A study of twenty-two negro children referred to the children's center, child guidance division, detroit, Michigan--September 1944 to September 1945

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A STUDY OF TWENTY-TWO NEGRO CHILDREN REFERRED TO THE
CHILDREN'S CENTER, CHILD GUIDANCE DIVISION, DETROIT,
MICHIGAN—SEPTEMBER 1944 TO SEPTEMBER 1945

A THESIS
SUBMITTED TO THE FACULTY OF THE ATLANTA UNIVERSITY
SCHOOL OF SOCIAL WORK IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK

BY
IDA ELIZABETH HORTON

ATLANTA, GEORGIA
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CHAPTER I

INTRODUCTION

Of all the fields in which an analysis of the individual has been used, none has aroused so much interest, inspired so much hope, and accordingly attracted so many workers as that of child care. This fact is understandable because the development of the child has become the main object of study. Research has revealed that the child is at first an asocial being in that he demands satisfactions without regard for the world around him. The task of rearing and training a child is to lead him from his primitive behavior to a social kind of behavior.

This process of training, however, cannot be successful unless parental handling and the experiences of the child have been satisfying ones to him. If the child's early training has been adverse, the child may react to his environment by means of symptomatic responses which indicate behavior difficulties on the part of the child. These responses or emotional disturbances affect the child's total personality. The child may remain asocial or on the contrary may conform and behave as if he had become social without having actually made an adjustment.

It has only been within recent years that conduct behavior has been studied scientifically. Parents are frequently asking why their children have temper tantrums; why they have to coax them to eat; why they are jealous and afraid; and why they have not learned to control themselves physically. Observant parents may recognize that the child indicating such behavior is in need of special help and may seek it in a child guidance clinic. The child that is brought to the clinic at an early age and under certain conditions offers the best possibility for treatment.

The writer became interested in Negro children needing help because of their behavior responses during a period of field work experience at
The Children's Center, Child Guidance Division of the Children's Fund of Michigan, Detroit. It seemed essential that the staff of The Children's Center evaluate the type of services rendered the Negro parent and his child and to ascertain some information as to the effectiveness of the agency's contacts with Negro families.

Purpose of the Study

This study purposes to analyze the problems of the Negro children who come to The Children's Center of the Child Guidance Division of the Children's Fund of Michigan, Detroit, to point out how the attitudes and training of these children are influenced early in life by their parental ties, to present how defective family relationships such as marital discord, broken homes, sibling rivalry and neglect have bearing upon the behavior of these children; and to show how poor living standards and the intellectual life of the parents exert some influence upon the children studied.

Scope

This study is concerned with a careful review of twenty-two Negro children and their families which were referred to The Children's Center during the period September 1944 to September 1945.

Method of Procedure

For the purposes of this study, the data was obtained through the reading of case records of the twenty-two children together with the use of a schedule devised for collecting data. All of the case records of those children referred and observed during the year September 1944 to September 1945 were used for this study. Personal interviews were held with the families in order to secure further data about the children and their families. Several members of the juvenile court staff were
interviewed to ascertain pertinent data relative to the children's problems. Ten Negro physicians of Detroit were selected at random and contacted in an effort to obtain their use and knowledge of The Children's Center. Furthermore, conferences were held with the agency supervisors, case workers, psychologists and the pediatrician, referral and boarding home workers. Many books, articles and pamphlets (including the annual reports of The Children's Center) were used as a background on the behavior difficulties of children and the trend and procedures in the child guidance field.
CHAPTER II

THE DEVELOPMENT AND GROWTH OF THE CHILDREN'S CENTER

In the year 1928, Senator James Couzens of Michigan and six interested citizens accepted the trusteeship of the sum of ten million dollars which was to be dedicated to the welfare of children. The fund was to be used "to promote the health, welfare, happiness and development of the children of the State of Michigan, primarily, and elsewhere in the world." In addition, no restriction was to be placed on race, creed or social conditions in providing for children. This fund designated as The Children's Fund, made possible the establishment of agencies to promote the physical and mental development of children.

In order to arouse interest in the needs of children and further, to demonstrate the value of psychiatric skill in treating children, the Children's Fund cooperated with the individual.

Psychology Foundation and the Detroit Society for the Scientific study of character succeeded in bringing Dr. Alfred Adler, the distinguished Viennese physician, to Michigan in 1930. Dr. Adler promoted numerous clinics and gave lectures to teachers, parents, social workers and physicians in Detroit and nearby towns. His work and theories gained much support and were received with great enthusiasm.

Significantly, that same year, The Children's Center, Child Guidance Division, of the Children's Fund of Michigan was established. Children were brought to The Children's Center because of behavior difficulties and problems of adjustment at home, in school and problems in the community.

At the beginning, the staff of The Children's Center consisted of Maud E. Watson, Ph D, as director, one psychologist, a pediatrician and two trained psychiatric social workers. However, a student training
program began immediately with four students enrolled. The staff and student unit steadily expanded (the staff drawing on the student unit for its members), until the depression. Beginning in 1933, the staff and the number of students were greatly reduced. During the year, a boarding home department was added and a trained social worker employed whose duty was to be responsible for placing out children whose needs could not be met in other ways. By 1939, the staff had again increased and reached its height at this time.

The staff of The Children's Center was responsible for making a most careful study and diagnosis of each child referred to the agency before treatment plans were formulated.

Another feature of The Children's Center program during its beginning was the Consultation Service starting in 1933. This service was offered to schools in Detroit and towns within the immediate vicinity. The unit consisted of a social worker and psychologist who visited these schools once a week giving consultation service to teachers, children and parents. With the advent of the Visiting Teacher service in 1934, this service was discontinued.

Also, there was a special program designed to promote social interpretation. This service was rendered through interagency conferences and again, a series of lectures were given through the auspices of the speakers bureau. This service has also been discontinued.

At the death of Dr. Watson in 1946, the assistant director took over her duties. The present staff consists of the director who is a psychiatrist, twelve psychiatric social workers (almost all of whom received their training at The Center under the Student Training Program), a psychologist, a pediatrician, boarding home worker, a full time playroom worker and sixteen students, one of whom is a Fellow Student in psychiatry.
The first Negro student was accepted in September 1941. There are five student supervisors.

From its origin to the present time, children have been accepted for study from infancy to sixteen years of age. Referrals are received chiefly from schools, nurses, doctors, hospital clinics, juvenile court, parents, relatives, friends and social agencies. The referral is made either by telephone, correspondence or personal interview and an appointment is arranged for an initial interview with the persons concerned. At this time, only a minimum of data is taken by the intake worker such as the name of the child, his age, address, the referral source and a brief statement of the problem.

During the first interview, the parent is urged to talk about the problem as he sees it and to explain how he feels about the situation. The developmental history of the child, his habits, social adjustments, the family relationships and face sheet information are obtained. If possible, some information relative to the family background is secured. The person interviewed is given an interpretation of the function of the agency.

Usually, the child accompanies his parent and is seen after the interview with the parent in order to let the child know that the agency is interested in his problem. An attempt is made to obtain a well rounded picture of the child, and consequently, the child is observed closely.

At the termination of the interview, psychological and physical examinations are scheduled for the child. In the testing situation, the psychologist attempts to see the total personality of the child. Much emphasis is placed upon an evaluation of the child, his ability to deal in distractions and with manipulative materials. Stress is laid on the area in which the child is having the most difficulty in functioning, rather than on the numerical value of his intelligence quotient. The child's
reaction and psychological response during the examination is a necessary adjunct in the treatment plan.

