

MATERIAL DEPRIVATION AND THE AGGRESSIVE CHILD

A study of Emotionally Disturbed Children from the
City of Halifax seen at the Halifax Mental
Health Clinic for Children during
the Calendar Year 1960

A Thesis

Submitted to the

MARITIME SCHOOL OF SOCIAL WORK

in Partial Fulfillment of the Requirements for a
Master's Degree in Social Work

by

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Halifax, Nova Scotia

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1964 May 2 1964

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A B S T R A C T

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Willie Gibbs

This thesis forms part of a group research project that was undertaken by the second year students of the Maritime School of Social Work. The project is based on a study of a group of 213 children who were seen at the Halifax Mental Health Clinic for Children during the calendar year of 1960.

A schedule was used by the group to collect the data from the case records of the Clinic. Each student removed from the data the information which was pertinent to his or her individual thesis.

This particular thesis is one of four that were concerned with material deprivation and the aggressive child. The study dealt with 77 emotionally disturbed children from the City of Halifax. An analysis of the 77 cases indicated that most of the acting out, aggressive, destructive children were reared in the low income homes, while the majority of children from the higher income homes showed other diagnoses. Furthermore, it was found that more boys than girls had an aggressive type of behaviour.

Conclusions were drawn from the findings and recommendations were made, especially to those who are concerned with the welfare of children, along with those dealing with the prevention of mental illness, delinquency and crime.

May, 1964.

ACKNOWLEDGMENTS

The writer wishes to thank Professor L. T. Hancock, Director of the Maritime School of Social Work, for his permission to write this thesis.

To Professor A. Conrad Ashby, Director of Research and Thesis Advisor, the writer is most grateful for his unfailing assistance and guidance throughout the project.

The writer is also much indebted to the staff of the Halifax Mental Health Clinic for Children; without their co-operation, the study could not have been undertaken.

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CHAPTER I
INTRODUCTION

This thesis is concerned with emotional disturbances in children. It is one of a group undertaking of sixteen theses written by the second year students of the Maritime School of Social Work as a partial requirement for the Master's Degree in Social Work. The undertaking is concerned with different viewpoints on emotional disturbances in children. This thesis is also one of a group of four theses that are viewing emotional disturbances in children as a result of the specific social environment that constituted the background of these children.

It is recognized that organic, psychological or interpersonal difficulties may result in the emotional disturbance of the child, but it is the purpose of this study to focus on the environmental difficulties that a child may experience in his early life. It is believed that the former difficulties are of major importance in dealing with the emotional malfunctioning of the child, but this study is mainly interested in the latter aspect because it is a great concern of social workers.

The purpose of this study is to investigate if

any significant relation can be found between the social environment and the emotional disturbance in the child. It is designed to look at the particular pressures of the social environment that could create stresses within the individual which, in turn, would affect the homeostasis of his behaviour pattern. More specifically, and primarily, the study is concerned with the material deprivation assumed to be found mostly in the lower socio-economic class of the society, and its relation to the aggressive type of behaviour in emotionally disturbed children. Due to the particular pressures and stresses that are generally caused by the material deprivation of the low socio-economic group, this study will examine the repercussions that these can have on the behaviour pattern of the child. Throughout the thesis, pressures will be referred to as outside strains creating the inside strains (stresses) in the individual.

This thesis is undertaken for several reasons. First, as students in Social Work education and concerned with the welfare of the citizens in society, the study is expected to focus on the subject and consequently may make some contribution toward the eventual undertaking and solution of this problem. Secondly, much research by medical men has already been done on the organic difficulties that can contribute to the emotional

malfunctioing of the child. Doctors and psychologists have also undertaken many studies concerned with the psychological or interpersonal difficulties resulting in emotionally disturbed children. But the problem of material deprivation experienced by the lower socio-economic group has barely been considered. As this subject is being treated in the social sphere, it is hoped that the study will be worthwhile because it seems valuable to all helping professions, especially social work. Thirdly, as already mentioned, it is written to fulfil, in part, the requirements for the Master's Degree in Social Work.

Before discussing briefly the methodology of the study, it is appropriate here to formulate definitions for some of the terms that will be used throughout the undertaking:

- 1) Low socio-economic class - this group would include families in which breadwinners are semi-skilled workers, unskilled labourers, unemployed, or recipients of public assistance. Most of these people would not have completed the elementary grades at school. The families in this group would be concentrated in the most undesirable living areas of the community - which areas are the concern of this study.
- 2) Material deprivation - because of inadequate income

of the family to provide the sufficient material necessities - such as adequate food and proper housing - children of such a family do not have their basic needs met.

3) Emotional disturbance - in children

" 'behaviour' or 'social' problems such as delinquency which consists in overt anti-social acts; 'personality' or 'emotional' problems such as fears, shyness, and so on, which cause no trouble socially but give anxiety to parents concerning the child's future welfare; and 'habit' problems such as enuresis, thumbsucking, and masturbation, which likewise cause family difficulty or anxiety."1/

4) Aggressive type of behaviour - acting out behaviour in children that is the overt symptom of negative and hostile feelings of the child towards the environment. These feelings may also be repressed to produce a passive type of aggression.

In the next two chapters, the concept and theories of the study will be discussed. In the second chapter, the study will be dealing with the development of the personality of the individual. Going through the ages and stages, the discussion will place emphasis on the basic needs of the different ages and stages of the child's development. At the same time, the study will look at

1/ J.K. Folsom, THE FAMILY; John Wiley & Sons Inc., New York, 1934, p.504.

the difficulties that can be experienced by children who are raised in low socio-economic families. The deprivation of material necessities will be discussed along with the deprivation of the healthy psychological and emotional experiences which consequently create stresses in the family as well as in the individual. As a result of this, emotional disturbance will be more susceptible to occur in the low income home where basic needs are usually inadequately met.

In the third chapter, the different classes of society will be examined briefly and particular emphasis will be placed on the lower socio-economic class with all the pressures and stresses that are common to the group. First, the study will describe and discuss undesirable areas, inadequate housing and the lack of sufficient income in order to understand the sort of deprivation that is experienced by people pertaining to the low income group. Secondly, in the families, the roles of the fathers and mothers respectively will be discussed with the pressures that are brought about on children and how such pressures are reflected in the stresses that are produced in these children.

The hypothesis that will be tested is formulated as follows: Materially deprived children should be more frequent at the lower socio-economic level; emotionally

malfunctioning children can be found at guidance clinics; if material deprivation has the effect of bringing about emotional malfunctioning of an aggressive type, then there should be a significant difference statistically when the incidence of aggressive disorders is measured for high and low socio-economic status. In order to test the above hypothesis statistically, this study will use the null-hypothesis which shows that there is no difference. In this particular study, the null-hypothesis will put forward that there is significant difference statistically in the incidence of aggressive behaviour in children of high and low income homes. If this null-hypothesis is rejected in using statistical methods, then the hypothesis will prove to be valid, that is, that there is a concentration of children with an aggressive type of behaviour to be found in the lower socio-economic areas rather than in other areas of the community. These findings and methods will be discussed in detail in the fourth chapter, while in the fifth chapter the conclusions and recommendations regarding this undertaking will be made.

