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To the Graduate Council:

I am submitting herewith a thesis written by Louise Greene Hartman entitled "An Examination of a Maternity Home as a Setting for Milieu Therapy." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science in Social Work.

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AN EXAMINATION OF A MATERNITY HOME AS A
SETTING FOR MILIEU THERAPY

A Thesis
Presented to
The Graduate Council of
The University of Tennessee

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Social Work

by
Louise Greene Hartman
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ABSTRACT

Area of Investigation

Milieu therapy, defined as a scientific manipulation of the environment aimed at producing changes in the personality of the patient, has been used extensively in psychiatric hospitals, in work with children, and in various residential settings. This study was designed to explore the milieu and the services of the Florence Crittenton Agency, Knoxville, Tennessee, with emphasis on examining the maternity home as a setting for milieu therapy. The study of the milieu included: (1) the organization and functioning of the agency; (2) the residence; (3) the residential peer group; and (4) the services, including: (a) the social casework services; (b) the medical-nursing program; (c) the religious program; (d) the recreational activities; and (e) the educational program.

Methods and Procedures of Data Collection

The study population included only the unmarried mothers, who had been in residence for at least one month prior to, or during the study period from November 1, 1967, to January 20, 1968, in the Florence Crittenton Agency, Knoxville, Tennessee.

An interview schedule, developed by the writer, was used as a guide in the interviews with thirty-six residents

to obtain their reactions to the maternity home and to the services provided in the setting. Characteristics of the individual residents in the study population were obtained from the agency's application forms.

The writer served as a social worker in the Florence Crittenton Agency during the study period and further information was obtained from the writer's observations and examination of the milieu.

Summary of the Findings

The characteristics of the study population revealed that the agency served a homogeneous group, whose common profile could be described as follows: single girls, twenty years old, Caucasian, Protestant, college students, in their first pregnancies; they were middle children from unbroken homes; their mothers were housewives; and, their fathers were employed in professional or white collar positions.

The majority of the prospective residents viewed the maternity home as a morbid, punitive place before admission. They sought the maternity home for protection rather than for therapeutic purposes. After one month's residence all the unmarried mothers considered the maternity home protective and in varying degrees it was considered therapeutic. The residence itself was considered adequate by the majority of the study population.

The social casework services were recognized as having value but some questions were raised as to the nature of the casework approach and the abilities of certain residents to receive maximum benefits from casework services. The medical-nursing program was recognized as providing high quality services, but the residents' priority on this service could also be explained by their attempts to meet psychological needs through focusing on physical needs. The religious and educational programs were considered adequate. Recreational activities were available but problems were involved with motivating certain residents to benefit from opportunities.

A person trained in social group work would be an asset in coordinating the recreational program and in more adequately utilizing the "milieu" to facilitate the total therapeutic process. Alternative methods to casework as the treatment of choice were needed. The stigma of out-of-wedlock pregnancy was a factor inhibiting the therapeutic benefits to the residents from maternity home care.

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CHAPTER I

INTRODUCTION

Milieu therapy has been described as a scientific manipulation of the environment aimed at producing changes in the personality of the patient.¹ As a treatment method, milieu therapy has been used extensively in work with children and in psychiatric hospitals.

Relating the concepts of milieu therapy to the maternity home should not essentially be construed to imply psychopathology in the residential population, but the benefits derived from the use of milieu therapy in other fields can be related to the maternity home in understanding the effects of the environment and in making use of the "milieu" as a vehicle for treatment. The focus should be upon producing lasting changes in the personality or in methods of coping and adapting through learning based on "life-space" experiences² in the maternity home.

Of benefit, also, in the area of milieu therapy are the concepts of ego psychology and crisis intervention. The concept that the ego grows through a series of successfully

¹John Cumming and Elaine Cumming, Ego and Milieu (New York: Atherton Press, 1962), p. 5.

²Fritz Redl, When We Deal With Children (New York: The Free Press, 1966), p. 39.

resolved crises, each of which disturbs a temporary equilibrium which can lead to reorganization at a higher level, is a valuable concept for use with unmarried mothers.

The term "crisis" can be used to refer to the impact of any event that challenges the assumptive state and forces the individual to change his view of, or readapt to, the world or himself or both.³ Contrary to the prevailing attitude that an out-of-wedlock pregnancy is an unreclaimable event, with the use of therapeutic intervention it can provide an opportunity for reintegration and growth of the ego.

In the literature and research findings on services to unmarried mothers, the maternity home history is one of changing purpose and function. Social casework services have gained recognition for their importance in treating unmarried mothers, but little study has been given to the therapeutic potential inherent in the total maternity home milieu for treatment of this group.

The first institutions that could be considered maternity homes for unmarried mothers were founded in the middle of the Nineteenth Century to shelter and to "reform" unmarried mothers and to give physical care to their babies.

³Cumming and Cumming, op. cit., p. 54.

These institutions were usually under religious auspices or motivation.⁴

When maternity homes were first established, an unmarried woman who became pregnant was considered a "fallen woman." Being socially ostracized, she was considered a proper subject for reform. Maternity homes were places of refuge for this population. Although the persons who founded maternity homes championed the cause of unwed mothers, there were practices in the early institutions which limited the freedom and lowered the self-esteem of the persons served.⁵

From research in psychology and social sciences on the problem of illegitimacy, there has developed a more enlightened approach to the care of the unwed mother. The modern maternity home reflects the integration of knowledge from the fields of mental health, education, social science, and other related areas.

Although the maternity home is not the solution for the problems of all unwed mothers, the modern institution does provide an aggregate of resources to enhance the social and emotional functioning of this population. Just as research and experience in recent years have brought much

⁴Maud Morlock and Hilary Campbell, Maternity Homes for Unmarried Mothers, Children's Bureau Publication 309 (Washington: Government Printing Office, 1946), p. 6.

⁵Ibid., p. 11.

reason to believe that the onset, symptoms, and recovery rates of major psychiatric illnesses are decisively influenced by the environment within which these patients are observed and treated, the same concept is applicable to residential settings of various types. "There is no patient 'untreated' by his environment--only patients 'treated,' well or ill."⁶

The Standards for Services, developed by the Florence Crittenton Association of America, Incorporated, clearly defined the purpose and intent for each of the member agencies to provide for residents a milieu which would be therapeutic and protective.⁷ This study was designed to explore the milieu and the services of the Florence Crittenton Agency, Knoxville, Tennessee, with emphasis on examining the maternity home as a setting for milieu therapy.

⁶Cumming and Cumming, op. cit., p. 5.

⁷Standards for Florence Crittenton Association of America, Incorporated, Maternity Home Services (Chicago: Florence Crittenton Association of America, Incorporated, 1965).

CHAPTER II

REVIEW OF THE LITERATURE

A review of the literature pertaining to unmarried parents and to institutional group care was made to supplement and complement this study. The literature on unmarried parenthood focused on four main areas: research findings on illegitimacy; social casework and social group work with unwed parents; coordination and assessment of services to unmarried mothers; and interdisciplinary cooperation among the helping professions.

Studies from the fields of mental health, corrections, and work with children provided resources pertaining to milieu therapy and to institutional group care.

In the mental health field Maxwell Jones developed his theory of the therapeutic community while working with patients diagnosed as having sociopathic disorders, or persons having difficulty understanding the effect of their actions on others. Treatment was viewed as located not in the application by specialists of certain shocks, drugs, or interpretations, but in the normal interactions of healthy community life.¹

¹Maxwell Jones, The Therapeutic Community (New York: Basic Books, Inc., 1953).

