

## CASEWORK WITH PARENTS OF CHILDREN PLACED IN THE OUT OF TOWN INSTITUTION \*

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**T**HIS paper will consider the meaning of the placement of the child for treatment purposes in the out of town institution, and the goals of work with parents under these circumstances. Placement of a child in an institution away from his family's home city has many of the basic, generic ingredients of all separations of parents and children; the trauma, for child and parent alike, the guilt and the fear sometimes bordering on terror. When a child must leave for a destination completely unfamiliar, then something very new and very special has been added for both the child and parent alike, and it would be difficult to know whether the parent or the child suffers, or benefits more.

Where does the work with parents begin? Where does it end, what shall its focus be? And what are its goals? There are many phases of the work, but mainly they fall into three areas: (1) in the preparation for separation culminating in placement; (2) during the post-placement period in which the child is absent; (3) in that period of the re-establishing of the family structure, or the permanent moving on of the child away from the family. This paper will

consider chiefly the first two of these three phases.

For the parent whose child must be "sent away" some distance, rather than simply "staying somewhere else until we work things out," the implications have varied meanings attaching both to the reality situation and to the parents' own inner world. Sending one's child to a hospital for asthmatics or to some other type of medical setting may feel like a guilty thing, yet the world looks with some manner of kindness and sympathy upon the parents of the child with a medical problem, and such parents are fortunately able to hold on to their status with minimal ego damage. It is a more uneasy thing to need to place one's child in a treatment setting for personality and behavior difficulties. It is still more deeply painful to have one's parental right taken over by the authority of the Court, which then commits the child to an authoritative or a treatment setting.

The common ingredient of human parental experience in all three placement categories, whether it be conscious or not, is a sense of failure. The parent usually operates on a cultural base in judging himself, and it is likely that he feels the deepest failure of all if the plan is one for a "treatment place-

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ment," where it is clear that the effort shall be around the undoing of the wrong the parent feels he has, and often has, committed against his child.

The factor of geographic distance adds both qualitative and quantitative differences in the type of work we do with parents. Since visiting in the institution must at best be infrequent, the child takes on a kind of unreality, very often, and the situation in which he is living is couched with so many unknowns that fantasy around his child is almost universal. We are in a position of needing to dispel the fantasy, to deal with both projection and displacement on the part of the parent in terms not only of what is happening to his child during his absence, but in terms of what the actual, real roles were during that child's presence in his family group and in terms of what his child really was.

Letters between institution and the home agency are exceedingly important in dispelling fantasy around what is happening to the child. The shadow-boxing that may occur in the absence of the home agency's knowing what is happening can be made unnecessary if the institution is able to send periodic reports. We should like to stress how essential this is in setting up a piece of work with a parent that is geared to reality rather than to fantasies and projections, and to point out that in our case illustrations, even though the child was in the institution—both the child and the institution were ever-present in casework with the parents. Again and again the material from the treatment center became a springboard in the work between parent and home agency.

An institutional placement implies temporariness and a return of the child either to his family or to a group that is like a family. In essence, this is a moving away of the child so that he

can move back again, or move on. But it is all not so simple, and it is not valid to consider the task to be his alone. For if he returns to a parent who has not moved away from his own unhappiness and damaging ways of relating to him, the child may be himself stronger, but faces anew the very setting that so greatly contributed to his troubles in the first place. Such a placement may be partially wasted for the child and may offer the parent only a reminder and a reinforcement of his own failure. The reasons for embracing the parent are not just humane—they are practical.