The major difficulty of the study consists in the gathering of the appropriate and pertinent data. The discussion of the findings, the conclusions and recommendations of the fourth and fifth chapters depend

on the data and will show whether or not the theory was meaningful. At the clinic, the occupations and education of most parents are not included or are only mentioned vaguely in the records. Thus, in order to differentiate the cases of the lower socio-economic class and of the upper socio-economic class, the study is limited to the addresses of the children. To make such a differentiation, the City of Halifax is divided into specific zones in which certain areas represent the lower socio-economic groups of the city. This means that the study only includes the children who live within the city boundaries. Thus, the population for this specific undertaking consists of seventy-seven children from the city of Halifax.

Halifax is the largest city in the Maritime Provinces. It is situated in the middle-east part of the mainland of Nova Scotia. It has a population of approximately one hundred and fifty thousand people. The city's main attractions for employment are the seaport, the international airport, the Canadian National Railways and the different business stores and firms. It also has a variety of health and welfare services in order to meet the needs of its citizens. The Halifax Mental Health Clinic for Children, which is part of the Dalhousie Public Health Clinic of the city, is one of

these agencies. This clinic is concerned with the diagnosis and treatment of the emotionally disturbed and mentally retarded children of the Province of Nova Scotia, aging from infancy up to fifteen years. Its staff includes psychiatrists, psychologists, social workers and secretaries. Referrals to the clinic are made by parents, doctors, teachers and different health and social agencies of the province.

It must be taken into consideration that in the gathering of the data, the percentage of children coming from the lower socio-economic group will be less than the percentage of the lower socio-economic families living in the area. The basis of this reasoning lies in the following assumptions: (1) parents from the low income homes are much less educated than the rest of the population and will be less prone to notice any behaviour changes in their children. They usually see emotionally disturbed children as "bad" or different. (2) Because behaviour problems in children of the low socio-economic class are generally taken for granted, it is assumed that teachers will be less concerned with the disorders in children of the said class than with the disorders in children of the upper class. Thus the latter is more apt to be referred to the clinic, whereas the former usually appear in court.

(3) Children from the lower socio-economic areas who are emotionally disturbed and have less control over their behaviour than normal children, are very apt to get involved in delinquency because of the kind of environment in which they live. Thus they are more likely to appear in the juvenile court when they are caught than to be referred to the Mental Health Clinic for Children.

The foregoing assumptions ascertain the fact that many emotionally disturbed children from the lower socio-economic class are not referred to the clinic. Therefore, the study will deal with a very limited number of cases coming from that particular class. But it is expected that this will not affect the validity of this study.

It is expected that this thesis will be of some help to social workers, medical doctors, psychiatrists, psychologists, nurses, teachers, and all those who are concerned with the welfare of children. Through the conclusions that the study will reach, recommendations will be made to these people and this may open the door for them to make further research on the subject. This will be discussed further in the last chapter of the thesis.

CHAPTER II

THE DEVELOPMENT OF THE PERSONALITY

It is important and pertinent that this study look at the individual in his psychological and emotional development and functioning. In order to understand the normal and abnormal functioning of the child, the latter must be studied through the different ages and stages of his development. Thus the process begins when the child is a newborn infant and continues until the youngster has reached the stage of adolescence, that is, around the age of twelve years. In this chapter, a brief description of the behaviour and needs of the child at various ages and stages will be given, with some attention to the difficulties that are presented when those needs are not met, or when the normal behaviour of a child expected at a particular stage cannot be performed because of some pressures created by the social environment.

The period of infancy is marked by one major characteristic - the dependency of the child. In effect, from the time he is born until he is about one and a half years old, the infant depends entirely on his parents in order to satisfy his needs of feeding, warmth, love and care. During this period, the interests of the infant are fixed in the gratifications of the mouth and stomach. This is why the psychoanalysts call this stage

of life "the oral period". The oral period is of great importance in the life of the individual as it is during this time of life that he will build up his sense of basic trust in the world in which he lives. This is the first step of the child in his emotional development. If, at this time, his needs are met in an appropriate manner, the child becomes aware that the world is a place which is safe and stable, and when he feels discomforts because of hunger and cold, he can expect to be satisfied with food and warmth within a normal period of time. If the child's basic needs are not met properly, then the world appears to him as a threatening and frustrating place in which to live. In this child, there may be a lack of basic trust which can have devastating effects on his behaviour. He will become very frustrated and his response to others will not be appropriate.

There are two types of frustration experienced by the individual, not only in the oral period, but throughout his entire life. However, the intensity of frustration during this stage of life will have much bearing on the way that the person will cope with frustration in later life. Some frustrations are inevitable, others are unnecessary. Those that are inevitable are the ones that are experienced every day

by everybody. They take place in the normal life of any person and most people are able to cope with them without too much difficulty. Such are normal discomforts such as hunger, pain and cold. In going through these inevitable frustrations, the child develops new methods to deal with the discomforts, and these methods are new steps in his emotional development. Of course, the child must only experience the inevitable frustrations in small doses, and this will take place if his parents are dependable and stable people. Otherwise the inevitable frustrations may become unnecessary ones.

Unfortunately many parents, due to various sorts of circumstances, are not dependable people and are not helping the child to gratify his pleasure seeking. It is in such cases where unnecessary frustrations are produced and have serious effects on the infant's behaviour pattern.

"If the human being from the start of life is made physically comfortable, if he is made happy, and if he has a chance to express himself without too much unnecessary frustration, he is a fortunate individual indeed, because it is the person with this kind of start who becomes the optimistic, hopeful individual, the one who can contribute something to the world at large and to those nearest to him. The human being whose needs are not met when he comes into the world, who is an unwelcome addition to the family, who is neglected and who lives in an environment that is indifferent and cold toward him, will develop hostility,

resentment, hate, pessimism - all of which makes it very difficult for him to function."1/

The child who lives in a family of the low socio-economic class, and who is deprived of his basic satisfactions of feeding, warmth, affection and care, will consequently experience those unnecessary frustrations that may affect his behaviour pattern. The youngster will not be able to cope with all the discomforts that are put upon him all at one time, and therefore may develop anxiety engendered by the frustrating experiences. The stress will be noticed in the child being unaffectionate, failing to respond to warmth, and perhaps in physical symptoms such as vomiting and insomnia. The mother will in turn tend to reject her child and this will create a vicious circle in the mother-child relationship.

During the oral period, the feeding process is important for the needs of the child to be satisfied. It must be remembered that the infant is not awake for long periods of time, and when awake he craves for food, love and proper care. The relationship between the need for food and warm human contacts, such as proper handling and cuddling, has great bearing on the sensitivity of the gastro-enteritis glands and the emotional state of the

1/ O.S. English & G.H.J. Pearson, EMOTIONAL PROBLEMS OF LIVING; W.W. Norton & Co., New York, 1955, p.5.

individual. Again, if warmth and affection are not provided to the child in feeding him, the latter will experience much difficulty in eating and more anxiety will develop.

In the second and third years of life, there is a major psychological factor remarked in the child, and that is an increasing independence as he develops the ability to do things for himself. During this stage, there are conflicts arising as the child strives for both dependence and independence. On the one hand, the child is able to walk, has begun to talk, he can satisfy many of his needs by his own activity and he likes to do these things to prove that he has some abilities. On the other hand, he is still very much dependent on his parents and other people in order to function properly. As the child struggles for greater independence, there will be changes occurring in his behaviour. These changes will often be seen more as problems than as normal ways of functioning. The child, in developing his strive for independence, tries to break through the barrier of parental control. He shows much resistance and negativism towards discipline. His parents, if they are not aware that this is a normal behaviour pattern, will tend to have negative feelings towards their youngster. Conflicts between parents and child at this stage can be

significant and have some bearing on the latter's development. When the infant first develops his basic trust, he learns to trust the environment; now he must learn to trust himself, but to do so he needs to have a pleasant self-picture which will be painted by the environment. If conflicts arise, the child may not only hate his parents, but may also hate himself. This period of life is also very important for the setting of limits on the part of the parents. Discipline will easily be accepted by the child if he is loved and feels secure.

