

THE RELATIONSHIP BETWEEN MATERNAL MENTAL ILLNESS
AND THE COLLEGE-AGE DAUGHTERS'
PERSONAL-SOCIAL ADJUSTMENT

By
BARBARA GRAY,
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Bachelor of Science
Kansas State University
Manhattan, Kansas

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Thesis Approved:

Josephine Heffer

Thesis Adviser

James E. Green

Nick Stinnett

D. Blusham

Dean of the Graduate College

836853

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CHAPTER I

THE PROBLEM AND NEED FOR THE STUDY

In the past decade, attempts have been made to study the effects of mental illness not only on the patient himself, but on those related to him. This study is designed to explore the relationship between mental illness of the mother and the personal and social adjustment of her college-age daughter.

A great deal of emphasis has been placed on the necessity of a positive mother-child relationship as a factor in the healthy development of the child. Unfortunately, there is a lack of literature concerning the particular aspect of the mother-daughter relationship being studied in this investigation. In a dissertation by Parnes (16) in 1969, the psycho-social and physical adaptive behavior of adolescent daughters of emotionally ill mothers was tested. Through the use of the Neuroticism Scale Questionnaire and the Franck Drawing Completion Test, it was shown that there was no significant difference between daughters of emotionally ill mothers and those of normal mothers in the areas of psychological adaptive behavior and femininity. The differences between the two groups of daughters were found in the areas of social adaptive behavior and physical adaptive behavior. In both areas, the daughters of emotionally ill mothers showed lower scores as measured by the Social Relationships Scale of the Minnesota Counseling Inventory and the Physical Health Index.

An interesting note in the Parnes (16) study was that differences were found only in certain areas (social adaptive behavior and physical adaptive behavior) when daughters of emotionally ill mothers were compared with those of normal mothers.

Purpose

The overall purpose of this study was to compare the personal and social adjustment of those daughters whose mothers have received psychiatric treatment with those who have not.

Hypotheses

Hypotheses to be tested were:

1. There is no significant difference in either the total adjustment, the personal adjustment, or the social adjustment of daughters of mothers who have received psychiatric treatment and daughters of mothers who have not received psychiatric treatment as measured by the California Test of Personality.
2. There is no significant difference with respect to Self-reliance, Sense of Personal Worth, Sense of Personal Freedom, Feeling of Belonging, Withdrawing Tendencies, Nervous Symptoms, Social Standards, Social Skills, Anti-Social Tendencies, Family Relations, Occupation Relations, and Community Relations, among daughters of mothers who have received psychiatric treatment and daughters of mothers who have not received psychiatric treatment.

CHAPTER II

RELATED LITERATURE

There is an abundance of literature concerning children with behavioral disorders such as mental illness and their relations to school, family, and peers. However, there are few findings concerning the problem investigated in this study: The relationship of a mentally ill mother to her daughter whose age falls in the "youth" classification.

Mental Illness and the Mother-Child

Relationship

According to White (23), the Joint Commission on Mental Illness and Health, created in 1955 by the Congress of the United States, estimated that 17 million people will suffer at one time or another from a relatively serious mental disorder. Another estimate reported by the Commission at this same time predicted that mental illness, in a form serious enough to require hospital care, will affect approximately one in five families and approximately one in 13 people in the course of a lifetime.

A disturbance in the mother-child relationship such as maternal mental illness can have certain effects on the development of the child. According to Lickorish (8), a psychological disorder in one member of the family, such as the mother, may often indicate that other members of the family might also be in need of help. A closely related study by

Munsinger (13) reports that the parents of children undergoing treatment at a child guidance clinic often showed some degree of instability or inadequacy in performing their parental role. "Both mothers and fathers of problem children were judged to be less well adjusted and sociable, more autocratic, and to have experienced more disciplinary contention" (p. 290) when compared with parents of non-clinic children. There was a tendency for the mothers in the clinic group to be either very strict or very permissive in disciplining their children. A study by Freudenberger and Overby (3) indicated that mental patients from an emotionally deprived environment lacked a basic relationship with the mother or mother substitute. Further findings showed that a lack of mothering was accompanied by severe feelings of "emptiness," a devalued body image, depression, a sense of abandonment, deep dependency needs, and an inability to maintain consistently intimate human relationships. This indicates that the early emotional deprivation may lead to abnormalities in the personalities of the subjects under investigation. Further support for this finding is available in studies by Prugh and Harlow (19), Mussen, Conger, and Kagan (15), Meyer (12), Kinstler (7), and Walsh (22).

