

Disorganised Families

This chapter is concerned with 'problem families'; that is to say, families who present to society particular kinds of difficulty in three main areas of family functioning:-

- (i) inadequate care of the children, physically or emotionally or both;
- (ii) poor standards of hygiene and material comfort;
- (iii) financial incompetence.

It is the extent and combination of these difficulties which results in the label "problem" and this is bound up with the social norms of a particular time and place. The adjective "disorganised" has been chosen to head the chapter in preference to "problem" in an attempt to suggest from the outset one central psychological characteristic of such families. The word "problem" has no diagnostic value. Indeed "nuisance families" might be a more accurate description because their way of life rouses intense anxiety, concern and antagonism in the rest of society, falling so far short as they do of what a given society believes to be the essentials of "good" family life. As the general standards of child care, home-making and prosperity rise, so the failure of certain families to rise with the rest stands out more clearly.

There has been a gap between the knowledge which experienced

social workers possess and the available literature concerning the family dynamics and interaction of such people. Until recently, American social workers who wrote did not, on the whole, work with such clients and British social workers, who worked with them did not write. Attempts such as that of Reiner and Kaufman (1960) to classify individuals along traditional Freudian lines in terms of oral, anal and genital characteristics did not appeal to British social workers. In the British literature, Irvine (1954), Philips and Timms (1957) and Philips (1963) took the discussion beyond the somewhat lurid description of physical living conditions, which tended to dominate some earlier writings, and gave serious consideration to the backgrounds, relationships and behaviour of the people concerned. Recently many social workers have rightly pointed out the economic plight of such families. Low wages of unskilled workers, the wage stop, large families, lack of knowledge of available benefit -- all can play their part in a downward spiral. The social worker's skill is in perceiving the interaction of economic, social and psychological factors in human difficulties and in attacking the problem on some or all of these fronts, as is appropriate. It is possible that social work literature at the moment suggests a more dramatic swing of the pendulum towards the emphasis on economic factors than

a study of actual social work practice would reveal. Even allowing for this, however, it seems important now to guard against an underemphasis of the psychological difficulties likely to exist in such families, just as once economic difficulties were insufficiently acknowledged in the literature. It would be regrettable if a battle for the "rights" of these families detracted from the study of the pathology of their family life since treatment will undoubtedly consist in the amelioration of their difficulties in both areas.

It may be argued with justification that the very act of isolating a group of families under the heading "disorganised" may suggest a homogeneity which they do not in fact possess. Certainly more detailed study and research is necessary before we can conclude that such a grouping is justifiable in terms of their distinctive and characteristic quality - the intensity and duration of the problems presented. Furthermore, important sub-groups might then be distinguished. But this we are not at present in a position to describe with certainty and it seemed nevertheless important to afford a chapter in this book to the families whose difficulties create maximum tension in social workers and related services.

The Parents

Philps (1963) sums up his study of 227 individuals in such families thus:-

"Our predominant impression of the parents was that the course of their lives was determined by overwhelming emotional impulses which made it difficult for them to have satisfying relationships with other people In many instances, contact with their relatives, neighbours and others had been broken or the relationships which existed were marked by quarrelling and feelings of fear, hostility and the expectation of rejection and criticism. The great majority of parents were handicapped by some form of personality disturbance, the general characteristics of which were impulsive behaviour, an inability to tolerate frustration and a concern with "aggressive feelings""

It is well known that the partners in such families are frequently themselves children of broken or severely disturbed homes. Phelps (1963) showed that in a group of 112 men and 129 women, 69% of men and 66% of women were known to have suffered seriously disturbing influences in their childhood of a kind which can be clearly demonstrated. In a further 26% and 29%