By means of a pediatric examination, physical defects as a contributing factor in the problem of the child are revealed. After the examination, recommendations are made to remedy any physical impairments.

Upon completion of these two examinations, the case is reviewed and discussed by a referral committee, composed of the psychiatrist, the psychologist and the social worker. All of the data compiled is considered by the committee. If the social findings indicate a severe emotional disturbance, the child may be referred to the psychiatrist for a period of observation after which the case is assigned to a social worker for further study.

In those cases for which the social worker has responsibility for treatment, she makes an appointment with the parent and the child and has interviews with them at the Center as often as it appears essential. Most patients are seen weekly. Some cases, however, indicate the need for more frequent contacts. Occasionally, it is necessary to make outside calls to the home, school or to a social agency. Through the social worker's contact with the patient and his parents, an effort is made to study the situation and need to plan treatment. Interviews are held for one hour, and the time is divided between the parent and the child. Usually, the mother brings the child to the Center and is seen by the worker. However, it is often imperative that both parents be interviewed, and if possible on different occasions.

Both parents are encouraged to talk freely about their problems. During the interview every effort is made to release tensions and to free the parent in the relationship to the child's problem. The worker encourages the parent to participate and to cooperate in meeting the needs of
the child. When the problem of the parent is so deep seated, it is sometimes suggested that he seek private psychiatric assistance. Definite appointments are often necessary for children who may become concerned over the relationship and interviews between the worker and his parent.

With the younger children, play activities have become a valuable instrument for purposes of study. The Children's Center is provided with a large playroom and a full time playroom worker in charge. The room is equipped with toys and games. The child is able to act out his phantasy life and often recreates his family situation. The child is permitted to have a great degree of freedom in voluntary play activity as long as he does not harm himself or other physically and is careful in his use of the play materials. The experience in the playroom makes it possible for the social worker to observe the child as he relates to others and through play therapy, it also gives the child an opportunity to release pent up feelings.

The length of treatment varies with each individual case depending on the parents' understanding and interest in the problems and on the child's accessibility to treatment. The social worker attempts to establish a meaningful relationship with the child and his parents. Both are encouraged to talk freely about their difficulties and interests and how they feel about them. Total acceptance of the parent, his child and their problems are given, and the philosophy of the agency has been to instill confidence, Friendliness, and to extend helpfulness to all persons seeking assistance.
CHAPTER III

BACKGROUND ON BEHAVIOR PROBLEMS

Causative Factors Influencing Behavior in Children

In our diagnostic thinking, the principles that all behavior is purposive is accepted. The idea that behavior is symptomatic and represents therefore, the needs and strivings of the individual as produced by his particular life situation. A child's conduct is simply his reaction to his environment. It represents the struggle between his instinctual strivings and the limitations set up by his environment.¹

It would be difficult to define the normal behavior of a child. Normality is not perfection and is too rare to be called "normal." When the individual approaches perfection, the expression "abnormally good" is commonly employed. Normality is more or less viewed as the child's ability to live up to an accepted standard set for his chronological age based upon his intellectual achievements. The normal child is capable of adjusting with the help and understanding to the everyday problems of a social, racial and economical nature confronting him in life.²

In taking into consideration all the factors which condition behavior responses, all of the institutions such as the family, church, school, preschool and movies, combined with the mores, attitudes and social values must be given weight. The family, however, is the primary unit and plays a major part in the development of growth of the child in that it fixes those characteristics which go into the ultimate structure of his personality.

The child brings into his family his individual, inate equipment of physical and intellectual capacity. But, the child attains a degree of

¹Maud E. Watson, Children and Their Parents (New York, 1927), p. 20.
individuality only in so far as parents recognize him as an individual. Parents are more prone to overlook the fact that children have to be individualized, and their attempts to handle the child, they become aware of the fact that a child must have recognition. The child, on the other hand, may accept or rebel against such treatment accorded him in his parental setting. Unless parents realize this fact, conflict is likely to occur which greatly influences the child's personality.

Emotional problems in childhood may spring from psychological, social or economic ills and are colored by parental handling of the child. Parents may treat the child as a miniature adult; impose their wills and desires upon him; strive to satisfy their emotional needs through him; push him much faster than he is able to progress; overprotect the child to the point that he loses all ambition; and punish him too severely or unjustly. Some parents try to incorporate in the child what was built into their own personality and use him as a pawn in their marital difficulties. Others desert him, fail to love him, and in short, disregard him as an individual.

The aforementioned factors are some of the fundamental basic attitudes consciously or unconsciously expressed that give the child feelings of insecurity which bring on symptomatic behavior. Dr. John M. Dorsey, director of The Children's Center stated that "we do the things we do, because we have to, as a result of what has happened to us." Consequently, behavior of a child is recognized as his attempt to gain attention, love and to ensure security.

Table 1 gives the sources of referrals and shows how the number of Negro children compared with that of whites. Of the 660 children referred during this period, twenty-six or three and nine-tenths per cent of the total were Negroes. This is less than one per cent of the 210,000 Negroes
that constitute the population of Detroit.

TABLE 1

SOURCES OF REFERRALS AT THE CHILDREN'S CENTER 1944-1945

<table>
<thead>
<tr>
<th>Sources of Referrals</th>
<th>Number White</th>
<th>Per Cent</th>
<th>Number Negro</th>
<th>Per Cent</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>640</td>
<td>96.1</td>
<td>26</td>
<td>3.8</td>
<td>666</td>
</tr>
<tr>
<td>Social Agencies</td>
<td>158</td>
<td>98.7</td>
<td>2</td>
<td>1.3</td>
<td>160</td>
</tr>
<tr>
<td>Schools</td>
<td>150</td>
<td>91.5</td>
<td>14</td>
<td>8.5</td>
<td>164</td>
</tr>
<tr>
<td>Courts</td>
<td>30</td>
<td>93.7</td>
<td>2</td>
<td>6.3</td>
<td>32</td>
</tr>
<tr>
<td>Private Physician</td>
<td>158</td>
<td>99.4</td>
<td>1</td>
<td>0.6</td>
<td>159</td>
</tr>
<tr>
<td>Parents-Relatives</td>
<td>74</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>74</td>
</tr>
<tr>
<td>Others</td>
<td>71</td>
<td>93.3</td>
<td>6</td>
<td>7.7</td>
<td>77</td>
</tr>
</tbody>
</table>

Although there were twenty-six Negro children referred, only twenty-six or three and nine-tenths per cent of the total were Negroes. This was due to the fact that two cases tested feeble-minded, one child's parents did not keep the referral appointment, and another did not return after the referral interview.

Of the 660 referral, 160 came from social agencies. One hundred and fifty-eight or ninety-eight and seven-tenths per cent of the total being referred by social agencies were white children. Significantly, only two Negro children were among the 160 referral representing one and three-tenths per cent of the cases referred by social agencies. The largest number of children were sent to The Children's Center by the schools. This in part was perhaps due to the advent of the visiting teacher movement into the Detroit public schools in September 1944. There was a total of 164 children referred by this source. One hundred and fifty white children or 91.5 per cent of the total and the largest number of Negro children referred from any source. There were fourteen Negro children or eight and five-tenths per cent referred from the schools. However, this was less than one per cent of the total of 38,529 Negro children in the Detroit public schools.
Of the 159 children referred by private physicians, there were 158 white children and only one Negro child referred by this same source. This child was referred by a white physician.

