1962

The role of the presenting problem in a child guidance clinic

BOSTON UNIVERSITY
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THE ROLE OF THE PRESENTING PROBLEM IN A CHILD GUIDANCE CLINIC WITH SPECIFIC FOCUS ON THE PARENTAL ATTITUDES OF TWO GROUPS OF FAMILIES OF LATENCY-AGED BOYS WITH POOR SCHOLASTIC ACHIEVEMENT

A thesis

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CHAPTER I

INTRODUCTION

This is a study of the role of the presenting complaint in a Child Guidance Clinic. Two groups were studied in reference to scholastic achievement. The parents in one group presented the problem as a major concern. In the second group, although the problem existed, it was not presented by the parents as a major concern. The focus of this study will be to explore the parental attitudes which contribute to influencing parents viewing the poor scholastic achievement of their child as a problem with which they need help.

The problem presented by the client at his first contact with the agency has long been seen as important. This is the problem he is most concerned about and wants help with. Thus, he is more motivated to work on this problem than any other. Since motivation is an important factor of treatment, the presenting problem takes on increased diagnostic importance. Quite frequently during the intake process, the social worker is able to identify other areas of difficulty. However, what the social worker sees as a problem may not be viewed in the same light by the client. If the social worker continued his exploration and treatment under these conditions, he would be imposing his values on the client. The client would not be receptive

to the worker's approach. Therefore, the possibility of the client dropping out of treatment would be greatly enhanced. The writer feels that any information that would aid the social worker in understanding the client's lack of motivation would be helpful in enabling the social worker to gauge the client's receptiveness to exploration and treatment.

In this study twenty families of latency-aged boys with poor scholastic achievement were chosen from the cases presently in treatment at the clinic. The following areas were explored in each case: background characteristics; symptom characteristics and parental attitudes to it; parental attitudes to their own childhood and to their son. Also, the parental attitudes to the possibility of the problem being solved and who was going to solve the problem.

The focus of this study is the parental attitudes to the symptom of poor scholastic achievement. However, the parental attitudes to the child and their own childhood were also explored, for it was felt that this could have an influence on the parental attitudes toward the symptom. The symptom of poor scholastic achievement was chosen because it occurs frequently in a child guidance clinic and is not always presented as a problem.

The setting of this study is the Worcester Youth Guidance Center established in 1922 and offering services

to Worcester and the surrounding communities of Auburn, Boylston, Grafton, Holden, Leicester, Millbury, Paxton, Shrewsbury, and West Boylston. The service is offered to children between the ages of three to eighteen with emotional problems and their families.

CHAPTER II

THEORETICAL CONSIDERATION

This is a study of the role of the presenting problem in a child guidance clinic with specific focus on the parental attitudes of two groups of families of latency-aged boys with poor scholastic achievement. One group of parents saw the poor scholastic achievement of their child as a problem with which they needed help, as opposed to the second group in which this amount of concern was not evident.

The presenting problem is that problem which has brought the client to the agency asking for help. This may be the central problem or it may be secondary to other problems which the worker may identify. However, this problem is distinguished from any other by the fact that the client has chosen to focus on it as a major concern. In view of this the caseworker must also consider it in this light. Perlman states:

> The problem is the client's problem, and his impetus is to get help with it as he sees and feels it . . . . The problem as the client sees it may truly be the central problem, or it may be a peripheral one on which he has centered his concern. Whichever it is, common sense tells us that, since we can help with a problem only through the person who has it, we must, at least at first, start with the troubled person's center of concern, with what he feels is crucial.[1]

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[1]Perlman, Helen, Social Casework, pp. 29-30.

The presenting problem is important even though it may not be the central problem because it is that problem which the client is most anxious about at this time. In order to show the client that we understand or want to understand, we must start where he is and go at his pace. The worker who does not keep this basic principle in mind is taking the risk of losing the client. Perlman states:

> Sometimes the caseworker is so clear in his own mind that the problem the client presents is not the "real" one, or he is so eager to establish his own speculations about the problem's sources, that he starts to focus upon the areas of his, rather than the client's, interests. When this happens, he may find that he has gained full comprehension of the problem but has lost the person whose problem it is.[2]

The worker must understand that the problem is the client's problem and since he is the one that is experiencing it, his view of the problem will most often be different from that of the worker's. Since the problem has particular significance to the client, the worker must attempt to understand how the client views the problem. Perlman observes that:

> However "ordinary" a problem might be, whatever its frequency of occurrence, however simple its solution may appear to the observer, it has particular, personal meaning to one who is involved in it. A problem may be seen and understood by an onlooker; it is always, in addition, felt by its carrier, and it is experienced with the particularity of individual difference. There are,

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[2]Ibid., p. 30.

> to be sure, reactions common among all of us to certain kinds of difficulties, but the quality and intensity of our feelings and the ways in which we attempt to defend against or cope with them are different for each of us.[3]

Perlman further states:

> The significance of this understanding--that problems have subjective as well as objective import--is that what any given person can or will do about his problem will be greatly affected by his feelings about it. Thus, the caseworker must elicit and often deal with such feelings so that they may implement rather than obstruct the client's work on his problem.[4]

In child guidance the problem which the parent presents is the child's. The degree of parental motivation is an important factor in the treatment of the child. Therefore, how the parent views the problem is important. Hamilton states:

> The responsibility of keeping a young child in treatment remains the parent's not the worker's; older children must be allowed by the parents to come. The worker does not have and should not assume the right to compel a child to come for treatment.[5]

However, even though the parent does not see the poor scholastic achievement of the child as a problem, it still exists as a problem for the child. We as social workers are committed to making it possible for the individual to achieve according to his ability. In the case

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[3]Ibid., p. 35.
[4]Ibid., p. 35.
[5]Hamilton, Gordon, Psychotherapy in Child Guidance, pp. 285-286.

of children, this cannot be done with the exlcusion of the parents, for as Hamilton states:

> The essence of the therapeutic aim is to approach the parents, not as obstacles to the child's progress which must be smoothed away, but to enlist them in the search to remove obstacles in the child's path.[6]

In many instances it is difficult to enlist the help of the parents for the child due to the problems that they themselves have as individuals and/or parents. Poole states:

> Parents of children who are having difficulty in school are troubled parents. They may be troubled individuals, as individuals, but they are also troubled parents. These parents need help with the problem there may be for them in their child's difficulty. This is referred to as help to parents in behalf of their children, but it must be clear in the social worker's mind that it is help to parents, and the parents must feel the genuineness of the help if it is to be effective.[7]

Society recognizes that school plays an important part in a child's development and that it provides both a challenge and an opportunity for him. There he is expected to acquire knowledge and skills and to learn conformity in many respects. The parent who does not recognize this is at odds with society. Therefore, a problem exists in his adjustment to or acceptance of societal values. In order

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[6]Ibid., p. 284.

[7]Poole, Florence, "Working with Parents of School Children," Social Work in the Schools, Selected Papers NASW, p. 39.

to be of service to the parent and the child we must attempt to understand this problem, especially in relation to its possible causality. It is to this end that this study is dedicated.

