

In conclusion, we have seen that the combined efforts of the placement and adoption workers can provide the atypical child with the love and security of his own adoptive family and, thereby, spare him the insecurity and impermanence of a succession of foster homes, or the cold, gray emptiness and loneliness of institutions.

Bibliography

1. Beaver, Paul W., "The Adoption of Retarded Children," *Child Welfare*, Vol. XXV, No. 4 (April 1965), pp. 20-23.
2. Bell, Velma, "Special Considerations in the Adoption of the Older Child," *Social Casework*, Vol. XL, No. 6 (June, 1959), pp. 327-334.
3. Bernard, Viola W., "First Sight of the Child by Prospective Adoptive Parents as a Crucial Phase in Adoption," *American Journal of Orthopsychiatry*, Vol. XV, (1945), pp. 230-237.
4. Chema, Regina and Farley, Loretta, et al, "Adoptive Placement of the Older Child," *Child Welfare*, Vol. XLIX, No. 8 (Oct. 1970), pp. 459-463.
5. Edwards, Jane, "The Hard-to-Place Child," *Child Welfare*, Vol. XL, No. 4 (1961), pp. 24-28.
6. Fanshel, David, "Research in Child Welfare: A Critical Analysis," *Child Welfare*, Vol. XLI, (1962), pp. 487 ff.
7. Fradkin, Helen, "Adoptive Parents for Children With Special Needs," *Child Welfare*, Vol. IIIIXL, No. 1 (Jan. 1958), pp. 1-6.
8. Franklin, David S., and Massarik, Fred, "The Adoption of Children With Medical Conditions: Part I - Process and Outcome," *Child Welfare*, Vol. XLVIII, No. 8 (Oct. 1969), p. 460.
9. Goldstein, Joseph, Freud, Anna, and Solnit, Albert J., *Beyond the Best Interests of the Child*, The Free Press, N.Y. and Collier MacMillan, London, 1973, pp. 17-23 and 82-84.
10. Halliman, Helen W., "Who Are the Children Available for Adoption?," *Social Casework*, Vol. XXXII, No. 4 (April 1951), pp. 161-167.
11. Halliman, Helen W., "Adoption for Older Children," *Social Casework*, Vol. XXXIII, No. 7 (July 1952), pp. 277-282.
12. Hornecker, Alice, "Adoption Opportunities for the Handicapped," *Children*, Vol. IX, No. 4 (July-August 1962), pp. 149-152.
13. Kadushin, Alfred, *Child Welfare Services*, The Macmillan Co., N.Y., 1967.
14. Kadushin, Alfred, "A Study of Adoptive Parents of Hard-to-Place Children," *Social Casework*, Vol. XLIII, No. 5 (May 1962), pp. 227-233.
15. Lawder, Elizabeth A., "A Limited Number of Older Children in Adoption," *Child Welfare*, Vol. XXXVII, No. 9 (Nov. 1958), pp. 1-5.
16. Maas, Henry S. and Engler, Jr., Richard E., et al, *Children in Need of Parents*, Columbia University Press, N.Y. and London (1959), pp. 383-384.
17. McEwan, Margaret T., "Readoption With a Minimum of Pain," *Social Casework*, Vol. LIV, No. 6 (June 1973), pp. 350-353.
18. Reid, Joseph H., "Ensuring Adoption for Hard-to-Place Children," *Child Welfare*, Vol. XXXV, No. 3 (1956), pp. 4-8.
19. Shireman, Joan and Watson, Kenneth W., "Adoption of Real Children," *Social Work*, Vol. XVII, No. 4 (July 1972), pp. 29-38.
20. Taft, Ruth, "Adoptive Families for 'Unadoptable' Children," *Child Welfare*, Vol. XXXII, No. 6 (June 1953), pp. 5-9.

The Fatherless Boys Project of the Jewish Board of Guardians: Some Therapeutic Implications*

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The Fatherless Boys Project demonstrates that this mode of help has been effective in a number of ways. In its prophylactic aspects it endeavors to forestall the development of more serious emotional problem in a totally new population of maternally headed families. As a nonthreatening form of intervention it sustains some very disturbed children outside of a treatment situation, and helps other children who need it to eventually reach treatment.

The Jewish Board of Guardians is a mental health agency specializing in the treatment and prevention of emotional disturbance in children and their families. The agency operates a number of residential and day treatment centers and child guidance clinics in Greater New York and Westchester County.