Another mental health study, Ego and Milieu, was complementary to Jones' theory but it was developed mainly from work with schizophrenics, the patients who had difficulty acting at all. The authors described the "ego psychology" concepts, capitalizing on the concept of ego growth through crisis resolution.²

In developing the therapeutic community, Greenblatt described the steps to be taken:

1. Development of the therapeutic potential of the staff.
2. Removal of punitive restrictive barriers between staff and clients.
3. Development of the social environment as a therapeutic force.
4. Participation of clients in the therapeutic process.³

Notable among the studies on work with children was a book by Redl, When We Deal With Children, in which he described the concept of the therapeutic milieu and gave the strategy and techniques of the life-space interview.⁴

²John Cumming and Elaine Cumming, Ego and Milieu (New York: Atherton Press, 1962).

³Milton Greenblatt, "The Transitional Hospital: A Clinical and Administrative Viewpoint," Journal of Social Issues, XVI, No. 2 (1960), 62-69.

⁴Fritz Redl, When We Deal With Children (New York: The Free Press, 1966), pp. 33-94.

Other articles about work in residential settings with children were written by Phelan,⁵ Matsushima,⁶ Konopka,⁷ and Inglis.⁸ An article written by Bettelheim and Sylvester discussed the use of the therapeutic milieu to rehabilitate children through an awareness of factors that promote restoration of function growth and new integration.⁹

As social group work gained momentum as a treatment method, the trend was reflected in the literature on services to unmarried mothers, with articles written by Middleman¹⁰ and Finger.¹¹ A paper was presented by Porter on the use of group therapy in the Florence Crittenton Home, Atlanta,

⁵Joseph F. Phelan, Jr., "The Meaning and Use of the Therapeutic Environment in a Large Residential Treatment Agency," Child Welfare, XLI (April, 1962), 159-63.

⁶John Matsushima, "Some Aspects of Defining 'Success' in Residential Treatment," Child Welfare, XLIV (May, 1965), 272-77.

⁷Gisela Konopka, "The Role of the Group in Residential Treatment," American Journal of Orthopsychiatry, XXV (October, 1955), 679-84.

⁸Dorothy Inglis, "Authority and Reality in Residential Treatment," Child Welfare, XLIII (June, 1964), 273-79.

⁹Bruno Bettelheim and Emmy Sylvester, "A Therapeutic Milieu," American Journal of Orthopsychiatry, XVIII (April, 1948), 191-206.

¹⁰Ruth R. Middleman, "Social Group Work in a Maternity Home," Child Welfare, XXXVIII (February, 1959), 13-18.

¹¹Sally Finger, "The Group Method in Services to Unmarried Mothers and Their Parents," Child Welfare, XLV (December, 1966), 564-68.

Georgia, in keeping with recent trends toward the development of the therapeutic potential of maternity homes.¹²

The need for reassessment of services in the maternity residence was discussed in a paper by Overton.¹³ A thesis by Lund described fifty residents' assessments of the services available in a maternity home.¹⁴

Articles by DeMontfort,¹⁵ Blatt,¹⁶ Schoenberg,¹⁷ and Lenkoski¹⁸ discussed the use of the maternity home milieu as a treatment community.

¹²Mrs. Robert Porter, "Group Therapy in a Maternity Home" (paper presented at the Southern Area Conference of Florence Crittenton Association of America, Chattanooga, Tennessee, October 26, 1964). (Mimeographed.)

¹³Aileen D. Overton, "Some Thoughts on the Reassessment of Services in a Maternity Home" (paper presented at the Western Area Conference of the Florence Crittenton Association of America, Scottsdale, Arizona, November 6, 1964). (Mimeographed.)

¹⁴Erna I. Lund, "Residents' Assessment of Services Available at the Florence Crittenton Home in Nashville, Tennessee, 1966-1967" (unpublished Master's thesis, The University of Tennessee, Knoxville, 1967).

¹⁵Sister M. DeMontfort, "Unwed Mother--Hide or Help?" Catholic Charities Review, XLVI (April, 1962), 7.

¹⁶Marianne Blatt, "Intensive Casework with the Unmarried Mother with Her First Pregnancy: Emphasis on Rehabilitation and Prevention of Recidivism," Brief and Intensive Casework with Unmarried Mothers (New York: Child Welfare League of America, Inc., 1963), pp. 3-19.

¹⁷Carl Schoenberg, "The Expanding Nature and Purpose of the maternity Home," Child Welfare, XLIII (January, 1964), 14-27.

¹⁸L. Douglas Lenkoski, "Using the Maternity Home Milieu to Facilitate Casework Treatment of the Unmarried Mother," Child Welfare, XLIII (January, 1964), 28-34.

Among the critics who argued the questionable value of emphasis on psychological treatment in maternity homes was Bernstein, who said:

The climate of illness that such an approach generates, the continuous focus on self it encourages, and the image of the unmarried mother which it tends to project raise some doubts as to its universal helpfulness. Moreover, whether a proliferation of services in relation to a small segment of the client population constitutes the most effective allocation of a community's resources when large numbers are scarcely receiving basic services, is another question that needs further consideration.¹⁹

Other articles by Bernstein,²⁰ Ross,²¹ and Leyendecker²² discussed the hazards of stereotyping the unmarried mother and failing to make use of the rich treatment possibilities inherent in the experience of pregnancy. In another article Bernstein stressed the importance of the girl's self-image as a mother, with its potentials for growth or damage, which she takes with her from what is usually her first experience in maternity. She stressed the implications for diagnosis

¹⁹Rose Bernstein, "Gaps in Services to Unmarried Mothers," Children, X (March-April, 1963), 53.

²⁰Rose Bernstein, "Are We Still Stereotyping the Unmarried Mother?" Social Work, V (July, 1960), 22-28.

²¹Helen Ross, "The Meaning of Motherhood to the Unmarried Mother," Casework Papers (New York: Family Service Association of America, 1955), pp. 91-100.

²²Gertrude T. Leyendecker, "Generic and Specific Factors in Casework With the Unmarried Mother," Services to Unmarried Mothers (New York: Child Welfare League of America, Inc., 1958), pp. 3-17.

and treatment in the crises produced by social and psychological vicissitudes related to the out-of-wedlock status, combined with the metabolic changes of pregnancy and parturition.²³

Friedman presented a challenge for the worker to determine whether the unmarried mother's behavior is caused by the crisis of pregnancy or whether it is her established pattern of behavior, stating:

The turbulence of adolescence also misleads and confuses the diagnosis, and lack of time prohibits the evolution of a prolonged, ongoing psychosocial diagnosis. Instead of gradually developing a therapeutic relationship, the worker has to establish a relationship more swiftly in the interest of the crisis-intervention work.²⁴

Hildebrand²⁵ and Miller²⁶ wrote on stabilizing, or increasing, ego functioning and on relating to the unmarried mother as a total personality.

The fallacy in considering the unmarried mother as a generic entity was pointed out by Eisenberg, who wrote a

²³Rose Bernstein, "The Maternal Role in the Treatment of Unmarried Mothers," Social Work, VIII (January, 1963), 58-65.

²⁴Helen L. Friedman, "The Mother-Daughter Relationship: Its Potential in Treatment of Young Unwed Mothers," Social Casework, XLVII (October, 1966), 502.

²⁵Catherine Hildebrand, "Casework with Different Kinds of Unmarried Mothers," Child Welfare, XLIII (January, 1964), 21-27.