In all the activities that the child wants to do by himself during toddlerhood, there is one which is important to himself, to his emotional development and to his environment. This is the mastering of the bladder and bowel functioning. The pleasure seeking of the oral zone has not descended to the anal zone from which the child gets much gratification. For that reason, the psycho-analysts call this stage of life "the anal period." Here again there is conflict between dependence and independence, but the former is of greater importance because it is through the sense of security and confidence that the individual will be more apt to become independent. During this period, the child needs a great deal of confidence and attention on the part of his

parents, and their attitudes towards his toilet training may mean the success or failure of the training. As the child is now more of a person rather than an "it", he must be praised every time he succeeds, but he should not be punished when he fails. If the mother shows her annoyance in punishing the child, then the latter will show more resistance to the training and may, at the same time, develop much anxiety. It is most uncomfortable for the child to withhold anal gratification but he will compromise to this if he is treated considerately by his parents. If he is not given approval for his actions, then he may develop much frustration which will in turn engender aggression and hostility. The struggle between dependence and independence is a great learning experience for the child who will have to be both dependent and independent throughout his life. On the other hand, if the learning experience is not successful, this may result in the emotional malfunctioning of the individual.

The pre-school period from the age of four to six years is marked by an increasing independence that takes the child out of his home and family and gets him acquainted with the outside community. Another social and psychological factor of importance here is the family inter-love that takes place between the parents and the

child. A psychological factor that can have social bearing on both the parents and child at this stage is that the libido transfers itself from the eliminating organs to the genital organs and there is a radical interest in sex that takes place. It is during this period that the child experiences his first conscious contact with the outside world. At this stage, he is more outgoing than shy. He takes particular interest in his contemporaries and usually learns to cope with them without too much difficulty. Depending on his early experience in the home, he will be able to take part in pre-school children activities and he will be able to meet the demands of such relationships.

The child's behaviour during the pre-school period is not too conforming with the parents' expectations because of the struggle that goes on between the two parties. In continuation to toddlerhood, the child is increasingly negativistic, disobedient, stubborn and frequently has temper tantrums and nightmares. Parents with lack of anticipatory guidance, and who want the best for their child, will consult the physician about the behaviour of their youngster. But, unfortunately, some parents will try to handle the situation by themselves and this is very difficult for them because they probably do not understand their child. It must be remembered that

during this period, the child basically needs security, love, understanding, and at the same time he needs to express his hostility and aggressiveness. Rejection on the part of the parents toward their child because of his behaviour could be disastrous.

It is very difficult to categorize this stage of life because of the unstability of the child. He may be "both over-dependent and eager for independence, at one moment surprisingly mature and the next moment babyish, sometimes boyish and sometimes girlish, sometimes winsomely affectionate and constructive and then abruptly destructive and anti-social."2/

The psycho-analysts, however, seem to have categorized quite adequately this group of children in calling this stage of life "the genital period." In effect, in his social activities with his peers, his day to day contact with his parents, and in his self psychological concern, great emphasis is placed on sex by the child. This is due to the pleasure seeking sensibility that is now very much focussed on the sex organs. During this time the child will often come up with a variety of questions concerning the sex of both males and females. The attitudes of adults toward the child's sex information and sex behaviour can have good or bad effects on the later behaviour of the child toward sex. If the information about sex is not communicated properly to him, or if

2/J. Stone & J. Church, CHILDHOOD AND ADOLESCENCE,
Random House, New York, 1957, p.142.

the parents feel embarrassed when the child asks about it, then the latter will seek elsewhere in order to satisfy his curiosity. He may do this by raising the subject with his peer group or by having sex experiences with them. Because the sex conversations and experiences are forbidden to him, the child then comes to consider sex as something dirty and shameful, and this may have repercussions on his sexual behaviour throughout his life.

Other conflicts that are normally expected to arise during the genital period are between the parents and the children of the same sex. This takes place in what modern psychologists call the family romance. Freud gave the name "oedipus complex" to this inter-love in the family. At this stage, the child (boy) tends to show for his mother very much love with sexual tinge and at the same time tends to have negative feelings toward his father with fear of castration. The girl, on the other hand, feels inferior to the boy and blames her mother for not giving her the same genitals as her brother. Of course, the child is not consciously aware of these conflicts but the parents must be able to understand the behaviour of their child in order to cope adequately with the situation. For instance, the boy is jealous of his father because the latter gets all the attention of the mother when he comes home. If the parent of the same sex

as the child tends to reject or reproach the youngster when difficulties arise between them, then the child will not be able to idolize his parent and normally identify with him. He may consequently show some traits of the opposite sex which could greatly affect his behaviour pattern. The oedipus complex must not only be lived through, but it must also be solved so that the child may take another major step in his development through identification.

The last period of development that is dealt with in this study is the latency period. Because of the sexual latency that takes place in children from six to twelve years, psycho-analysts have categorized them this way. In effect, the youngster from six to twelve years does not seem to be as much interested in sex information as in the previous stage of life, nor in sex experience as in the period of adolescence. Nor does the youngster at this age appear to be interested in the opposite sex as the adolescent is. On the contrary, he prefers to remain with members of his own sex, and, especially if he is a boy, he thinks that girls are ridiculous.

Children from six to twelve years are the youngsters who are the least known to adults. They are difficult to know because they tend to keep their thoughts to themselves and only share these with their

peer group rather than with their parents. The "gang" is of cardinal importance in the latent period. Children of this age live in a special childhood culture. They have their own games, traditions and rules, and they tend to disagree constantly with the rules that are indoctrinated into them by adults and teachers. Here it is noticed that their rebellious attitudes of the oedipus complex are transferred to the adult authority rather than directly to their parents. They live more of an independent existence. They do not have to struggle for independence as the pre-school children or adolescents do. They seem to accept being the children that they are. Children of the latent period have to make adjustments such as learning to work efficiently in school, getting along with others and accept the limits of the curriculum, and this is of great importance for their future life. The child who, in earlier life, experienced unhealthy relationships with his parents and siblings, will have great difficulties during this period of life. His malfunctioning will be thought to be abnormal and he may be rejected by others. Again, this child may feel that the world is against him and he will become more and more reluctant to be involved in human relationships.

The child in the latent period begins to see himself more as a person. He is aware that he fits in

certain categories that may be different from the ones of his contemporaries. He knows that he pertains to a certain race, class, sex and age, and it is at this stage of life that he will be affected by these criteria. It is at this particular time that the child becomes really aware that there are some people who have more, others who have less, and consequently he is faced with a very unequal world. If the youngster comes from the lower socio-economic class, he will have much difficulty in coping with the unevenness of the differences in strata. He will envy those who have more than him and he may blame his parents for being such undependable and unfortunate people. Hostile feelings toward both parents and children who are more fortunate may arise within that individual. His aggressive type of behaviour may be presented in such symptoms as running away from school and from home, stealing things from other children, being destructive, and being unable to get along with others. This behaviour pattern will continue and perhaps become worse if the child is not given appropriate attention at that time.

