

TREATMENT OF SOCIALLY DISORGANIZED FAMILIES THROUGH CHILD PLACEMENT*

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FAMILIES are found in all societies. Though they may vary in structure and composition from culture to culture, their basic purposes and functions are universal. In our society, particularly, the main task of the family is to rear children.

Not all parents are equal to this task, however. Many of them turn to us seeking help in meeting their responsibilities more effectively. Most often we try to help them to maintain their unity, and create for themselves and their children a climate conducive to emotional growth.

We are not always successful. There are situations where it is neither possible nor desirable to keep the family together. The price of such unity may be the child's emotional growth. The necessity of caring for a child can so tax the impoverished ego resources of a parent as to threaten his psychic equilibrium. Treatment of both parent and child under such circumstances is impossible.

To evaluate whether or not it is possible to help the various members of a family while it is together, the worker must consider two basic factors.

The first of these is the emotional economy of the family relationships.

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How great is the disturbance? Does it threaten to overwhelm the family balance? Are there enough positives present to offset the negatives creating the problem?

The second of these is the location of the disturbance. Many emotional deviations may exist within a family without destroying its organic unity. It is not the type of conflict but the extent to which it intrudes upon and interferes with the parent-child relationship that determines whether or not a family must separate before it can be helped.

Esther Glickman has described four general groups wherein these two considerations obtain.

The first of these is the group wherein there is both long-time physical and emotional violence by a criminal, alcoholic or psychotic parent. Extensive damage to a child's personality is unavoidable under such circumstances. The extensive pathology in the parent militates against effective treatment in time to prevent damage to the child.

The second group includes those parents whose psychic equilibrium is maintained by feeding on their child emotionally without giving enough back to the child to outweigh the destructiveness wrought by their dependency on him. In this group, one sees the symbiotic

parent-child relationship. Mother and child are one. There is no room for the child's personality to emerge. Here we also meet the extremely primitive, infantile, dependent mother who becomes panicked and confused by the responsibility of caring for a small child. She leaves him alone or neglected for hours, or lives a vegetative existence in a primitive tie to the child. The mothers in this group suffer from severe depressions often of psychotic proportion. The fathers in this group are usually indifferent or ineffectual.

In the third group are the highly narcissistic, immature parents. Tremendously deprived themselves, these parents have survived by learning to give to themselves rather than to others. What resources they have, they use to secure gratification for themselves so that they can manage to live. Their children are either neglected or used as pawns to meet the parent's narcissistic needs.

The fourth group consists of families where there was once some kind of neurotic equilibrium which afforded the child a chance to develop. Because of internal or external crises, this equilibrium has broken down. The parent is emotionally exhausted from the grinding away of internal conflicts, the defensive struggle he must engage in to keep these conflicts repressed. He has nothing left for his child. We encounter the external tragedies in this group. Whereas formerly, the parent could function, the current trauma calls forth all the resources he has. It is all he can do to remain intact, and again there is nothing left over to give to a child.

The pain and effects of separation for the child have been studied, and to some extent are known to us. Placement always creates a feeling of overwhelming helplessness against which the child must defend himself at all costs. He usually does this by some form of denial. He is not powerless in the grip of an incon-

sistent, incomprehensible world. He is indeed a powerful creature who controls not only his fate, but the fate of everyone around him. He has caused his parents to place him through his badness which is cataclysmic. This he does not reveal to his social worker directly. What the social worker generally sees is the sight of a child clinging tenaciously to his parent, refusing to form any other relationship, and rejecting all the rational explanations for separation which are given him. Inwardly, the child hopes against hope that his worst fears are not true. He is not capable of destroying his parents and thereby his world, ultimately himself. He is still loved and will be taken back. The rage he feels at his desertion is often directed toward the agency and other caretaking people in his environment, or the community in general. Sometimes the rage is turned inward and expresses itself in the severely inhibited behavior we see so often in the placed child.

The parent of the placed child struggles with similar feelings. He, too, feels helpless and caught by forces, internal and external, that are beyond his power to master. Just as the child wishes that things could somehow be different, so does the parent.

Placement represents failure in one of the most basic areas of living. It is the culmination, very often, of a series of failures that have marked a frustrated, unhappy life. As the child, the parent feels his badness confirmed by this latest development. No one, no matter how ill, consciously wants to be a bad parent. In the mature portion of his personality, he often experiences tormenting guilt over what he has done. And last, but not least, the parent of the placed child faces the loneliness of not being needed any more, of having his role and responsibility, regardless of how burdensome, taken over by someone more capable.

