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RECOGNITION AND RESPONSE NEEDS
AMONG PARENTS OF DISTURBED CHILDREN:
AN EXPLORATORY STUDY OF SOCIAL FACTORS
AFFECTING PERSONALITY DEVELOPMENT
AS SEEN IN A CHILD GUIDANCE CLINIC

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by

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CHAPTER I

INTRODUCTION

Many studies on leadership have been made of late. Although related to this area, this study proposes to study two types of needs which will be called: "Need for Recognition" and "Need for Response." Essentially the same needs have been described by Pepinsky, Hemphill and Shevitz, under different names, in a study of leadership:

> Need Achievement (recognition) is inferred by interpreting the observed behavior of an individual to mean that he is consistently attempting to experience success in competition with some standard of excellence. Need Affiliation (love and affection) is inferred by interpreting the observed behavior of an individual to mean that he is consistently attempting to establish, maintain, or recover friendly, warm, or loving relationships with other persons.[1]

Those two needs, as described above, are viewed in this study as two fundamental needs expressed by man. However, even more basic is the need for love which seems to be present in everyone and on which the needs for recognition and for response rest. The way this more basic need seems to be expressed is by either searching for response (love and affection) or recognition (achievement), or both. It is believed that an individual who searches for love through recognition, for example, will perceive as love any situation in which

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[1]Pauline N. Pepinsky, John K. Hemphill, and Reuben N. Shevitz, Leadership Acts, Part II. The Relation Between Needs for Achievement and Affiliation and Attempts to Lead Under Conditions of Acceptance and Rejection, (Columbus: The Ohio State University Research Foundation, 1955), p. 3.

recognition is given to him, while an individual who searches for love through response, will perceive fulfillment of this need every time affection and response are given to him, ignoring recognition, perhaps, as being pleasant but not basically satisfying.

It is believed that most individuals perceive both recognition and response as satisfying ways to meet the most basic need for love and acceptance, but some individuals may neurotically need one way to fulfill this basic need almost at the complete expense of the other. So, some persons will ignore love as not entirely necessary at the expense of success and recognition. Others will ignore success and recognition, searching insatiably for response. This is well expressed by Karen Horney in "The Neurotic Personality of Our Time:"

> My concept is intended not to deny the normal character of these drives, but to maintain that all of them may be put to the service of affording reassurance against some anxiety, and furthermore, that by acquiring this protective function they change their qualities, becoming something entirely different. I can explain this difference best by an analogy. We may climb a tree because we wish to test our strength and skill and see the view from the top, or we may climb it because we are pursued by a wild animal. In both cases we climb the tree, but the motives for our climbing are different. In the first case we do it for the sake of pleasure, in the other case we are driven by fear and have to do it out of need for safety. In the first case we are free to climb or not, in the other we are compelled to climb by a stringent necessity. In the first case we can look for the tree which is best suited to our purpose, in the other case we have no choice but must take the first tree within reach, and it need not necessarily be a tree; it may be a flag pole or a house if only it serve the purpose of protection. The difference in driving forces also results in a difference in feeling and behavior. If we are impelled by a direct wish for satisfaction of any kind our attitude will have a quality of spontaneity and discrimination. If we are driven by anxiety, however, our feeling and acting will be compulsory and indiscriminate. There are intermediate stages, to be sure.[2]

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[2]Karen Horney, M.D., The Neurotic Personality of Our Times, (New York: W.W. Norton & Company, Inc., 1937), pp. 103-104.

This is the position of this study. These two needs per se are expected in human beings as fulfilling basic needs but it is when pushed to an extreme that we can expect difficulty in the adjustment of the individual to others around him.

Furthermore, Horney calls the two above-mentioned needs (under different names again) "...those two drives which factually play the greatest role in neuroses: the craving for affection and the craving for power and control."[3]

We know that a baby, at birth, has and can express some elementary needs like those of physical and affectional security, but these needs are soon shaped by the situation the baby finds himself in:

> From the moment of the beginning of life the human being drives to gratify his felt needs. At first these needs are elementary ones - for physical and affectional security. But, as the person develops, the things he wants and needs, shaped by this perception, proliferate. His quest is for food to satisfy mental and emotional as well as physical hungers and for security in its manifold forms of money, love, status, and interests. The strength and the particular direction of the drive for satisfactions will differ for different people, of course, depending on their energy stores and on the culture group which most potently influences their idea of what is to be desired. But, in whatever forms this drive finds expression, the human being strives by his behavior, the ways he thinks, feels, and acts, to achieve that internal sense of comfort or satisfaction which makes him feel in tune with his world, balanced, and open to new experience.[4]

Perlman further says:

> Thus the client's personality is the particular organization of his drives and their particular expression through his feeling, thinking, speaking, and acting behaviors toward the end that he feel secure, balanced, and adequate. Whatever he does, appropriate or

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[3]Ibid., p. 105.

[4]Helen Harris Perlman, Social Casework, (Chicago: The University of Chicago Press, 1957), pp. 7-8.

inappropriate as his behavior may seem, bad or good as its effects may be, it is at any given moment his way of trying to get what he thinks or feels he needs and wants, or of wrestling with what he thinks or feels is blocking him, or of defending himself against being hurt.[5]

And she further says:

All "personality problems" - that is, problems of intrapsychic maladjustment - were once a spontaneous reaction to a problem which the person encountered outside himself. For example, a little boy begins to know very early that he lives in a hard world. His world consists of a mother and father who are rough and harsh with him. He reacts spontaneously to protect himself. He may withdraw from the situation by trying to keep out of the way or by holding in the things he wants to say or do, or he may fight back in the few but effective ways that a child has - refusing food, bed-wetting, kicking the cat or the neighbor's children. If the situation continues to work upon him in the same way and he must cope repeatedly with it, his developing personality will be absorbing this situation along with his now chronic ways of feeling and reacting to it. He will be "internalizing" the problem.[6]

It is believed that each individual internalizes personality traits through acquiring the habit of reacting to different situations in a given way through perception and habitual reaction to perception. For example, a child perceiving his situation as not providing sufficient love and affection, may develop a craving for love and affection expressed in a quite definite way. Another child in a similar situation may perceive himself as not having his recognition needs fulfilled and develop a craving for recognition, developing techniques to gain this. Henry Murray describes those two needs in the following way:

Recognition: This describes the desire for social approval, honour, position, and fame. The usual manner of satisfying this need is through achievement, but if a subject's accomplishments are not made public the approbation which he may desire from others will not be forthcoming. The need for Recognition is usually repressed

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[5]Ibid., p. 22.

[6]Ibid., p. 36.

because its objectification is annoying to others, but in some people it manifests itself as boasting, performing before others, publicising, talking about one's adventures, displaying evidences of accomplishment and assuming a superior attitude.[7]

Affiliation: Under this heading are classed all manifestations of friendliness and good will, of the desire to do things in company with others. It is hard to estimate the strength of this need on the basis of an autobiography, so much depends on whether the subject has been popular. The child who attracts others is in company more often than the child who repels, but the latter's overt strivings for affiliation may be greater. Furthermore, it is natural for a person to like those who like him. Hence, a subject who is attractive to others, will usually reciprocate by demonstrations of affection and friendships will result. This evokable or merely responsive form of affiliation deserves a lower score than the initiating or active form, even when the latter is unsuccessful.[8]

On the basis of the above information, observation, and more definite statements by Karen Horney, on the subject, a questionnaire was developed in an attempt to measure the needs for response and for recognition in a selected sample. The questionnaire is included in the appendix and further discussed in the chapter on Methodology.

The following statement by Karen Horney very much reflects the idea the writer had in mind about the need for response while building the questionnaire:

If the psychic conditions of the neurotic person were what they frequently appear to himself to be, it ought to be easy for him to gain affection. If I may verbalize what he often senses only dimly, his impressions are something like this: what he wants is so little, only that people should be kind to him, should give him advice, should appreciate that he is poor, harmless, lonely soul, anxious to please, anxious not to hurt anyone's feelings. That is all he sees or feels. He does not recognize how much his

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[7]Henry A. Murray, M.D., Ph.D., Explorations in Personality, (New York: Oxford University Press, 1938), p. 348.

[8]Ibid., pp. 320-321.

sensitivities, his latent hostilities, his exacting demands interfere with his own relationships: nor is he able to judge the impression he makes on others or their reaction to him. Consequently he is at a loss to understand why his friendships, marriages, love affairs, professional relations are so often dissatisfactory. He tends to conclude that the others are at fault, that they are inconsiderate, disloyal, abusive, or that for some unfathomable reason he lacks the gift of being popular. Thus he keeps chasing the phantom of love.[9]

Horney further lists as preconditions of neurotic need for affection: anxiety, feeling unlovable, inability to believe in any affection, and hostility against all others.[10]

The same author, speaking about the need for recognition, says:

The striving for power serves in the first place as a protection against helplessness, which as we have seen is one of the basic elements in anxiety. The neurotic is so averse to any remote appearance of helplessness or weakness in himself that he will shun situations which the normal person considers entirely commonplace, such as any acceptance of guidance, advice, or help, any kind of dependence on persons or circumstances, any giving in to or agreeing with others... In the second place, the neurotic striving for power serves as a protection against the danger of feeling or being regarded as insignificant. The neurotic develops a rigid and irrational ideal of strength which makes him believe he should be able to master any situation, no matter how difficult, and should master it right away. This idea becomes linked with pride, and as a consequence the neurotic considers weakness not only as a danger but also as a disgrace... He feels humiliated if he has to recognize the existence of an anxiety or an inhibition in himself, and thus despises himself for having a neurosis and is anxious to keep this fact a secret. He also despises himself for not being able to cope with it alone.[11]

Horney also says:

Also persons of this type are inclined to want to be right all the time, and are irritated at being proved wrong, even if only in an insignificant detail. They have to know everything better than anyone else, an attitude which may at times be embarrassingly

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[9]Horney, Op.Cit., pp. 106-107.

[10]Ibid., p. 116.

[11]Ibid., pp. 166-167.

conspicuous. Persons who are otherwise serious and dependable, may pretend to know, or may invent something, even if ignorance in this particular instance would not discredit them.[12]

She further describes:

The attitude of impatience is closely connected with this aspect of the striving for power. Any kind of delay, any enforced waiting, even if only for traffic lights, will become a source of irritation. More often than not the neurotic himself is not aware of the existence, or at least of the extent, of his bossing attitude. It is a fact, definitely to his interest, not to recognize it and not to change it, because it has important protective functions. Nor should others recognize it, because if they do there is a danger of losing their affection.[13]

Finally, Horney schematizes three needs in the following manner:

Aims	Reassurance against	Hostility appears in the form of
Power	Helplessness	Tendency to domineer
Prestige	Humiliation	Tendency to humiliate
Possession	Destitution	Tendency to deprive others.[14]

Now the purpose of the study can be further expanded. As first stated, this study will measure the need for recognition as against the need for response in the adults being seen at this time at the Lansing Child Guidance Clinic. Then a thorough study of their case records will be made in an effort to trace, in their early family situation, possible factors bringing about the degree and type of need in the area of relationships to others. Further study of the records is expected to establish the type of disturbances their children are affected by. So, factors related to the effect of needs are expected to emerge from this exploratory study. No formal hypothesis is presented at this time although some patterns are expected to emerge.

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[12] Ibid., p. 168.

[13] Ibid., p. 169.

[14] Ibid., p. 186.

