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## A Comparative Study of Emotional Problems in Children Who, Up to the Age of Five Years, Lived with Or without Natural Fathers and Were Examined at the Institute for Juvenile Research Before the Age of Eight Years

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A COMPARATIVE STUDY OF EMOTIONAL PROBLEMS IN CHILDREN  
WHO, UP TO THE AGE OF FIVE YEARS, LIVED WITH OR  
WITHOUT NATURAL FATHERS AND WERE EXAMINED  
AT THE INSTITUTE FOR JUVENILE RESEARCH  
BEFORE THE AGE OF EIGHT YEARS

by

Mary Claire Prendergast

A Thesis Submitted to the Faculty of the School of  
Social Work of Loyola University in Partial  
Fulfillment of the Requirements for the  
Degree of Master of Social Work

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1955

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## CHAPTER I

### INTRODUCTION

All our present knowledge of the psychosocial development of the human person points to the importance of the father in the home, however much preoccupation with the mother's role has tended to overshadow this fact.

Dr. Irene M. Josselyn,<sup>1</sup> in her book "Psychosocial Development of Children," clearly shows the necessity of the father's participation in solving the oedipal conflict of boys. While she also outlines the oedipal conflict in girls, she does not lay stress on the part played by the father in the girl's resolution of the conflict, acknowledging that present understanding of the dynamics here is not as clear as it is in the case of the boy's conflict.

Dr. O.S. English and Dr. Gerald Pearson<sup>2</sup> are more explicit in their book "Emotional Problems of Living," pointing out that absence of the father affects the girl in much the same way as absence of the mother affects the boy. The doctors however, make the significant remark that they had never seen a boy who was

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<sup>1</sup>Irene M. Josselyn, Psychosocial Development of Children, Family Association of America, New York, 1948.

<sup>2</sup>D.S. English and Gerald Pearson, Emotional Problems of Living, New York, 1945.

brought up in a completely motherless home. There is always some kind of mother figure around a house. On the other hand, it is not rare to see children in a completely fatherless home. Thus, from the practical point of view, the absence of the mother, according to English and Pearson, is not as serious an injury to the small boy as is the absence of the father.

When such absence occurs, both boys and girls are exposed to the risk of not developing the capacity for sound heterosexual relationships. There is an even more fundamental danger, very clearly stated by English and Pearson in the work already mentioned, when they say in speaking particularly of the boy:

By identification with his father he learns to renounce through love for another person the uncultured methods of gratification for his needs and desires, realizing that such renunciation still permits him their gratification and does not expose him to the anxiety that would be his lot if they could not be gratified. This is important because the whole structure of civilized society is built on this renunciation, because of love for other people, of a method of obtaining gratification, not of the gratification itself.<sup>3</sup>

Dr. Pearson,<sup>4</sup> writing on his own, in a book entitled "Emotional Disorders of Children" emphatically states that a child needs the visible presence of both parents to help him solve the problem of his conflicting feelings towards them. It seems evident that absence of a parent would seriously affect the development of the child.

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<sup>3</sup>Ibid., p. 92.

<sup>4</sup>Dr. Gerald Pearson, Emotional Disorders of Children, New York 1949.

Dr. English goes one step further than most, in his article "The Psychological Role of the Father in the Family" which appeared in "Social Casework" in October of 1954. Here he does not concentrate on the child's oedipal conflict and the father's importance in this. He shows that only the father can give the mother the necessary physical and emotional security, satisfaction and stimulation that will enable her in turn to give these to the child. Dr. English further stresses the importance of the father's interest in the infant directly, forming from the beginning the child's concept of the masculine. This holds for both boys and girls.

There seems, indeed, to have been a deep-seated awareness of all this in humanity as a whole, which has always extended sympathy and succor to the widow and the orphan, that is to say to the fatherless family. In recent times the child from the broken home has received much sympathy and attention while undergoing scrutiny of his personality. Since the child remains with the mother in the majority of cases, or obtains a substitute mother if separated from his own, study of the effect of a broken home on the child might be said to be equivalent to study of the absence of the father, and its impact on the child, with due regard to the various causes of absence.

This, then, is the focus of the present study. In the article by Dr. English already mentioned, he points to the paucity of research on the role played by the father in the family and suggests



this as an area for investigation. The present study has been prompted by that suggestion. The importance of the father in the child's development has been clearly emphasized in existing literature on the child. His absence, therefore, should logically have an effect on the child. Does clinical experience bear this out and if so, in what way? That was the question to be answered.

It was decided that a valid answer might be found by comparing the personalities and problems of children without fathers, in a clinical setting. For this purpose the Institute for Juvenile Research in Chicago was selected. It is the oldest child guidance clinic in the United States and offers excellent facilities for research being itself very much oriented in this direction and vitally interested in this aspect of the work.

It was possible to use the International Business Machine at the clinic to select all cases of children under eight years of age who, during the first five years of life, had experienced absence of the father. This selection resulted in a total of 242 cases, covering the period from January 1949 when the I.B.M. was installed at the clinic, to July 1953. Of these two hundred and forty-two case records 230 were available for the study. While this total was less than might be desired it was thought unwise to include an older age group because of the added complications of prepubertal problems which might confuse the issue.

From the available 230 records the following cases were eliminated by hand:

(1) Physical incapacity

- (2) Organic brain damage
- (3) Feeble mindedness
- (4) Adoptive studies
- (5) Incomplete diagnosis
- (6) Children in institutions
- (7) Absence of mother during first five years  
of child's life
- (8) Presence of a father substitute during first  
five years of child's life.

There remained a total of sixty cases, thirty-nine of boys and twenty-one of girls, constituting the first group of the study.

The various catagories mentioned were eliminated as possible. One such factor impossible to control, however, was the interaction between mother and child, but this would affect both groups in the study and so tend to cancel out as a disruptive element in the comparison. There were several factors not so happily counteracting each other which proved equally impossible of control, such as traumatic experiences of the child, operations, accidents, frights. Sibling rivalry and marital discord, personality of the parents, ethnic background, religion, economic standing and many other like elements were not controlled in this study as factors that may have influenced the maladjustment of the child. Subsequent research, if undertaken, may eventually be able to isolate the factor of father's absence and give it its true value in relation to the child's problems. Such a detailed study, however

would be beyond the limits of time set for this thesis and was therefore not attempted.

No case of a child with an I.Q. lower than eighty on the Stanford-Binet scale was included since his personality difficulties might have been promoted by his slow mentality; and no child having a father substitute was included, whatever the age of the child when the substitute appeared, because it was felt that the latter's attitude to a child, not his own, might influence the child and so introduce further ambiguity into the comparison of the two groups of children under consideration.

The second group, consisting of in the study would have to correspond numerically to the first group if any comparison were to be made, and it would have to be selected from the same age group seen at the clinic over the same time period.

With the aid of the I.B.M. it was ascertained that over the period from January 1949 to July 1953, a total of 911 children under eight years of age, with fathers in the home during the first five years of the child's life had been seen at I.J.P. From these, records of thirty-nine boys and 21 twenty-one girls had to be selected in order to match the first study group. The total was therefore divided manually according to sex, giving 630 records of boys and 281 of girls. In order to obtain the correct number of each sex it was decided to take a random sample, selecting every sixteenth case for the boys and every thirteenth for the girls.

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5. See appendix, page one

Should the case thus selected have to be discarded for any of the reasons already outlined, the next consecutive case was taken until one that met the requirements of the study was reached. In all, 105 cases were read to obtain the desired number of boys' records, and ninety-two were read to obtain the desired number of girls' records. The second group, thus obtained, corresponded in number to the first one, numbering thirty-nine records of boys and twenty-one of girls.

In selecting or discarding cases it often proved necessary to read many pages of treatment interviews in order to clarify periods of absence, true identity of the male in the home, physical disability of the child, or other such material prone to misinterpretation.

To facilitate collection of the necessary data, a schedule was drawn up covering or consisting of nick stimes as on these were noted the case number, name, study number, sex, I.Q., grade, date of diagnosis and age of child at that time, also the presence or absence of father, the type and length of absence, and finally the problems presented by the child.

Three students collaborated on the collection of the data, the setting up of schedules and everything connected with the study except the actual writing of the thesis. This was left to each individual student who was at liberty to deal with the material in his own way.