In view of the fact that the largest percentage of white children referred and one of the smallest number of Negro children referred during this period came from white physicians, ten Negro doctors were interviewed in an effort to determine what they knew of The Children's Center and its work. Of these ten physicians interviewed, one half of them had no knowledge of the existence of The Children's Center and the other half were aware of its existence but had only a vague idea of its function. One Negro physician had referred a child to The Children's Center some years previous but he had no knowledge of the results obtained. All of these physicians however, expressed a desire to have information and asked that data about The Children's Center be sent officially to the medical society. Significantly, not one Negro child was referred by parents or relatives.

TABLE 2

Problems Presented by Twenty-Two Negro Children Referred to the Children's Center 1944-1945

<table>
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<tr>
<th>Types of Problems</th>
<th>Ages 5-14</th>
<th>Boys 20</th>
<th>Girls 2</th>
<th>Total 22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Running away from home</td>
<td>10-13</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Truancy</td>
<td>11-13</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Stealing</td>
<td>11-12</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Aggressive and refusal to obey</td>
<td>5-9</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Slow or disinterested in school</td>
<td>8-14</td>
<td>5</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Showing psychotic behavior</td>
<td>8-15</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Psychomatic disorders</td>
<td>8-10</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 2 illustrates the types of problems presented by the twenty-two Negro children referred to The Children's Center during the year 1944-

1Detroit News, January 30, 1946, p. 5 A.
1945. All of the children referred at this time presented a combination of the problems as stated above including some not already mentioned. Those who ran away from home also stole, some who truanted, also ran away from home, many who were referred for aggressive behavior and refusing to obey, did not get along well with other children. Those who were referred for stealing were said to have lied and cheated, those slow in school were reported to be nervous, disinterested, those reported for failing in school were said to be annoying to the teacher. With those presenting psychotic behavior, it was said that they were moody, withdrawn and refused to go to school. Those with psychomatic disturbances were jealous of their siblings, failing in school and complained of bodily pain.

The ages of twenty-two children presenting behavior difficulties range from five and a half to fourteen. Boys outnumbered girls six to one. A majority of these children showed destructive behavior between the ages of five and a half and nine, as shown by their refusal to obey, fighting, domineering attitudes and the inability to get along with other children. This type of behavior was most evident in the children between five and six years of age. Aggressive behavior in children is the expression of a strong desire to disturb, destroy and annihilate accompanied often but not always by a conscious feeling of anger. The chronic aggressive types of behavior include those who are disagreeable, rebellious, defiant, quarrelsome and destructive at home and with their companions at school.

There are altered forms of aggression. Certain forms of stealing and running away from home and school are a displacement of chronic aggression. The child does not behave as if chronically angry or aggrieved, does not attack or defy. Stealing is not merely a protest of being deprived

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but like all other misconduct, it is a revenge. There were two boys referred to The Children's Center during this period for stealing and in both cases, this behavior was prompted by the fact that they were being rejected.

Two boys and one girl were referred for running away from home. A child runs away because he does not feel too secure of his place in the family. Sometimes he is jealous of other children in the family, he runs away from too many bosses, brothers and sisters, and again to prove that he is not really weak or inferior. In the three cases referred for running away, there was evidence of sibling rivalry. One boy who had eight siblings did not get along with them and his mother said that he could not get over the fact that he was not still the baby. This same child joined the gang, participated in all of their daring escapades in fact, he was one of the leaders hoping to prove his masculinity and to get accepted into the gang. The girl was illegitimate and had been given to her father and his wife in her early infancy. With the death of her father, her own mother began to prevail on the girl to make her home with her. This girl did not feel secure in either situation after the death of her father and began to run away from home. She finally refused to return and stayed in the juvenile detention home at her own request until an institution was found for her.

With the two cases of truancy, it was also a matter of escape from an unpleasant situation.

In dealing with the six cases where there were school difficulties it was usually the parents who were too concerned about the child not appearing bright and not meeting high scholastic standards which would

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2Ibid.
satisfy the parents' own emotional needs and cravings. Some were failing because of some emotional blocking that was precipitated by some problem within the child's family. Often the child was being pressured to maintain certain standards and again the failures were despite reactions directed against the parents as a result of their rejection of the child.

The psychotic behavior of one or two children was precipitated by sibling rivalry which found expression in depression. In the other instance there was evidence of hallucinatory reactions.

In the two cases where there was psychosomatic disorders, the symptomatic behavior showed itself through neurosis. It was found that this behavior had its roots in sibling rivalry and parental rejection.

The parents and their children held different views as to the cause of the difficulty. The mothers complained that their children refused to obey, could not get along with other children, were too slow or disinterested in school work. Some said that their children were too nervous, others claimed that they were jealous of their siblings, ran away from home, stole, were moody and withdrawn.

On the other hand, the children stated that their parents were partial or did not understand them, they disliked some teachers and subjects or the teachers were mean or had favorites. All were generally unhappy.

The clinic did not have to look beyond the parents and their own unresolved emotional needs to find the root of the difficulty. It is a well known fact that those parents who do not have their own emotional needs satisfied in early life will use their family especially their children in furnishing them with the satisfaction not found elsewhere. That a parent's behavior has feeling value for them and governs the treatment or handling of their children suggests the tenacity in areas of conflict
which arises in family life.¹

Those parents were found to be too rigid and controlling, and expected more of their children than they were capable of producing. Some treated their children very similar to the way which their parents had treated them. Many parents had rejected their children and still others had exercised an excessive degree of protection which was detrimental to the child. Many complained that the child would not obey when trying to control the child or to break his will. The problems of white children and parents presented during this period show that the same fundamental and basic issues as were operating in the cases of the Negro clientele were the contributing causes of their difficulties.

¹Porter R. Lee and Marion E. Kenworthy, Mental Hygiene and Social Work (New York, 1931), p. 56.
CHAPTER IV

THE FAMILIES OF THE CHILDREN STUDIED

It is generally accepted that the family as an institution is strong which offers its members emotional security that is, stability, permanency and safety. Furthermore, the family is the first group where acceptance, that is a feeling of belonging and of being welcomed is made possible, for the individual. The familial environment should offer an opportunity for the individual child to try out his own abilities, interest, and ideas and a degree of freedom that includes the right to feel and express both his innate feelings of affection as well as those of aggression. In order for a family to have an adequate home, the parents must be free from anxiety, uncertainty, strain and emotional privation.1

Home Circumstances

Marital status.—Unhappy home conditions including broken homes through death, desertion and divorce, as well as a lack of parental affection and understanding of the child are contributing factors to the onset of behavior difficulties in children. Dr. Cyril Burt in his findings of young delinquents found that over half of the children he studied came from homes in which there were unwholesome family relationships.2

Of the twenty-two Negro children, with which this study is concerned, about three-fourths came from homes in which the fathers were absent. In most instances, the father had deserted the home before the child was five years old. In four cases the parents were separated but not divorced; seven were divorced; four of these children were illegitimate; and two were separated by death.

The behavior of these children who are deprived of their parents showed itself through anxiety, unhappiness and destructiveness. They longed for them and often verbalized their unhappiness about their deprivation. Most often, the parent was far removed from the scene, and there was no contact with him. Often, the mother and child did not know of his whereabouts. One little boy often made up tales about his father in explanation of his absence. Once he said, "my father is in the army," and again, he said, "my father is dead." The expression, "my father doesn't love me or else he would come to see me," was often repeated by these children. One child expressed his unhappiness thus, "My parents are divorced and I have a stepfather, but my father comes into town on his run as a pullman porter and then I see him. This is one of the brightest spots in my life."