The agency's origins go back 80 years, when volunteers went into the criminal courts of New York to help immigrant Jewish prisoners. When the children of these prisoners began appearing in the Family Courts charged with delinquency, the Jewish Big Brothers and Jewish Big Sisters were organized to help them. They have continued this tradition of service to children in trouble for over seventy years. Thus the Jewish Board of Guardians began in voluntarism, and volunteers continue to contribute to its various programs.

The idea of offering an agency service to fatherless Jewish boys was developed in the JB as an outreach program for the single-parent family which was not ready to use traditional social services. This program of providing big brothers to fatherless Jewish boys and concurrent group guidance to their mothers developed about five years ago. Until that time the Big Brother Service was only for children who were in therapy with the agency. Gradually this became seen as a gap in service, inadvertently favoring only those families whose mothers were sufficiently motivated to seek therapeutic help for their sons. Many

mothers not so motivated, although equally if not more needful, were applying to us for big brothers but not for therapy. These women felt that their fatherless sons did not need treatment but that they did need a more adequate masculine development and identification, through a relationship with a male adult.

An example of the creative role volunteers play in our work is that it was the Big Brothers themselves, through their Executive Committee, who brought the need for this service to the administration of the agency.

Procedures

Any Jewish mother in the city may call the agency and request a big brother. Criteria for inclusion in the Project are: that the child be Jewish; that no father be available to him; and that both mother and child participate in an intake consultation to determine whether a big brother is an appropriate modality of help. The Big Brother Service becomes contraindicated when serious pathology is present and treatment is deemed necessary.

The application process involves a telephone screening in the central Volunteer Department where the presenting problems and basic eligibility are discussed, and gross ineligibility is screened out. If the family is considered eligible, they are then referred to the Child Guidance Outpatient Clinic in the borough where they reside. There, the caseworker assigned to the project interviews mother and son for a diagnostic evaluation of the situation. Mother or son may be too disturbed to use the service productively. When indica-

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ted, psychiatric consultation is also available to determine the appropriate plan for the family.

The waiting can be anywhere from two to six months, depending on the particular child's situation and the availability of a suitable big brother. In order to lessen the anxiety of mothers who have been accepted and who are awaiting assignment of a big brother we arrange to admit them to the ongoing mothers' guidance group, which meets monthly in each borough. Or if the mother is diagnosed as unsuitable for the group she is seen individually.

The big brother is initially screened by a caseworker in the Volunteer Services Department. If accepted, a specific match is tentatively made and he is then referred to the caseworker in the borough office to discuss the situation in detail. One caseworker handles these cases in each borough. If the Big Brother and the caseworker agree that he would be beneficial to the particular child, the worker arranges a meeting with the big brother and the family.

After the match is made, the caseworker is responsible for ongoing supervision of the Big Brother either in a group or on an individual basis, and for consultation and guidance of the mother under similar conditions. The child is seen once or twice a year. His progress is followed through regular contacts with the mother and the Big Brother.

Description of the Families

The Sons: The children in the Fatherless Boys Project range in age from six years to thirteen. They run the gamut of emotional problems: difficulty in going to school, fears of death and separation, infantile regressive behavior, poor peer relationships, effeminate mannerisms, low self-esteem. Some of the children suffer from severely hampering physical disabilities, muscular dystrophy, brain tumor, partial paralysis, impaired motor co-ordination and brain damage, and juvenile diabetes. Besides being deprived of a father in traumatic ways by sudden death, or disappearance without explanation, some children have been

subjected to long, drawn-out divorces, frequent physical battle scenes between parents, or to intermittent periods of hospitalization of either parent, or to living with elderly grandparents.

In almost all of the cases the fathers died or left home when their sons were very young and have had no contact or minimal contact over the years. Neither the mother nor the son know the whereabouts of the father. Most of the marriages were brief, and the ex-husband's lack of concern for the children financially and emotionally is characteristic and bitterly resented by the mothers.

The children know very little about their fathers as the mothers find it difficult to talk about them. However, in instances of separation and divorce in contrast to the loss of the father through death, the child knows that a father exists but is not available. His voluntary absence is confusing and with these children there is longer perseveration of the idea of his possible return. His continued absence can intensify the boy's feeling of worthlessness, and with a mother away working, this sometimes feels like a double parental loss. The younger the child the more difficult it is for him to understand that his parents are not living together.

For those boys who have experienced severe parental quarrelling and physical violence, relationships to peers may be characterized by fighting, overt anger and hostility. Or there may be the necessity to hide normal feelings of anger at home toward the only parent the child does have, and quarrelling with peers is safer. Absence of a father figure may also affect the boy's school performance, as there is no male achievement model.

