

1962

# The effects of a psychiatric patient's hospitalization upon his adolescent children

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BOSTON UNIVERSITY  
SCHOOL OF SOCIAL WORK

THE EFFECTS OF A PSYCHIATRIC PATIENT'S  
HOSPITALIZATION UPON HIS ADOLESCENT CHILDREN

A thesis

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

1962

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CHAPTER I  
INTRODUCTION

Purpose of The Study

The family unit in American culture is usually the most important influence on a child's life. After birth, the child is dependent upon it's Mother for food and care. The Mother is the primary person in the child's life. As the child grows older, he or she is able to see the mother as a separate person and to recognize the father as a member of the household. Generally Father and Mother are the child's pattern for developing his behavior. They are the focal persons with whom the child identifies. Therefore, it is important that the child receive the needed ingredients for healthy development within his home which aid in producing a healthy adult. This is, of course, contingent on the personality structure of the parents and their pattern for handling life situations.

Since this knowledge is a part of child development belief we felt that adolescent children who had their fathers hospitalized on the psychiatric wards of the Boston Veterans Administration Hospital, would have suffered some effects from this hospitalization. With the father figure absent from the home, the family constellation has changed and the child may suffer a sense of loss. Theoretically father is

an important figure in the child's life and his presence in the home has been a part of the child's existence since birth. Therefore, each child, to a different degree, has adopted some ingredients of his behavior pattern, defenses, and personality structure from the father. The parents play a very important part in a child's development as is stressed by Irene Josselyn, M.D. She says:

The small child establishes his own pattern of response to stress and establishes it at least partially upon the patterns of his parents. It is frequently pointed out that disturbed parents create a destructive emotional environment for their children. In addition, however, they also, because of the child's identification with them, give him a pattern by which to deal with conflicting situations.<sup>1</sup>

Therefore the separation from the father, can undoubtedly produce some effect upon his children. We have proposed to examine these effects in a descriptive study of the reactions of sixteen adolescent children whose fathers are presently hospitalized on the psychiatric wards of the Boston VA Hospital. We were interested in the changes that might occur in terms of the child's adjustment, emotionally and practically, to this separation. The five research questions we sought to answer are included below. Our interviews were directed at gaining insight into these questions.

First we attempted to determine the effects of a father's psychiatric hospitalization on his children in terms

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<sup>1</sup>Irene M. Josselyn, M.D., Psychosocial Development of Children, P. 15.

of any changes in school performance, attendance, and study habits. It is recognized that these changes could be brought about by other factors in the home situation such as changes in the child's role and responsibility in the home. This, we have attempted to determine in further research questions. In relation to this question, the child was asked about his grades and the length of time that he had been receiving such grades. If there was a noticeable drop or rise in school performance, the interviewers asked the child about it. We attempted to draw some correlations between the given information and the time of the father's hospitalization. The interviewers asked about the child's attendance and study habits. This was an effort to determine whether the child had lost interest in school; whether he had less time to study or attend school because of added home responsibilities.

Secondly, the interviewers endeavored to look for acting out behavior on the part of the children. To define acting out behavior, we sought evidence of disruptive behavior in school or at home and delinquent behavior in the neighborhood. Evidence of truancy from school was considered a sign of such behavior. An attempt was made to correlate this behavior with the father's leaving the home. It was of interest whether this behavior had developed since the separation or conversely, been reduced since the father's absence.

Thirdly, we were interested in the child's feelings

about the father's hospitalization and his possible return home. We sought such responses as grief, bewilderment, and guilt over his absence. Oppositely, we looked for evidence of relief as though a disturbing influence had been removed. We were also interested in the child's understanding of the father's illness.

A fourth question dealt with any changes in role structure that had occurred in the family since the father's absence. We were interested in seeing whether the child had taken on any added responsibilities within the home; whether he had contributed to the family financially; or whether a father figure substitute was present. We asked if mother worked and how long she had done so. Evidence was sought for signs of a child taking over part of the mother's role because of her employment. We were looking for any correlations between the father's hospitalization and change of roles with other members of the family.

The fifth question held ramifications for our study and for the hospital administration as well. We explored the children's attitudes toward visiting privileges and their reactions to father's home passes. We asked their feelings about seeing father on the ward or elsewhere in the hospital. The children were asked their opinions concerning the hospital visiting policy and to give suggestions for what they felt to be necessary changes. Our interest centered on the

children's reactions to their father's visits home and their feelings about seeing father in the hospital. Through these questions, we hoped to gain insight into their conception of father's illness, and their interaction with him.

The Boston VA Hospital may gain suggestions from these questions. It has been pointed out that the hospital has little or no facilities for visiting children. The hospital regulations allow no child under fifteen years of age to go beyond the lobby unless it is felt to be therapeutic by the doctor and the social worker. Therefore the younger children can only visit with their fathers in the lobby and often regulations may not permit him building privileges as he is too ill. The families who do go upstairs to the wards are provided with no individual visiting rooms, but meet in the lounge on the ward. Therefore there is little privacy for individual visiting. The hospital is interested in any constructive ideas the children might have toward altering the visiting policy.

In addition to the five research questions, the interviewers planned to tabulate the detected emotional effects of separation on the children in terms of denial, acting out, suppression, and intellectualization. These defenses have been utilized by many of the adolescents in our sample. We have categorized those of the sample who appear to be using such defenses under the appropriate heading in hope of

establishing some evidence as to common defenses employed by children in this situation. Of course, it is recognized by the interviewers that adolescence is a trying period in a child's development. It is the time when the child develops physically with the occurrence of glandular changes. Physically, the child has now reached adulthood, but emotionally he has not reached this point. He is beset with sexual anxieties and the oedipal problem becomes reactivated. He attempts to become independent and Irene Josselyn describes the situation in this way:

The adolescent is therefore frightened by his own impulse to emancipate himself. If this fright becomes too paralyzing he feels impelled to regress to the security of childhood and again become the dependent child. As a result of this impulse to emancipate himself and at the same time to have the reassurance of dependent gratifications, a paradoxical situation arises.<sup>2</sup>

Therefore the children we interviewed, who were all between the ages of twelve and sixteen were, to varying degrees, experiencing conflicts of this sort. The interviewers were alert to this situation and have attempted to recognize typical adolescent behavior and how it effects the children's reactions to their father's hospitalization. It was impossible to separate these two from each other as the adolescent sees all situations in terms of his personal conflict, but an awareness of his developmental problems aided the interviewers in evaluating his reactions and defenses.

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<sup>2</sup>Ibid., p. 106.

We hope that this study will contribute toward a better understanding of a child's reaction to a traumatic separation within his family as well as toward the effects upon the entire family. Possibly this study will suggest the importance of greater social work contact with family members during the father's hospitalization. It is important to remember that the patient is a part of a family situation and its interaction may well have some effect upon the patient's illness as well as the illness effecting the family. This study may hopefully serve as a basis for future studies of greater size.

#### Method of Data Collection

Our sample was selected from the records of patients presently hospitalized on the psychiatric section of the Boston Veterans Administration Hospital. The sample was selected from patients in the four psychiatric wards on the twelfth and thirteenth floors and the three open wards on the eleventh floor. There were certain qualifications made for selecting the sample. The patients were required to have been hospitalized from a minimum of one month to a maximum of one year. The patients were, of course, also chosen according to the ages of their children. All patients within the sample have children between the ages of twelve and sixteen years of age. No restrictions were put on the number of admissions these men had had due to the necessity of collect-

ing an adequate sample.

Originally the interviewers had hoped to talk with twenty adolescent children including only one from each family. We encountered resistance on the part of some parents and children themselves toward the study and therefore our sample was reduced to sixteen children. Of these sixteen, two siblings of five families were interviewed. Each sibling combination consisted of a boy and a girl which revealed a common element in the sex distribution of the sibling situation. An equal number of eight boys and eight girls were interviewed for the sample.

Prior to contacting the families, the patient's psychiatrist and any social worker who had had previous contact with the family were spoken to by the interviewers. The study was explained to them, and their consent was obtained before any contact was made. By using the relationship between the present social worker with the family, five families were contacted. One psychiatrist discussed the study with his patient and a family was contacted in this way. The interviewers discussed the study with three patients on the open ward who agreed to their children being seen and said the interviewers could contact their wives. Most of the actual contacting was done over the telephone with the wives after this previously mentioned preparation had been made.

The purpose of the study was explained to the husbands

and wives in the following manner. We stated that the hospital was not only interested in learning about its patients, but also about its patients' families. Therefore we would like to meet and become acquainted with their children. We explained that a study was being conducted on children's reactions to their fathers' absence from the home. We were interested in the effects that it might have upon them in terms of schoolwork and other areas of life. The unstructured interview situation was discussed with them. We told the parents that they could be instrumental in helping us make arrangements to see the child. It was discovered that a direct approach with parents was more effective than a general description of the study. Three mothers were very enthusiastic about the project feeling their children had definitely been effected by their father's hospitalization. Two mothers feared that the interviewers wanted to take their children into treatment and were threatened by the study in this manner. They agreed to the interview when the purpose was clarified further with them.

The mothers usually arranged to bring their children with them while they visited their husbands. While the mother was on the ward, the interviewers would see the children. In two instances, the children were not able to come to the hospital because of distance and inclement weather. Therefore the interviewers made two home visits. These visits

were most informative in terms of gaining a clearer picture of the overall family situation, but unfortunately, it was impossible to make home visits in all cases due to lack of transportation. A positive about the home visit was the fact that the children interviewed at home talked more freely than those seen at the hospital. We hypothesized that few of the children had been to the hospital more than once or twice. Some had never been there prior to coming in for the interview. It is a possibility that they were threatened by the hospital and what it represented to them.

As was briefly mentioned in a previous paragraph, the interviews were relatively unstructured and conducted in as casual a manner as possible. With the exception of the two home visits where two sets of siblings were interviewed, the children were seen in the recreation hall or the lobby of the hospital. The location depended upon the age of the child. A soft drink was usually secured for the child. It was our intention to assume the role of a sister figure and, therefore, we removed our white coats. The child was approached in a similar manner as were the parents concerning the explanation for their being seen. In the majority of cases, the mothers had explained this clearly to them at an earlier time and they were prepared for the interview.

The interviews covered the same basic questions, but they were otherwise clinical in nature, depending upon the

personality of the child being seen. Our questions began with the more general type of material and progressed on to more pertinent content.

The interview was concluded by the use of a picture test based on the Thematic Apperception Test principle. We presented the children with five magazine pictures which suggested hospitalization and separation. The children were asked what was happening in the picture and their reactions were recorded.<sup>3</sup>

Depending upon the children's responses, the interviews ranged in length from thirty-five minutes to one hour. We did not take notes during the interviews as it was felt that immediate note taking might be too threatening to the children. In connection with these unstructured interviews, we felt, in some cases, the necessity to provide reassurance for the children in terms of mental illness being comparable to a physical illness and not a hereditary phenomenon. This reassurance was not provided except when asked for and since the children were free to ask questions at the end of the interview, it was used in a few cases.

We used the child's reaction to the interviewers and interview as an index of his method of relating to people and to his handling of life situations. In addition to categorizing the child's responses under the defenses of denial,

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<sup>3</sup>See Appendix A.

acting out, suppression, and intellectualization mentioned earlier in the chapter, the interviewers set up another standard for assessing the child's functioning since the father's hospitalization. By taking into consideration the responses of the children to all the interview questions, we placed the children under three general categories of performance. They are classified as either functioning as adequately, with greater adequacy or with less adequacy than they were prior to their fathers' hospitalization. This categorization is based on the total performance of the child since the father's hospitalization. The majority of the data is descriptive in character and has been treated in such a manner in our data chapters.

#### Setting

The material for this study was collected from the psychiatric records of the Boston Veterans Administration Hospital. The hospital was opened in July, 1952. It is a general hospital and therefore furnishes general, surgical, medical, and neuropsychiatric services to veterans. The building has nine hundred forty-nine beds and is fifteen stories high.<sup>4</sup> The service with which we are dealing is the neuropsychiatric service. As was previously mentioned, our sample was secured from the records of the four closed psychiatric wards and three open psychiatric wards. The terms

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<sup>4</sup>Boston Veteran's Administration Hospital Dedication Issue, The Minute Man, July, 1952, pp. 4-5.

closed and open wards are vestiges of the past as the hospital has extended the "open door" policy to all of the wards. Any exceptions to this policy are treatment oriented. The closed ward section is designed to deal with the more severely ill patients while the open wards service patients with less severe disorders. Although the severity of the patient's illness may be an unanalyzed variable in determining the children's reactions, the interviewers felt that each family shared the situation of separation from the father figure with the other. Therefore the sample represents cases from two of three sections of the neuropsychiatric service. The neurology service was the section that was not included in making up the sample.