There has been emphasis on a positive mother-child relationship as a factor in the healthy development of the child. According to Sears (20), "The family is the basic social unit that determines both childhood and adult personality" (p. 117). Murphy (14) reports that mental health develops from stable relations with the mother during the period of establishing clear concepts of one's self and of other persons. According to Medinnus (10):

. . . the attitudes which a child holds toward himself, especially those dealing with self-esteem and self-worth, play an

important role in his personality development. The extent to which a child develops a positive self-concept depends crucially upon the extent to which he is accepted by 'significant others' (typically his parents) in the early years. (p. 542)

Additional support for this is found in Gecas (5), Medinnus (11), and Grossman (6).

To define further the importance of the mother-child relationship, differences between maternal and paternal relationships with the child have been examined. A study by Funkenstein, King, and Drolette (4) showed that the most frequent perception of the father was as the chief source of authority, whereas the mother was most often seen as the major source of affection. Peck and Havighurst (17), in a study of rural families residing in the Midwest, report that the mother appears to have a more profound and influential effect on the child's personality development than does the father. These conclusions were based on findings which indicated that, when given projective tests, most children reacted with considerably stronger emotion, either positive or negative, to mother-like figures and stimuli or to mother-child situations.

Definition and Characteristics of the Youth Period

The periods of infancy, early childhood, middle childhood, and adolescence are well defined in the researcher and readers' understandings. This does not hold true for the period designated as youth. Often this period of life is assigned to the late adolescent period; however, in this investigation it is important to present the uniqueness of this developmental period.

According to Bernard (1), youth is the period of life from 17 to

21 years. A summary concerning the four basic aspects of development is as follows:

Physical Development--Most of the growth and weight gain experienced in pre-adolescence and adolescence has leveled off by the time an individual reaches youth. In addition, many of the concerns related to growth such as skin disorders and disproportionate body and facial features have stabilized. Good health is the rule for most persons during this period despite occasional irregular dietary and sleeping habits. Motor vehicle accidents account for the majority of deaths at this age.

Emotional Development--An increase in emotional stability and control becomes apparent during these years (17-21). "Interests, friendships, career choices, and relations with parents are all more stable and predictable" (Bernard, p. 377). Despite the complexity of today's culture, the ego identity becomes more firmly established during the college years. In a college environment, it is possible for many individuals to develop feelings of personal worth, ambition, and hope for the future. Emotional growth involves the development of both compassion and identity with others.

Social Development--"The major social development of youth is the completion of the quest for independence from one's parents" (Bernard, p. 379). In addition comes a decreasing dependence on and conformity to the peer group; a characteristic often seen in adolescence. Friendships during this period of youth tend to be within smaller groups and are based on similarities of interests, intelligence, and education. The socioeconomic class of the youth seems to have some bearing on the pace of social development with respect to marriage. Lower-class youth tend to become seriously involved with members of the opposite sex at an

earlier age. One of the reasons for this is a desire to break from the parental home. Middle- and upper-class youth seem to show a more positive influence from the parents and tend to examine long-range goals and educational aspirations before committing themselves to a marriage.

Because of the necessity to establish new social contacts when an individual enters college or work, there is a growing interest in making a good first impression to win social acceptance. Consequently, self-respect, sincerity, interest in others, self-confidence, and active social participation are perceived as being desirable characteristics for youth.

Intellectual Development--For many years it was believed that intellectual growth in an individual reached its maximum by age 16. It is possible that this aspect of growth did stop at such an early age when an eighth grade education was the norm. However, there has been a steady increase in the level of education to the point that the average individual completes 12 grades. Recent studies have shown that the I.Q. scores do increase for most persons between adolescence and adulthood. There is one condition attached to this finding: Mental growth may increase after adolescence if the individual continues to be involved in mental pursuits. With the strong emphasis on attaining additional training after high school, the youth can plausibly experience additional intellectual growth.

Specific developmental tasks met during childhood are not eliminated as an individual reaches adulthood. According to Bernard (1):

The developmental tasks of youth relate to choosing an occupation and preparing to earn a living, choosing and adjusting to a marriage partner, and developing certain concepts basic to social and civic competence. (p. 384)

Preparation for and mastery of all of the developmental tasks of youth is related in some manner to the quality of relationship between parent and child and the personality orientation acquired from the home.

According to Porter (18), the vocational choices of freshmen college women were influenced by the relationship the subjects had with their parents. Freshmen women from intact families who recalled a punishment symbolic-love relationship with their mothers most often chose "non-person occupations." Freshmen women from intact families who recalled a reward symbolic-love relationship with their fathers were more likely to choose "person occupations."