²⁶Helen W. Miller, "Casework Services for the Unmarried Mother," Casework Papers (New York: Family Service Association of America, 1955), pp. 91-100.

paper on the dynamic and therapeutic concepts of the casework process with unmarried mothers. He also pointed out the hazards involved in developing the casework relationship and stated that effective casework in this special field places the greatest demands upon the caseworker to be at peace with her own unconscious.²⁷

The etiology and the political aspects of unmarried motherhood were discussed in a paper by Littner.²⁸

An article by Bonan focused on a three year study of casework service to fifty-one unmarried mothers, most of whom were diagnosed as suffering from character disorders. He gave some psychoanalytic implications in treating this group.²⁹

Wessel discussed the importance of teamwork and cooperation among the various disciplines and particularly

²⁷Morton S. Eisenberg, "Some Psychodynamic Aspects of Casework with the Unmarried Mother" (address presented to the National Conference on Social Welfare, St. Louis, Missouri, May 11, 1956).

²⁸Ner Littner, "The Unmarried Mother--A Point of View" (paper presented to the Midwest Area Conference of the Florence Crittenton Association of America, Kansas City, Missouri, October 27, 1966). (Mimeographed.)

²⁹A. Ferdinand Bonan, "Psychoanalytic Implications in Treating Unmarried Mothers with Narcissistic Character Structures," Social Casework, XLIV (June, 1963), 323-29.

between the social worker and the physician in working with the unmarried mother.³⁰

Chaskel developed the concept of the unmarried family, rather than professional preoccupation with the unmarried mother alone, or the out-of-wedlock child in a vacuum. She emphasized that the unmarried father as an individual in his own right, with all his liabilities and assets, is becoming integrated into the framework of social welfare concern.³¹

³⁰Morris A. Wessel, "A Physician Looks at Services for Unmarried Parents," Social Casework, XLIX (January, 1968), 11-14.

³¹Ruth Chaskel, "Changing Patterns of Services for Unmarried Parents," Social Casework, XLIX (January, 1968), 3-10.

CHAPTER III

METHODS AND MATERIALS

I. DEFINITION OF THE STUDY

The study was designed to explore the maternity home milieu and the services as they were perceived and used by the population served at the Florence Crittenton Agency, Knoxville, Tennessee. The study of the milieu included: (1) the organization and functioning of the agency; (2) the residence; (3) the residential peer group; and (4) the services, including: (a) the social casework services; (b) the medical-nursing program; (c) the religious program; (d) the recreational activities; and (e) the educational program.

The specific questions to be answered were:

1. What are the characteristics of the population studied including: age, education, race, religion, marital status, previous pregnancies, occupation, siblings, parental background, and ordinal position in the family of origin?
2. Before entering the maternity home did the prospective residents expect the Florence Crittenton Agency to be therapeutic, protective, or punishing?

3. After residing in the Florence Crittenton Agency for one month or longer, have the residents' opinions and expectations of the maternity home changed? If so, how?

4. What use have the residents made of the agency's facilities?

The following hypothesis was projected to be tested: The milieu at the Florence Crittenton Agency, Knoxville, Tennessee, is viewed as therapeutic and protective in nature by the population of unmarried mothers who have been in residence for a period of one month or longer.

II. SCOPE AND METHOD OF THE STUDY

The study population included only the unmarried mothers who had been in residence for at least one month prior to or during the study period from November 1, 1967, to January 20, 1968, in the Florence Crittenton Agency, Knoxville, Tennessee.

The purpose and nature of the study were explained to the individual residents, who were selected for the study by their caseworkers before their interviews with the writer. Further interpretation, including the aspect of confidentiality, was given by the writer at the beginning of the interview and the resident was given the opportunity to ask questions about the purpose and nature of the study.

Participation by the residents was strictly voluntary. Of the thirty-eight residents eligible for interviews, only one person declined the opportunity.

Thirty-seven interviews were conducted but one interview was not counted because the writer knew the information given by the resident was unreliable. Of the thirty-six interviews, seventeen were held during the pre-natal and nineteen were held during the post-partum periods of confinement.

The residents expressed various reactions to the interviews. Some persons were pensive, others were matter of fact; but the majority expressed interest in the study and willingness to participate. For the post-partum group, it seemed to be an opportunity to reflect on the totality of their maternity home experiences in retrospect and a time for finalizing, or evaluating, the experience. The pre-natal group displayed less inclination toward reflective consideration as they were more preoccupied with the situational aspects of their confinement and with the fact of delivery itself. Individuals in the group showed varying degrees of social and emotional maturity.

III. THE MEASURING INSTRUMENT

Information about the characteristics of the residents such as age, race, education, previous pregnancies, marital

status, occupation, religion, siblings, parental background, and ordinal position in the family of origin was obtained from the agency's application form (Appendix A).

The interview schedule (Appendix B), developed by the writer, was designed to elicit the residents' evaluation, or assessment of services provided by the agency, and to guide the individual residents in reflecting upon themselves, considering the use they had made of the services and their plans for the future.

The questions in the interview were not necessarily presented as stated on the schedule, but were used as guides for directing the interview in such a way that the desired information was obtained.

Further information was obtained from the writer's observation and examination of the milieu in the maternity residence.

IV. THE WRITER'S ROLE

The writer, a second year student in The University of Tennessee School of Social Work, served as a social worker at the Florence Crittenton Agency, Knoxville, Tennessee, from October, 1967, to April, 1968. The agency's regular hours were observed, in addition to the writer's attendance at special functions including parties, outings, and other activities. Lunch was eaten in the dining room

with the residents and the staff. There were both formal and informal associations with the residents, which afforded opportunities to participate in and to observe their interaction under varied circumstances.

Serving on the staff provided opportunities to observe and to participate in the uniqueness of staff relationships. The writer attended staff meetings, bi-monthly staff consultation with the agency's psychiatrist, a board meeting, and served on the Social Service Committee of the board. Interaction and participation with the staff, board members, and volunteer workers extended the writer's knowledge of their functions and contributions to the agency.

CHAPTER IV

FINDINGS OF THE STUDY

I. THE ORGANIZATION AND FUNCTIONING OF THE AGENCY

The Board of Directors. At the time of this study the Florence Crittenton Agency in Knoxville was managed by a board of directors, composed of thirty-three Knox County residents who were selected from a broad, diversified representation of the community. Meetings of the board were held monthly.

The staff. The executive director, the key person on the staff, was responsible for the operation of the agency and for the employment and supervision of staff. The administrative assistant, who served as receptionist, was also responsible for the secretarial work and the bookkeeping. There were two caseworkers, a registered nurse, a practical nurse, a housemother, an assistant housemother, a dietitian-cook, a maintenance man, and two teachers. The qualifications and requirements for these positions were outlined in the Minimum Requirements and Desirable Standards for Maternity Homes.¹

¹Minimum Requirements and Desirable Standards for Maternity Homes, A Manual Prepared by the Division of Child Welfare, Tennessee Department of Public Welfare (Nashville: Tennessee Department of Public Welfare, 1952).

The executive director held a master's degree in guidance and counseling and a master's degree in social work. Her previous experience consisted of teaching and counseling with girls in institutions. The caseworkers had graduate training in an accredited school of social work and/or social agency experience. The teachers, employed by the Knoxville School System, were certified by the State Department of Education and were qualified for homebound teaching.

Volunteer activities. The auxiliary committee of the Board of Directors, headed by a member of the Junior League of Knoxville, was responsible for recruiting volunteers for program activities. Volunteer workers taught arts and crafts and sewing, gave parties at the agency for special holidays, and furnished transportation for the residents to planned outings.

The primary functions of Crittenton Volunteer Circle One, organized in 1966, were to raise funds for needs not covered in the budget and to acquaint the community with the aims and philosophy of the Florence Crittenton Agency. The Greens Tea had become an annual event prior to Christmas. This bazaar and sale of Christmas decorations, held at the agency, was a major fund-raising and social event. The

Crittenton Volunteer Circle of Blount County had recently been organized for the primary purpose of public relations.

