dissatisfied with

their own achievement, self-interest in the successful development of the adolescent is great. Parents of this type are apt to be preoccupied with an attempt to live again through their child. They demand, in many ways, that their child conduct his life to suit them. They overwhelm him with solicitude and intrude in his affairs, or they make life burdensome to him with nagging.

Unable to accept the fact that the child is no longer a part of them, parents may resort to all sorts of methods in order to keep track of their child. At the same time, parents, motivated by doubt of their own adequacy, try to push the adolescent into adult roles, while still expecting the child to remain emotionally dependent on them. Insecure parents may find in the adolescent's growing up a further challenge to their adequacy as persons and frequently rivalry is keen then between parent and child of the same sex and a parent is inclined sometimes to compete openly with the child.

With some parents a tendency to blame themselves when things go wrong, habitually is extended to include the adolescent's difficulties. If he is unhappy or in trouble, the parent sees this as their fault. They then humiliate themselves before their child thus adding to the child's sense of guilt. In this way then some parents unconsciously try to hold their child in bonds of pity.

In still other situations, the adolescent's challenge to authority may constitute a severe threat to the sense of worth for the parent who is insecure in this role. An adult is sometimes particularly uncertain of himself on this score because of his own adolescent problems, still unresolved, in relation to his parents.

It has been mentioned that parents react to their child's growing up in a variety of ways and that often times a particular child may touch off emotional responses and problems in the parents which are transmitted from parent to child through a process described as a stream of unconscious motivation.

These emotional responses are often connected to the memories associated with their own separation from their own mothers. Helene Deutsch has outlined this problem of the child's independence from the mother, pointing out that mothers keep their children tied to them in a variety of ways. The mother's identification with her child may assume distorted forms. For instance, egoistic self-love does not allow some mothers any identification except that of the child with their own ego.⁵ Another type seeks in and expects from her child something she misses in herself. Still others in experiencing the fear associated with

⁵ Helene Deutsch, The Psychology of Women, Vol. II, Motherhood, (New York: Grune & Stratton, Inc., 1945), p.297.

seeing their child become an independent person, react by being overly concerned about the child and need to know that the child is always close. In the hysterical, infantile type woman who was excessively tied to her own mother, the fear of her child's growing independent is directly related to the separation she experienced with her own mother. With the obsessional neurotic woman, however, the fear of separation from her child is seen in her ambivalence towards her child.

Further complications arise in the child's growing up and away from the mother. In the case of the boy, the mother is more vividly warned against keeping her son close to her, but with the daughter, the homosexual component of the mother's libido sends out warning signals much more rarely.⁶

Deutsch says:⁷

Only gradually does a protest arise in the girl against infantile dependence upon her mother. This protest usually degenerates into hostility that during puberty is strengthened by the daughter's rivalry with the mother for the father's love. The mother feels abandoned, and as a result of her fear of the consequences of her daughter's independence, she intensifies her wooing or attempts to exert an authoritarian power over her. The mother's memory of her own temptations and puberal experiences constitutes a specific factor

6 Ibid., p. 307.

7 Ibid., pp. 307-308.

in her relation to her pubercent daughter. Sometimes the bad experience of her own youth casts its shadow on the daughter's life, and the mother tries, successfully or not, to protect her daughter from repeating her own fate. In her distrust she projects her own repressed striving to her daughter. "You must not become as I am," says her self-devaluating guilt feeling. Such attempts often drive the daughter into greater rebellion and provoke the feared eventuality.

The Adolescent Period.

In examining this period of the child's adolescence it seems important in a study such as this that a brief outline of the adolescent period be included.

Adolescence, defined as the period between childhood and adulthood, is characterized not only by radical physical changes, but also by corresponding psychological changes. The emotions, because of their close connection with the instinctual life, are most affected by the process of growth than any other part of the personality and therefore present us with the most interesting problems of adolescence.⁸ It is a period of confusion and instability in the growth of the child because the equilibrium formerly established between the id, ego, and superego is upset. These changes, in the form of re-awakening sexual interest and increased pressure to free from infantile dependency, begin to occur in girls when they are about ten years old.

⁸ Helene Deutsch, The Psychology of Women, Vol. I, (New York: Grune & Stratton, Inc., 1944), p. 91.

The adolescent appears to be adult in many ways and while he is allowed to take part, to a degree, in the adult world he is, on the other hand, restricted by the lack of confidence his parents, teachers and other adults around him have in his capacity to deal with situations. If the adolescent girl has had the opportunity to develop normally in the earlier phases of her development, she should not have too difficult a time in meeting the problems which confront her in beginning to accept mature responsibility, emancipating herself from her parents, and in working out a satisfactory relationship with the opposite sex. However, for many children who seem to have managed successfully in earlier years, this period, with its many demands upon the weakened ego, is a difficult one.

During the adolescent period the unresolved conflicts of previous periods will be intensified if the adolescent has not had the opportunity for gratification. The oedipal phase of development, dormant during latency, is reactivated in adolescence and the young girl is again faced with the situation where her mother is both a rival and a model, and her father is her ideal, but forbidden as a sexual object. She is drawn to her father but must reject and deny her mother's virtues in order to be superior to her mother. This situation is more difficult for the girl than the boy because in infancy the mother is the chief source of

security to both the boy and girl. The boy does not jeopardize the security of his relationship with his mother as he faces the family triangle, but the girl, in becoming her mother's rival, exposes herself to danger, fearing her mother will withdraw her love in retaliation if she becomes a rival for the father's affections.⁹

The central problem of the period is the establishment of a sense of identity. The adolescent through a good identification with the parent of the same sex can face the problems of who he is and what his role in society is to be. However, the final working through of this is complicated in our society by some mothers' inability to accept their femininity. If the mother has not found rich and multiple gratifications in her own femininity, identification with the mother inevitably creates a conflictual struggle for the girl. Unsatisfactory identifications may lead to distortion of inherent feminine drives, relinquishment of other drives, or it may lead to predominance of other drives at the price of repression of biologically structured psychological role of femininity.¹⁰