Family composition.—The mothers kept the children in every instance where their husbands had separated from his family. Often she left the child in the care of her parents or shifted him around from one boarding home to another while she worked to earn a living. Many of these mothers said that their husbands were irresponsible and did not care to assume the responsibility of supporting a family, thus he left the home after the children were born. One father left home, said that he was going to another city for work, but was never heard from again. Often there was a reconciliation, but this was not a permanent arrangement in ninety-nine percent of the cases.

Such was the case of Maceo McCarthy.

Case 1

When the school referred Maceo McCarthy, they stated his problem as being a disinterest in school. Maceo was twelve years old and in the 6A grade. His ability was good in fact it fell within the high average range and it was the feeling of the examiner at The Children's Center that his ability to work with abstract situations verged on the
superior level but his eagerness to respond quickly accounted for his rather inaccurate responses. His judgment for concrete social situations was approximately four years beyond his chronological age and his reading was above grade 10 level.

Maceo's parents married when they both were in their last year of high school and they were not ready for children when Maceo came along. His parents separated when he was nine months old. Twice they effected a reconciliation but Mr. McCarthy left again eight years ago. Mrs. McCarthy said that her husband was irresponsible and did not care to assume the responsibility of supporting his family. Soon after Mr. McCarthy left Maceo's mother came to Saginaw, Michigan, in order to take a job, and came to Detroit later at which time she brought her son from out West. She worked in a defense plant but because of the severe housing shortage, she and Maceo lived around at various boarding houses in one room. Mrs. McCarthy worked on the night shift and slept during the day. This left her very little time to spend with her son. Again, this meant that this made things rather difficult for Maceo as he could not get into the room during the day, and too, his activities were curtailed. He wanted a bicycle for Christmas but had no where to keep it. Again, he wanted a chemistry set but his mother felt that he did not have the space to do his experiments. This made him quite unhappy. His most satisfying relationship was with one of the local physicians who took a great deal of interest in him. He and his doctor friend did many interesting experiments. Maceo was interested in dissecting frogs and snakes. Much of his time was spent in hunting for frogs, snakes and tadpoles.

Maceo's school adjustment was good during his first year in the Detroit schools, but during his second year, his present behavior began. His behavior was chiefly an attention getting mechanism. When the other students were in their seats, Maceo would sit on the floor. He would speak out of turn and was generally annoying. He refused to do his assignments in Spanish and Math and consequently failed in these subjects. Because he was taking so much of the teacher's time, she demoted him. His behavior then became worse. His mother felt that the Detroit schools were far behind those out West in the academic subjects and that Maceo was a bright boy and was far in advance of his present grade placement. Again, he did not like white teachers and mixed schools. Maceo told the worker that he disliked white teachers and wanted to go back West. Other than his poor school adjustment at this time, Maceo showed no other behavior disturbances.

His mother had not come in to The Center of her own volition and seldom kept appointments. However, Maceo kept appointments regularly for about a year. When his mother did come in to the Center, she was given an interpretation of what his behavior meant in terms of his unsatisfactory family relationships.

Only in one instance where the parents were divorced did the father remain in the city. In this case, there was constant disagreement between the parents over factors relating to the children.

Another interesting factor was the relationship between some children and their step-parents. There were four step-fathers and one
step-mother in the family constellation among the twenty-two families studied. In two instances, the step-father was in the armed services and both mothers had recently remarried thus, no problem had arisen between son and step-father. In one case where the step-father was in the family picture, there was open hostility between the boy and the step-father as a result of rivalry for the mother. The fourth case represented the ideal step-parent situation where the step-father showed more interest and understanding in his step-daughters than their own father who lived nearby. With the step-mother, the situation was a prototype of the step-parent situation. There was little understanding and a complete rejection of the child. His father was the passive non-interfering type. The real mother lived in the adjoining block and there was constant disagreement and rivalry between the mothers. The following case will clearly illustrate such a situation.

Case 2

Bobbie Sinclaire's step-mother brought him in for the initial interview after having been referred by the school counselor. She said that his problem was one of lying, stealing, cheating, and he had recently thrown a rock through a large store front and this had cost his father $25.00.

Bobbie was eleven years old, the middle child of three children. He was in the 5A grade at school and tasted average. His parents had been divorced for four years. His father had remarried only nine months ago but his mother had not remarried.

The second Mrs. Sinclaire emphasized the fact that the patient had gotten his habit of stealing from his own mother who was almost a kleptomaniac. She stated that the child's own mother was over indulgent with the children and let them do as they pleased. Again, the first Mrs. Sinclaire had expressed a desire to take the oldest and youngest child to live with her leaving Bobbie out of the picture.

In school, Bobbie was constantly into trouble and had been suspended on numerous occasions. Once, the attendance officer suggested that the boy be placed in the detention home in order to get a better appreciation of his own home. Bobbie's step-mother was in complete accord with this gesture and stated that she felt it would help him. The worker then interpreted to Mrs. Sinclaire the fact that Bobbie perhaps was not getting some of the things he was needing most. His step-mother then said, "that boy gets everything he needs." It was then explained to her his need for a more satisfying relationship at home such as love and affection and a sense of belonging. Mrs.
Sinclaire said she did not know how she could give him these adding, "I know they feel that I have no feeling for him because I am his step-mother." Mrs. Sinclaire only came to The Center on the occasion of the initial interview. She gave an excuse for terminating the contact, the fact that she worked long hours at the defense plant and that Bobbie had to help his father at his garage in the afternoon.

One girl whose step-mother and real mother were in such disagreement and had so confused her as to where her loyalty lay that she ran away and refused to come home, electing to stay in the juvenile detention home as a way of avoiding the conflict.

Only four of the twenty-two children that had contacts at The Children's Center during this period had grandparents living in the home. In one instance, the grandparents were accused of spoiling the child. In the other three cases, the grandparents practically reared the children while the child's mother worked. These grandparents complained of the children's behavior and often expressed a desire to be rid of them.

One half of these children was an only child. In such a situation, the child is usually overindulged. However, this was not true in the cases observed. Again, an only child usually has two sources of difficulty, one the fact that he is exposed to the undiluted force of parental attitudes; the other, that he experiences an undiluted reaction to these attitudes and he cannot project his feelings about his parents onto siblings. Thus we find children who are quite aggressive with other children, domineering and unable to share. The behavior of the children observed clearly indicated that their behavior fitted this pattern. Eleven of the children who had no siblings were reported as being aggressive, domineering and unable to get along with other children.

Often, the oldest child tends to feel cheated and deprived of his

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place by the younger. He feels the need to strive constantly to maintain his position, and, if the younger should be brighter or more competent in any way, the older may find the struggle too hard and give up. There were five children who were the oldest sibling. In each case, the older expressed evidence of being deprived by the younger and two had given up, relegated themselves to a position of secondary importance. This pattern was followed throughout their contacts with others.

The second child may have the oldest as a peacemaker. If he does, he might strive constantly to be as competent as the older appears to be, often comparing himself to his own disadvantage to the older child. This fact however did not hold true in the two instances where these children were the second siblings.

The middle child is in a particularly bad spot. He must strive to equal the older and keep in advance of the younger. The middle child often receives a scantier amount of the things the parents have to offer. There were only three middle children in the twenty-two. The youngest child is usually notoriously babish because the maternal attitude is over-indulgent. Every instance where the child fell into the middle range of his siblings, their behavior indicated their feeling of deprivation and insecurity. One girl had to be reviewed by the psychiatrist as her intense feeling of jealousy of an older sister whom everyone felt was very pretty had driven her into an acute state of depression. In another case, the middle child, a boy, (whose three oldest and three siblings following him were girls) had feelings of being castrated. He stated that he was surrounded by girls and wanted a brother, often, he would run away and sleep under a tent. His mother said that he constantly fought with his sisters and could not get over the fact that he was not still the baby.

