

## THE NATURAL PARENT IN INSTITUTIONAL CHILD PLACEMENT

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THIS paper is being written out of the experience at the Hawthorne Cedar Knolls School, a residential treatment institution serving two hundred emotionally disturbed children between the ages of 8 and 16. The school offers an integrated program of therapeutic group living, special education, recreation and individual psychotherapy. The children live in groups of 15 or 20 in cottages with cottage parents who are married couples. They are placed at Hawthorne through the children's courts, the Department of Welfare and through voluntary private placements. The majority of the children have had some previous treatment experience or diagnostic evaluation. Their problems cover a wide range, characterized, for the most part, by aggressive and defiant behavior in the home, school or community. The diagnostic categories range from the aggressive, psychopathic-like adolescents to withdrawn, fragile, disorganized, schizophrenic children.

The purpose of the child's placement in the institution is for treatment, which, in most instances, can be accomplished only if he is removed from the family and the community. We have found working with the parents while the child is in placement, the most effective method

of treatment, as our work, in many instances, is contingent upon the kind of cooperation obtained from the parents. However, there are other reasons for working with parents as it enables those who are strongly resistant to placement to sustain it. Through their own treatment they are helped to cope with the changing behavior of the child. They also have the advantage of modifying some of their own difficulties and achieving better personal adjustments through which they can provide a healthier atmosphere for the child upon his return home. On the other hand, if it is established as inadvisable for the child to return home, treatment is planned to effect this separation.

Because of the nature of the parent-child relationship there is an intimate correlation between the extent to which the parent cooperates and the child's ability to make use of the institution's facilities. This is, in part, determined by the adequacy of the preparation of both parents and child prior to actual placement. Both must be given sufficient time to absorb emotionally the meaning of the separation and actually live with these feelings so that they do not feel that they are being torn apart. They each need to be given a realistic ap-

praisal of what the experience will be like. This can be accomplished by letting them see what goes on through visiting the institution and meeting the people who will be working with the child. It is a way of dispelling the kinds of fantasies which are built up around placement. The timing of the preparation must be geared to the pace at which parents and child can absorb separation. It is also helpful to them to try to partialize and handle their worry and confusion, a little at a time, so that they are not overwhelmed and can absorb the meaning of the placement in a piecemeal way. They are often told that this is a very difficult experience and that it will require a great investment on their part but in the long run there are many chances of its being rewarding, and it is going to consume but relatively little time in the course of their lives. Their ambivalence is handled to whatever extent is possible prior to admission. The parents are frequently told that they may be tempted to remove the child prematurely either because of disagreement with some agency practice or because of early improvements which they will see.

However, no amount of preparation can help a parent know what it will actually be like and this they are also told. On one of the visits to the institution before placement, the parents and child are taken around by one of the children already in placement and usually from the cottage in which the new child will live. In this way they are exposed, not to a calculated experience, but to whatever another disturbed child presents to them, which dispells the feeling that the stage has been set and lets them know that we can be trusted to share things as they really are. There are, of course, certain parents whose disturbances are such that no amount or type of prepara-

tion can be successful in enabling them to sustain the placement.

We know, also, that no matter how adamant or positive parents may be about placement, this attitude may cover up the most intense feelings of the opposite nature in which they cannot bear to see the child get well or to separate from them. Negative feelings will always be present during the child's placement.

All of us engaged in child placement are concerned with the problems of maintaining parents' cooperation during the placement and this poses different problems in different settings. We are concerned here primarily with the difficulties in an institutional setting such as ours, although we are aware of the dangers which the inevitable triangle between parent, child and substitute parents presents inherently in any placement setting, whether it be institution or foster home. We have been amazed at Hawthorne in recent years at the cooperation of parents in working along with various members of the staff, in keeping with the function of the individual staff member.

It may be valuable for those of us here to examine the ways in which we have obtained cooperation from the parents, as well as the factors that sometimes impair it. To do this we must investigate those relationships in a placement setting where we would anticipate finding conflict and friction. One would expect the parents' most extreme reactions to be directed against the staff member who most intimately supplants him, or who provides the most serious threat, or who takes over with the promise of success where he has failed. The cottage parents and therapist come closest to being in these positions. Interestingly enough, we have found only in a relatively mild way the very difficult experiences between the parents and the

substitute parents which exist in foster home placement.

