Finally, the fifth group had conflicts over impulses to their own parents or to society. These parents wished to "use the hospital as a cloak of respectability, but simultaneously to have the child's deviant behaviour supported .... They use the child as the agent of their own negative impulses and unconsciously stimulate and reinforce his symptoms."

The writers admitted that parents also had realistic and positive motivations to get to the roots of the child's disturbance, and made appropriate readjustments in the emotional balance of the family. But the above-mentioned neurotic manifestations must be observed early, to avoid subsequent staff disillusionment. They suggested that a clue to these underlying fantasies might be given in the parents' own questions about the hospital's services, or in discussion with the intake worker on how best to prepare the child for his examinations (own italics):

> ".... The most frequent distortion at this point is for the parents to conceal from the child the identity of the institution as a hospital, but in each case for widely varying reasons. In one instance, it was implied to the youngster that he was going to a school for retarded children, out of the need to deny the child's capacity for growth, which so threatened the parents' equilibrium. Another saw the fear of defining the hospital as a reflection of long-standing denial of the child's problem, recognition of which might in turn have disclosed the parents' hostility to the boy."

Of all the studies so far cited, the one above most closely approaches the investigator's own theoretical expectations, and therefore it has been quoted from in detail. Like that of Cohen, Charney and Lembke, the proposal of the present study is that parental attitudes towards the treatment of the child are a carry-over of parental attitudes towards the child in general. These attitudes have been productive in, and are also themselves the result of, an interactional process within the family, which has endured for some time. The mere fact of their habitual repetition must have played a contributory role in the genesis of the child's disturbance, for which he is now to be brought for treatment. It is agreed that the parents themselves may in fact need treatment more urgently than the child, and that in many cases they are likely to sabotage the child's therapy for a variety of personal reasons. It is also agreed that parental motivation should be thoroughly explored before a child is involved in any treatment programme. Cohen, Charney and Lembke

advocated various techniques to be used in this exploration, among them being a scrutiny of the parental preparation of the child for treatment. The starting point and emphasis of the present study is just here: The investigator suggests that the parental preparation of the child for treatment is a major clue to the whole diagnostic procedure, especially when the child's illness is regarded as part of a multiple family illness, rather than as a single and isolated one, in which he alone is encapsulated.

Chapter VII

Parental Attitudes, Child-Rearing Techniques and Personality of the Offspring

Implicit in the reasoning and theoretical expectations so far has been the assumption that parental attitudes have an important bearing on the personality development of the young child. This may sound like a truism. Yet the assumption cannot be made blandly, as if a definite cause-effect relationship always operates.

How are these parental attitudes expressed, overtly or covertly? Verbally or in other forms of behaviour? How consistent are they? Do they vary with time, or with the different developmental phases that the child passes through? What are the differentiating effects of maternal and paternal attitudes upon the young child? Are child-rearing attitudes related to broader attitude- and personality structures of the parent? What part do cultural, socio-economic, and educational influences play in the formation and perpetuation of these attitudes? Are a parent's attitudes towards one child in the family the same towards all the other children? To what extent are the different child-rearing techniques truly reflective of the underlying attitudes of the parents towards their children? Are the child's temperamental make-up,, birth position, physical appearance, and other constitutional and genetic attributes, sometimes the causative factors in the development of parental attitudes?

All these questions are extremely difficult to answer. There are numerous contradictory studies, supporting one position or another in each of these issues. There is nevertheless, a good deal of evidence in support of the general argument that the personality of the child is not merely a genetic endowment that he receives from his parents at birth. It is rather the result of a continual interactional process between the child and his parents, whose already formed attitudes and personality structures play a large part in shaping those of their offspring.

Sigmund Freud (1904) was the first to recognise and indeed formulate the parental role in the formation of the child's personality. His notions were supported by ample psychoanalytic case material. Other psychoanalytic

writers after him have espoused, modified, and furtherdeveloped his theories, adding their own clinical findings to the extensive literature on parent-child influences. But, as has been mentioned earlier, this 'research' has most often been retrospective in nature. It consisted mainly of reconstructions by the therapist and patient together, of the patient's early life and of the parental influences upon it. (Flugel, 1921; Jones, 1923; Hinkel, 1930; Stagnell, 1925; Aichhorn, 1925)

This is not always true, as some psychoanalytic writers have realised the shortcomings of the reconstructive case history method as a research technique.