/cases

cases respectively the childhood history was not known, or there was insufficient evidence to classify. It would seem very probable, therefore, that if all the evidence were available, at least $\frac{3}{4}$ of the parents would be found to have suffered from a variety of serious disturbance or disruption in their formative years. Such figures tally closely with the experience of social workers. Small wonder therefore that the marriage is often "defensive" "each seeing in the other the warmth of the ideal parent (which they lacked) and their own unsure selves." (Elles) If the need of each for a substitute parent is desperate, mutual need-meeting can become difficult, if not impossible. The parents of "disorganised families" are usually characterised by their mutual childlike dependency, rather than (as in some other families) the dependence of one partner on the other for parenting. Thus we find that a characteristic of the interaction of such families is the tenacity, the clinging quality, of their relationships. Indeed this is one of the causes of their conflict with authority, for not infrequently it is carried to such lengths that men do not go to work and children do not go to school. This tenacity might be seen as a strength but it in fact reflects a pathological lack of separateness as

/individuals

individuals and a need to allay primitive panic by staying close together. In fact such families do not usually break up permanently - although temporary disruption is common - unless action is taken by society to precipitate this - as in eviction or committal of children to care. Of Philips 129 families () "the great majority of both marriages and cohabitations had lasted for a considerable time, on average just over eleven years". Once broken, however, there is a possibility that the family will shatter completely, unless greater efforts are made by social workers to bring them together. This is because of the difficulty which the adults have in "holding" the internalised image of each other and of the children in a prolonged absence. This is consistent with their immaturity, recalling the work of Bowlby and others () on the psychic mechanisms in young children separated from their parents. There is a marked use of the mechanism of denial to deal with pain and it is all too easy for the guilt and pain associated with the missing members to be blotted out.

Large Families

One very obvious characteristic of such families is the large number of children. It has been suggested that there is in many of such parents an unconscious need to have babies; perhaps to disprove an easier sense of worthlessness, for a "problem"

parent may feel it is the only thing in which he or she is successful. For the woman, it may also be a means of ensuring that she is not left on her own in the house, of which there may be a deep fear. However, such theories must remain speculative until contraceptive techniques and services are readily available for such parents. These are the people who do not make and keep appointments at clinics - at any clinics: they do not remember to take pills - any pills. Thus difficulties over contraception may well reflect the general problems of disorganisation rather than any specific feelings about family limitation. In time, improvements in the service offered, including psychological understanding, reliable domiciliary services, and suitably undemanding techniques, will show us whether such parents need large families. Some social workers suggest that where local family planning services are good, they have been used to advantage by such people.

Winnicott () and Klein () offer us a frame of reference in understanding the behaviour of individuals who, although adult in years, are infantile in emotional development. As infants, they act out in relation to each other and to the world at large, their phantasies of greed, anger and omnipotence to an exceptional degree. Philips ⁽¹⁾ (1963), Ratcliffe ⁽²⁾ () and Irvine ⁽³⁾ (1954) have discussed the concept of emotional

immaturity in relation to the parents of disorganised families.

It is now generally accepted that in some ways their behaviour may

be compared to that of an infant or young child. Yet one must

not take this concept of immaturity too far and to fall into the

trap - both contemptuous and misleading - of ignoring the

differences which exist between these adults of (say) thirty

years and a child of three years or an infant of three months.

The parents of disorganised families are not indistinguishable

from children. Emotionally, they have developed sufficiently to

shoulder, however shakily, some of the responsibilities of

marriage and parenthood. To have done so, there must be areas of

their personality which have matured and are relatively intact, by

comparison, for example, with the schizophrenic tramp or the

alcoholic psychopath.

Mental Illness

Social workers often deal with families where one or other

partner is clinically ill in orthodox psychiatric terms. This may

be the case in some disorganised families but, more often, the

diagnosis is not clear cut and may turn in part on a definition of

terms. Frequently, one or both parents, especially perhaps the

mother, suffers from a pervasive, chronic form of depression, a
 mother, suffers from a pervasive, chronic form of depression, a

sense of emptiness and worthlessness, which manifests itself as

/apathy

apathy. The "defeated" air of such mothers is well known. Their condition is often exacerbated by poor health and a degree of chronic malnutrition. Indeed, the interplay of physical and psychological factors in such women, who are frequently pregnant, is of considerable significance and has been little studied.