## CHAPTER II

### REVIEW OF THE LITERATURE

There has been no literature, so far as these writers can determine, dealing directly with the meaning to an adolescent of having his father in a mental institution or what particular problems are faced by children of this age in the absence of a father figure in the home. However, much can be learned and applied to this study from the writings on adolescent development, the role of the father figure in the family, patterns of identification, shared mental illness, the meaning of mental illness to a family in which it is present, and finally, the meaning to children of having a parent hospitalized for mental illness.

Adolescence is a period in which the child begins to break away from his parents and stand on his own two feet. It involves a period of rebellion in which the child may wish to be rid of the parents at times, even though basically he still loves and needs them. Also the onset of adolescence brings about a reactivation of Oedipal feelings. Josselyn explains this as follows.

The physical changes of puberty bring an intensification of the biologically determined sexual drive. The mechanisms of repression utilized during the earlier childhood period are no longer adequate against the strengthened drive. Sexual impulses threaten to break through the earlier established barriers. If this occurred in relation to a new love object, the problem would be

less severe. It does not do so. Although the pathway established in handling earlier sexual impulses has become covered with camouflaging outgrowth, it still is the only familiar road once the barrier is down. The sexuality of the early adolescent reactivates the family triangle. . .<sup>1</sup>

We can see from this that separation from a parent at this age could arouse much guilt in the child. A girl may feel that she is being punished for her sexual feelings toward her father by being separated from him. A boy may feel that his father's being away from home may be a result of the boy's wish to be rid of his father. Also he may feel very threatened by being left alone with his mother, perhaps having to take over many of the masculine family duties which heretofore belonged to his father. In a sense he may have to be the "man of the house" which might possibly be a fulfillment of an Oedipal wish and therefore very threatening and guilt provoking.

Youngsters identify with members of their family. They pattern themselves according to the ways of parents and other family members. They may have a feeling of being an extension of their parents, especially parents of the same sex as the child. A child might have many different fantasies about what has happened to his father when he becomes mentally ill. Because of his identification with his father the child may wonder if this will also happen to him.

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<sup>1</sup>Irene M. Josselyn, M. D., The Adolescent and His World, p. 58.

Richardson<sup>2</sup> discusses family identification in terms of physical illness, but the same thing holds true in mental illness. He gives a case example of a family in which a daughter died of heart disease. The remaining daughters all developed the dead daughter's disease. Richardson also quotes a woman as saying, "My father had rheumatic fever, so, of course, I had to have it."<sup>3</sup>

Along the line of family identification comes the fear of inheritance. A child may fear that he will inherit his father's illness. This fear may be reinforced by the mother who also fears her child will inherit the illness. The mother may not openly express this fear, but often the child will be able to sense his mother's feelings.

Neurotic and psychotic patterns do, at times, develop in a family where the members are closely associated with a mentally ill member of the group.

Gruenberg elaborates on this idea of shared mental illness. He discusses a report by Cottrell and Vibber which describes the institutionalization of four people, a man who was mentally deficient, his wife, who was suffering from an unclassified neurosis, their thirteen year old son, classified as hysterical and the family's sixty year old boarder who was in the manic phase of manic depressive psychosis. These

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<sup>2</sup>Henry B. Richardson, Patients Have Families, pp. 82-83.

<sup>3</sup>Ibid., p. 83.

people functioned together in a well organized unit. Their chief project was "uncovering devils who were hiding inside of walls and furniture and destroying these invaders of the household."<sup>4</sup> Also involved in the group was the boy's dead sister who communicated to her brother. She was in direct communication with God from whom she learned that this boarder was the Messiah. The family and the boarder accepted this without question and followed out orders obtained from these communications. This is a striking example of shared mental illness.<sup>5</sup> In our study, however, this type of finding is expected in a much less severe degree.

English points out that in our changing culture, the role of the father has changed and needs some redefinition. English discusses the father, as husband, providing his wife with material benefits and security in order that she may be free to devote her attention to caring for the children and making a home. Furthermore he takes an interest in her needs both physical and emotional. "This he does as a male, in the fulfillment of his role in society."<sup>6</sup>

English also discusses the father as a parent. Here

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<sup>4</sup>Ernest M. Gruenberg, "Socially Shared Psychopathology," in Explorations in Social Psychiatry, Alexander H. Leighton, John A. Clausen, John N. Wilson (Eds.), p. 202.

<sup>5</sup>Ibid., pp. 202-204.

<sup>6</sup>Spurgeon English, M.D., "The Psychological Role of the Father in the Family," Social Casework, vol. 35 (October, 1954), p. 32.

the father introduces his children to masculinity. He can help his son to grow up by being someone his son wants to grow up and be like. By encouraging his son to emulate him the father helps the boy to work through his Oedipal complex. The boy will give up his wish to be rid of his father and turn to him as someone to grow up to be like.

By taking a genuine interest in his daughter, the father helps her learn how to be comfortable and close to men.

The father serves as a counselor from whom the child gets help. It is especially important for children to have this masculine counseling as their lives are often almost totally directed by women from mother at home to the teachers at school.

English points out areas for possible psychopathology when the father is unable to fulfill his role. He questions how much psychopathology can come from (1) the absence of the father (2) favoritism of father towards a certain child (3) indifference towards the mother but not the child (4) indifference towards the child and unwise management of the child.<sup>7</sup>

The overall problems of a family brought about by the father's mental illness and hospitalization deeply affect the adolescent. Ward and Jones bring out a number of problems of families of a mentally ill member.<sup>8</sup> First of all the illness

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<sup>7</sup>Ibid., pp. 323-329.

<sup>8</sup>Archibald F. Ward Jr., P.H.D. and Granville L. Jones, M.D., "Helping the Families of Our Mentally Sick," Mental Hygiene, vol. 38 (October, 1954), pp. 576-584.

leading up to the hospitalization has more than likely been a disruptive influence on the family. Hospitalization, is in a way a defeat for the family. They have given up hope of helping the patient themselves, admit his illness and see him hospitalized. Once he is in the hospital the family members may feel the patient will never return. Even if the patient does return and is well again the anxieties wrought by his hospitalization leave a mark on the family. The children may fear they will inherit the illness as mentioned earlier, and sometime carry this fear throughout their lives. Families may often feel a disgrace that one of their members is in a mental hospital. Also it is often hard for the families to accept these patients back into the family as they may fear a recurrence of the illness or may feel that the patient is not well. Many fears and fantasies grow up through lack of understanding of what is happening to the patient.

Families may have been deeply hurt by accusations made by the patient during his illness. It is important that they can express their feelings about this to a sympathetic listener who can help clarify the reasons for these accusations. Finally the article points up the need for children of a hospitalized parent to have a parent substitute who can take over parental chores and serve as someone with whom the child can identify.

Kaplan and Wolf put an emphasis on the effects of the

family on the mental patient in terms of visiting, attitudes toward the patient, and the patient's return to the family.<sup>9</sup> Families, as brought out earlier, often fear and feel ashamed of mental illness. These fears stem from ancient beliefs which have been passed down to the present day. Mental illness is still sometimes referred to a "possession by devils." Sometimes it is thought of as a retribution of a sin. This shows the real need for clear interpretation and education on mental illness not only in families with this problem, but in all families.

The Harvard School of Public Health has a study closely related to the subject of this thesis. This study, "Children of Parents Hospitalized for Mental Illness," compares a group of children with parents in a mental hospital with a control group of children whose parents were hospitalized with tuberculosis. This study puts an emphasis on community resources available to help these troubled families and how many families seek such help. The study found that when the father in a family was hospitalized there was relatively little disruption in the living arrangements and in the care of the children. About half of the mothers in these cases were already working. They continued to work. Only one mother started to work to help support the family because of

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<sup>9</sup>Arthur Kaplan and Lois Wolf, "The Role of the Family in Relation to the Institutionalized Mental Patient," Mental Hygiene, vol. 38 (October, 1954), pp. 634-639.

father's hospitalization. There was minimal use of community resources due to father's illness or hospitalization. Most contacts were for financial assistance from public welfare.

In the case of two parent families where the mother was hospitalized seventy-four per cent of the children remained in the home with the father. Father or babysitters took over many of the mother's functions as well as the child himself taking over more responsibility around the house both for himself and for his siblings. The majority of the remaining twenty-six per cent went to live with maternal grandmothers. The others went to relatives and foster homes.

The greatest disruption, of course, resulted in the one parent homes. Out of a group of twenty families, the children of only seven families remained in the home to be cared for by relatives or by themselves.

Notable among some of the children of parents hospitalized for mental illness was their involvement in the symptomatology of the parent's illness including cruel and abusive treatment, paranoid ideation, and erratic or negligent care.

There was more evidence of disruptive behavior in the children whose parents were mentally ill rather than physically ill.

Through the reading of this literature a clear picture is gained of the different aspects of the subject of this thesis. An understanding of the physical and emotional

aspects of adolescence helps in understanding the children's reactions to the situation under study. A better picture of the meaning of the father in the family has been obtained and it is easier therefore to speculate on the meaning of the void caused by his absence.

We see the patterns of normal identification and also see how closely associated people in a family can become involved in the neurotic and psychotic patterns of behavior of the sick member or members of the family. Furthermore we see the various feelings families have about having a member in a mental institution. Finally we have seen the practical side of the problem in the changes families have had to make such as sending children to live with relatives when a parent goes to a mental hospital.

Therefore it can be speculated that having father away from home and in a mental institution will have particular striking effects on children who are facing the many tasks of adolescence, and are therefore in a vulnerable period.

## CHAPTER III

### DESCRIPTION OF THE SAMPLE

In describing the fathers and children in this study, we have chosen to use uniform identifying data as a basis of classification. This type of data conforms with contemporary means of human identification within society today. The data used includes the father's age, occupation, and religion. It was not possible to include nationality and education due to lack of this information in the hospital records. In relation to the father's illness, we have determined the diagnosis, length of hospitalization, and number of admissions.

Description of the children is on the basis of age, religion, sex, grade and number of siblings. In this chapter we intend to discuss the sample in terms of this data.

#### Description of the Fathers

##### Social Characteristics

There are eleven fathers who will be classified according to the data listed above. The first recorded data includes the age of the fathers. They range from thirty-four to sixty-seven years of age with the median age being forty-two. All but one of the fathers are between the ages of thirty-four and forty-six. The wide age span can be attributed to one individual who, at sixty-seven, is twenty-one years older than the next oldest father.

The fathers' occupations range from unskilled to

professional positions. The sample includes a truck driver, shoe factory worker, postal worker, supply clerk, plastic molder, auto mechanic, plumber, electrician, hospital attendant, retired dairy man, and a dentist; a relatively homogeneous group.

In terms of religion, we find eight Catholics and three Protestants within this group. The fact that the majority of the fathers are Catholic can be attributed to the vicinity in which the hospital is located. Boston and surrounding communities are known as predominantly Catholic areas.

#### Nature of the Illness

Factors in relation to the fathers' illness include psychiatric diagnosis. In this sample the authors found one schizophrenic reaction, three paranoid schizophrenics, four anxiety reactions (one moderate and two acute), two psychotic depressions, and one reactive depression, suicidal. The length of the fathers' hospitalization varies from a minimum of one month to a maximum of ten months. There were six fathers who had been hospitalized for one month, one of whom had had three previous psychiatric hospitalizations. His last admission was for a year in a Naval Hospital from which he was directly transferred to the closed ward section of the Boston Veterans Administration Hospital. Therefore he has been absent from his home environment for more than a year. The length of hospitalization in the remaining five cases is

as follows: one case of two months, one of three months, one of six months, and two cases of ten month hospital treatment periods.

In reference to the number of previous psychiatric admissions which this group has had to EVAH and other hospitals, the interviewers found seven first EVAH psychiatric admissions, three of these seven men have had psychiatric admissions elsewhere. For these three patients, it was the second, third and fourth admission to a psychiatric setting. The other four men who were first EVAH admissions had had no previous psychiatric admissions anywhere. Three men have had two previous psychiatric admissions to EVAH, one for four months in 1959 and the other for one month in 1961. The one remaining father has had four admissions to EVAH with his longest period of hospitalization being two months.

The authors felt there might be some different reactions on the part of children whose fathers had had longer or more numerous hospitalizations. The hypothesis can be formulated that children who have endured more numerous and lengthy separations from their fathers will exhibit less severe reactions to separation than will children who are experiencing this type of separation for the first time. This will be explored further in the following chapters dealing with the interview material.

The following table gives a description of the fathers in the sample.