The background characteristics of these families were studied because of the significance of social class values in formulating parental attitudes. By and large, our schools promote middle-class values. Most teachers come from a middle-class background and are exponents of the particular values of their class. The child in school is judged in relation to middle-class standards, whether this is his particular class orientation or not. Therefore, if these standards are not the class standards of the parents, it is improbable that they would be overly concerned if their child fails to meet them. Woods indicates:

> Children in the middle classes are taught to strive for good grades, to merit the praise of the teacher, and to refrain from aggression, cursing, and sex relations. The families in the lower classes tend to instill in their children norms directly opposite.[8]

However, the middle-class oriented school system also presents an opportunity for vertical mobility of the lower class family. Broom and Selznick list education as

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[8]Woods, Sister Francis Jerome, The American Family System, p. 307.

a major factor in attaining vertical mobility.[9] In that this opportunity is offered, it does not necessarily mean that it will be accepted. The family must be desirous of mobility in the social strata before it can make effective use of the educational system as a means of attaining their goal. Woods states:

> School is not necessarily a social elevator; for those who have lost hope in mobility or who never entertained any hope, it is a symbol of a competition in which they do not believe they can succeed.[10]

The parental attitudes toward their own childhood were studied because earlier experiences have a more direct influence on the individual than do class values. These earlier experiences influence the parent's attitude toward similar experiences with their child. Hamilton states:

> Serious rejection usually stems from the original experience now carried over to a second generation. It is not this child that the parent rejects but this child has touched off her feelings of being unloved by her own parents.[11]

Wichman and Langford support Hamilton's statement in the following:

> Conflicts in feelings in early relationships are later reflected in the parent's relationship with

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[9]Broom, Leonard and Selznick, Philip, Sociology, p. 194.

[10]Woods, Sister Francis Jerome, Op. cit., p. 308.

[11]Hamilton, Gordon, Op. cit., p. 277.

> the child. The pressures, the over meticulous care or neglect bear a relation to those which figured conspicuously in the parent's own home earlier.[12]

Since it is possible for the child to reactivate or bring to mind similar conflicts that the parents themselves experienced, it is also possible that the parent's attitude toward the child's problem will be similar to their attitude toward their own past problem. Poole indicates this in her article:

> No matter how many years may have intervened nor how much graduate education may have been added, when an adult is confronted with the problem of a child in school, some remnants of the child in school was himself are bound to reappear. This is evidenced in all interviews with parents regarding school problems. Almost without exception one finds such statements as, "When I was in school," "I had a teacher," "My grades were poor until high school."[13]

The problems that can arise from the parent's over-identifying with the child due to the similarity of school experiences are innumerable. This over-identification often causes the parent to minimize the child's problem because the parents, as children, had similar experiences in school and were able to cope with them successfully.

In the literature the author found that the parent's own school experience can be an important factor

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[12]Wickman and Langford, "The Parent in the Children's Psychiatric Clinic," Journal of Orthopsychiatry, Vol. XLV, p. 220.

[13]Poole, Florence, Op. cit., p. 38.

in formulating an attitude toward the child's experiences in school. However, other factors can influence the parent's attitude toward the child's poor scholastic achievement. It was felt that lack of concern over the child's poor scholastic achievement could also be a ramification of a rejecting attitude toward the child. If the parent had an overall rejecting attitude toward the child, this attitude would be noted in other areas besides his school experiences. Therefore, parental attitudes toward the child's experiences in other areas were also explored. The parental attitudes toward the child were studied in reference to his experiences in school, recreation, peer groups, and the home. Ackerman provided the theoretical basis for this belief.

> One way in which a mother may react to her sense of failure, whether it be guilt or shame or both, is to build up the conviction that the child was born bad and she can do nothing about it. Still another way is to run away from the whole problem. She may do so by detaching herself emotionally from the child or by developing diverse interests in other directions outside the family.[14]

In reference to fathers Ackerman states:

> The secondary emotional reactions to failure or unimportance as a family man may move in a great variety of directions. One response is to try to deny the failure, to provide alibis for being an inadequate parent, and to place all the blame on the mother. Still another reaction may be to withdraw from the family scene, to shrink down to a minimum the interest projected toward the

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[14]Ackerman, Nathan, The Psychodynamics of Family Life, p. 176.

> child. Sometimes such men deal with their shame and guilt for being a bad parent by removing themselves extensively from the center of family life.[15]

Most studies stress the importance of the mother-child relationship and in the process of doing so fail to include the fathers. This writer feels that fathers are important enough to be included in this study, especially since their role takes on added importance in the life of a latency-aged boy for whom they supply male identification.[16]

Ackerman also states:

> There has been a sharper trend toward examining fathers' responsibilities for the disturbances of the child, and there is now more pressure to draw him into the center of corrective child guidance procedures. More and more it is recognized that child-rearing is a joint venture, that the responsibilities are shared responsibilities.[17]

In this study we are concerned with the attitudes that parents have toward the symptom of poor scholastic achievement; when it is the presenting problem or when it exists, but is not the presenting problem. Therefore, it is important that we consider some of the literature on poor scholastic achievement. English and Pearson point out that:

> The symptom may result because of tensions within the child himself. There may be a fear of exploring, which is really a fear lest the child

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[15] Ibid., p. 187.
[16] Ibid., p. 159.
[17] Ibid., p. 177.

> discover horrible facts; usually, forbidden family secrets. There may be a fear to learn about sex lest the child get into trouble from having such knowledge . . . . The symbolic function of reading often is affected by the fear of exploration. A reading inhibition may follow a threat against exploring his own or others genitals. Learning itself may mean the giving up of primitive pleasures. The child may suffer from guilt lest competition mean the destruction of dangerous rivals.[18]

Gerald Pearson, in a survey of learning difficulties indicates that:

> The ability to learn is a function of the ego and therefore its disorder is produced by influences which affect the ego functions.[19]

Josselyn states:

> In many instances of poor school achievement the emotional problem is more complex and deep-seated. Often the blocking of learning capacities is related to early repression of sexual curiosity. Having asked questions about sex and been censored for his curiosity, or having felt that for some undisclosed reason any questioning about sex was wrong, the child had to deny his interest in learning in that particular area. Normally, sexual curiosity expands to related aspects of life and develops into an eagerness to learn about many things. If the sexual curiosity is repressed before this expansion occurs, the desire to learn is also repressed. Learning in any area is then a forbidden pleasure.[20]

This study is concerned with the parental attitudes toward the symptom of poor scholastic achievement. Very

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[18]English, O. S., and Gerald Pearson, Emotional Problems of Living, p. 300-301.

[19]Pearson, Gerald H. J., "A Survey of Learning Difficulties," The Psychoanalytic Study of the Child, Vol. VII, p. 385.

[20]Josselyn, Irene, Psychosocial Development of Children, F.S.A.A., p. 86.

often these attitudes are such that the child whois doing poorly in school does not receive help because the parent does not see the child's poor scholastic achievement as a problem.

Education plays an important role in our society today. It has such a high priority in the qualifications of the individual, that one who is without it is severely handicapped. The individual who is handicapped cannot function to the best of his potential. Social Work recognizes that the individual is the primary concern of society and we as social workers are dedicated to aiding the individual in the full realization of his potential. Therefore, we have a responsibility to the child with a learning problem. However, if these children are to be helped, it is important for us to understand the possible reasons for the parental attitude which is hindering our helping the child. In this way, we will be better equipped to bring about change in the parent's attitude in order to help the child through the parent.