We indicated earlier that the process of sexual identification may be hindered. As a boy approaches puberty the single-parent mother may have difficulty in dealing with her son's physical and sexual maturity. In some instances the boy's awareness of her unconscious hostility to males may cause him to repress masculine traits, to reject his father and a male identification.

The psychological stresses imposed on

children deprived of parents have been described by several observers. Peter Neubauer points out that the normal family constellation is altered in significant ways. "The absence of a parent," he notes, "creates the absence of oedipal reality. The death of the parent of the same sex is unconsciously the fulfillment of a deep oedipal wish which may arouse strong feelings of guilt in the child. There is no experience then of normal conflicts between father and son or observations of affection and lovingness between mother and father." He goes on to point out "that fantasies of the missing parent have an extremely idealized or extremely punitive character, depending on the child's developmental demand and in accordance with the timing of the loss."¹

In her observations of fatherless children at the Hampstead Nurseries during World War II, Anna Freud was struck by "their complete inability to accept the fact of the father's death where this occurred. All our orphaned children talk about their dead fathers as if they were alive, or, when they have grasped the fact of death, try to deny it in the form of fantasies about re-birth or return from heaven."² Commenting on this, Gilbert Kliman says: "These children were strongly involved with a fantasied father even when no father had been known to them. Superego development proceeded to some extent with the fantasied father."³ Referring to the potency of such fantasies, Neubauer says: "The absent parent becomes endowed with magical power to gratify or punish. Aggression against him and the remaining parent as well becomes repressed. This repression of the aggression against the remaining parent unconsciously reinforces the living parent's seduction. The latter is due to the parent's shift of cathexis

¹ Peter Neubauer, M.D., paper delivered at the Institute on the Single Parent Family, November 1, 1973, pp. 15.

² Anna Freud and Dorothy T. Burlingham. *Infants Without Families*, International University Press, New York, 1947, p. 107.

³ Gilbert Kliman, M.D., *Psychological Emergencies of Childhood*, Grune & Stratton, New York, 1971, p. 67.

from the missing partner to the child.⁴ The problem in these situations is that the lonely mother may unconsciously mold her son into a desexualized companion, or an effeminate one. "Most of these children run the danger of becoming the object of excessive physical affection from the mother which can be both seductive and feminizing."⁵

This may explain the fact that the primary reason most of our mothers give for applying for a big brother is that their sons need male identification.

We see then that though the problem may have been triggered by the father's disappearance its solution depends largely on the mother's ability to distinguish between her own needs and feelings, and those of her child. As Elizabeth Herzog of the Children's Bureau puts it, the role of the present mother is more critical than the absence of the father. The mother's response to the father's absence and how she interprets it to the child is fundamental, as is the mother and child's relationship to the father prior to separation."⁶

The Mothers

There is a basic core group of mothers who faithfully attend the monthly group sessions. They represent the type of woman generally drawn to the program. They range in age from their late twenties, to early forties and are socially isolated, economically deprived, and emotionally depressed. They are overwhelmed by loneliness, by the burden of rearing children single-handed, and by the struggle to make a better life. Among the problems which they discuss are feelings of depression and deprivation, their past family life and difficulties with their own mothers, problems of employment, relationship with men, risks in dating, attitudes about big brothers, and problems and satisfactions in bringing up their

⁴ Neubauer, *Op. Cit.* p. 18, 16.

⁵ Lillian Hawthorne and Catherine McCulloch, "An Exploratory Study of the Effects of Two Types of Parental Deprivation in Latency Age Boys", unpublished, June 1971, p. 11.

⁶ Elizabeth Herzog, Paper delivered to the 22nd Annual Meeting of Big Brothers of America, 1970, p. 10.

children. They talk of their frequent tendency toward overprotection and over-involvement with their sons, their need to be all things to them, both mother and father, and their guilt and anxiety about using their children to meet their own needs for companionship. Or they talk of their anger. They can't be ill because of their children's needs. They have to protect their children when they get into fights with peers. And they have to do everything alone. They complain of having to reconcile negative feelings toward their former husbands so that their sons do not have a distorted father image because of their anger and need. One becomes aware of their underlying feeling of marital failure of which the child is a constant reminder. They feel guilty about leaving their children when they go on dates, finding it difficult to part. At the same time they are resentful toward the child when they do venture to go out. These mixed and confused emotions carry over toward the men they date. They feel irritated and angry if the man does not know how to handle children. The women express the feeling that the child is holding them back, yet at the same time they declare that if they didn't have the child they would be rootless.

They bring practical concerns to the sessions as well—money problems, baby sitting problems, children's growing problems. The effect of the groups is that the women tend to be supportive of one another and to encourage each other's individual growth. This is reinforced by the caseworker's presence and the fact that the latter provides food and drink. So many of the women are isolated from their families that the group is a safety and a mutual support system.

