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THE ROLE OF THE FATHER IN
TREATMENT CASES AT THE
LANSING CHILD GUIDANCE CLINIC

by

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A DESCRIPTIVE STUDY OF THE ROLE OF THE FATHER IN
FAMILIES SEEN IN TREATMENT AT THE LANSING CHILD
GUIDANCE CLINIC DURING THE YEARS 1953 THROUGH
1955 IN WHICH BOTH PARENTS
PARTICIPATED IN TREATMENT

by

Philip Leon Clark

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CHAPTER I

INTRODUCTION

During the past few years there has been an increasing emphasis on the consideration and treatment of the "total family situation" in attempting to assist individuals in personal adjustments. Along with this trend there has also been considerable concern about the changing role of the father in the American family and the modification in the structure and functioning of the family. It is generally agreed today that both parents play responsible parts in the healthy emotional development of children. More and more it is being stated that "Father, as well as Mother, must be a participant in the child's development."¹ On the basis of this principle there has developed a conscious attempt on the part of some treatment facilities, particularly psychiatric clinics and family agencies, to involve the father more in the process of helping individuals and families who are suffering from emotional stress.²

¹O. Spurgeon English, "The Psychological Role of the Father in the Family," Social Casework, XXXV (October, 1954), 326.

²"Father Comes of Age," J. B. G. Spotlight, November, 1950, p. 1.

In the writer's contacts with the Lansing Child Guidance Clinic during his assignment to the agency for his field work placement, it has become apparent through staff conferences and meetings that there were many indications of an attempt to involve the father along with the mother and child in treatment. As the writer inquired further it was learned that this effort had become an increasing part of clinic policy during the past three to four years. A discussion of father participation by the Chief Psychiatric Social Worker appeared in the 1954 Sixteenth Annual Report of the clinic in which the importance of the father's role was stressed, the philosophy of the clinic in regard to father participation stated, and some percentage figures given of the amount of father participation in that year.¹ In 61 per cent of the total cases seen during the year 1954 the father participated to some extent. In an additional 13 per cent of the cases the father was unavailable because of divorce or death. In 55 per cent of the treatment cases the father was seen on a regular continuous basis; 22 per cent were seen occasionally.

¹Ruth T. Koehler, "Father Participation in Clinical Child Guidance," Lansing Child Guidance Clinic Sixteenth Annual Report, January 1 to December 31, 1954, pp. 8-9.

As the writer considered these developments he wondered:

1. How large a group of families has the clinic seen in which the father participated?
2. What were the characteristics of these families in terms of social class and type of problem?
3. What was the basis of selection of these families for treatment?
4. How much did father participation affect the outcome of treatment?
5. Were these fathers more motivated toward participation and, if so, why?

It was believed that these fathers were more motivated, and it was felt that one of the possible reasons for this was that they were predominantly middle-class families in which there existed not only more social pressures in terms of cultural expectations but also more recognition of emotional disturbance and knowledge of community resources available for help. Further investigation revealed that a study had been conducted at the clinic of the rates of utilization of its facilities for the five-year period 1948 to 1952 in which "the tentative conclusion that clinic utilization is associated

with higher socio-economic status" was stated.¹ An examination of the literature regarding the role of the father in the American family of today revealed that there were certain generally agreed upon expectations as to what some of the characteristics of the father-role should be in terms of providing a stabilizing and organizing influence in the family. A brief preliminary examination of some of the case records of families in which the father participated in treatment indicated that the group was predominantly composed of families in which the occupational and educational levels were relatively high. If it could be assumed then that these families were predominantly middle-class and were experiencing problems in interpersonal family relationships that were exerting a disorganizing influence on the family, the writer wondered if certain characteristics of the role of the father in these families would deviate significantly from those expected for providing a stabilizing and organizing influence.

The case records of families that were active during the years 1953 through 1955, in which the father was seen at least four times along with the mother and child, were examined. It was decided to use for the study

¹Differential Utilization of the Facilities of a Michigan Child Guidance Clinic, Research Report No. 17 (Michigan Department of Mental Health, March, 1955), p. 24.

only those cases in which at least four interviews with the father had been recorded. Although thirty fathers had participated in treatment, recorded case material was available on only eighteen fathers. In one situation the child was living with a step parent; it was arbitrarily decided by the writer to limit his review to the seventeen natural fathers and to exclude the step parent situation. The data were then drawn from these seventeen case records together with interviews with the worker or workers who worked with the parents and child in each particular case.