CHAPTER III

METHODOLOGY

Purpose of the Study

The purpose of this study is to examine the importance of the presenting problem in a child guidance clinic. The presenting problem has been studied in relation to the attitudes of parents of latency-aged boys with poor scholastic achievement. Two groups of parents were studied, one group saw their child's poor scholastic achievement as the presenting problem while the other did not, although poor scholastic achievement was present.

The Sample Selection

Poor scholastic achievement was selected as a problem to study because it so frequently occurs as a symptom in a Child Guidance Clinic. The writer has limited the sample to latency-aged boys because the problem of poor scholastic achievement is more predominant in this group than any other at the Center.

The "treatment" book was used by the writer in the first step of selecting cases for this study. This book gives identifying information, plus the symptoms present in each case in treatment at the Center. Thirty-six cases of latency-aged boys, with poor scholastic achievement listed as a symptom, were selected from the treatment book. This group was further refined by removing all cases in which the child's capacity to learn

was questionable, due to mental deficiency.

The writer then established two groupings; one in which poor scholastic achievement was presented by the parent as a problem with which they wanted help, and a second in which the problem was not presented as a major concern. Ten cases were selected from each of these groups, giving a total sample of twenty cases. The selection was based on the quality and quantity of recorded material. The writer also selected cases in which both parents were involved in treatment or at least in the intake process. However, in three instances the writer was unable to meet the criteria because the fathers were not seen at the Center due to job commitments.

Data Collection

The data were obtained by applying the schedule (see appendix) to the recorded material available on each case. However, in a few cases the recorded material was insufficient in quality and quantity for the purpose of the study. Therefore, at times, it was necessary to supplement the recorded material with personal interviews with the particular therapists involved in the case. Information obtained from the therapist was, for the most part, factual.

The writer did not confine himself to the material presented at intake because in many instances the parents were able to talk about their child and his problem but

were unable to talk about themselves during these earlier contacts with the Center.

Usually this is due to the parent's anxiety about asking for help. One way of handling this anxiety is to project away from themselves the reason for the problem, by discussing only the child and his problem. The need for this primitive defense is diminished once a relationship is established with the therapist in which the client realizes he does not have to protect himself against attack. Due to the brief nature of the intake process, very often a strong relationship does not have time to mature. However, as treatment continues the relationship increases in intensity and the client is able to present himself more clearly. Therefore, the writer found it more productive to include all recorded material as a source of data.

Information concerning the background and attitudes of the fathers in both groups was scarce due to their limited involvement. In three cases the fathers never came to the Center. The majority of these fathers that did come to the Center were only involved in the intake process and did not continue in treatment. In those cases where the fathers' participation was limited or non-existant, the mothers had very often supplied information concerning the fathers' background and attitudes. In the cases where the mothers had supplied the needed

information, it was accepted as being a true indication of the fathers' position. However, the writer realizes that the significance of this information is diminished because of this factor and has hesitated in drawing any conclusions from it.

The areas covered by the schedule (see appendix) were the family background; symptom characteristics; and the parental attitudes toward their own childhood, the symptom, and their son.

Data Processing

Throughout the study the writer has applied various ratings to the data. The majority of these ratings are self-explanatory. However, there are a few which have a specific meaning in this study. These ratings, along with their definitions, are as follows:

Attitude Toward Symptom

One area explored in this study was the parental attitude toward the severity of the symptom of poor scholastic achievement. The ratings applied in this area were; "very concerned," "concerned," "ambivalent," or "not concerned." The intensity of the parental concern was rated according to the anxiety noted within the response.

An example of a "very concerned" attitude is seen in the response made by one mother who said, "I'm so worried, I don't know what to do."

The "concerned" parent recognized the problem himself and wanted to do something about it, whereas the "ambivalent" parent thought that it could be a problem, but just was not sure.

The parent who was "not concerned" did not see the child's poor scholastic achievement as a problem and was not interested in receiving help with it. Those parents in the PRESENTING group with this attitude were not self-referred. Therefore, there had been some external pressure to seek help.

Attitudes Toward Solving Problem

Another area explored was the parental attitudes toward the possibility of the problem being solved. In this area, the writer rated data "positive," "ambivalent," or "negative." A "positive" attitude was one in which the parents thought the problem could be solved, as opposed to the "negative" attitude in which the parent did not think the problem could be solved. The parent with an "ambivalent" attitude was not sure whether the problem could be solved or not.

Extent of School Pressure

A third area in which specific ratings were applied was the question concerned with the extent of school pressure on the parents to get help for their child. The ratings applied were "great," "medium," "weak," or "none." When the parent was told to get help for the child or the

child would be removed from the school, this was seen as "great" pressure. "Medium" pressure was the same as "great," except the parent was not threatened with impending action against the child. If the school suggested that the child might need help, this was seen as "weak" pressure.

Parental Attitudes Toward Child and Own Childhood Experiences

The attitudes of the parents toward their child, and their own childhood experiences were also examined. The writer used the same ratings for the parental attitudes in both areas. The parental attitudes were rated as "accepting," "ambivalent," and "rejecting." These ratings were understood to mean the following:

"Accepting" - Positive feelings toward an experience in which gratification was obtained.

"Ambivalent" - Positive and negative feelings toward an experience in which gratification was inconsistent.

"Rejecting" - Negative feelings toward an experience in which gratification was not obtained.

An example of an "accepting" attitude was seen in one parent who was quite pleased with his son's peer relationships because as he said, "All the kids like him. They're always coming over the house after him." Another

parent was "ambivalent" about her child's friends. She commented, "The children are all very nice, but I wish he'd play with children his own age."

An example of a "rejecting" attitude was seen in one parent who was upset about her son's companions. She commented, "They're all a bunch of ruffians. I tell him not to hang around with them, but he still does."

Scope of Study

In this study twenty families of latency-aged boys with poor scholastic achievement were chosen from the cases presently in treatment at the Center. The following areas will be explored in each case: background characteristics; parental attitudes toward the symptom; parental attitudes toward their own childhood and to their son; also, the parental attitudes toward the possibility of the problem being solved and who was to solve the problem.

Setting

The Worcester Youth Guidance Center, like many of our child guidance clinics, had its early beginning as an out-patient clinic of a state hospital. In 1921, responding to the increased interest and need for psychiatric services for children, the Worcester State Hospital established an out-patient service for children and adults. This service offered regularly scheduled sessions in which both adults and children were examined

and recommendations for their care given.

The early clinic was principally a diagnostic center and an advice-giving service. The sources of referrals were for the most part the courts and the various social agencies, despite the many attempts made to remove the social stigma brought on by its association with a mental institution. A further attempt to overcome this barrier was made in 1923, when the out-patient service of Worcester State Hospital was discontinued and re-offered by the newly formed Mental Hygiene Clinic of Memorial Hospital, a general hospital which had acquired community acceptance.

The clinic received its first full-time director in August of 1929. With the appointment of the director, the clinic's program was expanded and became a teaching center for student psychiatrists, psychologists, and social workers. Since the facilities of Memorial Hospital could not meet the demands of the expanded program, a spacious residence was purchased, with the help of private pledges, to house the rapidly growing Worcester Child Guidance Clinic.