As far as could be ascertained there was no published study of this type when the present work was begun. There were examples

of studies on absence and separation, illustrated mostly by individual clinical examples.<sup>6</sup> However, while this study was in process, another thesis, under the title "Oedipus Dethroned" was discovered in the library of Wayne University, Detroit. The author, Mr. Melvin S. Copeland, seems to focus mainly on disproving a previous thesis by another author which seemingly pointed out a causative co-relation between absence of the father and problems of the child. It was felt that "Oedipus Dethroned," while of much interest, was not of particular relevance to this study since the classification of problems differs in the two and, therefore, affords no valid ground for comparison.

As outlined earlier, this thesis starts out with two groups already matched, and will be confined entirely to listing and comparing the clinical findings in each. It must be remembered throughout that both groups are pathological. The distribution of the problems found will determine whether Oedipus and satellites reign, are dethroned, or remain as yet incompletely investigated.

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<sup>6</sup> Margaret L. Meiss, Psychoanalytic Study of the Child, VII, Ruth S. Eisler, et. al., eds., International University Press, New York, 1952.

Milton Rosenbaum, "Emotional Aspects of Wartime Separation," The Family, New York, XXIII-IX, January, 1944

Samuel Lerner, "Effects of Desertion on Family Life," Social Casework, New York, 1954.

## CHAPTER II

### PROBLEMS FOUND WHEN FATHER PRESENT IN THE HOME

From the general experience of the clinic it was expected that rather few children would appear from the preschool age group as parents often do not become concerned about a child's problem until he begins to get into difficulties in school because of it.

A glance at the distribution of ages in the group with fathers present in the home will show that this expectation was justified.

TABLE I  
FREQUENCY DISTRIBUTION ACCORDING TO AGE

Age in years	Boys	Girls	Total
One to two	0	0	0
Two to three	3	1	4
Three to four	2	6	8
Four to five	6	1	7
Five to six	5	5	10
Six to seven	14	4	18
Seven to eight	9	4	13
Total	39	21	60

Of the sixty children in this group, thirty-one or slightly more than half, were between six and eight years of age, while there were none younger than two. However, when the figures are broken down according to the sex of the children, the picture for the girls shows up as different, the heaviest emphasis for them coming in the three to four year old bracket.

No child in the study had an I.Q. of less than eighty, generally on the Stanford-Binet scale, so that all children fell within or above the normal intelligence range. The group with fathers present had an I.Q. ranging from eighty to 140, with the highest frequency of cases at the ninety to 109 level. The picture remained practically the same when broken down according to the sex of the children.

TABLE II

## I.Q. DISTRIBUTION OF GROUP WITH FATHERS PRESENT

I.Q.	Boys	Girls	Total
80-89	3	2	5
90-109	17	8	25
110-119	9	2	11
120-139	9	7	16
140-	1	2	3
Total	39	21	60

The problems presented by this group of children (those with fathers present in the home) fall into a distinct pattern as can be seen by glancing at the bar graph on the next page. The greatest number of problems, eighty-three in all, is found under the heading of personality difficulties with other than the peer group. (Fairly close behind comes the problem area of somatic dysfunction, with seventy-five instances, and after that there is a very decided drop; the next category, socially unacceptable acts, having only forty-eight instances. After that there is a steady drop in numerical importance, the next highest category of personality difficulty with peers having twenty-nine instances, learning defects fourteen and sex problems eight.

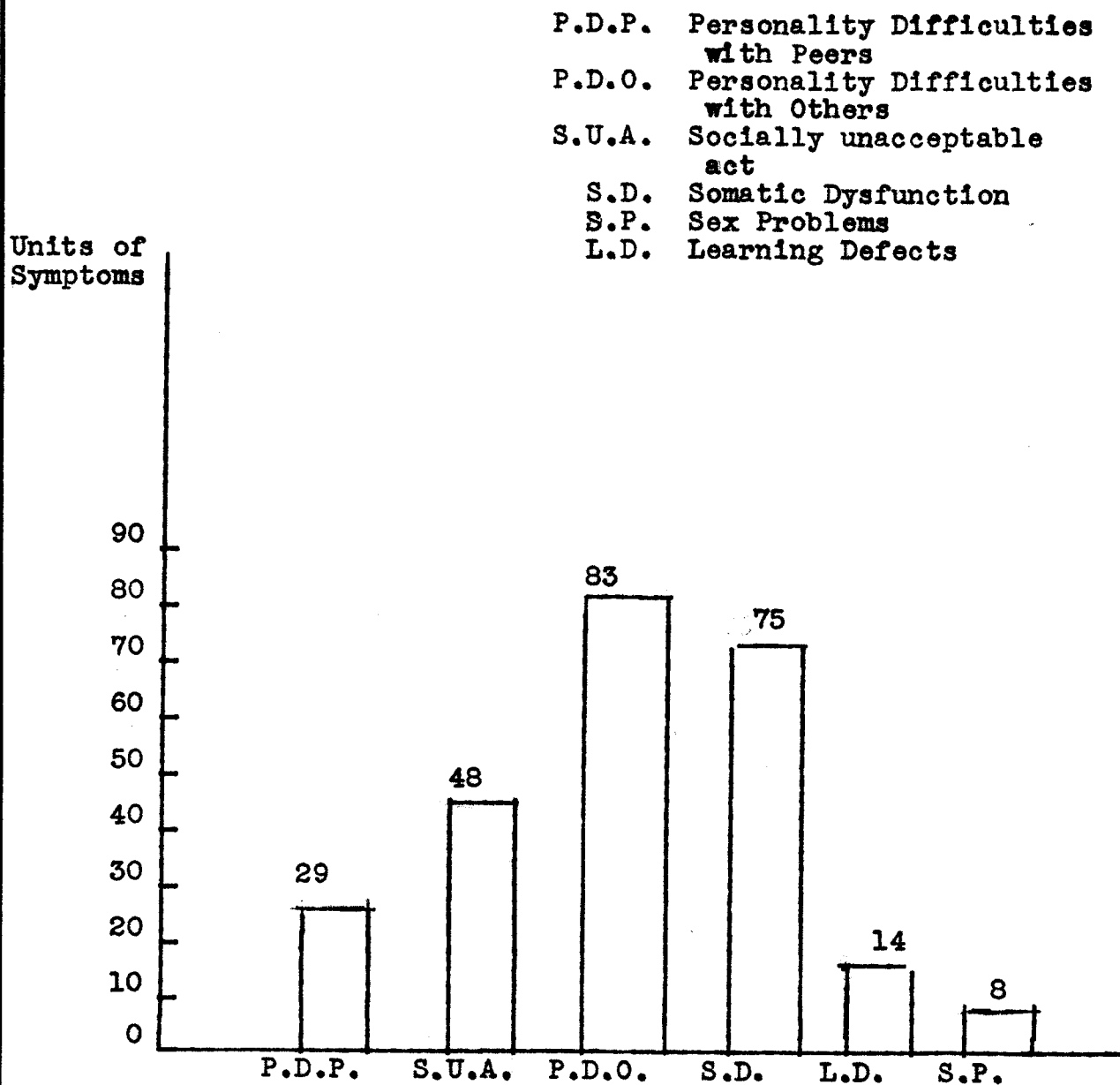
The number of instances of a problem under each major heading does not necessarily correspond to the number of children showing this symptom. Each major heading, except that of learning defects, is broken down into several sub-headings. One child may have a problem in more than one of these sub-areas and so account for more than one when the symptoms are totalled.

The area of personality difficulties with other than the peer group seems to be by far the most serious one for the group of children with fathers present in the home. Table III on the following page gives the various sub-headings for this major problem area, together with the frequency of problems under each sub-heading. The figures under the latter do correspond to the number of children displaying the symptom. This helps to clarify the picture



FIGURE I

## PROBLEMS PRESENTED BY GROUP WITH FATHERS PRESENT



for purposes of comparison later on.

It will be seen immediately from the table that the emphasis in this area of personality difficulty falls under the heading "restless, excitable," and this holds very markedly for both boys and girls. For the boys it is the only major difficulty, the next in line which is shyness, claiming only seven cases. The girls show more evidence of rather generalized disturbance outside of the peak area they share with the boys. Out of a total of twenty-one girls there are six chronically anxious or fearful, four shy, three reluctant or fearful of school and three given to peculiar actions, delusions or phobias.