To defend himself against the pain of such feelings, the parent reacts in a way that is quite similar to that of the placed child. He clings, makes promises that he cannot fulfill. He struggles with the agency and the foster parents, projecting onto them his own bad feelings. Such behavior in both the parent and child serves only to aggravate those problems that created the need for separation initially. In such a climate, placement is doomed to failure.

This need not be, however. It has been our experience that in many situations, it is possible to effect a satisfying and constructive compromise. Through separation followed by casework treatment it is possible to help many parents who have to place their children achieve a level of adjustment and a degree of integration not possible under any other circumstances. This does not mean that such a parent can be helped to the point where he can ever take the full responsibility for rearing his child. On the contrary, many of these parents, regardless of how much help they receive, will remain too damaged ever to function effectively in this capacity. They can be helped to function as "placement parents," however, good Sunday mothers and fathers. Such a parent is more likely to free his child to receive from others. Getting for himself through the worker, he will have less need to get through his child, will feel less competitive with him. Freed of a responsibility he could not meet, but helped to feel more adequate at the same time, his capacity to function will increase. Under these circumstances, it is far less likely that his contacts with his child will be destructive.

The following three cases illustrate some of the process that was used to reach such an equilibrium:

Miss M and her son, Jack, a then 6½-year-old boy, were referred by the Family Agency two-and-a-half-years ago for placement.

An extremely obese child, 30 pounds overweight, Jack had recently been expelled from the public schools because of his infantile behavior and inability to learn. Other symptoms included violent temper tantrums, the eating of chalk, paper, dirt, nocturnal and diurnal enuresis and soiling. It was also reported that Jack occasionally ate his feces and drank his urine. Motor coordination and speech were extremely poor. Socialization seemed absent. Jack belched, flatulated, etc. without apparent awareness, could not eat with a knife and fork.

The physical and neurological findings on Jack were negative. His intelligence was dull average. Projective tests were given. Jack seemed a formless being pursued by vague, frightening creatures that threatened to devour him.

To protect himself, Jack literally carried an arsenal on himself at all times. He went everywhere, even to bed, with a collection of guns and swords. Superficially he seemed unaware of anyone's existence outside his mother's. He clung to her tenaciously, alternately kissing and hitting her.

In physical appearance Miss M was Jack's direct opposite. An emaciated and haggard woman, she and Jack seemed the walking personification of the anorexiabulimia syndrome. Her early behavior with the worker was as disturbing as her physical appearance. She screamed and hurled invectives, demanding that Jack be placed immediately or she would kill him and herself.

Her history was one of trauma and extreme deprivation. The second of three children, she came from a working class family. Her mother, now dead for five years, had been considered "queer." Her father, dead ten years, had worked long hours and was seldom home. When he was home, he would shut himself off from everyone and drink steadily until he fell into a stupor.

An older sister had escaped from the family years ago. Miss M was not in contact with her, spoke of her with extreme hatred. A younger brother, delinquent from the description, had died of cancer just before Jack's birth.

Miss M had never worked or dated, but had stayed home with her mother as mother was too fearful of her going out into the world. At the age of 31, Miss M, in one visit to a public dance hall, met Mr. L and became pregnant by him. They married shortly thereafter. Just after Jack's birth they separated. Mr. L seemed to have been an irresponsible man with many hypochondriacal symptoms. Following the di-

vorice he disappeared, and has not been heard of since.

The psychiatrist who saw Miss M during the intake study felt that she was in a depression of psychotic proportions, and had been living in a symbiotic union with Jack. The gratification she had received from this tie was now being outweighed by the difficulties Jack was causing her as he grew older and became a problem in the community.

There were two saving graces to the situation, however. First, Miss M wanted to be like everyone else. She was pathetically eager to go out into the world, work, and prove herself. Second, in the small part of her that was mature, she felt real guilt toward Jack, wanted to help him have a different kind of life.

So great was her hopelessness and her feelings of inadequacy that she could not bear to face them. Instead, she projected: everyone was against Jack and her. The worker was not exempt. The worker remained calm in the face of repeated onslaughts, relating herself consistently to the pain and frustration that were beneath this behavior. No effort was made at any interpretation at this point.

