A study of reactions to reassignment in twenty cases at the Worcester Youth Guidance Center

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A STUDY OF REACTIONS TO REASSIGNMENT
IN TWENTY CASES AT THE
WORCESTER YOUTH GUIDANCE CENTER

A Thesis

Submitted by
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CHAPTER I

INTRODUCTION

Purpose of the Study

It is the purpose of this study to investigate the client's reactions to his reassignment from one social case-worker to another. The problem of reassignment is one which confronts social workers in every setting and occurs frequently enough to warrant detailed analysis of its effects on the client. Although there are various reasons for case reassignment, the focus of this study is on those occasioned by the departure of the worker, since social workers seem to comprise a rather transient professional group.

The relationship between client and worker is the essence of social casework. Since the disruption of this relationship has profound significance to the client and can create technical problems, the worker has a professional obligation to define, understand, and manage these problems. It is with this obligation in mind that the author undertakes this study.
Scope, Method of Procedure, Sources of Data

This is a study of twenty cases transferred from one worker to another during the calendar year 1951. Because the clients in this agency are made up of both children and their parents, usually mothers, reassignment was studied in ten randomly-chosen cases of each group—mothers and children—in order to evaluate similarities and differences in reactions. It must be mentioned here that, in the cases of the children, the workers involved were not always social workers. However, since, in this agency, workers from the three disciplines of social work, psychology, and psychiatry work interchangeably as therapists with children and are trained to handle reassignment in the same way, and since the effects of reassignment itself are being studied and not skill of the therapist, this factor is believed to be of minimal significance.

Case records have been examined for evidences of preparation of the client for transfer, and the client's reaction prior and subsequent to transfer. In addition, current thinking on the significance of the transfer as shown in the literature has been presented.

Influences considered in this study have been limited to the transfer situation itself although it is recognized that external factors are important. It is also recognized
that recording of case material may be of varying qualities and that, often, exploration of the client's feelings may be carried out with no mention of this in the record. However, in this thesis, only such evidences of preparation for the transfer or exploration of feeling as appear in the record were studied.

An abstract was prepared for each of the twenty cases. (see Appendix.)
Organization and Operation of the Worcester Youth Guidance Center

Child guidance is a relatively new field of social service, in which children's behavior problems or personality disorders are treated. Teams of experts in child guidance clinics for the past twenty-five years have successfully treated problems of emotionally disturbed children, just as medical clinics have successfully combated physical ills.

Child guidance clinics afford psychiatric treatment for children and social case work service to parents simultaneously to help them solve the difficulties they encounter in living together. All pertinent aspects of the child's situation are studied, and this involves work with the parents, since their feelings and attitudes are regarded as the chief determinants of the child's difficulties. Parents are accepted, not as mere informants, but as individuals who are troubled about the social and personal relationships in which they are involved. Their own emotional conflicts, especially those having to do with family relations and duty, are worked through in an attempt to provide an environment in which the child can continue the change he initiates in the treatment interviews.
The Worcester Youth Guidance Center was established to meet the need for effective psychiatric service for children in trouble. Owing to the increased demands of the community, the services of the Center have been limited for the most part to provide service to the greater Worcester area, which includes some of the surrounding towns: Auburn, Boylston, Grafton, Holden, Leicester, Millbury, North Grafton, Paxton, Shrewsbury, and West Boylston. However, as yet, full demands of the community exceed existing facilities so that there is a waiting list, although every attempt is being made to meet the needs of the community and to curtail the waiting period for service as rapidly as possible.

Trained workers are on the clinic staff and operate as a team in diagnosing and treating children. They include: psychiatrists, who are doctors of medicine and who have had special training in adult and child psychiatry; social workers, who have advanced degrees and experience in psychiatric casework treatment, with special training in problems of children; and, psychologists, who have special training and experience in psychological testing to determine intelligence, special abilities and disabilities of children, and the treatment of children. The present staff is made up of two psychiatrists, four psychologists, five social workers, and four social work students, plus a clerical staff of four.
There are four main sources through which the Center is financed. One source of income is the Worcester Community Chest. In addition, there are monies from the Commonwealth of Massachusetts, through the Department of Mental Health, and from the Federal Government by a grant through the U. S. Public Health Service. The fourth source is from the clients of the clinic who pay fees in accordance with a modest fee schedule which is adapted to family income. However, any child, regardless of the ability of his parents to pay, will be served by the Center.

The services of the Center are available to children from birth through age seventeen. Because, however, of the great demand for service, only those living within the greater Worcester area, as mentioned above, can be served. Residents outside this area can be served only when a vacancy occurs. Referrals are made through the school or social agency, the family physician, the clergy, or by parents directly to the Center. Children and parents are seen by appointment in order that the best service may be given. The staff members on each case work as a team; each gathers and shares information with the others in order to determine the best way to help the child, and each contributes his skill towards the treatment of the child.

The reasons for referrals usually center around some behavior problem that the children may have. For example,
destructiveness, disobedience, stealing, sex delinquency, temper tantrums, truancy, lying, shyness, bed-wetting, daydreaming, etc. Behavior problems generally are symptoms of a child's difficulties. The difficulty may be internal--some conflict within the child himself--or, the difficulty may be found in the child's relations with other people. In order to interpret a child's behavior and recommend treatment to parents or to the agency involved, the child and his environment are thoroughly studied. The child's feelings and viewpoints in regard to his life experiences and the problem he is facing are evaluated through the study. Also evaluated are his intelligence, capacity, potential skills, physical make-up and abilities. The study helps provide an understanding of his home situation and his own relationship in the home. Additional information, when indicated, is also obtained from the family physician, the school, church, from friends, or any agency in a position to give broader understanding of the child, provided the consent and cooperation of the family is obtained.

Treatment of the child's problem is based on diagnosis by the clinic team. Since the problems or disturbances of no two children are identical, each treatment program is carefully worked out to fit the child. The type and length of treatment vary.
Services of the clinic staff are available on an advisory basis to social agencies when they are dealing with children's problems. On an educational basis, a portion of the clinic staff's time is available to community groups studying the behavior of children.
CHAPTER II

GENERAL CONSIDERATIONS IN A TRANSFER

For a better understanding of the specific meanings which a transfer might have to a client who is in social case work treatment, a closer scrutiny of the case work treatment itself is essential. Social case work has been defined as

an art in which knowledge of the science of human relations and skill in relationship are used to mobilize capacities in the individual and resources in the community appropriate for better adjustment between the client and all or any part of his total environment.