Common, too, is a form of paranoia; again it is chronic rather than acute, diffuse rather than focussed. There is a sense of persecution by the outside world, which may be used to ward off depression or may reflect an emotional immaturity in which depression is not possible. The capacity for guilt is not formed and so the blame for everything is put onto others who are seen as persecutors. Frequent quarrels with neighbours are an example of this. This is not to say there is no justification in reality. More often than not, the behaviour of other people towards the family reinforces such feelings.

Psychiatrists in mental hospitals have not on the whole achieved much success, nor voiced great interest, in "disorganised families". Terms such as "social problems", "immaturity", "character disorders" may carry a certain dismissive quality and there has been little attempt to treat either the family as a whole or individuals as psychiatric problems, by drugs or therapy. Their characteristic disorganisation makes them difficult to help and psychiatrists have felt they must use their

scarce time economically. These families, then, are, par excellence, the social worker's problem and it is perhaps right that they should be so since, in their difficulties, economic, social and psychological factors are always interlocked. Yet the contribution of psycho analytic theory to the understanding of such families would be of great value to the social workers, whose need for help in standing the confusion is at times acute and will be helped to do so if they can see a pattern in apparent chaos. The growing interest of some Child Guidance Clinics in these problems is welcome.

Confusion and Chaos

The phrase "disorganised families" suggests the confusion and chaos, in the inner world, in relationships and in practical affairs which so often dominates day to day life. There are two important and distinct elements in this confusion - "acting out" and "muddle". Ellis () remarks: "The term " (i.e. "acting out") "is used to describe families which, during stress periods, can only communicate the real problem by recreating it". Verbal communication is frequently inadequate. It is not necessarily that the adults lack verbal fluency - indeed, as social workers know all too well, some such clients can muster a fine flow of language. But words cannot be used to clarify and therefore to control powerful emotions because they do not carry the symbolic

force which enables the development of insight. Furthermore, communication implies the giving and receiving of messages between separate people. The poverty of communication in such families is partly due to the identity confusion between the members who have not achieved the appropriate degree of psychic independence. The "stress periods" to which Elles refers may in fact be almost continuous in such families during the child-rearing phase and the recurrent crises in part a cry for outside help which cannot be expressed in words. The "acting out" may serve the additional function of "dramatisation in lieu of conscious grief".

(Elles) That is to say, the crisis may be unconsciously engineered to ward off the depression which would result if such feelings were faced.

The following illustrates the dramatic and violent form in which some inner emotional turmoil is expressed. It also gives an indication of the intensity manipulative quality which so much of this behaviour contains.

Mrs. K's greatest difficulties during this time have been her feelings about abandonment and the revival of her childhood separation anxieties when she was in hospital as a child and her mother was not allowed to visit her. As the two eldest boys have returned to boarding school, she felt very abandoned indeed and it was necessary for me to visit almost daily. She also suffered very much from loneliness, especially at night when her fears became almost intolerable and were given an added reality by the frequent breakings in to unoccupied huts nearby. As usual, she tried to deal with all these feelings by working herself up into rages. For instance, on one occasion when I called, although she made my usual cup of coffee, cleared my usual armchair and poked up the fire, it was obvious that she was waiting only for one remark from me to allow her to let rip. Seizing upon some remark of mine, she gave a scream of anger whereupon all the children unanimously and instantly disappeared from the room. She proceeded to scream abuse

