the fatherless family

PREVENTION of serious family disturbances, rather than their treatment, was the keynote of the biennial meeting of the Family Service Association of America, April 1–3, 1959, in Washington, D.C.

A feature of this new emphasis is family life education. The delegates, representing 286 family counseling agencies, were told that large numbers of people in community groups are being introduced to the basic patterns of human behavior through lectures and demonstrations. Areas of focus in this education program are largely determined by participants to heighten the material's usefulness.

Other papers discussed and analyzed "rejected" fathers in the contemporary mother-dominated family, and analyzed the functional position of the American family, as well as mother-child relations and special problems of the aging.

A topic ranking high among the most relevant and pressing was the fatherless family, on which the following summarizes two approaches.

The Imbalance Factor

Citing the country's large number of broken families, Ruth J. Peterson, district director of the Family Service of Philadelphia, observed that social pressures are no longer sufficient to stabilize marriage; it must be done through inward cohesion. In the fatherless family, that cohesion is disrupted by an imbalance in the potential for fulfilling each member's needs. The degree of imbalance hinges on the cause of the father's absence, the mother's emotional health, and the level of emotional maturity already reached by each child.

Reviewing recurrent patterns of disturbance, Peterson first turned to those fatherless through an act of fate. Normally in such a family, she explained, each member adjusts to loss of the father, through an individual sense of identity. None feels permanently destroyed, nor does he feel to be the destroyer. When healing is blocked, as in most cases referred to social agencies, the first task is to analyze the reactions to crisis and to sift for emotional factors. Significant are the emotional currents between the parents at the time of death and the way the mother is meeting her own dependency needs. For example, out of guilt over her hostility to the father for leaving her, is she tied to following his instructions? Does she gratify her needs through her children, thus hindering their further emancipation? Is there psychosexual regression to the preoedipal period, bringing rivalry with the children.

After loss of the father, the children's attachment to the mother heightens, often with strong ambivalence. On the whole, the children's reactions reflect the mother's demands and the level each had reached in resolving the oedipal conflict. Peterson offered the following illustration. Mrs. W., whose husband died

after a 2-year illness, was still hostile to her mother for a lifetime of demands, including care of siblings. Feeling little worth as a woman, she resented her husband's domination and his failure to share child discipline. Following treatment which allowed venting her hostility, she supported treatment of her daughter, who had withdrawn from her friends in what was diagnosed as anxiety hysteria. The girl projected onto all, the "duplicity" of her father who had died when she was "unprepared." By airing her oedipal fantasies and working through her anger, mother-daughter relations gradually improved.

Sometimes early help to the mother might have resolved the conflicts of both mother and children, continued Peterson, citing the maladjustment of Mrs. Y. and Andre, which stemmed from this mother's consistent refusal to reveal the father's death to her son. In war-torn Europe, Mrs. Y.'s mother and brother had been murdered shortly before her marriage to Mr. Y., who she felt replaced both. On Mr. Y.'s urging, she consented to come to this country, to avoid responsibility for denying 3-year-old Andre the benefits of growing up here. After loss of her husband 6 months later, she refused an opportunity for higher income in her native land, and only when Andre reached 8, told him of Mr. Y.'s death. Irregular behavior at school followed, leading to casework interviews. They revealed Andre's retarded ego development and hostility to his mother caused anxiety resulting in a mixed neurosis with anxiety hysteria and obsessive compulsive features.

Often disturbances emerge first during adolescence, Peterson remarked, when withdrawal sometimes alternates with aggressive acts. School work suffers; previous defenses no longer suffice; and the adolescent's greatest fear is his loss of self-control. All this may stimulate the mother's unconscious conflicts, her resulting pressure aggravating further acting out which confirms the adolescent's feeling of worthlessness.

Homes Broken Voluntarily

Peterson pointed out that families with the father absent through separation, desertion, or divorce far outnumber other fatherless families on social agency registers. Here may be the added conflict around reunion and the responsibility for breaking up the home. Most often the mother has been left.