From this definition, two elements are seen to be basic to the case work process: "knowledge of the science of human relations" and "relationship". Case work has drawn heavily upon dynamic psychiatry in order to gain a deeper understanding of human behavior. As Miss Hoey has pointed out,

Psychiatry makes a substantial contribution to social work both with individuals and with groups. Using, as a base, data from the various sciences about common physical, social, and emotional actions and reactions that occur in the life span of individuals, psychiatry gives social workers an understanding of the implications of these for the individual.


With this understanding of human behavior, the case worker can better aid the client in his adjustment, since the aim of case work, as stated by Dr. Bibring, "... is not to eliminate the internal causes underlying the client's character disturbances, but to help him find the satisfactory form of social adjustment, on the basis of psychological understanding..." And this adjustment becomes possible through the relationship between the client and the case worker.

From the standpoint of psychiatric social work, it should be stressed that such reorientation of the patient is accomplished largely through the medium of the case work relationship between the patient and the psychiatric social worker.

It is through this highly complex and subjective relationship that the client expresses all the various feelings and emotions which reflect the previous experiences and tensions of his life. These must be handled constructively if treatment is to proceed. Thus it is, then, that the client's reactions to the worker, colored as they are because of his

3 Annette Garrett, "Transference in Casework," The Family, April, 1941, p. 42.
needs in the dependency of the therapeutic relationship, may often appear inappropriate and irrational to the reality situation. In this light, the disruption of the relationship, brought on by the departure of the worker from the agency, can be a disturbance of considerable magnitude to the client and can be of the utmost significance to him. The loss of the person on whom he has learned to depend leaves him suddenly burdened with the full weight of his problem. That problem now takes on even greater proportions since his insecurity and anxiety have been heightened.

The impact of the transfer is not related to the length of time that the relationship has been in existence, nor will its effects be lessened if the client knows from the outset that contact with the first worker will be brief:

We cannot assume that the significance of the relationship is determined solely or even chiefly by the length of time we have known a particular client. Clients may feel a real sense of loss when transferred after only one interview, as many intake workers already know... The client's feeling about a reassignment is related more to the emotion invested in the relationship than to its duration.

Thus, the client will have deep feeling about the transfer, regardless of his ability to express this feeling, and it will be in proportion to his current relationship with the

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worker and the amount of his emotional attachment to that worker.

In passing, it should be mentioned briefly that, since two people participate in this relationship, the transfer can create reactions for the worker as well. Whether or not this factor will further influence the effects of the transfer on the client will depend upon the worker's insight and awareness of his own feelings, needs, and prejudices, and his ability to control these feelings in the interest of objectivity of his approach to the client.

Often, because the client's feelings are not fully conscious, he may deny that he has feeling about the worker's departure. Moreover, for the same reason, he may not be able to express these feelings verbally, and may act them out in devious and subtle ways. It is, then, the worker's responsibility to be prepared to recognize the emotions with which the client is struggling, no matter how strong his denials or how disguised the feelings. The fact remains, therefore, that the client will, in one way or another, have a reaction to transfer.

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1 Flesch, op. cit., p. 8.
CHAPTER III
PRESENTATION AND ANALYSIS OF DATA: MOTHERS

Introduction

Before the presentation of illustrative case material, the following general information is presented so that the reader may have a better picture of the group.

These mothers ranged in age from twenty-eight years to forty-one years, the average age being 32.6 years. Having been seen weekly in regularly-scheduled one-hour appointments, length of treatment prior to transfer ranged from two and one-half months to eleven months, with the average of 6.75 months. All but one of these cases are in treatment at the present time, although this factor was not given emphasis in this study. All transfers in this group were from one social worker to another social worker.

The case material of the five cases to be presented is taken from the record, from the interviews immediately preceding and following the transfer, to illustrate the client's reactions to reassignment from the time he was informed of the worker's intended departure.
In the case of Mrs. K., twenty-eight years of age, who had been in treatment for ten months prior to transfer, it was seen that this mother's own problem centered around the fact that she was an identical twin and extremely close to her twin through the age of fifteen. They looked so much alike that the client's husband, at times, didn't know which one he was courting. The client had a great problem over her feeling of a lack of separate identity and of being unimportant.

In the last interview with Worker I on 8/7, during which the client was informed for the first time of the worker's departure, the client's complete denial of feeling is clearly shown:

Her reaction to my leaving was one of no response. She asked me if I were going to be married and smiled broadly and congratulated me and said it wouldn't make any difference to whom she would be talking to.

In the worker's transfer summary, she states:

Mrs. K. ended the last interview denying any feeling about my departure, saying that the important person is L. and it does not make any difference to whom she talks. I believe the next worker should expect a rather long period of time to elapse before Mrs. K. is again able to participate in and re-establish a relationship... I suspect the transfer of workers for her, especially since L. will continue with the same worker, will play into her feeling that she is the unimportant person. Her identification of me with her sister (we're both being married on the same day) in the last interview may well have been a re-enactment of many a scene where the two sisters were separated. She asked me many questions about my plans after marriage.

The worker has commented on Mrs. K.'s denial of feeling about transfer and the probability of the specific meaning of the
transfer to Mrs. K. In addition, we see the client's attempts to personalize the worker through questioning her about her plans after marriage. This is indicative of the client's need to devalue the worker in an attempt at facilitating the loss of the valued object. Since the value the client places on the worker is based on his own projections and fantasies about the worker, the client needs to "see" the worker in his reality position in order to dilute this value and lessen his need of him.

The first interview with Worker II occurred on 9/7 and was arranged by letter. No prior personal introduction had taken place. The worker's attempts at bringing out Mrs. K.'s feelings about the transfer are evident, as are Mrs. K.'s resistance to these, and her hostility to Worker II who was using the same office as Worker I:

...Mrs. K. came upstairs easily. She hesitated near the door of Miss B.'s room, having preceded me up the stairs. She remarked on it being the same office and looked around, saying she expected there would be some changes made. I thought that she would find some and that I knew this would be hard for her. I expected that she felt very badly at having a new worker. She fairly freely admitted that it was hard, and I stressed how natural it was, and that maybe she felt pretty much alone when Miss B. left her, and that perhaps this was like beginning all over again. She admitted this was so, and we talked some about getting to know each other. She had a little difficulty in admitting that she was going to miss Miss B., and sort of sidestepped the issue by turning to Miss B.'s marriage, and adding that it was a coincidence that her own sister was also being married tomorrow. .. We talked about her inability to make decisions a while and I hoped that I could help her with her feelings about herself, particularly as we
got to know each other better, and again I said how
hard it must be for her to lose Miss B. when she felt
she was really getting places.