It would be difficult to single out a "most important" stage in work with parents since all are the important parts of an essential whole. Nevertheless, in the preparation for placement, we can help the parent see in a miniature way what it is like to work with the agency. If, beginning in intake, the parent feels himself as a person of dignity and worth, a person in his own right and with problems of his own, something extremely important will have occurred. If he has had many experiences around his problems relating to his sick, disturbed, or delinquent child, he may not have any expectation of difference in a placement agency. Yet, if behind a closed door he feels that we are hearing *him*, his fears and his despair, he may experience a kind of understanding he has never known before, and leave even an initial interview somewhat strengthened. He needs to know that we know, or feel, what anxieties his child has brought him and to have our recognition of his efforts in handling such heavy problems. He needs to know what a placement is like and to have its aims clearly spelled out as being important not only because his child is important and deserves to be happier, but because he also is important and deserves to be happier in his own right. It is essential as processing

and preparation proceed that the "something new that has been added" to the usual terrors of separation—that is the specific and concrete unknowns, be dealt with. This includes if possible the knowing of the child's everyday setting in the institution, if not by a prior visit before placement, which is not always possible or even desirable, then by as graphic a picture of the child's setting in the placement world as the caseworker can provide through pictures, brochures, etc.

The parent will usually have particular curiosity about the substitute parents and about the other adults who will be important in his child's world during placement. One advantage of the geographical distance characterizing this kind of placement is that the nature of the rivalry between the own parent and the substitute parent is apt to be minimal. Because the parent does not see the institution's cottage parents frequently, if at all, and because the cottage parent is also shared by at least several other children, the own parent is less frequently reminded of that painful reality that another parent-like person is taking care of his child. On the other hand, because of the distance and the unknowns, the parent may fantasy that a close tie of loyalty and affection is developing between his child and the substitute parent and be anxious to the point of needing the assurance that the ties that bind him and his child are both unique and indestructible.

In the whole process of preparation for a placement in an institution, we need to support the ambivalent, slow moving and suspicious parent; to slow down the parent who through his own needs and defenses is too eager to move ahead more quickly than either he or his child could bear, as for example often may happen where a child is moving into a medical setting. We need to be even more acutely sensitive to timing

and readiness to move on than when the child is simply to live in another part of the same city, because all the usual separation anxieties are apt to be enhanced by the possibly frightening distance that will separate parent and child, both in time and space.

A number of considerations we have mentioned were illustrated for us in the following case:

Mr. and Mrs. Allen came to the agency only after their desultory efforts to help their son, Robert, through private psychological and psychiatric treatment had become burdensome, and because little headway had been made. Robert had been described by all who had known him since early infancy as unhappy, insecure and unstable. At eleven he was showing marked paranoid ideas and anxieties which he handled through the magic of certain compulsive "habits" that made him feel more safe. A psychological and psychiatric workup pointed to more anxiety than could be handled if therapy were attempted with Robert at home, but to a good prognosis in a treatment placement. Both the consultants and the agency saw that these parents needed great helps in mobilizing around Robert's placement.

Because his parents saw only the necessity to treat the "habits" rather than the child, their approach to a possible treatment placement was skeptical. Every little gain Robert made in terms of conquering one of the compulsions meant another set-back in terms of Mr. and Mrs. Allen's involvement. They interpreted even the smallest of change in the child as proof that separation was simply not necessary.

They appeared to be caught in the dilemma of having been heavily burdened both emotionally and financially, of wanting respite and freedom from such burdens but of having to bear a heavy guilt in the way placement would implement their rejection of Robert, and to suffer narcissistic deprivations because of the actual financial cost, which would make necessary many changes in their high standard of living. The worker could see how almost hopelessly these three unhappy people were caught in a situation in which all suffered differently, but acutely. That Robert was in constant terror of violence, poisoning and death did not have the meaning for Mr. and Mrs. Allen that a recognition of how heavy their own burdens and their own unhappiness had been—and how not only Robert deserved the

relief that could be had through a treatment placement, but that their own need for relief and for some happiness was important—with the separation period opening up some possibility of time and energy for themselves, and for a scrutiny of their own needs and goals.