So, this exploratory study presents the problem of tracing in the adult clients of the Clinic the factors involved in the enhancement of the need for response, as against the need for recognition, or vice versa, producing some degree of maladjustment in the area of relationships to others. At the same time, the problem also involves the observation of the types of maladjustment in the children of those subjects in an effort to note emerging patterns, if any.

CHAPTER II

METHODOLOGY

The main idea of the problem was chosen while the writer was working as a social worker. At the time the writer observed that in some marital difficulty cases, many women involved complained about their needing and wanting more love and affection. They often described their husband as wanting a lot of recognition and as not being interested in affection. Each time the husband was extremely difficult to contact while the wife generally obtained great satisfaction in talking about her feelings. This is when the writer got interested in the problem.

At first the search for literature on this subject was quite sterile until two books by Karen Horney, "The Neurotic Personality of Our Time" and "Neurosis and Human Growth" were found. In them the writer found exactly what she was looking for. Horney's interest in the subject helped the writer to formulate the problem and to set up a questionnaire. A trial questionnaire was given to the second-year students in Social Work. This questionnaire was slightly modified taking into consideration the observations made by the members of the class. The results of the first trial questionnaire were tabulated and set up on a Guttman Scale and found to follow a pattern. Encouraged by this, the writer re-wrote the trial questionnaire which was given to the first-year students in Social Work. These results were also tabulated and gave a still better Guttman Scale. At the last moment some background questions were added

and the questionnaire was sent to the individuals in the sample described below. Then the records involved were read thoroughly and pertinent information was taken from them. This involved quite a few problems and the way those problems were handled will be discussed later in the chapter.

After all the questionnaires were in, the information was tabulated and tables were set up. Then all was ready and the writing was started.

The Sample

The sample consists of the adults in treatment at the Lansing Child Guidance Clinic, between November, 1957 and April, 1958. The choice of the sample was made for various reasons. The most practical one was that the records, names, addresses, etcetera, were more easily available to the writer. But this alone would not have been enough. At the same time, it was thought that the Clinic would provide a biased sample which would probably bring about interesting results.

The sample would include individuals who have noticed in their children some "abnormal" behavior and who, after observing this, felt unable to handle the difficulty alone and came to the clinic and applied for professional services. Those children were found maladjusted and treatment was recommended, and after the usual year of waiting on the waiting list, the subjects were still willing to embark on a long-term treatment involving their coming to the clinic with the child for one hour every week. Obviously those persons are not like the majority in the general population and must have some characteristics which make them different. These characteristics are, naturally, social,

(educational, religious, occupational, etcetera) but are probably also psychological as not everybody would be able to go through the process described above. It was believed then that the Clinic would be a good place to observe some forms of adjustment on the part of the parents to others around them. The social factors involved will be described in the third chapter "Analysis of the Sample" and the psychological factors involved will be taken into consideration in the discussion of the findings.

The psychological aspects of this sample were believed to be particularly important to this study. It was believed that in the general population the results of the questionnaire would have probably scored close to a bell curve, with relatively low extreme needs of both recognition and response. It was believed that more extreme needs would be expressed by the subjects in the sample and that the resulting curve would be skewed in favor of need for response. This idea was based on the observation that it is easier for someone who wants to gain response than for someone who wants to gain recognition, to admit failure. And most persons coming to the clinic come with the feeling that they have failed in bringing up their children. In that way it was believed that the clinic would be an ideal place to study subjects with more extreme difficulties in adjustment to others.

The Questionnaire

After reading extensively on the subject (see Bibliography), the questionnaire was built (see Appendix A). The questionnaire is composed of three parts:

1. The questions referring to the psychological problem (Numbers 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 14, 15, 16).

2. The questions referring to generalized feelings about the background of the subjects (Numbers 7 and 13), one referring to the emotional atmosphere of their parental home and the other to the economic status of the parental home as perceived by the subjects.

3. The questions referring to the social situation of the subject: participation in groups, sex, age, occupation of both subject and spouse, religious affiliation and religious participation, education (Numbers 17 and 18).

The first part would be used as the background of the whole problem. It would be used to divide the sample into five groups: the subjects with (1) average needs for response and recognition; (2) some need for response; (3) some need for recognition; (4) extreme need for response; (5) extreme need for recognition. When this part of the questionnaire was tabulated, the fourteen questions were given one point each, placing the response score always in front and the recognition score in second place. So, the five groups were divided on the basis of the following scores: (1) average needs for response and recognition: 8-6, 7-7, 6-8; (2) some need for response: 9-5; (3) some need for recognition: 5-9; (4) extreme need for response: 10-4, 11-3, 12-2, 13-1, 14-0; (5) extreme need for recognition: 4-10, 3-11, 2-12, 1-13, 0-14. Then the data were analyzed, taking into consideration those five different groups.

At first, it was believed that the questionnaire should be administered by the workers in the interview situation. However, later

some objections were raised as to the possible consequences of the administration of the questionnaire on the relationship between the client and the therapist. More objections were raised about the possibility that the results may be modified through the relationship already established between the client and the therapist, that is, the results might reflect more what the client feels the therapist wants him (or her) to respond than the true feelings of the client. After discussion, it was decided that each client being seen would be asked by the therapist for permission to send him (or her) a copy of the questionnaire in order to participate in a study the Clinic was interested in.

At the time 58 adults were being seen at the clinic. Of these 58, 50 were contacted by their workers. Two refused, 1 saying she would call about this later and another giving one excuse after another until the matter was dropped. So, 48 clients were sent the questionnaire. Of the 8 clients not contacted, 3 did not appear to their workers as being ready to be approached at that time as they were still very defensive about their coming to the clinic and would probably have interpreted the request as an imposition on the part of the clinic which would be resented at the time. Five other clients were not attending the clinic at the time, for various reasons.

It was considered that the welfare of the client comes first and only the 50 clients above-mentioned were contacted. Of the 48 clients to whom the questionnaire was sent, 39 returned it. The questionnaire was sent, together with a letter (see Appendix B) explaining something about the study and a stamped envelope addressed to "Study No. ---." The number was different on each envelope in an effort to keep tract of the questionnaires not returned as well as of those returned. A reminder

was sent a few weeks after the first questionnaire had been sent, to 14 clients who had not returned it yet. (See Appendix C) Finally, only 9 clients did not return the questionnaire. So, 19 percent of the sample chosen did not answer and 81 percent were returned. This percentage is well above the 65 percent generally expected in a mailed questionnaire. Apparently the clients felt some obligation toward the Clinic and were willing to help in the study. Only 38 cases were used in the study as one was answered by the housekeeper in a motherless family, who comes to the clinic to help the disturbed child involved. This questionnaire was dropped as no information was available in the record concerning this subject.

So, in the last analysis, it must be kept in mind throughout this study, that when the word sample is used, only 67.2 percent of the adult clients of the clinic are included. The other 32.8 percent either did not choose to collaborate or were not contacted for various reasons. Even though some of the characteristics of the clients who did not answer, are probably somewhat different from those who did, this study can only take for granted that the differences are not so pronounced as to modify greatly the results.

Gathering of Additional Data

To gather the data from the records, the writer prepared a form (Form Number 2, see Appendix D) which was used to gather the information given in the intake sheet, the intake interviews, the psychological evaluation, the staff meeting report, the interpretation interview with the parents, and, if any, the current recording on the case. Most of the intake interviews cover some of the feelings the subjects have about

their parental home. Unfortunately, this area was not always present in all intake interviews or the information was so brief that it was of little help. Later, the information gathered on Form Number 2 was transcribed on Form Number 3 (see Appendix E) which contained both the information gathered with the questionnaire and the information found in the records. Then the data were used in the tabulation.

Not satisfied yet with the concreteness of information, Form Number 4 (see Appendix F) was prepared which was filled with the help of each subject's worker. One form was used for the father of the subject, another for the mother of the subject. The worker checked the schedule with, in mind, the feeling expressed by the client about both his parents. The worker was told that the schedule had been prepared with the assumption that generally "normality" or lack of conflict, falls between two extremes. For example, a high tendency to dominate and control is generally considered to be a center of conflict in a home. At the other extreme, complete lack of domination and control would also be a center of conflict in a home where some degree of guidance, support, and control is necessary to acquire some sense of security. In the same way, too high affection would be overprotection and no affection would be coldness and equally conflicting, and so forth. The workers helped as much as they could although they had to admit that they often lacked the information themselves. Their help was greatly appreciated. At the end, information on both father and mother was obtained on 15 cases, on the mother alone: 11 cases, and no information on either: 12 cases.

Later, Form Number 5 (see Appendix G) was prepared to cover the difficulties expressed by the children in the sample. The information was gathered from statements made by the therapists involved during the

staff meetings, from the intake and interpretation interviews, and from the treatment recording when available. This is probably the most complete information obtained during this study.

The content of these three forms was tabulated in a quantitative way and later cross-tables were made in an effort to relate the results of the questionnaire with the data on both the subjects' background and their present problem, that is, the problem child.

Limitations of the Study

One of the limitations found in this study has been the impossibility of measuring the degree of deprivation of the subjects during their infancy. The therapists in the Lansing Child Guidance Clinic, as a rule, do not go into the clients' background unless the client himself brings up the subject as an element in the difficulties he has at the moment. This, alone, limits greatly the amount of information about each subject's background. But even when the client has talked quite thoroughly about his or her background, it is still practically impossible to measure the degree to which the subject was affected by his or her situation in infancy and childhood. So, this limitation was one of lack of information in the records which prevented the setting up of a scale to measure degree rather than gross statements of facts.

The other important limitation is one of number. It was felt that the sample had to be divided into the five categories described above, as called for by the design of the study. Since the sample was found to be skewed in favor of the need for response, the number of subjects scoring extreme need for recognition is very low (2) which makes any definite conclusion impossible for this group. So, as a whole, the study brings

more understanding of the subjects scoring some degree of need for response than of those scoring some degree of need for recognition.

Dividing the sample into three groups (average, need for response, and need for recognition) was considered and rejected as these divisions would not have taken into consideration that the individuals scoring extreme need for response or recognition are probably much more maladjusted to their environment than those scoring some need for response or recognition, which, it was expected, would distort the results.

Also considered but rejected was the collapsing of the five groups into four groups: average, some need for response, extreme need for response, and need for recognition. It was considered that a comparison between the last group and the two groups scoring some degree of response would not be correct as the degree of maladjustment would not be the same in either of the three groups.

However, the writer has considered the purpose of the type of study made, that is, an exploratory study and took into consideration the idea presented by Jahoda, Deutsch, and Cook, that the main characteristic in an exploratory study is flexibility:

> The main emphasis in an exploratory study is discovery, its major characteristic is flexibility. As the initial indeterminate problematic situation is transformed into a determinate situation, the research procedure becomes more clearly established, but in the first stage of an inquiry the focus of investigation is constantly being redirected on the basis of new insights. Frequent changes are necessary in order to include evidence more critically relevant to the hypotheses emerging during the exploration.[15]

With this spirit in mind, it is felt that although the conclusions based on those small groups cannot be accepted at face value,

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[15]Marie Jahoda, Morton Deutsch, and Stuart W. Cook, Research Methods in Social Relations, (New York: The Dryden Press, 1951), p. 34.

particularly Group 5 which really offers very few alternatives, every effort should be made to find some patterns emerging in the tabulation of the data. It is felt that this study does not pretend to test an hypothesis but is exploring an area which seems to be little known, for any trend which may encourage further study.