The shaping of the adolescent girl's personality is in a large measure the product of her identification with

9 Josselyn, op. cit., p. 64.

10 Deutsch, op. cit., p. 116.

her mother, but some of her also seeks new identifications so that during this period she begins to reject her mother as the only object for identification. However, while it is sometimes assumed that by identifying with the mother, the girl is assuming a woman's role, it may also signify difficulties in the oedipal situation which, as mentioned, is reactivated for the girl at this period. Identification with her mother may not be strictly one of assuming the feminine role but rather may indicate her inability to develop her own personality and identify with herself. Another result may be that the girl clings to her infantile dependence on her mother, so that she may avoid conflict with her mother. In such cases, instead of reaching emancipation the girl has a spiteful and unsuccessful impulse to detach herself from her mother which often times results in an emotionally crippled personality.

Adolescents expressing their anxiety in their struggle towards liberation and the fear of losing mother, act in such ways as stealing, unmarried motherhood, promiscuity or in developing symptoms.

CHAPTER IV

THE GROUP AS A WHOLE

TABLE I

SYMPTOMS AT REFERRAL

Symptoms	Number
Psychosomatic:	
Rheumatic fever, no organic finding	1
Nervousness and loss of speech	2
Eczema	1
Gasping for breath	1
Ulcer	1
Skin condition	1
Neurotic:	
Reluctance to go outside	1
Unhappy	2
Truancy	1
Pregnancy	1
Enuresis	1
Nightmares	1
Stealing	1
School difficulties:	
School refusal	3
School retardation	2
Total	20

It is interesting as shown by Table I that of twenty adolescent girls referred to the Children's Psychiatric Clinic seven or thirty-five per cent fell into a grouping which could be classified as psychosomatic. The greatest per cent, forty per cent, showed neurotic symptoms and twenty-five showed difficulties arising particularly in relationship to school.

TABLE II
SOURCES OF REFERRAL

Referral Source	Number
Within Massachusetts Memorial Hospitals	11
Other hospitals	3
Private physician or psychiatrist	2
Private individual	2
Other social agency	2
Total	20

The referral most often came from hospitals or private physicians indicating that all but twenty per cent of the mothers sought help for their adolescent daughter through the use of a medical setting. The small percentage

of referrals from social agencies might indicate that in most cases the difficulties manifested during this period for these girls grew out of more subtle reasons rather than difficulties in the environment. Both Table I and Table II point out the fact that these twenty girls showed their conflicts in producing neurotic symptoms and psychosomatic symptoms rather in anti-social behavior and that their mothers attempted to help their daughters solve their problems by taking them to the doctor.

TABLE III

AGE OF THE CHILD

Age	Number
10 - 11	1
12 - 13	6
14 - 15	10
16 - 17	3
Total	20

While the adolescent period may be broadly considered as reaching from ten to sixteen years, Table III shows that more than half of the number of girls referred were between the ages of fourteen and seventeen.

TABLE IV
AGE OF THE PARENT

Age	Number
25 - 29	1
30 - 34	2
35 - 39	4
40 - 44	8
45 - 49	3
50 -	2
Total	20

The mothers as shown by Table IV were most often between the ages of forty and fifty and as outlined in the preceding chapters their ages might well mean the approach of the menopause and thus increasing difficulties in their ability to accept their daughter's adolescence.

TABLE V

POSITION OF ADOLESCENT DAUGHTER IN FAMILY

Position		Number
Oldest child		13
One younger sibling	6	
Two younger siblings	4	
Three younger siblings	3	
Second child		3
One older, one younger	2	
One older, two younger	1	
Middle child		2
Two older, one younger	1	
Two older, five younger	1	
Youngest child		1
Four older	1	
Only child		1
Total		20

Another interesting reflection borne out by Table V is that the adolescent girl in treatment at the Children's Psychiatric Clinic was most often, sixty-five per cent of the cases, the oldest in the family with the greater number of these girls having one younger sibling.

CHAPTER V

CASE STUDIES

In the previous chapters the writer briefly described the child at adolescence, some of the factors which operate in the process of identification, and the parent-child relationship at this period.

In this chapter nine cases are to be presented which best illustrate, from the twenty cases under study, the relationship between the mothers and the maternal grandmothers at the mothers' adolescence and the relationship between the mothers and their adolescent daughters. These are presented to show not only these relationships and the problems of the adolescent daughters for which help was sought, but also to show the areas of the adolescent girls' life in which the mother expressed the greatest amount of concern.

CASE I

Pauline, fifteen, oldest girl of eight children, was referred by Boston City Hospital for spells which were felt were related to hyperventilation. She was quite withdrawn and uncommunicative. She had friends although few and seemed isolated and questionably pre-delinquent. It was reported that she ran away following her mother's miscarriage. She was fond of little children with whom it was felt she seemed to identify and she seemed to be seeking any kind of love relationship.

The mother felt the reasons for Pauline's difficulties were related to the time when she was five and fell on her head. Too, Pauline was ill at one and one half and the mother said the doctor told her that if Pauline recovered she would be a nervous child. The mother felt there was something mentally wrong because to her Pauline acted just like a child. She was frightened by Pauline's gasping for breath.

Pauline's mother tried to ignore Pauline when she talked back in response to discipline and the mother felt Pauline was a challenge because she did not obey. Pauline threatened her mother with a knife and her mother was afraid she would carry out her threats.

While Pauline lied to the school authorities, the mother did also to protect Pauline from the father's wrath should he hear of this. The mother emphasized neatness and cleanliness and felt proud of Pauline because she was the neatest girl in school. When Pauline refused to go to school, the mother promised if she would go for a while she would try to get her a job and a home permit to take care of the house and children. She felt Pauline should go to work as soon as she was sixteen.