The data were set up in an attempt to answer certain questions associated with the main problem, namely: What is the role of the father in these families? The questions associated with the problem were:

1. Does he assume the major responsibility for financial support?
2. Does he provide for more than just the basic necessities?
3. Does he participate in activities with the other family members?
4. Is he active in external groups, associations, or organizations?
5. Does he assume the major responsibility for controlling the actions, activities, and

functions of the family members?

The concept of role as used in this study was limited by the aspects of father participation studied, and no attempt was made to examine either the determinants of this role or its effects on the other family members socially or psychologically.

The assumptions upon which this study was based were as follows:

1. The families utilized in this study were predominantly middle-class families. This assumption is based on the Mental Health Research Report Number 17.¹ The concept of middle-class used in specific reference to the study group was based on Warner's occupational and educational indices for socioeconomic status.²
2. The families in this study were experiencing problems in interpersonal family relationships

¹Ibid.

²W. L. Warner, M. Meeker, and K. Eells, Social Class in America (Chicago: Science Research Associates, Inc., 1949), pp. 140-141, 154.

Warner's original "Index of Status Characteristics", as first developed in the Jonesville Study, was based upon six status characteristics--occupation, amount of income, education, house type, and dwelling area. Each of these characteristics had a seven-point scale with "four" as the average point.

that were exerting a disorganizing influence on the family.

3. Participation in treatment consisted of a minimum of four interviews. Treatment was defined as the use of psychological techniques designed to relieve disturbances in psycho-social adjustment. It was believed that the aspects of the father's role utilized in the study would not consistently be aligned with the corresponding prevailing expectations utilized.

The Setting

The Lansing Child Guidance Clinic is located in the heart of the capitol city of Michigan and serves the following four counties: Clinton, Eaton, Ingham, and Livingston.¹ It was originated under the name Lansing Childrens Center, Inc. in the spring of 1938 by the Child Guidance Committee of the Ingham County Council of Social Welfare. Previous to its establishment a survey had been conducted by the National Probation Association in connection with the prevention of delinquency.²

¹Lansing Child Guidance Clinic Seventeenth Annual Report, January 1 to December 31, 1955, pp. 3-6.

²Marcella Jean Gast, "A Child Guidance Clinic as a Social Resource in a Small Metropolitan Community"

Organization

The clinic is a joint public and voluntary project supported by the State Department of Mental Health and local agencies, such as boards of supervisors, school boards, and community chests. It has an advisory board composed of representative citizens from various types of population groups, who act as liaison between the community and the professional staff. The board assumes full responsibility for the raising of local funds.

Functions

In general, the clinic tries to improve and protect the mental health of the children in the community. It does this not only by providing psychiatric and psychological services to families where children have emotional problems, but also by its consultative and participant relationship to all other health, welfare, and educational agencies. The age range of children seen is from birth until they graduate from high school or until age sixteen, if they leave before high school graduation.

Staff

At the time this study was made the staff consisted of the following: Child Psychiatrist--Director;

(unpublished Project Report for Master's Degree, Department of Social Work, Michigan State College, 1947).

Chief Psychiatric Social Worker; Chief Psychologist;
Two Psychiatric Social Workers; Psychologist; Adminis-
trative Secretary; Secretary; Two Student Psychiatric
Social Workers from the University of Michigan; and two
Student Psychiatric Social Workers from Michigan State
University, including the author.

CHAPTER II

HISTORICAL BACKGROUND AND CURRENT OPINION

Father and the Changing Culture

The changes in the American family pattern and structure that have occurred during the past century are generally believed to have resulted in some weakening and instability of the family as an institution. Parsons refers to "the question of evaluating symptoms of disorganization" and states that this "involves the question of how much is a general trend to disorganization as such, (and) how much is what may be called the 'disorganization of transition'."¹ At any rate, one of the "reasons" for this present lack of strength is felt to be the family's "loss of functions which has not yet been adequately compensated for by its increased social utility as a primary group of its members."²

Involved in this "loss of functions" has been the father and his changing role. Josselyn has pointed out

¹Talcott Parsons and Robert F. Bales, Family, Socialization and Interaction Process (Glencoe, Illinois: The Free Press, 1955), p. 4.