In 1939 further attempts were made to encourage parents to initiate applications for treatment. This was done through an educational program and the establishment of a fee system. It was thought that the fee system would abolish the charity aspects of the clinic and

encourage the client's recognition of the value of treatment.

In an effort to encourage the older youth to seek help with his problems, the name of the clinic was changed in November, 1948, to "The Worcester Youth Guidance Center." The Center had continued to develop into one of renown. It plays a major role in the life of the community, contributing greatly to its mental hygiene programs through the use of its educational and consultant facilities.

Treatment is the primary function of the Center. In keeping with modern child guidance practice to create the most favorable milieu for a therapeutic relationship and to minimize the opportunity for friction between parent and child during therapy, the clinic provides separate therapists for both the parent and the child with whom each can form a confidential relationship. This approach is commonly called "the team approach."

The age range of the children accepted for treatment is flexible but in general it includes children from age three to eighteen. The greater percentage of the Center's client population is made up of children in the latency stage of development. The majority of this group are boys.

Relation of the Setting to the Study

Many of the children in treatment at the Center are being seen because they have problems in their

adjustment to society. A major task of the latency-aged child is adjustment to the school situation. Poor scholastic achievement is one of the ramifications of difficulty in adjustment to this new situation. Therefore, poor scholastic achievement is noted in a great many of the clients in treatment at the Center. However, not in all cases is it mentioned by the parent as a problem with which they desire help. In view of this, the writer decided to explore the possible reasons why one parent sees the poor scholastic achievement of their child as a problem with which they need help, whereas another does not.

CHAPTER IV

DATA PRESENTATION

The data will be presented in the following order: background characteristics of the family; parental attitudes to the symptom; parental attitudes toward their own childhood; and parental attitudes to their son.

The word PRESENTING will be used to indicate the group in which the poor scholastic achievement of the child was mentioned by the parents as a problem with which they wanted help. The word EXISTING will be used to indicate that group in which poor scholastic achievement was evident but was not seen by the parents as a problem with which they wanted help.

Background Characteristics

Age of Child and Religion of Family

All of the boys studied were white, in the latency stage of development and doing poorly in school scholastically. The children studied were from six to ten years old. However, the majority of the children in the PRESENTING group were younger than those in the EXISTING group.

The majority of the families in the PRESENTING group and fifty per cent of all cases included in the sample were Catholic. In the EXISTING group there was an equal distribution of Catholics and Protestants. However, there was a higher degree of "unknown" responses

in the EXISTING group than in the PRESENTING group so the writer hesitates to draw any conclusions in regard to religious affiliations.

There was only one family of the Jewish faith out of all the cases studied, and this family was part of the EXISTING group. This is an interesting finding, since the Jewish culture places an extremely high value on scholastic achievement. See Table 1.

TABLE 1

AGE OF CHILD AND RELIGION OF FAMILY

	Presenting				Existing			
Age	Catholic	Jewish	Protestant	Unknown	Catholic	Jewish	Protestant	Unknown
6	-	-	-	-	-	-	-	1
7	5	-	2	-	-	-	3	-
8	1	-	-	-	-	-	-	-
9	1	-	-	-	1	1	-	-
10	-	-	-	1	2	-	-	2

Ordinal Position and Number of Siblings

All of these boys were living in the homes of both their natural parents, except for one boy in the EXISTING group. This boy was born out of wedlock prior to his mother's marriage to a man who was not his father. This had an influence on his father's attitude toward who was

going to solve the problem. All of the boys, except three, had siblings older or younger than themselves. These three were part of the PRESENTING group. In no instance were there more than four siblings in the home.

In the EXISTING group fifty per cent of the families had three siblings. The majority of the boys in the PRESENTING group had one or no siblings. In general the families in the EXISTING group were larger than those in the PRESENTING group.

The position of the child in the home, in relation to his siblings, is an important factor for consideration. For, if the child is the oldest, he experiences the school situation without the family having gained prior knowledge of the school's expectations by experiencing it with another child. It was found that in eighty-five per cent of all the cases studied, the child had the first or second ordinal position in the home. In the PRESENTING group sixty per cent of the children studied were the first child, whereas in the EXISTING group eighty per cent were the second child in the home. Therefore, we can see this factor mentioned above operating to a large extent in the PRESENTING group. Table 2 illustrates the relation in both groups of ordinal position and number of siblings.

TABLE 2

ORDINAL POSITION AND NUMBER OF SIBLINGS

Presenting						Existing					
Position	Siblings					Position	Siblings				
	0	1	2	3	4		0	1	2	3	4
1	3	3	-	-	-	1	-	-	2	-	-
2	-	-	-	1	-	2	-	2	-	5	1
3	-	-	-	-	2	3	-	-	-	-	-
4	-	-	-	-	1	4	-	-	-	-	-

Family Income

The financial income of the families studied was determined by the amount of the fee that they pay the agency. The agency uses a sliding scale based on the family's financial income to determine the amount of the fee that will be charged. Therefore, the fee paid by the family is an indication of their financial income. The majority of cases studied had an income between $3,381.00 and $7,540.00 yearly. One family in the EXISTING group had an income over $10,000.00 a year. However, this was a combined income of both parents. A breakdown of income for the families of both groups is included in Table 3.

TABLE 3

INCOME

Income	(1560-3380)	(3381-5200)	(5201-7540)	(7541 -up)	Unknown
Presenting	2	3	4	-	1
Existing	1	6	2	1	-

Employment

In three cases out of the twenty studied the mother was employed; one as a school teacher, another as a commercial artist, and a third as a factory employee. The school teacher was the only mother involved in gainful employment in the PRESENTING group. All of the fathers studied were gainfully employed. Therefore, except in the three cases mentioned, there was only one parent employed in the families studied.

The employment of the fathers, in reference to job status, was also studied. It was found that in the majority of all the cases studied, the father was either semi-skilled or skilled. However, the majority of the fathers in the PRESENTING group were either unskilled or semi-skilled; whereas the majority of fathers in the EXISTING group were either semi-skilled or skilled. Therefore, the fathers in the EXISTING group had attained

a slightly higher job status than the fathers in the PRESENTING group. In the entire study, there was only one professional noted; he was an engineer. Table 4 shows the occupational status of the fathers in both groups.

TABLE 4

FATHER'S OCCUPATION

Occupation	Unskilled	Semi-skilled	Skilled	Professional
Presenting	4	3	2	1
Existing	1	4	5	0

Parental Educational Achievement

It was felt that the transmission of educational values from the parents to the child could play an important role in the educational endeavors of the children. In view of this, the educational backgrounds of both mothers and fathers of the two groups were studied and compared.

In the case of both parents, it was found that the majority had attended grammar school and high school with the greatest number being high school graduates.

One father in the PRESENTING group was a college graduate and one father in the EXISTING group was a graduate of a School of Social Work. This was the highest known educational achievement of either parents in

both groups.