**TABLE 1**  
**DESCRIPTION OF FATHERS IN THE SAMPLE**

<b>Father</b>	<b>Illness</b>	<b>Length of Hosp.</b>	<b>Previous Admissions</b>	<b>Religion</b>	<b>Occupation</b>	<b>Age</b>
1	Schizophrenic Reaction	3 mos.	2	Catholic	Supply Clerk	39
2	Paranoid Schizophrenic	1 mo.	0	Catholic	Hospital Attendant	36
3	Paranoid Schizophrenic	2 mos.	2	Catholic	Post Office Worker	46
4	Paranoid Schizophrenic	10 mos.	0	Protestant	Elect.	40
5	Anxiety Reaction	1 mo.	4	Catholic	Plastic Molder	40
6	Anxiety Reaction (Mod.)	10 mos.	1	Catholic	Plumber	40
7	Anxiety Reaction (Acute)	1 mo.	0	Catholic	Truck Driver	39

TABLE 1 (continued)  
DESCRIPTION OF FATHERS IN THE SAMPLE

Father	Illness	Length of Hosp.	Previous Admissions	Religion	Occupation	Age
8	Depression	1 mo.	0	Protestant	Retired Dairy Man	67
9	Reactive Depression Suicidal	1 mo.	1	Protestant	Mechanic	34
10	Anxiety Reaction (Severe)	6 mos.	1	Catholic	Shoe Factory Worker	37
11	Psychotic Depression	1 mo.	3	Catholic	Dentist	45

### Description of the Children

The sample of adolescent children interviewed numbers sixteen. They are described according to the identifying data included in the interview guide and mentioned previously in this chapter.

The age distribution of children in our sample ranges from twelve to sixteen. This includes two twelve year olds, five thirteen year olds, four fourteen year olds, four fifteen year olds and one sixteen year old. The median age for the entire sample is 13.8 years. The number of boys and girls in the sample is equal. Two of the girls were thirteen, four were fourteen, and two were fifteen years old. Two boys were twelve, three were thirteen, two were fifteen, and one was sixteen years old. The average age of the girls is fourteen years while that of the boys is 13.6 years. There is not a significant difference in the age distribution according to the children's sex and therefore differences in response cannot be attributed to differences in age. Five pairs of brothers and sisters are included in the sample. In all but one case, the girl is the oldest sibling.

Describing the sample in terms of religion, we find that thirteen of the children are Catholic, one of whom has a Protestant father. The remaining three are Protestant with one whose father is Catholic. Therefore as is the case with the fathers, the majority of the sample are Catholic.

A further area of identifying data is the grade distribution of the children. The grade range is fairly broad as it stretches from the sixth to the eleventh grade. The sample includes one sixth grader, one seventh grader, six eighth graders, four ninth graders, three tenth graders, and one eleventh grader. We find the median grade to fall between grades eight and nine with an equal number of children attending grades six through eight and nine through eleven. (Refer to Table Two.)

TABLE 2  
AGES OF THE CHILDREN IN RELATION TO THEIR GRADE

Ages of Children	Grade in School					
	6th	7th	8th	9th	10th	11th
16						1
15				1	3	
14			1	3		
13			5			
12	1	1				
Total	1	1	6	4	3	1

As is evident by this table, the sample is divided equally with eight students in Junior High School and the

other eight in high school. We feel that this table demonstrates the age and grade characteristics more graphically than the written description.

In terms of constellation of the family, we have one only child, three who are one of two children, two who are one of three, seven who are one of four siblings, one who is one of five siblings, and two who are one of six. The majority of children have three or more siblings.

## CHAPTER IV

### THE EFFECTS OF THE FATHER'S HOSPITALIZATION ON THE SOCIAL AND EMOTIONAL BEHAVIOR OF THE CHILDREN

#### Introduction

This chapter is devoted to evaluating the social and emotional effects of the fathers' hospitalization upon his children as has been stated previously in the title of the chapter. The interviewers have chosen to approach this evaluation in terms of the five research questions upon which this study is based. The interview guide was designed to answer these questions. There are five sections within this chapter each related to a research question. The data has been analyzed in terms of each question.

Initially, the effects of hospitalization are discussed in relation to the child's school performance, attendance, and study habits. A standard system of rating grade performance is used for the entire sample. Therefore the children's grades are evaluated in the same manner. The interviewers explored evidence of any changes in frequency of school attendance. They sought indications of an increase or decrease in truancy. The children were asked about their study habits and methods of receiving help at home. This material was viewed prior to and after the father's absence to evaluate its influence on the child's total school adjustment.

The second section of this chapter has evaluated the effects of hospitalization by seeking evidence of an increase

or decrease in a child's acting out behavior. The interviewers point out that an adolescent is able to release his repressed emotions by acting out physically. This physical act of breaking into a store or fighting with another boy may represent the release of another emotion expressed by this anti-social act. Therefore elements of acting out behavior prior to and after the father's hospitalization have been discussed in this area.

The third section is concerned with the child's feelings about his father's hospitalization. Each child was questioned about their initial feelings of separation from their father. They were asked to express their reactions to visiting the father in the hospital and their reactions to their father's presence at home on weekend passes. This data was felt to be important as the child's understanding of and feelings about the father's absence contribute to his handling of this traumatic situation.

The fourth section sought evidence of changes of role structure within the home. When the father leaves the home, the family structure is changed both physically and emotionally. Therefore the child may adopt added responsibilities and roles which alter his previous activities. The interviewers evaluated elements of such changes in the family situation.

The fifth and last section deals with the child's

feelings concerning the hospital visiting policy. This question has ramifications for the hospital. At present, there are few facilities provided for visiting children. Therefore the hospital is interested in any suggestions the children might have for improving the present situation. Their reactions are recorded in this portion of the chapter.

### School Performance, Attendance, and Study Habits

#### Introduction

This section is concerned with the first research question. It concerns the effects of the father's hospitalization in terms of changes in the child's school performance, attendance, and study habits. The interviewers sought to determine the child's level of school performance before the father's hospitalization and compare this with the child's present level of performance. In similar fashion, we compared present and past school attendance as well as present and past study habits.

We hypothesized that the absence of the father and the reason for his absence would be a factor which might upset the child so that he could not concentrate as well on his school work. For these reasons, he might lose interest in attending school at all. In other cases, the absence of a mentally ill father might mean removal of a disturbing influence from the home. A father who had been abusive or rejecting of the child, who had used his family in such a way as to

fulfill his own unhealthy needs perhaps trying to force the family to share his neurotic or psychotic ideas, could have been extremely confusing to a child and could easily have impaired his concentration in the scholastic area. If this disturbing influence were removed, it is possible that the child might be better able to devote his mental energies toward his school performance.

On the other hand, the father's absence may have thrown the family into a state of confusion making necessary new arrangements for financial support or care of the children. In some cases, there may have been bewilderment concerning the father's whereabouts or the nature of his illness. There may also have been grief at his absence. A child who does not know or understand his father's situation or a child who is grieving over his father's absence, may find troubled thoughts occupying his mind and obstructing his learning. Finally the child may have had to assume a part time job or extra duties at home. These may occupy time and energy which was previously spent on learning.

Consequently, the before mentioned factors may influence a child in his ability to learn, in his desire to attend, school, in his interest in studying and in completing his homework.

In discussing the grade performance with the children, the interviewers requested of each child their letter grade

average in the period prior to and after their fathers' hospitalization. We shall refer to the grade averages in the following terms. An A average is considered excellent. An A- through B+ is considered Very Good. A B average is considered Good. A B- through C+ is Above Average. A C grade is Average. A C- through D+ is Below Average. A D is Passing and an F is Failing.

#### Effects of Father's Illness on School Performance

Five of the children have shown no change in grades associated with their father's hospitalization. They maintained that they were making the same grades they had always made. One of these children had a Very Good Average. Two were Above Average in grade performance. One was Average and one was Passing.

Of the sixteen children studied, nine showed no change in grades since their father's admission to the hospital. However one of these children, a twelve year old boy, indicated that his grades fell from Very Good to Average last year at the time his father entered a psychiatric institution. As of this fall, the boy's grades have improved to an Above Average level where they have remained throughout the year. This boy attributes his last year's decline in grades to a lack of interest in the subject matter rather than to his father's hospitalization.

Two of these nine children, a brother and sister, have

performed on a lower level for the past two years and attribute this to the increasing severity of their father's illness. This caused the family to move necessitating a change in schools for the children. Since this time, they have not been able to regain their former level of performance, which was in both cases, Above Average. Their present level is slightly Below Average.

Another child in this group, a fifteen year old boy, revealed a drop in his grades last year and stated that he was "unhappy" at that time. He refused to discuss the reasons for his unhappiness, but it was simultaneous with his father's failing in business and the onset of his reactive depression. This boy's grades declined from Very Good to Average. This year they have risen to a Good Average.

Of the sixteen children, four showed an improvement in their grades after their fathers' hospitalization. The children denied any connection between their improved grades and the hospitalization. However, three of these children, two of whom were thirteen year old boys and the other a fifteen year old, came from homes where the father had been abusive. One of the thirteen year old boys whose father had been somewhat abusive when drinking has improved scholastically from Below Average to Average since his father's absence from the home. The other thirteen year old, whose father was abusive to a greater degree, brought his Failing marks up to Passing

when his father left the home. The third boy whose father was extremely abusive, brought his grades up from Below Average to Average after his father entered the hospital. The fourth child who showed an improvement in school performance was a fifteen year old girl. There was no indication of abuse in this case. The girl's grades had risen from Average to the Above Average category.

We found three children whose grades had declined since their fathers' hospitalization. One of these children, a twelve year old boy, had shown a fall in his grades since his father had been away.

The second of these children was a fourteen year old girl who had previously had a Very Good honor roll average. She dropped to the Good category at the time of her father's hospitalization. She attributed this directly to her father's hospitalization saying that she couldn't concentrate because she worried so much about her family situation. Her main concern centered around the financial strain which had occurred since her father's absence.

The other child was a sixteen year old boy who denied any connection between his decline in grades and his father's absence from the home. His father had been hospitalized for two months and his grades had dropped from Good in the first marking period to slightly Below Average in the second marking period.

### Effects on School Attendance and Study Habits

In reference to school attendance, all the children mentioned a few absences due to the flu and colds. One fourteen year old honor student said she had missed several weeks of school intermittently due to colds and flu. She said she had always been very susceptible to this type of illness, but she managed to keep up with her work at home.

Two boys, a thirteen year old and a fifteen year old, both of whom were mentioned above in connection with improvement in grades, have truanted from school. The thirteen year old admitted truanting six times this year, but had always been caught. He has not truanted during the month that his father has been in the hospital and had never done so prior to this year. The fifteen year old has truanted a number of times this year. His father entered the hospital this fall. This boy became acquainted with a group of boys that made truancy a practice. The absence of a father figure at this particular time may be very significant as the boy did fall in with the habits of the group. If his father had been present, the boy might not have done this. However, the absence of this particular insecure father may not have had any bearing on the boy's behavior. Rather the turmoil that this father imposed upon his family during his presence may have had a direct effect on this boy's instability.

We were interested in the study habits of the children.

We asked them their feelings about studying. We questioned them about any trouble they might have had with their homework and whether they received help with it. We were interested in whether their fathers helped them and who might be assisting them now.

None of the children spoke positively about studying. Seven of them did not complain of any difficulty with homework and received no help with it. Six of these children do the work themselves and one does not like school so rarely does homework. Six said they did receive help, but never from their fathers. One received help from his mother and two boys got help from their older sisters. Another was assisted by her boyfriend and one was aided by a teacher. Three children said they had received help from both parents and now receive help from their mothers.

Therefore we can see that the father's hospitalization as well as his illness has had a definite effect on the children's school performance, attendance, and study habits. It is interesting that four children showed a grade improvement after their father's hospitalization. In three of the four cases, there was evidence of a home situation in which the father was abusive. Consequently, there could be a correlation between the child's relationship with his father and the effect that the father's absence has had upon his academic performance. Three children's grades declined since the

hospitalization. Four children revealed a decline in school performance prior to their separation from their father. Their functioning seemed to have been affected by the precipitating factors of the father's illness. Five children proved to be unaffected scholastically by the separation from their fathers.

In reference to the effects on school attendance and study habits, the interviewers found evidence of frequent truancy with two boys in the sample. Both boys had fathers who had displayed abusive behavior in their relationship with their family.

Questions were asked concerning the children's study habits. None of the children were enthusiastic about studying. Seven did not receive help with their homework. Nine children received assistance, but only three of this nine admitted receiving any aid from their fathers. At the present time, the mother is giving them help when needed. Therefore little significance can be attached to the effects of the father's hospitalization on the study habits of his children.