Two studies by Melitta Sperling (1950; 1951) based on concomitant analyses of 20 neurotic children and their mothers, yielded interesting results. Sperling (1950) observed that the neurotic behaviour or illness of severely disturbed children was often a response to the 'unconscious' wish of the mother for the child to act in this particular way. Questioning whether some telepathic communication or thought transference could have been operative in the production of this phenomenon, she suggested that

> "... the unconscious and preconscious wishes of the mothers transmitted themselves to the child through some concrete signs which could be received by the child through ordinary perception, (visible, audible or touch). ... the child may have been observant of minute indications unconsciously given by the mother. In cases where this close rapport exists the child may react to apparently insignificant details lost sight of by others....
> .....
> ... like paranoids who notice everything and interpret it for themselves. Exaggerated, distorted as such paranoid productions may appear at first glance, one can in a study which includes both the child and the mother, detect that the child is not merely reacting to a fantastic image, but to a real persecutor, viz. his mother. This paranoid quality is especially marked in cases where the mother rejects the child because she unconsciously identified this child with a hated object from childhood (sibling or parent), or with a hated part of herself. For the child in such a situation it is vitally important to employ omnipotence and sadism as his weapons in the struggle with the mother. Although these children rebel in the form of behaviour deviations — neurosis, psychosis, or psychosomatic illness — at the same time ... [they] carry out the unconscious wishes of their mother, as if given a command."

Sperling (1951) tried to explain more fully how this communication worked, and used the analogy of hypnosis. Like the hypnotist, the mother did not necessarily have to verbalise her command to achieve this unconscious rapport with her child, because of his extraordinary sensitivity to her behaviour. It seemed as if a child with the kind of disturbance she came across had preserved to a high degree, the pre-verbal communication of infancy. The mother in turn, because of her own narcissistic and sadistic needs, supported the child's infantile and magical idea of herself as an omniscient, omnipotent, and omni-punitive being, whose demands have to be fulfilled. He reacted not to her overt or verbalised behaviour, which might be appropriate to the reality situation, but to her unconscious intents, communicated by facial expression, tone of voice, movements etc. He also reacted in response to his previous experience of her, when he found that she said one thing and meant another. Sperling stressed throughout that this communication was always unconscious, neither mother nor child having any awareness of their respective motivations.

Alice Balint (1949), Dorothy Burlingham (1935)[1], Anna Freud (1928), Margaret Mahler (1949), and many others have all observed the mother-child relationship with interest, as an important element in the development of psychopathology in the child.

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1. It is worth noting that both S. Freud (1933) and Burlingham (1935) also made mention of the telepathic communication that sometimes seemed to exist between a mother and her child. Burlingham quoted examples of a child's guessing what his mother would buy him for Christmas, as the idea came into her head for the first time; a child's knowing that his mother was pregnant before she was sure of it herself, or that she was in love with someone before she was aware of it herself; and a child's mentioning content that his mother had just previously encountered for the first time in her own analysis. These instances lend support to the idea that the parental, and especially the maternal relationship with the child is far deeper than its overt manifestations would suggest.

Sperling's contribution is specially relevant to the present study, as it was an attempt to outline the mechanisms involved in this relationship, once psychopathology had become apparent. Moreover her emphasis upon the habitual and repetitive character of the communication between the mother and child, with each party relying on past as well as present cues for responding, is in line with the present expectations: A sample verbalisation of the mother to her child may be a valuable guide to their whole relationship. It is a microcosm of the covert, unconscious emotional interchange that has existed between the two of them from their earliest contact with each other. It must therefore communicate far more than its conventional language seems to express, and does so with the aid of other cues, including the experience the child has already gained of his mother's habitual behaviour towards him. The mother's preparation of her child for treatment would be an example of this very behaviour, and thus of the entire communication process between them.

One of the first well-controlled studies designed to examine the effects of parental attitudes and behaviour on child personality, was that of David Levy (1943). Levy explored intensively 20 mother-child pairs in which the mother could be described as 'overprotective.' Her overprotection either took the form of excessive domination of the child, or of overindulgence of him. The former type of maternal behaviour was found to be associated with submissive behaviour in the child, while the latter with aggressive traits in him. Levy also detected certain common features in the personality, early background, and marital adjustment of the overprotective mothers, and in the constitution of their overprotected children. He attempted to understand the dynamics of maternal overprotection in terms of these, and explain the child's problem behaviour as a consequence of it.

The demonstration by Levy and others that parental attitudes and behaviour were associated with certain definable personality traits in children led other investigators to question the measurability of these parental variables. Early attempts in this direction involved three different approaches, viz. direct observation, rating scales, and questionnaires. In each of these, parental behaviour and parental attitudes were treated synonymously, as if the former was merely the overt expression of the latter. Merrill (1946) observed directly mother-child interaction patterns in a specific setting. Champney (1939) at the Fels Research Institute, rated parent behaviour on a

set of previously constructed scales, and thus set about looking for certain preconceived behavioural patterns. Stodgill (1938) tried to assess the attitudes of parents, and those of other less involved adults, towards child behaviour, by means of a questionnaire, specially designed to gather this information.

In general, the effort expended in this direction was meagre. Each approach had its methodological advantages as well as its hazards. None of them was guided by a specific hypothesis about the relationship between child adjustment and parental attitudes. None succeeded in providing a reliable and valid instrument for assessing the operative parental factors in homes from which problem children came to the attention of clinicians. And this became a new research goal.

A pioneer in the development of such an instrument was Shoben (1949). Two twin hypotheses guided his research, viz.

> " a given parent behaves towards a given child with sufficient consistency from situation to situation to differentiate himself measurably from other parents;
>
> [and]
>
> the success or failure of the child's adjustment is in large part a function of the parental behaviour to which he has been exposed."