and obscenities at the top of her voice, rampaging around the room, throwing the furniture from one end of the room to the other. She was glaring malevolently at me and trying to aim articles of furniture at me but somehow at the last minute they span away in a different direction. I sat out the storm, merely remarking from time to time that I really could not understand what she said when she screamed in that way. When the outburst was over she began moving angrily around the room setting things to right and complaining that I did not understand how difficult things were for her, that she could not go on as she was and that something had to be done. I said that I knew that she was unhappy and frightened and I suggested that she sit down and tell me about these things. But she said that she was never ever going to tell me anything again and that I was not to call anymore. I said that when she was a little girl she had discovered that if she screamed, her mother would give her whatever she wanted at once because she was afraid that she would have a fit. I said that that worked when she was a child but couldn't work now that she was grown up. I said also that she was no longer a helpless little child but a grown-up woman and a very competent one and I pointed out how quickly and competently she had restored the room from chaos to order. She was not prepared to give up her anger with me and when I left, she repeated that I was not to call again. I said that I would come the next day, that I would knock on the door but that it was up to her whether she let me in or not.

On another occasion I arrived to find a very angry Mrs. K. who told me that she could not go on looking after the children, that she had no money and food for them, that it was more than could be expected of her and that I must take them away immediately. I said that I was not going to take the children away and she screamed that she would make me. She began dressing all the children in their coats telling them that they were going to go away with me. They all looked a little bewildered but by no means frightened. Having got them dressed, Mrs. K. realised that she could not in fact make me take them away so she said that if I would not take them, then I could stay and look after them - that she was off. (I should perhaps make it clear that I have edited the obscenities throughout.) She put on her coat and left. I asked Kathy to find me a book and the children all gathered round while I read them a story. After about 20 minutes, Mrs. K. returned and slumped down in a corner of the sofa, looking very sulky. When we had finished the story, I said that perhaps she would not tell me properly what the situation was about money and food. She said that she had no money left and she produced the heel of a loaf and a little margarine and said that that was all the food she had in the house. I said that I would go and buy them food for that evening, but tomorrow she would have the family allowance and that I would telephone the M.S.S. tomorrow to make sure that some money reached her by Wednesday. I went and bought bread, butter and eggs. On my next visit, Mrs. K. told me that she had not meant me to take the children away and that if ever I tried to do so she would slit my throat for me!

The second aspect of disorganisation - the muddle in many aspects of family life, reflects in part the need to "make a mess"

characteristic of the child in the ^{and} ~~great~~ phase. Alongside with this, characteristic of the child in the ~~great~~ phase. Alongside with this,

however, is the expression of the underlying fear - "I am bad and dirty" and the plea for help, "If I get in a bad enough mess,

someone will come to help me". The following example shows such

such mechanism at work.

Mrs. F. had been herself a deprived child. Having been brought up in children's homes, she knew well the ordinary routine of housekeeping. She was of average intelligence. The house was extremely dirty and untidy when first visited by the social worker - knee-deep in dirty clothing, papers, broken toys, food and excrement. Over a period of months Mrs. F. began to clear up - with the exception of one room, which was kept in chaos into which she swept the other rubbish and to which she referred with mingled guilt and glee everytime the social worker called. "You mustn't go in there" "I must just shut the door of the sitting room" etc. It seemed as if she needed to keep this messy part of herself in external reality and to show the social worker, both in defiance and in hope of its acceptance. Eventually the imminent birth of another child and the risk to its health made it essential for the room to be cleared. As the social worker walked into the room, Mrs. F. burst into tears.

In discussions of the unconscious needs, however, which may underlie the symptoms of crises and muddle, we should not underestimate the strain which is put upon such parents as the complexity of the household and parenting tasks increase. It is well known that the family situation often deteriorates as the numbers grow. The increased intellectual and physical demands on people who are usually ill-equipped to cope are obvious. The more subtle emotional demands as possibilities of interactions, splits and alignments grow (see Chapter I) should not be overlooked. There is as yet little understanding of these processes in relation to this type of family.