#### Acting Out Behavior

When a child experiences a traumatic situation which may hold emotional implications, he is faced with handling his feelings and controlling his impulses. For an adolescent who is engaged in the constant battle of learning to control the sexual impulses of which he has become aware and fighting

to become an adult emotionally as well, the admission of his father to a psychiatric setting may activate many emotions. The child may feel that he is responsible for his father's hospitalization and experience extreme guilt. He may feel rejected by the father. The child may resent having to take on added responsibility which decreases his leisure time. The privacy which he cherishes at this time has been reduced. These and other emotions can beset the adolescent, but he often restrains them within himself and it is only through the area of acting out behavior that these emotions can be released. In defining acting out behavior as misbehavior at school, home or in the neighborhood which has anti-social connotations, we see an area where the adolescent can express his repressed emotions. By breaking another's window or stealing a car, the adolescent is able to act out physically his unreleased emotions. Therefore the interviewers chose acting out behavior as one of the research questions by which to evaluate the effects of a psychiatric patient's hospitalization on his children. It is used as a criteria for gauging the functioning of the children within our sample prior to and after the father's hospitalization. The interviewers attempted to compare the acting out behavior since the father's hospitalization with any such behavior previously manifested. If such behavior had increased in seriousness and frequency, the interviewers felt this could be regarded as a possible

reaction to father's hospitalization.

In twelve out of the sixteen children interviewed, we found little evidence of such acting out behavior. Eleven of these children admitted fighting with siblings at home, but their description of the fighting was in the form of arguments. This type of behavior, we did not consider particularly significant. The twelfth of these nonacting out children was an only child. Two girls of the eleven felt that their sibling arguments had been annoying to their fathers. They expressed a feeling of guilt concerning this and the interviewers felt that they might fear that their arguing had contributed to the hospitalization.

A thirteenth child, who is a thirteen year old boy, admitted to some acting out behavior in the form of fighting in school and getting into trouble with teachers through impertinence. He attributed this behavior to a move two years ago which necessitated a change in schools. This move was made because of the father's illness. He spoke of the trouble with his teachers as occurring within the last year. It is evident that his behavior may have had some correlation with his father's illness although any definite relation to this hospitalization cannot be proved. The father has been hospitalized for a period of three months, but has had two previous hospitalizations. Therefore the previous separations as well as the present may have had an effect on the

child's behavior.

The older sister of this boy is fifteen years old and has recently been involved in physical fights with a neighborhood girl. The most serious of these conflicts has occurred since her father's hospitalization, but the child in no way attributes her fighting to her father's absence.

Another thirteen year old boy admitted to truanting and said he is called to the principal's office two and three times a week because of defiance of the teachers. He has been acting out in this manner all fall prior to the father's leaving the home and has continued to do so. Although he sees no connection between the hospitalization and his behavior, the interviewers feel there may be a correlation.

The last child is a fifteen year old boy whose father has been hospitalized for the last six months. Within this period, the boy has affiliated himself with a rough group and has been truanting from school. Within the last month, he has truanted frequently and has received visits from the truant officer. He claimed that his reason for truanting was because his friends did it. There could be some correlation between this boy's truanting and the absence of the male figure from the home.

In summary, we feel that three boys and one girl have displayed acting out behavior worthy of mention. These four children come from homes where the father has been known to

be abusive. Therefore these children might be expressing their feelings about their father through anti-social behavior.

#### Feelings About The Father's Hospitalization

In this section, we will discuss the children's reactions to and feelings about their father's hospitalization. In this area, the children were asked how they felt when their father first went to the hospital and what it was like at home then. They were asked if they had visited their father in the hospital and how they felt about this. We were interested in whether the father came home on week-end visits and if so, how did the children feel about them.

There were three children in the sample who seemed to deny or were not aware of their father's illness. One thirteen year old girl showed no affect in mentioning her father's absence. She did not want anyone outside of the family to know her father's whereabouts. She had told only her best friend that her father was in the hospital. She denied that his hospitalization concerned her although she said that she missed him. She does feel that the hospital is helping him. She has visited her father twice on the ward and stated flatly that she did not mind going on the ward. She said that the family's way of life had changed little since her father went into the hospital.

One twelve year old boy appeared to think that his father was being hospitalized for medical reasons. He did not

express any feelings about seeing his father at home on week-end passes. The boy had visited twice on the ward and felt it was a good place to sit and talk. He denied any feelings about his father going into the hospital.

The third child refused to say how he felt when his father went into the hospital. He replied in an angry manner when asked what he told his friends about his father's illness, "I tell them the truth, that he's here because of nerves." He had never been to visit his father and expressed no feeling about his father's coming home on week-end passes. He refused to say how he felt when his father had initially left the home.

Four children, three girls and a boy, expressed with feeling that they missed their father a great deal. Each said it was difficult to adjust to his absence. One of these children, a fifteen year old girl said, "The house felt empty." However she was glad her father was receiving care. She said she made an effort to spend time with her father when he was home on week-end passes. Her mother urged her and her brother to behave well at this time.

Three of these four children were able to tell their friends about their father's hospitalization openly. One of these girls on visiting the ward for the first time, had been nervous and upset. When she reached the ward, it wasn't as threatening as she had feared and her father seemed better.

She felt it was a convenient place to visit. Still she cried after the conclusion of the visit. Another girl of this four had never been on the ward. She was not able to talk about her father's illness with her mother and barraged the interviewer with numerous questions about her father's hospitalization. She did not understand what was wrong with her father, but felt the hospital was a positive place for him to be at this time. She displayed considerable anxiety over the father's hospitalization and perhaps felt guilt over arguments with her siblings which she felt might have contributed to his illness.

The eighth child, a thirteen year old boy, expressed relief that his father was in a place where he could be helped, but seemed to have a pessimistic outlook concerning his father's prognosis. He became somewhat upset when he saw his father. This was because his father gets extremely upset about the most unlikely topics and is a difficult person with whom to converse. Visiting the ward did not bother him. He was glad his father could come home on week-end passes, but had to be extra careful to remain on his best behavior at this time. He has told his friends about his father's illness, but at first, found it difficult to do so.

The ninth child is a fourteen year old girl who seemed to be accustomed to separation from her father. He was hospitalized for four months in 1959 and for ten months during

this present period. She said things seemed different and strange the first time, but she was prepared for it this time. She felt that her younger brothers and sisters were more confused about this than she was because they didn't remember the first hospitalization. Her friends know that her father is in the hospital for "nerves." She didn't find it difficult to explain it to them. She occasionally discusses it with them.

This girl's thirteen year old brother expressed more confusion about the reason for his father's hospitalization. He said, with considerable affect, that it had been very hard for him to become accustomed to his father's absence. He stated that he missed him very much. He has become better adjusted to it now that his father comes home on week-end passes. He has told his friends where his father is and they never mention it to him.

The eleventh child was a fifteen year old girl. She appeared to be accustomed to her father's absence. Throughout her life, he had frequently been away from home on business and in 1957, he had the first of three psychiatric hospitalizations. She said that she missed him at first, but now his absence seemed natural. Her mother had been able to keep the family functioning as usual. Her mother told all the children at the time of her father's first admission that he was away working. When he went into the hospital the

second time, she briefly explained his type of illness saying that the hospital would be able to help him just as it would if he were physically ill. The girl seemed to have some understanding of her father's illness.

This girl's twelve year old brother felt his father's absence to a greater degree. He said that he had been quite upset when he found that his father was to go into the hospital again. He admitted that he had cried about it for several weeks after his father had left the home. He had lost interest in school and his activities during this period. This is one of the children mentioned earlier in connection with a decline in grades. This boy seemed to have a basic knowledge concerning his father's illness at this time and felt that he was being helped. His father has had several weekend passes. At this time the father and son have spent much time working together on model cars which is their hobby.

A fourteen year old girl was concerned about the confused state in which the father's hospitalization had left the family. The family has encountered financial strain since the father's absence. The girl did not express verbally her feelings about her separation from her father, but she became tearful at any mention of his absence. She has told her friends that he has had a nervous breakdown. She said the family still hasn't adjusted to the father being away.

Finally a fifteen year old boy and his fourteen year

old sister expressed relief that their father was absent from the home. This father drank to excess and was abusive to his wife and the children. Both of these children admitted being afraid of their father and what he might do. They seemed especially concerned that he would hurt their mother. When he came home on pass, they remained at home to protect their mother. The girl said, "It is safer that way."

In conclusion, we see a variety of feelings about the father's absence and hospitalization. In cases where the father had had previous psychiatric admissions, the older children seemed prepared and better able to adjust to the present admission than the younger siblings. The younger children in the family who were not old enough to remember or understand their fathers' earlier hospitalizations were more upset by the present one.

We see also that some children tend to deny any change caused by their father entering a psychiatric setting and leaving the home.

Some children, on the other hand, frankly admit the trouble and unhappiness the situation has caused them. Others openly admit relief that their father is out of the home.

#### Changes in Family Role Structure

The absence of the father from the home can precipitate many changes in the family structure. Traditionally the nuclear family has consisted of a father and mother and their

offspring. The father is seen as the breadwinner supporting the family while the wife is seen as partner, wife, mother, and housekeeper. The children see their parents as figures with whom to identify as well as sources of love and security. Therefore when the father leaves the home to enter a psychiatric setting, the family structure is changed not only physically, but emotionally. In an effort to determine both physical and emotional changes in the family role structure, the interviewers have chosen to base their evaluation on four criteria. We looked for situations where the mother had gone to work following the father's absence from the home. In such cases, the mother would be taking on the position of the breadwinner, a role usually played by the father.

Secondly, we sought evidence of a relative moving into the home and possibly adopting some of the parental responsibilities. This could result in a redistribution of the family's previous division of labor and shift the member's usual responsibilities. Therefore their regular function within the family may have been changed.

Thirdly, the interviewers looked for incidences where the children adopted extra duties within the family group. Possibly a boy might be found adopting tasks that had previously belonged to the father or a girl might be doing more housework or babysitting in order to allow the mother to work. Both sexes might be working after school or on week ends in

order to contribute financially to the family's maintenance.

The fourth area consisted of searching for evidence of a father figure substitute existing for these children. With the absence of their own father from the home, it is natural that a child might seek out another male figure with whom to identify, discuss any problems or invest confidences. This father figure substitute may take the form of a scout master, teacher, minister or any other person with whom the child comes into contact. An uncle, grandfather or other relative may also constitute this figure for them. Therefore the interviewers feel this to be an area in which the substitution for the father will produce a change in family role structure.

In seeking cases where the mother had gone to work since the father's hospitalization, we found two of the eleven mothers had gone to work to lessen the financial strain upon the family. One mother had been working on a fulltime basis and the other on a part time basis. Therefore, it is possible to see the mother adopting the father's role of supporting the family. Two cases out of the sample of eleven is not a significant number, but the size of the sample is small.

In fact, the interviewers found evidence of the opposite situation in the case of two other mothers. These women had ceased working so that the children would not be left alone.

Another mother had been working for the past five years as the father's work pattern was irregular, and she has continued to do so. Another mother had contemplated going to work upon the father's hospitalization, but the children persuaded her not to do it saying they would not feel right about their mother working.

The five remaining mothers have not shown any change in their function at home. Therefore, in this area, evidence of change in role structure has manifested itself in only four cases. Two mothers went to work upon the father's absence while two other mothers left work to remain at home with their children.

In terms of our second criteria, that of a relative or relatives moving into the home, two cases revealed this situation. A maternal grandmother entered the home in one case so that the mother could go to work. In this family, there is a twelve year old boy for whom the grandmother cares and prepares meals daily. Therefore the grandmother has taken on the functions of a mother for this child and a role change has occurred.

In the second family, the maternal grandparents moved in to help with the housework and babysit with the children when the mother came into the hospital to visit the father or left the home for any period of time. The thirteen year old girl of this family says that she "feels better" now that

the grandparents are there. The presence of her grandparents does not indicate any significant role change, but the grandmother has probably taken over some of the household functions and the grandfather may constitute a father figure substitute.

In the remaining nine families, there have been no additions to the immediate family, but the two cases illustrate that change in family structure does occur.

Thirdly, the interviewers found some evidence of the children taking on extra responsibilities in the household. In one instance, a fourteen year old girl feels that she has become closer to her mother since her father's absence. She discusses the financial situation with her mother and contributes her babysitting money to the household. She has increased her babysitting at home and away as well as her domestic tasks since her father's hospitalization.

A twelve year old boy says that he has taken over his father's role of emptying the barrels which he had not done before. He spoke with some discomfort of his sitting in his father's place at the dining room table and how his mother calls him "the father of the house." This boy has adopted elements of the father role which seems to be threatening to him at this time. In mother's referral to him as "the father of the house," she may be activating his Oedipal feelings.

Another twelve year old boy says that he has no extra tasks to do around the house, but he says that his father

was firm with the discipline at home. Now he feels the responsibility for "keeping his brothers in line" as his father used to do. In this sense, the boy has taken over, what he feels to be, an aspect of his father's role within the house.

Two children mentioned that they babysit for pocket money as now there is no extra to be received from home. One girl pays for her dancing lessons with this money. In this way, they are contributing to their own support.