In the next interview, on 9/11, Mrs. K.'s resistance is
shown in her late arrival, abstracted manner, and lack of
anything to say. She becomes rather demanding in an in-
fantile way in her insistence that the worker tell her what
to say:

Mrs. K., having arrived five minutes late, was reading
in the waiting room, yawning slightly and seemed rather
abstracted. She apologized for being late, saying that
the traffic had been extremely heavy. She commented
that it was hot and sticky. In the interviewing room,
she just sat and made no attempt to start. I said
nothing and finally she waved her arms in the air and
said she was stuck and didn't know what to say. I
commented that she must find Miss B.'s leaving very
difficult and that she must be wondering how to start
with me. This she denied, said she was always that
way--often with Miss B. she didn't know what to say. I
did not entirely accept her denial and said again that
oftentimes she must feel pretty resentful and wonder
what I knew about her situation and how she should
begin. Again she denied it and said that oftentimes
Miss B. would suggest what she should say. This I
felt to be a kind of testing of me and did not suggest
anything; instead I asked her what she would like to
talk about. She just doesn't know. Then I asked her
what was most on her mind.

In the third interview, Mrs. K. expressed her feeling that
she did not understand the Clinic's functioning and that she
was not "getting anywhere". The worker's attempt to handle
this expression of hostility was met with further denial:

I wondered whether perhaps she felt I did not under-
stand her problem, that she was finding it hard to
come to a new worker. She said she really wasn't, but
the same thing had happened with Miss B., she had felt
with her she wasn't getting anywhere.
After this, there is no further mention of the transfer. However, it is very interesting that, in the fifth interview, there appears:

... Then, quite abruptly, Mrs. K. asked me to excuse her for interrupting, but what was my name? She thought it was Mrs. —— but she had heard somebody calling me something different. I told her and then said I was sorry I had not made it clear; that it must have been strange talking to someone when you didn't even know their name. I feel this may well have been an expression of hostility.

In summary, then, we see that the transfer had specific meaning to Mrs. K. in terms of her basic emotional problem: she interpreted her worker's departure as a rejection of her and further "proof" that she, again, is the unimportant person, even in the relationship with the Center as a whole. In view of this, the second worker was necessarily faced with considerable resistance during the transition period, in which Mrs. K., while working through her feelings, was involved in a constant testing-out process until a good working relationship was re-established.

Mrs. L., age thirty, had been in treatment for seven months prior to transfer. On 5/18, three weeks before transfer, the worker notified her of this. Mrs. L. was apparently very accepting of this with little show of feeling:

It was practically the end of the hour, and after concluding on the note that we would see what happened about camp, I brought up the fact that I shall be leaving soon, and would be seeing her only a couple of
times more. I explained that, since she would be out of town for the summer, a regular worker would not be assigned until the fall, but that I would introduce her to Miss F., who would take care of any emergency help she needed during the summer and whom she could turn to if she needed some special help. Mrs. L. accepted all this on quite a realistic basis, agreeing that starting again in the fall would be necessary and accepting what I said regarding reassignment at that time. I said we could talk about it further next time.

In the next interview, on 5/25, we see Mrs. L.'s anxiety and insecurity beginning to emerge:

... She knows that next week will be my last time with her, and asked if her next worker, in the fall, will see my notes. I encouraged her to continue and she said that she does not want to have to start all over with another person at the point where we were last fall, but rather would like to build on what we have done. I gave her reassurance as to this, saying that I would talk the situation over with Miss F., who she knows will be her agency contact during the summer and stressing the fact that what we talk about is material which another worker in the agency would have access to. I suggested that next week we might perhaps try to sum up a little and she could tell me what things she would like to stress, and what are the things she feels it would be particularly helpful for another worker to know.

During the summer, Mrs. L. was seen five times by her summer contact. During the last interview with Miss F. on 7/31, in discussing her feeling about having a permanent worker in the fall, Mrs. L. expresses considerable hostility against her former worker, finding fault with her in various ways:

She brought out considerable feeling about transferring from me to another worker, and wants in a new worker some experience. She was aware of Miss G.'s student status, but said that was really not the problem but that Miss G. really didn't understand and they really wasted a lot of time. She feels that I have understood and, in such an atmosphere, she can move faster. She
actually feels there was some movement. I was accepting of these feelings and gave Mrs. L. some assurance that her next assignment of worker would be on the basis of helpfulness to her.

Mrs. L.'s first contact with the permanent worker was on 10/11 and we see her feelings of resistance and hostility expressed further, both toward the new worker and the first worker. In addition, she is hostile about the change in workers for her son, through which she expresses her confusion over transfer:

We walked slowly upstairs and Mrs. L. commented that it would be hard for somebody with heart trouble to walk up and down these stairs all day, especially if they worked here... She commented that she didn't know what I knew about R., but imagined that I had read the record, and without interruption began talking about R.'s adjustment during the summer, how she felt he has improved. She wonders if R.'s change is "my idea or if it is fact". She tells me that R. didn't want to come here anymore and said, "If it isn't necessary, I don't want to come here either, but who am I to judge!" She wonders if I will tell her if he's progressed enough. I told her we would tell her when we feel that R. has progressed enough so as to terminate treatment. I wonder about her coming here. Was she coming in for R., or is there something else that she wanted for herself. Mrs. L. remarked, "You don't have adults coming here without their children." She said she was thinking of help only in terms of handling R. The other children are fine and she feels that in all her other personal relationships she needs no help. I brought up that Miss F. had told me that she was concerned about her new worker and then Mrs. L. said, "Well, if she went so far as to tell you that, with due respect to Miss G., I'd like to tell you that we talked and talked all year and she never pointed out where I was wrong, but when I saw Miss F., she immediately got to the point." Mrs. L. said that Miss F. had spotted her immediately. I said there was something in what Miss F. had said that she liked. She said yes, she liked concrete things. She continued, "I need somebody to point out where I am wrong. I need someone to pull me up on it." Then she brought out how before she used to be demanding anything at all of R., including duties or
responsibilities around the house. She herself felt this was wrong, and when Miss F. remarked that there was something wrong with R.'s having no responsibility, she felt much better. She continued that she was very impressed with Miss F. Then mother tells me that R. didn't like Dr. S. "Dr. S. crossed him, so, you see," she told me, "change does mean confusion."

With Mrs. L., we see that the transfer, basically, had a positive effect on treatment as a whole, since the expression of feelings which it precipitated led to more rapid movement in the relationship with the second worker. In this case, much of the hostility which Mrs. L. expressed was only partly directed toward the transfer itself, since much of it was realistically aimed at the lack of experience which Mrs. L. felt in her first worker. Consequently, when a sound relationship was established with the permanent worker, with whom Mrs. L. felt secure, treatment progressed positively.