TABLE III

PERSONALITY DIFFICULTIES WITH OTHER THAN  
PEERS IN GROUP WITH FATHERS PRESENT

Symptoms	Boys	Girls	Total
Depresses, discouraged	2	1	3
Restless, excitable	23	11	34
Shy	7	4	11
Chronically anxious or fearful	3	6	9
Reluctance or fear of school	3	3	6
Overly conforming, submissive	2	0	2
Peculiar actions, delusions, phobias	4	3	7
Frequent nightmares	3	2	5
Other	2	4	6
Total	49	34	83

The problem of somatic dysfunction is second in importance on the list for children with fathers in the home, having a total of seventy-five instances of symptoms in this area. Here the emphasis falls heavily on fixation enuresis but, curiously, is confined almost entirely to boys, the girls showing only two cases of it and no case of any other kind of enuresis, whereas the boys group has one and two instances respectively of regression and diurnal enuresis. This particular dysfunction is understood to have a hostile or sexual component and its appearance in boys with fathers in the home is not surprising in view of the strong possibility of oedipal conflict. Perhaps girls express this otherwise. Their picture of somatic dysfunction is rather evenly spread out with one, two and three instances of most symptoms other than tics, soiling and the types of enuresis already mentioned, where girls show no instances. They have a slight emphasis on feeding problems, having five of these, and on speech defects other than stuttering, where they have four instances. The two last mentioned problems are also the most marked areas for the boys, next to enuresis. The table on the following page gives a clear picture of the symptom distribution.

The total picture would seem to be, then, a marked difficulty of enuresis of the fixation type for the boys, and for all children in the group oral difficulties of speech defect, feeding problems and nail biting. Sleep disturbance is proportionately much greater among the girls, as indeed are thumb sucking, stuttering, nail

biting and feeding problems. The somatic dysfunctions of the whole group seem oral and anal connected in a marked degree.

TABLE IV  
SOMATIC DYSFUNCTION

Symptoms	Boys	Girls	Total
Enuresis (fixation)	14	2	16
Enuresis (regression)	1	0	1
Enuresis (diurnal)	2	0	2
Soiling	2	0	2
Nail biting	3	3	6
Thumb sucking	1	2	3
Speech defect (stuttering)	2	2	4
Speech defect (other)	7	4	11
Tics	1	0	1
Allergic condition	2	1	3
Glandular syndrome with obesity	0	1	1
Neurologic	1	1	2
Feeding problem	6	5	11
Sleep disturbance	2	3	5
Other	4	3	7
Total	48	27	75

The third major area of difficulty for these children is in that of socially unacceptable acts, though this ranks far below

the other two, having a total of only forty-eight instances. The following table shows the breakdown of symptoms manifested by the boys and girls in this group in the problem area of socially unacceptable acts.

It can be seen immediately that disobedience and temper are the predominant problems, almost to the exclusion of all others.

TABLE V  
SOCIALLY UNACCEPTABLE ACTS

A

Symptoms	Boys	Girls	Total
Temper	9	6	15
Stealing (solitary)	1	0	1
Stealing (group)	0	0	0
Truancy (school)	2	0	2
Running away from home	0	1	1
Disobedience with hostile component	12	1	13
Disobedience, mild or unspecified	2	7	9
Lying	2	0	2
Firesetting	2	0	2
Destructiveness	2	0	2
Jealous of sibling	1	0	1
Total	33	15	48

The hostile disobedience is almost entirely confined to the boys, while the girls have a high rate of mild or unspecified disobedience, which fits our popular concept of the feminine. However the girls show proportionately high instances of temper even though all children have this as their second greatest problem.

These children also have personality difficulties with peers though to a far less marked degree than with others. The table below shows the rather inconclusive distribution.

TABLE VI  
PERSONALITY DIFFICULTIES WITH PEERS

Symptoms	Boys	Girls	Total
Bullying, domineering, aggressive	4	2	6
Victimized, teased	1	0	1
Withdrawn, seclusive, day dreaming	4	4	8
Generally immature	4	3	7
Overly competitive with sibling	3	3	6
Overly competitive with other children	0	1	1
Total	16	13	29

The over-all picture here is a two-faced one, very suggestive of the insecure child. On one side is withdrawal, seclusiveness, general immaturity; on the other is bullying, aggressiveness and over competition, the latter confined almost entirely to sibling rivalry. However, since the whole area of peer difficulties does

not rank very high among the problems of children with fathers' in the home, the picture must not be taken on its face value, so to speak, but must be seen in conjunction with all the other pieces of the total picture.

One of the last pieces of this total picture is entitled "sex problems." There is little to tabulate in it, as the boys show nothing here but one instance of homosexuality, which in itself is rather suspect, as it is difficult to visualize homosexuality at a pre-heterosexual stage of development. The girls show five cases of overt or excessive masturbation, and one case of both peer sex play and wearing of boy's clothes. Perhaps the girls substitute masturbation for the enuresis so markedly absent among them and so prevalent among the boys. Whether viewed as a whole or broken down according to sex, the figures above seem to indicate very clearly that sex problems are among the least of the worries besetting maladjusted children with fathers in the home.

The last remaining problem area is that of defect in learning. The only symptom listed for this problem area is "learning retarded, progress unsatisfactory" which of itself could cover many different kinds of learning blocks. Five girls and nine boys experienced this problem, which makes the proportion fairly even and which points to this area also as one of relatively little difficulty for the study group.

Putting all the pieces together again we get a picture of these children as having serious trouble in dealing with others,

though much less pronounced with their peers; of suffering considerably from somatic dysfunction and of having a fairly high incidence of socially unacceptable acts. In the areas of learning and sex problems their difficulties seem minimal.

Whether or not father provokes all this behavior it can be clearly seen that he has a hard time of it when he does stay home. However, it must at all times be borne in mind that this study deals only with the pathological child who, by definition, is having difficulty with the normal functions of life.



## CHAPTER III

### PROBLEMS PRESENTED WHEN FATHER ABSENT FROM THE HOME

Generally speaking it is thought that absence of a parent may represent desertion or rejection to the child regardless of the reasons for absence. It would be reasonable to suppose that this can change from one child to another and can be dependent on many other factors such as parent's previous relationship with the child, preparation for the separation, the child's ability to grasp the reason for the absence and even on the child's birth which, in this particular study, occurred in some cases during the father's absence.

It does seem, however, that the type of absence would have some bearing on the child's reaction, especially if the child be of an age and intelligence to grasp distinctions. Desertion or death of the parent would, conceivably, be more traumatic to the child than would the parent's absence on a prolonged business trip or in military service. It was, therefore, decided in this study to note the type and length of absence and the age of the child when the absence occurred.

The figures showed that for the boys the greatest number of absences of fathers occurred within the first nine months of the

child's life; there being a total of twenty here out of the group of thirty-nine. Fourteen out of the twenty absences occurred within the first three months of the child's life. This is very much out of proportion to the figures for any other period in the first five years of the child's life, the next highest frequency of absence being ten, and occurring within the three to four year period.

For the girls, the picture differed strangely. In six cases the absences of the father occurred in the child's first year of life and also in the third, and there were six cases where father left at various times within the first five years. That totaled eighteen, leaving one instance each for second, fourth and fifth years of the child's life.

Originally a table was set up showing types of absence, length of absence and the corresponding problems presented by the child, but no significant pattern was discernible and no valid basis of comparison could be established because of the varying lengths of absence within each type and the varying ages of the children when these took place. The break-down, furthermore, resulted in figures too small to be statistically meaningful. Added complications arose in the case of those fathers who were absent at different times for different reasons and for varying lengths of time. Any correlation between the child's problems and any given type or length of absence would, therefore, be misleading.

It will suffice then to mention the different types of

absence revealed by the study, although here too there would be some shift in emphasis if broken down according to the sex of the child. In order of frequency, the absences for the group as a whole were found to be due to separation, military service mixed reasons, divorce and desertion, illegitimacy, hospitalization and death. Those accounted for under mixed reasons were those cases where two or more different types of absences occurred. A father, for example, on returning from military service might desert the family, return home after a while and finally divorce. If the absences were continuous rather than intermittent they were accounted for under the initial type of absence regardless of whether this changed subsequently.

The lengths of absence ranged all the way from under three months to the full five years under consideration. For the boys, absence of less than one year's duration claimed the highest frequency of ten; for the girls, by far the heaviest emphasis was on absences of one to two years of which there were eight cases in all.

This whole subject of type and length of absence and age of the child when the absence occurred is a complex one and would require minute study and tabulation, with greater numbers of cases than were available for this study, before any meaningful or valid correlation could be drawn between the child's problems and these three factors.

As with the group having fathers in the home, no child with

an I.Q. of less than eighty was included in the study group of children with fathers absent. The I.Q. range is shown in the table below. Here too, the majority were in the ninety to 109 bracket with a slight distortion for the girls where the greatest frequency came in the 110 to 119 bracket. The girls showed a tendency on the whole to have a higher intelligence score.