Her love and need for Jack, his for her, were unquestioned and accepted as a very good thing. We did not presume to think that even if Jack were placed, we could replace her in his affections, nor did we want to do this. Because of the symbiotic tie that existed between them we felt that the same worker should treat both of them, as it seems that greater progress is made in these situations where the same worker sees both parent and child.

We did convey to Miss M, however, that she has real cause for concern. She could not care for Jack and work. Her right to work was given strong acceptance and support. This attitude was in marked contrast to that of her mother. We agreed that Jack's behavior was such that if he did not get help immediately, he would have increasing difficulty. This would make life very hard on her. Her role in the creation of Jack's problems was minimized, even when she falteringly spoke of it. After all, she had given him everything she could. True, it hadn't been quite enough, but then, who was giving to her so she could give to Jack?

Miss M, however, was not able to accept the fact that she needed anything. It was not possible to establish a working relationship with her on this basis. We could reach her only through Jack. Jack would feel better only if she felt better. She could help him only if she helped herself first. In a sense, she was de-

pleted—like a bank account, where for years there had been constant withdrawals and no deposit. If she continued to feel this way, the agency was helpless. No one, not the psychiatrist, the worker, or the houseparent, could help her son. For the first time in her life Miss M felt a sense of power and importance.

She was able to accept grudgingly seeing the worker weekly if it would help Jack. The worker gave active environmental help. Miss M was helped to get a job, referred to a doctor, and to a dentist. The help of the Legal Aid Department was enlisted in settling a wage garnishment which was hanging over her head. The Court cooperated in lowering her payments temporarily, until she could get out of debt.

Our role was not an all-giving one, however. Definite restrictions were placed on Miss M. She could call Jack only once a week in a specified time. His calls to her were unlimited. Visiting between them was to take place in the office for only one hour a week. The worker was to be present during the visits. Miss M protested the restrictions violently. The worker remained adamant in terms of what was best for Jack at this time, secure in her knowledge that Miss M wanted to do her best to help her son. Since the worker genuinely liked Miss M, the restrictions imposed upon her did not carry with them any punitiveness. Miss M sensed this and was able to accept the limitations as a result. Actually, the visits were a source of gratification to her. With Jack present, she could comfortably regress and allow herself to be directly fed by the worker.

In other areas, the worker endeavored to meet her realistic and mature needs wherever possible. Miss M's self-destructive acting out was not accepted. She had to pay her rent, even if she were mad at her landlord. She could not walk off her job, even if the boss was unkind to her. Realistic alternatives to this behavior were given to her constantly by the worker. Miss M was being educated in the ways of social living as was Jack.

A year and a half after this kind of therapeutic program, Miss M was able to hold on to a job. She managed to move into a nicer apartment and repay her debts. Though the world remained a terrible place, the worker was established as someone different. Miss M felt understood and protected. This corrective emotional experience had wider repercussions. As Miss M felt less defensive, she acted less provocatively and managed to make some peripheral relationships at the office which afforded her much satisfaction.

Both she and Jack seemed ready for a Sunday

visit on their own at this point. Miss M reacted to this like a child receiving a diploma. In a limited way, she was told of Jack's problems and prepared for what to expect on the visits. To please the worker, she tried to follow instructions, and for the first time in her life managed to handle Jack effectively, but only for a few hours at a time. All day outings have proved disastrous. Both Jack and Miss M seem to accept the fact that placement is going to be long term. We feel that both are the better for it, enjoying a healthier relationship with each other than would have been possible under any other circumstances.

The second case I wish to present is that of Mrs. B.

Superficially, Mrs. B presented a much different picture from that of Miss M. A handsome, well groomed woman, she was a successful buyer in one of the city's large department stores. A widow for four years, she had recently placed her son, a 15-year-old asthmatic boy, upon the advice of a leading child psychiatrist. In the course of visiting him in the treatment unit, she had met the father of another boy living there and married him precipitously. In addition to this adolescent boy, Mr. B, a widower, had two younger children in foster home placement. All three of these children had been under the care of the agency for years.

Almost immediately after their marriage, Mr. and Mrs. B announced to their children that they would be taking them home. The children were very understandably upset over the sudden marriage and the promised shift in their living arrangements. Moreover, Mrs. B dashed into all the homes, insulted the foster parents, accusing them of neglecting the children, and of feathering their own nests with the money they earned from the agency. All four children and their placements were in a state of chaos.