Success in adjustment hinges on the duration, degree, and openness of the marital conflict before the break. Most of these mothers, in Peterson's opinion, lacked the maturity and self-awareness to choose suitable partners, to realistically assess each partner's ability to meet the other's demands, and to understand and adjust to parenthood. They also commonly lacked certainty about themselves in the passive feminine role. Peterson stressed ascertaining at what psychosexual stage growth had been retarded. If in the preoedipal period, for example, receptive needs may be insatiable. Overidentification with the children and identification of one child with the father are also possible.

Diagnostically, it is vital to know the mother's relationship with her parents, asserted Peterson, as in the case of Mrs. G. Her hostility to parental authority had found expression in her marriage to Mr. G., who was illiterate and physically cruel. Her sadomasochistic disorder kept her silent about her husband's incestuous relations with the daughter and abuse of the other children, until known outside. On release from prison, Mr. G. was restricted to another part of the State; the daughter, who had identified with the mother, was helped toward a better reality adjustment; and the oldest boy, with irreversibly defective psychosexual development, was encouraged to broaden his life through wholesome activities. The children's treatment allowed Mrs. G. wider outside interests.

Frequently, stated Peterson, even though there are realistic reasons for ending a marriage, the wife's feeling is one of rejection and failure, the depth of these feelings gauging how much she accepts the feminine role. Symptoms may be depression and projection of blame on the partner. An example was Mrs. N. who developed anxiety with somatization over her adolescent son's visits with the father. Features of her childhood were insecurity, a strict stepmother at age 5, and loneliness during adolescence. Feeling incompetent as a woman, she entered business, was successful, but remained

hurt and rejected underneath. She married a successful businessman, but her feelings of worthlessness led to her uncooperativeness, accusations of belittling her, and finally her leaving. Life then centered in her son whom she pushed toward excellence and controlled through her demands. Threatened by the trauma of desertion, she sought help for herself and her son.

Parents Unwed

Most unmarried mothers, Peterson remarked, have passive masochistic tendencies intensified by guilt feelings which are gratified by illegitimate motherhood. The majority have had much emotional deprivation; many are themselves illegitimate and have been rejected. The result is a feeling of worthlessness and little capacity for objective relationships.

The children may be used to vent hostility to the grandmother, through forcing her to care for them, or as a source of gratification, or to force the father into meeting dependency needs. The children feel stigmatized by lack of a father, for which they blame the mother. A daughter may some day air her hostility by becoming another unwed mother. Boys may have strong homosexual tendencies.

Peterson pointed out that the direct diagnosis and treatment of children's emotional problems, developed during the past decade, put family agencies in a preventive as well as treatment role in relation to the community's fatherless families. In her opinion, until living standards are decent for the minority groups providing most of these mothers, there is no base for developing inherent feelings of self-worth. Another need is an adequate number of trained social workers in public agencies for individual counseling, with financial aid as a basic service. Meanwhile, family agencies can offer a realistic diagnostic and evaluation service as well as supportive help in the use of community facilities for positive sources of identification, such as child day care, leisure time activities, or treatment placement.

Pointing to the growing punitive attitude of the tax-paying public toward families with children born out of wedlock, sometimes expressed in tighter eligibility requirements for aid, Peterson warned that such efforts to force conformity with social standards ignore the original emotional conflicts which produced the illegitimacy.

Aid to Dependent Children

Legislation which penalizes segments of the indigent population underscores the need for telling people more about the goals of public assistance, especially aid to dependent children, declared Mary Brenz, assistant executive director for social services, Philadelphia County Board of Assistance.