TABLE VII  
FREQUENCY DISTRIBUTION ACCORDING TO I.Q.

I.Q.	Boys	Girls	Total
80-89	8	4	12
90-109	22	5	27
110-119	6	7	13
120-139	2	4	6
140-	1	1	2
Total	39	21	60

The expectation that the greatest number of children would be found within the school age bracket rather than within that of the pre-school age was again amply fulfilled when the statistics were lined up for this group of children whose fathers were absent from the home. The table on the following page shows that by far the greatest number were between six and eight years old at the time of the diagnostic staffing, though within this age

bracket the emphasis is different for the sexes. It can be said that the boys show a rather steady pattern of increase in numbers with increase in age and the girls show a more erratic one which delight the hearts of those who charge women with vascillating behavior but which seems to have little significance within the framework of this study.

TABLE VIII  
FREQUENCY DISTRIBUTION ACCORDING TO AGE

Age in years	Boys	Girls	Total
One to two	1	1	2
Two to three	0	1	1
Three to four	1	2	3
Four to five	2	5	7
Five to six	5	2	7
Six to seven	13	7	20
Seven to eight	17	3	20
Total	39	21	60

It is in the problem areas of the two groups of children that the main significance of this study centers. As with the group of children with fathers present, this group with fathers absent now under consideration, shows a distinct profile as can be seen from the bar graph on page 26.

The most outstanding difficulty is that of socially unacceptable acts, personality difficulties with other than peers being next in line, and somatic dysfunctions coming very closely behind. Those are the three major areas which stand out impressively. After that there is a distinct drop in the frequency of symptoms manifested to the next area of difficulty, that with the peer group. Learning defects and sex problems come very far behind.

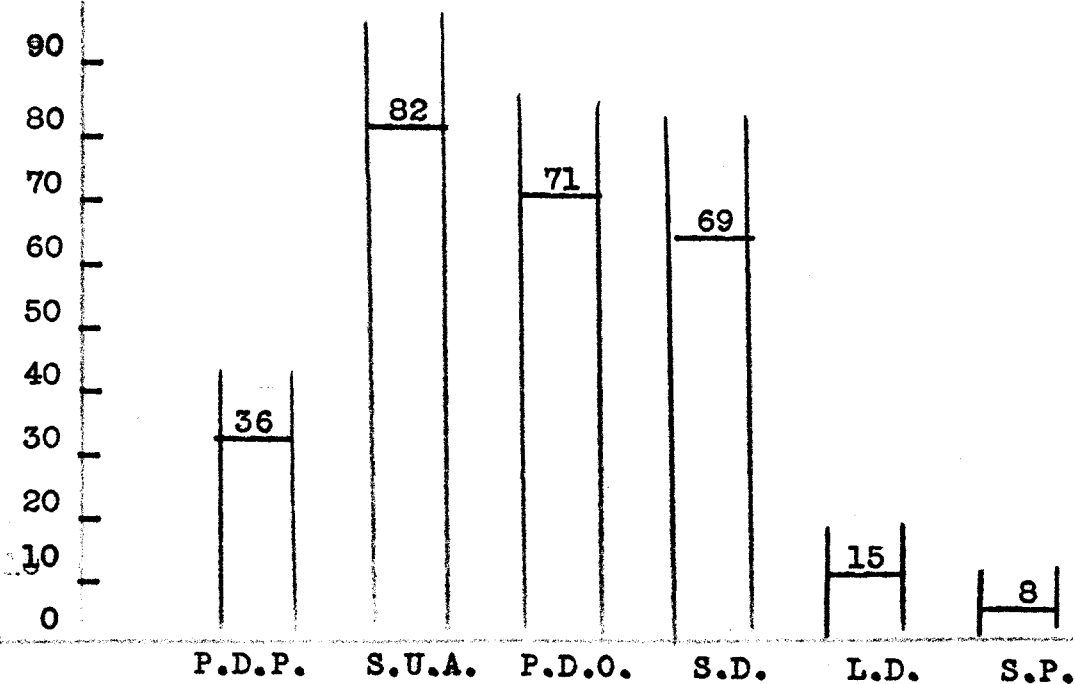
TABLE IX  
SOCIALLY UNACCEPTABLE ACTS

Symptoms	Boys	Girls	Total
Temper	13	10	23
Stealing (solitary)	3	2	5
Stealing (group)	1	0	1
Truancy (school)	2	0	2
Running away from home	2	0	2
Disobedience with hostile component	9	2	11
Disobedience, mild or unspecified	13	9	22
Lying	3	1	4
Firesetting	3	0	3
Destructiveness	8	0	8
Other	1	0	1
Total	58	24	82

FIGURE 2

## PROBLEMS PRESENTED BY GROUP WITH FATHERS ABSENT

P.D.P. Personality Difficulties  
with Peers  
P.D.O. Personality Difficulties  
with others  
S.U.A. Socially unacceptable  
acts  
S.D. Somatic Dysfunction  
S.P. Sex Problems  
L.D. Learning Defects



Since socially unacceptable acts form the most outstanding problem of this group, an examination of what this actually means is in order. The following table illustrates the symptoms associated with this problem area.

It must be borne in mind throughout the consideration of the problems involved that there may appear more problems than children since each child may show more than one symptom.

Among the socially unacceptable acts, a display of "temper" seems to be most prevalent, closely followed by the "mild or unspecified type of disobedience." Boys and girls follow the same pattern in this except that the girls show more temper than disobedience and the boys have an equal number of both of these symptoms. What the boys do not work off in temper they seem to put into "destructiveness" and "disobedience with hostile component." The girls show little or nothing of these two symptoms. "Lying," "firesetting" and "truancy from school" are problems also found exclusively among the boys.

From the table shown on the following page it is easily seen that this group of children suffers from "restlessness and excitability" more than from any other symptom listed, and this to a remarkable degree almost reducing the other symptoms to insignificance by comparison. "Shyness," "depression and discouragement," with "chronic fear and anxiety" show up too, but to a minor degree especially in the boys. It is curious that only the boys show "reluctance or fear of school." This would hardly be equally true



of the universe, as of the sample, since clinical experience demonstrates school phobias among girls as well as boys.

The third big area of pathology for this group of children with fathers absent, is that of somatic dysfunction. Here there is an interesting lack of concentration on any one symptom compared to analyses of other problem areas.

Personality difficulties with other than peers have been spelled out under the following headings descriptive of symptomatology in this problem area:

TABLE X  
PERSONALITY DIFFICULTIES WITH OTHER THAN PEERS

Symptoms	Boys	Girls	Total
Depressed, discouraged	4	3	7
Restless, excitable	22	14	36
Shy	3	5	8
Chronically anxious or fearful	4	3	7
Reluctance or fear of school	4	0	4
Overly conforming, submissive	0	1	1
Peculiar actions, delusions, phobias	2	0	2
Frequent nightmares	1	2	3
Other	2	1	3
Total	42	29	71

"Nail-biting" shares first place with "speech defects other than stuttering" and there is only one instance all told of the symptom of stuttering. Boys and girls share the two dominant symptoms (very fairly) and with exactly the same figures in the same ratio for each symptom. "Enuresis," if considered regardless of type, would rank next in line, with the girls here having proportionately more than the boys. "Feeding problems" and "sleep disturbances" run a close third, and again the girls show proportionately higher instances in both cases. "Thumb-sucking" is the only other noteworthy problem and here too the girls show a higher rate of this symptom than the boys in proportion to their total numbers.

In this area of somatic dysfunction, then, no very dramatic pattern is evident. The symptoms are greatly diffused, with the girls suffering proportionately more than the boys from the various dysfunctions. As with the other problem areas already discussed, a table will best serve to illustrate the findings under the heading of somatic dysfunction.

The fourth major problem area for the group under consideration falls considerably behind the third, as can be clearly seen on the bar graph. Here again the pattern is not dramatic, the category of greatest frequency being "general immaturity," which is hardly startling in pathological children. Nor is it surprising to find symptoms of "withdrawal" and "bullying" in equal numbers, as one would find the two faces of the same coin. The girls

show proportionately somewhat more of both these symptoms. "Overly competitive" characteristics are confined almost entirely to boys in this group which is an interesting reversal of what occurred in the companion group of children with fathers in the

TABLE XI  
SOMATIC DYSFUNCTION

Symptoms	Boys	Girls	Total
Enuresis (fixation)	3	1	4
Enuresis (regression)	2	3	5
Enuresis (diurnal)	0	1	1
Soiling	1	1	2
Nail biting	8	3	11
Thumb sucking	4	3	7
Speech defect (stuttering)	1	0	1
Speech defect (other)	8	3	11
Tics	1	0	1
Allergic condition	1	0	1
Glandular syndrome with obesity	0	0	0
Neurologic	0	2	2
Feeding problem	5	4	9
Sleep disturbance	3	6	9
Other	3	2	5
Total	40	29	69

home, both sexes manifesting this symptom in equal numbers. The following table shows the symptoms considered as illustrative of personality difficulties with peers.