In summary, three children of the sixteen acknowledge that they have adopted extra responsibilities in the home at this time and two have provided their own spending money. The remaining eleven children showed little or no evidence of additional responsibilities within the home atmosphere.

The last criteria by which the interviewers attempted to evaluate role change within the family structure was in the area of the presence of a father figure substitute within or outside of the home. As previously mentioned, a grandfather within one home may have constituted this figure although this thirteen year old girl speaks of her minister who had recently passed away and with whom she had been very close. This minister also could have provided her with the elements of a substitute father figure.

Another child, a twelve year old boy, speaks frequently about a man in his neighborhood with whom he talks and works on his hobbies. This man may constitute a substitute father

for the boy at this time.

In two cases, an uncle has been mentioned prominently in the interviews. One uncle lives upstairs in an apartment in the same building with the family. He has taken over many of the father's chores such as repairing articles around the house and doing errands for the mother. He also spends a good deal of time playing with the children. This uncle has definitely adopted the role of a father substitute figure.

In the other instance, an uncle has come into the house to handle the discipline and helps the mother around the house. He has adopted some of the father's responsibilities, and must represent the father figure to the children through these roles.

Therefore, in four of the eleven families, the interviewers were able to find evidence of an existing father substitute to whom the children could relate as an authority figure and as a person with whom they could identify and to whom they could talk about immediate problems.

In conclusion, elements of change in the family role structure have been evidenced within our sample. Nine of the eleven families within this sample have been effected by one or more of the criteria which the interviewers used in evaluating this area. In one of the remaining families, the father had been a very passive figure within the home and his absence showed no signs of precipitating role structure change.

In the eleventh family, the child exhibited extreme tension during the interview and communicated in monosyllables. He identified strongly with his mother and denied any changes in his own or the family's activities since his father's absence. The existing evidence does show definite changes in role structure manifested in more than a majority of our sample.

#### Feelings About Hospital Visiting Policy

In this section, the interviewers endeavor to explore the children's feelings about the present hospital visiting policies. In the interviews, we welcomed any suggestions that the children might have for change and improvements. At present, visiting hours are from 10 A.M. in the morning to 9 P.M. at night. Children under fifteen years of age are not allowed to go beyond the lobby on the main floor. If their father has building freedom or special permission from the doctor, he may come to the lobby and visit with his children. Occasionally the doctor will give special permission for children under fifteen to visit on the wards.

Out of the sixteen children, twelve had visited their fathers in the hospital. All but one of these twelve felt that the visiting hours were convenient. One sixteen year old boy felt that visiting hours should be increased by one hour at night.

Two thirteen year olds, three fourteen year olds, and one fifteen year old felt that the age limit of fifteen for

allowing children to go upstairs was too high. They felt that thirteen would be a good age limit and felt very strongly that children younger than this should not be allowed on the wards. All of these children under the age of fifteen had slipped upstairs and felt that they were old enough to do so. It was interesting that five of the children who had not reached the age of fifteen advocated lowering the age limit for visiting. All the other children felt that fifteen was a good age limit. One thirteen year old girl felt the hospital should have private rooms in which the families could visit.

In general, the children seemed satisfied with the visiting regulations. It was only after considerable thought that any suggestions were made. The prominent one was the suggestion for reducing the visiting age limit to thirteen years of age.

One thirteen year old boy made a suggestion that might have value for the policy of the social service department. He thoroughly enjoyed the opportunity of speaking with the interviewer about his feelings concerning his father's hospitalization. His father's illness was of great concern to him and he felt free to discuss these concerns in the hospital setting. He thought that the children of hospitalized fathers would benefit by meeting together with a social worker and discussing their common problems. He thought the group should

meet regularly. The boy was eager to be a part of such a group.

In the light of such a suggestion, the interviewers thought that social service might evaluate the possibility of furnishing a social worker to establish this type of group. If this was not deemed practical, the interviewers recommend that the social service department think more seriously of the patient in terms of his total family situation. With this in mind, it might be beneficial to talk with each of the children of fathers hospitalized on the psychiatric section. In addition to providing the social worker with a more detailed picture of the home situation, insight can be gained into the interrelationship between the father and his children as well as the effect that the father's illness has had upon them. The opportunity provided the child to express his feelings about his father's illness may be a positive experience. With the social worker, the child may feel free to verbalize his thoughts and feel that it is appropriate to do so. Therefore the interviewers recommend that some thought be given to the routine interviewing of the children of psychiatric patients.

#### Summary

These sections have attempted to describe the interviewers' findings in terms of the five research questions.

In answer to the question dealing with the effects of the child's separation from the father on his school perform-

ance, attendance, and study habits, the interviewers found that nine of the sixteen children displayed no change in their grade average since their father's hospitalization, although four of this nine revealed a decline in scholastic performance prior to their father's hospitalization. We found that some interesting hypotheses were born out by our study. We felt that the precipitating symptoms of the father's illness prior to his hospitalization might affect the child sufficiently to reflect on his scholastic performance. This hypothesis was found to be accurate in three cases where the children's grades declined in the period prior to the father's leaving the home. The interviewers found that in three cases where the father was abusive, the children improved scholastically after his admission to the hospital. Only three children declined in grade performance simultaneously with the father's hospitalization, but this was sufficient to illustrate the negative effect that the separation can have upon the child's level of functioning. The interviewers found truancy to be existent in two cases where the father had been known to be abusive, but the frequency of incidence has decreased since the father's absence. Also the father did not play a significant role in the study habits of the children.

In seeking signs of acting out behavior as manifestations of the effect of the father's hospitalization on the child, the interviewers found only four cases where this type

of behavior existed. Interestingly enough with all of these children, the father was known to be abusive. We feel that these children might have been releasing their aggressive feelings by acting out in order to retaliate against the father who had been cruel to them.

The interviewers found a variety of reactions in relation to the children's feelings about their father's hospitalization. Three children revealed little affect concerning the illness. Four children were able to express their feelings about the absence of their father, and three of the four were able to discuss their father's illness with their friends and deal more openly with their emotions. Two girls, a fourteen and fifteen year old claimed that they were accustomed to separation from their father because he had had previous admissions. Their younger brothers felt the separation more strongly. Three other children expressed relief at their fathers' leaving the home and in these cases, the father was known to have been abusive. Therefore the children presented the interviewers with a variety of responses which we feel would manifest themselves to a greater degree in a larger sample.

It was evident that changes in the family role structure do occur when the father leaves the home to enter a psychiatric setting. The interviewers found elements of role change in nine of the eleven families. Two mothers had

gone to work adopting the role of the breadwinner while two had left their jobs to remain at home with the children. In two families, the grandparents had entered the home and had taken over elements of the mother's role as housekeeper and cook. Three children had acknowledged adopting extra duties around the house that had previously been a part of the father's role. In seeking a father substitute, the interviewers found evidence in four families of such a figure. Therefore in the area of role structure change, the interviewers were able to find four different areas where such a change could occur.

In relation to the suggestions made by the children for improving the hospital visiting policy, they seemed generally satisfied with the policy. A reduction in the age limit for visiting from fifteen to thirteen years of age was suggested. This change was presented by children who had not reached the age requirement for visiting and felt that they were old enough to go up on the wards.

The interviewers thought that the opportunity for meeting with the children of psychiatric patients was a valuable one and recommend that the hospital social service department give thought to extending their services to the children of hospitalized fathers.

## CHAPTER V

### EFFECTS OF THE FATHERS' HOSPITALIZATION ON THE OVERALL LEVEL OF FUNCTIONING OF THEIR CHILDREN

#### Introduction

This chapter is an overall assessment of the children's present functioning as it is related to their fathers' hospitalization. This adjustment will be determined in the following manner. First, a look will be taken at the defensive structure of the children. The authors have found that a number of the children have manifested one of four main defenses in dealing with separation from their fathers. These defenses are denial, acting out, suppression and intellectualization. Some of the children did not reveal as clearly, in the interview, the nature of their defenses. These children will also be discussed.

Secondly, an evaluation will be made of the children's present functioning to determine whether it is the same, better, or worse since their fathers entered the hospital. The children's present functioning will be discussed in terms of the areas covered in Chapter IV. These areas are: school performance, attendance, and study habits; acting out behavior; feelings about the father's hospitalization; and changes in role structure.

Finally, the authors will discuss the results of a projective test based on the principle of the Thematic

Apperception Test, which was administered to the children. The pictures in this test suggested mental illness, hospitalization, separation and loneliness.

On the basis of the discussion of these different areas a picture of the children's present day functioning shall be obtained.

Defense Mechanisms Manifested by the Children in Reference to their Father's Illness and Hospitalization

In the talks with these sixteen adolescents the interviewers noticed that ten of the children outwardly manifested a particular defense mechanism. These defenses were especially noticeable when the children were discussing their feelings about their father's illness and hospitalization. Each of these children seemed to manifest one of these symptoms: denial, acting out, suppression and intellectualization.

By denial we mean "Denying the presence of painful sensations or unpleasant anticipated experiences."<sup>1</sup>

Three children in the sample seemed to be employing denial, as their chief mechanism of defense. One of these, a twelve year old boy, denied that his father's absence had made any change in the family despite the fact that there were apparent changes such as the mother going to work and the grandmother coming to care for the children. This boy

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<sup>1</sup>Edward A. Strecker, A.B., Franklin G. Ebaugh, A.B., Jack R. Ewalt, M.D., Practical Clinical Psychiatry, pp. 19-20.

also spoke of his father's illness on a physical basis, though he stated that he knew that this was not all that was involved.

A thirteen year old girl, in similar fashion, denied that her father's hospitalization affected the family in any way. She said, "Everything is just the same." Later, however, she revealed that her mother was having a hard time financially and that an uncle had taken over many of father's chores. Further emphasizing her use of denial, was the lack of interest and affect she had in discussing her father's illness or hospitalization.

The third child, a fifteen year old girl denied any feeling about father's leaving the home. She denied that family life is any different and denied any worries about her father's illness. Her affect in discussing these matters was also indifferent.

As mentioned previously, there are three boys who exhibit Acting Out Behavior or misbehavior such as fighting or vandalism in the home, school or neighborhood. The onset of this acting out came, in two cases, when the father's illness became apparent and in the other case, shortly after the father's hospitalization. Therefore it would seem that this behavior came as a defense against, or an acting out of, the feelings these boys had concerning their father's illness and hospitalization.

Suppressing or consciously putting something out of one's mind seemed to be exhibited by three girls, a thirteen year old and two fourteen year olds. The thirteen year old avoided the subject of her father's illness and hospitalization with her friends, and seemed to have put the subject out of her mind. However, upon the interviewers questioning her, the subject came back to her and she allowed herself to talk about it, asking the interviewers a number of questions which had apparently been bottled up inside of her for some time.

The second girl said she had grown accustomed to her father's hospitalization. (He had been in the hospital four months on his first admission and ten months on the present admission.) She said she no longer thought of his hospitalization or was upset by it. She seemed to have crowded it out of her mind with a number of extra school activities taken on in the past year.

Two of our sample, a fifteen year old boy and a sixteen year old girl seemed to be using the defense of intellectualization, directing their anxieties into more theoretical and academic channels. The fifteen year old boy seemed to have somewhat of a theoretical knowledge of his father's illness and was better able to discuss his father in these terms than in terms of feelings about this.

The sixteen year old boy spent all his free time

studying or reading. He was extremely involved in religious activity, Bible class, youth groups, and other church activities. Perhaps he was seeking an explanation of his father's illness through his religion.

The remaining six children did not manifest their defenses outwardly in the interview. These children seemed to have adequate intellectual understandings of their fathers' illnesses and hospitalization as well as its effects on the family. They spoke with seemingly proper affect concerning their feelings about the subject. Their feelings were not denied and did not seem repressed. One fourteen year old girl, however, manifested many somatic complaints including dizziness and fainting spells for which she was prescribed tranquilizers. She attributed these complaints to "nerves" and felt that her father was largely responsible for this as he was quite abusive and disturbing at home. She lived in dread of his week-end passes.

The following table illustrates the defenses used by the children.

TABLE 3  
 TYPE OF DEFENSE USED BY THE CHILDREN  
 IN RELATION TO THEIR AGES.

Age	Type of Defense			
	Denial	Acting Out	Suppression	Intellectual-ization
12	1			
13	1	3	1	
14			1	
15	1			1
16				1
Total	3	3	2	2

It is interesting to note that denial, acting out and suppression are exclusively employed by the twelve to fourteen year old group with the exception of one fifteen year old girl who used denial. Intellectualization, however, is exclusively used by the fifteen and sixteen year old. Perhaps this was due to the older children's increasing intellectual knowledge, which might provide a ready outlet for escape from feeling, while the younger children who did not have as much intellectual knowledge, had to use other mechanisms.