The mother took Pauline into her confidence when she had a miscarriage because Pauline was the oldest and would need to look after the house and children. Pauline had a boy friend who was in the service and the mother approved of him but used his homecoming as a threat for Pauline to behave or she would tell him how she felt Pauline really was.

She told the boy friend that he must meet Pauline at home and ask permission for dates. When Pauline refused to go out with a boy, the mother suggested that Pauline go "just to please the boy." She was inconsistent with Pauline, saying she did not want boys coming to the house and then declaring that Pauline should feel free to meet boys at home. The mother was concerned over Pauline's choice of friends and described them as being either alcoholic or provocative

towards men. The mother said she saw Pauline as acting as a "woman at the menopause who would go one way or another."

The mother expressed a great deal of guilt over having such a large family of eight children with the possibility that she had not given Pauline adequate care as an infant. When the mother was pregnant for another child, she tried to give Pauline away to the doctor for placement. She described Pauline as looking like a "monster" during infancy. She compared Pauline unfavorably with a maternal aunt in appearance and behavior and emphasized rivalry between herself and this aunt.

The mother said she had to get married young because she couldn't talk to boys at home. Her parents were very strict and none of the children ever talked back. She met her husband when she was sixteen and sneaked out to be with him. Finally she ran away and the maternal grandmother threatened she would never forgive her.

The mother's adolescence was described by the mother as being a period when she found few satisfactions with her own mother. This was evidenced by the maternal grandmother's strictness especially in relation to the mother being with boys. The mother married without her mother's consent. The inference in this material was that the mother felt like a rejected child and showed this in early marriage, having to sneak out of the home to be with boys, and having to have a job when she was only fifteen.

From this case, it seemed possible to speculate from the mother's statements of her guilt in not being able to care for Pauline because of her large family of eight children, that Pauline was deprived of her mother's love

and attention. Further evidence of this rejection seemed clearly illustrated when the mother tried to have the doctor place Pauline when she was a young child. Also the mother's description of Pauline looking like a "monster" indicated the mother felt rejection towards her daughter. Other signs of this attitude were the mother's interest in securing a job for her daughter thus getting her out of the house and also in her feeling that perhaps there was something mentally wrong. This could imply the need for special care and therefore something the mother would not have to be responsible for.

Pauline was the third oldest and the oldest girl in the family of eight and the mother's rejection was further illustrated in her ignoring Pauline as a response to Pauline's expression of feeling. This gave rise perhaps to the idea that Pauline's mother was not as friendly and understanding towards her daughter. This coupled with previous rejecting experiences, Pauline presented a picture of a shy, withdrawn, adolescent. Pauline had been ignored in growing up so that at adolescence with her increased sexual drives and weakened ego, coupled with her mother's pushing her out of the home and inconsistency towards boys, resulted in anxiety in the form of her symptoms. Her symptoms of anxiety, not expressed in earlier years, seemed in adolescence to coincide with the feeling of more apparent

rejection and confusion she felt at this period as her mother expressed she was old enough to take responsibility.

In this case, the rejection felt by the mother in her relationship to the maternal grandmother was clearly seen in the mother's relationship to Pauline. It would seem that the greatest similarity in this was manifested in terms of the sexual area. This may be speculated in that the fears of both the maternal grandmother and the mother are expressed in relationship to going out with boys. Added to this is the mother's comparison of Pauline as acting like a "woman at menopause."

CASE II

Jean, aged fourteen, next to the oldest of four children, was referred by her pediatrician because she had been afraid to go to school for a period of six weeks prior to referral. She was concerned lest she hurt herself or the other children in the classroom and cried very easily. Her mother claimed she was irresponsible at home and the previous spring she had had some fainting spells with no organic basis. Four years previously when Jean was in the fifth grade, it was suggested by the pediatrician that the mother seek psychiatric help as Jean was having school difficulties. The mother went several times to see a psychiatrist and she felt very guilty about rejecting Jean and terminated because she felt confused around leaving her first husband. Jean had a long standing ambivalent relationship with her older sisters and felt completely defeated about being unable to attract boys.

The mother met her first husband when she was sixteen and shortly thereafter married him

against the approval of her parents. The father was an alcoholic and there were many marital difficulties from the beginning of the marriage. When Jean was six months old, her parents were divorced. This was a difficult period in the mother's life. She remarried when Jean was two years old.

The mother brought Jean to clinic following the recommendation of her pediatrician who indicated Jean was in need of psychiatric help because she was doing poor school work. However, the mother saw Jean's problem as one of mental illness and in some way connected this to Jean's being like her father, who was alcoholic. She compared Jean to her first husband in that they were both moody, demanding of attention and affection. The mother felt she really did not love her daughter and feared this as causing Jean to act the way she did. The mother complained a great deal about Jean's not being tidy. She did not allow Jean to go out in the evening but made a special effort to give into her in many ways because she felt guilty in not wanting her.

She was inconsistent in her discipline, saying when she punished Jean that she could not go back on her discipline. Much of Jean's impulsive behavior, however, was done with the mother's approval. The mother questioned Jean about boy friends in an effort to try to find out what she felt her daughter was really thinking. She was unfriendly toward her daughter's friends and said that Jean could not get along with her contemporaries. The mother felt when a home teacher was suggested that the teacher should go to someone else "more deserving" than her daughter.

The mother's own adolescence was somewhat stormy and she grew up during the depression and felt she differed from her daughter because "she had to understand she could not have things." She felt the maternal grandmother had not been able to demand things. The mother described herself as being a "wall flower and that nobody asked her to dance." The mother felt she married the first man who paid attention to her and married when she was sixteen.

Not a great deal is known about the mother's relationship with the maternal grandmother, but from the mother's statements it would seem that the mother's adolescence had been somewhat difficult as illustrated by the fact that she felt she married the first man who asked her and without her parent's approval. One gets the impression that the mother was unable to express her feelings in that she "had to understand."