Relationship to other agencies. As the services of the Florence Crittenton Agency were primarily geared to the needs of the unwed mothers, licensed child-placing agencies assumed responsibility for planning for and placement of infants born to the unmarried mothers. Social workers from the adoption agencies came to the Florence Crittenton Agency for consultation and planning with the residents. Adoptive counseling was coordinated through the social casework program of the Florence Crittenton Agency.

Admission policy. Any young woman pregnant out of wedlock, desiring the services of the Florence Crittenton Agency, was accepted if she had the mental, physical, and emotional ability to use the services constructively. No applicant was rejected solely on the basis of race, religion, legal residence, prior marital status or pregnancy, stage of pregnancy, or economic status. The final decision to accept or reject an applicant was made by the executive director, who gave consideration to the best interests of the applicant and of the group currently in residence.²

²"Board Manual" (Knoxville, Tenn.: Florence Crittenton Agency, 1967), p. 11. (Mimeographed.)

Intake procedure. The intake procedures of the Florence Crittenton Agency of Knoxville were stated in the "Board Mammal" as follows:

If a girl applies directly to the Florence Crittenton Agency, the executive director shall arrange an interview to determine the needs of the unmarried mother and her eligibility for admission. Before admission social and medical history shall be obtained and the required forms completed, fees determined, and the necessary referrals made to licensed agencies for placement of babies. A decision will then be reached as to the admission of the applicant.

Should it be necessary to admit a girl on an emergency basis, pending intake procedures, the girl will be given domiciliary care on a day-to-day basis.

If a girl applies directly to another agency, whether in Knox County or elsewhere, that agency will proceed according to its usual intake policy. It will obtain a case history, social and medical; arrange for the payment of fees, and secure agreements as to the placement of the baby. After this data has been submitted to the Florence Crittenton Agency, the Florence Crittenton Agency will determine if the applicant is to be admitted.³

Financing. The Florence Crittenton Agency was supported by fees paid by families and by states. The United Community Services contributed approximately 23 per cent of the budget to enable the agency to admit persons who were unable to pay any or only a part of their fees. The City Welfare Department had contributed \$1,000 per month since

³Ibid.

the Florence Crittenton Agency began services. Donations had become a small part of the budget in the past two years.⁴

The fees at the time of this study were established at \$35 per week for residential care and \$225 for medical care and hospitalization of approximately three days for the mother and the baby. The fees, scaled as needed, were the same for state residents and non-residents alike. Full payment before discharge was expected if possible.

II. THE RESIDENCE

The Florence Crittenton Agency at Knoxville was housed in a two-story building of gray brick, constructed in a T-shape, and surrounded by ample grounds. The residence was within walking distance of a shopping center and accessible to the city bus lines.

The interior of the building was bright and cheerful and made as home-like as possible. Careful planning adequately utilized the space for the comfort, convenience, and safety of the residents. The residence was divided into three distinct units: the reception and business area, the medical-nursing unit and infirmary, and the residents' living area. Access to the entire building was available to the residents according to their individual needs and discretion.

⁴Ibid., p. 12.

III. THE RESIDENTIAL PEER GROUP

The population comprising this group were the thirty residents of the agency at any given time. This group was composed of unwed mothers with a variety of ages, personalities, backgrounds, and experiences. The average length of residence was three months, which varied for any given person from less than one month to as long as seven months.

At elections held once a month the residents elected five persons, including a president, to a representative council. A major responsibility of council members included introducing the new residents to other persons in the agency, acquainting them with the agency's facilities, explaining rules and duties, and seating them with council members in the dining room for three days. Other duties included the assignment of housekeeping duties to the residents, settling minor complaints, planning parties, and meeting with the executive director once a month.

IV. THE AGENCY SERVICES

Social casework services. There were two social caseworkers on the staff of the Knoxville Florence Crittenton Agency. One of the caseworkers will have educational leave next year and the caseworker who was on educational leave planned to return. During the study period there were two

second-year students from The University of Tennessee School of Social Work serving in the agency.

The purposes of social casework were explained during the intake interview and a caseworker was assigned to each resident. Casework interviews were arranged with the residents according to their individual needs and wishes. Formal interviews were held in the caseworker's office and there were numerous opportunities for encounters with individual residents during the day. The caseworker had the advantage of seeing the client in varied situations and under different stresses. The residential setting provided opportunities for using the life-space interview as described by Fritz Redl to afford: (a) clinical exploitation of life events and (b) emotional first aid on the spot.⁵ The life-space techniques, in addition to traditional casework techniques, afforded opportunities to utilize experiences for maximum benefits to compensate for the relatively brief periods of casework services to clients in residence.

A psychiatrist visited the agency on alternating weeks for consultation about special problems of group living and about the more serious emotional problems of individual residents. When it seemed appropriate the caseworker arranged for the resident to be interviewed by the psychiatrist.

⁵Fritz Redl, When We Deal With Children (New York: The Free Press, 1966), p. 42.

The medical-nursing program. Medical services were provided by The University of Tennessee Hospital under a contract with the agency. A physician held clinic at the agency weekly and the residents were taken to the hospital for delivery. After an average of three days' hospitalization, the residents returned to the agency for post-natal care until discharged by the physician. A nurse was on duty or on call around the clock at the agency.

Regular classes in health education, preparation for childbirth, and the hygiene of pregnancy were conducted by the nurse, who used audio-visual aids in teaching. a weight-watching program was another function of the nurse, who advised the residents about diets and other aspects of their physical health. The medical-nursing program was to insure good physical care for each resident and to prevent complications for her and the baby.

The religious program. As the agency served persons of many religious faiths there was no planned service of worship. At mealtime prayers were said by residents on a rotating basis. Transportation was furnished on Sunday for residents wanting to attend the churches of their choice and individual counseling was available by a minister of the resident's choice upon her request.

The recreational activities. A member of the social casework staff planned and coordinated recreational activities which included: weekly classes in sewing, bridge, and arts and crafts; a variety of outings; swimming and bowling; and special holiday parties.

The recreation program depended largely upon the interests of the residents, who also planned parties and other activities. They enjoyed walks, shopping, movies, and other community activities according to their individual discretion. A favorite pastime was watching television in the living room or recreation room, which was also equipped with a piano, record player, and many different games.

The educational program. Two teachers from the Knoxville Board of Education, Department of Special Education, Home Bound Program, visited the agency daily to instruct the residents who were in elementary or secondary schools. Upon the resident's return home, transcripts were provided to her school by one of the Knoxville schools.

Two special rooms in the agency were equipped as classrooms, with special teaching aids. The instruction was geared to meet the needs of individual students and the teachers were sensitive to the special needs of the unmarried mothers. Special skills were used in utilizing opportunities

to enhance the residents' self esteem and to encourage a sense of accomplishment.

Courses in typing and shorthand were provided for any resident wanting to learn or to improve those skills.

V. SOME GENERAL CHARACTERISTICS OF THE STUDY POPULATION

The thirty-six unmarried mothers included in the study population ranged in age from fifteen to twenty-nine years, as shown in Table I. The majority of the group were between the ages of seventeen and twenty-two, with the median age of twenty years. In the United States, the median age of unwed mothers is twenty-two years, according to one study.⁶

The educational level of the thirty-six residents at the time of this study ranged from the seventh grade to college graduate, as shown in Table II. Three persons had training beyond high school: two held college degrees; one had completed one year of college and three years of nursing training to become a registered nurse. Fourteen persons had

⁶Jean Pakter and Frieda Nelson, "The Unmarried Mother and Her Child--The Problems and the Challenges," Illegitimacy Data and Findings for Prevention, Treatment, and Policy Formulation (New York: National Council on Illegitimacy, 1965), p. 34.