²John Sirjamaki, The American Family in the Twentieth Century (Cambridge: Harvard University Press, 1953), pp. 52-53.

that "the impact of culture on the role of the man as father will affect the modifications that will occur in the structure of the family."¹ Dr. Therese Benedek has described the change that is occurring in relationship to the man's economic and authoritative role in our culture. In the past the father was the acknowledged head of the family, as well as its economic center. Most of the activities of the family were family activities, and father was more of a tangible, living entity in the home. With industrialization and the move from rural to urban life, the family members have become more separated in diverse activities, and the feeling is that father is losing contact with his family and is in danger of becoming the "forgotten man."² Since he is not present to control the family himself, he has had to relegate control of the children to the mother. Also, newer theories of psychological development have probably contributed to change in his role. As the ideal maturation pattern for our culture has begun to be defined, stress has been placed upon the significance of mother in early

¹Irene M. Josselyn, M. D., "The Family as a Psychological Unit," Social Casework, XXIV (October, 1953), 341.

²Therese Benedek, "The Emotional Structure of the Family," The Family: Its Function and Destiny, ed. Ruth Nanda Anshen (New York: Harper and Bro., 1949), pp. 202-225.

childhood. "The father is too often considered of secondary importance."¹

Current Opinion

At present, attempts are being made in the theoretical realm to present possible implications of the importance of the father's role in the family in the emotional development of the child and in the interrelationships within the family in general. However, most of the current literature in regard to the father, if he is a constructive force in the child's development, defines him vaguely. He is someone with whom the male child identifies and the female child sees as the ideal masculine figure.² Most of the scientific studies (of which there seem to be relatively few) that this author is familiar with regarding the role of the father, attempt to examine the recognition or identification with the "father role" on the part of the father in terms of its effect on the father's personality and its possible utilization in the involvement of father in treatment without describing what this "role" is or should be.³

¹Josselyn, op. cit., p. 341.

²Irene M. Josselyn, "Psychology of Fatherliness," Smith College Studies in Social Work, XXVI (February, 1956), 10.

³This author consulted the Readers Guide to

Dr. Josselyn states that "even those of us who feel the father has an extremely important role to play in early child development cannot describe how he should fulfill this role."¹

It appears that little effort has been made to quantify the role of the father in terms of relating his activities or participation in the family to the amount of psychopathology in a given case.² Efforts in this area seem to be limited mainly to studies in social class and caste differences such as those done by Davis and Havighurst³ and cross-cultural studies such as those done by Mead.⁴ Aberle and Naegele have presented a paper on the results of a study within a class rather than between classes regarding the "relationship between

Periodical Literature for the past few years together with editions of Social Casework, American Journal of Orthopsychiatry, Psychological Abstracts, Psychiatric Social Work, American Sociological Review, and American Journal of Sociology. Also four major schools of social work were written to for lists of theses, and several theses were procured and examined.

¹Josselyn, op. cit., p. 10.

²English, op. cit., p. 329.

³Allison Davis and Robert Havighurst, "Social Class and Color Differences in Child Rearing," Personality in Nature, Society, and Culture, ed. Clyde Kluckhohn and H. A. Murray, (New York: Knopf, 1953), pp. 308-320.

⁴Margaret Mead, Male and Female (New York: Morrow and Co., 1949), p. 188.

the occupational role of the middle-class male and his aims and concerns in the socialization of his children." Evidence was presented for the belief that fathers' attitudes toward their sons' behavior are different from those toward their daughters' and that some of this was related to the "middle-class occupational role" which he "represents" to his family. However, they suggest the desirability of much more minute inquiries aimed at relating "socialization practices" (among other things) to "parents' adult roles."¹

Despite the apparent lack of actual scientific study in the area of father participation in the family, there does seem to be some consensus as to what he should generally represent and should generally do in some areas of family life rather than what he should not represent and do. Although the trend appears to be in the direction of father losing his primary significance as material provider and disciplinarian and moving toward more of a "complementary" relationship with mother, the general consensus seems to be that father still maintain a "mild male sovereignty" and continue to