TABLE XII  
PERSONALITY DIFFICULTIES WITH PEERS

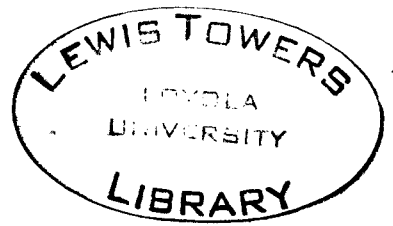
Symptoms	Boys	Girls	Total
Bullying, domineering, aggressive	4	2	6
Victimized, teased	1	0	1
Withdrawn, seclusive, day dreaming	3	3	6
Generally immature	8	3	11
Overly competitive with siblings	5	1	6
Overly competitive with other children	5	0	5
Total	26	10	36

Considering that the group studied has a high percentage of school age children, learning problems assume a very minor importance. Among the sixty children with fathers absent, a total of only fifteen learning problems was listed, ten for the boys, five for the girls. This represents exactly fifteen children also as there is no further breakdown of the problem, all school difficulties here being listed under "progress unsatisfactory, learning retarded."

Last in numerical importance comes the area of sex problems, where there is only a total of eight problems recorded, for this

study group so that a table is unnecessary. Of the eight, six are found among the girls, there being three instances of "excessive or overt masturbation," and one each of "obscenity," "rape" by father, and "excessive sexual interest." The two cases among the boys are listed under "excessive or overt masturbation."

When an attempt is made to effect a synthesis of the component parts discussed in this chapter, there emerges a total picture of children whose greatest pathology lies in the area of socially unacceptable actions, concentrating there in the areas of "temper" and "unspecified or mild disobedience." In close competition for second place in the list of pathology come personality difficulties with other than peers, the accent being very strongly on "restless excitable" behavior, and somatic dysfunctions which spread out in a more even pattern. Learning defects and sex problems take on minor significance, the former being rather proportionately divided between the sexes but the latter being heavily weighted on the side of the girls.



## CHAPTER IV

### COMPARISON OF PROBLEMS PRESENTED BY EACH OF THE STUDY GROUPS

There are numerous points of comparison between the two groups of children studied, even apart from the problems presented. However, it seems irrelevant to dwell on such items as I.Q. for example, except to say that, while in both groups the heaviest concentration was in the average range of ninety to 109, the children with fathers in the home were somewhat better endowed, having twenty-nine above this average group and only five below, whereas the children whose fathers were absent from the house had twelve below and only twenty above the average range. There seems little one can draw from this unless a suspicion that the less well endowed child can less well support the father's absence or that the child with a father in the home has a better chance to develop his potentials. Either assumption would be precariously based, and would be further confused if the groups were broken down according to sex, since the girls suffering from father's absence have their heaviest concentration in the I.Q. range of 110-119 whereas the girls with fathers in the home have their heaviest concentration in the lower grouping of ninety to 109 I.Q.

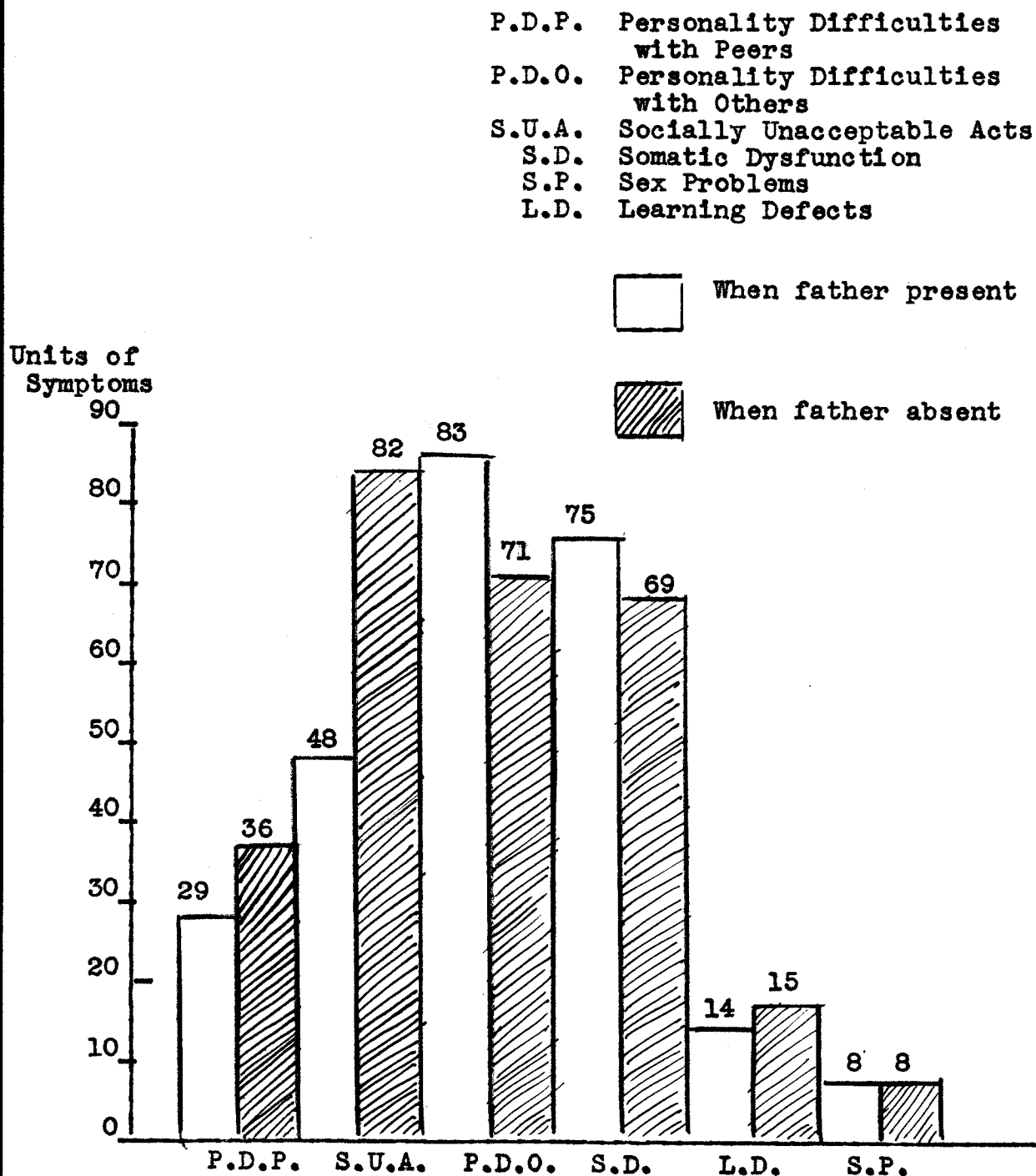
Age distribution is another factor of probably minor importance, although the findings indicate that children with fathers in the home come to the clinic with their problems at an earlier age, on the whole, than do children with fathers out of the home, since forty out of the sixty in the latter group were within the highest age bracket of six to eight years and only thirty-one out of the sixty in the other group fell within this age range. However, the same tables show that, from the group with fathers out of the home, there were two brought to clinic when under two years of age, while there were none at such a young age from among those with fathers in the home. When the figures are further broken down according to the sex of the children it is found that the girls do not present as consistent a picture for comparison as do the boys. On the whole, however, the figures do justify the statement made earlier that children with fathers in the home appear with their problems in the clinic at an earlier age than do those with absent fathers. Whether they also develop their problems at an earlier age is not known from this study.

In view of the focus of this study it seems much more important to dwell on a comparison of the problems actually presented by the two groups of children. For this purpose the bar graph on the following page was plotted to give an immediate over-all picture.

It will be noted immediately that there is a great similarity between the two groups. The three highest ranking problems for

FIGURE 3

## PROBLEMS PRESENTED BY BOTH GROUPS





children with fathers absent are fairly close together, the figures being eighty-two, seventy-one, sixty-nine, which shows this group to have three quite major problem areas those of socially unacceptable acts, personality difficulties with other than peers and somatic dysfunction. The children with fathers present seem to have two major problem areas, those of personality difficulties with other than peers and somatic dysfunction, the figures being eighty-three and seventy-five respectively. The next highest figure, for socially unacceptable acts, drops to forty-eight. This gives a distinctly different profile for the two groups. For those with fathers in the home the peak comes in the problem area of personality difficulties with other than the peer group, and for those with fathers absent the preponderance comes in the area of socially unacceptable acts.