There was a greater number of high school graduates among the mothers than there were among the fathers. However, there was only a minimal distinction between the PRESENTING and EXISTING groups for the mothers or fathers. There was only one mother who had received a college education. She was included in the PRESENTING group and was employed as a school teacher. Other than the few exceptions mentioned, the educational achievements of the parents of both groups were closely related. A more concise picture of the results is given in Table 5.

TABLE 5

PARENTAL EDUCATIONAL ACHIEVEMENT

	Groups	Gram-mar	High School	Busi-ness	Col-lege	Grad.	Un-known
Fathers	Presenting	3	4	-	1	-	2
	Existing	2	3	1	-	1	3
Mothers	Presenting	1	6	-	1	-	2
	Existing	2	7	-	-	-	1

Information About the Symptom

Duration of Problem

Table 6 shows the duration of the child's problem of poor scholastic achievement. In the majority of all cases studied the duration of the problem was from one

to two years. The problem had existed in seventy per cent of the children in the PRESENTING group for one to two years. However, in the majority of children in the EXISTING group the problem had existed from two to four years. Therefore, the problem had a slightly longer duration in the EXISTING group than it did in the PRESENTING group.

There was one case in the PRESENTING group where the problem was of a recurrent nature. In this case there had been a great deal of family discord, so much so that the child had been placed by a protective agency at one time. However, the family was together again at the time of this study.

TABLE 6

DURATION OF THE PROBLEM

Years	Recurrent	One	Two	Three	Four	Unknown
Presenting	1	3	4	2	-	-
Existing	-	3	2	2	2	1

Attitude Toward Extent of Problem

The next area studied was the parental attitude toward the severity or extent of the child's problem. This is an important area to explore, because if the parent does not feel that the problem is a serious one,

he will be less motivated to work on it. It is shown in Table 7 that the majority of parents in both groups were "concerned" or "very concerned" about the extent of the problem. The majority of the mothers in the PRESENTING group were "concerned" or "very concerned." However, twenty per cent were "ambivalent" and ten per cent were "not concerned" at all. These three cases of ambivalence and lack of concern are interesting, since the presenting complaint of this group was the child's poor scholastic achievement. However, not one of these cases were self-referred. In the two cases of "ambivalence," they were referred by the school with the extent of school pressure being classified as "weak." The one case of "not concerned" was referred by another social agency and the extent of school pressure was classified as "great."

The maternal response for the EXISTING group on this issue indicated that they were either "very concerned" or "ambivalent," with one being "not concerned." It is possible that their response was influenced by the other symptoms presented by the child.

The paternal response to this issue showed that, although the fathers were concerned about the severity of the problem, they were not as concerned as the mothers. The fathers in the PRESENTING group were concerned slightly more than the fathers in the EXISTING group. However, this finding is influenced by the high degree of "unknown"

responses in the EXISTING group.

TABLE 7

PARENTAL ATTITUDE CONCERNING THE EXTENT OF THE PROBLEM

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Very concerned	4	5	1	2
Concerned	3	-	5	3
Ambivalent	2	3	1	2
Not concerned	1	1	2	-
Unknown	-	1	1	3

Attitude Toward the Possibility of the Problem Being Solved

Table 8 shows the parental attitude toward the possibility of the problem being solved. The majority of "unknown" responses show that the parents thought something could be done about the problem. This was classified as a "positive" attitude. "Negative" attitudes were non-existant in maternal responses of either groups. However, there were three instances of "negative" responses from the fathers in both groups. Of these three responses; one father thought the child would "grow out of it," another was "doubtful" that anything could be done, and the third was indifferent, not caring one way or the other.

TABLE 8

PARENTAL ATTITUDE CONCERNING THE POSSIBILITY OF THE PROBLEM BEING SOLVED

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Positive	4	7	3	5
Ambivalent	3	1	1	-
Negative	-	-	1	2
Unknown	3	2	5	3

Who Will Solve Problem

In order to gauge the parental motivation and potential for working on the problem, the writer noted the extent of responsibility each parent would take for the treatment of the child by listing who they thought would solve the problem. In the author's opinion, the most favorable responses to this question would be the following, respectively; "Father-Mother-Agency," "Mother-Agency," "Father-Agency." Just under fifty per cent of all "known" responses fell into these three categories. Maternal responses made up a greater number of the fifty per cent. It was also noted that parental responses from the PRESENTING group were more favorable than those from the EXISTING group.

This question also gave an indication of shifting

of responsibility. In four cases the responsibility for solving the problem was shifted to the agency. In two of these four cases, this was done by mothers of the PRESENTING group. It was done once by a mother of the EXISTING group and by a father of the PRESENTING group. In one case responsibility was shifted by a father in the EXISTING group to the mother. In this case the father was not the natural father of the child. The child was born out of wedlock prior to the marriage of the two parents studied. Therefore, the shifting of responsibility in this case is more understandable, for as the father said, "It's not my kid."

There was a high degree of unknown responses on this issue. Therefore, there is a limitation on the conclusions that can be drawn. In Table 9 the various responses to this question are shown.

TABLE 9

WHO THE PARENTS THOUGHT WOULD SOLVE THE PROBLEM

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Father	-	-	-	-
Mother	-	-	-	1
Father-Mother	3	-	1	-
Father-Mother-Agency	3	1	2	2

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Father-Agency	-	-	1	-
Mother-Agency	1	3	-	-
Agency	2	1	-	-
Don't Care-Don't Know, Etc.	1	1	1	2
Unknown	-	4	4	5

Prior Attempts at Solution of Problem

The writer felt that it was important to examine any prior attempts the parents had made to solve the problem by contacting other sources of help. If prior attempts had been made, this could be used as an indication of concern and motivation for help.

It was noted that in six of the cases in the PRESENTING group no prior attempts had been made. In two of these six, the problem had been in existance for three years. In three cases of these six the problem had a duration of two years. In the remaining case the problem had been in existance for a year and a half.

In one case in which the problem had a duration of one year there had been three attempts at seeking help.

In the EXISTING group there were only three cases in which no prior attempts for help were made. However, in only one case were the attempts at solution related

to the child's poor scholastic achievement.

Of the sources of help available, that of a medical nature was sought the most, with school consultation being next. For the most part there was a big spread as to the type of help sought. See Table 10.

TABLE 10

PRIOR ATTEMPTS AT SOLUTION OF PROBLEM

	Medical	Clergy	School Consultation	Psychiatrist	Psychologist	Social Service	None	Unknown
Presenting	2	1	2	-	-	1	6	-
Existing	2	-	1	1	1	1	3	1

Parental Attempts at Solution of Problem

Table 11 shows the parental attempts at solving the problem themselves. These responses fell into the category of either discipline or reward or both. There was one instance where the only attempt made was "nagging and yelling." This was rated as "other" because it did not fit into the category of discipline. This attempt seemed to mirror the parent's own anxiety concerning the problem. However, it was used as an attempt at correcting the situation.

There were five cases in each of the groups, which

fit into the "discipline" category. "Discipline" included anything from restrictions to corporal punishment.

"Reward" was used to a greater extent in the EXISTING group than in the PRESENTING group.

There were two cases in the PRESENTING group where both "discipline" and "reward" had been used. This situation also existed in one case in the EXISTING group. However, the particular method used was dependent on the mood of the parents at the time of a crisis in problem.