An important turning point was the occasion of a deliberate move on the part of the worker who asked them what might happen to their lives if Robert became paranoid to the point of imagining that the person next to him was truly going to kill him. If Robert in panic were to attack someone with serious hurt, what did they think would be left of their happiness and peace of mind? The worker reiterated that our concern is for the three people in the Allen family. These parents moved on from that point without the previous cynicism and suspicion. Mr. Allen was able to say "Somewhere along the way there has been a turning point for us. I don't know just where it was. But somehow, we know that placing Robert is right, even though we wish it were not necessary. You seem to know something about how unhappy we've been. And you have given us some hope that we can work on the things that have been making us unhappy, too. If that is possible, the time and effort and expense will seem unimportant."

As we move ahead, we are concerned with how involved the parent is with his anxiety. Always we need to consider to what extent is he actively engaged with it? To what extent is he running away from it? As the placement approaches the anxiety usually mounts and the parent's need for both our support and our recognition of him as a person grows. If, through his relationship with the agency, we can keep him involved with his anxiety by somehow helping him to bear it rather than to run away from it, then we can hope that we shall have a parent who continues in some way to be related to the child throughout his placement, instead of becoming the increasingly insecure and absent parent who makes a placement precarious at best.

What happens after the culmination of placement is often a kind of shock not too unlike the impact of physical surgery. The parent who very often

might have wished for freedom from his child may fear that he has indeed lost him. He is often haggard and anxious until the first communication from his child which assures him that the ties are still intact. What follows sometimes may be a period of intense relief related to a kind of vacation. The anxieties often drop away, sometimes rather dramatically. Or, on the other hand, there may be guilt over such profound relief and therefore a heightened tension. One parent during this period looked many years younger. The father exclaimed "I have no problem—there is no reason for me to work with the agency. Why, I've even learned all over again to be considerate and affectionate with my wife!" The worker commented that this sounded like a honeymoon and the father agreed. However, he could also see that a honeymoon could not last, and with the caseworker's support, could again look to the tasks ahead.

When we say "vacation from parenthood," of a particular child, we imply only a kind of relief and rest from everyday living with the child, for a temporary period. Even if a complete "vacation" were possible, it could not last; it would then turn into a *retreat* from parenthood. This is indeed what sometimes happens when either we or the parent fails somehow to engage in a piece of work while the child is away. With the agency, his struggle should be a little less difficult, and his progress perhaps a little swifter, particularly if we are able to set up for him an experience offering some therapeutic possibilities. For that parent whose attachment to growth is unusually tenuous, the agency can offer the stimulus without which he might founder.

Nevertheless, because there is a "vacation" component in the child's absence, the matter of getting down to the real work, to the heart of the matter, is ex-

tremely difficult. Change, as we know so well, is universally resisted because it is painful—and change is especially and deeply frightening to the parent whose only known safety has lain in those very defenses which as a part of himself played some destructive role with his child. Furthermore, he did not come to the agency seeking change for himself, nor did he knowingly seek a relationship for himself.

The advantage after the child's departure is that the parent and the parent alone is now in a relationship with the worker, his child taking on, and perhaps symbolically taking over another caseworker who is his own in the institution. Although the child, even in absence, continues to be present in that he continues to be considered, nevertheless for the first time since intake the triangle that included the child is ended and the parent moves on into a one-to-one or a two-to-one relationship with the caseworker. This may be again a kind of triangle in that at points in the work with two parents, one parent may feel that we have identified with the other—and he may be right, for this is a pitfall not easy to avoid. And yet, this reorganized relationship that began much earlier, but that does not now include the child, can be a way of capturing for the parent a finding of himself and an awareness of his own importance.

The following case has been chosen as one illustration of work with parents during the period of out-of-town placement of their child: \*

The Youngs came to the agency two years ago seeking a plan for eleven-year-old Larry who had suffered from asthma since the age of two without any appreciable help from the several allergists who had treated him. Larry was after study accepted by a treatment insti-

tution where he would receive medical, psychiatric and casework help. His asthma now well under control, Larry will be returning home within the next few months.

These parents found it difficult before Larry's placement to engage themselves in anything other than the matter at hand—their immediate plans for their child, around whom both had intense anxieties.