CHAPTER III
THE LOW SOCIO-ECONOMIC CLASS

This study is concerned with the social, psychological and interpersonal factors seen in the low income home that can contribute to the emotional malfunctioning of the child who is reared in such a home. In order to understand these factors, it seems appropriate that a description of the dynamics should be given, that is, the pressures and stresses that are involved in the family of low socio-economic status. This would include the economic and physical conditions in which the family lives, the social attitudes and values of its members, the respective roles of the mother and father, and also the children's reactions to these roles. This chapter will place special emphasis on the sort of discipline that is used by the parents in order to put limits on their children's behaviour.

Before entering on any discussion about the family of the lower socio-economic class, one question must be raised: Is our society made up of different levels or classes? The question must be answered in the affirmative. Social class is of primary importance in our modern society. It is preached and dreamed that all men are born equal and at the same time every individual has the right to reach for higher aspirations. However, there is inequality among men. The ideal of

all men being equal and the individual's right for higher aspirations is contradictory in itself. In effect, if all men were equal there would not be any higher goals for which to aspire because there would not be any top nor bottom in the scale of standards of living. But, however unfortunate as it may be, it is realized that there are different classes in society and all men are categorized in one or the other depending on many factors. Modern sociologists usually divide society into five different classes. The people in them live quite differently from one class to the other and they are characterized in a specific class depending on their economic security, their occupation, their education, the areas in which they live and their social attitudes and values. Here is a brief description of these different classes which follows the same pattern as used by Myers & Roberts.^{1/}

(1) The upper class includes the wealthy people who are heads of enterprises or occupy positions of higher prestige. Nearly all these people are college graduates and they live in the best residential areas of the city.

(2) The low-upper class consists of people who also occupy positions of high prestige, although not as high as the preceding class. They are fairly wealthy and

^{1/} Jerome K. Myers & Bertram H. Roberts, FAMILY AND CLASS DYNAMICS IN MENTAL ILLNESS; John Wiley and Sons, Inc., New York, 1959, p.25.

live in very decent homes. Many of them are college graduates. They also live in the better residential areas of the city.

(3) The middle class contains the higher percentage of the population. The people are 'white-collar' workers, small proprietors and manual skilled workers. Most of them have completed their high school education. They live in fairly decent homes with some in the better residential areas of the city.

(4) The upper-low class consists of people who have completed elementary school, some of them have completed high school education, but they usually are semi-skilled workers and they have very limited responsibility in the community. Because of poor economic conditions, most live in the poor homes of the undesirable residential areas of the city.

(5) The lower class is the one in which this particular study is primarily interested. It consists of the people who are unskilled, unemployed, social assistance recipients and do not have any responsibility whatsoever in the community. Their primary interest is survival, that is, food and shelter, with very little community or outside interests. Most of these people have not completed elementary school. They live in the most undesirable areas of the city, that is, where the

industrial institutions are situated, and their homes are very old and often very filthy. Their social values and attitudes are that, due to the conditions in which they live, they feel exploited and helpless, and they expect to receive much from the community with giving very little or nothing in return.

In discussing the pressures and stresses in the family of the low socio-economic class, it is important that the subsistence problems be considered with primary significance. These subsistence problems are external stresses that result in stresses experienced by the family members. These stresses in one party become pressures for the other party due to the frustration that they create. Evidently, the procedure usually results in a vicious circle. The problems of subsistence result from the economic conditions under which the family lives. Most families of lower socio-economic status live in extremely deprived economic conditions. If there is an income coming in at all, it is a very low one indeed, that is inadequate to provide necessities to meet the basic needs of the family members. This inadequate income is due to several factors, mostly in the lack of any trade skill in the head of the family, unemployment and disability of the breadwinner. These poor economic conditions give the parents, and especially the children, a feeling of insecu-

rity and they tend to see the world as a threatening enemy. As far as the children are concerned, they may not only suffer from a lack of social trust in the world in which they live, but they do not have much respect for their parents whom they consider as failures and therefore they find it difficult to take them as models in their lives.

The most important and disastrous result of the poor economic conditions of the low income home is the serious lack of adequate nutrition provided to its members. This is a heavy burden that is borne by the parents of such a family and it is also very stressful for the children. The parents are always tormented by the insecurity of the budget burden and they feel guilty for not being able to provide the necessities for the basic needs of their children. There is always the worry of the next day's meals so that their main concern is centred on food, and consequently all their interests are focussed on day to day living. But as far as mental health is concerned, it is the child who suffers the most from the lack of adequate nutrition. In effect, the child who experiences malnutrition, especially in the infancy period, will consequently show unnatural responses because of the lack of basic trust in the world in which he lives. He responds inappropriately when attention is given to him

and he may display some anti-social behaviour, such as kicking and crying. This in turn may make the parents irritable due to the stress that is put upon them. The child may also become quickly aware of the problems concerning the family budget and, like his parents, he consequently will tend to center his interests on his day to day living with a dull perspective of a better future. Living in such conditions makes the child feel insecure and unhappy, and these feelings may be shown in a resentful and suspicious type of behaviour.

Not only do the undesirable conditions of the low income home create emotional insecurity in the family members, but they result in inadequate physical conditions in which the family must live. The housing unit is often very dirty and ugly. It is small and usually the family members outnumber the rooms which is the census criterion of overcrowding. Several family members have to share the same room regardless to whether they are of the same or different sex. They are cramped together and consequently this makes it difficult for the children to play or to express the behaviour traits of their particular age. Usually, they are not allowed to do so, but when they do the parents become very irritable because of the strains that it creates. Thus the parents are often yelling at their children as if they were rejecting them

and, in turn, the children frequently develop unpleasant attitudes toward their parents. They constantly feel rejected by them and consequently their interpersonal relationships become filled with suspicion and hostility.

The stressful frustration that is created by the economic problems of the family of low socio-economic status is most likely to result in turmoil within the family unit.

"In our culture, it is assumed that people are able to supply themselves with material goods that are included in our increasingly high standards of living. The pressures for conformity, emphasized by movies, radio, television and advertising, not only tend to make everyone desire certain goods, but to think that they must have them. Low income families are not immune to the pressures." 2/

In effect, the inter-relationships among members of the family living in poor economic conditions become very unhealthy and stressful. The parents, due to their feeling of insecurity and guilt, tend to blame each other for all the problems that arise in every day family living. The mother may stress that the difficulties in the home are due to the father's inability to provide what is necessary for a decent home functioning. The father, on the other hand, may blame the mother for her inappropriate management of the home. Consequently, there is much quarrelling between the parents. Due to their social values and

2/ Jay L. Roney, SPECIAL STRESSES ON LOW INCOME FAMILIES, Social Casework, 39:2-3, (February-March, 1958), p.151

attitudes, the parents do not try to hide their mutual hostile feelings from the children and they tend to fight either verbally or physically in front of them. This may have serious effects on the child who is reared in such a family.