Close to 2 million fatherless children receive aid to dependent children, she reported. Commonly, they are described as born to shiftless women, mostly unmarried, in filthy homes, and growing up into delinquents to retrace the mother's behavior patterns. Evidence to the contrary, she said, is shown in findings of a current, representative study in Philadelphia. The meager aid is generally a stopgap in the child's early years. Also, there is a high degree of social breakdown. In a similar 1953 study, only 3 percent of children covered in this aid program were in neglect cases, and 2 percent in delinquency hearings, not above the city's average.

Brenz pointed to built-in features of the program that bring in many more families broken by discord or lack of planning than by an act of God. A widow's children, for example, are blanketed under social insurance. Cases of desertion predominate. Usually those who plan to break the marriage legally also plan for the future.

In desertions, most frequent in large cities with their opportunities for anonymity, the father may reappear and disappear, making any plans haphazard. This also characterizes the lives of unwed mothers.

Brenz's experience has shown that status is a pervasive ingredient of social breakdown which ends in desertion and illegitimacy. The latter occurs most often among women with little economic or social stake.

She also pointed out that by custom unwed Negro girls tend to keep their babies. Further alliances are more likely to result in more illegitimate children than with those who give up their babies and plan normal lives.

Pinpointing some unresolved questions in casework for the aid to dependent children program, Brenz described the cycle of inherently difficult cases and heavy caseloads, the high turnover of caseworkers, and insufficient rapport between clients and caseworkers. Eligibility terms are often harsh and grants barely provide subsistence.

Broadened Approaches

Brenz pointed out that public agencies, unlike private services, cannot limit their intake, or dispose of cases as untreatable. Many cases covered by aid to dependent children had been abandoned by the highly skilled workers of private agencies. Seeking solutions, Philadelphia has limited caseloads for some workers and used authority in working with public assistance families. Referring to Family Services Units of England, which handles only "hopeless" cases, Brenz outlined a personal approach designed to guide the client. To win the client's confidence, the caseworker may tidy house or scrub the floors.

At this point, Brenz warned against the inadequately trained caseworker translating her own biases unconsciously into standards for clients. "We already have almost the power of life and death over our clients in that we represent their bread and butter," she said. For effective help to fatherless families on public assistance, she recommended:

- Grants adequate for living rather than for bare subsistence, so that these families really be given "a chance to try."
- Broader information programs about aid to dependent children to help dissolve punitive attitudes into understanding and willingness to support adequate grants and a sufficient and adequately paid staff.
- Guidance from the Department of Health, Education, and Welfare on the desirable pattern and scope of services for public assistance agencies. One area would be the acceptable minimum grant and constituent items.
- Wider cooperation of other social agencies, such as child guidance clinics.

Partnership with other community resources, she concluded, will put the needs of fatherless families into sharper focus.

The papers by Miss Peterson and Miss Brenz appear in full in a pamphlet published by the Family Service Association of America, 215 Fourth Avenue, New York, N.Y.

Study of Medical Care for the Indigent

Means of assuring adequate medical care for an estimated 6 million persons on public relief rolls may be indicated in a study of 20,000 individual welfare records at the University of Michigan School of Public Health. Supported by the American Public Welfare Association, the project began in 1957.

According to Dr. Solomon J. Axelrod, the school's professor of public health economics and principal investigator of the project, "The problem of providing medical care for these people is immensely complex. Many of them were forced onto relief in the first place because they were sick."

During this initial phase of the project, the sample data have been collected from welfare departments in Connecticut, Illinois, Maryland, and Rhode Island. Research is now focused on the amount and kind of medical care given recipients of old age assistance.

"More and more of the aged are depending on old age assistance for medical care, even while drawing social security payments," Axelrod reported, because these payments "in many cases do not provide enough money for medical attention."

Other objectives of the project are the clarification of certain administrative problems, such as the larger proportion of funds spent on prescribed drugs than on physicians' services in some of the medical care programs for recipients of old age assistance and the question of long-term hospitalization for the aged. Often the elderly have long hospitalizations simply because of the lack of another place to stay, Axelrod remarked.