The outcome of Shoben's work at the University of Southern California was the construction of the U.S.C. Parent Attitude Survey, an inventory type test of parental attitudes towards their children. It was composed of items gleaned from the literature on parent-child relationships, that might differentiate parents of problem- and parents of non-problem children. Eighty-five of an original 148 items were retained, after being administered to two groups of 50 mothers each, of problem- and non-problem children. Each item was rated by the mothers on a scale varying from "strong agreement" to "strong disagreement". Sub-scales were then extracted by five sophisticated judges, who classified the items into four categories, viz. Dominant, Possessive, Ignoring, and Miscellaneous Attitudes. Validity and reliability coefficients were determined, and the completed pencil-and-paper type inventory was regarded as a verification of Shoben's hypothesis, as well as a valuable tool for the investigation of parental attitudes, as they affected children's adjustment.

Shoben also posed some of the questions that were asked at the beginning of the present chapter. He claimed that the inventory should be able to investigate these upon its further refinement as a measuring instrument. Whether this aim has yet been achieved or not, he certainly laid the foundation for the use of standardised techniques in assessing parental attitudes. Once such attitudes were capable of being investigated in this more scientific manner, many workers began to interest themselves in the precise nature of their relationship to personality manifestations in children.

Shoben's inventory, though it successfully differentiated mothers of problem children from those of non-problem children, was never validated for normal test populations. This criticism has been levelled against many personality and attitude scales, which are composed of items chosen for their power to discriminate between clinical or criterion groups. Leton (1958) conducted a study using Shoben's PAS, on a representative sample of parents and children from kindergarten to the eigth grade. He found no significant relationship between scores on this scale and those on another attitude inventory. There was also no significant difference between the attitude scores of parents whose children rated as 'excellent', from those whose children rated as 'poor' in their general adjustment. A significant observation however, was of the agreement between mothers and fathers in their attitudes toward children within a given family, especially when the children were rated as well-adjusted.

The use of scales to test the relationship between parental attitudes toward child-rearing and the personality development of the child was a feature of many studies in the late 1940's and the 1950's. Parental views on discipline, and their use of autocratic, restrictive, and severe methods of enforcing it, were found to be associated with unfavourable conduct of children at pre-school (Radke, 1959). Attitudes of mothers of diagnosed adult schizophrenics were investigated, and relationships were found to obtain between the personality disorder and particular experiences of maternal handling during childhood (Mark, 1953; Freeman and Grayson, 1955). Contradictory findings have also been reported. Studies have been made of correlates of parental attitudes on child-rearing with other attitudes and objective measures of parents, e.g. 'radicalism', 'oral' personality type etc. Some of these have shown significant correlations (Shapiro, 1952), thus implying that child-rearing attitudes are related to the broader attitudes and more fundamental personality structures of parents.

As more of these studies were conducted, and more and more contradictory and ambiguous findings were reported, the evidence became less and less conclusive that child-rearing attitudes and the personality of the child were significantly related. The matching of experimental and control groups; the statistical validation of test scales; the use of ad hoc scales without adequate test development; the definition of concepts, and the limitation of these for the purpose of scientific investigation -- all these and other problems besides, have constantly beset the attitude scale user.

Nevertheless, some researchers persisted in their attempts to construct a scale that would accurately measure parental attitudes towards child-rearing, and to demonstrate a relationship between these and later child adjustment. Schaefer and Bell (1958) produced the Parent Attitude Research Inventory (PARI), consisting of 115 items that could be scored on a rating scale from 'strongly agree' to 'strongly disagree' sentiments. These items were categorised into subscales, comprising various attitudes. The latter were derived from 32 concepts that had been gleaned from previous studies, and a survey of the literature on parent-child relationships. They are listed in full below:

" equalitarianism
nonpunishment
avoidance of tenderness
suppression of aggression
breaking of the will
autonomy of the child
ignoring the child
strictness
intrusiveness
expression of affection
infantilisation
suppression of sex
acceleration of development
comradeship and sharing
deification
martyrdom
encouraging verbalisation
seclusion of mother
harsh punishment
dependency of the mother
fear of harming the baby
fostering dependency
marital conflict
irritability
excluding outside influences
rejection of the homemaking role
avoidance of communication

ignoring the baby
ascendancy of the mother
inconsideratoness of the husband
approval of activity
abdication of the parental role "

The scale was administered to a sample of mothers four days after the delivery of their babies at a Washington hospital, over two different two-month periods. The number of children in the family, age, education, physical condition and language of the mothers were controlled. Control groups of student nurses and freshmen were used. Schaefer and Bell, like Shoben, claimed to have produced an instrument that verified their guiding hypothesis, viz.

> " ... the need dispositions, dispositional tendencies, belief-value matrices, and dynamic systems of mothers ... [implied] stable genotypical personality characteristics, ... [that these] components of maternal personality, which are relevant to her role as a mother, [could be measured, and that such measures] would permit a prediction of her behaviour with her child and the future personality adjustment of the child."