It seems to us as important to evaluate the reasons for success as it is to understand the reasons for failure in this area. Superficially one might feel that the cottage parents step in and take over the role of the parents when the child is in placement, and in some respects this is true. For example, in some of the cottages the children call the cottage parents "Mom" and "Pop." The cottage parents do represent parental influences to the children since they are married couples. They are the adult heads of the household represented by cottage living. They are usually people who fall into the same age group as the child's own family. From a material and practical point of view they are the ones who do for the child the things that the parents themselves did in the home.

We have not found the relationship between parents and cottage parents to constitute a serious problem for us. We do not find the intense rivalries, the bitter and hostile aggression of which such disturbed parents are so readily capable. For the most part these feelings are not reflected in the experiences of cottage parents nor does the therapist find, in contacts with the parents, the bitter, unending complaints about cottage parents which one might expect when the parents feel displaced by them. Some of the reasons for this will be found in the over-all functioning of cottage parents, as well as in their specific performance.

As one of the many persons in the institution working with the child, the cottage parent sets out to fulfill his particular role in the child's total treatment. This role is defined for him in terms of the institution's philosophy. All of his supervision and training is geared toward clarification of this role and

toward helping the cottage parent with methods of implementing it as it exists within the framework of the institution. At Hawthorne the cottage parent is seen as the person entrusted with the physical care of the child; the one who fulfills the parental function for the child away from home. The cottage parent fulfills his function through his role as a leader of the group and by the way in which he handles the child within the group. He fills it through the use of therapeutic management skills and through the emotional relationships he affords the child as different from the destructive ones to which the child had been subjected. His focus is the development of personality strengths and he is an active participant in the resolution of the child's conflicts. The cottage parent offers the child an opportunity for identification with more mature adult images. This is one of the relationships which enables the child to give up unacceptable behavior.

Other clues to the cottage parent's successful experience with the child will be found in the way in which he relates not only to the child's parents but, even more important, to the child himself. It is in this relationship that the stage is set for the relationship between the natural parent and the cottage parent.

The cottage parent does not see himself as the one in the child's life who fills a role temporarily vacated by the natural parent. Rather, he sees a child intimately bound up in a relationship with his parents whose influence the child loves and hates, fears and fosters, revolts against and longs for. He sees a child so deeply involved with the parent that his standards, his judgments, his concepts of right and wrong and his whole way of life mirror those of the parent. Or, he sees the child whose ways are so unlike the conscious wishes of the parent that the revolt reflects the intimacy of the relationship. He sees a child

so bound up in the parent's pathology as to feel only half a person, particularly when his pathology dovetails with that of the parent so as to provide a oneness without which neither can really function. These are the more obvious factors in the ties that bind the parent and the child. It is clear to the cottage parent that coming between these two people can lead to an impasse and actually prevent the accomplishment of his purposes. He sees that these conflicts are internalized, that the child will need to resolve them to be a happier person and that in so doing he will feel differently about his own parents.

The cottage parent has many ways of conveying his role to the child. When the new child arrives, he lets him know he was expected through the physical preparation he has made for him. The cottage parent has obtained an orientation to the new child by the account given him by his supervisor who, out of the wealth of data, has sifted information pertinent to the cottage parent's function. This is by means of identifying the child, of helping the cottage parent know what to anticipate in order to insure safety and comfort for this child and the others. It provides the cottage parent a point of view which prevents his falling unknowingly into the child's major pathological patterns. When Tommy, a schizophrenic little boy, arrived, his cottage mother had been told about him, including the fact that he was a paranoid child who would watch every move she made. Although she would have normally unpacked his trunk, she waited and opened his things in his presence and, together, they put them away.

The cottage parent is concerned with the means of implementing orderly, smooth daily living by methods which encourage rather than exact it. He is continually called upon to use insights and a sensitive appreciation of the mo-

tivation of the child's current behavior. These emerge mainly in the relationship between cottage parent and child around the functioning in the cottage. Though he is given as full an account of the child's difficulties as is consistent with his role, he is helped to use this knowledge indirectly with the child as it is revealed in the child's behavior. For example, a new child was going out of her way to provoke fights with the others and ran continually complaining to the cottage mother. Since the cottage mother had been told that this was the child's pattern, the cottage mother let her know that she herself was causing the trouble, but, told the child at the point when it was actually happening. In other words, the cottage parent does not reveal to the child the content that has been shared with him except indirectly as a specific behavior can be modified by her so doing.

It is important that the cottage parent use his knowledge of the child and the family appropriately so as not to convey an intimacy of knowledge which would stimulate the parent's concern and arouse unwarranted consternation. This would only add elements to the relationship which are inappropriate. These are dimensions which belong in the individual treatment contacts.