In the case of Mrs. J., age twenty-eight, who had been in treatment for four months, notice of transfer was given four weeks in advance, on 5/9, and was met with denial of feeling, although her hostility was shown in her wish not to have to "start over" and her feeling that she will have to "filibuster" with the next worker:

I told Mrs. J. that I would be leaving the Clinic in three weeks. She methodically nodded her head, and I tried to find out how she felt about this, but she could only say that she didn't mind. I told her that if she would be interested in talking with someone else, I would like very much to make arrangements for her.
She said she supposed she would have to start all over again, and I reassured her that this was the reason that we kept records, and she wouldn’t have to go over the material that she had told me again, unless she wished to, or if it was pertinent. I wondered how she would feel about talking to someone else and she said that she thought she would just sit and stare at the next person. She feels she has told all there is to know. She supposes she can just sit and filibuster.

On 5/16, her hostility was even more directly expressed, and included fault-finding with the worker:

Mrs. J. sighed deeply on entering the interviewing room and when I asked about it she said she was getting tired of coming. I wondered why she felt this way, if she felt she wasn’t getting what she wanted or what the trouble was. She said that she didn’t think she was getting what she wanted and it was so difficult for her to get to the clinic.

In the last interview on 5/23, Mrs. J.’s resistance is apparent from the outset. In addition, she becomes very demanding in the wish that her appointment be changed, and even cancels her final appointment. Her feeling of being rejected is seen at the end:

Mrs. J. came to the interviewing room with her infant son. She stated that she is unable to come on Mondays, because she works Sundays, and has such a terrible time getting the baby ready. She wondered if she might not be able to come some other time. After some discussion, she said that she might be able to come on Tuesdays, and as there is an opening there, I told her I would write her about this. She said that G. has been going to catechism twice a week, and they would like to skip next week if this would be possible because there is a rehearsal on the clinic day. Under the present schedule, Mrs. J. feels that she doesn’t have a minute to herself... Although I had told Mrs. J. earlier in the session that it would be impossible for anyone to see her right away, but that someone did want to help her, and would let her know about an appointment soon, she asked me about it again. I had been able to get no
feeling from her about it before and now she wanted to know if she would wait downstairs while G. was seen. We discussed this at some length, and, although she protested that she didn't mind not talking to anyone for a while, I think she felt a bit rejected.

In the fall, when Worker II telephoned on 9/21 to offer Mrs. J. an appointment, Mrs. J. refused this stating that she was moving and was too busy to come in. She put herself in control of the situation by saying that she would call back when she was ready to start. She did not have her first appointment until 10/12, at which time she denied that changing workers had made any difference to her.

The transfer situation elicited a marked degree of hostile feeling in Mrs. J. That she was able to express this feeling so directly was fortunate for the outcome of the case. The first worker's complete acceptance and encouragement of this expression of feeling enabled Mrs. J. to work through a great deal of her negative feeling before the transfer actually took place so that, even though there was a delay in time before contact was made with the second worker, treatment did continue successfully.

Mrs. V., age thirty-five, had been in treatment for seven months prior to transfer. She was notified of this four weeks in advance, beginning on 4/20, at which time she reacted with anxiety which she expressed in terms of her daughter's problem of stuttering:
In discussing my leaving with Mrs. V., she told me that she was upset all week. Her husband thought she was foolish to worry so much about D., that she was impatient about her stuttering and feels that in time she will overcome it.

On 4/27, her insecurity was shown further:

She referred to my leaving, wondered who was to see her and asked if I could suggest some books on child care for her to read.

The next interview, 5/4, shows Mrs. V.'s feelings to be almost an appeal for the worker to stay:

She wonders if I am still leaving. She has told everyone at home about my leaving, how upset she is, and how much I have helped her.

The following week, 5/11, shows Mrs. V.'s development of physical symptoms and her hostility, her depression, and continued "appeal" for the worker to stay:

Mrs. V. told me that she woke up with a splitting headache this morning. She would not have come in if it weren't for my last day at the clinic. She has been all upset about my leaving. She does not know why she is so nervous about it and has talked it over with her husband. She is sorry that I will not be here when D. is no longer stuttering... She mentions my leaving again which is making her sad. She began to cry when talking about D. saying that she is the only one who worries about her every moment... She looked up at me childishly and again asked if I were still leaving. I expressed my regret at having to leave and hoped I would be able to let her know who her new worker was before the end of the week.

Her first appointment with the second worker was on 6/15.

The record shows her resistance to Worker II through use of Worker I, her personalization of both workers, and her expressed inability to talk to an "outsider":

She says that she guesses we still have the same number
of steps to mount, and, upstairs, she starts into Miss G.'s room, so I guide her to my room. ... She talks of much material already in the record and always says that she guesses I know this from the case history. She uses the phrase, "As I told Miss G." many times. ... In connection with one of her "As I told Miss G.", I say that it must have been difficult when Miss G. left. Yes, she was very upset. I encourage her to talk about Miss G.'s leaving. Mrs. V. was worried about who her new worker would be, whether she would be a new person or someone already with the agency. She remembers seeing me around here. When did I come to work here? I tell her. She wants to know when Miss G. came and I tell her this too. She reports that Miss G. said she was going on a vacation and then to work an another agency. I say that this is so. I comment that she was very attached to Miss G. Yes, and one feels funny when a friend leaves. One does not like to tell one's troubles to every Tom, Dick, and Harry. I nod and wonder what she thought her new person would be like. She did not know but was anxious. Mrs. V. seemed to be making a real attempt to establish communication with me. By telling me most of the crucial things which have been discussed with Miss G., Mrs. V. seems to show some willingness for me to assume a role similar to that of Miss G. At the same time, I had the feeling that the attachment to the old worker is so strong that it will be a long time before she can feel really safe with me. Also, there is a trend toward use of the relationship with Miss G. as a means of resistance.

In the interview of 6/22, we see Mrs. V.'s hostility to Worker I in her expressed uncertainty of the first worker's report regarding the mental ability of her daughter. This was brought out through a discussion regarding transferring the child from parochial school to public school. A school nurse had told Mrs. V. that the child would probably be placed in an ungraded class. In connection with this:

Mrs. V. would like me to talk with Mr. F. since he tested the child, and tell her honestly about the child's abilities. Miss G. had said that D. was "above average" but Mrs. V. was not sure then that
this was so. "Still not sure?" No, she isn't. Perhaps Miss G. was trying to spare her feelings. I say that I think Miss G. was being honest with her, but that, if she wished, I'll talk with Mr. F. She would like this. She laughs over her lack of faith in Miss G.'s report.

With Mrs. V., a very dependent, passive woman, we see that the transfer situation is very threatening and anxiety-provoking. Mrs. V.'s relationship to her first worker was one in which she felt accepted, for the first time, as a person important in her own right, and, therefore, the loss of the first worker was almost overwhelming. With the second worker, Mrs. V. can relate initially only by declaring herself terribly upset, thereby warding off any possible rejection in this new relationship. She remains guarded during the transition period, constantly testing, until she again feels secure enough to move on in treatment.