The largest family among this group was composed of both parents
and nine children.

**Home conditions.**—Taking into consideration the economic status, education and general living standards it could be said that these twenty-two families seeking help from The Children's Center during this period belonged to the lower middle class of society. Although three-fourths of these families lived in one room it was not always because they did not have the financial means as some of them often paid as high as fifty-two dollars a month for the rent of one room with kitchen privileges, but was due to the fact that there was a severe housing shortage in Detroit during the war. However, it was usually the mothers who depended on relief (Aid to Dependent Children), who lived under these conditions. It was found that seven of the families that lived under crowded conditions the children had been known to hospital clinics. However, when these children were examined at The Children's Center by the pediatrician, they were found to be in normal health except for defective vision, defective hearing and carious teeth. The number of rooms occupied by these families range from one to seventeen, however, it can be said that few had adequate space in relation to the size of the family. Only four children had their own rooms. Most of them slept with parents or their siblings.

There were only four home owners or those who were buying among this group. The majority rented but their homes were equipped with the modern comforts of life such as radios, telephones, electric lights, inside toilet facilities and baths.

Although The Children's Center is located in the midst of one of the most concentrated Negro areas, only three children came from families living in this area. A sampling of these twenty-two children showed that in general, they did not come from sections where the intensity of the Negro population lay. They represented a good cross section of the city.
There were only two children who could be classified as delinquents significantly, they were the products of the area where there was the highest percentage of delinquency. In these cases, the fact that an unwholesome environment and bad companions contribute to the delinquency of those who are so unfortunate as to find themselves in such an environment.

Case 3

Ali Mohammed, age twelve, was referred by the school because he persisted in truancy and running away from home. Before the next interview could be held after the initial one, Ali had landed in the juvenile detention home because he had run away from home with a group of older delinquent boys (members of his gang), and had stolen several items from a drug store and a bicycle. He was in the 6A grade and was found to have average ability.

Ali, was the third of nine children. His older and three younger siblings were all girls. His father was an East Indian and his mother an American born Negro. The family moved from New York City to Detroit about four years ago and rented an apartment in the project in an area most densely populated with delinquency. His father said that his present difficulty began at this time.

When Ali first met the worker in the detention home, he appeared very shy and retiring but as time went on he became very stolid at times. Towards his parents, he was rebellious, and defiant. He could not get along with his siblings and was quite aggressive towards them. He told the worker that he could not get along with them because they would not do things for him. His mother felt that he could not get over the fact that he was no longer the baby. He had not learned the lesson of sharing although he had eight siblings.

Mr. Mohammed was a very passive type of person and could not exercise any control on his son. Again, there was much conflict in the home because of the differences in culture.

Ali ran away whenever he felt like doing so, sometimes staying for days. He was always with his gang at this time. Often they held up people and all carried knives and daggers. Ali being one of the younger members of the gang was made to carry the loot when they broke into some establishment. He was the one always apprehended by the police and put into the detention home.

At the present time this patient is in the hands of the juvenile court authorities because of a series of offenses he has committed. Ali seemed not to be able to relate to anyone only on a superficial level. Although he was regular in his contacts with The Center and delinquent activities decreased, occasionally he got into trouble. His father was too weak to exert any degree of discipline over the boy and it is unlikely that he will be permitted to return to his own home. The court will recommend
Lansing a boys' reform but the worker recommended a private vocational school for boys. However, this school is closed to Negro boys and this is one of the hazards in treating Negro children in this clinic.

Together with the problems already mentioned, there were children in this group whose problems related to low economic status and poor living standards.

Education and training.—Only five parents had received training beyond the high school level. Three had completed college and two had completed a two year normal course. One had taught in a Southern town, another had been a former social worker, a father had formerly owned a real estate business. One mother had received three years college training but was the proprietor of a beauty salon. If one should fit the educational standards of this group to a normal distribution curve, we would find that the average number would fall within the average range of education and training while at the two opposite extremes would fall those with the highest and lowest degree of training. Thus, we find these Negro families conforming to the standards of work and social life to which their training has relegated them in our American culture...We find this group belonging mainly to the semi-skilled class of laborers, the majority of these families possessed a high moral standard. Their social life centered mainly around church activities. Only a very small percentage could be classified as belonging to the lowest element of society where moral standards are in disrepute. These parents showed little interest and were hardest to hold.

Their leisure time activities and recreational pursuits included reading, movies and various kinds of hobbies such as gardening, fishing, needlework, and sports. The boys that were old enough were members of Scout troops. The children generally like the movies, picnicking and
camping. The percentage that made use of the supervised recreational center was not too large.

As we all know, Detroit is the center of the automobile industry. During the war, this industry was converted into defense work. Wages were good and the bars were let down to Negroes who had formerly been discriminated against by the unions. As a result, there was a great migration of Negroes into this area seeking employment. One-third of the parents included in this study migrated to Detroit during the war period, as the employment of Negroes reached its peaking during 1943.\footnote{Detroit News, February 1, 1946, p. 2.} Two-thirds of the families seeking aid from The Children's Center at this time were employed in defense work. The most phenomenal gain in employment within recent years has been among women, but Negro mothers have always been compelled to work. Fifty per cent of the mothers of these twenty-two children were employed in defense plants. Only a small percentage were employed elsewhere. The same held true with the fathers. The 113 day General Motors strike began in August of 1945. This misfortune had a disastrous effect on the lives of these families. About a third of these mothers were recipients of Aid to Dependent Children. The income of these twenty-two families a month ranged from twenty dollars A.D.C. to five hundred dollars income from wages plus additional income from other sources. However, the average income ranged around two hundred dollars a month. Some of these families included in the submarginal income bracket suffered greatly. There was little to eat and wear, overcrowdedness and general deprivation. In one instance, the mother had two children, her only income was from an allotment of seventy dollars a month. The family lived in one room and her son, the patient slept between two chairs pushed together. The family
had moved numerous times and the patient had lived around from one board-
ing home to another and had only come to live with his mother after her re-
cent remarriage. He is having difficulty adjusting in school. His mother
felt that he had been pushed around so much that he lost connections.

The fathers who were out of the homes through separation or di-
vorces made no attempt to contribute to the support of their children.
In instances where the mothers worked outside the home, most of the chil-
dren were left with neighbors or relatives and many had no direct super-
vision.
CHAPTER V

ILLUSTRATIVE PROBLEM CASES

Sometimes case histories point out the fact that children with problems are the product of a problem environment. Adverse parental attitudes such as rejection, favoritism and neglect, the use of the child by the parent to fulfill parental emotional needs, the interaction of family relationships and the economic and living standards of the families are factors to be considered in the emotional difficulties of children. These conditions bring about such responses as sibling rivalry, disobedience, excessive aggression, stealing and truancy.

There is little doubt that the unwanted and rejected child is handled in such a manner by his parents that wholesome healthy development cannot result. The case of Roy is illustrative of an unwanted child whose parents were unable to give him love and affection essential to instill feelings of security and a sense of belonging to the family.

Case 4

Roy Rogers, age five was referred by the nursery school teacher because he was showing aggressive behavior. She said that he was hyperactive; refused to obey; liked to fight, and interfered with other children. When it was time to take a nap, Roy would not lie down, but would annoy the other children by climbing over the cots, making much noise and running around the room.