The mother rejected Jean as evidenced by her statements that Jean was an unwanted child, that Jean was "undeserving," and that she felt unfriendly and distrustful towards her. The mother was inconsistent and somewhat impulsive in her discipline towards her daughter. She felt some question as to whether or not she should have left her first husband and seemed to be caught up in some phantasy of returning to him. She identified Jean with her first husband. The mother's fears for Jean seemed to be in the area of Jean's growing up as evidenced by her concern around letting Jean go out in the evening and in her questioning Jean about boy friends.

CASE III

Nancy, aged fifteen with one brother twelve years, was referred by Home Medical Service because previously she had lost her hair on account of a thyroid condition and had become depressed. Nancy herself wrote a letter requesting an appointment.

The mother babied Nancy and felt since she was ill that she needed this saying she "felt she should because no one else would." As Nancy was obviously ill, withdrawn, close at home and unable to form other relationships, the mother's concern was great, but as Nancy's emotional symptoms began to disappear and she started to make friends and have interests of her own, the mother's interest faded and she became preoccupied with her son who became more obviously ill.

The mother said she saw Nancy's difficulties in terms of being nervous about going to school because she was troubled about her appearance. She felt some concern that Nancy did not want friends and she felt hurt to see Nancy suffer so. She was much distressed over Nancy's loneliness and nervousness. She felt Nancy to be sensitive and reported that the neighbors criticized her for babying Nancy. She compared Nancy to her family of which there were fourteen children saying all had physical ailments. When mother and Nancy came to clinic, the mother brought special food for Nancy as Nancy refused to eat in a restaurant. She felt all nervousness manifested itself in stomach trouble. She slept in Nancy's room.

The mother felt strongly that Nancy's growing up and objected to Nancy's wearing lipstick and smoking. She wondered if movies were good for children and when Nancy was invited to a party the mother encouraged her to go and have a good time because she "wouldn't have any fun after marriage." She apologized for Nancy's choice of friends and objected to girls who "already went out with boys." Yet she teased Nancy about boy friends and asked her repeatedly why she "didn't get herself a boy friend." As Nancy was promoted in school, the mother hoped Nancy would finish, but then complained of her own arthritis and need for care.

This mother, forty-one, was one of fourteen children, Portuguese, first generation American. She was small and childlike in manner and dress. She was the oldest in her family and when she was fourteen, the maternal grandmother began to have varicose ulcers and was hospitalized many times. She took over the household duties until her marriage at twenty seven.

She attributed her small stature to the fact that she had worked so hard. She had great admiration for the maternal grandmother and seemed very close to her, quoting her often saying "if you eat you can always take care of all your troubles." The mother never had any fun in her youth and spoke longingly of her sisters who were gay and carefree in contrast to her restricted, responsible way of life. The maternal grandmother was incapacitated and the mother cared for her and had to quit school in the eighth grade because she was the oldest and had to stay home. She felt inferior in school because of her Portuguese ancestry and told Nancy not to pay any attention if anyone called her names.

The mother was the oldest of fourteen children and very likely she missed the opportunity for being sufficiently babied. The maternal grandmother became ill when the mother was in her adolescence and at the time when she should have had the opportunity for extending herself, she was tied down in the care of her ill mother and brothers and sisters. She seemed childlike with many feelings of insecurity and guilt as shown around the children's illnesses and her need to protect them by sleeping in Nancy's room and feeding Nancy special food. The mother admitted she babied her children but felt she should, probably projecting her own need to be babied onto the children.

While the mother verbalized in a way that Nancy was growing up, she showed her real inability to accept this. The mother, because of her own needs, seemed to have much confusion around Nancy's growing up and in differentiating

between the role of being a mother and that of being a daughter.

CASE IV

Marie, aged fourteen, was referred by Boston State Hospital because she refused to go to school and to leave her home. She complained of a feeling of stuffiness and dizziness. This was complicated by vomiting in the morning of school days and growing irritability and secretiveness.

Marie was the oldest girl with three brothers. There were no difficulties during infancy and early childhood except that she was premature and her mother was frightened in caring for her. She started school uneventfully and the mother stayed with her the first day. She began to menstruate at eleven and thereafter matured quickly. This happened decidedly in advance of her contemporaries and she was very sensitive about her figure. The onset of her difficulties seemed to have been at this period.

The mother felt Marie's problem was essentially that Marie was bashful and that she needed a sister. The mother found it difficult to talk to Marie about sexuality. She said Marie did not ask questions very often and that she was uncomfortable talking to her daughter. She identified strongly with her daughter in that she too felt she never wanted to talk about these matters.

The mother, thirty-four years, was the youngest of three sisters. Her father died when she was about eleven, her mother a few months later. She thought her mother died as a result of working so hard to care for the family. The oldest sister took over the responsibility of the family and the mother felt her sister was rigid and too strict. The mother was ill shortly after the last child's birth and she began to feel nervous and this showed itself in an inability to go out in crowds. She felt smothered in crowds and desired to stay at home. She was able to

"cure" herself by forcing herself to go outside and gradually she felt comfortable. The mother was concerned about Marie's illness and was particularly guilty as she felt it might relate to her own illness.

Concerning her own relationship with her mother and older sister who cared for her, the mother said the sister was very strict and controlling. The mother described herself as shy and dependent upon her sister to do things for her. The mother felt she could never confide in her sister or mother because they were always too busy. She never asked questions and said she felt like an "orphan."

This mother at adolescence was always shy and felt unable to discuss things, especially sexual matters with her sister who cared for her after her mother's death. The mother described both the maternal grandmother and maternal aunt as not having time for her to confide in them. She described herself as an "orphan" and one pictures the mother in adolescence as a girl with no one interested in her and the problems she faced at this time.