Mrs. D., age forty-one, had been in treatment at the Center for seven months. She was notified of the change in workers during the last session with Worker I on 5/4. She denies her own feeling through the use of an intellectual discussion of the worker's personal plans and professional training. Her remark that people don't stay long is an expression of her underlying hostility. Her resistance to Worker II is shown in her denial that she has met her, although she recognized in Worker II a chance for security because of the worker's status as a permanent staff member:
When we were settled, I told Mrs. D. I was sorry to have to tell her that this is the last talk we will be having together, that I am leaving soon. Mrs. D. displayed interest in where I was going and whether I will be doing the same kind of work. I answered that I am going back to New York and will be doing similar work. She wondered how long the training period is—"You are in training, aren't you?" I wondered how she happened to ask that and she responded that she knows people don't stay here very long. She is aware of the student-training set-up and thought probably I was training—how long is the course and what does that make me—what is the title I will get? I explained that it was a two-year course of study and training under supervision. She thought that was interesting and what will my title be—(here, she fumbled for a word and came forth with) "psychologist"? I said my title will be social worker and wondered what that means to her. She thinks the work must be interesting—quite a lot of psychology must be included in that course. I responded that it is. . .

Trying to bring out some feeling regarding change of workers, I asked how she feels about this, but all she could say was she can understand how that is necessary and wished me well. I told her I was especially sorry to be leaving at this time since we have gotten to know each other pretty well, upon which she responded that it isn't easy to start in again with somebody new, that it takes time to get acquainted, etc. I then told her that Mrs. G. would be seeing her each week at the same time, and, at first, Mrs. D. denied knowing who Mrs. G. is—that she has seen her around here probably. I told her she probably has and that Mrs. G. feels that she and Mrs. D. have met. Mrs. D. commented that Mrs. G. has been here for some time, upon which I agreed that Mrs. G. is on the regular staff.

Contact with Worker II was established the following week, 5/11. Mrs. D.'s anxiety and insecurity are seen in her seeking of reassurance that Worker II will be permanent. She expresses her hostility toward Worker I, giving "evidences" of her own past resistances:

I comment on her having a previous worker and that makes things a little difficult. She agrees and hopes I will
be permanent and I give her some reassurance. She then goes on to tell me that she does not want to criticize our staff and that the caseworker she talked with previously was a "nice girl" but was young and she never felt she could tell her much that was very personal. She knows that the relationship was not good nor productive and explained that she had understood in the beginning that her role was to report B.'s activities at home but that actually she has known for quite some time that that was not really her role. Miss S. had explained very nicely to her that she should really participate and share responsibility with us and she knows that there would have been more progress if she had done so but she could never feel free to talk about the things that really disturb her. She comments on the fact that she missed a good many appointments telling me with some humor that she always had excuses that could not be questioned too much but she knows she could have come during the time—for instance, when B. was ill—if she had felt she was getting anything out of it, but she did not. All of this was told me with ease and it was my feeling that this mother really wants help very much and was making a real effort to get off on the right foot with me. I commented on this saying that I felt we were starting off well and that I appreciated her frankness. She made little comments indicating that she does have problems herself that she would like very much to discuss and that they are really disturbing her. I do not press her except to indicate that we will have the time, and that I will be very glad to help her insofar as I can.

From this point, Mrs. D. is able to continue on in the re-establishing of a working relationship with the new worker. She gives evidence of this, and, at the same time, further expression of hostility to Worker I, in the fourth interview on 6/1:

She has been thinking a great deal more about B.'s difficulties, she tells me, since she has been coming in to see me and feels she is understanding a lot of things that she didn't before.

In this case, we see once again the positive effect that
a transfer can produce. Treatment after transfer moved considerably because Mrs. D. felt more secure in the second relationship with a worker whom she felt to be more experienced, and, perhaps, skilled. The transfer situation provided the means through which Mrs. D. was able to express and work through her negative feelings toward the first worker, allowing her to benefit thereafter from treatment.

In this group of mothers, preparation for transfer ranged from one week to four weeks, the average being 1.7 weeks. Delay in reassignment from Worker I to Worker II ranged from one week to seventeen weeks, the average being 8.3 weeks. Subsequent mention of transfer (by which is meant mention either of transfer itself or mention of the previous worker after transfer occurred) ranged from one week to five weeks, the average being 2.8 weeks.
CHAPTER IV
PRESENTATION AND ANALYSIS OF DATA: CHILDREN

Introduction

Regarding the ten cases studied of children, the following general background information is presented.

These children were referred for various emotional and behavior disorders. None was found to have organic or intellectual impairment. They ranged in age from four to fifteen years, with the average at 10.0 years. Length of treatment prior to transfer, based on weekly, regularly-scheduled, one-hour appointments, ranged from four to eleven months, the average being 6.6 months. At present, all but one are being seen at the Center for regular treatment.

In this group, three children were transferred from a psychiatrist to a social worker; four were transferred from a psychiatrist to a psychologist; two from a psychiatrist to another psychiatrist; and one child was transferred from one social worker to another social worker.

Five cases are presented in detail.
R., female, age eight years, was transferred from a psychiatrist to a psychologist after eight months of treatment. On 5/2, the therapist's mention of his departure incurred her anxiety and negativism:

During this interview, I told R. I had received a call to go into the army. Quickly, she stated, "Who is going to see me?" After I had told her that we would definitely discuss this matter in conference and that certainly we would select somebody to see her and to continue this work, she stated, "Let's not talk about it any more."

The following week, 5/8, evidences her denial of feeling about the therapist's departure:

Before terminating this hour, I reiterated the fact that I would not be seeing her any longer. She then wondered aloud whether I would be here the following week to introduce her to her new worker. I stated that I would be happy to be here to introduce her to her new worker. After this, R. seemed to have no further concern about her transfer to another therapist.