Schaefer and Bell's PARI has since been the object of much critical investigation and research. A factor analysis of the scales, using a heterogeneous sample of 222 mothers of normal children, and 131 mothers of psychiatric patients and disturbed children, and 60 mothers who were themselves psychiatric patients, yielded three factors, viz, (A) Authoritarian-Control; (B) Hostility-Rejection; and (C) Democratic Attitudes. However, it has been found that acquiescence response set on the PARI and the educational level of the mother might influence scores considerably (Zuckerman et al., 1958). An attempt was made to control this acquiescence response set by reversing the meaning of 20/23 of the original PARI items, and constructing a new scale consisting of 13 of the original subscales. But no evidence was available on the validity of this new scale (Zuckerman, 1959).

The construct validity of the original version has also been tested, by searching for a relationship between parental personality and parental attitudes, as measured by the PARI (Zuckerman and Oltean, 1959). The chief hypothesis here was that "if the dimensions of parental attitudes measured by the [PARI] scales are something more than transient opinions, they should be related to attitudes in other areas, and to relevant personality traits." The F-Scale of

Authoritarianism, the Edwards Personal Preference Schedule, and the Sears, Maccoby and Levin scales (1957; infra p.27) were all used to test a number of specific predictions arising out of this hypothesis. Sixty female psychiatric patients (mostly mothers), 24 mothers of college students, and 38 unmarried student nurses comprised the three sample groups. In general, the results were interpreted as indicating some support for the hypothesis. However, the specific correlations between the various subscales of each inventory differed among the three sample groups, and were difficult to interpret unequivocally.

To control various factors that seemed to affect PARI scores, (e.g. acquiescence response set; age, educational level and socio-economic status of the parents; family constellation variables; age, sex, and diagnosis of the child; and co-operativeness with the clinic) a further investigation was made on a sample of 165 mothers and 140 fathers of patients from two child guidance clinics, and 181 mothers and 36 fathers from a normative sample (Zuckerman et al., 1960). The results showed that parental attitudes (as measured by the PARI) were not significantly related to the diagnostic or symptomatic characteristics of the child, nor to the parents' co-operativeness with the clinic. In general, the scale failed to differentiate attitudes of clinic parents from those of non-clinic parents. Where significant differences were found, they were in a direction contrary to expectation, which suggested a possible defensiveness on the part of clinic parents. One factor that emerged as a significant contributor to test scores on the Authoritarian-Control Subscale of the PARI, was the socio-economic level of the mother. To quote the authors,

> " The current child-rearing ideal communicated to mothers by psychologists and educators stresses democratic and permissive techniques .... This communication is much more likely to affect middle-class, highly educated mothers than working class mothers ... through schools and the communication media -- womens' magazines in particular."

The mother's age was significantly related to her attitudes, though in a non-linear fashion. The age of the clinic child and the number and sex of the children in the family were also significantly related to the attitudes of both parents, but these relationships seemed to be secondarily determined by the mother's education. Because of the inconclusive findings of this study, the writers suggested that clinic applications of the PARI scale should be interpreted only with extreme caution.

The defensiveness of parents about revealing their attitudes on a pencil-and-paper type scale, and on the PARI in particular, was the object of a study by Medinnus and Mead (1965). They tried to evaluate parental attitudes towards children and child-rearing on a projective test. They used the Travis-Johnston Projective Pictures, depicting situations and relationships in the important and potentially troublesome areas of socialisation of the child, and compared these with PARI scores. Defensiveness on the PARI was found to be particularly operative in items testing the Authoritarian-Control factor, and hence the authors suggested that a clinical measure of defensiveness be applied as a corrective factor to scores obtained on the PARI.

Stone and Rowley (1965) also failed to demonstrate a relationship between the professed attitudes of parents of 'problem' children and the type of problem manifested by the child. More specifically, they found no significant differences between the professed attitudes of parents of children with 'personality problems' from those of parents of children with 'conduct problems'. The only significant difference between the two groups lay in a possibly greater demand for striving among the mothers of personality problem children. The authors interpreted their results along two alternative lines: Either PARI 'measures' have little clinical relevance; or parental attitudes (however well assessed) are simply not relevant in the child's psychopathology. (Parental age however, may also have been a significant intervening variable in this study.)

Thus it seems that neither the PAS of Shoben, nor the later PARI of Schaefer and Bell, had provided an absolutely reliable and valid instrument for the assessment of parental attitudes towards child-rearing. More rigour had indeed been achieved in the scientific investigation of such attitudes, since the earlier use of direct observational techniques, rating scales, and questionnaires. But not much had been learned about their relationship to child personality and adjustment. Not only had such relationships still to be demonstrated consistently, but their dynamics were as yet little understood.