When Roy’s mother was seen, she gave certain information which had a decided relation to some of the child’s difficulties. His mother said that she married Roy’s father after she became pregnant with Roy while she was in high school. Roy was not only conceived prior to marriage but he was an unwanted child by his parents.

When Roy was two years old, he was diagnosed as having T. B. and was hospitalized for eighteen months. His mother said that his present uncontrolled behavior began at the time of his release from the hospital. At the age of three, Roy’s parents separated and Roy and his mother lived with his maternal grandmother. Roy’s father was in the army and there seemingly was some positive relationship between the child and his father in that Roy often expressed the wish that his father would visit him.

Roy’s mother seemingly was a very cold person and was incapable of establishing a positive relationship with anyone. She complained that Roy also refused to obey her; could not get along with other children; liked to fight; was too loud and noisy; and was also very curious.

The maternal grandmother, however, said that Roy’s mother was a
most unusual person. Roy wanted to be loved by his mother, often he said that his mother did not care for him because she would not kiss him nor would she let him kiss her.

Roy's problem had its roots in the attitude of his mother. She was so cold and resistive and lacked understanding that treatment was not possible. Roy's grandmother, however, was a most patient and considerate person, and it was the opinion of the clinical staff that her attitude would be helpful to Roy.

During Roy's contacts at the clinic, the worker established a meaningful relationship with him which provided some of the satisfying experiences he needed. Over a period of nine months, during which time Roy saw the worker once a week, he became less aggressive, less hyperactive, and showed a longer interest span. In addition, he became more cooperative and was able to relate to the worker in a more positive way.

In another case indicative of rejection, the response and symptomatic reaction on the part of the child was different from that of Roy. Frequently, children steal because they feel deprived of love and attention. When the child's aggression are denied expression, he satisfies his need for affection by taking things as a symbol of love. This act is usually directed at the parent person who has deprived him of love, and much of the child's hostility is projected at this parent for having disturbed him so much.¹ The case of Clarence illustrates a child's reaction to being unloved.

Case 5

The juvenile court referred Clarence to The Children's Center when he was twelve years old because he had stolen money and jewelry from his mother. According to his mother, Clarence had been conceived prior to his parents marriage; was an only child; and had not been wanted by the mother. Shortly after the child's birth, his parents were married, but, they were later divorced. Since the divorce, Clarence's father has remarried.

In discussing Clarence's behavior difficulties, his mother revealed that he had been a most troublesome child to toilet train. She felt that he was a most persistent yet intelligent child, and that he was able to outsmart others.

His mother gave the impression of being a rigid, set person, and during contacts with her, she indicated a strong tendency to direct and control the interviews. She was rather verbose and talked a great deal about how she had placed her hopes in Clarence because he was all she had. She instilled in Clarence the idea that he must save, go to college and become a great man.

Clarence had accepted this plan of his mother's and often talked of wanting to become a doctor and taking care of his mother. On the other hand, Clarence appeared to be a friendly boy who seemed quite intelligent. He had many friends, but his mother was seldom there and was rather firm about the use of the home. Furthermore, Clarence showed that he felt his mother's inability to keep her promise to him keenly. In order to get him to attend a Catholic school Clarence had been promised a party and radio. His mother did not fulfill any of her promises.

The clinic attempted to help the mother understand Clarence's need to steal as a substitute for his lack of material affection. The articles taken were Clarence's effort to possess some part of the mother which he felt he did not have. Although the mother apparently understood that she was involved in Clarence's difficulties intellectually, emotionally she was unable to change in her feelings toward the child. Consequently, she was unable to meet Clarence's basic need for love or to help him overcome his difficulties.

Jealousy and antagonism between children or sibling rivalry may originate through parental favoritism or the early displacement of one child by the coming of another. The conviction of one child that another is preferred by the parents likewise gives rise to such feelings and may be tremendously intensified by a development of a sense of inferiority by the child. The symptomatic behavior in this type of situation may take various forms.

The following cases point out the behavior that is precipitated by parental favoritism resulting in sibling rivalry. In the case of Thomas Boyd, an enuretic child, the feelings were most pronounced.

Case 6

Thomas Boyd, age eight, was referred by a pediatrician to The Children's Center because he was enuretic and because the doctor could find no physical basis for the difficulty. Thomas' bed wetting had persisted since birth. He was known to urinate in his clothes every twenty or thirty minutes day and night.

The child's parents had taken him to numerous doctors, all of whom found no physical cause of Thomas' difficulty. At The Children's Center, the pediatrician's findings were similar to those of other doctors.

The social history of Thomas revealed that he was doing poor work in school. The psychologist's test given him at The Children's Center indicated that he possessed low ability in working with abstract reasoning problems. However, the examiner felt that Thomas had an emotional blocking and recommended a re-test at a later date.

When his mother was interviewed, she said that he was a wanted child especially by his father. Both parents were quite over-protecting
of him in his early infancy. They never let him crawl on the floor for fear that he would get dirty and always kept him on a soft pillow or bed. Everyone went around the house on tiptoes in order not to disturb Thomas.

When Thomas was three years old, his sister was born. Considerable rivalry developed between the two children. Thomas was quiet, shy and slowly motivated, whereas, the sister was vivacious, intelligent and was always the center of every situation where the two children were concerned. His mother often made unfavorable comments about Thomas in the presence of his sister. She claimed that although the sister was three years younger than Thomas, she was much brighter and knew more than Thomas. The sister, however, ordered Thomas around and often struck him. Thomas, however, was not retaliatory because his parents had instructed him not to hit his sister. The mother claimed that the sister did not imitate the parents in her treatment of Thomas.

Thomas and his sister were in the same grade, and the sister surpassed Thomas in all of the school activities. Fortunately, his teacher had some understanding of the problem of rivalry and put the two children in separate rooms.

Both parents put a great deal of emphasis on the enuresis. All through the night they get Thomas up to go to the bathroom. Furthermore, the mother made frequent trips to the school day to take dry pants. Both parents had attempted to find some physical basis for their child's difficulty. After six months contact with The Children's Center, the mother had come to the realization that Thomas' problem had emotional implications. It was felt, however, that she would not be able to do too much about it. To add to the futility of treatment, the father refused to believe that Thomas' problem was any other than a physical one.

Some attempt to help Thomas was made in the area of permitting him to show his aggression and to aid him in seeing that growing up had its advantages. Gradually, Thomas began to improve and began to take pride in being responsible for seeing that his sister got to school. He became quite boastful of the fact that he could "beat up any boy" in the neighborhood, and he had expressed some interest in boxing.

All children are sensitive to how people treat them and are quick to feel whether they are accepted by those around them.

Case 7

Mary Shields, age eight, was a school problem. She was referred to The Children's Center because she was slow and did not seem able to do the first grade work. Her most difficult subjects were reading and spelling. The psychological examination given her at the clinic showed that she had average mental ability but her reading was retarded.

Mary was the oldest of two children. Before Mary's sister was born, her mother told her that she would soon have a little brother or sister. According to the mother, Mary cried and said that she did not want an addition to the family. Shortly after the baby came, the mother heard the baby crying and upon entering the room, she found Mary dragging the baby out of bed. The sister who is three years younger than Mary often fought Mary, but Mary did not retaliate. The mother felt that the younger child had developed considerable hostility towards Mary. There was a great deal of rivalry between the two children.
The parents were divorced, and the mother remarried. During the period of separation of the parents, Mary and her sister lived with their parental grandmother and were permitted unlimited freedom. It was difficult for the mother to exercise control over the children after she took them from the grandmother. The father made a difference in his treatment of the two children. Mary told the worker that her father loved her sister better than he did her because he bought her more toys at Christmas time and he always gave the sister more money. When they went to visit him, he often took the sister on trips and left her at home. The mother stated that the father showed a preference for the sister and felt that this was causing much of the trouble. She said that Mary often complained that her father preferred her sister because she was lighter in complexion. Mrs. Shields disliked the fact that the children's father showed such obvious preference and she often refused to let the children visit him.