TABLE I
AGES OF THE THIRTY-SIX UNMARRIED MOTHERS IN
THE FLORENCE CRITTENTON AGENCY AT THE
TIME OF THE STUDY

Age	Number	Per Cent
Total	36	100.0
Fifteen	2	5.5
Sixteen	-	-
Seventeen	7	19.5
Eighteen	3	8.3
Nineteen	5	13.9
Twenty	6	16.7
Twenty-one	4	11.1
Twenty-two	4	11.1
Twenty-three	2	5.5
Twenty-four	-	-
Twenty-five	-	-
Twenty-six	1	2.8
Twenty-seven	1	2.8
Twenty-eight	-	-
Twenty-nine	1	2.8

TABLE II
EDUCATIONAL ACHIEVEMENTS OF THE THIRTY-SIX
UNMARRIED MOTHERS STUDIED

Educational Level Completed	Number	Per Cent
Total	36	100.0
Grade 7	2	5.6
Grade 8	-	-
Grade 9	2	5.6
Grade 10	3	8.3
Grade 11	5	13.9
Grade 12	7	19.4
Grade 13	5	13.9
Grade 14	6	16.7
Grade 15	3	8.3
Grade 16	3	8.3

completed some college training, and seven persons were high school graduates.

At the junior high level (seventh, eighth, and ninth grades), four persons had completed those grades. Of this group one person had quit school in the ninth grade to become a domestic worker. At the high school level (tenth, eleventh, and twelfth grades), eight persons had completed those grades.

The religious affiliation of the thirty-six unmarried mothers is shown in Table III. Thirty-three residents listed a religious affiliation, of which the majority, thirty persons, were Protestant, and three persons were of the Roman Catholic faith.

Occupations of the thirty-six unmarried mothers prior to admission in the maternity residence ranged from unskilled to professional types of employment, as shown in Table IV. The greatest number, twenty-six, were students at the junior high school, high school, or college levels.

Three residents were in their second pregnancy. From the entire study group, only two residents were divorced. All of the study population, except one Negro resident, were Caucasian, representing the fact of limited Negro applicants to the Florence Crittenton Agency of Knoxville.

TABLE III
RELIGIOUS AFFILIATION OF UNMARRIED MOTHERS

Church Affiliation	Number	Per Cent
Total	36	100.0
Baptist	14	39.0
Methodist	7	19.4
Catholic	3	8.3
Episcopal	3	8.3
Christian	2	5.5
Church of Christ	1	2.8
Church of God	1	2.8
Presbyterian	1	2.8
Pentecostal Holiness	1	2.8
Unknown	3	8.3

TABLE IV
OCCUPATION OF UNMARRIED MOTHERS
PRIOR TO ADMISSION

Occupation	Number	Per Cent
Total	36	100.0
College student	15	41.6
High school student	8	22.2
Junior high school student	3	8.3
Secretary	2	5.5
Airline stewardess	1	2.8
Domestic worker	1	2.8
Nurse	1	2.8
Sales clerk	1	2.8
Seamstress	1	2.8
Teacher	1	2.8
Telephone operator	1	2.8
Waitress	1	2.8

Two persons from the study population lived in private homes within the community before assuming residence in the agency near the ninth month of pregnancy.

The information about the residents' parental backgrounds, shown in Table V, revealed over one-half of the study population were from unbroken homes.

The ordinal position of the resident in her family is shown in Table VI, with the largest number, thirteen persons, from a middle position in their families.

Occupations of the unmarried mothers' parents were varied. The majority of the residents' fathers, seventeen, held professional or white collar positions. Six fathers were in skilled or semi-skilled occupations; six were in unskilled occupations; two were retired; and one was deceased. Occupations of four fathers were unknown.

Twenty of the residents' mothers were housewives not employed outside the home. Six mothers held professional and white collar positions; six were in semi-skilled employment; one had unskilled employment; and two were deceased. The occupation of one resident's mother was unknown.

The common profile of the resident in the study population could be described as follows: she was a twenty year old, Caucasian, Protestant, single, college girl, in her first pregnancy; she was the middle child from an

TABLE V
PARENTAL BACKGROUND OF THE UNMARRIED MOTHERS

Marital Status of Parents	Number	Per Cent
Total	36	100.0
Living together	25	69.4
Separated or divorced	9	25.0
Deceased (one parent)	1	2.8
Deceased (both)	1	2.8

TABLE VI
ORDINAL POSITION OF THE UNMARRIED MOTHERS IN
THEIR FAMILIES

Ordinal Position	Number	Per Cent
Total	36	100.0
Only child	2	5.6
Oldest child	9	25.0
Youngest child	12	33.3
Other than oldest or youngest child	13	36.1

unbroken home; her mother was a housewife and her father was employed in a professional or white collar position.

VI. RESIDENTS' REACTIONS TO THE AGENCY AND ITS SERVICES

Since the interview schedule did not lend itself to statistical analysis, the general attitudes of the thirty-six residents interviewed were described under four major topics: (1) the residents' reactions to the agency before and after admission; (2) the expectations and reactions of residents to their peer group; (3) the residents' assessment of services provided in the agency milieu; and (4) the residents' self examination and discussion of their future plans.

Direct quotations and descriptive illustrations were used in specific situations to describe and portray the residents' feelings and reactions to the maternity home milieu in general and specifically about the Florence Crittenton Agency in Knoxville, Tennessee.

The residents' reactions to the agency before and after admission. Of the thirty-six persons interviewed only two knew anything specific about maternity homes, fourteen had heard of them vaguely, and twenty had never heard of them until becoming pregnant.

The general attitude toward maternity home life before admission was negative and pessimistic, described in such terms as: "a horrible place," "a morbid, quiet place where we would be asked a lot of questions about why we got pregnant," "bars on the windows," "a tense, unhappy atmosphere," and "a strict place."

Only four residents had favorable expectations, and five persons kept open minds until after admission as they did not know what to expect.

All persons in the study population reacted positively to the residence after admission. Many of the young women expressed great relief at finding the agency completely different from their negative expectations. One person stated she began to feel better when she saw the receptionist's pleasant smile. Another person stated, "The minute I walked upstairs and saw the other girls, I knew I would be all right."

Several persons commented upon the friendliness and acceptance by staff members putting them at ease. Many of the study group had misgivings about the exterior appearance and location of the residence, but they were relieved to find the interior attractive and home-like.

All of the residents were satisfied with the building and the accommodations at the Florence Crittenton Agency; however, there were some suggestions for minor improvements.

A few residents would have preferred more privacy in the sleeping arrangements and a small number complained about the infirmary shower spaces being too small. None of the residents expressed strong negative reactions to the building or the accommodations. One resident from an affluent family stated, "I am more than satisfied with it here." Another resident of meager means said, "It's nice enough for unwed mothers." The writer made the observation and the generalization that residents paying their own expenses tended to be less complaining and more accepting of the residence and the accommodations than many residents whose expenses were deferred or paid by another agency.

The housekeeping duties were accepted by all the study group as being a good plan. The majority of the women derived satisfaction from the purposeful activity the duties provided. They thought the household jobs were fairly apportioned and well planned. Three persons complained that the kitchen duty was too strenuous and too long. One person thought performance of the duties needed to be checked more carefully by a staff member and a thorough cleaning task should be performed by the residents on a quarterly basis. Another person thought a cleaning woman should be employed at regular intervals to do a thorough cleaning job.