¹David F. Aberle and Kaspar D. Naegele, "Middle-Class Fathers' Occupational Role and Attitudes Toward Children," American Journal of Orthopsychiatry, XXII (April, 1952), 366.

be the "main support and buttress of their families." In addition, frequent appeals are being made for him to return to a more active participation in child rearing processes and family activities in general.¹

It has been pointed out, however, that what is suggested is not a return to the old paternalistic type of family but to find a new way for father to manifest his "fatherliness."² Parsons speaks of the "husband-father as the instrumental leader of the family by virtue of the importance of his occupational role as a component of his familial role." Father is expected to be a "good provider" able to secure a "good position" in the community and to "represent" the family outside the home.³ English and Foster present their general feeling about father's role when they state:

Plainly this nation needs father in the arm-chair at the head of the table again, carving the roast, disciplining the children, keeping the peace, settling disputes, loving his wife but reserving his pants for his own use, serving as an example for sons to emulate and daughters to seek in husbands of their own.⁴

¹Sirjanaki, op. cit., pp. 88, 93.

²Josselyn, "Psychology of Fatherliness," op. cit., p. 8.

³T. Parsons and R. Bales, op. cit., p. 12.

⁴O. Spurgeon English and Constance J. Foster, Fathers Are Parents, Too (New York: G. P. Putnam's Sons, 1951), p. 8.

CHAPTER III

METHODS AND PROCEDURES

Description of Techniques

The methods used in this study were the case review with the utilization of a schedule and interviews with workers who had provided the services to these cases.¹ The schedule was based on two requirements:

1. To obtain identifying information on the families;
2. To obtain some factors relating to the role of the father in these families.

The major part of the identifying information was obtained from face sheet data. The classification system used for tabulating parent participation, activity, and control was: much; some; little; not reported (NR); and undetermined (UD). These terms were defined as follows:

1. Much: consistently to a great extent; always or most of the time whenever the occasion presented itself.

¹See Appendix A for copy of schedule used.

2. Some: occasionally, but not most of the time or seldom.
3. Little: almost none or never; once in a great while.
4. Not reported: no mention made in the record.
5. Undetermined: some mention made in the record but vague; isolated particulars (i.e., father punished Johnny yesterday) without further mention of this aspect in the record; inconsistent (i.e., mother states father punishes Johnny all the time, father states he punishes Johnny only occasionally) without further particulars given.

The recorded interviews of father, mother, and child (where recording was available) were examined first and were utilized in checking for internal consistency of statements of attitudes and behavior. Recorded interviews on both parents were available in all cases. Eight of the cases had recorded interviews of the child. A conscious attempt was made to limit the aspects of behavior utilized in the study to those that existed in the family situation prior to coming to the clinic since this author felt that change may have been indicative of the results of participation and might not have occurred otherwise.

After the data had been secured from the examination of the records, the worker or workers who had provided the services to each case were interviewed regarding their knowledge of each aspect in which a judgment was required. The rating system was described and defined and each worker was asked to rate each aspect. If the worker's rating did not coincide with the author's rating on any particular aspect, the record was again examined for this aspect. If, after this re-examination, disagreement still existed, the aspect was judged to be undetermined. In all cases a worker was available for interviewing. In one case the worker had not worked directly with the family but had carried a close, student-supervisory relationship and was, therefore, considered as "working" with the case. In two cases the author had direct contacts with the parents or children.

Evaluation of Validity of Methods

The families utilized in this study do not represent a sample but represent all those cases existing within the limitations stated for the three year period under study.

The status ratings used for education and occupation in this study were not used as determinants of

social class but as indicators and were subject to the limitations stated by Warner.¹

Although there were quantitative factors utilized in rating participation, activity, and control, in the final analysis these ratings were based on a combined judgement of the author and other workers. They may naturally be subject to the limitations and bias involved in such judgements. The examination of the records for internal consistency, together with the interviews with workers, represented an attempt to reduce this bias.