The mother appeared to be a very rigid, nervous impatient person. She said that she often screamed at Mary when she was slow to move or did not perform her work satisfactorily. This, in turn, disturbed Mary very much.

The mother was helped by being relieved of some of her need to pressure Mary. Mrs. Shields seemed to possess awareness of the problem and was able to refrain from expecting too much of Mary. Very little was accomplished with the father who proved to be resistive and did not come to The Children's Center despite his promise to do so.

In contacting the school, it was learned that the teacher had little understanding of Mary's problem. An attempt was made to give the teacher an interpretation of the situation. Mary showed a decided improvement in school, received better grades in her work, and appeared to be less nervous.

Children who are deprived of their parents through separation or divorce, very often suffer seriously, and calls for difficult adjustments in the lives of these children. Not only must the child re-adapt himself to the change in the parental setting, but if the parent for whom he had the strongest attachment is seen less frequently, unsatisfying and perhaps destructive experiences may result.1

Case 8

Charles Smith, age thirteen, a child of superior ability was referred to The Children's Center by the attendance officer because he was a truant from school.

Charles was an only child, and his parents separated when he was nine months old. From the age of two months to the time Charles was ten years old he had moved ten times. Not only was the constant shifting about in residence disturbing to Charles, but there were many changes in persons who handled him. For a while, he lived with his own parents during a reconciliation period. For a short time he resided with his maternal grandparents. When his mother remarried, three years ago, Charles experienced a traumatic emotional disturbance.

Charles told the worker that when his father, who was a Pullman porter came to Detroit, the occasion was one of the brightest moments in his life. He also said that he was nervous and always carried two pencils one which he used to bite on. He was moody, withdrawn and had no friends. In speaking of friends, he said that all of the children his age were so silly and liked to do silly things. When he played truant from school, he stayed at home; slept; or read. He was quite interested in reading and read books of a superior quality. When asked why he refused to go to school, he claimed that he could not go to school.

Charles lived with his mother but slept downstairs with a neighbor because his mother only had two rooms.

When his mother was seen, she felt that he was jealous of his step-father and considered himself left out of the family picture. Charles had not seen his own father but once in a year although he had made frequent trips to the railroad station to see if he came in. In talking of his step-father, Charles stated that they only tolerated each other. His mother admitted that Charles and his step-father often got into heated arguments over impersonal matters, but Charles, did this to irritate his step-father.

Unfortunately, Charles' mother did not show much interest in the situation despite her development of some insight into the problem. She did not keep appointments and resisted the idea of giving Charles close supervision at home in order to meet some of his needs.

When the school was visited, and it was learned that Charles was about to be retained in the same grade 9 B, another. The school officials were unaware of Charles' superior ability. An interpretation of his difficulties was given to his teachers and the principal, and a plan was worked out which enabled Charles to progress to the next grade. This was an attempt to decrease his difficulty and to place him in a class where the school work proved more challenging.

Another situation, which proves equally frustrating to a child is the use parents make of their own children to satisfy their own personal needs. Very often, children are viewed solely as ego extension or wish fulfillment of the parents own ambitions and hopes. The case of Martin Best points out the high hopes which parents have for their children which they do not have the mental capacity to fulfill.

Case 9

Martin Best's problem was defiance and disobedience to his parents. He was referred to The Children's Hospital when Martin was eight years old and in the second grade. The psychological test given him at The Children's Center indicated that he possessed low average mental ability and he did not read well. However, his parents felt that he was bright.

Martin was an only child. His grandparents and several relatives lived in the home. His mother attributed his difficulty to having too many adults exercising authority that Martin became confused. Furthermore, Martin's mother was much overworked and irritable. The
child proved to be hyperactive and could not attend to any one thing. Martin preferred older children but could not get along with them because he wanted to dominate them.

It was quite distressing to his parents because he did not do well in school. Mr. Best expressed the opinion that he wanted Martin to become a doctor because it was his ambition to have done so, but his mother wanted him to become a lawyer for the same reason. Martin liked music and dancing and wanted to learn to play the piano. In school, his teacher had little understanding of the problem. She felt that his failure was due to inattention.

Due to illness and inability to continue contacts, Martin and his mother only had a few contacts with The Children's Center. It was arranged, however, by The Children's Center for Martin to attend summer camp so as to relieve his mother of some of the pressure and to provide some consistency in his handling.

The case of Billy illustrates the harm done in the child when parents project their emotional problems upon the child.

Case 10

Billy Fisher was not getting along very well in school. He was eight years old, and in the second grade. The psychologist found that he possessed average mental ability however, Billy was a nervous child and became easily upset.

When Billy was three years old, he suffered a severe illness accompanied by a high fever and convulsions. Occasionally thereafter, he had spells of a convulsive nature. The physical examination given by The Children's Center pediatrician pointed out a cerebral maladjustment, (possible post encephalopathy), and marked defective vision. Recommendations were made that an electro encephalogram be given and an oculist's report be obtained.

His teacher was not aware of his defective vision but was contacted and given an understanding of this situation.

His parents were often separated but were together at the time Billy was referred to the clinic. He and his father had come to Detroit two years ago leaving his mother in Chicago. She had refused to give up her job where she was employed as a social worker. Both parents were college graduates and appeared quite intelligent.

Billy was accustomed to accompanying his father to work during the evenings. When the mother rejoined the family unit, this practice was discontinued, but the marital situation became acute. The parents disagreed on many basic problems and there were frequent quarrels between them. It was evident that both parents were in competition for the child. When the mother told Billy that she was going to pack up and return to Chicago and asked Billy if he wanted to go, Billy decided to remain with his father. The mother claimed that the father had always been dominated by women and wanted her to be mother to him as well as Billy. The father, however, said that his wife was not satisfied in Detroit and wanted to return to Chicago. He did not wish to move there because her family tried to run his home.

Through the efforts of The Children's Center, the medical needs of Billy were taken care of. An oculist's report was obtained after which his parents provided him with glasses. An electro encephalogram was received which showed definite traces of epilepsy. Institutional care for Billy was arranged by his parents.
There was little doubt that this child's physical discomforts were greatly agitated by the emotional tone of the home. Despite the intelligence of the parents, they were too engrossed in their own emotional problems to effectively meet the emotional needs of Billy.

It seems conclusive from the aforementioned cases that the emotional tone of the home, involves the lives of the parents and children in a maze of complicated inter-relationships. Frequently, the situation is so intense and problems so deeply rooted that not too much treatment can be effected. The types of defenses displayed by the parents as to his own problem are further cause for difficulty in determining the real reason why the child is referred to The Children's Center and more to get at the underlying meaning of the parents' explanation of the difficulty. The best techniques in dealing with parent-child relationships are based upon participatory treatment, but too frequently a relationship with the parent is impossible to establish. In obtaining an answer to the question as how to help the child, the agency worker is often forced to work with the child directly and uses a case work relationship with the child in as purposefully a fashion as is expedient.
CHAPTER VI

CONCLUSIONS

The Children's Center, Child Guidance Division of the Children's Fund of Michigan, Detroit was established in 1930 as an outgrowth of the Couzen's Fund. This fund was created in 1928 by the late Senator James Couzen's for the purpose of improving the physical and mental health of children primarily in the State of Michigan and in other parts of the world.