This bears further scrutiny. The children with fathers in the home showed forty-eight instances of socially unacceptable acts as against a total of eighty-two instances shown under the same heading among the children in the other group. This suggests a very much higher rate of social maladjustment in children whose fathers have been absent. The discrepancies are further enhanced when the figures are compared for the eleven component problem symptoms making up the category of socially unacceptable acts.

It is very interesting that children whose fathers had been absent showed a far higher incidence of "temper tantrums" than the children in the other group. The figure was twenty-three for

the former and fifteen for the latter. They also showed a very much higher rate of "mild or unspecified disobedience"--the figures were twenty-two as against nine--whereas children with fathers present showed a somewhat higher rate of "disobedience with hostile component." The figures here were thirteen as against eleven. "Destructiveness" was more evident among children with fathers absent, where eight cases of it showed up, as against only two among children with fathers present. Curiously enough, the girls showed no "destructiveness" in either group.

The girls with fathers absent, however, showed appreciably more disturbance in the whole category of socially unacceptable acts, having a total of twenty-four here as against the other group's fifteen. Girls with fathers absent showed ten "temper" problems as against six for the girls with fathers present and nine "mild or unspecified disobedience" problems as against seven in the sister group. Where this latter group of girls with fathers present showed no instances of solitary stealing or of lying, the other group showed respectively two cases and one. On the other hand one girl with father present in the home had a problem of running away while this did not figure at all in the other group of children. Interestingly enough, this is reversed in the boys' groups. There are two instances of running away from home in the group with fathers absent and none at all in the other group. Since we know that the dynamics of relationship between father and child differ with the sex of the child, these reversals

would seem logical. In this connection it is noteworthy that the girls showed very little "disobedience with hostile component in either group, but a substantial amount of "mild or unspecified disobedience" in both groups, though more accentuated in the group with fathers absent, where the figure was nine as against seven in the sister group.

The boys show an intriguing reversal of disobedience types when the two groups are compared. Those with fathers in the home had only two cases of "mild or unspecified disobedience" and twelve cases of "disobedience with hostile component." The boys with fathers absent showed thirteen cases of "mild or unspecified disobedience" and only nine of the "hostile" type. This would seem to argue for greater overt hostility in the boy whose father is in the home and a less aggressive kind in the boy whose father is away. The figures seem to insist that if a boy with father present in the home has a disobedience problem at all, it will very probably be of the hostile type. Boys with fathers absent seem prone to either type, although the "mild or unspecified disobedience" predominates.

The foregoing discussion covers the significant points under the heading of socially unacceptable acts. The points not mentioned are purposely left out because of the small figures involved which made them meaningless for purposes of comparison. However, the total figures and the points already emphasized, do bring out a picture of much greater social maladjustment in the

child where father has been absent from the home. The table below illustrates the discussion on this problem area of socially unacceptable acts.

TABLE XIII  
SOCIALLY UNACCEPTABLE ACTS FOR BOTH GROUPS

Symptoms	Father Present			Father Absent		
	Boys	Girls	Total	Boys	Girls	Total
Temper	9	6	15	13	10	23
Stealing (solitary)	1	0	1	3	2	5
Stealing (group)	0	0	0	1	0	1
Truancy (school)	2	0	2	2	0	2
Running away from home	0	1	1	2	0	2
Disobedience, hostile	12	1	13	9	2	11
Disobedience, mild	2	7	9	13	9	22
Lying	2	0	2	3	1	4
Firesetting	2	0	2	3	0	3
Destructiveness	2	0	2	8	0	8
Other	1	0	1	1	0	1
Total	33	15	48	58	24	82

In the area of personality difficulties with other than peers, where the greatest frequency of symptomatology occurs for the group with fathers present, the difference between the two groups is far less marked than it was in the problem area just discussed.

The figures here are eighty-three for children with fathers in the home and seventy-one for the others. This problem area has been further broken down into ten component symptoms. In both groups of children, the outstanding feature is the clustering of the figures under the heading "restless, excitable," thirty-four among the children with fathers and thirty-six among those without, showing this symptom, while no other symptom in this problem area claimed more than three or four cases, except for the symptom of "shyness" manifested by seven boys with fathers in the home. When it is again called to mind that both of these groups of children are pathological to some degree, it does not at all seem strange that more than half of them should be "restless and excitable."

While only the figures already mentioned seem of significance, it is interesting to note that none of the boys whose fathers are out of the home are "overly conforming or submissive," while two of the boys with fathers in the home do show this. Taken together with the earlier observations about disobedience and shyness, it would seem that the father's presence influences the expression of the boy's pathology either towards "hostile disobedience" or "shy submissiveness." The figures on the latter however are too small to give this assumption much validity. Here again there is an interesting reversal in the picture for the girls, none with fathers in the home showing "over-submissiveness" while there is one instance of it when father is absent. It all seems logical and acceptable but again the figures are too small to be statis-

tically significant for purposes of comparison. In the following table the findings for both groups, juxtaposed, give a clear idea of the comparison in this area of personality difficulties with other than peers.

TABLE XIV  
PERSONALITY DIFFICULTIES WITH OTHER THAN PEERS  
FOR BOTH GROUPS

Symptoms	Father Present			Father Absent		
	Boys	Girls	Total	Boys	Girls	Total
Depressed, discouraged	2	1	3	4	3	7
Restless, excitable	23	11	34	22	14	36
Shy	7	4	11	3	5	8
Anxious or fearful	3	6	9	4	3	7
Fear of school	3	3	6	4	0	4
Overly conforming	2	0	2	0	1	1
Peculiar actions	4	3	7	2	0	2
Frequent nightmares	3	2	5	1	2	3
Other	2	4	6	2	1	3
Total	49	34	83	42	29	71

Somatic dysfunction ranked next highest, that is to say third, on the list of problems for the group of children with fathers absent. It ranked second for the group with fathers pres-

ent for whom socially unacceptable acts came third. The most striking feature seen in the break-down of the somatic dysfunctions into component symptoms is that "enuresis" is confined almost entirely to boys with fathers present in the home, the figures being seventeen for them as against five for the group with fathers absent, if all three types of enuresis are considered together. It is further remarkable that the predominate number of symptoms manifested is found under the heading of "fixation enuresis." In the girls, the few symptoms of enuresis that occurs, occurs predominantly in the group with fathers out of the home, the figures being five as against two, with fathers present with the largest sub-division being regression enuresis which had three instances. In the light of present knowledge, enuresis is thought to have a hostile or sexual component, or both in some cases. It does not seem surprising, therefore, to find more of it among boys with fathers in the home, since the presence of the male would tend to provoke both hostile and sexual expressions in the child having trouble with his own identifications. For this age group, it also seems to fit the picture aptly that the child is fixated in this dilemma. An older age group might show more regression. The girls, going through the same process of identification and learning to share, give vent to much less enuretic expression but more so when father is absent and then mainly as a symptom of regression, which, again, seems reasonable. To the girl the absence of father means the absence of the love object for whom she and

mother were rivals; to the boy the absence of father would be absence of a rival, which in no way is a resolution of the boy's problem but which might well be expected to lessen enuretic expression of it.

For the girls, "feeding problems" rank almost equal in both groups; there being four cases in the group with fathers absent and five in the other group. "Sleep disturbance" was found to be twice as prevalent among girls with fathers absent and "speech defects" twice as prevalent among girls with fathers present. The figures were six and three in both of these symptoms which are perhaps too small to justify comparison in this way. The boys in both groups, show an equal instance of nine speech defects; though the incidence of "stuttering" is slightly greater when the father is in the home. "Feeding problems are also rather evenly divided between the two groups; there being six found among the boys with fathers present and five among the group with fathers absent. Other oral symptoms however, such as "thumb-sucking" and "nail-biting" show up much more heavily in the group of boys with fathers absent. For the former symptom, the figures for each study groups (those with fathers absent and those with fathers present ) are four and one; for the latter symptom eight and three.