TABLE 11

PARENTAL ATTEMPTS AT SOLUTION OF PROBLEM

	Discipline	Reward	Both	Other	Unknown
Presenting	5	1	2	1	1
Existing	5	4	1	-	-

Source of Referral

Due to the authoritative nature of the school system, it is important to know the source of referral, because in a school referral the school may see the child as having a problem but the parents do not. This was exemplified in two cases in the PRESENTING group who were referred by the school, but the parents were not concerned about the problem.

In this study three cases in each group were

classified as school referral. However, the greater number of cases in both groups were self-referred.

There was not much difference between the PRESENTING and EXISTING groups in reference to referral as is indicated in TABLE 12.

TABLE 12

SOURCE OF REFERRAL

	Self	School	Other
Presenting	5	3	2
Existing	4	3	3

Extent of School Pressure

Table 13 shows the extent of the pressure asserted by the schools to get the parents to seek help with their child's problem. It was noted, in the majority of all cases studied, that school pressure was "weak" or "non-existant."

There were three instances when the pressure asserted by the school was rated as "great" by this writer. Two of these cases were found in the PRESENTING group. In one of the cases the child had been doing borderline work for one year. The father was "concerned" and the mother was "very concerned" about the problem. This was a case of self-referral. The school had spent

a great deal of time in urging the parents to seek help, but they did not refer the family themselves. In the second case the problem was of a recurrent nature. The child had been doing failing work but the parents were not concerned. However, the school insisted that something be done about the child's poor scholastic achievement or else the parents would have to place him in another school.

The third case was found in the EXISTING group. The school had insisted that the child be seen and had referred him themselves. However, this case was different because the school was more concerned about the child's acting out behavior than they were about his poor scholastic achievement.

It seems evident that, although the school is asserting some pressure, the inconsistancy of it indicates that it is the result of individual endeavor rather than a prescribed pattern of dealing with the children with poor scholastic achievement.

TABLE 13

EXTENT OF SCHOOL PRESSURE

	Great	Medium	Weak	None	Unknown
Presenting	2	1	4	3	-
Existing	1	1	3	4	1

Proximity to Academic Failure

The severity of the problem was explored as determined by the proximity to academic failure.

In the majority of cases studied, the child was doing "borderline" work. In twenty-five per cent of the cases studied, the child was "failing."

It is interesting to note that there was a greater degree of "borderline" and "failing" among the EXISTING group than among the PRESENTING group. However, the parents in the EXISTING group still did not see this as a problem.

In only two instances in the PRESENTING group did the parents wait until failure had occurred before seeking help. See Table 14.

TABLE 14

SEVERITY OF PROBLEM AS DETERMINED BY PROXIMITY TO FAILURE

	Passing	Borderline	Failing
Presenting	3	5	2
Existing	1	6	3

Parental Attitudes to Their Own Childhood

Parental attitudes toward their own childhood experiences were studied, because of the influence they have on the parent's handling of similar experiences

with their child. Therefore, we are better able to understand the parental attitude toward their child, if we have knowledge of the parent's own childhood experiences. Experiences in the areas of school, recreation, peer groups, and home have been studied because they make up the child's environment. I have rated these attitudes as either accepting, ambivalent, or rejecting.

School

The parental attitudes toward their experiences in school are shown in Table 15. The majority of the mothers in the EXISTING group had an "accepting" attitude toward school. The majority of the mothers in the PRESENTING group had an "ambivalent" attitude toward school. There were no "rejecting" attitudes noted on the part of the mothers.

The majority of the fathers studied had an "ambivalent" attitude toward school. There was an equal number of "accepting" and "rejecting" attitudes noted in the fathers studied.

On the one hand, the mothers in the EXISTING group had a more favorable attitude toward school than did the mothers in the PRESENTING group. On the other hand, the fathers in the PRESENTING group had a more favorable attitude toward school than did the fathers in the EXISTING group. However, due to the high degree of "unknown" responses for the fathers in the EXISTING

group, this statement is questionable.

TABLE 15

PARENTAL ATTITUDE TO CHILDHOOD EXPERIENCES IN SCHOOL

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	4	6	2	1
Ambivalent	5	3	5	3
Rejecting	-	-	2	1
Unknown	1	1	1	5

Recreation

Table 16 shows the parental attitudes toward their own childhood recreational endeavors.

The majority of all parents studied were "ambivalent" about their recreational experiences. "Ambivalence" was greater in the PRESENTING group than it was in the EXISTING group. Instances of "accepting" attitudes were greater in the EXISTING group than in the PRESENTING group. There were "rejecting" attitudes noted in all the parents, except for the mothers in the PRESENTING group.

In the fathers of the EXISTING group, there are five instances where no judgment could be made due to a lack of material. The "known" paternal responses in the

PRESENTING group are evenly distributed between the three categories.

As in the last table, the mothers of the EXISTING group have the most favorable response, whereas the fathers of the PRESENTING group have a more favorable response than do the fathers of the EXISTING group.

TABLE 16

PARENTAL ATTITUDE TO CHILDHOOD EXPERIENCES IN RECREATION

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	2	5	3	2
Ambivalent	7	2	3	2
Rejecting	-	3	3	1
Unknown	1	-	1	5

Peer Relationships

In Table 17, a study of the parental attitudes toward their childhood experiences with peer groups, the most notable finding is the high degree of "ambivalence" on the part of the mothers in the PRESENTING group. The maternal responses of the EXISTING group were far more favorable than those of the PRESENTING group.

There is also a high degree of "ambivalence" for the fathers of the PRESENTING group as compared to those

of the EXISTING group.

TABLE 17

PARENTAL ATTITUDE TO CHILDHOOD EXPERIENCE WITH PEER GROUPS

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	1	4	2	2
Ambivalent	8	3	5	2
Rejecting	-	1	2	1
Unknown	1	2	1	5

Home

Table 18 shows the parental attitude toward their own childhood experiences in the home situation. The most dominant finding is that in the majority of all cases studied, the parents had a "rejecting" attitude toward their earlier home life. This was true of all groups with the exception of the fathers of the EXISTING group. However, for the fathers in the EXISTING group there was only a fifty per cent return of responses and of the five cases reported, four had an "ambivalent" attitude.

The most favorable response was from the mothers of the EXISTING group and the fathers of the PRESENTING group.

TABLE 18

PARENTAL ATTITUDE TO THEIR CHILDHOOD EXPERIENCES AT HOME

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	2	3	2	1
Ambivalent	2	-	2	4
Rejecting	6	5	5	-
Unknown	-	2	1	5

Parental Attitudes Toward Their Child

The parental attitudes toward the child's experiences in the areas of school, recreation, peer groups and home were studied to compare the attitudes of the two groups and to see if there was any correlation between parental attitudes toward the son and parental experiences in similar areas.

School

Table 19 shows the parental attitudes to the son's performance in the school situation. In the majority of all cases studied the response was that of a "rejecting" attitude. This was noted to a greater extent in the responses of the PRESENTING group. In all the maternal responses there was only one example of an "accepting" attitude and this was in the EXISTING group.

In the study made of parental attitudes there was more response of a "rejecting" nature by the fathers of the PRESENTING group than by those of the EXISTING group. Instances of "ambivalence" were just about equal in both groups.