Work with the second therapist commenced immediately, on 5/16, with the first therapist seeing R. briefly both at the beginning and the end of the hour, to make the introduction and facilitate the transfer to the new therapist:

Dr. P. sees R. at beginning of hour for about ten minutes. R. then phones receptionist and asks for me to come into playroom. When I enter, R. is hiding behind door. Dr. P. introduces the two of us and R. hands me a slip of paper which says, "Miss K., black hair," and underneath this, "Miss R." and her address. She has written this with Dr. P.'s help. All three of us stand around, being rather shy with one another at first, and then we wander over to the large desk after Dr. P. says, "Well, let's relax", which follows a request by R. for him to remain in the room. When we get to the desk, however, Dr. P. says he will see R. again at the end of the hour and she accepts his leaving.
Following this, the therapist offers R. her choice of remaining in this same room or using this therapist's playroom. R. examines the new room but desires to return to the old room, which can be seen as resistance to the second therapist and a desire to remain attached to the first therapist. Throughout the play, she is hyperactive and indulges in aggressive dart-play. As the end of the hour approaches, R. repeatedly asks the time, obviously in anticipation of the first therapist's promise to see her then. When R. is joined by the first therapist, in response to his question, she tells him she got along "fine" with the new therapist. All three walk to the reception room and, as they part, R. turns to the new therapist and says several times, "I'll see you next week--Goodbye, I'll see you next week." She completely ignores the first therapist, denying her feeling about the loss once again.

The following week, 5/23, R. is very resistant to the new therapist and refuses to go with her until mother is forced to intervene. In the playroom, she expresses considerable interest in the therapist, asking such questions as Is the therapist here all day? Can she be reached by telephone, etc. She later demands to be allowed to tour the building, a recurrence of an initial pattern of behavior with the first therapist. At the end of the hour, when she is leaving with mother, R. tells mother (so that the therapist
can hear) that she likes her better than Dr. P., which is her attempt to further deny her loss of the first therapist.

In the next three interviews, this pattern of resistance to the therapist continues at the beginning of each hour, though gradually lessening in length of time each week. On 6/20, R. plays with the typewriter and types out her own name, Dr. P.'s name, and the therapist's name, showing that the first therapist is still in her thoughts. The therapist attempts to bring out her feeling:

I point out that she has been pretty unwilling to talk about what went on with her and him. She says nothing, then says she has to go to the bathroom. She suddenly becomes very upset, wants mother, and wants to leave. I take her to mother who attempts to calm her. R. falls to the floor claiming to have a stomachache and demands to be taken home. I intercede, when mother refuses, to show R. my support of her, and suggest that mother does take R. home.

The next week, 6/27, R. refuses to go with the therapist and insists that they all stay together in mother's worker's room. R. is given paper and pencil and allowed to write, while her therapist waits for her. It is observed by the therapist that R. writes, "Dr. P., Dr. P." on the pad again and again; however, no mention of this is made at the moment. Eventually, R. goes to the playroom with the therapist. When the therapist mentions what R. has written on the pad in an attempt to bring out R.'s feeling, R. will not answer. Again, we see her concern over the loss of the first therapist and her refusal to admit her feelings.
A lapse follows this interview because of vacations, and the next interview is not until 8/15. In the playroom, R. takes a pad and writes "doctor" then erases it. The therapist notes in the record:

I tell her we got a letter from him the other day. He's fine and sends his best regards to you and hopes we are getting along O.K. R. asks me when he is coming back. I reply he is not coming back although I am sure he would like to. I say that she misses him a great deal, does she not? R. does not answer. After a time, I tell her that mother's worker is leaving. She wants to know why and I say she is getting married. R. responds: "Are you getting married too?" I say I am not, that I will be here a long time.

Here we see R.'s continued concern with the first therapist and her fear that the present therapist will also desert her. During the period from 8/22 to 10/31, there is no mention of the first therapist with the exception that R. twice asked to be allowed to use Dr. F.'s playroom. On 11/6, R. goes to the former playroom:

She says she likes this room and I suggest it may have a lot to do with the fact she saw Dr. P. there. She says, "Yes, I like Dr. P. He's a nice man; I like him very much."

And, again, on 12/5, R. mentions Dr. P., wonders how he is, and says she misses him.

Thus, in this child, who continually denied verbally her feelings of loss of the first therapist, we see that she has to express her feelings through play materials for a period of six months before she could finally express verbally that she liked and missed the first therapist. However, certain
positives can be seen in the child's reaction. While she de-
nied the loss of the first therapist, she did relate positive-
ly to the second therapist so that treatment moved along
satisfactorily while R. was working through her feelings a-
round the transfer.

J., age fifteen years, who was in treatment for seven
months, was transferred from a psychiatrist to a social
worker. On 8/7, the therapist's notice of his departure was
met with anxiety and hostility:

Early in the interview, I informed J. that I was
leaving the Center at the end of the month. He
seemed in visibly distressed spirits by this news.
His head inclined slightly toward the floor; his
eyes widened slightly. I explained to J. that I
was moving to Boston to live and that I had obtained
a position in Boston. He couldn't quite understand
why I was moving and wondered if there was something
else there that Worcester doesn't have. He then said
that I seemed to get around a lot, that I never
seemed to stay in one place very long. I then asked
him if there were some preference on his part for a
man or woman therapist. He promptly answered that
he wanted a woman therapist. It was quite evident
from the way he said it that this was an aggressive,
hostile expression toward the present therapist who
is deserting him. I then went on to say to J. that
I would get the best person possible for him. I
went on further to say that I knew that J. would
probably feel that I was deserting him and that the
Center is a hell of a place to come to and what's
the use of coming when one's therapist ups and
leaves. It was quite evident that my verbalization
was correct. J. heaved a sigh of relief and smiled
as he acknowledged my understanding of how he was
feeling.

On 8/13, we see J.'s denial of feeling: "During the whole
hour, J. seemed quite relaxed and made no reference to my
leaving the Center at the end of this month." J. did not appear for the final two appointments, and this is seen to be an expression of his hostility.

Treatment was resumed on 9/17 and J. expresses his anxiety:

When we got into the interviewing room, he sat and tilted his chair back much as he had done in the interviews with Dr. S. I wondered how J. felt about returning to the Center. He replied that he had doubts and uneasiness about coming back. He wondered who would be taking Dr. S.'s place. He had gotten along so well with him. He added that Dr. S. had explained about his going away and someone replacing him. He said that though he knew he would not be seeing Dr. S., he was looking forward to coming in today. I pointed out to him that it was really natural for him to feel uneasy about seeing someone other than Dr. S.

The following week, 9/24:

J. said he had been thinking of his visit here last week. I asked him in which way. He replied that he had really been a bit fearful about coming in last week despite Dr. S.'s explanations, but, he said, he still did not know than what to expect. I assured J. that it was quite natural for him to feel that way. He had gotten along with Dr. S. so well, it was not surprising that he might have some misgivings about coming in to see someone he didn't know. J. said he didn't mind coming in this week.

J. did not appear for the following two appointments, but on 10/15, he expressed his positive feeling for both therapists:

As we were going upstairs, J. asked if I had missed him last week. I replied that I had. He replied he went baby-sitting last Monday. I said I had been looking forward to seeing him today... J. had calmed down considerably now and I took this opportunity to say that he had a real problem and I was
here to help him. He said that he realized this.
Dr. S. and I really seemed to be the only ones in­
terested in what was happening to him.