The classifications used for determining the problem for which referred were formulated by the Administrative Secretary of the clinic from face sheet data and presented in the Annual Reports to the Michigan State Department of Mental Health.

¹Warner, op. cit., pp. 200-216.

CHAPTER IV

PRESENTATION AND ANALYSIS OF DATA

General Characteristics of the Study Group

The study group consisted of seventeen white, urban, natural families with both parents and the child living in the same home. Of the thirteen families where the religion was reported, eleven were Protestant, one Catholic, and one Jewish. The size of family ranged from one to four children with the average number of children being 2.5.

The Child

There was only one family in which the child was the only child. The average number of siblings was 1.5, and, in thirteen of the families, the clinic patient was the oldest child. Fourteen of the children were boys, or a ratio of approximately 4.7 boys to one girl. This characteristic has also been pointed out in other studies in which the father was seen. It was suggested that this pattern may be related to the fathers' greater ease in identifying with their sons, and to the cultural factors that influence fathers to play a more active role in

their sons' upbringing.¹ Another study found that where the father had the "closer relationship" with the child, he was "less interested" in agency contact, and where the mother had the "closer relationship", father was "more eager" for agency contact.² Mildred Burgum has suggested the competitive element between father and mother and the loss of status that prompts intense jealousy on the part of the father.³

In relation to this study group, however, the author felt that such factors as availability of father and personnel, and selectivity by the personnel could not be ruled out.

Age.--The range in ages of the children was from three to thirteen with an average age of 7.8. The average age of the boys was 6.8.

Referral.--Nine of the children were referred by the mother, three by a physician, two by the father, one by the school, one by both parents, and one by a social agency.

¹Barbara Jane Kahn, "Some Factors Influencing the Incidence of Father Contact in the Intake Process," (Abstract of Master's thesis), Smith College Studies in Social Work, February, 1956, p. 65.

²Rhoda Berg, "Father Gets Involved," (unpublished Master's thesis: New York School of Social Work, Columbia University, June, 1954).

³Mildred Burgum, "The Father Gets Worse: A Child

Eight were classified on referral as personality problems, four as learning and development, three as conduct disorder, one as habit disorder, and one as intelligence evaluation.

The Parent

Age.--The age range of the fifteen sets of parents where the age was reported was from 26 to 44 with an average age of 33.2 for the mothers and 34.4 for the fathers. Nine of the fathers were older than the mother, by an average of 4.3 years. Five mothers were older than the father, by an average of 3.2 years, but one of these mothers was ten years older so the average figure was not representative. Two sets of parents were the same age.

Education.--The educational level of the parents appears to be relatively high. The data on the education of the parents are shown in Table 1 on page 23. It can be seen from Table 1 that over half of the thirty-one parents reported had some college education. Ten of the nineteen had degrees and these were equally distributed between mothers and fathers. There was no parent having less than a ninth grade education. Five of the fathers

had more education than their wives, and four of the mothers had more education than their husbands. The remaining six families had equal education between father and mother. Utilizing Warner's socioeconomic status rating scale, twenty-six of the parents were rated above average, five average, and none below average.¹

TABLE 1
EDUCATION OF PARENTS

Education			
	Total	Fathers	Mothers
Total	34	17	17
College	19	9	10
No college	12	6	6
Not reported ...	3	2	1

The educational background of these parents tended then to support the tentative conclusion of the Mental Health Research Report that clinic utilization is associated with higher socioeconomic status.² There were no reasons offered in the above report, but this author feels that one reason may be due to more recognition and understanding of emotional difficulties by both parents. A supporting indication of this reason was found when the

¹Warner, op. cit., p. 154.

²Michigan Department of Mental Health, op. cit.

source of referral was compared to the educational background. From eleven of the twelve families in which the source of referral was from either or both parents, sixteen parents had some college.

There appeared to be no relationship between referral problem and source of referral or education.

Occupation.---Again utilizing Warner's socioeconomic status rating scale, the occupational ratings for the sixteen reported fathers were as follows: ten were above average; three were average; and three were below average.¹ This further suggested that the study group is of higher socioeconomic status. As might be expected, those fathers with college training rated higher on the average in terms of occupational status than did those fathers with no college training. Of the fourteen cases where the information was available on both occupation and education, with four as the average rating for occupation, the fathers with college training had an average occupational rating of 2.4 as compared to 4.6 for the fathers with no college training.