One resident, who never had responsibility for household tasks at home, took great pride in learning to perform

her assigned duties. The household program was supported by Morelock and Campbell who stated, "The work that residents do in a maternity home offers a good opportunity to give them both skills and a sense of achievement."⁷

The expectations and reactions of residents to the peer group. Just as the residents had pessimistic expectations about the residence, the same was true about their expectations of the residents. About two-thirds of the study group expected to find lower-class girls, described in such terms as: "trashy," "rough, back-street type girls," "cheap girls with low morals," and "floozy-type girls."

One of the residents said, "I knew it was a nice place for nice girls, but I did not expect to find a preacher's daughter and rich girls here."

To some extent the residents might have been reflecting views of their parents. One young college student said she expected to find illiterate girls. She and her father had selected her poorest clothing to bring to the agency with her. Her father had suggested that if she found anyone in the maternity home who could not read or write she should try to teach them. Another resident said her parents warned her not to be influenced by the other girls in the agency.

⁷Maud Morlock and Hilary Campbell, Maternity Homes for Unmarried Mothers, Children's Bureau Publication 309 (Washington: Government Printing Office, 1946), p. 57.

Six persons thought there would be all classes, types, and personalities; two did not know what to expect; and six expected to find "nice" girls in the agency. From the latter group one person remarked, "Girls that get caught in this are nice girls--it's the bad ones who don't get caught."

The residents' expectations of the peer group and the agency environment might be related to their own feelings. Upon learning of out-of-wedlock pregnancy, many of the residents were suffused with guilt and shame, intensified by their parents' initial reactions of hurt and anger.

The young women were mainly surprised and relieved to find many other residents in the agency like themselves. Over one-half of the study group said the residents were a mixture of different social classes, personalities, and ages. The other residents described the peer group as being "normal, average girls."

All of the residents except one felt a sense of acceptance by the peer group. Twelve persons said they were accepted as much as they preferred, emphasizing their need to remain detached. For the majority it took from one week to one month to acquire a sense of belonging to the group. Of the two residents staying in private homes, one of them worked in the community and came to the agency for casework and medical services. Both of them assumed residency near their ninth month of pregnancy. One of those persons did

not feel accepted by the group and the other person stated she was accepted as much as she wished to be.

Nearly every woman stated she made at least one close friend during residence; however, the term "close" was ambiguous as the number of close friends each girl enumerated ranged from none to thirteen. One person remarked, "I have three or four good friends but I can't say I have any real close friends." This seemed to be an adequate description of the interpersonal relationships existing among the residential group members.

Another resident, who had been a popular leader among her peer group, described the situation in this manner, "I have not made close friends because when I make friends, I make them to keep. When I leave here this will be a closed chapter in my life. There is one girl here I like better than the others but we don't plan to keep in touch with each other when we leave. She feels the same way I do."

With the changing group population there were changes in the overall attitudes of the residential group toward each other. This observation was made by the writer and substantiated by persons who had been in residence over an extended period of time. One resident of three months stated, "The group has changed since I've been here. At first the group was more solid. We all got together except two girls, but gradually we split up into smaller groups. When

a new girl comes in it takes about three days for the group to accept or reject her. Many of the new girls aren't being accepted so they are forming their own groups."

Another person, commenting on the group situation, said, "For a while we had an apathetic group when I first came. Then we had a group who liked to help new girls. We look forward to new girls because they bring change. We make an initial effort to welcome each new girl, and if it flops we don't try much again. You can spot the 'loners' immediately. They don't know where to begin to sort out their problems."

In the final analysis, the attitudes of the residents toward each other reflected the changing group population and the various complexities of the total milieu. Certain periods were characterized by overall group cohesion, but, with the formation of cliques, there was discontent among the residents and weakening of group morale. The relationships of the group members to each other had meaning and they were never static. They changed in time and in relation to specific situations.⁸

The majority of the residents said it had been helpful to be with the peer group in the maternity residence.

⁸Gisela Konopka, Social Group Work (Englewood Cliffs, N. J.: Prentice-Hall, Inc., 1963), pp. 49-50.

Only one person said it had not been helpful and one person was undecided.

Middleman described the helpfulness of the interaction among maternity home residents as follows:

The very fluidity of the group contains helpful elements. For the resident who has difficulty in forming satisfactory relationships, new girls constantly appear to whom she can reach out. If a girl bears the brunt of hostility of others, the constellation of forces cannot remain constant for long before the group change brings some relief. Ordinarily a resident's status improves with her length of stay.⁹

The residents' assessment of services provided in the maternity home milieu. The services explored in the interviews with the thirty-six residents were: social casework services, the medical-nursing program, the religious program, the recreational activities, and the educational program.

Social casework services. Two-thirds of the residents knew before admission they would have a social worker at the maternity home, the majority having been told by their referring agencies. One-third of the study group knew nothing about this service before admission. The reactions to casework services ranged from positive to negative.

Those persons reacting positively said it had been good to have an adult in whom they could confide and that

⁹Ruth R. Middleman, "Social Group Work in a Maternity Home," Child Welfare, XXXVIII (February, 1959), 17.

the casework relationship had been helpful to them. One person described it as follows: "I came here with a mental block. The casework approach opened the door for me. My caseworker has helped me a lot."

The majority of the residents liked to have something definite to discuss in the casework interviews. Among the negative replies about having a caseworker were complaints about being "called in" to see the caseworker when the residents did not feel like talking. A few of the residents complained of being treated like "children" by their caseworkers. Some persons said they would have preferred having more freedom in the decision of using the casework services.

Bernstein discussed the difficulties in providing casework services to unmarried mothers, stating:

The majority of girls come to the agency for specific services and tend to withdraw from contact when a plan for the baby has been concluded. Few take kindly to the idea of regular sessions aimed at uncovering underlying pathology or motivations that led to the unsanctioned pregnancy, and frequently construe the caseworker's efforts in this direction as an invasion of their privacy with unwarranted and, to them, irrelevant questions.¹⁰

All but three of the residents said they had been helped by their caseworkers. One person liked to talk with her caseworker because she considered her a friend with whom

¹⁰Rose Bernstein, "The Maternal Role in the Treatment of Unmarried Mothers," Social Work, VIII (January, 1963), 58.

she could share both good and bad news. Another person said she had been extremely bitter until her caseworker had helped her. Several persons indicated their caseworkers had helped to restore their sense of dignity and self-worth through acceptance and support of them as individuals. Being informed and prepared for the adoption of their babies was the area many residents considered of the greatest value from the social work program.

It was not until after delivery that a few of the residents became accepting of social casework services. Many of these women are temporarily in a psychological state of mourning and cannot talk. If they build the image of the caseworker as a warm, accepting person during their pregnancies, they may be more receptive to help with deeper problems after delivery.¹¹

Twenty-nine residents could not think of any way they might have received more benefit from their caseworkers. Five persons thought they might have been helped by having more freedom to see the caseworker on a voluntary basis. One person would have liked another caseworker, and one person said it would have helped if her caseworker had treated her more like an adult.

¹¹Donald Franks and others, "Brief Service to Unmarried Mothers," Brief and Intensive Casework with Unmarried Mothers (New York: Child Welfare League of America, Inc., 1963), p. 40.

Medical-nursing program. The residents were enthusiastic in their praise of the medical-nursing services. The classes and the audio-visual aids presented by the nurse were rated highly by the majority of the residents. Persons in the postpartum group said their preparation for childbirth made it possible for them to go through the experience with a minimum of difficulty. Several residents commented on being better prepared for childbirth than the average married woman.