Still in reference to the work of Myers and Roberts,^{3/} in the family of low socio-economic status, the discipline given to the child by the parents is apt to be very severe but inconsistent. Due to the many difficulties resulting from the economic conditions, the children become burdens to the parents rather than joys, and the latter display little positive feelings for their youngsters. There is very little love and affection provided by the parents for the children, the former feeling that strong discipline is most important for the healthy development of the latter. In the low income home, discipline is usually in the form of punishment that is supposed to be remedial to the disorder caused by the child rather than preventive. It is based upon the initial difficulty rather than on the child's developing needs. It takes the form of physical suffering and is very inconsistent indeed. The child is never told what to do and what not to do, and therefore he never knows where he really stands. He is liable to be scolded for something he did not know was wrong, but

^{3/} IBID, p.63.

might also very well escape punishment for something he thought should not have been done. Also the type and severity of punishment depends on the parent's mood at the time of the incident. Due to the inconsistency in discipline, the child feels uncertain and he is not able to adapt proper ways in order to avoid punishment. He is always on the defence, showing much hostile feeling toward his environment. Very little affection is provided to him in the home. Any reward that is given to him takes the form of material objects and this is as inconsistent as the discipline. The child may behave really well and be left unrewarded. But other times he may receive an expensive gift without any reason for it.

It has always been recognized how important are the roles of the mother and father in the child's emotional development. But, for the unfortunate child who is reared in a family of the low socio-economic class, the roles of his mother and father create pressures upon him rather than healthy inter-relationships. These roles are examined here within the family functioning because this study is more concerned with the family unit than with the outside community. What is role? Role is a behaviour pattern of the individual which is associated with the class and status in which he lives. The role of the individual is associated with his internal and external

needs.

First the role of the father will be discussed. In the family of the low socio-economic class, the father is usually the dominant figure of the household, and he likes to show his authority in every opportunity that arises. Although this authority is often threatened by an unco-operative mother, the father has means to prove that he is the authoritarian figure though these means are generally undesirable. But the authority of the father is not only threatened by the attitude of the blaming mother; because of his limited education and vocational skill, his capacity to earn a living is grossly restricted. Thus the father feels quite insecure. Here the use of brutal physical punishment as a form of discipline for the children, and sometimes for the mother, enables him to show his superior power and makes him feel more secure. At the same time, he represents a brutal figure who shows very little positive feelings toward his youngsters. The mother aggravates the situation when she depends entirely upon the father for all the discipline used with the children. The father, who is frequently away from home, seems to be always annoyed by his children's behaviour in the rare moments that he is at home and he is constantly threatening them with severe physical punishment. In the home, the father shows very little interest

in household affairs and in his youngster's activities. He generally leaves all household management to the mother but he is very critical if something goes wrong. Also, he never pays much attention to the children's progress and if he is reminded of such progress, either by the mother or the children themselves, he usually ignores it.

Due to the role performed by the father in the family of lower socio-economic status, this creates a heavy burden for the mother to bear. She has sole and whole responsibility for the management of household affairs. This is a very difficult task for her because of the economic conditions in which the family lives. The budgetting is of cardinal importance but it is complicated because of the poor economic conditions. Keeping the house in order is also important but it becomes very difficult to do due to the physical living conditions. The mother's work is indeed very frustrating and she is often quite irritable. Due to the great amount of time spent on the management of the household, the mother has very little time to display much interest in her children's activities, and she is much less concerned with their character or personality development than with the order of the house. Because of the lack of assistance on the part of the father in household affairs, the mother has

to make all the decisions in the home. And the disturbing part of it is that the decisions taken are always subject to be criticized by the father, especially when he wants to display some of his authority. Consequently the mother is constantly living under stress which creates much frustration. This may be shown by the expression of hostile feelings and rejection toward both the father and the children.

It is natural for the children who are reared in the family of low socio-economic status to have definite and specific reactions toward their father's and mother's respective roles and discipline. First, due to the lack of love and affection in the home environment, and because the parental control is usually physical, severe and inconsistent, the children are very negative toward any sort of discipline that is used by their parents. Their rebellious attitudes take the form of an aggressive, anti-social behaviour, in and outside the home, and later on in life. Secondly, the children have much negative feeling toward their father, shown by a distant and hostile relationship with him. Because of the father's brutal authority, they consider the latter as a threatening figure who is always ready to beat them. Although these pressures coming from the father's role become very stressful and result in the children being very frustrated,

very little antagonism is shown by the latter because of the constant fear of punishment. The aggression is usually suppressed until the father is out of the house and then it bursts out. This makes it very stressful for the other members of the environment. The father's role is particularly disastrous when the child (male) craves for somebody with whom he can identify. Due to the hostile relationship between the child and the father, and the latter's failure to be an adequate provider, the child does not want to take him as a model. He usually searches outside the home for somebody who, unfortunately, is seldom better than his father, or he will identify with some unrealistic substitute or, at times, he may even identify with his mother and show some feminine traits.

In the low class home, the children experience a more intense and warm relationship with their mother than with their father, and this is particularly true in boys. The mother, who takes the role of a rather protective figure in the home, gets the sympathy of her children although at times she may not be very affectionate or may even reject them. She does not use as much brutal, physical punishment as does the father and she seems to be more capable of giving her children care and affection, thus the latter relate better with her than with the other parent. Due to the mother's failure in the management of

household affairs, and her quarrelling with the father, the child (female) will have difficulty in identifying with the female figure in the home. The child will be negative toward her mother's moral and social values, thus she will search elsewhere or make her own value system which may be very undesirable.

In summary, the children reared in the low income home are the unfortunate ones. They have to live under many heavy external pressures that become very stressful for them. In general, neither parent shows much love for their children, thus the latter feel exploited, rejected, neglected by their parents and by the whole world. The parents tend to use brutal, physical punishment as a form of discipline with their children without defining what is right and what is wrong in their personality development. Thus the children develop defective super-egos. The reactions of the children from all these stresses usually take the form of an anti-social, violent, aggressive type of behaviour and, because of their defective super-egos, they seldom show any feeling of guilt and shame for their actions.

CHAPTER IV

STUDY DESIGN AND ANALYSIS OF FINDINGS

The data that was gathered for this group undertaking included all the files at the Halifax Mental Health Clinic for Children for the calendar year 1960. This setting is a diagnosis and treatment centre for emotionally disturbed and mentally retarded children of Nova Scotia. Thus the records included children from all parts of the Province. The data consisted of two hundred and twenty-three cases that were referred but not seen, referred and the work-up completed but not treated, and those who were treated.

Due to the fact that this particular study deals with children of lower socio-economic status, the population consisted of only a portion of the original data. It was impossible to rely on the information of the files regarding the education or occupation of the head of the family in order to determine whether the children were of high or low income homes. However, with the assistance of the staff of the Halifax City Hall, (Development Department), this latter city could be divided in census tracts which consist of seventeen different zones. Thus the population for this particular study included seventy-seven children who lived within the city boundaries in the year 1960. The study also excluded all mentally retarded children because it is

TABLE I

DISTRIBUTION OF 213 CHILDREN SEEN AT THE HALIFAX
 MENTAL HEALTH CLINIC FOR CHILDREN DURING
 THE CALENDAR YEAR OF 1960 BY THEIR
 PLACE OF RESIDENCY AND
 MENTAL RETARDATION

Total Population	Retarded	Outside City	City
213	47	89	77

WG/jb

thought that an aggressive type of behaviour in these children has a different origin than in normal children.

The census tracts which divided the city into seventeen zones were based on a survey that was undertaken by the Dominion Bureau of Statistic in the year 1961. This survey also determined all different levels of income of the people living in specific zones. For the purpose of this study, it was decided that an income of less than \$3500 annually would be considered as a low standard of living; thus these people would be materially deprived. The zones that consist of the old business districts, and those situated along the water-front of the city, were found to be the lower socio-economic areas.