It is different from traditional group therapy in that the groups meet only once a month and are open-ended. The interpretations by the worker are infrequent and on an ego or behavioral level rather than an unconscious level. The therapist helps the members of the group to help each other. This group experience is geared toward developing in these women a sense of competency, and a way of looking at interpersonal issues relating

to themselves and their children. In each session, the therapist addresses the manifest issue of need while remaining consciously aware of underlying feelings which continue from session to session.

The Big Brothers

By offering a big brother as a modality of help to a fatherless boy we are trying to provide him with a corrective emotional experience. The Big Brother Service is predicated on the assumption that a boy needs the understanding, the friendship, and the influence of a responsible older male during his formative years in order to reach his potential maturity, and that though the father may be absent or inadequate, the child does not demonstrate such severe problems that would indicate he must have professional help exclusively. The big brother establishes a friendship with the child which basically has to do with the acceptance of feelings. His is not a didactic relationship, but rather an "inspirational" one, in which the boy out of sheer regard wants to emulate him. He helps to restore the child's self-esteem and feeling of being worthwhile by his empathy, unconditional positive feelings and his genuine interest. He does not try to "change" or "reform" or "discipline", but by his very existence and consistent friendship, provides conditions for reinforcing and building the child's strengths. It is difficult for a boy to trust and to believe in the big brother at first, but over a period of time confidence does develop and this therapeutic friendship can provide the support necessary for the restoration of self-esteem and future growth and development. The results vary with the character, time and interest of the Big Brothers and the nature of the supervision they receive.

Volunteers have many personal reasons for desiring to be in the program. They all give the reason of wanting to do something humanly meaningful. Consciously they feel that a fatherless boy needs help and whether their own childhood was "good" or "difficult" they want to contribute their experience and friendship in a meaningful way.

Matching is of utmost importance. The volunteer should be matched in such a manner that fulfillment of his needs will not be detrimental to the boy and his potential for helping be utilized to its maximum. When the risks in this unusual friendship are worked through, as one observer states the quid pro quo, "The child feels valued and valuable and the volunteer feels satisfaction in giving and being needed."⁷

In screening the big brother his unconscious motivation has to be carefully evaluated by the interviewer for its potentially therapeutic or pathological implications. We must also ask ourselves—Can the volunteer provide his unique friendship "related to the special needs of a child's deprivation?"⁸

One aspect of matching which must be given equally careful examination is the relationship between the boy and his mother. Failure to do so led to the following denouement.

*Case Illustrations**

Jim: The big brother in Jim's case did not work out because of the boy's mother's pathology. Jim, age 11, was an appealing boy with many friends, described as a leader in school. He had no significant adult contact and was lonely on weekends. Mrs. L. often felt profoundly depressed and helpless as a single parent and at these times was unavailable to him.

During the consultation interview with Jim, Mrs. L. insisted on being present and seemed mistrustful of leaving Jim alone with the therapist. Eventually she relaxed somewhat but still emerged as an extremely disturbed woman, suspicious and unable to separate from her son. Nevertheless, when a suitable big brother was found, Mrs. L. maintained that she was still interested and an introduction was arranged. When the big brother and Jim went for a walk, Mrs. L.'s pathological suspicions surfaced and she asked inappropriate questions about him. She could not allow the relationship to proceed any further, and withdrew her request for the big brother then and there.

In this case it should have been possible to

mitigate Jim's and the big brother's disappointment by identifying earlier the strength of Mrs. L.'s pathology, and urging her to wait for a big brother until she felt more able to separate from her son.

Supervision

The caseworker functions less as a supervisor in the traditional sense that we supervise students and casework staff, than as catalyst on which the success of the big brother-little brother relationship hinges.

The Big Brother Service is seen as a collaborative effort between the caseworker and volunteer. This is an enabling process in which the volunteer should not feel anxious or alone in facing the situation with the boy and his mother or eager to withdraw from the relationship when he is disappointed or angry with the child or himself.

Ed: A big brother was recommended for Ed, age 12½, because as a physically handicapped child he was too dependent on his mother and needed, in her words, "a strong male relationship." Ed had muscular dystrophy and is an only child whose parents were divorced when he was four. Mrs. P. presented a great many strengths, but had become increasingly burdened alone with a child who was facing a life of progressive and fatal deterioration. Ed was very open in discussing his physical disability with the big brother and presented himself as a bright, verbal and engaging youngster.