All members of the study group approved of the regular medical check-ups they received weekly at the agency. A few persons commented upon missing the personal attention of their own physicians and upon the feeling of being in an assembly line to receive medical care. The majority of persons said they received better care through the agency program than they would have received from their own private physicians. None of the residents could suggest any improvements for the medical-nursing program.

The religious program. Satisfaction was expressed generally with the religious program as it was conducted on a voluntary basis. Two persons expressed the wish that an agency chapel had been provided for personal meditation and devotions; three persons suggested that the residents organize a Sunday School class; and one person said ministers

of different faiths should visit the agency regularly for discussion groups. Many persons expressed appreciation for the agency's custom of having prayer before meals by different persons.

Of the young women interviewed, twenty-nine were interested in attending church before admission to the agency. Four residents were not interested; three attended occasionally before admission. Upon entering the agency only six persons attended church regularly; four persons went occasionally; and twenty-six did not attend. Of the latter group many did not attend church for fear of being recognized; some did not attend because of embarrassment about their physical appearances; and others were apathetic or disinterested.

Recreational activities. During the study period when the residents were being interviewed there was a changing recreational program, making it difficult to combine and evaluate the responses.

The residents' reactions to the recreational activities were varied, indicating some faults with the program and some difficulties encountered in arranging a program for pregnant unmarried women.

One person indicated there was more to do during the summer months but after school began there was not enough

activity. Several persons commented upon the residents' failure to take advantage of activities provided. Many persons thought they did not get enough exercise.

Commenting on the recreational opportunities, one resident stated, "It's O. K. The equipment is here but it is hard for some girls to get interested. I was here a month before I got settled enough to sew. For the first two weeks I just watched T V."

Discussing the Christmas party given by volunteer workers, one resident stated, "The Christmas party was in poor taste because some of the women talked about their children and the carols made us sad. It left us in an unhappy mood."

An activity enjoyed by all residents who participated was weekly trips to a volunteer worker's house to make Christmas decorations for the Greens Tea. The young women interested in playing bridge especially enjoyed the bridge lessons taught each week at the agency by a volunteer worker.

An event which the writer considered to have special merit occurred early in the study period when a dinner was held at the agency, entertaining board members and their spouses. The residents choosing to attend served as hostesses and mingled with the guests and staff members throughout the evening. The occasion served two purposes: to improve the residents' social skills and to enhance their feelings of

self-worth through the acceptance and cordiality shown them by the guests.

The residents planned and gave a Halloween party, which was enjoyed by the other residents and the staff members. A demonstration-lecture by a representative from a cosmetic studio motivated many persons to give more attention to their personal grooming.

In writing upon the benefits derived from recreation Morelock and Campbell stated,

The recreation planned for the residents should include a wide selection of activities--appropriate to the age and social development of all. Leadership from within the group should be encouraged--the kind of leadership that draws other girls into planning what the group wants to do. Many young women are not aware of their latent ability to work with others and to plan and organize until given opportunity to demonstrate what they can do.¹²

Only a few residents had suggestions for other recreational activities, of which the need for more physical exercise was often mentioned. Six persons suggested an exercise class. One person suggested embroidery and knitting classes. Of the two persons suggesting utilization of the residents' talents, one was an accomplished artist who stated she would have conducted art classes during her residence. One person suggested a routine assessment of the residents'

¹²Morelock and Campbell, op. cit., p. 47.

interests and talents to plan activities pertinent to the rotating population of the agency.

The suggestions for fostering interest in activities mainly pertained to the type of personality the recreational leader should have, which the residents believed to be the key to the success of activities provided. One person believed the adult leader should work through the natural leadership among the group for more interest and success in recreational activities.

Educational program. Of the study population, eleven persons were enrolled in the educational program at the junior high school or high school levels. All students rated the classes highly except two persons who thought the teachers were not strict enough. One student thought the teachers stressed learning without over-burdening the students. The majority of students commented on enjoying the special, individualized attention they received from the teachers and all were glad to be able to continue their schooling without interruption at the agency.

The residents' self-examination and discussion of future plans. From the experience of pregnancy out-of-wedlock and residence in the Florence Crittenton Agency, thirty-four residents thought their attitudes and personalities had

changed; one said she had not changed; and one said she would not know until she left the agency.

Describing the changes which had occurred, many young women thought they had matured and had learned more about themselves. They would be more tolerant of other people, they would not be as selfish, and they would take life more seriously. Several residents discussed a renewal of family ties which had helped them survive the crisis of pregnancy out-of-wedlock. One girl said she had gained from the experience in "learning how to cope."

Another resident said she had benefited from the group experience through learning how to take care of herself, knowing her mother was not there to fend for her.

One resident stated, "I've changed my outlook toward being an unmarried mother. Now I don't believe I'll be marred for life."

Twenty residents said their plans for the future had not been altered drastically because of their pregnancies. Of this group the young women would return to work, to college, and to high school. One person planned to become an airlines' stewardess and another to take a course in practical nursing. Two of the persons returning to college had decided to change their major courses of study to social welfare and business, respectively.

Fourteen persons said their plans had altered since being in the Florence Crittenton Agency. One person was planning to remain with a foster family until graduating from high school and returning to her home. Two persons decided not to return to college and one person found it necessary to delay her return to college. Other persons said they expected to change jobs.

Two residents were undecided about their future plans. Several young women said they were looking forward at some future time to marriage and to having babies they could keep.

CHAPTER V

SUMMARY AND CONCLUSIONS

The study of a maternity home as a setting for milieu therapy was based upon the reactions of thirty-six residents and observations made by the writer at the Florence Crittenton Agency, Knoxville, Tennessee. Examination of the milieu consisted of: (1) the organization and functioning of the agency; (2) the residence; (3) the residential peer group; and (4) the services, including: (a) the social casework services; (b) the medical-nursing program; (c) the religious program; (d) the recreational activities; and (e) the educational program.

Characteristics of the study population revealed that the agency served a homogeneous group, described as follows: they were twenty years old, Caucasian, Protestant, single, college girls in their first pregnancies; they were the middle children in their families, from unbroken homes; their mothers were housewives and their fathers were employed in professional or white collar positions.

The study results revealed the majority of the prospective residents viewed the maternity home as a morbid, punitive place before admission. Although they had pessimistic expectations about the residence and the peer group, they sought admission for protection and refuge. This group

seemed to be reflecting their own feelings and the middle-class point of view that pregnancy out-of-wedlock is immoral, delinquent behavior; therefore, punishment must be administered.

The unmarried mothers did not seek the maternity agency for therapeutic purposes; they sought it primarily as a place of refuge and protection from society's condemnation. In commenting upon this fact Schoenberg stated:

The unmarried mother still seeks the maternity home initially for concealment. Although we see an increasing number of clients who are sophisticated about the quality of help they are hoping to obtain from the agency, as well as an increasing number who have been previously exposed to psychotherapy, it would be rare for a client to request residence in a maternity home solely as a therapeutic aid. (I would not, however, foreclose this as a possibility--or indeed, a probability--in the not-to-distant future.)¹

It was hypothesized that the milieu at the Florence Crittenton Agency, Knoxville, Tennessee, was viewed as therapeutic and protective in nature by the population of unmarried mothers who had been in residence for a period of one month or longer. The findings of the study supported the portion of the hypothesis relating to protection. In varying degrees the study population could be said to have considered the milieu therapeutic.

¹Carl Schoenberg, "The Expanding Nature and Purpose of the Maternity Home," Child Welfare, XLIII (January, 1964), 17.