Thirty-three children included in the data were found to be living in the zones of the city where the average salary per family was less than \$3500 yearly, thus they were considered to be of lower socio-economic status. The remainder of the seventy-seven children living in other parts of the city during the calendar year 1960 were considered to be of the higher socio-economic class. Out of these seventy-seven cases, thirty-two were considered to be cases showing some kind of aggressive behaviour, whereas forty-five were found to be non-aggressive. This was determined by studying the records and considering that acting-out, destructive, hostile behaviour or any form of conduct disorder was to be considered an aggressive type of behaviour that was misplaced due to emotional instability. Out of the thirty-two children who were found to be aggressive, twenty-one were from the lower socio-economic class whereas eleven were reared in families of higher socio-economic status.

The purpose of this undertaking was to test the hypothesis that materially deprived children are more likely to show an aggressive type of behaviour than children whose material needs are adequately met. Because it is impossible to prove the validity of a causal hypothesis in social sciences, the study is to reject the

TABLE II

DISTRIBUTION OF SEVENTY-SEVEN PATIENTS SEEN AT THE HALIFAX MENTAL HEALTH CLINIC FOR CHILDREN DURING THE CALENDAR YEAR OF 1960, BY AVERAGE INCOME LEVEL OF NEIGHBOURHOOD AND BY INDICATION OF ACTING-OUT AGGRESSION

	Total	Aggressive	Non-Aggressive
Total	77	32	45
High Income a)	44	11	33
Low Income a)	33	21	12

WG/jb

- a) An income level for a neighbourhood of \$3500 or less was classified as low; all above this was counted as high standard of living.

null-hypothesis which states that there is no difference between high and low income groups as far as the children's aggressive type of behaviour is concerned. If this statistical hypothesis can be rejected with a certain level of significance, that is .001, this means that the outlined hypothesis has some validity. The statistical method that is applied to reject the null-hypothesis is the two by two table or the double dichotomy for comparing two proportions. This technique is suggested by Wallis & Roberts in their book "Statistics - A New Approach" ^{1/}.

FORMULA

	Aggression	Non-Agg.	
H.I.	11 (a)	33 (b)	N ₁ 44
L.I.	21 (c)	12 (d)	N ₂ 33
	a + c 32	b + d 45	N ₁ + N ₂ 77

$$z = \frac{(bc - ad) - \frac{N_1 + N_2}{2}}{\sqrt{\frac{N_1 + N_2}{N_1 N_2 (a + c)(b + d)}}}$$

$$z = \frac{\{(33)(21) - (11)(12) - \frac{77}{2}\}}{\sqrt{\frac{77}{(44)(33)(32)(45)}}}$$

$$z = 3.1350$$

Area under the Curve - .49887

Using the one-tailed test .50000
 - .49887
 .00113

$$p : .001$$

^{1/} Allen W. Wallis & Henry V. Roberts, STATISTICS - A NEW APPROACH; The Free Press of Glencoe, Illinois, 1959, p.429.

The null-hypothesis' z score is found to have a probability, $p = .001$, and it could therefore be rejected at all common levels of significance. The outlined hypothesis - that there was a significant variation in aggressive behaviour depending on the socio-economic status - could thus be accepted with a considerable degree of assurance.

From the data collected, it was found that many children coming from the lower socio-economic class who were seen at the clinic had been referred by various community agencies rather than being referred by their parents or private doctors. In effect, there were 66% of the cases from the low socio-economic class that had been referred by community resources.

In this study, it was also found that boys tended to be more acting out, aggressive individuals than girls, as more boys than girls were diagnosed as having an aggressive, acting out, destructive type of behaviour. In effect, 75% of the cases with such a diagnosis were boys. This should be quite meaningful for those who find themselves concerned with the controversy as to whether or not boys are more aggressive than girls.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

In the theory that was put forward in the beginning of this undertaking, it was said that children whose needs are not properly met tend to act-out and become hostile toward their environment. In retrospect to the foregoing findings, it is evident that there is a significant relationship between material deprivation and the aggressive type of behaviour seen in children who experience such material deprivation. It is also obvious that different class stratification show different kinds of behaviour patterns.

In the cases of low socio-economic status that were referred to the Halifax Mental Health Clinic for Children, 66% of those referrals were made by various community centres. This indicates that there is a great need for education for the parents of the low income class in regards to the personality disturbances in their children. This also shows the lack of recognition of the appropriate community resources by the parents of these children. Thus, if those parents could be properly informed when early diagnosis would be made, the children could be referred to the clinic before serious damage could be done.

As previously stated in Chapter I, though many emotionally disturbed children of the lower socio-economic

areas probably appear in the juvenile court instead of being referred to the Halifax Mental Health Clinic for Children, there were sufficient cases from the low income homes that were gathered for the purpose of this study. In spite of this there should, however, be closer contacts between the courts and the mental health hospitals and clinics. Emotionally disturbed children who appear in the juvenile courts are probably given little consideration as to whether or not they are emotionally disturbed and that their criminal behaviour could be the result of this disturbance. If closer contacts existed, perhaps some further criminal activity would be prevented because the subjects would be properly treated by the appropriate specialists.

Out of the thirty-two children who showed some type of aggressive behaviour, 75% of these children were boys. It is therefore natural that more boys than girls become involved in delinquency and crime, and thus it is not surprising that most prisons and penitentiaries are filled with males rather than with females. People in general should be made aware of this fact so that they can understand why boys tend to act-out more than girls do. But special emphasis should be placed on this by social workers, public health nurses, teachers, family doctors, legal authorities, psychologists, psychiatrists, sociolo-

gists and all those who are concerned with the welfare of children; these people should always be on the look-out for the acting-out, hostile and destructive behaviour in children so that they might help the youngsters or that they might refer them to an appropriate resource for help.

In prevention of mental illness, delinquency and crime, the relationship between the low socio-economic status and the aggressive type of behaviour in children should be considered seriously when plans are made for housing projects, wage laws and the training of people of the lower socio-economic class. Also, adequate income should be provided to these people living in low income areas when they are unemployed; thus special services should be available for them at the unemployment offices and, furthermore, special allowances should be provided by the social assistance programmes.

Finally, if this brief undertaking was able to show that there is a significant relationship between the class stratification and specific types of behaviour patterns in children, perhaps future studies that would be more intensive in regards to the problem would contribute some new knowledge for the immense struggle in the prevention of mental illness, delinquency and crime.

MARITIME SCHOOL OF SOCIAL WORK

RESEARCH PROJECT, 1963-1964

Schedule for Reading Mental
Health Clinic Records

Schedule No _____

Read by _____
initials - date

Edited by _____
initials - date

Coded by _____
initials - date

I. ADMINISTRATIVE INFORMATION

1. MHC case number _____ 2. Month & year of referral _____
3. Mo & yr of workup _____ 4. Mo & yr treatment began _____
5. Mo & yr treatment ended _____
6. Sex of patient: male / female 7. Mo & yr of patient's birth _____

8. Status of case on October 1, 1963:

- referred but family not yet seen
 referred but service rejected
 workup indicated no real problem
 workup indicated untreatable problem (specify):
 workup indicated problem for which no resource available
 workup indicated problem for resource other than MHC (specify):
 MHC treatment offered but refused
 MHC treatment offered, on waiting list
 family withdrew while on waiting list for reality reasons
 family withdrew while on waiting list for psychological reasons
 family in treatment
 family withdrew while in treatment for reality reasons
 family withdrew while in treatment for psychological reasons
 treatment terminated as completed
 other status (specify):

II. REFERRAL

Schedule No _____

I. Was family self-referred () from own knowledge of MHC
() at suggestion of relative, friend, neighbour

or

was family referred in the line of duty by

() private doctor () public health clinic or service, hospital, etc.