The following is another example of pertinent knowledge shared with the cottage parent by his supervisor accompanied by a method for implementing it. The cottage parent was told that Danny had been starved of affection. The natural inclination of the cottage parent might be to extend himself fully in a warm, loving way. However, in his role, his inclination will need to be subordinated to clinical thinking. Initially at least such a child who, by experience, has learned to distrust affectional overtures, for he has learned there is an overdose of the bitter with the sweet, needs impersonal experiences. The supervisor

will have pointed out the necessity for dealing with the child around tangible impersonal matters brought between them so as to prevent close interpersonal exchange of feeling and to serve as a practical focus for mutual discussion. The child's expense account, his laundry, his cottage chores are excellent subjects not only for mitigating the anxiety of separation through activity, but for increasing the child's productive experiences. I do not mean to imply that such subjects cannot be emotionally charged, but for Danny they were less so than a discussion of attitudes and feelings which he resisted not only in personal contacts but also in his therapeutic interviews. Any emotional overture to this child would have caused him to retreat. A more important purpose is that of providing the child with a sample of how this adult behaves, a sample sufficiently removed from him that emotionally he can afford to look at it. Many such samples, over a long period, establish some basis for the child's deciding whether or not he would be safe in moving a little closer. Such a diluted relationship with Danny has a salutary effect on the natural parent who maintains a critical eye toward anyone who acts as if he might usurp the parent's place.

A child who was excessively indulged by the parent will not be treated this way by the cottage parent. Some parents are upset to see demands made upon their child which they would have never dreamed of making. Sometimes they try to interfere, as it becomes disturbing to see the child change, for he is no longer meeting the parent's emotional needs which they expressed through their infantilization of the child. At the same time, they take a certain delight in watching the child move ahead on his own because their burden is being lifted. Some parents take a certain hostile pleasure in watching the child suffer

through new learning experiences into which they had so often tried to push him.

It is true that someone is succeeding where the parent had failed. This however does not stimulate the degree of threat we might expect. First because they do not attribute this change to the cottage parent personally but rather to the child's treatment as a whole. Second because their child is not singled out to take undue responsibility but is sharing in general those of his cottage mates. Although the cottage parent's approach to the child is individualized as described earlier, in the end all the other children measure up to the general basic expectations which become a matter of course. The expectations cannot seem unreasonable to the parents as they grow out of basic needs for orderly living and not out of the cottage parent's personal demand on their child. If they do seem unreasonable they reflect irrational attitudes on the part of the parents which are being projected on to the cottage parent.

The parents realize that their child's status in the group is in a measure determined by his ability to fit in, and they, as well as the child, protest behavior which threatens this status. Thus the cottage parent and parents both want the same thing.

The cottage parent constitutes a usual life situation appealing to the healthy aspects of the child's personality. He reacts and responds in a natural normal way. He demands and supports, admonishes and advises, deprives and gives, informs and teaches. He gets annoyed and hurt and let down and through these reactions mirrors for the child his pathology. He portrays the usual conventional reactions with which the child will live the rest of his life. All of this lights for the child the difference between the usual and the pathological ways of functioning

and reveals for the child those areas which command the attention of the therapist.

Those of us with deeper insights who deal with the child on an individual basis would hesitate to cut through the pathology in such a basic appeal to the child's strengths and yet it is amazing to see the child rise to the occasion when healthy demands are the order of the day and when it is taken for granted that he can do so much more for himself than he has lead himself to believe. For instance, a child may have a long history of stealing. Yet when this occurs in the cottage, the cottage parent will be surprised and let the child know that he thinks it is dreadful. He will ask questions as to what he needed the stolen article for and suggest other ways of getting it. He will cite the injustice done to the child who lost the article and suggest a plan for restitution. Although the act may have been an unconscious, impulsive one, it is treated within the framework of life expectancies. Here we see that the cottage parent's way of handling the situation does not explore, unearth and seek for motives which intensify feeling but rather represents reality to this particular child. Real parents may react favorably to this kind of reasonable approach which has the effect of depriving them of targets for the projections of their own irrational impulses, since they too feel comfortable with common sense measures.

Another aspect of the cottage parent's relationship to the child which materially affects the natural parent is that the child is one of 15 or 18 children in a group, a situation which does not really resemble family living.