Finally, an important reason for not dropping Group 5 altogether, is that some findings about this group seem to indicate that the subjects are distinctly different from the other subjects in certain areas. Tables 15, 20, and 21, discussed in later chapters, show that:

1. Both subjects scoring extreme need for recognition but coming to the clinic for treatment, come from an economically above-average home.

2. The family involved in this group has two problem children coming to the clinic.

3. The two children involved have been referred for more than one behavior problem.

Because these results were found to be important and although no generalizations can be made because of the very small number involved, dropping Group 5 did not seem justified.

CHAPTER III

ANALYSIS OF THE SAMPLE

As stated in the chapter on Methodology, the sample selected (parents of emotionally disturbed children attending the Lansing Child Guidance Clinic) is not claimed to be representative, as it is obviously different from a random sample taken from the total population. It was thought that before going into the main problem of this project, a discussion of the sample should be made in order to understand better the findings.

The sample was found to be heavily weighted with females. The following table will show the difference:

TABLE 1

SEX DIFFERENCES IN THE SAMPLE

Sex	Total
Males	5
Females	33
Total	38

This clearly shows that more women than men attend the clinic. This is probably related to both the occupation of the clients (see Tables 4 and 5) and to the encouragement given at the clinic to the women to attend, particularly when younger children are involved.

The ages of the sample range from 24 to 52 in the following distribution:

TABLE 2

AGE DIFFERENCES IN THE SAMPLE

Age	Males	Females	Total
20 to 24	0	1	1
25 to 29	0	3	3
30 to 34	0	5	5
35 to 39	0	11	11
40 to 44	5	9	14
45 to 49	0	3	3
50 to 54	0	1	1
Total	5	33	38

Computing these data, it was found that the interquartile range was for the females: 8.28 years, with the majority of the cases being concentrated between 34.25 years and 42.53 years. All men are concentrated between 40 and 44 years of age.

The marital status of the sample is described in the following table:

TABLE 3

MARITAL STATUS IN THE SAMPLE

Marital status	Males	Females	Total
First marriage	5	24	29
Second marriage, after divorce	0	6	6
Second marriage, after death	0	1	1
Third marriage, after death and divorce	0	1	1
Divorced and not remarried	0	1	1
Total	5	33	38

It is interesting to note that 29 cases out of 38 (or three fourths) have not provided a broken home for the problem children involved. Only 6 cases (or 16 percent) have been married previously, the first marriage terminating in divorce. This confirms a finding by M. Marianne Marin in her unpublished project carried out in the same agency, where she says: "In these findings one can see the refutation of the common belief that it is the child from the broken home that has difficulties. It seems possible that children from apparently stable families are as susceptible to emotional disturbances as children from broken homes."[16]

[16]M. Marianne Marin, "A Study of Community-Clinic Relationships as Reflected by Referrals to Lansing Child Guidance Clinic, April through June, 1955," (Unpublished Project Report, School of Social Work, Michigan State University, 1956), p. 39.

The analysis of the occupation stated by the sample shows that a proportion higher than in the general population, belongs to the professional class. The classifications are those used by the Bureau of the Census in their publications:

TABLE 4

OCCUPATION OF THE MALES IN THE SAMPLE

Occupation	Number	Percent for Total
Professional, technical & kindred workers	11	29
Managers, officials, & proprietors, excl. farm	4	11
Clerical and kindred workers	1	3
Sales workers	2	5
Crafstmen, foremen, & kindred workers	5	13
Operatives & kindred workers	7	18
Laborers	3	8
Not included	5	13
Total	38	100

In this table, the "not included" stands for 3 families in which both spouses answered and 2 families without male figures. So, over a fourth of the families seen at the clinic belong to the professional class and 10 percent belong to the managerial class, adding up to almost 40 percent belonging to the upper middle class. Among the manual workers, 13 percent are specialized and 18 percent probably have good incomes as operative workers. It can be generalized then, that the sample seen at the clinic is not a representative sample of the population at large, but tends to be skewed toward higher status.

It is interesting to note that Virginia Hitchcock Pinner, studying the same agency, found that of a sample of 124 families seen for diagnosis

only, 22 were of the professional and managerial class, 36 in clerical sales, and 66 blue collar workers.[17] Apparently treatment is a selective factor which reduces the number of blue collar workers.

It was found that among the women, over half of the sample kept house for their families:

TABLE 5

OCCUPATION OF THE FEMALES IN THE SAMPLE

Occupation	Number	Percent for Total
Housemakers	26	68
Professional, technical, & kindred workers	2	5
Clerical & kindred workers	3	8
Sales workers	1	3
Crafstmen, foremen, & kindred workers	1	3
Operatives & kindred workers	1	3
Private household workers	1	3
Not included	3	8
Total	38	101

In this table the "not included" stands for 3 families in which both spouses answered. We see there that well over half of the women included are homemakers, with 2 professional and 3 clerical employees, 4 others being: sales worker, craftsman, operative worker, and private household worker.

The same trend toward higher status than in the general population, is found in education:

[17]Virginia Hitchcock Pinner, "Sociocultural Factors in Children's Emotional Disorders," (Unpublished Project Report, School of Social Work, Michigan State University, 1957), p. 52.

TABLE 6

EDUCATION OF THE SAMPLE

Years of education	Male	Female	Total	Percent for Total
Less than 8	0	1	1	3
8 to 11	0	3	3	8
High School graduates	0	16	16	42
1 to 3 years of College or of special training	1	9	10	26
4 years college	0	3	3	8
Ph.D. or equivalent	4	1	5	13
Total	5	33	38	100

According to this table, only 11 percent of the sample did not complete high school. 42 percent completed high school without further formal education, but almost half of the sample (47 percent) went beyond high school. The median year of education for this sample is 12.9 years. This is much higher than the figure registered by the census for the United States in general: 9.7 (females 10.0, males: 9.3) and for Michigan: 9.9 and for Lansing: 11.7.[18]

These data are important to help understand the segment of population reached by the Child Guidance Clinic in Lansing.

The information given by the respondents as to their religious affiliation was tabulated in the following way:

[18] United States Census of Population: 1950, Michigan: Detailed Characteristics, Washington: Government Printing Office, 1952, pp. 201-205.

TABLE 7

RELIGIOUS AFFILIATION OF THE SAMPLE

Religion	Males	Females	Total	Percent for Total
Protestant	5	28	33	87
Catholic	0	4	4	11
Jewish	0	0	0	0
None	0	1	1	3
Total	5	33	38	101

This table indicates the high percentage of Protestants in the sample. The following table shows the activity the sample have in their own churches:

TABLE 8

RELIGIOUS PARTICIPATION BY SEX AND BY AFFILIATION OF THE SAMPLE

Religion	Sex	Very Active	Average	Little Activity	No Activity	Total
Protestant	Males	2	1	2	0	5
	Females	5	13	6	4	28
Catholic	Males	0	0	0	0	0
	Females	0	1	3	0	4
None	Males	0	0	0	0	0
	Females	0	0	0	1	1
Total		7	15	11	5	38

The sample being so small it is difficult to arrive to any conclusions on this subject but it is interesting to note that among the Catholic clients, 3 have little activity in their church and only 1 has average activity in it. The Protestant clients have a more evenly distributed curve. Although, of course, with only 4 Catholic subjects the results may be due to chance, it would be interesting to study this further as religion may have something to do with these results.

It was found, as indicated by the following table, that the families from which the emotionally disturbed children came from are not, as is sometimes believed, "one-child families." In this study only 35 families are involved, as in 3 cases both spouses answered the questionnaire.

TABLE 9

NUMBER OF CHILDREN PER FAMILY IN THE SAMPLE

Number of children	Number of Families	Percent for Total
1	0	0
2	11	31
3	15	43
4	6	17
5	2	6
6	1	3
Total	35	100

The median of this distribution is 3.433. The census gives the "population per household" in Michigan as 3.42 and 3.39 in Urban

Michigan.[19] This, of course, includes the 2 parents so that in the sample the median of the population per household is 5.433. This table shows that the emotionally disturbed children seen at the clinic mostly come from families with 2 children and 3 children, those with 3 children comprising almost half of the total number.

The following table shows both the sex and the ordinal position of the problem child in the family. Again the results seem to question one often-mentioned common statement: "The youngest child is the spoiled child."

TABLE 10

SEX AND ORDINAL POSITION OF THE CHILDREN IN THE SAMPLE

Ordinal Position	Males	Females	Total	Percent for Total
Oldest child	16	8	24	59
Youngest child	3	4	7	17
Middle child	4	1	5	12
Other position	3	2	5	12
Total	26	15	41	100

This table is concerned with 41 children as 6 of the 35 families involved have 2 children now being seen for treatment. The above table shows 2 things. First, over half of the children seen are males. This is particularly interesting when seen together with the next table,

[19] United States Census of Population: 1950, Michigan: General Characteristics, Washington: Government Printing Office, 1952, p. 55.

Table 11, concerned with the ages of problem children seen in the clinic. The other point raised by the above table is that, contrary to a popular belief that the youngest child is the spoiled child and the problem child, it is the older child who has been most often referred and accepted for treatment. Over half of the children seen at this time are fist-born. Youngest children seen are only 7 (17 percent), a little more than middle children (12 percent) but less than both children born between the older and the youngest children, and children born in some other position taken together, or 24 percent. This finding agrees with Marin in her project report on referrals made to the Lansing Child Guidance Clinic. Out of a sample of 47 children, 21 were oldest children, 11 youngest ones, 7 middle children, 6 only children, and 2 were not reported. As in this study, most of the children are oldest children, the next figure refers to the youngest. Marin, contrary to this study, lists 6 only children.[20]

The next table shows the ages of the children being seen at the clinic and belonging to the sample:

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[20]Marin, op. cit., p. 41.

TABLE 11

AGE OF THE CHILDREN IN THE SAMPLE

Age	Males	Females	Total	Percent for Total
7- 8	3	6	9	22
9-10	8	4	12	29
11-12	9	2	11	27
13-14	3	1	4	10
15-16	3	2	5	12
Total	26	15	41	100

This distribution gives us the median age of the emotionally disturbed male child seen by the clinic as: 11.4 years. The median age of the emotionally disturbed female child seen by the clinic is 9.8 years. This is almost 2 years apart, the girl being ahead of the boy. The mean for the male cases is 11.2 and for the female cases is 10.04. This is closer but the trend is still there.

This is not confirmed by Research Report No. 17, published in March, 1955, by the Michigan Department of Mental Health, on "Differential Utilization of the Facilities of a Michigan Child Guidance Clinic." That study found that "The age distribution of male and female clinic clients is similar, and the difference in mean age is not statistically significant."[21] However, while the means are very closely related (9.91 for males and 9.63 for females), the median has a difference

[21]Michigan Department of Mental Health. Differential Utilization of the Facilities of a Michigan Child Guidance Clinic. Research Report No. 17, March, 1955, p. 11.

of over 3 years: 11.5 for males and 8.00 for females. This follows more closely the findings of this study although no significant differences were found in the Michigan Department of Mental Health study as to the age of males and females. However, this latter study is concerned with referrals while the present study is concerned with children under treatment.[22] In the present study the majority of the female cases is concentrated between 8.25 and 12.25 years. The majority of the male cases is concentrated between 9.87 and 12.89 years.