It is interesting that the mother could not discuss similar matters with her adolescent daughter whose problems come following early menstruation and sensitivity in this area. Both the mother and the daughter were inhibited and anxious when it came to sexual matters and both suffered from claustrophobia. At adolescence the mother and daughter seemed to have been without adequate information and a strong mother figure for identification. The mother in carrying over her own fears could not prepare Marie to cope

with the problems of this period. Marie, like mother perhaps, in order to avoid anxiety withdrew and remained at home unable to tolerate the many demands of school and the outside.

CASE V

Carol, aged twelve, older of two daughters, was referred by Dr. B. who had seen her on the ward of the hospital where she had been an eczema patient. Her outbreak of eczema occurred three days after beginning of menarche. She had a history of eczema beginning at age three weeks with intermittent exacerbation until age five. At the time of referral, Carol was asymptomatic, except for mild outbreak on her left hand at the time of her period.

Carol was breast fed for one week at which time the mother said the child was given a bottle because she was "allergic." From three weeks to five years, Carol was taken to one doctor after another. Her mother constantly washed her and applied medication during which time Carol also wore restraining cuffs and elbow braces to keep her from scratching herself. Many allergy tests were made, none showed any specific reactions. Nevertheless, the mother continued to enforce many edicts of various doctors consulted during earlier periods and Carol was inconsistently protected from dust, dishwater, and various foods.

This mother, aged thirty-six, understood the referral to be on the basis that Carol was nervous, but she did not see why she should be. She described Carol as being a worrier who reminded her to pay the bills and care for the house. She described Carol as being easy to handle and did not punish her for playing hookey from school saying that if Carol had told her "she would have joined her and played hookey from housework." When Carol and her sister argued, the mother took Carol's side even when it was Carol's fault because she

"couldn't bear to hurt Carol." The mother was embarrassed about telling Carol about menstruation, but felt she should. She hoped her daughter would have a lovely figure and explained marital relations to Carol when Carol was seven years old, saying it was important that she be a "good girl" until she got married. She found it difficult to decide if Carol should wear lipstick and felt strongly that Carol should not smoke. The mother enjoyed hearing about her daughter's activities and on one occasion she went to the roller skating rink with her daughter. She felt she should not tell Carol which crowds to go around with and felt that she wanted to keep Carol "a good girl" so she would have a better chance for marrying a "nice boy."

The mother had eczema beginning after the birth of the second child. She was transfused with her husband's blood and felt eczema might have been infectious. She had many dependent needs and apparently getting a divorce was the only major decision she ever carried out. The maternal grandmother died when the mother was four years old, leaving a younger brother and two sisters. The maternal grandfather remarried when the mother was eleven and the stepmother had five children of her own and two more by the maternal grandfather. During adolescence the mother felt deprived. She said the maternal grandmother was very strict and that she provided food, but not love and protection.

The mother remembered that no one cared for her or cared what she did when she was in her teens. She dated when she was eighteen and was expected to marry the first boy she brought home. She was not allowed to use makeup until she was sixteen. She felt girls nowadays know more than she did and said she was terribly frightened of growing up. She ran away from home at fourteen, because she could not stand her stepmother's favoritism of her children. She described her older sister who cared for her part of the time as a "mother witch" and told she hated her.

Carol's mother had a difficult youth in that the maternal grandmother died when the mother was four and she

was cared for by her older sister for whom she felt considerable ambivalence. When she was eleven her father remarried and she felt her stepmother never really cared for her. She finally ran away to her sister where she found neither the acceptance nor love she needed. This could imply that the mother lacked the necessary "mothering" and that through the changes she experienced in finding a good mother to identify with, she in turn had difficulty in her relationship to her own daughter. She put emphasis on the physical aspects of bringing up a child and in a way enforced many restrictions for Carol regarding her health which were really not necessary. This corresponded perhaps to her own experience with the stepmother who she described as a person who provided food, but not love and affection.

The mother felt deprived in the area of growing up and in her relationship with the opposite sex. In her participation and enjoyment of Carol's activities in this area, the mother experienced some of the activities she missed during adolescence. One senses that the mother's concern around sexuality are carried over to Carol in that she connected the eczema to menstruation and also explained marital relations to Carol when Carol is only seven years old. One questions the mother's own fears in this area and if she is not perhaps asking for controls for herself through her daughter.

CASE VI

Mary, aged fourteen, was referred by a private psychiatrist who had treated her mother. Mary had been very restless, irritable and anxious during the months preceding referral and was unable to stay in school and do her work there as a result. Her father had committed suicide about three years prior to referral and following this the mother became depressed and required intensive psychiatric care.

In contacts with the caseworker, it was difficult for this mother to give significant information about Mary's developmental history. She spoke of Mary's infancy and childhood without warmth and said she did not remember details of her development.

Mary was in her second and third years when her two brothers were born and although the mother knew that children are often upset at the advent of another child, she felt that Mary showed disinterest more than anything else. Mary had always adjusted well in school and had always gotten good marks except for the present period when she was so upset.

The mother described Mary as nervous in school and withdrawn and irritable at home. She felt Mary did not tell her enough and was worried and alarmed when Mary was with certain boys. The mother felt she tried to handle Mary carefully and other times she felt it was best to just get angry with her daughter. She threatened Mary, saying she would "put her away." She did not let Mary go out in the evening and there was much conflict over this. Saturdays she forced Mary to do housework and was disappointed that Mary was not interested in household duties. The mother blamed Mary's nervousness on Mary's having "too much boys on her mind" and felt she didn't want Mary to go to parties with boys because Mary was "not capable to handle herself properly." She was concerned and fearful about her daughter's activities and referred to Mary as being "weak" and wanted her to associate with only "good girls."

The mother, forty-one, had three sisters who were very close in age. The maternal grandmother

had always been sickly and had a colostomy during the mother's adolescence. The mother had always cared for the maternal grandmother and stayed home after school and weekends to take care of her mother. She stayed with her mother after all the other sisters had gone to work and always had the major part of the responsibility for caring for the maternal grandmother. She had many household tasks and commented that there were no clubs or activities then for girls such as nowadays. She described herself as a person who spent most of the time, other than the time she worked out on a job, keeping her home clean. She felt if she kept busy she would have less time to think, especially of her husband.