Sears, Maccoby and Levin (1957) conducted a rather different type of investigation from the attitude-scale method, using a semi-structured interview technique. Three hundred and seventy-nine mothers of five-year olds reported in detail their feelings about motherhood and their families. They described

their child-rearing practices from the child's birth to his fifth year. They also discussed their child's current behaviour, so that the effects of some of these practices could be determined. Three important questions posed by these writers were: a) how do parents rear children; b) what effects do different kinds of training have on children; and c) what leads a mother to use one method rather than another? Implicit in the formulation of these problems seemed to be the hypothesis that the personality of the child is affected by the patterns of rearing he has experienced at the hands of his mother, who has herself used these patterns for reasons bound up with her own personality. The interviews were carefully conducted so as to minimise the effects acquiescence response set, and the superficial, stereotyped answers that may often be given to items on an attitude scale. Many areas were covered, such as the preparedness of the parents for the child's birth; feeding and toilet-training situations; dependency problems; sexual attitudes and instruction; aggression between family members; parental restrictions and demands on the child; techniques of discipline used; the development of the child's conscience; the sex and birth order of the child; the socio-economic level, age and education of the mother. So many variables in each of these areas that the findings were difficult to evaluate, or to generalise from. But some correlations in the neighbourhood of .15 to .20 were found to exist between the personality of the child and particular child-rearing practices. However low these figures may seem, the authors were confident that they were based on a large enough sample to indicate something other than a chance relationship. They interpreted their findings as having demonstrated that the child-rearing practices of parents were at least one of the influences upon the child's personality (1957, p.452):

> " To say that personality is a product of child-rearing practices, ... is not to say that nothing else has any effect .....
> .....
>
> Personality is a product of many things. Child rearing experience is but one of them.
>
> .....
>
> The importance of child-rearing as an object of study does not lie in any unique role that it plays as a determinant of personality, but in the fact that at some stages in the child's growth it introduces some effect. "

Because of their assumption that any given behaviour is the result of many influences, Sears et al expected the correlations to be small, accounting as they would for only three to four percent of the total influences upon the child personality. But they appraised their work as having made some progress in the field of research into parent-child relationships, by uncovering some real influence, however small, of parental attitudes upon the personality of the child.

Another noteworthy, and perhaps the most ambitious research project on the effects of child-rearing practices on personality, was the longitudinal study of Schaefer and Bayley (1963). Otherwise known as the Berkeley Growth Study, it was conducted at the University of California Institute of Human Development, over a period of eighteen years. Twenty-seven boys and twenty-seven girls were studied during this time, with respect to the maternal behaviour they experienced, and their own behavioural patterns. Observations were made of their overt behaviour, which was then rated on a scale device. Blind analyses were made, and no subjectivity influenced the collection of data. Assessments were made of the child's mental, motor, and physical development; of the emotional environment and the socio-economic status of the home; and of the social, emotional and task-oriented behaviour of the child. The results were again difficult to interpret, because of the variance of the correlations between maternal behaviour and child behaviour with the age and sex of the child. But in general, high correlations obtained between a "love-hostility dimension of maternal behaviour", and various child-adjustment variables. There was a suggestion of a cumulative effect of consistent parental behaviour upon child behaviour. Schaefer and Bayley claimed support for their general hypothesis of maternal influence upon the development of the child. Nevertheless, they concluded that "the human infant is not completely plastic, but responds to his environment in accordance with his innate tendencies." They also advocated that maternal and paternal behaviour should be correlated separately with the behaviour of boys and girls; that studies should be done at a number of homogeneous age levels; that the antecedents of the child's emotional and social behaviour should be investigated longitudinally; and that the interactional effect of sex of the child and sex of the parent upon parent-child correlations be determined.

Practically all the studies so far mentioned have been concerned primarily with maternal, rather than paternal, influences upon the child. Peterson, Becker et al. (1959) reported that from 1929 to 1956, 169 publications dealt with mother-child relationships, and only 11 with father-child relationships. This may have been due to the readier availability of mothers for research purposes, or to the fundamental assumption of most workers that the mother is more intrinsically involved in the shaping of her child's personality than is the father, simply by virtue of her biological role in the family. As a recent writer, (Hoffmeyr, 1965) pointed out, in discussing the differential effects of the stresses and conflicts of family life upon its individual members, their impact is

> " ... inversely proportional to the individual's capacity and opportunity for adaptation -- to the flexibility of his or her role. The husband, the child or any other member of the family has much greater opportunity for adaptation, for changing his role, than has a wife, especially during the fertile years.
>
> .....
>
> As she is always the one upon whom the newborn child is dependent, the wife will always be the one who initiates and fosters his emotional development, and whatever the social circumstances, will therefore continue to be the emotional nucleus of the family. "

Nevertheless, a growing number of research workers in the field were becoming aware of the father's role in the family. A new emphasis was made upon the influence of his attitudes and behaviour upon the personality development of the child.

In an investigation of the factors in parental behaviour and personality that might be related to disturbed behaviour in children, Becker, Peterson et al. (1959) examined the differential effects of paternal and maternal attitudes. Fathers and mothers were found to play different roles in the genesis of their child's disturbance, which could be broadly described as a 'conduct -' or a 'personality' problem. When a child had a conduct disorder, both parents tended to be maladjusted, gave vent to unbridled emotions, and were arbitrary in their behaviour towards the child. The mother tended to be active, tense, dictatorial, thwarting and suggesting, while the father tended not to enforce regulations. In the case of the personality-problem child, who was shy and sensitive, and felt inferior, only the father's attitudes could be associated

with this disorder. He tended to be maladjusted, and also thwarting of the child.