Nevertheless, after Larry's placement, Mr. Young was able fairly early to pick up the relationship with the caseworker on a new basis. Slowly he seemed able and willing to begin to talk about, and to look at himself. He reviewed a "nervous breakdown" which he had only mentioned in passing earlier, and the resultant crisis in his business affairs, as stemming in part from the frustration of being a father to Larry, who seemed a strange child not at all fitting into his fantasy of a son in his own image. He went back to the acute differences with Mrs. Young over the handling of Larry. As Mr. Young began to use his time with the caseworker to express his anxiety and to defend his methods, and himself, he groped falteringly but with some determination toward an understanding not only of Larry, but of himself and the quality of his relationship with Mrs. Young.

The work with this mother was far more difficult. Urbane and polite always, Mrs. Young nevertheless did not want a meaningful relationship with the caseworker and for a very long time any attempts to draw her into one was met with withdrawal and distress. The worker found Mrs. Young's discomfort so disturbing that for a brief period she was immobilized around any further work, only later turning to the psychiatric consultant for clarity around ways in which the work with Mrs. Young could take them both into a more meaningful effort together.

A year later, midway in the placement, the Youngs visited Larry in the treatment center, finding that Larry was able to move more positively toward his father, and with a deeper feeling of mutual acceptance among all three of them than had ever before been possible.

Upon the parents' return, Mr. Young was able to keep Larry and his needs as the core of his effort with the caseworker. But in many other and larger ways, his situation was changing, his business efforts moving to completion and going well, instead of dropping midway. He was increasingly relaxed in his attitude both to Larry and in his relationship with Mrs. Young. There was release for him too from the very first counseling session, in that

\* Case material of Mrs. Pauline Miller Shereshefsky, Jewish Social Service Agency, Washington, D. C.

he had found some expression for his too-greatly-repressed and too-greatly-feared dependency needs.

With the unfolding that began in this for Mrs. Young which was exciting even for herself, she could be less defensive about the manner in which she had tended to obstruct Mr. Young's efforts to develop a full relationship with Larry through the ways in which she had held Larry so close at the same time that she had held him from her.

Throughout the second phase of our work with the parent of the child already in the out-of-town institution, some of the parent's resistances to further work are so classic that they are almost predictable. At first he is often convinced that if his child were to change, all would be well. Or, if he is able early to acknowledge intellectually the part parents play in the child's difficulties, it is somehow without emotional conviction. He begins to think that the fault lies with the other parent and if only he would change then indeed all would be well. The matter of blame becomes very important, for through it in projecting what he cannot face or acknowledge elsewhere, he does not yet have to face himself.

When we begin to work toward the laying bare of some of his own feelings he may become frightened, and he may become angry with the pain he sees us as inflicting upon him. For a while he may feel helpless before his own anger, covering it with his own defenses. Because a part of his need is that we like, or at least accept him, until he is absolutely and unshakably sure of this, he cannot let himself acknowledge those areas of feeling in himself which he thinks or feels would make him less of a person in our eyes. Desperately he may for a while struggle for the unruffled exterior. But as we work with him, both accepting him and yet demanding of him as a person that he consider his own feelings about his liv-

ing situation, there comes a point at which some of the old coverings and defenses are no longer indispensable to him. This would be an impossibly cruel and terrifying experience unless his relationship with the agency were a point of safety and an area of real trust. Then at last can the floodgates be opened, with all the risks of self-revelation and pain, together with all the excitements of conscious understanding. It is only at this point that a parent begins to feel and wants something different in himself. In setting up this kind of experience and making it available to a parent, we cannot always know to what depth and with what completeness a parent may carry change. A limited service may open up wide vistas of difference for him that he may never have imagined possible.