With J., the transfer was difficult for him because it
meant the loss of someone who he felt was really interested
in his welfare. Despite this, however, J. derived consider­
able benefit from the experience. As he himself put it, he
had found that the two people from the Center were the only
ones who seemed interested in him. Granted that this is a
limited bit of positive experience for J., it was important
in helping treatment to move forward in this boy whose back­
ground heretofore had been so emotionally deprived.

B., female, age eleven years, was transferred from one
social worker to another, after she had been in treatment for
eleven months. On 7/16, when the therapist notifies her of
her departure, B. expresses her anxiety about having a new
worker and her hostility in her request for a new playroom;

... During this play she relaxed and laughed quite
a bit and told me that she was going to nature school
in the last two weeks of July. Because this meant I
would only see her two more times, I told her that I
very much wanted to see her the next two weeks because
I was leaving the clinic. Her reaction was, "Who will
I have now?" She asked if she would be in the same
room. She knew about everything here and would like
a different room. She did choose a new playroom and
decided she would like the corner room on the first
floor.

The next week, 7/23, she shows her feeling that the therapist
is deserting her by comparing her with an aunt who also mar­
ried and went away. In addition, her attempts at devaluation of the therapist begin with her questions about her personal plans. Notable is the child's use of play material to express feeling:

In this interview, B. told me she had bought the bride and groom paper dolls. I had not told her the reason I was leaving the Clinic, however, and asked her more about this, and it seems that she had noticed I was engaged back in December, but had said nothing about this to me. When I told her she could ask me any questions she wanted to, she came forth with a flood of questions directly concerned with the wedding. For instance, whom are you going to marry, what is his name, where will you live, what kind of wedding will you have, etc. She told me she had an aunt who had gotten married but she's not around any more.

On 7/30, the therapist's final contact with her, B. was resistant to discussing her feelings and was depressed:

In this last session, there was an attempt to work through her feeling that people whom she likes get married and leave her. However, B. reacted immediately with a quiet sullenness... As she said goodbye, she looked to me quickly and then looked away.

First contact with the second therapist was on 9/13. In this session, B.'s insecurity is shown in her exaggeration of the length of time she had been in contact with the first therapist:

As she looked around the playroom, I said I knew it must feel strange to her to come to somebody new, having been so long with Miss B. She shyly said it was, "kind of", and told me that she had been with Miss B. for about two years. Actually, it was only one year.

The following two interviews contained no mention of the
transfer. However, on 10/4, B. attempts to test out the second therapist and also to identify the second therapist with the first:

She then asked if she might paint a gun, and told me of using a special kind of paint with Miss B. She went over to the play shelf and started fingering the puppets and told me that she and Miss B. used to put on shows for each other and asked if I would do it with her.

This same reaction was repeated nine sessions later on 12/7:

B. picked up a beanbag and suggested that we throw them to each other as she and Miss B. had done.

For this child, the transfer was a repetition of an earlier desertion, making her anxious and insecure. However, it is doubtful if the specific meaning which loss had for this child would have come out if the transfer had not occurred.

K., male, age eight years, was transferred from a psychiatrist to a psychologist after ten months of treatment. His first reactions to transfer, on 7/9, were depression and anxiety about who would be taking care of him:

I then mentioned the fact that I was leaving the Center at the end of August. I said I would miss him because I was leaving. He then said "that makes me sad now." He then wanted to know who would take care of him when I left, so I used this opportunity to ask him how he would like to have Dr. K. since Dr. K. and I have often walked him across the street. K. was very pleased saying that Dr. K. and he and I have gone across the street together, and he would like to have Dr. K., and was quite pleased. Then he wondered how long I would be gone. I told him I would be gone for a long time, at least a year.
In the third session on 7/23, K. acted out his hostility and also expressed his feelings of rejection and desertion by the therapist:

The whole hour seemed to be filled with much aggression and hostility. As the time went on, it became quite clear that the aggression was primarily directed at me. I attributed this behavior to thoughts of transference and K.'s feelings about my deserting him next month... His aggressive activity toward me continued... He then commented verbally that I considered him a bad person and did not like him. I made appropriate remarks... No mention of transfer was made during the next two sessions, and K. was away at camp the two sessions following these. On 8/27, the final session, K. directly expresses his hostility to the therapist through aggressive play. At the end of the hour, he expresses his affection for the therapist, giving him a gift token of this, which is interpreted as an unconscious attempt at trying to make the therapist stay:

He then began to play with the cork gun. He loaded it and shot the gun at me several times. I told him that perhaps he was angry at me because I was leaving and I said I could understand why he would feel this way. He agreed that this was so. Nevertheless, he continued to shoot at me. We then completed working the problem of transfer to Dr. K.; this was aided by the fact that we were using Dr. K.'s playroom... The hour was up and I walked him across the street as usual. This time, however, he took my hand to walk across the street. As we parted, he handed me a Greek play coin. He gave it to me, he said, because he wanted to thank me.

The first contact with the second therapist took place on 9/10, when K. appeared at his former time, although no appointment had been made. Here, we see both his anxiety about a new therapist and also his resistance to her as expressed
in his coming at the previous therapist's hour:

K. showed up at the Clinic at the 4:00 o'clock hour when he used to see Dr. S., although he had not been contacted about when his appointments were to start. Arrangements were made to see him Thursdays at four. He asked me several times if it would be the same thing coming on Thursday as coming on Monday and I assured him that it would be the same and that he would have a regular time just as he did before.

This same pattern continues throughout the next two sessions.

On 10/4, K. acts out his hostility to the therapist through his play with the dictaphone:

He filled up the rest of the cylinder with a great deal of talking about Dr. K. of the order that Dr. K. has eight heads and no brains in any of them, or Dr. K. has two heads and no brains at all, six tails, and this went on and on for the rest of the cylinder. K. would play this back to himself and laugh in great glee.

On 10/11, K.'s hostility is expressed further:

... he saw a model airplane box on the table and decided that he wanted to make one of the planes saying that once he had made one and that Dr. S. had helped him with it. He had considerable trouble with this, swore profusely, and blamed me for his difficulties, saying I didn't help him right.