In a repeat study along the same lines, Peterson, Becker et al. (1959) found that "contrary to general assumption ... the attitudes of fathers were found to be at least as intimately related as the attitudes of mothers to the occurrence and form of maladjustive tendencies among children." Once again, conduct problems in children were found to be associated with general maternal maladjustment, and with evident paternal permissiveness and disciplinary ineffectuality. Personality problems on the other hand, were found to be relatively independent of maternal attitudes, but related to paternal autocracy and lack of concern for the child. These conclusions were subsequently re-tested by Peterson, Becker et al. (1961), using some of the Sears, Maccoby and Levin (q.v. supra) dimensions of parental attitudes. The differential hypotheses were not confirmed, but instead

> " ... A single parent attitude pattern was found to be diffusely associated with personality problems, conduct problems and autism too ... viz. the strict, cold, aggressive attitudes of the fathers .... Love and kindness seemed more important [than parental firmness] in preventing problems of all kinds among younger children. "

Rosenthal, Ni et al. (1962) designed a study to demonstrate specifically the statistical relationship between certain emotional problems of children, and types of father-child relationships. Where associations between the two variables were found, the father-child relationships were not always identical, nor were the lists of problems. Causal relationships were not proven, but instead the possibility existed that the behaviour or personality of the child may have evoked the particular kind of father-child relationship that obtained, or that may have reinforced one another in vicious circles. Nevertheless, "Unwholesome father-child relationships were associated with a high degree of certain emotional problems in children, specifically for each type of unwholesome father-child relationship."

Tamkin (1964) conducted a survey of pathogenic attitudes in the parents of emotionally disturbed children who were in residential treatment at a children's psychiatric hospital. He concluded that these attitudes did adversely affect the child's adjustment in certain basic areas of living. Parodoxically

fathers' attitudes were more pervasive. They affected the child's total and family adjustment, as well as his relationship with his parents. Mothers' attitudes seemed only to affect the latter.

Thus in summary, studies on the influence of paternal attitudes on the personality development of the child, seem to indicate that the father's role cannot be disregarded. Sometimes his influence may even override that of the mother, and in focussing exclusively upon her, one may be neglecting much else that is important in the genesis of the child's disturbance.

Argument about the relative importance of maternal and paternal influences upon the personality of the growing child has given way to a more sophisticated approach to the whole problem of family dynamics and relationships. Instead of attaching the blame for a child's personality disturbance upon one or both parents, several writers began to view the impact of the parent upon the child as only part of a larger interactional process existing between them. The child could no longer be considered as a blank slate to be inscribed upon by the parents with their benign or deleterious behaviour patterns and attitudes. Rather was the child himself now seen as an important initiator of this whole process. His genetic and constitutional make-up, the time of his birth, his sex, his position in the family, and other factors, were now presumed to be crucial in shaping his parents' attitudes towards him. His response to such attitudes, and his subsequent emotional, intellectual, social, and physical development, continued to affect and modify his parents' perceptions of him throughout his childhood years. Their primary and secondary attitudes towards him in turn, continued to shape his personality.[2]

---

2. Both Korner (1965) and Yarrow and Goodwin (1965) have stressed the need for a new way of seeing parent-child relationships in terms of their reciprocal effects upon one another. A "Two-Way Street" phenomenon was envisaged by Korner, wherein the child's own strengths and vulnerabilities were regarded as being as important as the parents' handling of him. Cause-effect relationships could not be assumed, and the parent could not be expected to take all the blame for the child's disturbed behaviour.

Thus an interactional effect has been postulated, wherein the parent and the child, and also every other family member, is thought to be inextricably involved. Furthermore, the interactionalists maintained that no individual's symptomatology could be studied in isolation, without reference to the family unit of which he was a member.

As already mentioned in Chapter II, Ackerman (1958) lent great support to this new approach. In its defence, Ackerman stated (1958, pp. 165-6):

> " It has become axiomatic that where one undertakes to study and treat an emotionally disturbed child, it is essential to attempt to evaluate and modify the pathogenic elements of the child's daily personal environment. It is usually the mother in whom these pathogenic stimuli are sought. It is self-evident however, that although the maternal influence is pivotal in the child's experience, it does not encompass his whole environment. There is no one-to-one correlation of pathogenic environmental stimuli and mother; they are not identical, though they often significantly overlap....
>
> The relationship of mother and child is a two-way process. Not only does the behaviour of the mother affect the child; the behaviour of the child also affects the mother. "

Earlier writers than Ackerman had also made a plea for the recognition of the disturbed child as a member of a family group. Thus Szurek (1952) emphasised the need for 'collaborative therapy', viz. the simultaneous treatment of the emotionally disturbed child and his parents, who may often need help as urgently themselves. He saw the child's neurosis as a "loudspeaker of the family trouble — often several generations of trouble", in many cases, and rejected the practice of labelling parents with respect to their attitudes towards their children. He cautioned therapists against overidentifying with the 'sick' child, and against seeing him as the victim of harmful parental influences. The tendency to do so arose out of the therapist's personal difficulties in working with parents, and other unconscious motivations.