This description of the sample studied brought up ten main points:

1. More women than men are coming to the clinic for treatment along with the emotionally disturbed child. This is, of course, due to various factors. First, it is interesting to note, more mothers than fathers refer their children to the clinic. Most referrals are made after one or both parents feel helpless to handle the problem child. Perhaps the mother feels helpless sooner, due both to her physical closeness to the child and to her physical and psychological inability to restrain the child.

2. The majority of parents bringing their children to the clinic are between 34.3 and 42.5 years. And since the median age of the children seen is around 11 for the boys and 9 for the girls, most of the parents had those children between 24 and 32 years. It could be said that, in some cases at least, those parents married and had their children late as over half of the children seen are first-borns.

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[22] *Ibid.*, p. 29.

However, it has to be taken into consideration that, as seen through the education and occupation of the sample, most of the sample belongs to the upper middle class which generally marries later.

3. Before expanding on the next point, it must be said that the children who are being seen at the clinic are a very small percentage of children who actually need help. They are the sons and daughters of persons who are willing to request professional help with a problem they cannot handle at that time. However, the point can be made according to the findings of this small study that, contrary to popular belief, broken homes are not necessarily linked with emotional disturbances in children. Well over half of the sample provided a complete physical home for their children. Only 2 cases provided actual physically broken homes, 7 other cases having remarried after divorce from or death of first husband. So, physically intact homes are not the major positive factor in these cases.

4. This sample has a higher social and educational status than expected in the general population. It is believed at this point that persons in this social range are probably more apt to request and get professional help for their problems. They probably have more information on community resources or are more apt to obtain the information and, as it will be shown later in the study, the persons in the sample may have more personal characteristics which may help them to request outside help.

Of the 5 men included, 4 have their Ph.D. or equivalent and the other 1 has 1 to 3 years of special training beyond high school. Again it seems that persons with more education are more apt to request professional help in time of difficulty and may be more apt to take time off their occupation to get treatment.

5. Contrary to popular belief, working mothers do not seem to have more chances of having difficulties with their children. Again, this is a generalization which it might be worth while studying further, as perhaps working mothers are less aware of their children's difficulties. It was found here that 68 percent of the mothers are not working in the families covered in the sample.

6. About religious activity and affiliation, the great majority of the persons included in the sample belongs to the Protestant group. The 5 men included belong to that religious group. It is interesting too that no very active Catholic is involved, that of the 4 Catholics involved 3 have little activity in their church. This may be due to the small size of the sample, but it is possible also that this relates to Durkheim's ideas on the Catholic church's influence over its members:

> Because the Catholic religion imposes on its faithful a vast system of dogmas and practices, and so penetrates all the details of even their earthly life, it attaches them to this life with greater force than Protestantism. The Catholic is much less likely to lose sight of the ties binding him to the confessional group of which he is part, because at every moment this group is recalled to him in the shape of imperative precepts applying to different circumstances of life. He need not anxiously watch his step; he refers each step to God because most of them are divinely regulated, that is, by the Church which is the visible body of God.[23]

Of course, this refers to man's feelings about suicide but this security may suggest a different way to handle problem children from using professional treatment.

7. None of the families involved is a one-child family. Much has been said about the spoiled only child but perhaps this child does

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[23]Emile Durkheim, Suicide, (Glencoe: The Free Press, 1952) pp. 374-375.

not show emotional difficulties until he is pushed out of his preferred position by a sibling.

8. Over half of the children being seen are eldest children. Much has been said about the spoiled youngest child but again the great majority are first-born while only 17 percent are youngest children. This, again, would deserve further study as it seems to imply that it is the displacement from the preferred position that precipitates in the child intense needs which are apt to disturb the parents. Some people have said that the middle child is the one who suffers as the older child is given responsibility and recognition and the youngest one is given attention while the middle child suffers from the lack of both privileges. However, this sample shows that only 12 percent (or 5 children seen at the clinic) are middle children. Five other children were found to be placed in ordinal positions other than the ones stated above.

9. In emotional difficulties as well as in other areas, girls appear to be more advanced than boys. The median age for the girls is 9.75 while the median age for boys is 11.44. It would be interesting to study this further, to know the factors involved in this phenomenon. Perhaps the female child is more aware of her situation at an earlier age, or perhaps the differential treatment of boys and girls affect the children differently, etcetera.

10. More boys than girls are being seen. This also requires further study. One could hypothesize that boys, when disturbed, are harder to handle than girls but other factors may appear on further study.

All these points raised in this chapter describing the sample would deserve further study. In this study they can only be pointed out for further reference while the main thesis is developed.

CHAPTER IV

ANALYSIS OF THE DATA: GENERAL RESULTS OF THE STUDY

Analyzing the data gathered by the questionnaire, the outstanding pattern was the heavy proportion of subjects scoring high on the need for response. As explained in the Methodology, the scores were divided into five groups which will be referred to as: Group 1 (average need for both response and recognition); Group 2 (some need for response); Group 3 (some need for recognition); Group 4 (extreme need for response); Group 5 (extreme need for recognition). (See Chapter II, page 12, for a definition of the groups). In the tables, percentages have been used not to "prove" anything but to help in the analysis of the data.

The results presented the following picture:

TABLE 12

NEEDS FOR RECOGNITION AND RESPONSE IN THE SAMPLE

Groups	Number	Percent for Total
1	10	26
2	11	29
3	7	18
4	8	21
5	2	5
Total	38	99

When Groups 2 and 4 are put together (response) and Groups 3 and 5 are put together (recognition) the following results are obtained:

Average	26 percent
Need for response	50 percent
Need for recognition	24 percent

This shows the difference clearly. The subjects with some degree of need for response amount to exactly half of the sample. The other half is divided between the subjects scoring average and those scoring some degree of need for recognition, the number of average scores being slightly higher.

These results may indicate that it is fundamentally easier for someone with a need for response to come to professionals and admit his having failed in connection with raising his children. It is not believed that this simply indicates that children of subjects scoring some degree of need for response have more difficulty with their children than subjects scoring average or some degree of need for recognition. This will be discussed later.

The whole study is based on the perception by the subjects of their own personality, of their background, and of their relationships with others in their background. Table 14 shows the relationship between the 5 groups and their perception of happiness in their childhood:

TABLE 13

PERCEPTION OF HAPPINESS IN CHILDHOOD AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Perception	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
At home	5	50	7	64	4	57	3	38	2	100	21	55
Away from Home	5	50	4	36	3	43	5	63	0	0	17	45
Total	10	100	11	100	7	100	8	101	2	100	38	100

From this table there does not seem to be any clear cut differences between those who perceive their childhood as happier at home and those who see their childhood as happier outside their home, in terms of need for response or recognition. For example, of the group scoring average (Group 1), half think of themselves as having been unhappy at home. In the groups scoring some need for response and scoring some need for recognition, a little over half perceive themselves as having been happier at home. Group 4, scoring extreme need for response, shows more difference as over half see themselves as having been happier away from home. In the last group, scoring extreme need for recognition, the 2 subjects perceived themselves as having been happier at home. The total shows that almost half of the sample see themselves as having been pretty unhappy at home.

The next table shows the perception of economic status of the sample in relation to their needs for response or recognition.

TABLE 14

PERCEPTION OF ECONOMIC STATUS IN CHILDHOOD AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Perception	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Above average	2	20	1	9	1	14	0	0	2	100	6	16
Average	4	40	7	64	4	57	5	63	0	0	20	53
Below average	4	40	3	27	2	29	3	38	0	0	12	32
Total	10	100	11	100	7	100	8	101	2	100	38	101

This table indicates some interesting points. For example, over half of the sample comes from homes which they perceived as being average in comparison with the people around them. Only 6 of 38 subjects came from homes they perceived as being above average and of these, 2 come from Group 5. This would mean that both subjects scoring a high need for recognition come from families above average economically. This may reinforce the statement made before that it is difficult for individuals with high need for recognition to come to the clinic but it could be added that if their background has been socially, economically, and probably educationally above average, they can request the help of professionals, which might be much more difficult to do without this type of background. It can also be noted that there is no one in Group 4 (extreme need for response) who comes from above average homes and that there is only 1 in Group 2 (some need for response). Since a large proportion of the sample belongs to the middle and upper-middle classes, this does not mean that

need for response is a reaction more common in the lower classes, although there might be factors involved in the relationships between people in certain classes which may enhance one need as against the other. But more studies would have to be conducted before any of these observations may indicate real tendencies. Again, this sample is too limited to indicate anything but very generalized trends.

The marital status of the parents of the subjects in the sample was also tabulated.

TABLE 15

MARITAL STATUS OF THE PARENTS OF THE SUBJECTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Family	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Complete	5	50	7	64	6	86	5	63	1	50	24	63
Broken by divorce	1	10	1	9	1	14	0	0	0	0	3	8
Broken by death	2	20	1	9	0	0	2	25	1	50	6	16
Broken by separation	2	20	2	18	0	0	1	13	0	0	5	13
Total	10	100	11	100	7	100	8	101	2	100	38	100

These data indicate that over half of the subjects come from physically complete homes. This agrees with the statement in the third chapter (Analysis of the Sample) that a physically complete home alone is not sufficient to meet the needs of children. It is interesting to note that 3 families were broken by divorce but that 5 more were broken by separation which has been considered as "the poor man's divorce."

Of those 5 cases, 3 are under Group 2 and Group 4 (some and extreme need for response). Two others appear in Group 1.

As it is believed that maladjustment in the relationships to others is probably centered in poor relationships in childhood, the following table was set up to show the perception of favoritism and rejection stated by the subjects during interviews with their workers.

TABLE 16

STATED PERCEPTION OF FAVORITISM FOR OTHERS AND REJECTION OF SUBJECTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Perception	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
None	8	80	7	64	4	57	3	38	1	50	23	61
Others favored	1	10	2	18	2	29	2	25	0	0	7	18
Rejection by Father	1	10	0	0	0	0	0	0	0	0	1	3
Rejection by Mother	0	0	1	9	0	0	2	25	0	0	3	8
Rejection by both	0	0	0	0	0	0	1	13	0	0	1	3
Both rejection & favoritism	0	0	1	9	1	14	0	0	1	50	3	8
Total	10	100	11	100	7	100	8	101	2	100	38	101

This table can be reduced in the following way.

Perception	Group 1	Group 2	Group 3	Group 4	Group 5	Total	%
No rejection	8	7	4	3	1	23	61
Some degree of rejection	2	4	3	5	1	15	39
Total	10	11	7	8	2	38	100

This shows more clearly the pattern. Over half of the subjects did not report any type of rejection on the part of their parents toward themselves. However, in Group 1 (average needs for response and recognition), 8 out of 10 reported no rejection while only 7 out of 11 report this in Group 2, only 4 out of 7 in Group 3 and only 3 out of 8 in Group 4, showing a decrease of the positive feelings in favor of the more negative feelings as either need increases. In the last group, because of the smallness of the sample it is more difficult to see a definite pattern: one of the subjects in this group stated no negative feelings while the other stated both rejection and favoritism of others in his family. It can be also noted that the 3 cases of rejection by mothers are present in Group 2 and Group 4 (some and extreme need for response). The subject stating both rejection and favoritism for others in Group 5 (extreme need for recognition), stated being rejected by her father, her mother, and later, her step-mother, while her younger sister was preferred by the mother. In Group 1, no such extreme rejection is present.