A study of the personality adjustment of college students in relation to their personal history by McKinney (19) reports:

1. Students who were given opportunities for responsibility and freedom to meet them were better adjusted.
2. Students whose parents showed understanding of them and who used the guidance-type discipline rather than domination or no discipline at all were better adjusted.
3. Students whose parents were companions to them were better adjusted.
4. Students whose home or parents were ineffectual for some reason such as low income, incompatibility, or divorce, tended to be less well adjusted.
5. Students who reported good health and physique were better adjusted.
6. Students who have experienced adequate social contacts and relationships were better adjusted. (p. 667)

Summary

The review of literature related to this study revealed the following implications:

1. A disturbance in the mother-child relationship such as maternal

mental illness can have certain effects on the development of the child (14).

2. Differences in the maternal relationship and the paternal relationship with the child have been found; i.e., the mother is often seen as the major source of affection, whereas the father is often seen as the major source of authority (4).

3. The period of youth (17 to 21 years) has not been defined with the same specificity as the periods of infancy through adolescence.

4. Healthy growth and development of youth is dependent upon mastery of certain developmental tasks.

5. Preparation for and mastery of the developmental tasks of youth is related in some manner to the quality of relationship between parent and child and the personality orientation acquired from the home (1).

CHAPTER III

PROCEDURE AND METHOD

The purpose of this study was to compare the personal and social adjustment of daughters whose mothers had received psychiatric treatment as compared with those who had not.

Instruments for Obtaining Data

Information Sheet--To achieve the purpose of this investigation, an information sheet (Appendix A) was developed to identify selected personal and family experiences of the subjects. Included were several questions concerning an absence or presence of psychiatric treatment received by the mother. Other items included on the information sheet identified such items as age of the subjects, ordinal position in the family, population of home town, parents' marital status, separation from parents because of illness, family income level, mother employment, fathers' occupation, and residential status. Based on these items, a group of 28 subjects were selected from a larger sample (N: 452). These 28 subjects were similar with respect to these background items except for the question of whether their mother had received psychiatric treatment or not. Fourteen of the subjects reported their mothers had received psychiatric treatment and 14 subjects reported their mothers had not received psychiatric treatment.

Personality Inventory--In addition to completing the information

sheet, all subjects were asked to respond to Form AA, Adult level of the California Test of Personality (Appendix B). To facilitate computerized analysis of the data, answers to the 180 item test were recorded on OMR Test Cards available at Oklahoma State University.

The California Test of Personality was selected as a measure of the personal and social adjustment of the subjects, which is related to the overall purpose of this study. Personal adjustment is assumed to be based on feelings of personal security as manifested in feelings of self-reliance, a sense of personal worth, a sense of personal freedom, feelings of belonging, absence of withdrawing tendencies, and an absence of nervous symptoms. Social adjustment is assumed to be based on feelings of social security as manifested in social standards, social skills, absence of anti-social tendencies, family relations, occupation relations, and community relations. Under each of these twelve components are 15 questions which can be answered "yes" or "no." A description of each component may be found in Appendix B.

According to a report edited by Buros (2), this inventory provides a fair degree of reliability for the total adjustment scores and the two major categories, personal adjustment and social adjustment. This holds true, particularly for the lower scores. In addition, the test was considered mechanically satisfactory and was developed in a manner which provided ease in administration and completion.

The norms provided for the California Test of Personality, Adult level, were derived from 3,133 adults in adult education programs and industry in Florida, Illinois, Tennessee, Utah, Montana, and California. A detailed discussion concerning the reliability (Total: .95, Personal: .93, Social: .93) and validity (pp. 7-8) of the instrument has been

presented by Thorpe, Clark, and Tiegs (21).

Selection of Subjects

The subjects for this study were undergraduate students enrolled in an introductory Family Relations and Child Development course at Oklahoma State University, Stillwater, Oklahoma. This sampling consisted of students from various colleges on the campus and not limited to those students pursuing degrees in Home Economics.

Overall Population--The overall population of subjects included 439 women and 13 men (total: 452). The age range was from 18 years to 34 years. From these 452 subjects, 73 reported an incidence of mental illness in a close relative (mother, father, sibling, grandparent, or not specified). Despite the sixteen year age range for the total population, the age range for those subjects reporting mental illness in a relative was only 18 years to 23 years. An interesting trend was that the incidence of mental illness in a relative decreased as the ages of the subjects increased. In addition, the majority of subjects reporting mental illness in a relative were adolescents during the time of treatment.