Jackson (1954) introduced a useful concept of 'family homeostasis', as an extension of both Szurek's ideas on collaborative therapy, and of the notions of other writers on the family group. He defined family homeostasis in terms of communication theory, "as depicting family interactions as a closed information system, in which variations in output or behaviour are fed back in order to correct the system's response." In simpler terms, the behaviour of

one member sets into motion various adaptive responses in the significant other members of the family. These 'significant others' in the child's life include not only the mother, but the father, grandparents, siblings and also peripheral people of potential importance. The child's disturbance must thus be seen in terms of all the other members of his family group, who enable, and indeed perhaps encourage him to integrate with them on a neurotic level. An important point to remember is that the apparently healthy members of a family may only be so because they have been 'buying' mental health from the illness of the sick member. The whole parent-child, child-parent, and parent-parent interaction must be understood before the child's treatment can begin. Eventually one may be able to conceptualise phenomenological diagnostic categories, in terms of family interaction patterns, instead of using the often meaningless descriptive nosological entities of present-day psychiatry.

Jackson's idea of a homeostatic force operating within the family, greatly impressed another writer, Ferreira (1963). Ferreira extended it further, and wrote of the '<u>family myth</u>', which he saw as an inherent defence system of the whole family group. It comprised

> " ... a series of fairly well-integrated beliefs shared by all family members, concerning each other and their mutual position in the family life, beliefs that go unchallenged by everyone involved, inspite of the reality distortions which they may conspicuously imply.....
> .....
>
> .... it is a part of the way a family appears to its members, i.e. a part of the <u>inner image</u> of the group, to which all family members contribute, and apparently strive to preserve.....
> .....
> it refers to the identified roles of its members ... it expresses shared convictions about the people and their relationship in the family, convictions to be accepted a priori, in spite of the flagrant falsification which may be present ....
> .....
> often it becomes a formula for actions taken at certain defined points in the relationship. "

Here again, a circular situation was implied, which was self-reinforcing and equilibrating, however pathological the attitudes and behaviour of the persons involved might be. This view too made it impossible to see a child's disturbance in terms of specific maternal or paternal influences, but rather as part of a larger family illness, involving every member.

Fisher and Mendell (1956) had already conducted their study when Ferreira published his views, using projective tests on family members of two and more generations. They revealed common family themes and personality defences, and even extreme similarity in the specific responses of different members. A fairly specific core neurotic pattern seemed to pervade the projective expressions of individual members of family groups. An attempt was made by the authors to answer the question of why a particular family member breaks down as a result of struggles with issues that actually trouble other members too. They suggested that the family tended to 'choose' its special 'representative' to seek outside help for issues that disturbed the entire family. This throws interesting light onto the problem of how a given child's disturbance might arise within a family, and it also shows how subtle may be the parental influences upon the child's personality development.

From the evidence of the above studies, the investigator is led to adopt a middle position with regard to parental influences upon the personality development of the child; Maternal attitudes have a definite bearing on the child's behaviour patterns. This is not to say however, that they are the only important influences; that they are not sometimes secondarily engendered by the child's constitutional make-up, and its effect upon the mother; and that they cannot be tempered, modified or enhanced by the attitudes of other important people in the child's life. As yet little is understood about the subtle ways in which these attitudes express themselves, and are consequently perceived by the young child. Almost nothing is known about their changeability, or about the critical periods of the child's life at which they are likely to be most influential. Their relationship to personality in general is vague, though they do seem to be modified by cultural, educational and economic factors.

In the present chapter, the numerous variables that enter into any study of parent-child relationships have been outlined. No study can aim to control them all, but only suggest that they be constantly borne in mind. The findings of this research project, like those of the many studies quoted above, will always have to be interpreted with due regard to the uncertainties and difficulties that abound in this field of investigation.

Chapter IV

Parental Attitudes Towards the Treatment of the Emotionally Disturbed Child

The last chapter dealt with some of the literature on parental attitudes towards their children, how these attitudes manifested themselves in various child-rearing practices, and what influenced both these attitudes and practices had on the personality development of the young child.

A rather different emphasis is found in many studies that have attempted to assess parental attitudes towards the treatment of a child, whose current emotional disturbance has already indicated a necessity for it. Some workers have regarded parental attitudes in this situation, as a vitally important prognostic index of the success or failure of any treatment programme. They have sometimes stressed the need for a re-orientation of parental attitudes before any therapeutic effort involving the child can begin. The assumption of these workers has been that the pre-determined attitudes of parents towards the therapist, as a new and threatening figure in their lives, may very often induce them to sabotage the child's relationship with him, before it has even been given a chance to establish itself.