It was at this point that we began to work with Mrs. B. Mr. B was a passive onlooker. He had never shown too much interest in his children and was a conforming, ineffectual man, who followed the lead of his wife in all areas.

Mrs. B, however, was not interested in working with the agency. At best we were naive dogooders, whose knowledge of life was gleaned from textbooks. At worst, we were money hungry hypocrites, ready to sacrifice anyone if it suited our purpose. With the unerring eye of an experienced saleswoman, she could "diagnose" the worker and proceeded to pound away at her weak spots.

Mrs. B was accustomed to doing this with

most people, and generally earned for herself everyone's dislike which only added fuel to her anger, causing her to act out all the more.

The worker did not retaliate, however. Instead of rejecting Mrs. B, she pursued her, remaining unperturbed in the face of her caustic comments.

The fact that Mrs. B had to put up such a struggle bespoke her fear and shame. A consistent theme ran through all her material. I am a bad mother, but the foster mothers are worse. The children suffered terribly with them. I am rotten and no good for permitting this to go on even for a day. What sort of woman am I? At last, but certainly not least, what will people think of me?

It became clear as we grew to know Mrs. B better that she was transferring unto the placement situation all of the conflicting feelings that she had had toward her own family.

Her mother, a cold narcissistic woman, had been very active in philanthropic organizations for the prestige this gave her. One of her organizations frequently contributed money to the agency.

Mrs. B was the ugly duckling of her family and had always competed with, and lost to, an older prettier sister. As she grew older, she handled her rage toward this sister by reaction-formation. The rage she never expressed toward her, came out toward the foster parents who were her peers.

Mrs. B was very much identified with the children who were placed. In her eyes they looked woebegone and rejected. She hated this part of herself, the children who stirred up these forgotten feelings in her.

The agency was identified with her mother who had protected and favored the sister, while rejecting her. We protected and favored the foster parents. If we were bound to reject Mrs. B, she would give us cause.

Actually, the children had very little meaning to her, except as a means of proving she was as good as her sister and thereby entitled to her mother's favor.

It was not possible to help Mrs. B understand all of these feelings. She was quick to sense the fact that the worker was sincerely interested in her and liked her despite herself. This was hardly enough to stem her acting out. Emergency measures had to be taken. Mrs. B was delivered an ultimatum by the Administration. She had to confine her visits with the children to the office where a worker would supervise. She was not to contact the foster parents at all. The alternative was taking the

children home within a few weeks, as we could not hope to preserve their placements under these circumstances.

Mrs. B raged to her worker over this. The worker was most sympathetic. The pros and cons of taking the children home were discussed.

First there was Mr. and Mrs. B's new marriage. The worker stressed that this was a potentially good marriage. Mr. and Mrs. B cared for each other and felt happy together. They had both had unhappy marriages in the past, and were entitled to some contentment and companionship in their middle years. The children would jeopardize the marriage, in fact, had done so already. Mr. and Mrs. B's quarrels came only after contact with the children.

It was very important for the worker to "bless" Mrs. B's marriage. Her first marriage had been to a non-Jew, for which she had been ostracized by her mother. She rationalized all of her subsequent difficulties as her punishment for stepping outside the "law." In her marriage to Mr. B and in caring for his children, she hoped to redeem herself in her own and everyone else's eyes.

The worker accepted Mrs. B's intense desire to prove herself.

The question was one of helping Mrs. B prove herself effectively. The worker told her very frankly that her method of doing so to date had not proved too successful. The worker promised her help with better techniques. For a controlling woman, whose primary way of relating to others was through manipulation, such an approach made emotional sense. It did not question motivation, but offered a better method of control.

The lesson Mrs. B had to learn was how to be a good wife and mother. To do so she had to meet the needs of her husband and children. Her husband, who had been well on the road toward becoming an alcoholic, had given up liquor for Mrs. B. He needed her to live. He did not need his children.

The children were not ordinary children. They had rather severe emotional disturbances, which made it hard for people to like or respond to them. After many years, they were finally in settings where they were enjoying some security. To uproot them, after all they had been through, would be cruel. Their problems were not created by Mrs. B. Although very narcissistic, Mrs. B did have enough guilt to feel bad about hurting the children. In a sense, she was actually quite relieved when the agency gave her an ultimatum and prevented her from seeing the children in the foster homes.

She had less opportunity to act out, therefore less cause for guilt.