Many times the cottage parent is called upon to deal with a severely disturbed child in a crisis situation. He has to help the child manage his feelings. The way he does so is different from the

way the therapist would handle this situation. If, for example, the child's difficult behavior is arising out of his conflicts with his parent, the cottage parent understanding this, will handle it in the context of the current situation and leave to the child's therapist its deeper meanings in the basic parent-child relationship. Although cottage parent's relationships with the child are gratifying, they are not so by virtue of their representing maternal figures but by virtue of the gratification which comes out of helping in the child's treatment.

Just as he is prepared for the arrival of the child, the cottage parent is prepared for dealing with the natural parent for he has some understanding of his ways of relating and significant pathology. This is a vital factor in the relationship between the cottage parent and the natural parent for it helps to prevent his falling in with the parent's pathology, or becoming embroiled in conflict situations which stem out of the parent's irrational attitudes.

The way in which the cottage parent relates to the child's own parent is a determining factor in the kind of cooperation that the parent will be able to give. The cottage parent has a variety of ways of indicating to the child's parent that he is not actually taking his place. There is little opportunity for the parent to feel that this is a competitive relationship since the cottage parent usually does not respond in kind to the parent's feeling of rivalry to various challenges which the parent presents.

The cottage parent's training equips him to understand that the parent's behavior is not to be taken personally but is rather a reflection of the parent's own conflicts. It is clear to the cottage parent that his reactions, instead of being the usual spontaneous ones, need to be controlled and disciplined in order not to become involved in situations that he

cannot handle. The cottage parent's observation of the parent's irrational behavior provides excellent source material for the therapist, for, in this way, the parent reflects his problems in specific terms. For example, the parent who blames the cottage parent for letting his child wear clothing which he, himself, has furnished or blames him for his obese child's diet to which he has contributed, provides but two of many examples of misplaced anger. Such irrational behavior reflects the areas in which the parent's own treatment can play a vital part. The cottage parent can provide the therapist with a great deal of rich material which gives a realistic base for the parent's own treatment. This is facilitated by the cottage parent's role in directing parents with such complaints to the therapist.

Parents new to the institution, as well as some of those well known, ask many questions of the cottage parent. They want to know what is wrong with their child, how it happened, what they had to do with it, if and how the child can be helped, how long it will take, and when he can come home. The cottage parents handle these questions in a general way, giving a certain amount of reassurance and referring them to the therapist. Should the cottage parents attempt to handle these questions fully, it would place them in the untenable position of trying to handle a situation having only partial knowledge of it.

The cottage parent contributes to the parent's understanding of the multidiscipline workings of the institution by suggesting that the parent take these questions up with the therapist. It is important that the cottage parent convey that he is in no position to answer these questions fully, rather than that, he is withholding information.

Another way in which parents' cooperation is elicited is in the sharing rela-

tionship between cottage parent and parent. In the cottage, as in other areas, parents are encouraged to participate as fully as possible so long as they can do so constructively and it is in the cottage parent's areas that much of this participation can take place. It is here that the parents would have every right to feel that their position was being usurped were this not handled wisely. There is an active relationship between parents and cottage parent around many practical matters. For example, when the parent visits he goes over the child's wardrobe, adds needed items, tries on clothes and takes them home for alterations. When financially able, he sees that the child is supplied with all the little personal things which keeps the parent in intimate contact and often better informed than the cottage parent about the child's supply of small things such as stamps, writing paper, etc. In these areas we see the parent as active and directive as ever with no basis for feeling left out or surpassed in a parental competence. The cottage parent has an opportunity for seeing the parent-child relationship in operation and areas where modification through treatment are indicated and passes this on to the therapist.

Those parents with whom the greatest difficulties occur are the very disturbed mothers who are tied to their child in a symbiotic type of relationship. These parents often see the cottage parent as a very direct threat and by their activity and remarks create situations most difficult for the cottage parent to handle well. These are the parents who question every small detail of the cottage parent's performance in relation to their child. Were it not for the cottage parent's understanding of the behavior he might become extremely defensive because he is actually being accused of improper functioning. It is an area

where the greatest amount of personal discipline and self control are demanded. Mrs. X, on visiting days, would proceed immediately to her boy's room, go through his drawers, examine the socks he was wearing and then irately accuse the cottage parent of neglecting Sandy, because there were holes in his socks. She would demand an accounting of his bowel movements and accuse the cottage parent of neglect in not knowing when his last elimination took place. Sandy was an extremely disturbed, schizophrenic boy who had been infantilized by his overwhelming mother. It took a great deal of control on the part of the cottage parent not to reply that Mrs. X, herself, had not done such a perfect job in taking care of Sandy.