The power of social workers

It will be apparent from the foregoing that in work with disorganised families, social workers have a real and frightening power, in which their positive actions of support and protection and their negative action - the withdrawal of such help - may play a crucial part in determining the family's future as a dynamic entity. In no other field of social work is the ideal of self-determination

of clients more difficult to apply, because their behaviour may bring about the destruction of the family unless they are to some extent protected, often for many years, from the consequences of their actions. The amount of time and energy which can be put into helping such families is considerable; the well-being of the children is undoubtedly the mainspring of much of this activity. On what assumptions are these efforts based? Why strive to try to keep such families together in the knowledge that the children will undoubtedly suffer some of the material and emotional deprivations, and traumatic handling which the parents themselves endured in earlier days? The experience of Childrens' Departments has shown that the alternatives to life in their own families for such children are frequently bleak. Gone are the days when a life in care was idealised as a rosy alternative. Nevertheless, this knowledge does not dispose of the need for painful decisions concerning the amount of protection which should be given or about the enforcement of sanctions such as eviction or committal of children to care. There are no "absolute goods" - neither family life nor a life in care - in this aspect of social work.

The well-being of the children

Since it is the well-being of the children which will usually determine such efforts, however much compassion may be felt for the adults by those who know them, it is important to consider the

aspects of family interaction and individual behaviour which may offer guide lines for these difficult decisions. Ten case histories of disorganised families may sound similar almost to the point of monotony. The presenting difficulties of dirt, debt, crises and poverty are all too familiar. Yet in fact there may be important differences between them and there is no substitute for sensitive accurate observations of individual children in order to assess the strengths and potentialities of the relationships. With children of all ages, physical appearance indicates not simply the material standards of care, but the quality of mothering they have received. Children who are emotionally deprived frequently look lack-lustre and bedraggled. This is different in quality from the grimy and poorly clad child whose eyes are bright and energy undiminished - even in the face of poor nutrition. It is known that infants thrive emotionally and intellectually, as well as physically, through the ^{love} care which they receive and that this provides the basis for the rich inner life which is the hallmark of healthy childhood. Such children play imaginatively, whereas the child who is fundamentally deprived lacks the creative capacity. It is, of course, true that the parents of disorganised families are unlikely to stimulate these capacities. Yet even without such stimulies, some children of these families give the impression that they are "living off the fat" of the earlier good experience, whereas for others there appears to be

a basic imaginative impoverishment. These impressions are of more value than any conglomeration of "symptoms" which may come and go.

(Serious head-rocking and banging, however, seem almost always to indicate the absence of the basic material care which is a prerequisite for health.) Attitudes to the worker are another important indication of the emotional health of the children.

Family caseworkers often become of considerable importance to the whole family and are recognised by the children as a person who offers support to their parents and interest in them all as individuals which is rarely shown by the world outside. This is hopeful. Some children, however, crave from the social worker attention and affection, as do some children in nurseries or children's homes. This may indicate a fundamental deficiency in their family experiences and the role of the social worker is such that the need cannot be met. Another important point for observation concerns the anxiety levels of the children which vary very greatly as between children in the same family and as between the children of different families, despite apparently similar types of disturbance in the family. Symptoms of this are numerous and should be related to the total functioning of the child. But extreme difficulty in concentration, repetitive questioning and hyper-activity are examples.

It is not suggested that the detection of such deficiencies or problems would eventually lead to the conclusion that the children would necessarily be best away from their parents. They are, however, danger signals of a much more important kind than the symptoms for which the families are usually referred. They help to get behind the familiar presenting symptoms by asking questions designed to gauge the psychic strength of the children to withstand the stresses which such families undoubtedly experience.

As children grow older, however, the demands of society that they should conform to the norms, and the failure of their parents to help them to do so, adds another dimension to the problem of preserving the family. Even if the children seem physically healthy, their delinquency, failure to attend school, or other kinds of "non-conformity" highlights the fact that the family cannot maintain itself in social isolation. The parents in such families, themselves often fixated at an early level of emotional development, will be unable to help forward the processes of socialisation in their children. In these matters, however, much can be done to complement the families' strengths - through, for example, play groups or boarding schools; whereas the serious deprivation described above may need a "total" alternative provision in some instances.

may need a "total" alternative provision in some instances.