Reassured that it was not just her own bad feelings that caused the children to withdraw from her, she was able to examine her own motivations more honestly with the worker. She was finding more acceptance from a woman in this relationship than she had ever known before.

Mrs. B didn't love her children and was frightened at the thought of taking them home. She realized that she was much more comfortable without them. However, the question of what people would say loomed very large. This was very real, and Mrs. B was helped to tell her family why she couldn't take her children home. The agency was used as the stumbling block. Mrs. B could not take it upon herself to remove the children from their homes against professional advice any more than she could remove a child from the hospital against physicians' orders. Moreover, she was pleasing her new mother, the worker, by not taking the children home.

Mrs. B was able to "save face" to her satisfaction in the community. As she no longer needed to prove herself through the children, she was less conflicted in her attitude toward them, more benign. She dropped her fight with their foster parents. Actually, her investment in them was not great enough to see her through toward being a real constructive force in their lives. Rather, her destructive effect was neutralized, so that the children could maintain their own relationship to their father such as it was, without Mrs. B's interference. Her own son solved his problem to her satisfaction by going off to college.

The third and last case I wish to discuss is that of Mrs. L.

The mother of two small children in placement, Mrs. L had herself been a placed child who lived in two foster homes during adolescence. She had never been able to remain in placement, however, and kept running back to her family whom she idolized. Mrs. L's mother was a sick woman, both physically and emotionally, unable to care for her family of eight. The father was kind, but ineffectual, and never earned enough money to support his family. All of Mrs. L's siblings, who have had histories of rather severe social and personal difficulties, are well known to the social agencies of the city.

When Mrs. L was sixteen, she returned to her family, running away from the foster home

for the last time. At seventeen, she went to California hoping to find a home with a sister who had settled there. She was disappointed. In California, she met Mr. L, a 19-year-old boy. She became pregnant, and they married. It was soon apparent, however, that Mr. L was an extremely irresponsible young man in no way able to support a wife and family. After the birth of their second child, he deserted leaving Mrs. L with two infants, a boy of 15 months, a girl of 3 months, and several hundred dollars of debts.

For a time, Mrs. L tried to manage on ADC. This was impossible. The ADC record indicates that Mrs. L was a very "neglectful" mother who left the children alone for hours. After going off ADC, Mrs. L found work as a waitress and parceled the children out to various relatives and neighbors. This, too, was unsuccessful. She turned to a day and night nursery, and when this institution closed, reluctantly came to the agency.

The idea of having the children in a foster home was very upsetting to her and stirred up old, painful memories. However, she had no alternative, and finally accepted foster home placement after her mother told her to do so.

A rather pretty woman, employed as a waitress, Mrs. L impressed the worker as being immature, self-centered and shallow. She seemed quite fond of the children, and concerned over them. However, her own needs were so overwhelming that she actually had no capacity for any kind of sustained mothering. Keeping her weekly appointments with the children was difficult. Invariably, Mrs. L would arrive late and would sometimes fail to arrive altogether. The same held true for her appointments with the worker. She did not resist coming in, but to get up in the morning and make the long trip to the office seemed more than she could manage.

When Mrs. L did see the children, she clung to them, overwhelming them with physical affection, and promising to take them home. She had always met a new Daddy who was going to marry her, adopt the children, etc. The children, understandably, were in a state of constant turmoil, deteriorating rather than improving with time. The same held true for Mrs. L. She was working more sporadically and began to dress with less care. She also became quite involved with a sadistic man who beat her and took her money. Each time she attempted to leave him, he would pursue her, shower her with affection and gifts, make extravagant promises, and the cycle would resume. Finally, in a desperate effort to leave

him, Mrs. L ran off to California. Her lover pursued her, and they returned to Chicago. Shortly thereafter, Mrs. L attempted suicide.

It was at this point that we began to develop a working relationship with Mrs. L. The worker was extremely upset over what had happened and worried about Mrs. L. She conveyed this to her, visited in the hospital, etc. When Mrs. L left the hospital, the worker went out to see her, gave her temporary financial assistance, and helped with housing. The keeping of office appointments was no longer left solely up to Mrs. L. On the day of her appointment the worker called, helping Mrs. L wake up and pull herself together.