Sometimes there are frictions between parents and cottage parent, the reasons for which are fairly clear. However, they do not seem to emanate from rivalries around the role of the cottage parent at the points where it duplicates their own. More often the parent will argue with the cottage parent who is enforcing a policy or practice. They will want to take their child off grounds when this has not been approved and will argue with whomever stands in the way, such as a member of the administrative staff. Or, they will insist on leaving with the child a substantial amount of money when this is contrary to practice and, here again, protest to whomsoever disagrees. When such a difficulty occurs repeatedly, the cottage parent will ask the therapist to take this up with the parent so that visiting day need not be fraught with these conflicts.

There are instances where the cottage parent, too, stimulates negative responses in the parent by becoming angry, talking out of turn or avoiding difficult parents and thereby slighting them. On occasion, the cottage parent may become overly impressed with the

more sophisticated parents and overstep professional lines by becoming involved socially. Fortunately, cottage parents who do not function in keeping with their role are in the minority. These are people who do not see themselves as part of the child's treatment but rather establish separate independent relationships with the child's parents which are misleading and confusing and always have ill effects. In this group belongs the cottage parent who will enter into independent commitments to parents, and will become involved in the parent's own problems. The structure of the institution provides supervision for the cottage parent by a member of the clinic staff who is helpful in such situations.

An important way of safeguarding the relationship between the parent and cottage parent derives from the kind of relationship between the cottage parent and the therapist. If these two are in constant communication, if there is a free flow of pertinent information with an appreciation of their respective functions, it is possible for the cottage parent to carry out his own role with the parent most successfully.

Another effective way of preserving the relationship between the parent and the cottage parent, as well as between the parent and the total institution, is the thorough treatment of the parents. The therapist plays a substantial part in helping the parent cooperate in effecting the purpose of placement. He is the link between the parent and the institution. It is within his function to interpret the workings of the institution in a way that the parent can accept and help him to participate in ways most constructive to the child's treatment. He handles the irrational attitudes of the parent which stand in the way of the child's treatment, including those toward the cottage parent whose function he interprets to the parent. He makes the

policies and practices of the school sensible to the parent by using specific examples as they arise. When the parent is displaying irrational behavior to any member of the staff or about any aspect of the institution's work, he is directed to the therapist.

Since the treatment of the child is so emotionally weighted in the parent's life and since he understands that it is because of the need for this reason that he and the child are separated, the therapist quite naturally becomes the person toward whom he feels rivalry and embitterment, as well as the one to whom he looks for an answer to his problems. The therapist is the one to whom he brings his most urgent and pressing questions, his most intimate doubts and fears and his hope for some alleviation of them. It is for this reason that the parent's greatest emotional investment is in the relationship with the therapist and inevitably the therapist, rather than anyone else in the institution, becomes the target for the parent's hostility and bitter feelings. This puts him in a strategic position since it enables him to handle conflicts, some of which precipitated the placement. The competence with which the therapist handles his work with the parent determines the capacity of both parent and child to profit by the placement.

The last point I would like to make is, to me, the determining factor in obtaining an effective relationship between parent and the institution. It grows out of the reason for the child's placement in the institution. These are not the dependent children in which the absence of the parent necessitates a parent substitute, for most of these children's mothers are in the home. Nor are they, for the most part, children who have suffered severe physical privation, since, in most instances, the material structure of the home is adequate. They are mostly

children who have had fairly adequate physical care from their own parents but whose psychological experiences have been so devastating that treatment can be effective only by removal from the destructive influences. The emotional damage to the child is evident not only to the community, to schools and courts, but to the parents themselves, and to the child. Mental hygiene knowledge is sufficiently widespread so that many parents are intellectually quite enlightened about the child's disturbance. Others are less clear, but still realize the child is disturbed and needs treatment which, although mysterious, is somehow different from medical treatment.

Since both the parent and child focus upon the necessity for behavioral changes, they are predisposed to accept the school as a treatment facility and since every aspect of the school is treatment oriented, they usually feel that they have found the right place. Therefore, their emotional investment is in cooperating in the treatment. They are not severely threatened by the cottage parent because they have not failed in areas where the cottage parent is succeeding. They are more threatened by those who symbolize the child's treatment, the therapist.

The anxieties inherent in statements such as "What is really wrong with the child," and "Am I responsible and can it be cured" drive the parent to the person who is the specialist in these areas. Because of this frame of reference, the cottage parent automatically falls into place as a factor in the child's treatment and not as a replacement for the parent. It is this frame of reference which, more than any other factor, explains the quality of relationships which we have found between the parent and cottage parent, as well as between the parent and the institution.