The possible traumatic experiences suffered by the subjects were also checked against their needs for recognition and response:

TABLE 17

STATED TRAUMATIC EXPERIENCES OF THE SUBJECTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Traumatic Experiences	Group 1		Group 2		Group 3		Group 4		Group 5			
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
None	6	60	7	64	7	100	4	50	1	50	25	66
Some	4	40	4	36	0	0	4	50	1	50	13	34
Total	10	100	11	100	7	100	8	100	2	100	38	100

The traumatic experiences stated by the subjects were divorce of the parents, death in the family, separation of parents, etcetera. One case involved the father leaving home and later killing a man over another woman. Over half of the subjects did not mention any traumatic experiences in their childhood, during their interviews. Thirteen cases stated having had experiences which were probably traumatic at the time. Although again the sample is too small to arrive at any definite conclusions, in both Groups 4 and 5 (extreme needs for response and recognition) half of the subjects have had traumatic experiences.

The next table shows the ordinal position of the subjects in the sample and their position in the groups.

TABLE 18

ORDINAL POSITION OF THE SUBJECTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Ordinal Position	Group 1 Total	%	Group 2 Total	%	Group 3 Total	%	Group 4 Total	%	Group 5 Total	%	Total	%
Not given	3	30	3	27	1	14	5	63	2	100	14	37
Older child	0	0	2	18	3	43	1	13	0	0	6	16
Youngest child	2	20	3	27	3	43	1	13	0	0	9	24
Middle child	1	10	0	0	0	0	1	13	0	0	2	5
Only child	1	10	2	18	0	0	0	0	0	0	3	8
Other	3	30	1	9	0	0	0	0	0	0	4	11
Total	10	100	11	99	7	100	8	102	2	100	38	101

Because of the high number (14 out of 38) of ordinal position not given in this sample, it is difficult to arrive at anything concrete. It is interesting to note, however, that it is not primarily the older child who is coming to the clinic with a problem child. The highest proportion, after the "not given" is the youngest child. This, however, cannot be followed because of lack of information on the subject. Besides, if information had been obtained on the 14 subjects on whom no data are available, the proportions may be greatly different.

This chapter reveals some interesting things about the subjects:

1. Half of the sample scored as needing more response than recognition at different degrees. Again this seems to justify saying that most persons coming to the clinic tend to need response and that it is

more difficult for persons needing recognition to ask help from professionals on a subject as personal as raising children.

2. Almost half of the sample stated feeling that, during their childhood, they had been happier outside of home than in their home. This seems to indicate an unhappy childhood for many in the sample. However, this does not seem to correlate with the adaptation of the subjects to others in general. Again, we do not know the degree of unhappiness suffered at home and this may make a great difference in the reaction of the subject to others in general.

3. Most of the subjects scoring some degree of need for response came from homes perceived by the subjects as average or below average economically. Those scoring some need for recognition seem to follow this pattern also; however, the only 2 subjects scoring extreme need for recognition come from homes they perceived as above average economically. This seems to indicate that perhaps a high economic, social, and educational background helps a subject accept services from a professional person, even in a very personal matter, although need for recognition is very high. Unfortunately the sample is too small to arrive at any definite conclusion on this subject.

4. As in Chapter III, "Analysis of the Sample," it was found that most of the sample came from intact families. Three were broken by divorce, 5 by separation, and 6 by death.

5. Rejection seems to be a factor in increased needs for recognition and response. Only 2 subjects out of 10 suffered from rejection in Group 1, rejection increasing as the need for response and recognition increased, with the exception of Group 5 which only contains 2 subjects.

6. The proportion of traumatic experiences is quite high in this sample. Thirteen of 38 subjects stated having had childhood experiences which could be interpreted as being traumatic. However, there is no definite pattern of correlation with the degree of needs for response or recognition except for the last 2 groups where half of the subjects had traumatic experiences.

CHAPTER V

ANALYSIS OF THE DATA: COMPARISON OF THE CHILDREN IN THE SAMPLE AND THE NEEDS OF THE SAMPLE

As mentioned in earlier chapters, an effort was made to see some connection between the needs of the parents in the area of human relationships and the problems of the children seen at the clinic. In this analysis 40 children from 33 families were taken into account. This eliminated 5 male subjects, 4 of which were taken out because their wives were included and the tabulation would have been difficult. The fifth was taken out after it was thought that the relationship to the father figure could not be compared with the relationship to the mother figures. It was then finally decided that a comparison of the children's problems would be made with the mothers' needs alone.

Again percentages are used, not to "prove" anything in this exploratory study but to help clarify some of the findings in the analysis of the data.

The first table shows the number of problem children seen in the clinic per family.

TABLE 19

NUMBER OF PROBLEM CHILDREN SEEN IN THE CLINIC PER FAMILY AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Number of Children	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
One problem child	9	100	6	67	5	71	6	86	0	0	26	79
Two problem children	0	0	3	33	2	29	1	14	1	100	7	21
Total	9	100	9	100	7	100	7	100	1	100	33	100
Total children	9		12		9		8		2		40	

Group 1 (average need for response and recognition) contains no families having 2 children under treatment at the clinic. Group 2 has a third of the subjects having 2 children being seen. Group 3 has 2 families out of 5 and Group 4 has 1 family out of 6 with 2 children under treatment at the clinic. Group 5 has only 1 family and this family has 2 children being seen at the clinic. But this group is too reduced to be representative.

The next table shows the main symptoms of the children as stated by the parents during intake and the need of the five groups. The main symptoms are listed according to the Clinic's list of reasons for referral which is provided by this agency:

REFERRAL REASONS:

No. 1. Conduct Disorder: Antisocial behavior, including truancy, stealing, defiance, running away, temper tantrums, cruelty, overly aggressive, sex offenses.

No. 2. Habit Disorders: Includes eneuresis, nailbiting, thumb-sucking, masturbation, tics.

No. 3. Personality Problem: Chronic unhappiness, prepsychotic symptoms, including withdrawal, daydreaming, depression, fears, anxiety, inferiority, poor social adjustment.

No. 4. Learning and Developmental: For educational disabilities (such as slowness in academic learning, or specific subject disabilities).

No. 5. Functional Illness: Any physical complaint with organic condition out - such as blindness.*

TABLE 20

OVERT SYMPTOMS OF THE PROBLEM CHILDREN AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Referral Reasons	Group 1		Group 2		Group 3		Group 4		Group 5			
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
No. 1	3	33	2	17	4	44	3	38	0	0	12	30
No. 2	1	11	2	17	0	0	0	0	0	0	3	7
No. 3	3	33	4	33	0	0	1	13	0	0	8	20
No. 4	0	0	0	0	0	0	0	0	0	0	0	0
No. 5	0	0	1	8	0	0	1	13	0	0	2	5
Nos. 1 & 2	1	11	2	17	1	11	0	0	1	50	5	12
Nos. 1 & 3	0	0	0	0	1	11	0	0	0	0	1	3
Nos. 1 & 4	1	11	0	0	0	0	0	0	0	0	1	3
Nos. 2 & 3	0	0	0	0	1	11	3	38	0	0	4	10
Nos. 2 & 4	0	0	1	8	0	0	0	0	0	0	1	3
Nos. 2 & 5	0	0	0	0	1	11	0	0	1	50	2	5
Nos. 3 & 4	0	0	0	0	1	11	0	0	0	0	1	3
Total	9	99	12	100	9	99	8	102	2	100	40	101

*Unpublished list of referral reasons prepared by the Michigan Department of Mental Health.

In an effort to reduce this information in a more significant way, the data presented in Table 21 were set up again, adding to the first five categories a new one called "Over one reason."

Referral Reasons	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Conduct disorder	3	33	2	17	4	44	3	38	0	0	12	30
Habit disorder	1	11	2	17	0	0	0	0	0	0	3	8
Personality problems	3	33	4	33	0	0	1	13	0	0	8	20
Functional illness	0	0	1	8	0	0	1	13	0	0	2	5
Over one reason	2	22	3	25	5	56	3	38	2	100	15	38
Total	9	99	12	100	9	100	8	102	2	100	40	101

Added this way the highest frequency of cases comes under "over one reason," with 15 cases out of 40. The next one is "Conduct Disorder" which has a frequency of 12 out of 40. The next one is "Personality Problems" with 8 cases out of 40. The frequencies of cases under "Over one Reason" go up as the degree of need for response and recognition goes up.

Five more areas of difficulties were reviewed and tabulated with the 5 groups of parents: (1) expression of hostility; (2) relationships to peers; (3) difficulties in school; (4) sexual difficulties; (5) unmet response and recognition needs. It must be said at this time that the following information is quite reliable. The data were gathered from the

record on Form Number 6 (see Appendix G). In the record the intake interview and treatment interviews were read, but particular attention was given to both the recording of the staff meeting and the psychological evaluation. These reports usually give a complete description of the children's problems. They are written after the psychiatrist, the psychologist, and the social worker involved in the case have presented the material they have gathered during their interviews with the patient and the parents and discussion of the material has taken place. These reports, then, bring up clearly the main problem areas of the child studied.

The next table includes 4 different types of expression of hostility.

TABLE 21

TYPES OF EXPRESSION OF HOSTILITY OF THE PROBLEM CHILDREN AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Expression of Hostility	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Withdrawn	3	33	3	25	2	22	2	25	0	0	10	25
Passive	1	11	2	17	0	0	2	25	0	0	5	13
Difficulty in expressing hostility	3	33	5	42	5	56	1	13	2	100	16	40
Overt Aggressiveness	2	22	2	17	2	22	3	37	0	0	9	23
Total	9	100	12	100	9	100	8	100	2	100	40	100

This table shows that more children in the sample either are withdrawn or have difficulty in expressing hostility. This last category is the largest one, covering almost half of the cases and implies that the child is expressing hostility although not continuously in an overt way. However, if we reduce the table we find the following results:

Expression of Hostility	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Withdrawn & Passive	4	44	5	42	2	22	4	50	0	0	15	38
Overt hostility	5	56	7	58	7	78	4	50	2	100	25	63
Total	9	100	12	100	9	100	8	100	2	100	40	100

This shows more clearly that over half of the children seen have a tendency to express their hostility overtly while somewhat over a third tend to hide their hostility behind a withdrawn and passive appearance. However, no definite pattern seems to appear as Group 1 has close to half the subjects in this group in each category. Groups 2 and 3 have a somewhat higher number in the more overt group, particularly in Group 3. Group 4 is equally divided and both cases in Group 5 fall within the more overt type of hostility.

The next table shows the relationship with peers of the patients as reported by their parents. This report of the children's relationships to others was made by their parents during the intake interview. This indicates the parents' perception of the children's relationship to

others, perhaps more than the real relationships of the children. But this also brings up interesting points.

TABLE 22

STATED RELATIONSHIPS OF THE PROBLEM CHILDREN WITH THEIR PEERS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Relationship	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Not reported	1	11	3	25	4	44	6	75	1	50	15	38
Difficulty with peers	1	11	4	33	2	22	2	25	0	0	9	23
One friend only	1	11	0	0	1	11	0	0	0	0	2	5
No friends	6	67	5	42	2	22	0	0	1	50	14	35
Total	9	100	12	100	9	100	8	100	2	100	40	100

It is interesting to note that Group 1 reports their children as having no friends in 6 cases out of 9. At the other extreme, Group 4 reports no child without friends, 2 with difficulty and in 6 cases, nothing was mentioned on the subject. Most children coming to the clinic have some difficulty with their peers as their psychological problems almost always cover their relationships to people around them. It is then interesting that the parents who probably have most difficulties in relationships themselves are the ones who do not report any difficulties in that area for their children. Apparently, those with less difficulty in this area are more apt to notice it in their children while those with more difficulty in that area ignore it. Except for the fifth group which

is not representative, the proportion of difficulty not reported goes up with the subjects' difficulties in that area.