The mother felt her life had been different from Mary's because she was the youngest of four children and because she felt she confided in her mother and stayed home and helped which Mary did not do.

The mother was considerably tied down in caring for the maternal grandmother while the maternal aunts enjoyed greater independence. She apparently did not protest against this dependent relationship with her mother and consequently one can assume from the material that there might have been considerable unexpressed hostility towards her mother and sisters as she was growing up and missing the opportunities others her age enjoyed. The mother's distrust of Mary might well have been the memory of her own unexpressed adolescent wishes. While the mother felt that her life was different from Mary's, one has the feeling in Mary's being "forced" to do the housework that the mother manipulates things in such a way as to re-enact through her daughter much of her own adolescence.

CASE VII

Joanne, aged fourteen, was referred to the Children's Psychiatric Clinic by Boston City Hospital where she had been treated for an ulcer. She was the oldest of two children, had a brother eight years old. She and her mother quarreled a good deal, especially during Joanne's adolescence when the mother wanted to set many controls, especially in connection with boys, against which Joanne rebelled.

When Joanne was ten her parents separated and later when there was a reconciliation Joanne was bitter towards her mother. The couple never got along very well and ultimately the mother decided upon a divorce.

This mother, aged forty-one felt because the doctor at Boston City Hospital had said the ulcer might be caused by something mental, that Joanne's illness must be the result of her having something on her mind. She felt also that Joanne's ulcer came on as a result of a virus infection and that this was all that was wrong. Because she felt Joanne had a high I. Q. nothing could be wrong with her. The mother said Joanne matured quickly and that she was a quiet child. Later, however, the mother described Joanne as being fresh and flippant at home and that she was aggressive in that she left home without permission. The mother felt that aggression was a good trait, but felt that Joanne must learn to control it. When the doctor at Boston City Hospital told the mother to give Joanne more freedom, the mother was not very understanding saying that the doctor "didn't have to do the worrying." She worried when Joanne was out alone and spoke in terms of protecting her daughter in order "to keep her out of trouble." She felt she was "too good" to Joanne and that Joanne "had no feelings and that life had been harder for herself."

The mother complained that Joanne did not mind about coming in on time. She felt that she had spoiled Joanne as she had been an only child for eight years. The mother told Joanne about menstruation and felt girls nowadays were too sophisticated and that they want to marry too young. When Joanne

started high school and wanted to go out on dates in the evening, the mother would not permit it. The mother's idea was that girls should be through school before having dates. At the same time the mother could not understand why Joanne did not bring boys home, but the mother would stand in the hallway and watch and tell the boys she would not "eat them up."

The mother said "there was nothing worse than a teen-ager and she felt she'd rather have five little ones any time." Her fears were that if Joanne were out alone she would be "molested." She preferred that Joanne be interested in sports, but taught Joanne how to dance and remarked many times to her daughter what a good dancer she, herself, had been. The mother compared Joanne to the maternal grandmother who she felt was "sociable and aggressive."

The mother was an only child, who lost her father when she was very young. The maternal grandmother worked out and many home responsibilities fell onto the mother. The mother described herself as a child unable to speak up and express herself. She grew up for many years with a niece and this niece was freer with the maternal grandmother than the mother was able to be. The mother did well in school and immediately after finishing went to work. Her late adolescent years were very trying because the maternal grandmother remarried and divorced. Also the maternal grandmother was injured in an accident, went into menopause and had a nervous breakdown. The mother was quite frightened at this time and went to live with various older women in the neighborhood and subsequently married. The marriage was a rocky one from the start, partly out of financial reasons and partly because the father left and drank occasionally. The mother worked early in her marriage.

The mother felt she was different from her daughter because the maternal grandmother was a widow and she had been an only child. She complained that her mother told her nothing about menstruation, marriage and babies and that she had had to learn when she encountered these. When she was Joanne's age, girls did not go out with boys and she never "thought of such a thing until she

was older." The mother described herself as having been "unconscious" about boys and she did not go out with boys until she was twenty because she stayed at home to care for the maternal grandmother who was ill. She said she did not grow up "socially" until after the maternal grandmother went to the hospital.

She never talked back to the maternal grandmother and always unquestioningly accepted the maternal grandmother's ideas and did as she was told. She described the grandmother as being aggressive and the first time she spoke up to her was when she was twenty and tried to smoke. The maternal grandmother unbraided her and the mother remembered feeling very guilty.

In this case there is an ambivalent relationship between the mother and the maternal grandmother and between Joanne and her mother. Although the mother spoke a great deal about the differences in her own experience and that of her daughter's, one has the impression that the mother, like the maternal grandmother, was quite rigid.

The mother found her daughter's freer expression of hostility very disquieting and maintained that when she was young she had not been able to speak up and express herself to the maternal grandmother.

Joanne's earlier years were not as trying apparently to the mother as the adolescent years and at the same time the mother's earlier years may be thought to have been less turbulent than the period of her own adolescence when the maternal grandmother remarried, divorced, got into an accident, went into menopause, and was hospitalized with a

nervous breakdown. After these experiences during adolescence, the mother moved into a marriage which terminated in a divorce. The mother worked during her marriage perhaps as an expression of greater satisfaction than that of functioning in the home in the role of housewife and mother.

The difficulty in the mother-daughter relationship manifested itself at Joanne's adolescence when she began to rebel from the restrictions set by the mother, especially in relation to going out with boys. The mother feared expression of aggression and hostility for herself and perhaps much of Joanne's defiance was an expression of hostility that the mother may have provoked as a means of expressing her own hostility so stymied in her own earlier years. One senses the mother's fears and phantasies in the area of sexuality in her need to both control and push Joanne towards boys.