Now the decision on the part of a parent coming to an agency to take help around his child is a big one, and should command all the respect that such a decision deserves. With the parent who comes for, and then does choose, a separation, the placement become self-willed by the parent, his own act, done by his hand. Whether he wishes to be involved further or not in an experience of help for himself we can begin to know only as we begin to work with him. We can support him in what has been so difficult a decision for him to make in behalf of his child, giving recognition to the strength that such planning does involve, and giving emphasis and support to his own need and capacity for change, even when it is not yet consciously known by the parent.

In the case of a court commitment, where authority has been taken out of the hands of the parent—leaving him bereft both of his child and the usual rights of parenthood, our problems of engaging him are great indeed, for he is usually immobilized both by his guilt

and by his resentment toward all who have any role to play around his child. Yet, even in the case where the parent himself has not made the decision around wanting help for himself, we can still attract him to such a decision. We can be here for him, and the challenge lies in how first of all to help him to know this, to come to trust, and then finally to accept it.

As efforts around the return of the child from the out-of-town treatment center get under way, the agency and the institution need to be together in the joint effort that goes into the reuniting. Both need to be clear too that we have a period of preparation in our work with a parent as well as with the child. A return is again change, with certain new-found equilibrium on the part of the parent sometimes threatened by all the clamoring anxieties that may beset him: what will his child be like, and is it really all right that others were more successful in handling him than the parent was? Perhaps it can be proven to everyone that the child is the same child as before, and that not even the experts could succeed! Will it feel very strange to be back together again, or will the same old problems come back home with the child to make everyone miserable? Has the parent changed enough in important ways that he can be a better parent? Can he really trust his new-found ways of doing, of feeling things? A parent may profess a readiness and an eagerness for return of a child before either he or the child is ready, his chief anxiety attaching to the possibility of losing his child through absence. Or he may feel some hesitation to move ahead toward the return even if his child is felt to be ready. One mother recently said "It may take us a lot longer than it takes Jim to unravel all of these things and begin to feel and do better about them—maybe

we'll still have to go on working on them even after he is back."

Our task as the child and parent alike test themselves "in the crucible of return" and in the ending of the time and space that have separated them is an integrating and a supportive one, in which both the parent and the child may need for a while our presence and our most sensitive skill, before there is conviction of their own strength and a desire for their own emancipation from the agency. Endings with both parent and child alike, after anything as meaningful as a treatment separation, even where the goals have been limited and the changes minimal, are important. We do not wish to prolong their dependency, nor would we wish to snatch the rug from under their feet. Nevertheless, termination with the agency can mark the end of what was both painful and rewarding as well, and parents may be conflicted for this very reason. Hopefully we would be able to time our ending when there is some solid kind of strength being felt by the parent, to enable him to leave this experience as something completed, and as such left behind, so that he can move ahead as an emancipated person whose dignity and strength are real things in his own eyes.

Through all of this work with the parent, we have attempted to focus that generic something that we can bring as a profession offering parents as well as children a unique experience: the capacity to feel for the parent in his own right, as a person caught in one of the most tragic of situations, and with an awareness of what his own experience attaching to his child is truly costing him. Now if he does not find empathy with us, then the parent is faced with what he may have repeatedly experienced with and from the rest of the world. Even a subtle or unwitting identification with the child against the par-

ent, or the other way around, is a reiteration of the pain of what each has suffered everywhere else. And neither the child nor the parent can arrive at any conviction of his essential worth if we fail to consider each member of this constellation.

One of the goals or one of the potentials of the treatment separation may be an experience on the part of the parent that will change the whole meaning of that separation. This must be on the basis of a relationship of empathy with that parent as a person. Without such a relationship, the parent may in-

deed be lost and our effort without any meaning for him.

It is essential that we be with and feel with both the child and the parent, accepting each, and yet standing with, and for, that part of each of them where there is either the impulse or the potential for change. The aim of work with the parent, as it begins and as it continues, is first of all a strengthening of the person he is. This is the *sine qua non* of all the therapeutic effort, since insights are possible only if he has become strong enough in his own eyes to bear to look at them.