The next table indicates the sexual difficulties found in the children:

TABLE 23

SEXUAL DIFFICULTIES REPORTED AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Sexual Difficulties	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Not reported	4	44	6	50	7	78	2	25	2	100	21	53
Sex Preoccupation	0	0	2	17	1	11	3	38	0	0	6	15
Promiscuity	1	11	1	8	0	0	0	0	0	0	2	5
Oedipal Conflict	1	11	1	8	0	0	0	0	0	0	2	5
Conflict in sexual identification	2	22	2	17	0	0	2	25	0	0	6	15
Sex play	1	11	0	0	0	0	1	13	0	0	2	5
Exhibition	0	0	0	0	1	11	0	0	0	0	1	3
Total	9	100	12	100	9	100	8	100	2	100	40	100

Over half of the children had no sexual difficulties found during the psychological evaluation. However, there seems to be a trend with Group 4 (extreme need for response) that the difficulties reported go up as the need for response goes up. Group 2 has exactly half of the cases with sexual difficulties but Group 4 has three fourths of the cases with

sexual difficulties. It is interesting to note too that the only case of exhibitionism falls within Group 3 (some need for recognition). Group 1 also has a quite large proportion (slightly over half of the cases) of sexual difficulties.

The last table is concerned with the feelings expressed by the child to the therapist that he is not loved by his parents.

TABLE 24

FEELINGS OF BEING UNLOVED EXPRESSED BY THE CHILDREN AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Feelings	Group 1 Total	Group 1 %	Group 2 Total	Group 2 %	Group 3 Total	Group 3 %	Group 4 Total	Group 4 %	Group 5 Total	Group 5 %	Total	%
Not reported	3	33	5	42	7	78	4	50	2	100	21	53
Feelings of being unloved	6	67	7	58	2	22	4	50	0	0	19	48
Total	9	100	12	100	9	100	8	100	2	100	40	100

Talking about individuals with a neurotic need for affection, Horney says: "The conviction of being unlovable is closely akin to the incapacity for love; it is, in fact, a conscious reflection of that incapacity. A person who can be genuinely fond of others will have no doubts that others can be fond of him."[24] To test this idea the above table was set up but no evidence of such a phenomenon can be ascertained in this study. Out of 8 children, sons and daughters of

[24]Horney, Op.Cit., p. 113.

subjects scoring extreme need for response, exactly half were reported as feeling unloved and for the other half this was not reported. Group 2 has 7 children out of 12 feeling unloved but Group 1 has still more, 6 out of 9 feeling unloved. So, no conclusive statement can be made about this table.

This chapter seems to have raised the following points:

1. Group 1 has no cases of 2 siblings under treatment. Other groups have them in inconclusive degrees.

2. A large proportion of the children under treatment for more than one referral reason, fall within Groups 2, 3, 4, and 5. There seems to be a trend showing that as the degree of need for response or recognition increases, so does the frequency of cases in this category.

3. Of the 5 categories used at the agency, the largest one is "conduct disorder" and the second is "personality problems." But it is the category covering over 2 of the 5 descriptions of symptoms that has the largest proportion.

4. Twenty five of 40 children have been brought to the clinic because of a tendency to express hostility overtly. Only 15 were referred as being rather withdrawn or passive. Groups 3 and 4 (some and extreme need for recognition) seem to have more cases of overt hostility in proportion than withdrawn cases. The other 3 groups do not show extreme differences.

5. The parents in Group 1 seem to have reported more readily their children's difficulties with peers. Group 3 seems to have been

less aware of this and Group 4 does not seem to have been aware of this problem very much.

6. It is Group 4 (extreme need for response) which seems to have the most children with sexual difficulties.

7. Feelings of being unloved on the part of the children in the sample do not seem to be related to the groups their mothers were placed in.

In this area of relationships between parents' response and recognition needs and children's problems, only a few patterns appear. However, some trends seem to justify more curiosity in this area. As Newcomb says: "The particular way in which a certain mother treats her child is in part an expression of her own personality needs."[25] And as the mother relates to her child, the child will react to her, to his family, to his peers, to his world.

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[25]Theodore M. Newcomb, Social Psychology, (New York: The Dryden Press, Publishers, 1950), p. 437.

CHAPTER VI

ANALYSIS OF THE DATA: STUDY OF FIFTEEN CASES AND THEIR RELATIONSHIPS WITH BOTH PARENTS

Because therapists in the Lansing Child Guidance Clinic do not usually ask clients their feelings about their parental home situation, information in this area was not available for every case studied. Only 15 subjects raised the subject themselves with their workers and talked about both parents. Others talked about their mothers alone, without mentioning much about their relationship to their fathers. Some did not give any information about their background at all.

The following table shows the information brought up by the clients themselves.

TABLE 25

INFORMATION OBTAINED ABOUT THE PARENTS OF THE SUBJECTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Information	Group 1		Group 2		Group 3		Group 4		Group 5			
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
On both parents	4	40	4	36	3	43	3	38	1	50	15	40
On mother alone	3	30	2	18	3	43	3	38	0	0	11	29
None	3	30	5	46	1	14	2	25	1	50	12	32
Total	10	100	11	100	7	100	8	100	2	100	38	100

Only 15 of 38 subjects have given information on the father figure. Twenty six of 38 subjects have given information on the mother figure. Twelve have given no information whatsoever, probably using their interviews to solve their present problems and feelings. The fact that so few have needed to mention the father figure is interesting and some hypotheses can be advanced such as: the father figures have not been too influential in the parental home; there was less friction between fathers and children than between mothers and children and so there is less need now to bring them into the picture, etcetera. Of course, this would require more study. The different groups do not seem to show great differences in the distribution although Groups 2 and 4 (some and extreme need for response) seem to have the least proportion of information on the father. However, the differences are not large enough to warrant further hypotheses.

The following tables are set up to show the feelings expressed by the 15 subjects who have talked during their interviews with their therapists, about both parents. The first table refers to the number of difficulties with the father as stated by the subjects. As stated in previous chapters, percentages are used not in an effort to "prove" any fact but as a means to understand more clearly the data and to facilitate the comparison of the five groups.

By difficulty it is meant the area where the subject perceived some conflict or difficulty with parents.

TABLE 26

NUMBER OF DIFFICULTIES WITH FATHER AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Difficulties	Group 1 Number	Group 2 Number	Group 3 Number	Group 4 Number	Group 5 Number	Total
None	1	0	1	0	0	2
2	2	1	0	0	0	3
3	0	0	1	0	0	1
4	0	1	1	1	0	3
5	0	1	0	0	0	1
6	0	1	0	0	1	2
7	0	0	0	1	0	1
8	1	0	0	1	0	2
Total	4	4	3	3	1	15

The number of difficulties stated by each group were added together and the following results were found: Group 1, 12 difficulties; Group 2, 17 difficulties; Group 3, 7 difficulties; Group 4, 19 difficulties; Group 5, 6 difficulties. Later, these results were divided into the number of subjects and the following averages were obtained for each group: Group 1, 3; Group 2, 4.25; Group 3, 2.33; Group 4, 6.33; Group 5, 6. So, in terms of quantity of conflict areas, the subjects with extreme need for response seem to have had most difficulties with their fathers. Group 5 is also high but since it only contains one subject any generalization is impossible.

The same table has been set up for the relationships with the mother.

TABLE 27

NUMBER OF DIFFICULTIES WITH MOTHER AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Difficulties	Group 1 Number	Group 2 Number	Group 3 Number	Group 4 Number	Group 5 Number	Total
2	1	0	1	0	0	2
3	0	0	0	1	1	2
4	1	1	0	1	0	3
5	0	0	2	0	0	2
6	0	1	0	1	0	2
8	2	1	0	0	0	3
11	0	1	0	0	0	1
Total	4	4	3	3	1	15

There seems to be some difference between Table 27 and Table 28. Difficulties with mothers seem to be more numerous than with fathers. Getting the average number of difficulties with mothers, the same procedure was followed. Group 1 had 22 difficulties; Group 2, 29; Group 3, 12; Group 4, 13; Group 5, 3. The average for each group was: Group 1, 5.5; Group 2, 7.25; Group 3, 4; Group 4, 3.66; Group 5, 3. The average of difficulties with fathers for the five groups amounted to 4.07. The average of difficulties with mothers, for the five groups, amount to 5.33, somewhat higher. The average is higher for relationships

to mother with Groups 1, 2, and 3 and lower with Groups 4 and 5 (extreme needs for response and recognition). So, the subjects in the first 3 groups seem to be more aware of difficulties with the mother figure while the 2 last groups seem to be more aware of difficulties with the father figure even though, as a whole, the sample is more aware of difficulties with mothers.

For a better comparison of the difference in number of difficulties between fathers and mothers, the same data were grouped in a different way.

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

	Number of Difficulties with Fathers	Number of Difficulties with Mothers
Group 1	0	8
	2	2
	8	4
	2 12	8 22
Group 2	2	8
	6	6
	5	4
	4 17	11 29
Group 3	4	5
	0	2
	3 7	5 12
Group 4	8	6
	7	4
	4 19	3 13
Group 5	6 6	3 3

The following table shows a list of the statements made by the subjects about their parents:

TABLE 28

GENERAL TENDENCIES OF PARENTS AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Tendencies of Fathers	Tendencies of Mothers
1	a. Domineering, critical, cold, morally strict, talkative, punishing	Dependent, domineering, quiet, not clean
	b. Morally strict, no social ambition	Morally strict, not clean
	c. No problems	Domineering, critical, cold, nervous, ambitious, compulsively clean, punishing, talkative
	d. No emotional support, quiet	Domineering, overprotective, nervous, ambitious, punishing, taking too much responsibility, talkative, dependent
2	a. No emotional support, dependent	Domineering, critical, nervous, punishing, arbitrary, taking too much responsibility, talkative, dependent
	b. Tendency to seek pleasure, no social ambition, no material responsibility, poor morality, too independent, spends too much money	Domineering, critical, punishing, inconsistent, too much responsibility, talkative, dependent
	c. Domineering, critical, nervous, punishing, arbitrary	Domineering, ambitious, no emotional support, too independent
	d. No control, no ambition, no material responsibility, quiet	Domineering, critical, cold, nervous, never happy, ambitious, punishing, arbitrary, too much responsibility, too strict morally, too independent

TABLE 28

GENERAL TENDENCIES OF PARENTS AND
NEEDS OF THE FIVE GROUPS IN THE SAMPLE
(Cont.)