CASE VIII

Sarah, aged fourteen, oldest of two children, was referred by the social worker at another hospital because she had refused to go to school after she had gone three weeks at the beginning of the new term. She went steadily until she came home one day and said she was sick. The mother wondered about the possibility of a thyroid condition and upon recommendation of a paternal aunt, took Sarah to a hospital where she claimed the social worker told Sarah that if she "didn't feel like going to school, she just couldn't go." The mother reported that upon learning of this, Sarah flatly refused to go to school after that time. She remained at

home every day, laid in bed, refused to see anyone and gave vent to severe temper tantrums when people did not conform to her wishes.

The mother reported no difficulty in infancy or earlier childhood except when Sarah was six weeks old she broke out in a rash and the mother attributed this to orange juice. Since that time Sarah was allergic to fruit as was the mother, maternal grandmother, and brother.

The mother described Sarah as a model child, sweet, loving and selfless. During the time Sarah refused to go to school, she spent a great deal of time in bed and did nothing for herself. Her mother fed her and dressed her and catered to her every whim. When the mother failed to do this, Sarah burst forth into violent temper tantrums. Very often Sarah would pick up an object close at hand and throw it at her mother and the mother's response was to ignore her or to burst into tears. The mother never criticized her or punished her.

The most frightening behavior manifestation during this time occurred in response to Sarah's taking cough medicine. The mother said that the entire family was allergic to anything with morphine and when Sarah took this she saw little men running around the room. The mother said when she took this medicine as a child, she too saw the same little men. The maternal grandmother had the same trouble. Getting very blushed and red was another characteristic which both the mother and daughter shared. The mother felt that Sarah was boy crazy and romantic, but felt if a boy were fresh, Sarah would "run a mile." Sarah liked a boy thirteen and the mother was so enthusiastic about him too that she surprised her daughter by taking a negative of him and had it enlarged to put on Sarah's dresser.

The mother reported that up until she was fourteen she was a sickly child and never attended school. She was tutored privately by the maternal grandmother. She had no friends and was very isolated. Her upbringing was strict and she often stated that the maternal grandmother did not approve of the leniency she showed her daughter.

The mother was a sickly child and stayed at home with the maternal grandmother until she was fourteen. This suggested a very dependent, over-protective relationship between the mother and the maternal grandmother which in turn seemed to be shown in the mother's relationship with her daughter.

Sarah's mother brought her to the clinic with the complaint around the school difficulty and further discussion showed that Sarah's behavior was that of a child considerably regressed for her age as shown by her temper tantrums, and having her mother feed and dress her. In order to maintain the kind of care and attention she needed she remained childish. Sarah was a child somewhat in need of special care, at least felt so by the mother, in terms of the allergy. Protecting Sarah and unable to discipline her, the mother was not able to prepare her to face the adolescent period with its more mature responsibilities especially in the school situation and with her group. She reacted then in a fashion which would most satisfy herself as well as her mother; that is, as a small child.

The relationship between the mother and her daughter appeared to be more of a sibling relationship than that of a mother and daughter. The mother was ambivalent and did not know how to act the role of authority towards Sarah and tended to be more of a best friend or pal.

The interesting aspect of this relationship was the identical symptoms shared by the mother and daughter in that both were allergic to the same things. The mother was overwhelmed with and caught up in her identification with Sarah and failed to assume a separate identity for her daughter. The mother seemed to have an adolescent delight and identification with her daughter, especially as illustrated in the episode of the boy friend's picture. The mother seemed greatly confused in the role of a mother for her daughter.

CASE IX

Olive, aged sixteen, oldest of four children was referred from Children's Medical Center where she was seen following hospitalization for rheumatic heart disease. After a long period of study, the physical findings were negative and psychiatric treatment was recommended.

The mother felt there was a change in Olive when she was ten which was about the time a sister was born. At the time Olive had rheumatic fever and her activity was limited and the mother felt Olive became more sensitive from then on. Mother always tried to answer the children's questions about sex and told Olive about menstruation when she was ten years old and menarche set in when Olive was thirteen. The mother had a pregnancy five years prior to Olive's birth which terminated in miscarriage and two years later a tubal pregnancy which had to be terminated.

The mother's understanding of referral was on the basis of Olive's nervousness saying Olive worried unnecessarily about such things as family responsibilities and how things would work out for the family. She felt Olive's pains were not real and saw the clinic as helping Olive get along better

with other people, to have boy friends and to gain some physical improvement. The mother dated Olive's difficulties to two years prior to referral when the father had slapped Olive.

She encouraged Olive to go out with boys, but Olive felt her mother was forcing her in this. When Olive ignored her father and went to her room when he came home, mother indulged her in this. The mother was anxious about Olive and always looked in on her at night to see if she were sleeping.

The mother constantly related Olive's experiences to her own and felt the ideal mother is a mother who devoted herself completely to her children at the sacrifice of outside activities for herself. The mother was the oldest child in her family and felt she was not the favorite child of either parent although she often described her relationship to her father as having been one in which he put a great deal of reliance on her.

She described the maternal grandmother as a "spoiled self-indulgent woman" with many interests in social activities and who spent little time at home and left the care of the children to maids. She resented maternal grandmother's easy life and described the maternal grandmother as a woman preoccupied with personal appearance. The mother felt she was shy in high school and did not go out with boys until her senior year. Mother disliked house-keeping, worked frequently outside the home and was fairly interested in community activities and church "for the children's sakes."

Because of her own experience in feeling deprived by the maternal grandmother, Olive's mother related much of Olive's difficulties to her own, but in the manner of feeling she was the opposite kind of mother than the maternal grandmother had been. At the same time, however, one gets the picture of many similarities between the mother and the maternal grandmother. While she compared herself to

Olive, especially around the information of how the maternal grandmother handled her, she was disappointed that she had not achieved her own ideals as a mother as Olive's need for treatment might have indicated to her. She saw herself in Olive's situation and, threatened by this, was overly protective and anxious in her relationship with her daughter.