During The Children's Center's development, the staff and student unit grew steadily. The present staff consists of a psychiatrist as director, two full-time psychologists, a pediatrician, eleven social workers, a referral worker, a boarding home worker, a full-time playroom worker and nineteen students. The social workers are trained psychiatric workers.

From its beginning to the present, all children are referred without regard to race, creed or color. Children are accepted for study whose mental health growth has been a disturbing factor in their lives.

During the period with which this study is concerned, the number of Negro children referred was not comparable to that of white children nor to the Negro population of Detroit. There were only twenty-six Negro children referred during this period of whom twenty-two were studied as compared to 640 white children referred during the same period. The number of Negro children referred was less than one per cent of the 210,000 people comprising the Negro population of Detroit. It was found that the number of Negro children referred each year tends to remain about constant.

There was a great divergence between the sources of referral of white and Negro children. The largest number of referrals of both groups came from the public schools. Social agencies and private physicians held second and third place among referral sources for the children. There
was a great lag in the referral of Negro children from these sources. Significantly, no Negro child was referred by parents or relatives.

As a group, Negroes have not had the opportunity to obtain knowledge of The Children's Center's function. This lack of social interpretation to one group of the citizenry is no doubt the basis for such a small percentage of Negro parents seeking help in the area of improving the mental health of their children.

It was found that the problems of the twenty-two children studied grew out of broken homes, defective family relationships, parental neglect and adverse parental attitudes. The low economic status and intellectual level of a number of the parents influencing the lives of the children served to reinforce their emotional difficulty. Obviously, these parents were not ready for parenthood. They were not emotionally mature to the point where they were able to work things out together. The coming of the child was more responsibility than they were ready to assume as was shown by the fact that three-fourths of the fathers were out of the home and in addition, had deserted before the child was five years old.

The economic, intellectual and social life of the majority of these families constituted no problem but the family friction did much to disturb the home of these children. Physical factors often entered into the equation increasing the emotional strain suffered by the children observed at the clinic during this period.

In every case referral for study, the parents externalized the problem as being outside themselves. Although many were intellectually capable of attaining some understanding of the problem, few were able to affect a change as they were too involved in their own emotional difficulties to modify their attitude.

In meeting the needs of these twenty-two children, The Children's
Center extended the services of the pediatrician whose examination often pointed out physical defects. Upon his recommendations, parents often had these defects remedied. Likewise, psychological examinations were given to each child which often indicated attitudes that were not conducive to normal behavior. The chief use of these tests was to explain to parents and teachers the intellectual capacity of children of various chronological age groups.

In the case work department, the focus was directed toward individualization of the problem as it related to the child. Parents were helped to understand the needs of these children in relationship to the parents' desires and frustrations. Parents often were in need of help before they were able to participate in treatment plans for the child.

The clinic was often handicapped in fully meeting the needs of its Negro clientele because of the lack of community resources available for treatment purposes. One delinquent boy observed at The Children's Center was in need of a study home placement for treatment, but this facility was not available. Two of the mothers wanted their children placed in a private school, but Detroit does not have private schools for Negro children. Another of these twenty-two children was in need of placement in a boarding home, but the clinic has no provision for boarding home placements for Negro children.

As a part of treatment plans for children the clinic placed three of the children studied during this period in summer camps. Group therapy as a part of treatment has been set up at the Children's Center.

As far as the Negro clientele of The Children's Center is concerned, no effort has been made to differentiate between services offered to this group of the citizenry.

Someone has wisely said that an ounce of prevention is worth a
pound of cure. Earlier case finding and other preventive measures together with a more widespread child guidance program will prove most effective in improving the mental health of our nation.
1. The Problems Presented by the Child Studies

Referral Source:
- School
- Private physician
- Nurse
- Juvenile Court
- Hospital
- Social agency
- Parents - Relatives
- Others

The Problem as Referred
- Not interested in school
- Truancy
- Slow in school
- Running away from home
- Stealing
- Showing aggressive behavior
- Won't mind at home
- Won't mind at school
- Emuretic
- Complaining of bodily pain
- Hyperactivity
- Other

The Problem as Stated by the Parents
- Won't mind
- Mean and irritable
- Talks back
- Can't seem to get along with other children or adults
- Can't learn
- Jealous of siblings
- Other

The Problem as Stated by the Child
- Can't get certain subjects
- Teachers mean
- Teachers partial
- Parents' partial
- Parents' too domineering
- Can't get along with sibling
- Parents' don't understand
- Other

The Problem as seen by the Clinic
- Child obviously rejected by one or both parents
- Child over-protected
- Evidence of sibling rivalry
- Child not intellectually equipped to maintain standards
- Parents' too rigid
- Parents pushing child too fast
Lack of understanding of parents
Parents too domineering
Other

2. Parental Status
   Married
   Separated
   Divorced - Mother - Father
   Stepmother
   Stepfather
   Foster
   Illegitimate

3. Family Composition and Relationship of Members

<table>
<thead>
<tr>
<th>Name of Parents</th>
<th>Status</th>
<th>Age</th>
</tr>
</thead>
</table>

Children

4. Home Conditions
   Number of rooms
   The child sleeps with
   - Brothers
   - Sisters
   - Parents - Father - Mother
   - Other
   - Alone

   Housing
   - Renting - Amount paid - $______ per month
   - Buying
   - Other arrangements

   Modern Conveniences
   - Telephone
   - Radio
   - Automobile
   - Frigidaire
   - Electric lights
   - Inside toilet facilities

   Residence
   - Residence in other cities for the past five years
   - ____________________________
   - ____________________________
   - ____________________________
   - ____________________________
Residence in this city in the last five years

Number of years at present residence

5. Education and Training

<table>
<thead>
<tr>
<th>Parents</th>
<th>Grade Completed</th>
<th>College</th>
<th>University</th>
<th>Special</th>
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<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children</td>
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<td></td>
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6. Employment and Income Per Month

<table>
<thead>
<tr>
<th>Type of Employment</th>
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<tbody>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
</tr>
<tr>
<td>Children</td>
</tr>
<tr>
<td>Previous Employment</td>
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<tr>
<td>Present Employment</td>
</tr>
<tr>
<td>Wages</td>
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<tr>
<td>Other Income</td>
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7. Recreational Interests

<table>
<thead>
<tr>
<th>Reading</th>
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<tbody>
<tr>
<td>Father</td>
</tr>
<tr>
<td>Mother</td>
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<tr>
<td>Child</td>
</tr>
<tr>
<td>Membership in</td>
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<tr>
<td>Church</td>
</tr>
<tr>
<td>Lodge</td>
</tr>
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<td>Clubs</td>
</tr>
<tr>
<td>Hobbies</td>
</tr>
<tr>
<td>Radio</td>
</tr>
<tr>
<td>Games</td>
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<tr>
<td>Others</td>
</tr>
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</table>

8. Emotional Characteristics of Parents

<table>
<thead>
<tr>
<th>Calm</th>
<th>Rigid</th>
<th>Irritable</th>
<th>Kind</th>
<th>Stable</th>
<th>Unstable</th>
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</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
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</tr>
</tbody>
</table>
9. The Child

Name ____________________
Age ____________________
Oldest ____________________
Middle ____________________
Youngest ____________________
Only ____________________
Grade placement ___
I. Q -- M. A. ___
Special abilities as indicated by the psychological examination ____________________
Special disabilities as indicated by the psychological examination ____________________
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