¹Warner, op. cit., pp. 140-141.

Aspects of Father's Role

Financial Support

In all of the families studied the father was the main source of financial support. In fifteen of the families he was the only source. In the remaining two families, one mother worked part-time and the other mother full-time.

Of the sixteen cases where the provision of non-essentials was rated, three-fourths were rated as "some" and one-fourth as "little". The average occupational status of eleven of the twelve cases rated as "some" was 2.7 where that of the four cases rated as "little" was 4.5.

In general, the father not only was the main provider but a more than adequate provider. This level appears natural in view of the occupational status of the fathers.

There were also indications that these families were not overly concerned about financial problems. An examination of the data on the aspects of occupational attitude, desire for advancement, desire for change in occupation, and father's participation in the budget revealed a tendency toward little mention of these aspects in the records. Only in occupational attitude was there

information available in more than fifty per cent of the cases. In eight of the nine reported cases, father expressed some dissatisfaction with his job. Since there was no apparent relationship between this aspect and occupational status in those cases reported, it might be reasoned that the expression of dissatisfaction represented some projection of inadequate and/or hostile feelings.

Family Participation

The data relating to the aspects of participation of the father in activities with the other family members are presented in the following table.

TABLE 2
FATHER PARTICIPATION WITH FAMILY

Aspect	Amount of Participation			
	Total	Much	Some	Little
Father participation				
In home	17	0	7	10
Outside home	17	0	7	10
In child rearing	17	0	5	12
Father away from family.	17	4	4	9

Over half of the fathers were seen to be participating "little" with the family both inside and outside the home. The relationship between these two aspects was high with only two cases not being consistent.

A somewhat greater proportion of fathers participated "little" in child rearing practices. This pattern was indicative of a tendency for the mother to remain as the predominant person for this aspect in these families. The relationship between this aspect and participation both in and outside the home was not as high. Nine or slightly over half the cases were consistent in the three aspects. Seven of these had ratings of "little". There was some tendency for fathers who participated "little" in the home to participate "little" in child rearing.

There appeared to be no relationship between education or occupation to any of the participation aspects with one exception. Three of the four fathers who were away from the family "much" ranked very high in occupational status and the other was rated average. Three of these fathers also ranked "little" in the other three aspects. It was noted in the author's examination of the case records that in each case the father's occupation was a major contributing factor to his being away. Aside from this, the lack of relationship might be expected since the study group appeared to be mainly composed of members of a particular class-grouping.

There appeared to be no other relationship between the amount of time spent away from the home and the other three aspects.

Parental Participation in External Groups,
Associations, or Organizations

There were no apparent tendencies in terms of either father's or mother's participation in external group activities. The father participated "little" in nine out of sixteen cases and "some" in the remaining seven. The mother participated "little" in nine out of fifteen cases, "some" in three, "much" in two, and "none" in one.

If it could be assumed that parental participation in external group activities is a measure of family representation, the study group would suggest that neither parent was more of a family representative than the other in this respect.

There was some relationship between fathers who participated "little" and mothers who participated "little" with six out of the nine cases coinciding.

There was also some relationship between father's participation in external group activities and his participation with the family both in and out of the home. This relationship was found in eight of the cases with "little" participation and five of the cases with "some" participation. This relationship may be suggestive of the general way in which these fathers related to the total environment and seemed to indicate specific patterns

of behavior. For example, a father who did not participate in either home or outside activities, according to the clinical evaluations, seemed to be a withdrawn and dependent individual.

In general, although there appeared to be no trends in family participation for the total study group, there did appear to be some tendency for fathers who participated to the same extent inside the home to participate to the same extent outside the home, in child rearing, and in external group activities.

These relationships might again be suggestive of certain kinds of personality configurations of the fathers in these families.

Aspects of Authoritative Control

The data on the aspects used in this study as indications of the authoritative control of the father are presented in Table 3 on page 30.

As can be seen from Table 3, there appeared to be no tendency for the fathers in the study to be consistent in these aspects, with the possible exception of obedience. The ratio of fathers receiving "some" obedience from the child was approximately three to one. This evidence would tend to indicate that there was some authoritative control between father and child.