Assessment of the Children's Functioning  
Since Their Fathers' Hospitalization

In the discussion in the previous chapter we see that many of the children have undergone a change in their functioning or their ways of handling situations in daily life. We have seen this specifically in terms of the following: school performance, attendance, and study habits, acting out behavior, feelings about their fathers' hospitalization, and changes in family role structure.

Upon their fathers' hospitalization, a number of children dropped in school performance, some improved their marks at this time, while still others remained at the same level. When their fathers left home, some children began truanting while others stopped this practice. Some children found it harder to study and get homework done, due to new worries created by their fathers' absence. Others, relieved by the absence of a disturbing influence, found studying easier.

Some children, perhaps due to their bewilderment and confused feelings, expressed their feelings through acting out behavior at school and at home.

The children's feelings about their fathers' hospitalization and their understanding and acceptance of this, plays a great part in their functioning.

Finally, due to the absence of the father in the home,

many families had to make a number of changes in actual role structure in order to meet the family needs. The mother may have had to go back to work, the children may have had to take part time jobs or extra duties around the home, or relatives may have moved in the home in order to care for the children or the house. The children's acceptance of these changes and their way of handling the changes may have an influence on their functioning.

On the basis of the above criteria, we have divided the children into three categories according to their present functioning. The categories are As Adequately, More Adequately, and Less Adequately. By As Adequately, we mean that the children appear to be functioning on the same level as they were before their fathers' hospitalization. More Adequately means that since their fathers' hospitalization the children are functioning at a higher level. By functioning at a higher level, we mean the children have improved in one or more of the areas discussed in the beginning of this section. Less Adequately means that since the fathers' hospitalization, the children's functioning has dropped to a lower level or that the children are not handling the above mentioned areas as well as they did prior to their fathers' hospitalization.

Four of the children seemed to function More Adequately since their fathers entered the hospital. Two of these were

thirteen year old boys. One of these boys began to pass his school work when his father was out of the home. He continued to act out, but had not truanted during the time his father was away. His father had been abusive in the home. This boy would not or could not talk about his feelings concerning his father.

The other boy improved his grades and seemed to take over extra responsibilities of his own accord, but not so as to be burdened down with them. He continued his contacts with his friends and did not give up any of his activities. His father had been somewhat abusive. The boy had apparently had a grief reaction when his father left home, but, though he still misses him, he has made a good adjustment. His father had been in the hospital before, but the boy did not remember this clearly.

Two fourteen year old girls also showed somewhat of an improvement in functioning. One continued functioning in the same manner as before with the exception of an improvement in grades. The other girl remained the same gradewise, but her relief at her father's absence was so great that she was able to reach out to people and make a number of friends whereas, before, she was inhibited in this area as she was afraid to ask people to her house for fear of her father's reaction. Also this girl, who has always been very high strung and nervous to the point of having to take tranqui-

lizers regularly, as mentioned earlier, has been able to calm down some since her abusive father left the home.

Three out of these four children, who are functioning More Adequately, had fathers who were abusive to varying degrees. This suggests that the absence of a disturbing influence enabled the children to improve their functioning.

Five children appear to be functioning Less Adequately than before.

The first of these, a twelve year old boy, dropped in his grades when his father left the home. He seemed to be functioning on the level of a younger child, perhaps having regressed since his father had been gone. He was unable to express any feelings about his father's hospitalization and avoided questions in this area.

A fourteen year old girl had fallen in her grades and had become so nervous and upset about her father's hospitalization and about the family's financial situation, that she could scarcely concentrate on anything else.

A fifteen year old boy, though his grades had improved somewhat, fell in with a tough crowd, exhibited acting out behavior, and truanted school, all of which began when his father went into the hospital. He showed ambivalent feelings towards his father's absence. He said he missed him, but showed obvious relief that his father was not home to be abusive to the family.

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A fifteen year old girl continued to function on the same level outwardly but, since her father left, she developed a fear of taking tests in school and had therefore dropped in her grades. This girl was used to her father's being in the hospital as he had had several admissions, but she was still upset by it.

Finally, a sixteen year old boy became exceedingly nervous since his father's hospitalization and his grades fell from Good to Below Average. He could not talk about his feelings about this and became distressed when the subject was brought up.

Seven children seem to have continued to function Adequately as before. Four of them underwent a change of functioning, however, at the onset of their fathers' illness as will be described. Therefore, only three children are without visible effects from their fathers' illness or hospitalization.

The first of these seven children, a twelve year old boy, fell in his school performance, and was quite grieved over his father's hospitalization a year ago in another psychiatric institution. This boy's functioning definitely dropped at this time, but has since improved and has remained the same during the month his father was in BVAH. The boy talked easily of grief and concern over his father's absence, but seemed to have a good acceptance of the hospitalization,

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perhaps because of his father's previous admissions.

A thirteen year old boy remained the same in his school performance. The boy took a drop in grades and began to act out in school when his father's illness became obvious and the family moved into a new area. He easily expressed his feelings of confusion and doubt and seemed grateful to have someone with whom he could discuss these things. His worries implied a fear of becoming mentally ill himself when he grew up.

Two fifteen year olds, a boy and a girl, have functioned on the same level. Both of these children, however, fell in their school performance with the onset of their fathers' illness. The boy improved his grades before his father went into the hospital and they have remained at the same level since that time. There was never any evidence of acting out behavior in this boy. He was not too free to talk about his feelings though he seemed to have a fairly good intellectual knowledge of mental illness. The girl felt somewhat relieved that her father was being helped. Her chief concerns seemed to be the hope of his quick return as well as concern about her relationship with him.

Two thirteen year old girls have remained the same in their school performance, have not given up any of their former activities nor have they taken on undue share of extra duties since their fathers left. The girls have not shown

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any acting out behavior. One of the girls was able to express her fears and confused feelings about her father's hospitalization. The other girl would not talk about it.

One fourteen year old girl has continued her good school performance, her extra curricular activities, and has shown no acting out behavior. This girl has not had to take on extra duties, but she does babysit for her spending money where she formerly asked her parents for this. Her father had been hospitalized before and she had a good understanding of its meaning and what to expect of it.

The following table illustrates the children's present levels of functioning.

TABLE 4

ASSESSMENT OF THE CHILDREN'S FUNCTIONING IN RELATION  
TO THEIR AGES SINCE THEIR FATHERS' HOSPITALIZATION

Age	Adequacy of Functioning		
	As Adequately	More Adequately	Less Adequately
12	1		1
13	3	2	
14	1	2	1
15	2		2
16			1
Total	7	4	5

We see that four children are functioning More Adequately. Five are functioning Less Adequately, and seven are functioning As Adequately as they were prior to their fathers' admission to the hospital. It is noticeable that four of these last seven children were affected in some way by the onset of their fathers' illness. It is also noticeable that the older children were the chief ones who dropped in functioning. This will be discussed in a proceeding section.

Differences in the Reactions in Boys and Girls in Relation to their Functioning

The present overall functioning seems to be much the same for both boys and girls. Three boys and four girls have continued to function As Adequately as they did before their fathers' hospitalization. Two boys and two girls have begun to function More Adequately, and three boys and two girls have functioned Less Adequately.

There are some differences in reactions between boys and girls, however. These differences seem to lie in the area of the children's feelings and attitudes toward their fathers' illness and hospitalization and their ability to express these feelings. On the whole, the girls were much more free in discussing their feelings about their fathers. This may be in part due to the girls being at ease with interviewers of their own sex. Only one girl in the eight seemed to have her feelings bottled up inside her, using very

strongly the defense of denial.

Six of the boys seemed rather shy and uneasy to varying degrees in the interviewing situation. Though some of them began to feel more at ease and freer to talk during the interview, they did not have the freedom that the girls had, to talk about their feelings toward their fathers. Two boys were quite verbal about their feelings. These boys were perhaps of more outgoing natures and were more at ease in feminine company, perhaps due to the fact that both of the boys had a good companionable relationship with a sister close in age.

There seemed to be a different feeling or attitude in general towards the fathers' illness and hospitalization on the part of boys and girls.

The boys, who were able to express this, all showed a concern about the meaning of their father's illness, its prognosis, and a confusion about whether their fathers were really "Crazy." Though none of them expressed it directly, they all seemed, due to their feelings of identification, to be wondering if this illness would happen to them too. Most of the boys expressed a certain discomfort, especially if they were the oldest boy or the only boy, about being the "man of the house". It could be speculated that this position is the fulfillment of an Oedipal wish and therefore very threatening.

The girls, on the other hand, seemed to be primarily concerned with two matters. The first was their own and the family's relationship with the father. They talked about father's behavior toward themselves and the rest of the family and seemed concerned over the father's feelings about them. Several seemed to feel as if they had, for various reasons, caused their father's hospitalization. This may also stem from Oedipal sources. The girls may feel guilt about their feelings toward their fathers. They may feel that father's absence came about in punishment for these feelings.

The second matter concerning the girls seemed to be the practical side of the situation. They worried about the finances, and family's future if the father is unable to return to work.

Functioning of Children Whose Fathers had Previous or Lengthy Admissions Compared to Functioning of Children Whose Fathers were Newly Admitted

In Chapter III the authors hypothesized that there was a possibility that the children whose fathers had been previously hospitalized might have different reactions than would those children whose fathers had never before been hospitalized. In like manner, we wondered if the reaction would differ in terms of length of hospitalization.

It was found that for the most part the children whose fathers had had a previous hospitalization of any

length, in recent years, more readily adjusted to the situation. They were better prepared and had a better understanding of the illness. This was especially true of the older children. Several of these children described a grief reaction occurring at the beginning of the present admission at which time their functioning fell to a lower level, but this was usually relatively short and the child's functioning soon returned to its prior level. This quicker adjustment was probably due to the children's prior acquaintance with having their father in the hospital.

The children whose fathers had no previous psychiatric admissions seemed more confused about the meaning of the illness and the hospitalization. They seemed to wonder if their fathers would ever return to the home.

Similarly, where the father had been in the hospital several months, it was noted that the children had grown more accustomed to the new way of life. Many expressed a real feeling of loss and talked of a grief reaction at the beginning of the hospitalization, but they had, for the most part, grown accustomed to their new way of life and brought their functioning to its former level or even improved upon it.

The children whose fathers had only been in the hospital for a month or two still seemed stunned, especially if this was the father's first admission. They talked in terms

of missing their fathers and of the confused state the family was in due to the father's absence. These children seemed to be in the process of working through grief reactions.

#### Differences in Functioning between Older and Younger Children

It seemed that, for the most part, the older children had a little better understanding and acceptance of their fathers' illness. In some cases this seemed to be used as a defense as mentioned earlier. In spite of this better understanding the older children seemed somewhat more affected by their fathers' illness. It was in this age group that a larger number began functioning at a lower level. This might be due to the parents not covering up as much for the older children, any harsh realities that came about with the illness.

#### Summary

We see that a father's illness and hospitalization has a definite effect on his children in relation to their functioning. Nine children in this study showed a definite change in functioning since their fathers went into the hospital. Four of these children improved while five fell to a lower level of functioning. We see that four of the children that improved had abusive fathers.

Of the seven that continued to function at the same level we see that one boy performed less adequately when his father entered another hospital a year ago from which he was

transferred directly to BVAH. This would perhaps seem to the boy as if it were one long hospitalization.

Three of these children began functioning on a lower level with the onset of their father's illness. Therefore, there were only three children whose functioning appeared to be unchanged by the illness or hospitalization of their fathers.

Both boys and girls were rather equally affected in their functioning. Their attitudes that produced the functioning were, however, somewhat different. The boys seemed concerned about the meaning of the illness and their own identification with it, while the girls wondered about their father's relationship with themselves and the family, as well as about different aspects of the family's future without the father.

Children whose fathers had been in the hospital before or for a long period of time had become accustomed to his absence, were fairly accepting of it and had made some kind of adjustment to their new way of life. Children whose fathers had not been previously hospitalized, especially those whose fathers had only been in the hospital a month or two, tended to be more confused and stunned by the situation. They seemed to be, to varying degrees, having grief reactions.

The older children were the group who seemed to be hardest hit by their fathers' hospitalization. They seemed

to have a better intellectual understanding of the meaning of their fathers' illness, but their emotional acceptance of their intellectual knowledge lagged behind. They may have been exposed, more than the younger children, to harsh realities of the illness, which could be very disturbing to them.