If all the oral symptoms under the heading of somatic dysfunction, are totaled, it is found that children with fathers out of the home have thirty-nine symptoms in this problem area and



the other group of children have thirty-five. When a division is made according to sex however, it is found that girls with fathers present in the home show a higher incidence of these symptoms than girls with fathers absent--sixteen as against thirteen--and the opposite is true of the boys; since those with fathers present show a total of only nineteen symptoms and the other group shows a total of twenty-six. When taken in conjunction with the figures given above for the anal symptoms, a picture emerges here of the boys with fathers present expressing their difficulties more through anal than through oral symptoms, while the boys with fathers absent find expression much more predominantly in oral symptoms. For the girls, the reverse is true.

The over-all picture for this whole problem area of somatic dysfunction seems to be that children with fathers in the home are somewhat more prone to much dysfunction, the total figures for them being seventy-five as against sixty-nine for the other group of children. For these latter, both boys and girls, the symptoms are more diffuse than is the case for boys with fathers present in the home where there the accent falls on the symptom of enuresis out of all proportion to other symptoms in this problem area. Table XV gives the comparative picture.

Personality difficulties with peers forms another area in which children with fathers absent seem to have more problems than do children whose fathers are home; the total number of symptoms for each group being respectively thirty-six and twenty-nine.

The boys show the most disproportionate emphasis in symptomatology, the figures for them being twenty-six for those with fathers absent as against only sixteen for the other group.

TABLE XV  
SOMATIC DYSFUNCTION FOR BOTH GROUPS

Symptoms	Father Present			Father Absent		
	Boys	Girls	Total	Boys	Girls	Total
Enuresis (fixation	14	2	16	3	1	4
Enuresis (regression	1	0	1	2	3	5
Enuresis (diurnal)	2	0	2	0	1	1
Soiling	2	0	2	1	1	2
Nail biting	3	3	6	8	3	11
Thumb sucking	1	2	3	4	3	7
Speech defect (stuttering)	2	2	4	1	0	1
Speech defect (other)	7	4	11	8	3	11
Tics	1	0	1	1	0	1
Allergic condition	2	1	3	1	0	1
Glandular syndrome/obesity	0	1	1	0	0	0
Neurologic	1	1	2	0	2	2
Feeding problem	6	5	11	5	4	9
Sleep disturbance	2	3	5	3	6	9
Other	4	3	7	3	2	5
Total	48	27	75	40	29	69

The break-down of symptomatology in this problem area is interesting. The major area of difficulty for the children with fathers absent is that of "general immaturity," where there was an instance of eight; as against only four for the companion group of boys, where "general immaturity" ranks on the same level as "bullying" and "withdrawal." Another remarkable thing is that there seems to be no problem of "over-competition with other children" when father is in the home, whereas there were five cases of it among children with fathers absent. This latter group had also five cases of "over-competitiveness with siblings" while only three cases of this showed up among children with fathers present.

Among the girls, "over-competitiveness" seems to be the main source of discrepancy, in the two study groups as "domineering" and generally "immature behavior" have equal representation in both groups, and symptoms of "withdrawal" only a discrepancy of one. With the girls, however, "over-competitiveness" is a characteristic found when father is present in the home--three instances with other children and one with siblings--contrary to what was found among the boys. This continues to point up the differential reaction of the sexes. So marked is this difference in this particular problem area of peer relationships, that it is impossible to draw an over-all picture of children with fathers in the home and children with fathers absent. It can only be drawn along sex lines. The boys without fathers definitely show

higher rates of "immaturity" and "over-competitiveness," their problems tending to cluster there, whereas boys with fathers in the home have a far more even distribution of problems between "domination," "withdrawal" and "immaturity," by-passing altogether "over-competition with children other than siblings."

The girls, on the other hand, contrary to the boys, seem to experience more peer maladjustment when the father is present in the home. The figures here were thirteen for this group as against ten for the sister group. While the distribution of problems is fairly even in both groups, as already noted, there is more "over-competitiveness" among the girls with fathers present, than with fathers absent; the figures being four and one, and this "over-competitiveness" is centered almost entirely on the sibling since the figures here are three and one. This would seem to make sense in the light of our knowledge that the girl child experiences a period of competition, with the mother at least, for the father's favor, and in so doing learns to share, learns the basis for social living. Father's presence in the home would probably tend to bring out this competition more.

The boy, on the other hand, whose father is in the home may be experiencing competition with the father for the mother's favor and this absorbs his energies, while the boy whose father is absent may feel he has replaced father and thus turn his energies towards sibling and peer competition to a pathological degree.

It must be remembered throughout this study that all the children, in both groups, are pathological and deviate therefore, necessarily from the normal. Such tentative suppositions as are made, are made with the greatest reserve, since pathology is explicable, in last analysis, only in terms of the individual history of the child. The weight of numbers however, may make a pattern discernable from time to time and this is what is underlined here, this is what is illustrated in the table below where the figures for the two groups of children are placed side by side and broken down according to the sex of the child.

TABLE XVI  
PERSONALITY DIFFICULTIES WITH PEERS  
FOR BOTH GROUPS

Symptoms	Father Present			Father Absent		
	Boys	Girls	Total	Boys	Girls	Total
Bullying, domineering	4	2	6	4	2	6
Victimized, teased	1	0	1	1	0	1
Withdrawn, seclusive	4	4	8	3	3	6
Generally immature	4	3	7	8	3	11
Overly competitive with sibling	3	3	6	5	1	6
Overly competitive with other children	0	1	1	5	0	5
Total	16	13	29	26	10	36

Learning defects and sex problems turned out to be the least serious areas of pathology in both groups of children, and surprisingly equal in both; there being eight cases of sex problems in both groups and fourteen of learning problems among children with fathers present as against fifteen among children with fathers absent.

With regard to sex problems, it is curious that the girls in both groups evince the most symptoms by a great deal, six for those with fathers absent and seven for those with fathers present. The boys can be dismissed with the simple mention that one case of homosexuality showed up in the group with fathers present and two cases of excessive masturbation in the other group. Among the girls there was also more masturbation when the father was present, five cases as against three in the sister group. Peer sex play and wearing of boys' clothes showed up only when father present, although one instance only of each, which can hardly be credited with much significance. On the other hand, excessive sexual interest was found only when father was absent from the home but here again there was but one instance of it.

On the whole it would appear that the area of sex problems is not nearly as serious an area of concern to either group of children as are some of the areas mentioned earlier. The low figures are naturally somewhat related to the fact that sex problems are broken down into fewer sub-divisions than was the case with the problem areas already discussed, but since this holds good for

both groups, the comparison between them is not disturbed. However there is room for a valid supposition that it may not be so much an absence of sexual difficulties here as a lack of sexual expression of them, since there are other symptoms, like enuresis, which indicate the possibility of sexual conflicts in these children.

When it is taken into consideration that the weight of numbers in this study falls within the early school-age group, it seems surprising that learning difficulties do not figure more prominently in the picture. The fact remains that this problem does not assert itself as of serious concern to either group or to either sex. The total number of symptoms in this area are extraordinarily balanced between the two groups, and the proportion strikingly uniform between the two sexes in each group. When father was present in the home it was found that five girls and nine boys showed "learning retarded, progress unsatisfactory," while five girls and ten boys showed this symptom in the other group of children. In this problem area, the number of children and the number of symptoms coincide since there is only one symptom listed under learning defects. What the figures imply is that the disturbed child will have a certain amount of difficulty in learning and this difficulty seems independent of the cause of the disturbance; it can and does occur whether father is home or not.

To sum up this chapter, it would appear that for both groups of children there are marked areas of acute difficulty and areas

of rather minor concern, and that within these broad lines the emphasis falls differently for each group and, further refined again, falls differently for each sex.



## CHAPTER V

### CONCLUSION

This study set out to compare the problems found in a clinical setting, in two groups of children, one with fathers in the home during the first five years of the child's life and one with fathers absent during all or part of these years. While it was understood from the beginning that the limitations of the study ruled out any causative correlation between problems presented and father's presence or absence, it was hoped that some distinctive picture would show up stressing the part played by the male in the child's life.

The findings are not a total disappointment in this respect, as two distinct clinical pictures do show up for the two groups of children. Perhaps it would be more accurate to say that two different profiles of the same face are obtained, two different distortions of the normal. Some day a more detailed study of the same material may be able to point up the lines etched by each of the many contributing factors in these profiles--presence or absence of the father being but one such factor.

As it now stands, the study can only say that the group with fathers absent show a higher rate of socially unacceptable acts, and personality difficulties with peers does the other group; that it shares with the other group two very prominent areas of dis-

turbance, those of somatic dysfunction and personality difficulties with others besides peers. In these two areas however, the group with fathers present have a slightly higher incidence of pathology; these being the two outstanding areas of difficulty for that group. Children with fathers absent have three major areas of pathology adding that of socially unacceptable acts to the two mentioned above.