TABLE 3
ASPECTS OF AUTHORITATIVE CONTROL

Aspect	Amount					
	Total	Much	Some	Little	NR	UD
Father participation in Discipline	17	2	9	6	0	0
Use of physical punishment	17	1	6	10	0	0
Child's obedience to the father	17	0	13	4	0	0
Parental agreement on discipline	17	0	6	8	0	3
Mother seeking outside advice *	17	0	7	6	1	3

* Father's seeking outside advice was not included in the table due to lack of data. Only three of the seventeen cases were described in this aspect.

There appeared to be no such relationship in those aspects involving the mother. However, it might be suggested that since in thirteen cases mention was made of the mother seeking outside advice, there might be a tendency for the mothers to have less confidence in their husbands.

In sixteen of the seventeen cases the mother did not wait for the father to come home to punish the child.

Contrary to probable expectations, there appeared to be no relationship between parental agreement on discipline and mother seeking outside advice. However, there were only twelve cases in which this comparison could be made.

A tendency for an inverse relationship between punishment and obedience was seen with eight fathers out of the ten who utilized little physical punishment receiving "some" obedience from the child.

There appeared to be no relationship between participation in discipline and obedience.

Thus, there appeared to be no trends for the fathers in the study group to be consistently aligned in the aspects of role considered in this study.

CHAPTER V

SUMMARY AND CONCLUSIONS

As there has been growing interest in the role of the father in American families, the writer decided to review the role of the father in the treatment cases at the Lansing Child Guidance Clinic in which the father participated in treatment.

An examination of the case records of the seventeen families where the father participated in treatment at the Lansing Child Guidance Clinic during a three year period was made in an attempt to answer certain questions associated with the problem:

1. Does he assume the major responsibility for financial support?
2. Does he provide for more than just the basic necessities?
3. Does he participate in activities with the the other family members?
4. Is he active in external groups, associations, or organizations?
5. Does he assume the major responsibility for controlling the actions, activities, and functions of the family members?

These questions were related to what appeared to be certain general prevailing expectations found in current literature of what the role of the father should be in the "American family" today. For purposes of examining the case records to answer the above questions, the focus has been on specific aspects of parental behavior believed to be related to these questions. It was believed that the aspects of the father's role utilized in the study would not consistently be aligned with the corresponding prevailing expectations.

The families studied were found to consist of predominantly white, urban, Protestant, higher occupational and educational families having an average of 2.5 children. The ratio of male child patients to female child patients in these families was approximately 4.7 to one.

Within the context of this study, the original questions associated with the main problem were answered in the following way:

1. The fathers assumed the major responsibility for financial support.
2. In general, the fathers were "good providers" to the extent that they provided for more than just the basic necessities of the family.
3. There did not appear to be any consistent trend in the amount of participation with the

other family members.

4. There did not appear to be any definite pattern for the fathers to be more or less of a family representative than the mother in terms of their participation in external group activities.
- 5.. There did not appear to be any evidence that the fathers assumed the major responsibility for controlling the actions, activities, and functions of the family members.

In respect to the areas which were reviewed, it would appear then that the only consistent aspect of the role of the father in these families was to maintain his role as the provider. His role is not clearly delineated. It appeared that certain personality factors were operating in terms of the father's general orientation to his environment.

Some of the implications of the findings of this study might be:

1. Caution in the use of the evaluation of father participation in the family as a factor in determining the selection of fathers to be seen for treatment.
2. The need for more intensive quantitative study of the role the father plays in the

family today. It would appear to be a difficult undertaking to help the father perceive his role without first having more scientific knowledge about what his role is. There is also a need to identify personality factors which operate in determining the manner in which the male may adapt himself to an "effective" father role.

3. There is a need for examining more carefully those factors which operate in the interaction among family members that influence the roles of each. More attempts should be made to evaluate methods, policies, and procedures of treatment to determine the most effective means of helping each member as well as the total family.

In thinking about the characteristics of the study group, the author wonders if further study might be directed toward determining whether other socioeconomic, ethnic, or racial groups might need or utilize the services as much, if not more. In regard to this the author also wondered if these groups might differ in the roles that they play, and if we need different knowledge and/or skills in working with these groups.