### Results of the Picture Interpretation Tests

As a conclusion to the interview, we presented the children with a facsimile of the Thematic Apperception Tests. These tests are a method of projective technique. This technique was formulated by L. K. Frank and he defines the term as:

A projective method. . . involves the presentation of a stimulus situation designed or chosen because it will mean to the subject not what the experimenter has arbitrarily decided it should mean. . . but rather whatever it must mean to the personality who gives it, or imposes upon it, his private idiosyncratic meaning and organization.<sup>1</sup>

There are various tests that are designed according to the principle of the projective technique. The Rorschach or so called Ink Blot test is one of the most universally employed of these tests. Another that has received much use is the Thematic Apperception Test. This test was first presented by C. D. Morgan and Henry A. Murray of the Harvard Psychological Clinic. A number of pictures are presented to the subject. He or she is told to look at each picture and make up a story

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<sup>1</sup>Claire Sellitiz, Marie Jahoda, Morton Deutsch, Stuart W. Cook, Research Methods in Social Relations, p. 280.

about it. Morgan and Murray used specific pictures from which the subject discusses any material that comes directly to mind. The value of these tests comes from the subject's analysis of the picture presented to them. Through their reactions to the pictures and the thought processes they use in discussing each, the testers are able to gain insight into the subject's personal conflicts, character organization, and attitudes toward life. Projective theory is based on the assumption that the subject will identify, to some degree, with the characters in the pictures and project his own feelings, conflicts, and responses onto them. This test is designed to gain insight into the behavior of the subject through the material he or she presents about the pictures.<sup>2</sup>

The interviewers attempted to make use of the projective technique by designing their own version of the TAT test. Five magazine pictures were chosen for this experiment. They were selected because of their relation to the present situation in which the child has found himself or herself. Through these pictures, the interviewers hoped to elicit responses from the child pertaining to their feelings about their father's hospitalization. These would be feelings that did not necessarily manifest themselves in answers to the questions included in the interview guide.

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<sup>2</sup>James C. Coleman, Abnormal Psychology and Modern Life, pp. 522-523.

The five pictures were shown to each child although a specific order of presentation was not used. One picture depicts a woman standing at the kitchen sink. Surrounding her are three children. The right arm of one boy is touching her shoulder and a little girl has her arms wrapped around the woman's waist. There is another woman to the left in the picture looking at the four other figures.

A second picture shows a young man leaning against a building holding some books in his arms. In the right of the background stands a group of four other young men facing each other. This foursome appears to be in conversation.

A third picture shows a man holding a sheaf of papers and a pen in his hands. The man is clad in a suit and tie and appears to have a preoccupied expression on his face.

The fourth picture is a less distinct photograph showing a darkened corridor with a window at its end through which some light shines. The corridor is empty except for the silouetted figure of a man in a wheel chair at its left side. This figure is holding something on his lap.

The last picture clearly shows two figures. The figure on the right is a woman dressed as a nurse who appears to be smiling. She is holding the arm of a bathrobed man who is smiling. Both figures are standing.

The content of these pictures has been presented with little description in order to avoid the possibility of the

interviewers' responses influencing the readers' reactions to what the children had to say. Few conclusive inferences could be derived from this test, but the interviewers will discuss each picture based on the children's answers from the interview guide in relation to the material derived from the pictures.

We have chosen the picture of the woman at the kitchen sink surrounded by the children as the first to be discussed. Fifteen of the sixteen children saw the woman at the sink as the mother with her family gathered around her. The other child shrugged when the picture was presented to her and did not comment upon it. One brother and sister combination felt the children gathered around the mother looked happy. The interviewers noticed that these children showed ambivalence about the father being away. They mentioned missing him and wished that he were home, but on the other hand, they felt relief that he was in the hospital and being helped. The interviewers suggest the possibility that the children's reaction to seeing the family as happy without the father around may reveal their unconscious satisfaction that he is away from the home. Another child who verbally expressed relief at father's absence from the home viewed the picture "as a family gathered around their mother and they look happy." Her reaction to the picture reinforced her verbalized feelings toward father's absence.

One fifteen year old girl who vigorously denied any reaction to father's being away and said that she was used to his absence, saw the picture as "a family and no father in it. They all look very sad." Perhaps this response revealed her repressed unhappiness over father's hospitalization.

In conclusion, the children's responses to this picture were fairly uniform. With the exception of the material mentioned there was little variation in the responses. Therefore, little of general significance can be derived from the responses given to this picture.

The second picture depicted the young man leaning against the building away from a group of talking young men. The general response to this picture saw the young man as "alone and left out of the group in front of a school or library." They felt that "he was waiting for something." Two children expressed variations to this theme. These two boys noticed the group talking in the background and did not acknowledge seeing the young man at all. These boys had experienced a change of schools within the past year and the interviewers hypothesized that they might have experienced a difficulty in adjusting to a new school and meeting new friends, therefore denying the presence of the isolated boy. Both boys appeared guarded in their responses to the interview guide and we felt that elements of denial were revealed as a part of their defensive system. These were the only responses that

showed any deviation from the majority of answers and we have attempted to hypothesize their meaning.

The third picture which revealed the man with a pre-occupied expression on his face, received a fairly general response from most of the children. The general response was that the man was perplexed or puzzled. Four children, however, felt that the man looked angry; was worried about something; or listening to someone.

One thirteen year old boy stated that the "man was listening to someone talking and was worried about what was being said." Within the interview this boy had stated his difficulty in talking with his father. He said that his father would become upset by things that he said which he had not meant to be disturbing. Therefore we felt it might be possible to draw a correlation between the boy's reaction to the picture and his feeling about his father's frequent response to the conversational material. The boy may be projecting his father's reactions onto the man in the picture.

A fifteen year old boy said of the man, "he is mad at someone." The interviewers had found by talking with this boy that his father had experienced frequent periods of anger. The father would speak in a crude manner to members of the household and had been guilty of abuse toward the mother. Therefore the boy may have projected his father's angry emotions upon the man in the picture seeing him as his angry

father.

A brother and sister saw this man in a similar manner. The girl said the man was "thinking troubled thoughts" and the boy stated that "he looks sick." Being troubled or sick can be correlated with the fact that their own father was mentally ill. They may have been projecting their feeling that their father is ill upon this pictured man. The man represented the image of their father to them and they described the man in terms of this image.

These four children gave variations on the general comments about the picture and the interviewers have attempted to correlate this material with any known information about the child or situation.

The fourth picture is the least distinct of the five pictures. It shows a dark corridor with a window at the end. There is a figure of a person in a wheel chair silhouetted in the hall. This picture received a majority of rather uniform responses. Fourteen of the sixteen children mentioned that it depicted a man in a wheel chair sitting in a hospital corridor. He was reading a book or a newspaper. Two children were more individual in their description.

A twelve year old boy saw the man "as sick in a hospital, sitting there looking at something." This boy had previously described his own father as sitting home and looking into space at something. The interviewers thought there

might be some evidence that the child was projecting his father's behavior upon this pictured hospital patient.

Another boy said that "the man is alone in a hospital corridor. There is sunlight coming through." The mention of sunlight in the picture conveys a note of optimism existent within this boy. In describing his father's condition, the boy felt that his father was somewhat better, but then said that he might revert to his past condition as he had done previously. The boy expressed a feeling of not knowing what would happen. He did mention that he felt the father was better and showed some optimism in this way. This attitude is inferred by his mention of the sunlight in the picture and therefore a correlation between these two attitudes can be seen.

Inferences have been made concerning two boys within the sample, one who may be projecting his father's behavior upon the pictured patient and the other who has revealed an attitude of optimism which may exist in his method of approaching life and stress situations.

The fifth and last picture is that of a uniformed woman holding the arm of a bathrobed man. All the children saw the woman as a nurse. They said that the man was being helped by her and that he seemed to be pleased. "He looks like he is getting better." There was little variation from this general theme, but in the case of three girls, the

interviewers felt that their responses in relation to the material received from the interview guide were worthy of mention.

All three of these girls told the interviewers that they had aspirations toward adopting nursing as a profession. In each response, the girls stressed the nurse's role. One girl said "The nurse is helping the man to walk around." Another said "The nurse is helping the man to bed." The third girl said "The man looks happy and the nurse is helping him to get better." Each girl saw the nurse as instrumental in helping the man. Each girl is interested in entering a helping profession to work toward making people well. Possibly these girls are, in a sense, projecting their desires of helping their father recover onto their description of the photograph. They have chosen to be nurses in part because they want to help their own father to get well. By being nurses, they may be able to do this. Therefore a correlation can be made between their description of the picture and how they see themselves as the person to help make their father well.

In conclusion, the interviewers felt that the results of the TAT test were not conclusive and few inferences could be derived from the collected material. It was possible to construct some hypotheses about the children's patterns of behavior from the data of the picture tests and the interview

guide. These hypotheses suggest the child's use of projection of his own responses to life into the picture. The content of this section has been rather theoretical, but the correlations or ideas mentioned, are worth contemplation. Since this test was of an unstructured type, the answers given can themselves be only theoretical. In addition, this test was applied on a small scale and for experimental purposes. The responses to this experiment were interesting and the interviewers felt that a TAT test given by a skilled psychologist who has been trained in the application of such tests, might yield enriched and fuller data for analysis.

## CHAPTER VI

### EFFECTS OF THE FATHERS' HOSPITALIZATION UPON CHILDREN IN THE SAME FAMILY

Since our sample consists of five families in which two siblings were interviewed we felt a discussion comparing the reactions of siblings might be of interest. Previous to seeing these children, the interviewers had hypothesized that their reactions to father's hospitalizations would be similar in aspect. Both children had grown up in the same atmosphere with common parents. Their life experiences would therefore hold similar components. In talking with these siblings, we were interested in the individual reactions to separation from the parent and their means of handling it. Evidence was found which suggested that father's absence held different meanings for individual siblings. Therefore we felt a description of these reactions might be pertinent to include within the study.

In each family of siblings interviewed, the combination consisted of a brother and a sister. Four of the sisters were older than their brothers. In one case, the opposite was true. Two of the girls were fifteen years of age while their brothers were twelve and thirteen. The remaining three girls were fourteen. Two had brothers who were thirteen and the third had a fifteen year old brother. The largest age difference between siblings was three years.

We have planned to discuss each family individually in terms of the similarities and differences in the children's reactions to their father's absence.

The first family with whom we will deal consists of two adolescent siblings, a fifteen year old girl and a twelve year old boy. The father had had several previous psychiatric hospitalizations so the children were accustomed to father's absence for this reason. In discussing their father, the girl denied any reaction to the situation and said that the household remained the same even though father was gone. She repeated this twice within the interview, speaking rapidly in an anxious manner. Even though she presented a complete denial of reaction, the girl has experienced problems in school adjustment this year and in making relationships with her teachers. She is currently seeing the school guidance counselor to deal with this situation.

Her brother was able to verbalize his feelings concerning father's absence. He said it was very upsetting to him when father initially left home and he admitted crying about it. After father's first admission, the boy's grades had gone down, but they have improved this year. Both children admitted being closer to their mother.

Fundamentally the children seem to be handling the separation differently. The girl denied any reaction, repressing her feelings and they have manifested themselves in

terms of her school adjustment. Conversely the boy has been able to express his feelings and therefore release the emotions that beset him at separation from the father. His total adjustment has been better than that of his sister.

The second family interviewed included a fifteen year old girl and a thirteen year old boy. These children related in a friendly manner and seemed glad to have someone with whom they could talk over their feelings toward their father, his hospitalization and illness.

Both children had similar reactions to their father's illness. They both fell in their grade performance when their father began getting ill and have remained at this level since that time. Both of them easily expressed their feelings about these matters.

However, there are some striking differences in the reactions of these two children toward their father's hospitalization.

The girl knew that she was her father's favorite. As he grew ill she was the only one he did not turn against in the family. She seemed ambivalent about being singled out this way. On the one hand she liked the closeness with her father, but on the other hand she felt it was unfair to her mother and brother. Perhaps this situation was threatening to her in terms of her Oedipal feelings. This girl seemed to feel her father's absence quite strongly. She was over-

joyed when he began coming home on week end pass.

The boy, on the other hand, seemed to be a little relieved that his father was out of the home and in a place where he could be helped. He seemed to be bothered by his father's illness and talked at some length about his father's puzzling behavior. He said it was hard to talk with his father because "you don't know what to say to him because anything you say might get him upset." This boy's preoccupation with his father's illness might be related to his feelings of identification toward his father. He may be wondering if this same thing will happen to him in the future.

In this family we have seen both similarities and differences. Both children found it easy to express their feelings and both had definitely dropped in school performance since their father became ill. However, the girl, who was closer to her father had a type of grief reaction at his absence, while the boy expressed relief. The girl seemed to be thinking more of her relationship with her father, perhaps because of her Oedipal feelings, while the boy was concerned more with his father's illness, perhaps due to his feelings around identification with his father.

The third family to be described consisted of a fourteen year old girl and her thirteen year old brother. Both children appeared threatened by the hospital atmosphere, although the girl was more verbal in her responses than the boy.