Groups	Tendencies of Fathers	Tendencies of Mothers
3	a. Critical, cold, no ambition, no material responsibility	Not critical enough, nervous, not clean, dependent, no freedom in use of money
	b. No problems	Critical, compulsively clean
	c. No ambition, no material responsibility, too free with money	Domineering, critical, cold, no ambition, very strict morally
4	a. Not critical enough, cold, nervous, too much pleasure, no emotional responsibility, talkative, too independent, too free with money	Domineering, critical, cold, nervous, too much responsibility talks a lot
	b. Domineering, critical, cold, no ambition, punishing, arbitrary, no material responsibility	Too much pleasure, not clean, no emotional responsibility, dependent
	c. (Drinks) No ambition, no responsibility, dependent, too free with money	Nervous, no pleasure, takes too much responsibility
5	a. Domineering, critical, cold, punishing, arbitrary, no freedom in use of money	Cold, not clean, no responsibility

In an effort to analyze more closely the areas of conflict between subjects and parents, certain areas were isolated from Form No. 4 (see Appendix F) on which these data were gathered. The following categories were then set up:

Domination: questions 1, 2, 8, 9, 4, 12

Emotional needs: questions 3, 10

Social and material aspiration: questions 6, 10, 14

Morality: questions 5, 11

Neatness and cleanliness: question 7

Dependency: question 13

Under domination, questions 4 and 12 were included with the idea in mind that if nervous tension and tendency either to talk too much or to be too quiet were present together with some aspect of domination, the subject would be apt to remember these areas in connection with domination. Under emotional needs, question 10 was included as the writer checked this question with the annotation: "emotional" when a parent did not take emotional responsibility for the subject during childhood. The same item was used under "Social and Material Aspirations" when the annotation said "material" for material responsibility. More thorough analysis of this form was done in the Chapter on Methods. (See page 15)

The following table shows the number of differences around Domination perceived and stated by the subjects. Most differences indicate extreme domination on the part of the parents. Since the data are so reduced and in order to facilitate understanding of it, the following tables are set up differently, case by case, as in the preceding table.

TABLE 29

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS
IN THE AREA OF DOMINATION
AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Number of Difficulties with Mothers
1	4	1
	0	0
	0	5
	1 5	4 10
2	0	6
	0	5
	5	1
	2 7	5 17
3	1	2
	0	1
	0 1	2 5
4	3	3
	4	0
	0 7	1 4
5	4 4	0 0

In general, domination seems to have been exercised in the sample mostly by mothers. Only 1 father is domineering in Group 1 while 2 mothers are domineering in the same group. In Group 2, 3 mothers are domineering as against 1 father. In Group 3, 2 mothers are somewhat domineering. In Group 4, 2 fathers and 1 mother are domineering in 2 different families while in 1 family the mother has only 1 domineering trait. Group 5 which has only 1 case, shows domination on the part of the father. So, as far as domination is concerned, extreme needs seem to indicate more domination on the part of fathers.

The next table shows the difficulties in the area of emotional needs (affection and emotional responsibility on the part of the parents).

TABLE 30

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS
IN THE AREA OF EMOTIONAL NEEDS
AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Mothers
1	2	0
	0	0
	0	1
	1 3	2 3
2	1	1
	0	1
	0	1
	0 1	2 5
3	1	0
	0	0
	0 1	1 1
4	2	2
	1	1
	1 4	1 4
5	1 1	2 2

Here the differences are easily seen. The whole sample is relatively high in emotional difficulties, however, the last 2 groups (4 and 5) seem to register rejection both on the part of the father and of the mother. Group 2 also has only 1 case out of 4 with problems with both. Group 3 has no cases like this, perhaps registering the least rejection.

The next table shows the differences around social and material ambition of the parents: both extremes of social and material ambition, freedom in use of money and material responsibility.

TABLE 31

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS IN THE AREA OF SOCIAL AND MATERIAL AMBITION AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Mothers
1	1	0
	1	0
	0	1
	0 2	1 2
2	0	0
	3	0
	0	1
	2 5	1 2
3	2	1
	0	0
	3 5	1 2
4	1	0
	2	0
	3 6	0 0
5	1 1	1 1

Difficulties in that area particularly may represent either extreme of ambition, that is, extreme ambition or extreme lack of ambition. This can be clarified checking Table 29. At this time only the number of differences in this particular area are discussed. In the above table, Group 1 shows only 1 difficulty out of 3 registered in 2 fathers out of 4 and in 2 mothers out of 4 families. A higher

number is registered for 2 fathers in Group 2 and the same thing appears in Group 3 and again in Group 4. Group 5 registers 1 difficulty for the father and 1 for the mother. In this area most difficulties are registered with the fathers who, on the most part were perceived by the subjects as poor providers. This table also shows that more difficulties are registered as the needs of the groups increase.

The next table shows the differences in the moral area, covering two aspects of this: both extremes of the tendency to seek pleasure; morality.

TABLE 32

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS
IN THE AREA OF MORALITY
AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Mothers
1	2	0
	1	1
	0	0
	0 3	0 1
2	0	0
	2	0
	0	0
	0 2	2 2
3	0	0
	0	0
	0 0	1 1
4	1	0
	0	1
	0 1	1 2
5	0 0	0 0

This is not an area where many conflicts seem to have arisen in the subjects' families. However, it can be noted that while Group 1 registered this type of difficulty in 2 families out of 4, 2 out of 2 in Group 2, 1 out of 3 in Group 3, the 3 families involved in Group 4 registered some difficulty in this area, 2 by the mothers and 1 by a father. Group 5 did not register any.

The next table shows the difficulties in the cleanliness area, covering the 2 extremes of neatness and cleanliness.

TABLE 33

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS
IN THE AREA OF CLEANLINESS
AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Number of Difficulties with Mothers
1	0 0 0 0 0	1 1 1 0 3
2	0 0 0 0 0	0 0 0 0 0
3	0 0 0 0	1 1 0 2
4	0 0 0 0	0 1 0 1
5	0 0	1 1

These results are somewhat different in trend as Group 1 registers 3 difficulties out of 4 families. Group 2 registers none

and Group 4 (also response) registers only 1. On the other hand Group 3 registers 2 out of 3 and Group 5 registers 1. In this area men are not involved, as it could have been expected. So, the group scoring average in need for response and recognition and the groups scoring some and extreme needs for recognition seem to have the most differences in that area.

The next table shows the difficulties in the dependency area, covering the 2 extremes of dependency.

TABLE 34

NUMBER OF DIFFICULTIES WITH FATHERS AND MOTHERS
IN THE AREA OF DEPENDENCY
AND NEEDS OF THE FIVE GROUPS IN THE SAMPLE

Groups	Number of Difficulties with Fathers	Mothers
1	0	1
	0	0
	0	0
	0 0	1 2
2	1	1
	1	1
	0	1
	0 2	1 4
3	0	1
	0	0
	0 0	0 1
4	1	0
	0	1
	1 2	0 1
5	0 0	0 0

This table points out some definite differences. Group 1 only shows 2 difficulties out of 4 on the part of the mothers. Group 2 shows 4 out of 4 on the part of the mothers and 2 out of 4 on the part of the fathers. Group 4 shows 1 out of 3 on the part of the mothers and 2 out of 3 on the part of the fathers. Group 3 shows only 1 difficulty on the part of the mother out of 3, and none in Group 5. So, again, need for response, even some degree of need for response, seems to be related to the dependency area.

In conclusion several trends can be pointed out:

1. The sample as a whole has seldom mentioned their relationship to their fathers perhaps indicating a problem which should be gone into more thoroughly.

2. As a whole the 15 cases seem to indicate more difficulty areas with their mothers than with their fathers.

3. Group 4 (extreme need for response) seems to be more aware of difficulties with their fathers than with their mothers.

4. Group 2 shows most emotional difficulties with their mothers while Group 4 shows most emotional difficulties with their fathers and mothers.

5. Group 3 registers most difficulties in the area of social and material ambition, although Groups 2 and 4 are also quite high in scoring this type of difficulty.

6. No definite pattern in the area of morality in the five groups. However, in Group 4, the 3 subjects had at least one difficulty each with either father or mother.

7. Difficulties around cleanliness were mostly present in Group 1 and Group 3. All reported difficulties were with mothers.

8. It seems that Groups 2 and 4 registered quite a few more differences in the dependency area than the other groups.

In conclusion, groups with need for response have shown more difficulties in the area of domination, emotional security, dependency needs, and some difficulties in social and material ambition. As a whole, Group 2 registered most difficulties with the mothers while Group 4 registered most difficulties with the fathers.

All these are very general trends which need further and more thorough study.

CHAPTER VII

CONCLUSIONS AND RECOMMENDATIONS

Trends

Some rather definite trends will be reviewed again for more clarity.

It was found in this study that a large proportion of the sample expressed some degree of need for response while a much smaller proportion expressed some degree of need for recognition. This trend has reduced greatly the proportion of subjects, in the last group particularly. This has been discussed in Chapter 2.

There seemed to be a trend indicating some relationship between the degree of need and rejection felt in childhood. Subjects scoring some degree of need for response reported a paternal home of average or below average economic status while those scoring some degree of need for recognition tended to report a paternal home of average or above average economic status.

In the relationships between the parents' needs and the problem children, it was found that children of mothers scoring some degree of need for response or recognition seem to have more difficulties and it was also found that when two siblings were under treatment at the clinic they came from families where the mother scored some degree of either emotional need. The children of mothers scoring extreme need for response had most sexual difficulties.

In the more thorough study of the fifteen subjects with information on both parents, it was found that extreme need for response seemed to be present when more difficulties with fathers are stated. Need for response in general seems to be related to difficulties in the areas of dependency, domination, and rejection. Need for recognition in general seems to be related somewhat to difficulties in the areas of social and material ambition and cleanliness. However, because of the particular skewness of the distribution of the sample, it is difficult to arrive at any definite conclusion about the subjects scoring need for recognition.

Recommendations for Further Study in this Area

As mentioned in Chapter 1, the main limitation of the study was the impossibility to measure feelings expressed by the clients. This, it is believed now, might have been measured by the clients themselves who could have checked a questionnaire indicating various degrees of feelings. Other difficulties come to mind such as the resistance of some people to measure their positive and negative feelings about cultural values, or even the difficulty of building such questionnaire, clear and accurate. However, this could be worked out.

The questionnaire might have more accurately measured needs for response and recognition if each question, instead of placing each subject in the position of choosing between two alternatives, was concerned with measuring the feeling about one need or the other. However, it is believed that the questionnaire has measured needs quite accurately, after pre-testing, checking the records, and because of the trends which appeared in the tabulation of the answers.

It would also be interesting to study, in the general population, the correlation between those needs and social values upheld by the various social classes. It would be interesting to see if certain classes support values which would guide children's reaction to emotional deprivations.

Another area which might bear fruit is the study of the relationship between difficulties with fathers and extreme need for response. Every social worker has worked with the woman who is continually in search of love and who, to achieve emotional security, engages in marriages or love affairs which, one by one, fail as far as she is concerned. Many problems seem to be related to this extreme need for response and although this is not the answer to all the problems presented to social agencies, it would be interesting to understand more about this type. This area has been mentioned by Horney:

> The neurotic need for affection often takes the form of a sexual infatuation or an insatiable hunger for sexual gratification. In view of this fact we have to raise the question whether the whole phenomenon of the neurotic need for affection is prompted by dissatisfaction in sexual life, whether all this longing for affection, for contact, for appreciation, for support is motivated not so much by a need for reassurance as by dissatisfied libido.
>
> Freud would be inclined to look at it that way. He has seen that many neurotic persons are anxious to attach themselves to others and prone to cling to them; and he has described this attitude as resulting from dissatisfied libido. This concept, however, is based on certain premises. It presupposes that all those manifestations which are not sexual in themselves, such as the wish to get advice, approval or support, are expressions of sexual needs that have been attenuated or 'sublimated.' Furthermore, it presupposes that tenderness is an inhibited or 'sublimated' expression of sexual drives.[26]

---

[26]Horney, Op.Cit., p. 147.