Olive's difficulties seemed to lie in her relationship with mother, who because of her own lack of comfort and understanding in her own adolescence has identified closely with this situation. Mother, too, was the oldest daughter and had a mother whose many interests outside the home deprived her of the kind of mothering she needed. Here we can see the repetitive compulsion at work with Olive's mother acting towards her daughter in many respects similarly to how the maternal grandmother acted toward the mother.

CHAPTER VI

SUMMARY AND CONCLUSIONS

Twenty closed social case records of mothers whose adolescent daughters were seen in the Children's Psychiatric Clinic of the Massachusetts Memorial Hospitals were selected for study in order to examine the mothers' experiences with the maternal grandmother during adolescence and to see if these experiences were, in any way, reflected in the problem of the adolescent daughter seen in the clinic.

In making this study, material was obtained from the closed case records of mothers of adolescent daughters seen in Social Service and from a review of the literature dealing with both the adolescent period and the mother-child relationship.

Questions related to the general purpose to which answers were sought were:

1. What were the daughters' problems?
2. What were the mothers' attitudes toward the adolescent daughters?
3. What were the maternal grandmothers' attitudes during the mothers' adolescence as described by the mothers?
4. Were there similarities and differences in the relationships between the two generations?

Limitations in such a study were, of course, in the fact that many other factors and relationships in the environment also effect the total relationship between parent and child. In this study, however, the one to one relationship between the mother and daughter was sought. Also there were limitations in narrowing the area of study to one period of development because, of course, the experience of previous periods of development reflect upon the following phases of development.

Seven of the adolescent daughters referred to the clinic were referred because of psychosomatic symptoms, eight for neurotic symptoms and five for difficulties in school.

In thirteen cases the mothers felt the reason for their daughters' difficulties was because of nervousness and mental illness. One directly attributed the trouble to the patient inheriting the father's "weaknesses" and six directly associated their own problems and feelings toward their daughters as being a large part of the daughters' problems.

The mothers ranged from twenty-five to fifty years in age with more than half falling between the ages of forty and fifty years. The adolescent girls were most often between the ages of fourteen and sixteen.

The material studied would seem to be too inconclusive to draw any dogmatic conclusions, but it does seem significant to point out that in studying the parent-child relationship at the time of the child's adolescence, that in almost all the cases the mother experienced difficulties in her own adolescence. This in turn seemed to make it difficult for her when she became a parent to meet the needs of her adolescent daughter. This seemed to grow out of a process identification so that in assuming the role of a mother, the mother took on, in a significant number of cases, a role similar to that of the maternal grandmother.

In the mothers' development toward adulthood, the maternal grandmothers were often described by the mothers as having been depriving and in many cases the mothers sought escape from this rejection by leaving the home at an early age to go to work or to marry. The mothers in more than half of the cases studied described their adolescent period as one in which they were not allowed to appear grown up but yet were expected to assume many adult duties in the home. In many cases the mothers were treated strictly in relation to boys and dating and were given a minimal amount of sexual information by their mothers. They in turn found these areas of adolescent development most difficult to meet in their roles as parents. They showed, however, less strictness towards their daughters in these areas and

instead showed much inconsistency. This was especially noticeable in the areas of the daughters' extending themselves from their own homes and in forming new relationships.

The mothers whose identification with their own mothers was uncertain, such as in Marie's case, had difficulty in their relationship with their own adolescent daughters in helping them to grow up and assume more mature responsibility. The mothers who lacked "mothering" and affection in their adolescence and childhood seemed in turn to be unable to give their daughters the kind of understanding they needed at this period of their development.

Several mothers, such as Mary's, were "tied-down" during their adolescence and had a hostile, dependent relationship with their mothers so that from their own experience they feared separation of their daughters and carried this out in being strict and distrustful towards them. Still others in their own hostility towards their mothers provoked hostility and defiance in their daughters.

In several of the cases, such as Sarah's, the mother had a dependent, over-protective relationship with the maternal grandmother. In three of these cases the daughters' problems centered around being withdrawn, shy and nervous especially at school. These mothers were inconsistent in their discipline towards these daughters in relation to boys and dating. On the one hand, they were strict but,

on the other hand, they were almost pushing their daughters towards heterosexual relationships. In these cases it seemed as if the daughters' need to remain at home, shy and dependent, was their defense against the mothers pushing them towards relationships they felt unable yet to handle.

It was also pointed out in this study of twenty cases that many of the mothers had ambitions for their daughters in relation to education and occupation in which they, themselves, had met conflict. In some instances the mothers put a great deal of importance upon finishing school which they had been unable to do. At the same time, however, one mother, while feeling this was important because she had had to quit school because of the maternal grandmother's illness, developed physical symptoms just at the period when her daughter began to do better in school.

Another striking factor in this study was the similarities in symptomatology between the two generations. This was most vividly seen in Sarah's case.

In these cases where the mothers' adolescence seemed to have been difficult, it would appear as though this period of development in their child served to call up to them partially forgotten and outgrown emotions and tendencies which they had experienced in their own adolescence and earlier childhood so that they, in some way, directed them now upon their child as they had formerly experienced.

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APPENDIX

APPENDIX A

SCHEDULE

I. Identifying data:

Name	Age
Living with	
Date referred	
Father	Age
Mother	Age
Marital status	
Siblings	Mother's siblings
Presenting problem	
How mother saw problem	

II. Attitudes expressed in the maternal grandmother-mother relationship in relation to:

School

Boys

Dating

Growing up

Friends

Sex

Illness

Discipline and control

Sibs

Occupation

Other

III. Attitudes expressed in the mother-daughter relationship in relation to:

School

Boys

Dating

Growing up

Friends

Sex

Illness

Discipline and control

Sibs

Occupation

Other