Office visits with the children were arranged, saving Mrs. L, who was in a weakened state, the responsibility for getting herself out to the city limits on her day off. The worker was present during these visits to give support to Mrs. L as she tried to relate to but not devour the children, and to set limits for her in terms of promises when this was necessary. When alone with Mrs. L, the worker related herself entirely to Mrs. L's needs. It was apparent from our knowledge of her that Mrs. L wanted to be taken care of completely. She was forever involving herself in relationships, and making all kinds of impossible plans so that she could realize this fantasy of complete care. However, she never assessed people or plans realistically and was constantly being frustrated in her search and need.

When the worker really reached out to her, Mrs. L began clinging to her desperately, seemed ready to regress completely, and have the worker take over for her. There was real danger in forming a very dependent tie with a woman like Mrs. L. The worker could not possibly fulfill all of Mrs. L's dependent longings. Inevitably, Mrs. L would feel frustrated in the relationship. Her rage would then be overwhelming.

The problem became one of controlling the relationship and structuring it so that Mrs. L could use it to find other relationships which would realistically afford her more gratification. The same caution had to be exercised in helping Mrs. L to meet her responsibilities. Obviously Mrs. L was not capable of assuming too much responsibility. However, we could not let her drift into a situation where we would take over completely for her with the children. This would only increase her feelings of inadequacy and enhance her dependency needs. In the long run, it would not benefit the children either. They were very much attached to Mrs. L, needed to know and see her.

Our role with Mrs. L, therefore, became one of reality-oriented giving. The worker, for example, might lower Mrs. L's board payments for a few months in order to help her meet a debt. At the same time, she remained very firm about the necessity of going to work every day. Similarly, the worker went through considerable effort to arrange the office visits for a time that would be convenient for Mrs. L. Once arranged, however, Mrs. L had to keep the appointment and be on time. Considerable support was given to Mrs. L to help her keep away from her boyfriend. We did not disapprove of the relationship, but it did not give her what she needed. Experience showed that she could not trust his promises. We encouraged her to go out and meet new men. As she did, the worker helped her to evaluate whether they really seemed able to meet her needs. Mrs. L brought some of her boyfriends to the office to meet the worker and did become "engaged." While her fiancé seemed to have a number of problems, he was stable in his work, cared for Mrs. L and was capable of "babying" her.

The worker gave her "blessings" to the match. Both Mrs. L and her fiancé were very cooperative about waiting with their wedding until the children could meet with them, and be prepared gradually for the marriage. They were able to resist the children's request to return home on the basis that the children were in good homes where they were being cared for in a way better than Mrs. L, even though she was married, could care for them. Mrs. L gave the children permission to call their foster mothers "mother," and to love them as they were "good ladies."

Mrs. L and her new husband are meticulous about keeping their appointments with the children and very cooperative with the agency in this respect. Mrs. L has certainly achieved a degree of stability in her life that she has never known before. Her children are still very troubled. With their history, it could be no other way. However, they are not being constantly traumatized by Mrs. L at this point, and the possibility of our being able to help them eventually is greatly increased.

In conclusion all three of these parents were helped within the limitations of their own personality structure to become effective as individuals and less destructive in their relationship to their children. Separation was necessary before this could occur.

It is interesting to note that both Miss M and Mrs. L are fairly representative of the parents described in Category II, the depressed, infantile, dependent mother. Mrs. B, on the other hand, seems to be more typical of the parent described in Category III, the narcissistic parent, although we did see some evidence of guilt as well as narcissism in her character structure. It was possible to help both Miss M and Mrs. L to achieve a more satisfying adjustment for themselves and to become good part-time "placement parents." We were less successful with Mrs. B in this respect. Although we could help her stabilize her marriage, we could not help her become a good parent. We believe that this was due to the fact that she was too narcissistic to invest in the children. However, she was guilty enough to want to avoid hurting them.

In consulting with other workers, I have found that they had had similar experiences with cases of this type. It is, of course, invalid to draw general conclusions on the basis of such a small sample. However, these experiences do suggest that we can work more effectively with the depressed, infantile parent than with the narcissistic parent. The former, who can make a tie to the worker, are sufficiently motivated by guilt to cooperate in the treatment plan of the child. The latter finds it much more difficult to establish a tie to the worker and invest in the children.

Within the category of the narcissistic parent, it is important to evaluate the balance between narcissism and guilt. Where the guilt is so unconscious that it is not accessible, as was not true in the case of Mrs. B, the therapeutic method herein described would be doomed to failure. This is a field that could be profitably explored in terms of developing further techniques of working with a narcissistic parent.