The big brother selected had overcome a speech impediment of his own and was able to identify positively with the child. He accepted Ed's disability and visited with him in the home until Ed felt confident enough to venture outside.

The big brother was consistently devoted to Ed. In the beginning, he unconsciously denied the full impact of the child's illness and unconsciously hoped he could help Ed overcome it as he had his own impediment. However, as Ed's condition worsened, the big brother's denial of the progressive and deteriorative nature of the illness could not be maintained. He began to experience depression after visits with Ed and the caseworker sensed his as yet unexpressed desire to withdraw from the relationship. The worker began to discuss these feelings with him and helped him to alleviate the guilt he was experiencing over them. We thus avoided a premature termination.

⁷ Ronald A. Stearn. "Use and Supervision of Big Brother Volunteers." *Journal of Big Brothers' Practice*, December 1973. p. 24.

⁸ *Ibid.*, p. 27.

Case Material of Sheldon Rice

Right from the start the big brother's role should be realistically defined, and structured, and the goals of the relationship limited and clarified.

It is the responsibility of the agency to provide orientation and educational workshops for the volunteers, as well as individual or group supervision. Understandably supervision is on a more intensive basis in the beginning, after which the caseworker-volunteer relationship continues as an ongoing effort on an as-needed basis.

Intramural Problems

As the foregoing discussion suggests, there are many problems involved in implementing such a program. I shall deal with one which seems to me to have been the most difficult, caseworker resistance.

In the Jewish Board of Guardians caseworkers' primary orientation is to therapy. Consequently they find it difficult to accept the notion that the intercession of a layman can ameliorate a situation which their social work training tells them needs psychiatric intervention. Even granting that the big brother role has limited therapeutic implications, when it is used as an adjunct of therapy, the professional finds it difficult to make the distinction between traditional treatment goals (and those suitable to a Big Brother Service as a chosen method of help.) However, it has been our experience that once this initial resistance is overcome, the process accelerates as caseworkers become more deeply involved in the program. The process is also helped when there is commitment at both the top administrative and middle management levels.

Conclusions

The Fatherless Boys Project demonstrates that this mode of help has been effective in a number of ways. In its prophylactic aspects it endeavors to forestall the development of more serious emotional problems in a totally new population of maternally headed families. As a nonthreatening form of intervention it sustains some very disturbed children outside of a treatment situation, and helps other children who need it to eventually reach treatment.

Some 275 to 300 children have been assigned

big brothers in the past five years, while approximately 15 per cent of the children seen in intake are referred for psychiatric help yearly. Another 10 per cent of children who are in the program are transferred to treatment each year.

The Project also serves as a community mental health program. It gives isolated families a sense of belonging through the active reaching out to them by the agency and the response from volunteers in the community.

For the volunteers, the Project provides the double satisfaction of simultaneously fulfilling a community need which they deem important, and satisfying an emotional need of their own. By helping a needy child they are promoting community mental health; and by participating in the agency's supervision and educational meetings they gain a pragmatic grasp of the principles of mental health. Looked at in its larger social perspectives, the Project is reaching the Jewish poor. This is a group in the community whose needs are great but which has not until recently attracted attention. Three-fifths of our caseload are on public assistance. They were our target population and consist of a particularly needful segment of the community which would otherwise obtain no social services.

In sum we have endeavored to design a Project whereby using a caseworker as a catalyst, a child and his mother abetted by the concern of an involved volunteer may have a corrective emotional and therapeutic experience.

I would like to close by alluding to the unconscious force that binds the volunteer and the child. David Rubinfine, psychoanalyst and psychiatric consultant to the Jewish Board of Guardians associates their rapport to the "creative illusion we call transference. A central idea underlying psychoanalytic techniques is that by means of this illusion, a better adaptation to both inner and outer worlds is ultimately achieved."⁹

⁹ David Rubinfine, M.D., "All in the Family," Talk delivered at the Annual Meeting of the Jewish Big Brothers and Big Sisters of the Jewish Board of Guardians, 1974, p. 8.

Probing deeper, Dr. Rubinfine says, "I became aware of what I believe to be the deepest psychic layer from which the Big Brother, Big Sister relationships derive. The volunteer worker is not only a figure who provides understanding, support and friendship and an opportunity for new identification. In addition he or she is a magical figure around whom fantasy and the capacity for

illusion can be restored in the child and adolescent. In the company of this figure, there can be an awakening to life, its wonderful surprises, discoveries and conquests."¹⁰

In this prosaic world, in our pragmatic profession, it is gratifying to occasionally glimpse the magic behind the modalities.

¹⁰ *Ibid.*, p. 12.