She spoke of her concern about father's absence in terms of the total family situation. She worried about finances and how the family could survive without father's income. Therefore her school grades went down and she lost interest in social activities. She said that her father never had anything to do with her and was closer to her brother. The girl appeared to be agitated and upset.

Her brother handled his reactions in a different manner. He was quite hostile toward the interviewer and replied in monosyllables whenever possible. Denial and suppression operated strongly with this boy as he did not admit to any emotions concerning father's absence and obviously resented the questions. Evidence of his reactions manifested itself in terms of his school behavior. His conduct was very poor and truancy had been a frequent pattern since father's absence. The boy said that he did not like school which reflected his negative reaction to all things at this time. Whereas his sister was openly agitated about father's hospitalization, the boy handled his feelings through suppression and they exhibited themselves through his school behavior.

In this fourth family there is a fourteen year old girl and a thirteen year old boy. Their father had been in the hospital for four months two years ago and ten months at present. The girl said she had been upset and confused about the first admission but, though she was unhappy about the

present one, she knew what to expect and was able to take it in stride. She had continued making good grades at school and has remained very active in school organizations.

She said she had missed her father at first, but since he began coming home on week end passes, she no longer felt his absence so strongly. There seemed to be a fairly close father-daughter relationship but this man seemed to equally distribute his affections among all of his six children.

The thirteen year old boy admitted that he had missed his father very much when he went to the hospital. He talked of his father in a confused and anxious manner. He said that though he had gotten used to the absence, he still missed his father as much as before. He seemed more confused about the present hospitalization than did his sister perhaps because he did not remember as clearly his father's first admission. This boy seems to have felt the responsibility of seeing that his younger brothers behaved since his father was not home to do this.

We see in these siblings a more emotional grief reaction on the part of the younger child, perhaps because this boy was not as well prepared for his father's hospitalization as was his sister due to the fact that she had a clearer memory of the first hospitalization. This boy, in a sense, had taken over some of his father's role around the home, and some of his anxiety may be a result of threatening Oedipal

feelings.

The last family which included two adolescents within the sample deviated from the other four in the fact that the boy was fifteen years of age while the girl was a year younger. In this situation the girl appeared to be the more verbal of the two expressing her feelings about father and his absence from the home. Ironically, she appeared to be the child who was the most affected by father's illness. Father had not been working prior to his hospitalization and sat around the house the entire day. He had been abusive to his wife and displayed violent outbursts of temper toward the children. The girl expressed relief at father's absence and dreaded his week end passes. Of all the children, he had the least to do with her and was closer to her older brother. The girl described nervous spells that she had frequently and had fainted at school. She was under medication at the time of the interview. This girl attributed her nerves, in part, to her father and his behavior at home.

The older brother was less verbal which may have been caused by a problem of deafness in one ear. The interviewer was not certain whether he heard all the questions asked. This boy admitted with little enthusiasm that he did miss his father, but said that while at home his father always fought with his mother. The boy's grades had improved in school this year since father's absence, but recently he had been

caught truanting. This may be a result of having no father figure with whom to identify.

Both of these children reacted differently to father's hospitalization, but they indicated that they were not eager for father to return to the home atmosphere.

From this description it is seen that children in the same family react differently to stress situations, depending on their methods of handling problems, their defensive systems, and their individual relationship with their parents.

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

This study was designed to determine the effects of psychiatric hospitalization of a father upon his adolescent children. The results of the study were presented in terms of answers to our five research questions. The first question dealt with any changes in the child's school performance, attendance and study habits since the father's absence. Secondly, we sought evidence of acting out behavior. The third question explored the child's feelings about father's hospitalization and his possible return home. The fourth question determined any changes in the family role structure since the father's absence. Fifthly, we dealt with the children's attitudes toward the hospital visiting privileges, and their reactions to their fathers' home passes.

The sample consisted of sixteen adolescent children from eleven different families. Three of the fathers, each of whom had two children in our sample, were on the open ward section of the Boston Veterans Administration Hospital. In all cases, the mothers were contacted to obtain permission to interview their children. The interviews were relatively unstructured, but based on interview guide questions. Notes were taken immediately after the interviews as we felt note taking during the interview might be a threatening or inhibiting influence on the children.

In terms of the descriptive data included in the study, the fathers' ages ranged from thirty-four to sixty-seven years. Their average age was forty-two years. The majority of the fathers were unskilled or semi-skilled workers. There was one professional man in the sample. The fathers and children within the sample were predominantly Catholic in religion.

The sample of children ranged from twelve to sixteen years of age. The sex distribution was equal, which we felt to be a balancing factor in the study. All these children fell within the range of adolescent development.

The study showed that the fathers' hospitalization had definite effects on the school performance, attendance, and study habits of these children. Both instances of improvement and decline in grade performance were found. Most of these cases seemed to be related to the effects of fathers' hospitalization. Improvements were seen when father's absence represented the removal of a disturbing influence from the home. Decline in scholastic performance resulted from confusion about father's illness and the family's future. Several showed a decline in performance at the onset of the illness prior to father's hospitalization. There were only five children who did not appear to be affected in this area.

Little evidence of acting out behavior was revealed within the sample. Three boys admitted to truancy and poor

school conduct since father's absence. One girl mentioned her involvement in active fighting with a neighborhood girl. Therefore acting out behavior existed to a small degree within our sample.

We found that there were a variety of feelings exhibited by the children toward their fathers' hospitalization. In families where the father had had previous admissions, the older siblings made a better adjustment to the separation than did their younger siblings. The latter did not remember or had not experienced this separation in their life. In cases where the father had been abusive, we found a sense of relief in his absence exhibited by the children. At the opposite pole, several seemed to express a grief reaction toward the separation. A number seemed confused and anxious about the meaning of the illness and hospitalization. Generally, a varying degree of anxiety, confusion, guilt, and grief existed in all cases.

In terms of exploring the changes of role structure within the family, the interviewers found that nine of the eleven families in the sample had undergone role structure change in the family. A tenth family revealed no evident changes and the element of denial was a strong defense used by the child of the eleventh family. In the latter, change was impossible to determine. These changes were based on four criteria. These included situations where the mother

had gone to work and where a relative had moved into the home. We looked for instances where the children had assumed extra duties in the household and where they had adopted, to some degree, a father figure substitute. Therefore a majority of the sample manifested such changes in role structure.

The children, for the most part, seemed to feel the present hospital visiting policy was adequate. A few suggestions were offered such as a lowering of the age limit to thirteen from fifteen years of age for visiting on the wards. One child felt it would be a good idea to have private rooms in which the families could visit. Another child suggested that the visiting hours be extended from eight to nine o'clock in the evening.

In our attempt to tabulate the detected emotional effects on the children of separation, we classified these effects in terms of denial, acting out, suppression and intellectualization. Ten of the sample revealed the use of one of these four defenses. Three of the children employed denial. Three displayed elements of acting out behavior while two manifested the use of suppression. The defense of intellectualization was used with the remaining two children. We were unable to determine from one interview the chief defense used by the remaining eight children. According to their defensive systems, the children handled their emotions in an individual manner. It was felt that the remaining six

handled the separation in a fairly healthy way.

We found that the total functioning of five children in our sample was Less Adequate than it had been prior to their father's hospitalization. Seven children had continued to function As Adequately as before the separation, but began functioning at a lower level at the onset of their father's illness. The remaining four children began to function More Adequately since the father left the home.

The functioning of both boys and girls was affected fairly equally, though the reactions to their fathers' hospitalization were somewhat different. The boys seemed concerned with the meaning of their father's illness and wondered if they would likewise become ill. The authors felt this was because of their identity with their fathers. The girls seemed more concerned about their own as well as family relationship with the father. This may have been due to their Oedipal feelings. They also seemed more concerned with the practical problems that come about due to their father's hospitalization.

There seemed to be, on the part of children whose fathers had had previous admissions or longer admissions, a more accepting attitude. These children did not express so much confusion or grief about their father's absence.

Older children seemed to have a better intellectual knowledge of the meaning of their fathers' illness. In some

cases this seemed to be used as a defense.

In spite of this knowledge the older children seemed somewhat more affected by their father's hospitalization, perhaps because of an exposure to the harsh realities of the illness, from which a younger child might be protected.

Generally, the overall functioning of the children had been affected by the father's hospitalization or by the precipitating factors of his illness.

The Thematic Apperception Test did not produce any conclusive results. We felt that this type of test given in a more structured manner might yield a greater abundance of material.

Through talking with the children, the interviewers felt that the Social Service Department might benefit by extending their services to the children of hospitalized fathers on the psychiatric section. In addition to providing the service with a more comprehensive picture of the total family situation, the children could have the opportunity of expressing their feelings about their father's illness. Support and clarification might be helpful to them at this time. Therefore, the interviewers recommend that the Social Service Department give thought to such an extension of their services.

*approved 1962*  
*Barbara Oyles*

## APPENDIX A

## INTERVIEW GUIDE

1. Beginning of interview may be spent in establishing a relationship with general conversation.
2. What grade in school are you in? What is your favorite subject? Do you like to study and what happens when you have difficulty with your homework? Did your father help you with homework? If so, who helps you now? How are you doing scholastically and have you always gotten these grades? If your grades have changed, in what way and when did they change? Have you ever missed school because of sickness or have you truanted? When? Have you ever gotten into any trouble at school? When?
3. Have you belonged to any clubs at school or church? Have you had to drop out of any of these since father has been away? What do you like best and what do you like least about the clubs? Do you go to Church?
4. How many brothers and sisters do you have? Are you the oldest, youngest, etc.? Are the siblings in school, working or married? Do you do things together, movies, ball-games, etc.?
5. Are you involved in any sports at school or out of school? What do you like best and where do you play? Did your father ever play sports with you? Do your brothers and sisters join in or do you play just with friends? Are there many friends and what do you do together? Do you have any special hobbies or interests? Do the neighbors and friends know about your father's illness and hospitalization?
6. Do you have any ideas for what you want to do when you grow older? Did you ever talk to your father about these things and is there anyone older with whom you can discuss your future plans now? What other things did you talk to your father about?
7. Who lives at home now? Is it difficult for you with father gone? Do you have to do more work around the house, daily chores, taking care of the younger children, etc.? Do you work after school? If so, how long have you done this? Do the other siblings help? Is mother at home all the time or does she work? If so, how long

has she done this? Did father handle the discipline? If so, who does now? Do you talk with your mother about any problems you might have? Does your mother talk to you about her problems? Did she do this before your father left or did she talk to him about these matters? How did you feel when your father left? What was it like at home then?

8. Do you ever visit your father in the hospital? If so, how often? How did you feel about coming to the hospital for a visit? Where in the hospital did you visit? Was it a good place to sit and talk or would you have preferred another place. If you visited on the wards, how did you feel about this? Are visiting hours convenient times for the family to come in or do you feel they might be improved? Has your father been home on any passes? If so, how did they go? Did you see much of father while he was home? Do you have ideas or suggestions for changing the present visiting policy in the hospital?

## BIBLIOGRAPHY

Books

- Coleman, James C. Abnormal Psychology and Modern Life. Chicago: Scott Foresman and Company, 1956.
- Josselyn, M.D., Irene M. The Adolescent and His World. New York: Family Service Association of America, 1952.
- Josselyn, M.D., Irene M. Psychosocial Development of Children. New York: Family Service Association of America, 1948.
- Leighton, Alexander H., Clausen, John A., Wilson, Robert N. Explorations in Social Psychiatry. New York: Basic Books, Inc., 1955.
- Richardson, Henry B. Patients Have Families. New York: The Commonwealth Fund, 1945.
- Sellitiz, Claire, Jahoda, Marie, Deutsch, Morton, and Cook, Stewart W. Research Methods in Social Relations. Henry Holt Company, Inc., 1951.
- Strecker, M.C., Edward A., Ebaugh, M.D., Franklin G., Ewalt, M.D., Jack R. Practical Clinical Psychiatry. New York: The Blakiston Company, 1951.

Journal Articles

- Kaplan, Arthur, and Wolf, Lois. "The Role of the Family in Relation to the Institutionalized Mental Patient," Mental Hygiene, vol. 38 (October, 1954), pp. 634-639.
- English, M.D. O. Spurgeon. "The Psychological Role of the Father in the Family," Social Casework, vol. 35 (October, 1954), pp. 323-329.
- Ward, P.H.D., Archibald F. Jr. and Jones, M.D. Granville L. "Helping the Families of Our Mentally Sick," Mental Hygiene, vol. 38 (October, 1954), pp. 634-639.

Other

Schmidt, M.D. William H., Rice, Elizabeth P., and Ekdahl,  
Miriam C. "Children of Parents Hospitalized for  
Mental Illness," Unpublished Study, Harvard School of  
Public Health, Department of Maternal and Child Health.  
(Mimeographed.)