From this excerpt it is seen that extreme, neurotic need for affection can be very closely linked to sexual difficulties.

Another aspect of the problem seems to indicate that persons with extreme need for recognition would have more difficulties in their adjustment to persons outside their home, that is, on the job, in social life, in the community, etcetera. On the other hand, extreme need for response would imply more difficulties within family relationships. If this is true, it would be interesting to study achievement in economic and social areas, of persons scoring high need for recognition and of those scoring high need for response. And it would be interesting to study emotional success of both groups.

Finally, it would be interesting to check on a trend that this study shows. In Chapter 6, subjects having scored some degree of need for response have often mentioned that most of their difficulties with their parents were in the area of emotional needs while those scoring some degree of need for recognition have more often mentioned difficulties with their parents in the area of social needs. This may imply that need for response is related to the perception of emotional deprivation while the need for recognition is related to the perception of social deprivation. This idea should be either confirmed, modified, or discarded by further studies in this area.

Implications of this Study in Social Work

This study does not suggest that this problem of emotional needs is the answer to all human problems. It is believed that human relationships, however, is one of the main areas with which social work is concerned. Human relationships may be at the basis of

adjustment or lack of adjustment to life in general. In other words, according to their adjustment to others around him, man is happy or unhappy.

On the other hand, there is no doubt in the writer's mind that many other areas of conflicts modify adjustment to others and for others, as was seen in the list of conflicts stated by the fifteen subjects, in Chapter 5. So, need for recognition and for response would not be the answer to all the problems of adjustment to others. But if this study has been able to raise some questions in this area, it has served its purpose. Theory is needed to understand the interaction between people, and observation and research are the main ways of gaining more knowledge about people.

Social work, it is recognized, needs more theory and more research although it has been said that if social work would use all the theory that is available in the human sciences, the field would grow immensely. The writer believes that social work agencies have a wealth of material available concerned with clients' adjustment to life. The study of records could bring about patterns of behavior which would greatly help in the practice of social work. Although regretting the lack of availability of more concrete information on the background of the subjects, the writer is happy to have been able to gain more knowledge about people through the study of records.

APPENDIXES

A. QUESTIONNAIRE

This questionnaire is part of a study concerning particular attitudes. We would appreciate your answering all questions. Please, do not sign your name since this is not necessary.

1. In a group, do you enjoy taking some responsibility rather than sitting back and seeing others direct the activities?
   Yes___ No___

2. If you have just won a game, or achieved some other type of success, do you tend to:
   a. be at ease and satisfied receiving praise? ____
   b. be apologetic to your opponent? ____

3. Do you sometimes say knowingly things that hurt other people's feelings?
   Yes___ No___

4. Last week at a party, you met a person through a friend and had a good conversation with him about a common interest (fishing, for example). Today you see this person again but he ignores you completely. If you feel some emotion about this, which statement would be closer to your feelings?
   a. hurt and forlorn ____
   b. provoked ____

5. Would you feel best if a good friend would tell you sincerely:
   a. I respect you and trust you ____
   b. I like you ____

6. In social groups are you sometimes overcome by feelings of loneliness and inadequacy?
   Yes ___ No___

7. Where did you enjoy more happy moments, during your childhood?
   a. at home ____
   b. away from home ____

8. Do you find it embarrassing to have praise or compliments bestowed on you?
   Yes___ No___

9. Suppose that a close friend of yours wants to be the president of your club but you have just been approached to become the next president. What is your first reaction?
   a. accept nomination and may the best man win ____
   b. refuse offer ____

10. Do you readily complain to a waiter or to the manager if you are served bad food in a restaurant?
   Yes___ No___

11. You have a close friend who has a habit that is offensive to others. He is apparently not aware of this habit and might resent being told about it.
   a. would you tell him about it? ____
   b. would you keep quiet about it? ____

12. Most people indulge in some type of day-dream. In your day-dream, do you see yourself primarily as:
   a. a person loved and cherished ____
   b. a person trusted and admired ____

13. In comparison to the economic and social situation of the parents of other students at school, the situation of your parents was
   a. better than average ____
   b. average ____
   c. less than average ____

14. Would you rather have
   a. many friends ____
   b. just a few close friends ____

15. When in a discussion your opinion is contradicted and you think you are right, do you generally tend to:
   a. persist and argue the point? ____
   b. drop the issue? ____

16. Are you always careful and considerate that you do not hurt people's feelings, for example, by being rough on their pet ideas?
   Yes___ No___

17. List the groups in which you participate at present (family groups, church, school, work, social, recreational, special interest groups, etc.), checking the groups in which you hold some responsible position.

18. Please check the following:
   Sex: F___ M___ Age____ Occupation: Your own_____ Spouse's_____
   Religion: Prot.___ Cat.___ Jewish___ Other_____ None___
   Activity in church: Very active___ average___ little activity___ None___
   Education: (circle number of years completed) 1 2 3 4 5 6 7 8 9 10 11 12
   College: 1 2 3 4 5 6 and over 6

B. FIRST LETTER TO SUBJECTS

Lansing, November, 1957

Dear Madam (Sir):

With this letter you will find the questionnaire concerning the study conducted with permission of the Child Guidance Clinic.

On this questionnaire, you are requested to check the answer closest to your own personal feelings. This questionnaire should reflect the attitude of one single person, therefore, in answering the questions, do not ask the opinion of others. Please answer each and every question as questions left blank may modify significantly the results of the study.

Again we want to assure that this study is entirely confidential and anonymous. We would appreciate your promptly returning this questionnaire, using the enclosed stamped envelope.

Thank you very much.

Sincerely yours,

Genevieve De Hoyos
Research Assistant

C. REMINDING LETTER TO SUBJECTS

Lansing, December, 1957

Dear Madam (Sir):

A few days ago we sent you a questionnaire which, apparently, has not been returned. As it is possible that this questionnaire might have been misplaced or lost, we are taking the liberty at this time, of sending you another copy, hoping that you will be able to answer these few questions. We would greatly appreciate if you take a few minutes to do so.

Please disregard this letter if the first questionnaire has already been returned.

Sincerely,

Genevieve De Hoyos
Research Assistant

D. FORM NUMBER 2 ABSTRACTING INFORMATION FROM RECORDS

Case Number _____

Sex ____ Age ____ Education_____ Religion_____ Activity_____

First marriage___ (ended in_____) Second marriage___ (ended in_____)
Other marriages_____

Number of children_____ Boys: Girls:

Family: Mother_____ Alive_____ Deceased (year)_____ Away_____
Father_____ Alive_____ Deceased (year)_____ Away_____
Others_____

Brought up by: Mother_____
Father_____
Others_____

Position in family: Eldest_____
middle_____
youngest_____
only_____
other_____

Rejection: Mother_____ Father_____ Mother substitute_____ Father substitute___
In neighborhood_____ In school_____

Personality characteristics of:
Mother_____
Father_____
Siblings_____
Others_____

Favorite child: Self_____ Other_____

Traumatic experiences:

Calculated I.Q.

Special problems in parental home

Special problems in present home

Special problems (illegitimacy, breaking of the law, etc.)

Problem child:

Subject's personality traits:

E. FORM NUMBER 3: TOTAL INFORMATION ON THE SUBJECT

Case Number_____

Score: Need for recognition_____
Need for response _____

Sex___ Age___ Education_____ Religion_____ Activity_____

Occupation: Wife_____ Husband_____

First marriage___ (ended in_____) Second marriage___ (ended in_____)

Active in the following social groups:

Officer in the following social groups:

1. Complete family_____ Broken by divorce_____ Broken by death_____
Broken by separation_____ (Subject lived with_____)

2. Perception of rejection by: Mother___ Father___ Other_____

3. Perception of favoritism for: Self___ Sibling_____ Others_____

4. Perception of highest satisfaction in childhood: at home___ Away_____

5. Perception of personality characteristics of:
Mother:

Father:

Others:

6. Traumatic experiences:

7. Special problems in parental home:

8. Position in family: _____ in family of _____ children

9. Personality characteristics of subject:

10. Special problems in Subject's life:

11. Number of children____ Ages: Boys_____ Girls_____

12. Problem presented by child brought to the clinic:

1st child (age___)

2nd child (age___)

F. FORM NUMBER 4: INFORMATION ON SUBJECT'S PARENTS

Case Number_____
Father___ Mother___

Please check on the following schedule the personality characteristics of the subject's parents and parent-substitutes as perceived by the subject. This schedule has been prepared with the idea in mind that generally "normality" falls between the two extremes.

(1) Tendency to dominate and control
- High ____
- Average ____
- None ____

(2) Tendency to criticize
- High ____
- Average ____
- None ____

(3) Affection
- Too high ____
- Average ____
- None ____

(4) Nervous tension
- High ____
- Average ____
- None ____

(5) Tendency to seek pleasure
- Too high ____
- Average ____
- None ____

(6) Social and material ambition
- Too high ____
- Average ____
- None ____

(7) Neatness and cleanliness
- Too high ____
- Average ____
- None ____

(8) Discipline
- Too much ____
- Average ____
- None ____

(9) Consistency of discipline
- Too much ____
- Average ____
- None ____

(10) Responsibility
- Too much ____
- Average ____
- None ____

(11) Morality
- Extreme ____
- Average ____
- None ____

(12) Tendency to talk
- Too much ____
- Average ____
- Too little ____

(13) Independence
- Too much ____
- Average ____
- None ____

(14) Freedom in use of money
- Too much ____
- Average ____
- None ____

G. FORM NUMBER 5: INFORMATION ON THE PROBLEM CHILDREN

Case Number_____
Sex____ Age_____

Thumb-sucking___
Enuresis___
Soiling___
Speech difficulty___
Nightmares related to_____
Fears_____
Accident-proneness___
Running away___
Psychosomatic complaints_____
Physical difficulties_____
Day-dreaming___
Stealing: at home___; outside home___

HOSTILITY
Nuisance type of behavior at school___
Nuisance type of behavior at home___
Resistance to authority___
Overt aggressiveness toward others___
Destructiveness___
Too independent___
Sibling rivalry___
Diff.in expression aggressiveness___
Repressed hostility___
Complete lack of aggressiveness___
Passiveness and inertia___
Aggressiveness toward self___
Over-protection of siblings___
Withdrawn___
Anger expressed toward_____

UNMET NEEDS
Lack of self-confidence___
Insecurity___
Nervous and anxious___
Extreme crying spells___
Feelings of depression___
Feelings of being unloved___
Feelings of being rejected___
Emotional immaturity___
Difficulty in relating emotionally to others___
Demanding___
Regressive behavior___
Compulsively clean___
Feelings of unworthiness
Refusal to take any responsibility___

INTELLECTUAL DIFFICULTIES
Intellectual blocking___
I.Q.: Superior___ Average___ Low___
Mental deficiency___
Short span of attention___
Cannot concentrate___
Standards too high(by parents)___
Standards too low(by child)___
Standards too high(by child)___
Confusion___
Disorganization___

SEXUAL DIFFICULTIES
Oedipal conflict___
Confusion in sex identification___
Promiscuity___
Masturbation___
Sex play___
Exhibition tendencies___
Sexual curiosity___

RELATIONSHIP WITH PEERS
No friends___
One friend only___
Aggressiveness toward peers___
Too passive___
Always the leader, the best___
Always the follower___
Insecure with peers___
Over-protective with peers___
Gives to peers___
Prefers older children___
Prefers adults___

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