On the basis of the reactions of the residents to the services provided by the agency, the following conclusions could be reached: The social casework services were recognized as having value but some questions were raised as to the nature of the casework approach and as to the abilities of certain residents to receive maximum benefits from casework services. The medical-nursing program was recognized as providing high quality services, but the residents' priority on this service could also be explained by their attempts to meet psychological needs through focusing upon physical needs. The religious program was acceptable to the majority of the residents but a few indicated the desire for a more accessible program to fulfill their spiritual needs. The educational program was rated as adequate and helpful, with appreciation for the program expressed by residents who were able to continue their education without interruption. Recreational activities were viewed by the residents as available but some problems were indicated in motivating the residents to fully benefit from the activities provided. There were indications that talents of the residents could be more fruitfully utilized and volunteer efforts structured to assure their appropriateness to the age group served and to consider the special concerns of unmarried motherhood.

The residence was considered adequate by the majority of the residents. Several persons expressed misgivings about

the appearance of the exterior and the location but they were satisfied with the interior and the accommodations. The staff members were generally solicitious and noncondemnatory.

A suitable male member of the professional staff would be an asset to provide opportunity for the residents to test and change their attitudes toward men and to gain the assurance of acceptance and dignity from the opposite sex.² This need was met in part through certain residents' contacts with male adoption workers who came to the agency.

Setting limits were necessary for protecting the group and protecting individuals from self-destructive tendencies. Regulations should emerge in part from the democratic participation and experience of the residents to promote ego growth and to facilitate the development of internal controls. The residential council could have been used more adequately for this purpose.

To more fully implement the therapeutic potential inherent in the residential setting a person trained in social group work methods would be an asset in coordinating the recreational activities and in using group discussions to channel the group interaction to facilitate the total therapeutic process. Ingenuity is needed to motivate interest

²Ibid., p. 18.

in activities and to provide alternatives to social casework as the treatment of choice for residents who are immobilized, resistive, or apathetic. The interpretation of group dynamics offers many more opportunities for diagnostic understanding and treatment than does the casework interview alone. The keystone of effective work is individualization of each client through continuous communication among all staff members, professional and nonprofessional, and coordination of planning and directions from the beginning of contact.³

The residential period in the maternity home might be compared to the psychosocial moratorium, a period between childhood and adulthood which allows for postponement of one's established identity. According to Erikson, the period of adolescence is characterized by a struggle for identity.⁴ The struggle may become acute at a time when the individual finds herself exposed to a combination of experiences which demand simultaneous commitment to physical intimacy, to decisive occupational choice, to energetic competition, and to psychosocial self-definition.⁵ An

³Ibid., p. 21.

⁴Erik H. Erikson, "Identity and the Life Cycle," Psychological Issues, I (Monograph I, 1959), 88.

⁵Ibid., p. 123.

extended stage of adolescence may result if the individual does not resolve the conflicts and tasks of this period. This person may need time for a psychosocial moratorium to allow for postponement of identity establishment; or, as one resident phrased it, "a time to make order out of chaos."

The period of residence in a maternity home may provide for the psychosocial moratorium, but it is not one which is sanctioned by society. That fact alone impedes the therapeutic potential of the maternity home moratorium.

Both the young woman who resided in the maternity home and the community which provided it had automatic expectations of each other. Maternity home care was predicated on the assumption that the unwed mother had definitely decided to surrender her child for adoption.

Although there are indications that the supply of children for adoption overweighs the demand in some states, the adoption market is still good in many parts of the United States, including Tennessee, and as long as this situation exists maternity home care will still be influenced by this factor. Some observers, including Vincent, believe that society helps perpetuate the stigma of illegitimacy in order to fill the demand for readily adoptable children.⁶ Dr. Vincent has stated, "The illicit

⁶Clark E. Vincent, Unmarried Mothers (New York: The Free Press of Glencoe, Inc., 1961), p. 251.

coition that means happiness for the childless couple seeking an adoptable infant may bring shame and disrepute to the unwed mother who provides the child."⁷ Hence, the paradox resulting in maternity home care might be aptly described:

That which we deplore and that which we cherish are not only part of the same seamless web; they are actually woven of the same fibers.⁸

⁷Ibid., p. 245.

⁸Robert K. Merton and others (eds.), Sociology Today (New York: Basic Books, 1959), p. 474.

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APPENDIXES

APPENDIX A

THE FLORENCE CRITTENTON AGENCY
2815 Texas Avenue
Knoxville, Tennessee

Date of Application _____ Date of Admission _____
Name _____ Race _____ Religion _____
Address _____
City _____ County _____ State _____
Birth Date _____ Age _____ Marital Status _____
Education completed _____ Employment _____ Salary _____
Expected date of Delivery _____ Previous pregnancy _____
Medical supervision began _____ Who referred you? _____
Name and address of Adoption Agency _____
Health problem or handicap _____
Does the father of this child know of your pregnancy? _____
If so describe his involvement in your plan for yourself and
your child _____

Family Information

Name of Father _____ Name of Mother _____
Address _____ Address _____
Telephone Number _____ Telephone Number _____
Knowledge of situation _____ Knowledge of situation _____
Occupation _____ Salary _____ Occupation _____ Salary _____
Other children - Ages and Sex: _____

If step-parent(s) give name and address _____

Who is to be notified in case of need? _____

If girl is a minor: _____ has my permission
Name
to leave the Agency, if she desires, for shopping, outings,
etc., according to the discretion of the Agency Staff.

Signed: _____
Parent or Guardian

APPENDIX B

INTERVIEW SCHEDULE

THE RESIDENCE

1. Did you know anything about a maternity home before coming here?
2. What did you think the Florence Crittenton Agency would be like?
3. Did your opinions about the agency change after you entered? In what ways?
4. Are you satisfied with the building and accommodations here? If not, what changes could be made?
5. What do you think of the housekeeping duties?

THE PEER GROUP

6. Do you feel that you are a part of the group of girls here?
7. What kinds of girls did you expect to find here?
8. How do you feel about the girls now?
9. Have you made any close friends here? If so, how many?
10. What do you think the attitudes of the girls are toward each other?
11. Has it been helpful to you to be with other girls in the same boat?

SOCIAL CASEWORK SERVICES

12. Did you know there would be a social worker here who would try to help you?
13. How do you feel about having a caseworker?
14. Has it been helpful to you to have a caseworker? If so, how? If not, why?
15. Can you think of any way you could have been helped more?

MEDICAL-NURSING PROGRAM

16. What do you like about the nursing program?
17. What do you think about the medical services offered you here?
18. Have you thought of any ways the medical and nursing program could be changed? If so, how?

RELIGIOUS PROGRAM

19. What do you think of the religious program here?
20. Were you interested in attending church before you came here?
21. Have you attended church since being here?

RECREATIONAL ACTIVITIES

22. What do you think about the recreational activities offered here?
23. What suggestions would you have for other activities?
24. What things could be done to foster interest in the activities?

EDUCATIONAL PROGRAM

25. Are you in the school program here?
26. What do you think about it?
27. Would you suggest any changes?

THE RESIDENT

28. Have you changed since coming here? If so, how?
29. Have your plans for the future changed since coming here?
30. What are your plans when you leave?

VITA

Louise Greene Hartman was born May 12, 1929, in Knoxville, Tennessee. She is married to E. Richard Hartman and they are the parents of a daughter, Donna (born December 7, 1955), and a son, Richard (born October 18, 1957). The family resides in Morristown, Tennessee.

Mrs. Hartman was graduated in 1949 from Virginia Intermont College, Bristol, Tennessee. During 1965-1966 she attended Carson-Newman College, Jefferson City, Tennessee, where she received a bachelor of arts degree in sociology. She entered The University of Tennessee School of Social Work September, 1966.

Mrs. Hartman's working experience includes four years as an elementary school teacher and ten years as a welfare worker for the Tennessee Department of Public Welfare.