() teacher, etc. () minister, etc.

() police court, etc. () social or recreational agency, etc.

() other (specify):

or was source of referral not recorded ()

2. Source reference number _____ .

3. What was source's initial statement of reason for referring, and what symptomatic behavior triggered action by source:

III. FAMILY CONSTELLATION

Schedule No _____

() Check here if this sheet refers to other than the biological family of patient, and explain:

1. Father: birthplace: mo & yr born:
 ethnic origin: religion:

2. Mother: birthplace: mo & yr born:
 ethnic origin: religion:

Children (list with oldest first, include patient and identify with "P" in left-hand margin; identify others in treatment with "T". IF ADOPTED, GIVE DATE CHILD JOINED FAMILY AFTER DATE OF BIRTH)

3. Ma/Fe birthplace: mo & yr born:
4. Ma/Fe birthplace: mo & yr born:
5. Ma/Fe birthplace: mo & yr born:
6. Ma/Fe birthplace: mo & yr born:
7. Ma/Fe birthplace: mo & yr born:
8. Ma/Fe birthplace: mo & yr born:
9. Ma/Fe birthplace: mo & yr born:

Other significant persons (specify role or relation with respect to patient, but not name)

a. _____ birthplace: mo & yr born:
 ethnic origin: religion:

b. _____ birthplace: mo & yr born:
 ethnic origin: religion:

c. _____ birthplace: mo & yr born:
 ethnic origin: religion:

d. _____ birthplace: mo & yr born:
 ethnic origin: religion:

e. _____ birthplace: mo & yr born:
 ethnic origin: religion:

() Check here if religion of any child is other than that shown for father and explain below, identifying child by number from this sheet

() Check here and continue on back of sheet if necessary

III. FAMILY CONSTELLATION (Ctd)

Schedule No _____

Fill in dates of any change of status for each family member, using same number or letter to identify individuals as used on page 3.

	<u>Single</u>	<u>Married</u>	<u>Cohabit.</u>	<u>Deserted</u>	<u>Sep'ted</u>	<u>Div'ced</u>	<u>Widowed</u>
1. Father	_____	_____	_____	_____	_____	_____	_____
2. Mother	_____	_____	_____	_____	_____	_____	_____

Children (list with oldest first, include patient and identify with "P" in left-hand margin; identify others in treatment with "T")

3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____	_____

Other significant persons (specify role or relation with respect to patient, but not name)

a. _____	_____	_____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____	_____	_____	_____

(___) Check here if marital history of family cannot be shown clearly above, and explain below:

IV. LIVING QUARTERS

Schedule No _____

Fill out one sheet for each home that family has had. If more than three during the patient's childhood, report the three most recent, check here (___) and summarize on back of the last sheet the similarities and differences of earlier living quarters to those reported.

1. Address:

2. Mo & yr in:

3. Mo & yr out:

(___) if this is an institution check here and omit remainder of sheet

4. (___) single (___) duplex (___) apartment (___) tenement (___) lodgings

5a. Number of rooms:

5b. Number of occupants:

6. Type of house: (___) Excellent
 (___) Very good
 (___) Good
 (___) Average

(___) Fair
 (___) Poor
 (___) Very poor
 (___) Not recorded

7. (___) Owned? what value?
 (___) rented; what rent?
 (___) free; from whom? why?

8. Housekeeping standards (note informant):

(___) Check here and continue on back of sheet if necessary

9. Neighborhood attitudes to family:

(___) Check here and continue on back of sheet if necessary

V. FAMILY OCCUPATION AND INCOME

This sheet refers to breadwinner
 patient
 other member of family (specify above)

1. Present or most recent employment, as recorded:

2. Check here if employment above is typical or appropriate: otherwise note below what is typical and why above is not:

Check here and continue on back of sheet if necessary

3. If not working but recently employed, check reason for leaving employment, and note significant information from record:

termination performance behavior illness
 voluntary not recorded

4. Source of income: Inherited wealth Wages
 Earned wealth Private relief
 Profits & fees Public relief & non-respectable income
 Not recorded Salary

5. Income: Not recorded; \$ _____ per day/week/month/year.

6. Does record indicate that family considered income to be
 most adequate just adequate almost adequate
 insufficient

Explain:

Check here and continue on back of sheet if necessary

VI. EDUCATION

Schedule No _____

Fill in all obtainable information for each family member, using same number or letter to identify individuals as used on page 3

	STILL IN SCHOOL		LEFT SCHOOL		NOT RECORDED
	<u>Age/date</u>	<u>Grade</u>	<u>Last grade completed</u>	<u>Age in last grade completed</u>	
1. Father	_____	_____	_____	_____	_____
2. Mother	_____	_____	_____	_____	_____
<u>Children</u> (list with oldest first, include patient and identify with "P" in left-hand margin; identify others in treatment with "T")					
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____

Other significant persons (specify role or relation with respect to patient, but not name)

a.	_____	_____	_____	_____	_____
b.	_____	_____	_____	_____	_____
c.	_____	_____	_____	_____	_____
d.	_____	_____	_____	_____	_____
e.	_____	_____	_____	_____	_____

() Check here if record gives no significant information on attitudes of family members other than patient to school; otherwise note below:

() Check here and continue on back of sheet if necessary

VI. EDUCATION (Ctd)

Schedule No _____

2. () Check here if record indicates that school performance was not significantly related to patient's difficulties; otherwise note below, especially with regard to school standing, changes of school, grades repeated, special classes, etc.

() Check here and continue on back of sheet if necessary

3. () Check here if record indicates that school adjustment was not significantly related to patient's difficulties; otherwise note below, especially with regard to truancy, expulsion, attitudes to school, attitudes of school personnel to patient, attitudes of peers to patient, etc.

() Check here and continue on back of sheet if necessary

VI. EDUCATION (Ctd)

Schedule No _____

4. () Check here if patient is still in school; otherwise check reason for leaving below and explain:

- () financial () behavior () other (specify):
- () health () own attitudes
- () intellectual () family attitudes

() Check here and continue on back of sheet if necessary

5. () Check here if record gives no information on IQ or other psychological testing under school auspices. Otherwise report in Section VII.

6. Patient's school history:

<u>Age/date</u> <u>began</u>	<u>Grade began</u>	<u>School</u>	<u>Place</u>	<u>Age/date</u> <u>left</u>

() Check here and continue on back of sheet if necessary

VII. HEALTH AND WELFARE

Schedule No _____

NOTE: This section does not relate to referral to the Mental Health Clinic of Halifax, but to other community agencies and services only.

() Check here if record indicates no significant referrals of patient or family to other community agencies or services; otherwise fill in one sheet for each significant referral:

1. Agency or service:

2. Mo. & yr. referred:

3. Mo. & yr. contact ended:

4. Service referred for or offered:

() Psychiatry () Psychology () Casework () Medical

() Other (specify):

5. Person referred:

6. Presenting problem:

() FINANCIAL: employment placement, vocational guidance, vocational training; social insurance claim; social assistance request; shelter care; service for transients; etc.