It was found that parents in both groups were "accepting" of their own childhood experiences in school whereas they were "rejecting" of their child's. "Ambivalence" in both instances were similar.

TABLE 19

PARENTAL ATTITUDE TO SON'S PERFORMANCE IN SCHOOL

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	-	1	-	2
Ambivalent	2	5	5	4
Rejecting	8	4	5	2
Unknown	-	-	-	2

Recreation

In the two groups studied the fathers were found to be more "accepting" of their son's means of recreation than were the mothers, whereas the mothers were more "ambivalent" than the fathers.

There was a higher degree of parental "ambivalence"

in the PRESENTING group than there was in the EXISTING group, as compared to a higher degree of "acceptance" by parents in the EXISTING group. Ninety per cent of the mothers in the PRESENTING group were "ambivalent" about their son's recreational experiences.

For the most part, in both groups, parents were more "rejecting" of their own experiences with recreation than they were of their child's. "Ambivalence" was closely correlated in both instances. See Table 20.

TABLE 20

PARENTAL ATTITUDE TO THEIR SON'S RECREATION EXPERIENCES

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	1	4	5	5
Ambivalent	9	5	3	1
Rejecting	-	1	2	1
Unknown	-	-	-	3

Peer Relationships

Table 21 shows the parental attitude to their son's peer group experiences. An "ambivalent" attitude was noted in the majority of all cases studied. However, there was a high degree of "rejecting" attitudes also registered. The PRESENTING group was slightly more

"accepting" of their son's peer group experience than was the EXISTING group.

In both groups the parents were more "rejecting" of their son's peer group relationships than they are of their own.

TABLE 21

PARENTAL ATTITUDE TO SON'S PEER GROUP EXPERIENCE

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	3	2	3	3
Ambivalent	5	4	3	2
Rejecting	2	4	4	1
Unknown	-	-	-	4

Home

In studying the parental attitudes to the son's performance in the home, there was found a high degree of "acceptance" by the PRESENTING group as compared to a high degree of "rejection" by the EXISTING group. "Ambivalence" was at a minimum in comparison to attitudes expressed in other areas. This was most noticeable in the maternal responses. The mothers of the PRESENTING group were quite sure of their attitudes in this area; not one instance of "ambivalence" was noted. In both groups instances of a "rejecting" attitude were very

high. However, it was more pronounced in the EXISTING group.

The PRESENTING group had a more "accepting" attitude toward their child in the home than they did to their own childhood experiences in the home. The mothers in the EXISTING group were more "rejecting" of their child in the home than they were to their own childhood experiences in the home. This aspect of the paternal attitude in the EXISTING group is not comparable because of the large number of "unknown" responses for the fathers in the area of childhood experiences in the home. See Table 22.

TABLE 22

PARENTAL ATTITUDE TO SON'S PERFORMANCE AT HOME

	Mothers		Fathers	
	Presenting	Existing	Presenting	Existing
Accepting	5	-	4	1
Ambivalent	-	3	3	2
Rejecting	5	7	3	6
Unknown	-	-	-	1

CHAPTER V

SUMMARY AND CONCLUSIONS

This has been a study of the role of the presenting complaint in a child guidance clinic. Two groups were studied in reference to scholastic achievement. The parents in one group presented the problem as a major concern. In the second group, although the problem existed, it was not presented by the parents as a major concern. The focus of this study has been exploration of the parental attitudes which contribute to influencing parents' viewing the poor scholastic achievement of their child as a problem with which they need help. The study included the intake and treatment process in a child guidance clinic.

The first area studied was the background characteristics. It was found that in many respects the groups were similar. The majority of both groups were in the $3,300 to $5,200 income bracket. In only three cases were there more than one parent employed. In reference to parental educational achievement, the majority of both groups went as far as grammar or high school.

Slight differences were also noted between the groups. The majority of the families of the PRESENTING group were Catholic, whereas there was an equal distribution in the EXISTING group of Protestants and Catholics.

In the PRESENTING group the majority of employed parents were either unskilled or semi-skilled. In the EXISTING group the majority of employed parents were either semi-skilled or skilled. Therefore, the EXISTING group showed a slightly higher job status than that shown by the PRESENTING group.

It was also noted that the children in the PRESENTING group were younger than those in the EXISTING group and the majority of them had one or no siblings. However, the children in the EXISTING group had two to four siblings. In most instances the child with a problem in the PRESENTING group had the first ordinal position, whereas the child with a problem in the EXISTING group, in most instances, occupied the second ordinal position.

The study shows that the families in the EXISTING group were larger than those of the PRESENTING group. In view of this, desire for upward mobility seems to be more evident in the PRESENTING group than in the EXISTING group, since placing limitations on the size of the family is a means of achieving upward mobility. This is related to the fact that the PRESENTING group is concerned about their child's poor scholastic achievement, for scholastic achievement is another means of attaining upward mobility.

The EXISTING group occupies a slightly higher status in relation to occupational achievements and to a lesser degree income wise, than does the PRESENTING

group. But, whereas the EXISTING group appears satisfied with their achievement, the PRESENTING group is desirous of further upward mobility.

The next area studied was the characteristics of and parental attitudes to the symptom of poor scholastic achievement. The two groups were practically identical in reference to source of referral, with more being self-referred than any other. In both groups school pressure to seek help was "weak" or "non-existant." In the majority of all cases studied, "discipline" was used as a means of dealing with the problem. "Reward," as a means of dealing with the problem, was noted in a higher degree in the EXISTING group.

The symptom had a duration of two to four years in the EXISTING group and one to two years in the PRESENTING group. It was also noted that the parents in the PRESENTING group were more concerned about the extent of the problem than were the parents in the EXISTING group. The parents in the PRESENTING group had an "ambivalent" attitude toward the possibility of the problem being solved, whereas the parents in the EXISTING group had a more optimistic attitude in this respect.

The duration of the problem in the PRESENTING group indicates a greater concern on the part of the parents in the PRESENTING group. This is also seen in their attitude to the extent of the problem and the

possibility of the problem being solved.

The writer feels that the factors presented above are also an indication of the anxiety of the parents in the PRESENTING group. Since anxiety is a factor of motivation, the parent would be less apt to seek help if anxiety was not present or was only present to a small degree. This is further exemplified when we consider that instances of borderline and failure work were more pronounced in the EXISTING group than they were in the PRESENTING group. This indicates that although the problem was greater in the EXISTING group, the parents were not as concerned or anxious as the parents of the PRESENTING group since they did not seek help with the problem of poor scholastic achievement.

The next area explored was the parental attitudes toward their own childhood experiences. The parents' experiences in their home, school, recreational endeavors, and peer group relations were considered. It was noted that the majority of both groups had a "rejecting" attitude toward their experiences in school, recreation, and with peer groups. However, in these same areas, there was a high degree of "ambivalence" on the part of the parents in the PRESENTING group.