The other reason for research in this area has been an underlying notion that is similar to the one in the present study: parental attitudes towards a therapist, a treatment programme, or a clinic or institution where the child is to receive help, could be a useful clue to the attitudes of these same parents towards their child in general.

Their willingness or reluctance to co-operate, their interference with the therapy, and their attempts to dissuade the child from coming (however subtle or unconscious the means whereby this is done) may also be prognostic of the outcome of the treatment. But the apparent correlation between the early attitudes of the parent towards the child's treatment and the child's responses to it, is surely indicative of the entire interactional situation between parent and child. This has existed long before therapy is even considered, and the decision for or against it, is only another critical choice point for both parent and child, which again brings into play their customary interactional behaviour. It therefore seems that a re-orientation of such parental attitudes cannot be achieved

with the ease that some writers have supposed. This is not to deny that such efforts should not be made, nor that parental attitudes towards the child's treatment should not always be explored as thoroughly as possible, by any prospective child therapist. But they may also be the most useful guide that is available to him, of the psychopathology of his child patient.

In Chapter II, mention was made of the work of Blanchard (1940), Despert (1948; 1949), Ackerman (1958), and Cohen, Charney and Lembke (1961), all of whom were interested in parental attitudes towards the child's treatment, as indices of the parents' own emotional needs and conflicts.

As early as 1935, Dorothy Burlingham (q.v. Chapter III, footnote 1) adequately summed up the fears, guilts, and hostilities that are likely to be aroused in a mother whose child is taken on for analysis:

> " The mother who brings her child to an analyst for treatment does so usually after every other measure has been tried. She comes to the analyst because she cannot cope with her child alone, and is much relieved to find someone who will help her. Nevertheless, once the analysis is under way, she may become astonished and frightened when her desire to have the symptom removed is not all that is achieved by analysis. She sees all sorts of things being taken into account that she would much prefer to have left out. She sees the child behaving in a quite altered manner, and even treating her differently. Her relationship with the child, her actions and behaviour towards him, what she says to him, how she says it, her moods and her tempers, everything is studied from the analytical angle. That is bad enough, but when she realises that her whole private life is also being brought in, she naturally feels abused. She can understand why all that concerns the child is necessary material for the analyst, but when it comes to her private life -- that seems to her to be going too far. She will not stand for it and struggles against it. Furthermore she feels jealous even of the attention which is now being given to her child. It was she who suffered from her child's behaviour, and now it is her child who gets all the sympathy and help. She, who was most affected by his difficulties, is now not only not being considered, but an even more difficult situation is being made for her. Moreover, she feels her child is going to someone else with all his troubles as he did before to her. It does not make it easier for her to realise that this person really does understand her child better than she does. She feels humiliated. And then, added to all of this, the child begins to look at her, his mother, with newly opened eyes, even criticising her, her actions, her very thoughts; and she knows that her child finds sympathy in all of this with his new found friend, the analyst. Is it astonishing that the mother resents the analyst's efforts? Is it strange that analysts often lose cases just because parents can not stand the analysis and suddenly break off the treatment? "

Burlingham was obviously interested in the mother's attitude to her child's treatment from the first point of view discussed at the beginning of this chapter, viz. the need to re-orientate the mother in her attitudes towards her child's therapy before the latter can begin with any hope of success. She later went on to discuss the various ways in which this might be done. What is more relevant to the present study is her excellent depiction of a mother's ambivalence towards her child's treatment, and the dynamic reasons behind her conflicts. Burlingham may have described only a certain type of mother, who would experience the situation in this precise way. But at least some of the fears and resentments she has mentioned, are probably aroused in every mother who finds herself in this position. Burlingham was particularly concerned with child analysis as the therapy of choice for the disturbed child, and hence her description is of a mother whose child is engaged in this sort of treatment. Another form of treatment may not awaken the mother's anxieties in the same intensity, but would certainly do so to some extent, and for the very same reasons, whatever its form and rationale. Burlingham suggested that the mother's ambivalence is only aroused once the child's treatment has begun. It seems however, that since 1935, the average mother has become more sophisticated psychologically. She is often aware of what child therapy involves, and how she herself will inevitably be drawn into the treatment, even before the actual programme has begun. Thus she may experience some of the feelings Burlingham has outlined, even before committing herself to the first step of seeking help.

Many others have written about the early resistance in parents, especially mothers, towards their child's therapy. They have pointed out the antagonism that is often concealed beneath a variety of conscious (and sometimes not so conscious) reasons, for which parents bring the child for help. Rationalisations and intellectualisations about the child's disturbance, and their own dissatisfaction with his behaviour, are often to be detected in their expressed attitudes (Chess, 1946). The admission of failure in seeking outside help, and the inability to accept the latter once it is available, bring into operation all the defensive systems the mother can muster, when she faces the child's therapist-to-be. (Levy, 1943; Greig, 1940). Occasionally a mother may even hide her hostile attitudes towards the treatment of her child beneath an expressed over-eagerness for it, (Anna Freud, 1946). The time interval between the onset of the child's problem and the mother's request for help is also a useful clue to her ambivalence (Branscom, 1949). The difficulty experienced by both mother and child in