K. was able to verbalize some of his feeling of being deserted in the next session on 10/18:

... during this hour, it was possible to bring up again some of his feelings about the transfer. K. was telling me how many things men could do better than women in relation to the plane-making, and, when he said this, I agreed with him that there were many things men could do better than women, and said it must have been hard for him when Dr. S. left. He immediately picked this up, telling me he was awful sad when Dr. S. left, and was now able to express a little bit of his feeling of being deserted by Dr. S.
The last mention that was made of the transfer, on 11/15, was in connection with the therapist's preparation for the Thanksgiving holiday, and showed K.'s complete denial of all the previous preparation for transfer:

He was very confused about the holiday, thinking this would mean he wasn't ever coming again. This led to some discussion of what happened when Dr. S. left, and K. now sees this as Dr. S. never having told him he was going to leave, and he came in and found he wasn't here. This, of course, was not the case, but K. has apparently completely blanked out all of the preparation and sees this as very much of a desertion. In this case, we see that the transfer had such significance to K. that he was entirely unable to acknowledge all the careful preparation that had been made for it. He felt deeply that he had been deserted. However, in this setting, he was not left alone to face his "desertion", and therein lies the positive element of this transfer experience.

W., male, age fourteen years, was transferred from one psychiatrist to another after four months of treatment. The first mention of transfer on 4/17 brought forth W.'s apparently casual concern and was followed by an immediate devaluation of the therapist. In addition, his anxiety about a second therapist is evident:

I mentioned to W. that I would most likely be leaving the Clinic in a week or two and that I wanted him to know about it. He said, "Oh, are you?" and went on to say that the student adviser at school had said that perhaps I was an intern here. In explaining how she happened to say this, W. said that he had told her my
name and she replied that she didn't know me. W. said, therefore, that since I was leaving, perhaps I had had my training here. W. volunteered to say that he had gotten a lot out of coming to the Clinic and that it would be hard to talk about "those things" to a woman. I said, you would rather talk to a fellow than to a woman, and he said, yes. I told him that perhaps the Clinic would be able to work out such an arrangement and that a man would be considered for him to talk to.

In the following session, 4/24, W. was introduced to the second therapist, also a male. On 5/1, W. expressed resistance to the second therapist and hostility to the first. His fear of losing the first therapist is also evident:

W. said that it would probably take him a couple of months to get used to Dr. S. after meeting him. He said, "You know, it took me that long to get used to you." It was apparent that W. was not happy about this separation. He asked me, for instance, whether I would be in Worcester County. I said that I would, but that he will be able to talk to Dr. S. just as he had with me. The reason he gave for asking where I was going to be was, "Oh, I just may want to ask you a question sometime."

Contact with the second therapist was made the following week. In the second session, 5/17, W.'s resistance is shown in his repetition of previous material:

Most of the session was a sort of spontaneous rehash of the previous sessions with Dr. R. W. brought out that at least for a month Dr. R. had been unable to get him to talk about the various sex difficulties.

In the following session, 5/24, W.'s anxiety brings about a recurrence of his stuttering which he directly associates to having a new therapist:

As W. was talking, I noticed that he seemed quite rigid; he talked quite slowly with occasional stuttering. His eyes had a rather fixed stare at times...
At this point, W. noticed that he was stuttering somewhat and said he would like to get rid of the stuttering. He then explained that the stuttering occurs only at certain times, especially when he is introduced to somebody new.

Two sessions later, on 6/7, W.'s complete denial of the transfer is recorded:

W. was prompt for his interview. It is reported that when he went to the receptionist's desk, he asked for Dr. R., apparently forgetting that he had had a change of therapists.

With W., the transfer was too difficult to face, as we can see from his complete denial that it took place.

In this group, the number of weeks' preparation for transfer ranged from one to eight weeks, the average being 3.2 weeks. Mention of transfer (either transfer itself or the previous therapist, subsequent to the transfer) ranged from two to twenty-one weeks, with an average of 6.5 weeks. Delay in reassignment ranged from one to seven weeks, the average being 3.6 weeks.

Comparison of this group with the mothers' group shows that both groups were in treatment approximately the same length of time before transfer: the average for mothers being 6.75 months; the average for children, 6.6 months. The average number of weeks' preparation for transfer was longer for children, being 3.2 weeks, whereas it was 1.7 weeks for mothers. The average number of weeks during which transfer
was subsequently mentioned was considerably longer for children, being 6.5 weeks, as compared to 2.8 weeks in mothers. The average number of weeks' delay in reassignment was longer in mothers, with 8.3 weeks for mothers as compared to 3.6 weeks in children. The children's group is notable for a longer reaction to transfer and the use of play materials as a means of expression of feeling in place of direct verbalization.
CHAPTER V
SUMMARY AND CONCLUSIONS

From the material studied in the two groups, a variety of reactions to transfer can be seen.

Prior to actual transfer, but in reaction to its expectation, clients gave evidence of: denial of feeling about the transfer or loss of therapist; expression of hostility in a variety of ways; insecurity, with resultant anxiety, and feelings of being rejected and deserted; depression; a need to devalue the worker and thereby lessen the dependence on him; resistance, also expressed in various ways; recurrence or onset of physical symptoms; negativism; gift-giving by the client, as an outward expression of affection, but with an undercurrent of attempt at influencing the worker into not leaving; regression to a more infantile, demanding sort of behavior; and increased involvement in treatment, as shown in a sudden "opening-up" of the client when he learns of the worker's intended departure.

Subsequent to transfer, clients showed: denial of feeling; hostility, resistance, and overt aggression; insecurity and anxiety; repetition of earlier material and earlier patterns of behavior; expression of the desire to terminate; ambivalence in the desire for continued treatment; devaluation of first or second worker, or both; testing out of the worker;
and recurrent symptomatology.

It must be pointed out here that, in spite of the amount of feeling expressed around the transfers, none of the cases was lost because of them. Furthermore, it was seen that some transfers did have positive elements, which ultimately led to more rapid movement in treatment.

With such a variety of reactions shown in this study, one can see the serious meaning that the change of workers has for the client and the internal tension that is created in many clients by the disruption of the professional relationship. The worker has, therefore, a profound obligation to take particular note of the client's needs at the time of change, to understand these needs, and to provide an appropriate, constructive new relationship for him.

It can be concluded, then, that a transfer, planned with the client, in which the worker understands and shares the client's feelings of loss and works through this loss with him, results in a good relationship between the client and the new worker. In view of the deep meaning that transfer can have, it can be concluded further that careful thought should be given to the initial assignment of cases, particularly those of a long-term nature, in order to guarantee the client stability of the relationship.

As an outgrowth of this study, the necessity is seen for further study of the problem of transiency of professional
personnel, which is, indeed, a very large question.

Approved:

Richard A. Conant
Dean
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APPENDIX

1. Identifying Data.
2. Date treatment began.
3. Date of transfer.
4. Date of treatment with new worker.
5. Amount of preparation given to the client regarding the transfer and the attempts made to help the client work through his feelings.
6. Client's reactions to first worker.
7. Client's reactions to second worker.
8. Amount of time and effort made by second worker to allow the client to express his feelings regarding the transfer.