() EMOTIONAL: psychiatric; casework; counselling or guidance; delinquency or correctional

() CHILD WELFARE: emergency homemaker, day care, foster care, adoption; neglect and protection, etc.

() HEALTH: hospital, nursing or convalescent home, out-patient clinic; home nursing; specific health problem service

() RECREATION

() OTHER (Specify):

7. Outcome, for person referred and for others affected:

() Check here and continue on back of sheet if necessary

8. If record shows a professional assessment of patient or parents, give detail below (for WAIS & WISC, give Performance, Verbal and Full Scale scores, if given):

() Check here and continue on back of sheet if necessary

VIII. FAMILY DYNAMICS

Schedule No _____

1. () Check here if record gives no significant information on family functioning; otherwise note below, especially as regards housekeeping and living arrangements, eating and food preparation, money handling, discipline, recreation, family routines and rituals, and family values:

() Check here and continue on back of sheet if necessary

2. () Check here if record gives no significant information on the pattern of relationships within the family; otherwise note below, especially as regards positive, neutral or negative relations of patient to parents, siblings or other significant persons, and as regards parental conflict:

() Check here and continue on back of sheet if necessary

VIII. FAMILY DYNAMICS (Ctd)

Schedule No _____

3. () Check here if record gives no significant information on family dominance patterns; otherwise note below, especially as regards stable or fluctuant nature and whether members accept or rebel against the pattern:

() Check here and continue on back of sheet if necessary

4. () Check here if record gives no significant information on family patterns of reacting to environmental or internal stress; otherwise note below, especially as regards nature and degree of stress, reaction pattern, effectiveness of reaction pattern, integrative or disintegrative effect of experiences:

() Check here and continue on back of sheet if necessary

4a. () Check here if record gives no significant information on family attitudes towards the community; otherwise note below, especially as regards family competitiveness with respect to others, and whether the family rebels or ignores the values of others about them:

() Check here and continue on back of sheet if necessary.

VIII. FAMILY DYNAMICS (Ctd)

Schedule No _____

5. () Check here if record gives no significant information on family's handling of social roles; otherwise note below, especially as regards whether roles are accepted or rejected; whether complementarity of roles exists or not, whether there is disparity between conscious and unconscious roles or not, whether roles are culturally appropriate or not, whether members deviate from characteristic handling of roles or not:

() Check here and continue on back of sheet if necessary

6. () Check here if record gives no significant information on family's goals; otherwise note below, especially as regards existence of common goals if any (particularly educational or vocational), whether goals are appropriate or not, whether there has been success in achieving family goals, whether achieving family goals has called for individual sacrifices or not:

() Check here and continue on back of sheet if necessary.

7. () Check here if record gives no significant information on the nature and degree of individual satisfactions derived from family participation; otherwise note below:

() Check here and continue on back of sheet if necessary

IX. PERSONALITY

Schedule No _____

1. () Check here if record gives no significant information on stressful experiences during developmental years; otherwise note below, and show nature and degree of stress, age or date, and effect on personality; in particular note any parental absences and their duration:

() Check here and continue on back of sheet if necessary

2. () Check here if record gives no significant information on identifications made during developmental years; otherwise note below, and show with whom identification was made, type of model offered, and effect on personality formation:

() Check here and continue on back of sheet if necessary

3. () Check here if record gives no significant information on basic attitudes; otherwise note below, especially as regards sense of self-worth, sense of trust in others, capacity for initiative, capacity for love, attitudes to authority and limits, attitudes to own and other sex roles, and capacity for socially acceptable functioning:

() Check here and continue on back of sheet if necessary

IX. PERSONALITY (Ctd)

Schedule No _____

4. () Check here if record gives no significant information on
adjustive capacities; otherwise note below and also check
the list shown:

- () intelligence
- () emotional sensitivity
 to self
- () to others
- () capacity for emotion-
 al relationships
- () plasticity in traits
 and defences
- () assertiveness
- () self-esteem
- () conscience
- () tolerance for reas-
 onable stress or
 anxiety
- () ability to gratify vital
 biological and social
 needs in conformity with
 mores of significant
 groups

() Check here and continue on back of sheet if necessary

IX. PERSONALITY (Ctd)

Schedule No _____

5. () Check here if record gives no information on defensive mechanisms; otherwise note below, and also check the list shown:

Conscious effort

- () withdrawal, actual
- () bodily satisfactions
- () distractive activity
- () day-dreaming
- () suppression
- () rationalization
- () philosophizing
- () "self-control"
- () acting out
- () "thinking through"
- () alcoholic indulgence
- () use of drugs

Repressive defences

- () reaction formations
- () accentuated intellectual controls
- () blunted mentation
- () disturbed consciousness
- () disturbed memory
- () emotional inhibitions
- () sensory disorders
- () motor paralyzes
- () visceral inhibitions
- () displacement and phobic avoidance
- () undoing and isolation

Personality defences

- () over-dependency
- () submissiveness
- () expiatory patterns
- () dominating patterns
- () aggressive patterns
- () withdrawal, emotional
- () narcissistic patterns
- () compulsion to power

Regressive defences

- () helpless dependency
- () withdrawal from reality
- () depressions
- () excited acting-out

() Check here and continue on back of sheet if necessary

IX. PERSONALITY (Ctd)

Schedule No _____

6. () Check here if record gives no significant information on symptoms of personality malfunctioning in childhood; otherwise note below and also check the list shown:

Habit disorders

- () vomiting
- () crying
- () picking
- () scratching
- () masturbation
- () enuresis
- () rocking
- () head banging
- () nail chewing

Neurotic traits

- () jealousy
- () shyness
- () nightmares
- () sleepwalking
- () stuttering
- () phobias
- () withdrawal
- () general "nervousness"

Conduct disorders

- () defiance
- () tantrums
- () destructiveness
- () cruelty
- () overactivity
- () secretiveness
- () lying
- () stealing
- () sex exhibitionism
- () delinquencies

Psychophysio disorders

- () anorexia nervosa
- () constipation
- () chronic diarrhoea
- () fainting
- () migraines
- () eczema
- () asthma

() Check here and continue on back of sheet if necessary

IX. PERSONALITY (Ctd)

Schedule No _____

7. (___) Check here if record gives no significant information on diagnosed psychiatric disorders; otherwise note below, indicating date or age when diagnosis was made and source of diagnosis.

SOURCE: _____

IX. PERSONALITY (Ctd)

Schedule No _____

8. () Check here if record gives no significant information on the patient's acceptance or rejection of family, religious or cultural values; otherwise note below:

() Check here and continue on back of sheet if necessary

9. () Check here if record gives no significant information on the acceptance or rejection of the family by neighbors, peer or reference groups; otherwise note below:

() Check here and continue on back of sheet if necessary

X. SPECIFIC AREAS OF VALUE OF RECORD

Schedule No _____

Check here as appropriate if this record has particularly significant or complete material with regard to:

- Emotional effect on patients of preceding siblings (boys: AM, girls: EL)
- Parent personality patterns or family dynamics (CL, AL)
- Difficulties of intellectual functioning of child (NS)
- Parental incompatibility or rejection of the child (RR)
- Relationship between socio-economic level and aggression (JB, WG, CF, DR, BC)
- Families poorly integrated within themselves or to their society (VH)
- Parental absences or separations (NB)
- Referrals from the community (NT, NC)
- School difficulties (NN)

If this record appears to you to be well suited as an example of some other aspect of referral, pathology, treatment or other aspect of service, note briefly below

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APR 1958

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