The writer feels that the "accepting" attitude of the parents in the EXISTING group toward their experiences in school, recreation, and peer groups is highly

irregular. One would expect to find that the negative experiences in the home would have had an effect on these other childhood experiences. There are a few possible explanations for this reaction. One is that their expectations were so low that they were met in spite of the negativism experienced in the home. Another would be in relation to the client's ability to look at himself objectively. It would be easier for them to say that they had had "rejecting" experiences at home than to admit to these same experiences in other areas, for in the experiences in the home the parent is expected to love the child; if he does not, the guilt is the burden of the parent and the child is the offended. However, in these other areas the child has to prove himself deserving of love. A great deal is required of him before gratification is forthcoming. If gratification is not evident, one looks to the extent of involvement of the child. Thus, the burden of guilt is his. He is the offender rather than the offended. Therefore, in order to avoid the burden of guilt and having the extent of his involvement questioned, one could be accepting of the gratification attained.

This manner of camouflaging reality is evident in their attitude toward the extent of the child's problem. It would seem that to admit that the child has a problem with which they need help is to admit that they

as parents are inadequate. In order to avoid this reflection of themselves, they compensate with an optimistic view of the child's problem.

The "ambivalent" attitudes of the parents in the PRESENTING group is more in line with what would be expected in view of their negative experiences in the home. We can consider this "ambivalent" attitude as an indication of inconsistency of experiences in these stated areas. The writer feels that this could lead to anxiety, inferiority, and emotional insecurity. This, coupled with the apparent lack of instinctual gratification in the home, leaves little opportunity for the parents to have developed sufficient strength to function in their roles as parents with limited anxiety, especially since the child's problem would reactivate problems that they themselves had experienced. However, they apparently have matured sufficiently, in spite of all this, to be able to recognize their anxiety rather than denying and overcompensating for it. Thus, they have been able to see the need for help with the child's problem and have taken steps to obtain it.

The next area explored was the parent's attitude toward the child's experiences in school, recreation, peer groups and the home. The parents in the PRESENTING group were "rejecting" of the child's experiences in the school situation, whereas the parents in the EXISTING

group were "ambivalent." However, the EXISTING group were "accepting" of the child's recreational endeavors but the PRESENTING group were "ambivalent" about this. A higher degree of "acceptance" was noted for the fathers than was for the mothers in the PRESENTING group for this category. The parents in the EXISTING group had a "rejecting" attitude toward the child's experiences with peer groups and in the home. The parents in the PRESENTING group were more "ambivalent" about the child's peer group relationships and showed an almost even distribution of "accepting" and "rejecting" attitudes toward the child in the home.

The most striking response noted is the "ambivalent" attitude of the parents in the EXISTING group toward the child's performance in school. This is contrary to what one would expect, since they originally did not present the poor scholastic achievement of the child as a problem.

It is possible to account for this predominant attitude if we consider that the parent may feel that he is judged in accordance with his child's performance in school. He may be concerned about the child's accomplishments in that they are a reflection of himself. However, to admit that the child has a problem and to seek help with it, is to admit that they themselves are failures.

We can further speculate that the parent has difficulty in seeking help for a problem of this type due to some particular sensitivity to the problem based on his own experiences in school. He cannot admit to himself that the child has a problem but he is concerned about the school's reaction to his child's scholastic achievement. Therefore, he is ambivalent about the child's problem.

The most striking differences between these two groups are the following: the PRESENTING group's greater desire for upward mobility, greater concern and anxiety surrounding the symptom, and also the ability of the parents in this group to look at themselves more objectively. These factors underscore the Social Work concepts of starting where the client is and moving at his pace. If the worker dealing with the parents in the EXISTING group had moved faster than the client and had attempted to impose his values in relation to scholastic achievement, he evidently would have met with resistance.

The client coming to an agency for help is under a great deal of stress. He is suffering because of some particular problem or problems but also because his problem has placed him in the position of having to ask for help. The worker who knows that the client is threatened by this new situation also knows that the client's defensive structure will be in operation to protect him

from whatever is threatening. The worker's first task is to illustrate to the client that he will not have to defend himself. In order to accomplish this task the worker, in the beginning contacts with the client, must accept and listen rather than explore.

In this accepting atmosphere a relationship can develop within which the client realizes he can trust the worker, knowing that the worker is sincerely interested and desirous of helping him.

The relationship begins, whether it be good or bad, at the point where there is an interchange of feelings, ideas, or attitudes between the worker and the client. The client usually begins by presenting his problem. Therefore, this problem is of particular importance to the worker in his attempts at establishing a good working relationship. This is the problem which the client is most concerned about. The worker must be attentive to the client's presentation in order to understand the specific nature of the problem. The worker's lack of attention to the presenting problem might well be seen by the client as a form of rejection or lack of interest.

In the initial stages of intake, if the worker explores the problem to gain further understanding, his premature activity may be interpreted by the client as an attack or an attempt at placing the blame. The client,

who might already be quite guilt-ridden, can present his problem best in his own way.

This study illustrates the various meanings that the child's poor scholastic achievement has for these two groups of parents. It is important that the worker start with the problem that is presented by the parent rather than reacting to the child's school problem or attempting to solve it without enlisting the aid of the parents.

This study exemplifies that various factors can influence how a family views a symptom. It points up the importance of knowing how the family views a symptom so that we can determine why they view it in this manner. Only in knowing this are we equipped to help them with the problem.

A few of the factors which have bearing on the parental attitudes toward poor scholastic achievement have been noted. The writer, realizing the limitations of the study, knows that these factors can only be seen as having a bearing on the attitudes of the parents included in the study.

A further consideration of this topic might be a study of the effect of cultural backgrounds on parental attitudes toward poor scholastic achievement. It can be speculated that in some cultures scholastic achievement is not valued to the extent that it is in our own culture.

This could lead to a consideration of the extent of socialization of the individual into the new culture.

accepted by
Merrill J. Schlaph
5/62

A P P E N D I X

APPENDIX

SCHEDULE

I. Background Characteristics

1. Factual

Age
Religion

2. Composition of Home

Siblings
Position

3. Economic

Income, determined by fee schedule
One or both parents working
Father's type of work
Unskilled
Semi-skilled
Skilled
Professional

4. Education

Father	Mother
Grammar	Grammar
High School	High School
College	College
other (possibly trade)	

II. Characteristics of and Parental Attitudes to Symptom

1. Duration

2. Attitude as to extent of problem

Mother Father

3. Attitude to possibility of problem being solved

Mother Father

4. Who is going to solve problem

Mother Father

5. Attempts at Solution

6. Parents attempts at solution

Discipline (punishment)

Reward

Other

7. How they got to clinic

A. Method of referral

School
Self
Other

B. Extent of school pressure

Great
Medium
Weak
None

8. Degree of Problem
(as determined by proximity to failure)

Passing
Borderline
Failing

III. Parental Attitudes Toward Childhood Experiences

	Mother	Father
School:		
Accepting		
Ambivalent		
Rejecting		
Recreation:		
Accepting		
Ambivalent		
Rejecting		
Peer Group:		
Accepting		
Ambivalent		
Rejecting		

Home: Mother Father

Accepting
Ambivalent
Rejecting

IV. Parental Attitudes to Son

School: Mother Father

Accepting
Ambivalent
Rejecting

Recreation:

Accepting
Ambivalent
Rejecting

Peer Group:

Accepting
Ambivalent
Rejecting

Home:

Accepting
Ambivalent
Rejecting

B I B L I O G R A P H Y

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