APPENDIX A

SCHEDULE

I. GENERAL INFORMATION

A. PARENTS:	MOTHER	FATHER
Age	_____	_____
Religion	_____	_____
Education	_____	_____
Occupation	_____	_____
Status of occupation	_____	_____
Location of home:	Rural_____	Urban_____

B. CHILD: Age_____ Sex_____ Religion_____

Siblings: Sex_____ Age_____

 1. _____

 2. _____

 3. _____

Position of child in family_____

Problem for which referred_____ Source_____

II. ROLE OF FATHER

A. SUPPORT: Father only_____ Mother works:

Full-time_____ Part-time_____ Earn more than fa-
ther_____ (yes or no)

B. PROVISION OF MORE THAN BASIC NECESSITIES_____

C. OCCUPATIONAL ATTITUDE: Satisfaction_____

Dissatisfaction_____ Desires advancement_____ (yes or no)

Desires other occupation_____ (yes or no)

Status of other occupation_____

D. PARTICIPATION WITH OTHER FAMILY MEMBERS:

In home_____ Outside home_____

Child rearing_____ Away from family_____

E. PARTICIPATION IN EXTERNAL GROUPS, ASSOCIATIONS, ORGANIZATIONS:

Father_____ Mother_____

F. AUTHORITATIVE CONTROL: Discipline_____

Physical punishment_____ Obedience_____

Parental agreement on discipline_____

Outside advice: Mother_____ Father_____

Budget_____ Mother wait for father_____

BIBLIOGRAPHY

Books

- Davis, Allison and Havighurst, Robert J. "Social Class and Color Differences in Child-Rearing. Personality in Nature, Society, and Culture. Edited by C. Kluckhohn and H. A. Murray. 2d ed. revised. New York: Alfred A. Knopf, 1953.
- English, O. Spurgeon and Foster, Constance J. Fathers Are Parents, Too. New York: G. P. Putnam's Sons, 1951.
- Hamilton, Gordon. Psychotherapy in Child Guidance. New York: Columbia University Press, 1947.
- Parsons, Talcott and Bales, Robert F. Family, Socialization and Interaction Process. Glencoe: The Free Press, 1955.
- Pollak, Otto, et al. Social Science and Psychotherapy for Children. New York: Russell Sage Foundation, 1952.
- Sirjanaki, John. The American Family in the Twentieth Century. Cambridge: Harvard University Press, 1953.

Articles and Periodicals

- Aberle, David F. and Naegle, Kaspar D. "Middle Class Fathers' Occupational Role and Attitudes Toward Children," American Journal of Orthopsychiatry, XXII, No. 2 (April, 1952), 366-373.
- Ackerman, Nathan W. and Behrens, Marjorie L. "A Study of Family Diagnosis," American Journal of Orthopsychiatry, XXVI, No. 1 (January, 1956), 66-73.
- Burgum, Mildred. "The Father Gets Worse: A Child Guidance Problem," American Journal of Orthopsychiatry, XII, No. 3 (July, 1942), 474-485.

- Cottrell, Leonard S. Jr. "New Directions for Research on the American Family," Social Casework, XXXIV, No. 2 (February, 1953), 54-60.
- English, O. Spurgeon. "The Psychological Role of the Father in the Family," Social Casework, XXIV, No. 8 (October, 1954), 323-329.
- Josselyn, Irene M. "The Family as a Psychological Unit," Social Casework, XXXIV, No. 8 (October, 1953), 336-343.
- Maas, Henry S. et al. "Socio-Cultural Factors in Psychiatric Clinic Services for Children: A Collaborative Study in the New York and San Francisco Metropolitan Areas," Smith College Studies in Social Work, XXV, No. 2 (February, 1955).

Reports

- Michigan Department of Mental Health. Differential Utilization of the Facilities of a Michigan Child Guidance Clinic. Research Report No. 17. March, 1955.

Unpublished Material

- Furst, Viola. "The Role of the Father in Relation to Family and the Treatment Process." Unpublished Master's thesis, New York School of Social Work, Columbia University, 1952.

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