One conclusion that forces itself rather persistently on the reader is that in both groups a differential reaction along sex lines is quite marked. Girls very often do not react in the same way as boys, which finding is in agreement with our present knowledge of personality development.

Another point, which may strike the reader, is that unless a problem area presented a markedly lopsided picture of the presenting symptomatology of the two groups, when further analyzed, it became very difficult to use the analysis for valid comparison. With one, two, three or four instances of given symptoms in one group of children and two, one, four, three for the same sequence of symptoms in the other group, any discrepancy was insignificant, yet it cannot be said that the picture was identical. So too, when one instance of a given sequence of symptoms showed up in one group with a series of zeros in the corresponding sequence of symptoms in the other group, no valid conclusions could be drawn on the basis of one instance, although it meant that a series of symptoms found in one group was entirely lacking in the other.

One instance of a given symptom found in one group of children as against two instances of the same symptom in the other group would mean that the symptom was twice as prevalent in the latter group, but this would not be an acceptable comparison in view of the smallness of the numbers involved. Such statements would only help to distort the differences between the two groups. The frustrating thing was that the differences were very often demonstrated in just these problematic terms and the only statistics that materialized were these dispersed ones, twos and threes.

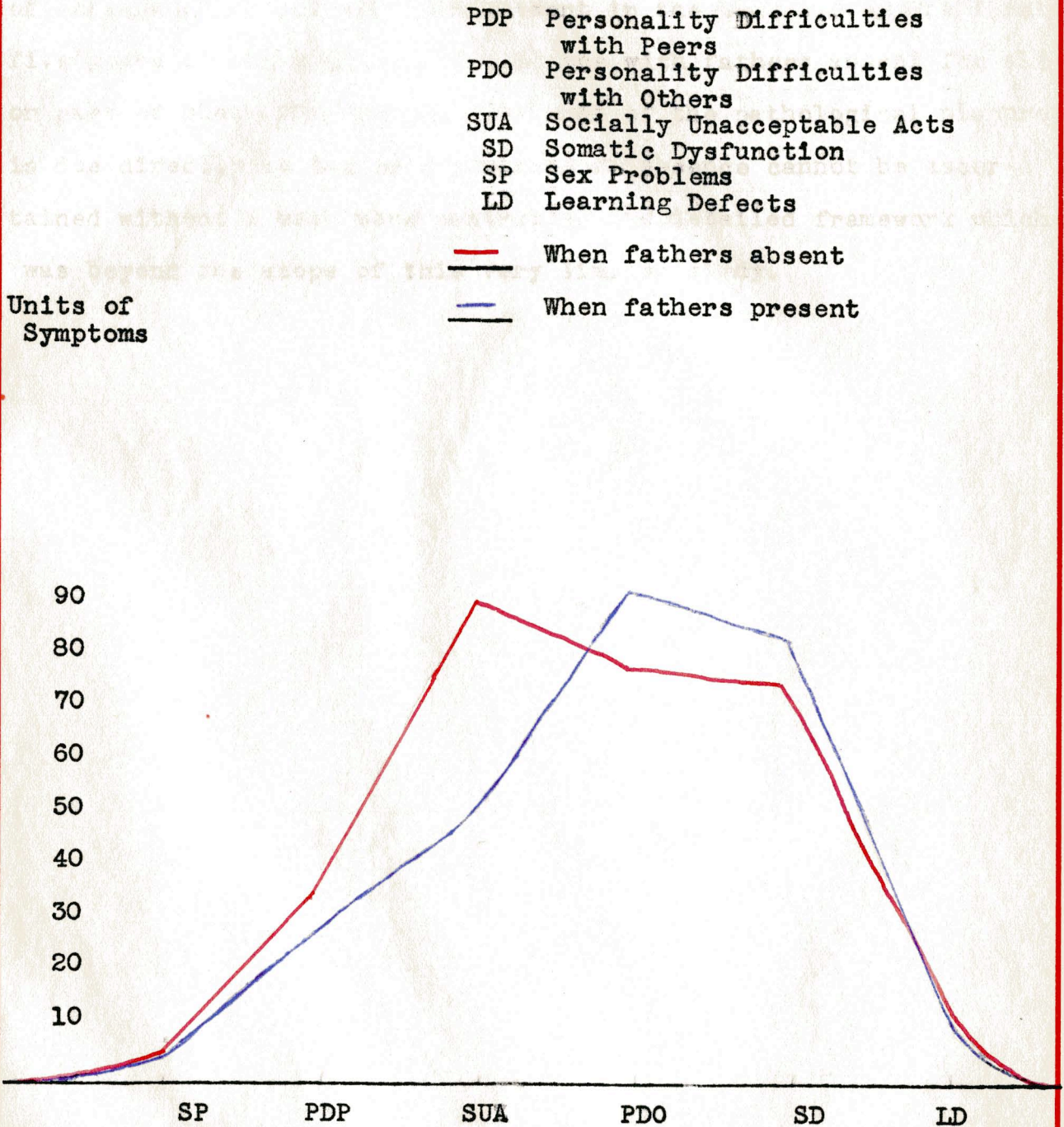
It can be said with conviction, however, that children with fathers absent show more temper, more disobedience though less hostile, more nail-biting, more general immaturity, less speech defects, less enuresis, less withdrawal than do their comrades with fathers in the home, and they show just as much bullying.

It can be said with equal conviction that neither group is particularly pre-occupied with sex problems or learning difficulties and that both groups show a surprisingly high rate of restlessness and excitability. Since anyone under strain is liable to be restless and excitable, perhaps this is less surprising than it is consistent. These children are all under the strain of some pathological condition of personality.

It appears then, from this study, that while the problems in both groups run for the most part parallel, the lines of emphasis fall differently for each group, giving each a distinctive profile. Perhaps this can best be depicted in a graphical manner as seen on the next page.

FIGURE 4

## PROBLEMS PRESENTED BY BOTH GROUPS



This much then, can be said with certainty: that there is a difference in the pathological picture presented by the two groups of children, one with fathers present in the home during the first five years of the child's life and one with fathers absent for all or part of these five years. How much of the pathological picture is due directly to father's presence or absence cannot be ascertained without a much more controlled and detailed framework which was beyond the scope of this very limited study.

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# APPENDIX I

## MODEL OF SCHEDULE ON WHICH DATA WAS COLLECTED

Number of cases:                      Sex:    Age at D.A.S.                      I.Q.                      Grade

Number of study:

Name:

Date of D.A. S.

Father's status in family during child's 0-5 years

Year    Present    Div.    Des.    Sep.    Jail    Mil.    Hosp.    Death    Freq.    Other

0-1										
1-2										
2-3										
3-4										
4-5										

Emotional problems as recorded on psychiatric card

56	57	58	59	60

## APPENDIX II

### IBM PSYCHIATRIC EXAMINATION CARD

#### PROBLEMS OF THE CHILD

##### Socially Unacceptable Acts

Temper  
Stealing (solitary)  
Stealing (group)  
Truancy (school)  
Running away from home  
Disobedience with host.comp.  
Disobedience, milder or unspecified  
Lying  
Firesetting  
Destructiveness  
  
Other (specify . . . . .)

##### Sex Problems

Excessive sexual interest  
Promiscuity  
Homosexuality  
Masturbation (excessive or overt)  
Obscenity  
  
Other (specify) . . . . .

##### Learning Defects

Retarded or progress unsatisfactory

##### Personality Difficulties (Interfering with Peer Relations)

Bullying, domineering, aggressive  
Victimized, teased  
Withdrawn, seclusive, daydreaming  
Generally immature  
Overly competitive with sibling  
Overly competitive with other Children

(Other Personality Difficulties)

Depressed, discouraged  
Restless, excitable  
Shy  
Chronically anxious or fearful  
Reluctance or fear of school  
Overly conforming submissive  
Peculiar actions, delusions, obsessions, compulsions, phobias, etc.  
Frequent nightmares

Other (specify . . . . .)



APPENDIX II (Continued)  
IBM PSYCHIATRIC EXAMINATION CARD

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PROBLEMS OF THE CHILD

Somatic Dysfunction

Enuresis (fixation)  
Enuresis (regression)  
Enuresis (diurnal)  
Soiling  
Nail biting  
Thumbsucking  
Speech defect (stuttering)  
Speech defect (other)  
Tics  
Allergic condition  
Glandular syn. (incl. obesity)  
Neurologic (proven, strong possibility)  
Feeding problem  
Sleep disturbance (Other than nightmares)  
  
Other (specify) . . . . .