From the total sampling of 452 subjects, 14 women ranging in age from 18 years to 21 years, reported a presence of psychiatric treatment received by the mother. These 14 subjects were then compared with 14 subjects who had reported no psychiatric treatment received by the mother. Comparison was based on the items reported on the information sheet developed by this investigator. The ages and ordinal positions of the independent samples are presented in Table I. Sixteen of the 28

TABLE I
AGE AND ORDINAL POSITION OF INDEPENDENT SAMPLES
(N = 28)

Age	GROUP A*					GROUP B**					Total
	Only Child	Oldest of 2+	Youngest of 2+	Middle of 3+	One of 2+ Not Mentioned	Only Child	Oldest of 2+	Youngest of 2+	Middle of 3+	One of 2+ Not Mentioned	
18	0	2	1	0	0	0	1	2	0	0	6
19	0	4	2	1	0	0	5	1	1	0	14
20	0	0	1	0	2	0	0	1	0	2	6
21	0	1	0	0	0	0	1	0	0	0	2
TOTAL	0	7	4	1	2	0	7	4	1	2	

*GROUP A: Maternal mental illness reported

**GROUP B: No maternal mental illness reported

subjects came from intact families, six reported divorce, five reported death of one parent, and one reported parental separation.

Data Collection

Permission to obtain data during the fall semester, 1971, and the spring semester, 1972, was secured from the instructors of Child and Family Development, an introductory Family Relations and Child Development course. Appropriate dates for testing were identified by each instructor. All tests were administered in the classroom during the regularly scheduled class period by the investigator. Subjects were informed that they had been selected to participate in a study on parent-child relations. The investigator felt that the specific nature of the study should not be disclosed at the time of testing so that the investigation would be as non-threatening as possible. To insure confidence on the part of the subjects, all forms were completed anonymously. Specific instructions were given for use of the OMR Test Cards to avoid confusion on the part of the subjects.

CHAPTER IV

ANALYSIS OF DATA

The purpose of this investigation was to compare the personal and social adjustment of daughters whose mothers had received psychiatric treatment and those daughters whose mothers have not. To achieve this purpose, the Mann-Whitney U Test was employed to determine significant differences between independent samples on each of the major categories (Total Adjustment, Personal Adjustment, and Social Adjustment) and the components of these categories (Appendix B) included in the California Test of Personality. In addition, the Fisher Exact Probability Test was employed to determine significant differences in responses to each of the 180 items on the California Test of Personality.

Findings

Hypothesis I. There is no significant difference in either the total adjustment, the personal adjustment, or the social adjustment of daughters of mothers who have received psychiatric treatment and daughters of mothers who have not received psychiatric treatment as measured by the California Test of Personality. A comparison of the personal adjustment, social adjustment, and total adjustment scores of those daughters whose mothers had received psychiatric treatment and those who had not, showed no significant differences (Table II).

TABLE II

MANN-WHITNEY U ANALYSIS REFLECTING DIFFERENCES IN PERSONAL, SOCIAL, AND TOTAL ADJUSTMENT SCORES OF DAUGHTERS OF MOTHERS WHO HAVE AND WHO HAVE NOT RECEIVED PSYCHIATRIC CARE

Variables	U	Level of Significance
Personal Adjustment	86	n.s.
Self-Reliance	77.5	n.s.
Sense of Personal Worth	93	n.s.
Sense of Personal Freedom	82	n.s.
Feeling of Belonging	92	n.s.
Withdrawing Tendencies	90	n.s.
Nervous Symptoms	81.5	n.s.
Social Adjustment	78.5	n.s.
Social Standards	86.5	n.s.
Social Skills	85.5	n.s.
Anti-Social Tendencies	96.5	n.s.
Family Relations	59	n.s.
Occupation Relations	87.5	n.s.
Community Relations	66	n.s.
Total Adjustment	81.5	n.s.

Hypothesis II. There is no significant difference with respect to Self-Reliance, Sense of Personal Worth, Sense of Personal Freedom, Feeling of Belonging, Withdrawing Tendencies, Nervous Symptoms, Social Standards, Social Skills, Anti-Social Tendencies, Family Relations, Occupation Relations, and Community Relations, among daughters of mothers who have received psychiatric treatment and daughters of mothers who have not received psychiatric treatment. A comparison of the scores on each of the twelve components of those daughters whose mothers had

received psychiatric treatment and those who had not, showed no significant differences.

The Fisher Exact Probability Test was employed to determine significant differences in responses to the 180 items on the California Test of Personality. From these 180 items, only two were found to reveal significant differences. These items were found under the components Social Skills and Community Relations. Based upon the evidence obtained utilizing the California Test of Personality, it is concluded that no significant differences in the personal, the social, or the total adjustment patterns between groups of daughters whose mothers had received psychiatric treatment and daughters whose mothers had not received psychiatric treatment.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The overall purpose of this study was to compare the personal and social adjustment of those daughters whose mothers had received psychiatric treatment with those whose did not. To achieve this purpose, a questionnaire was administered to 452 college students. Included in the questionnaire was an information sheet (Appendix A) which was developed to identify selected personal and family experiences of the subjects.

In addition to completing the information sheet, all subjects were asked to respond to Form AA, Adult level of the California Test of Personality (Appendix B). To facilitate analysis of the data, answers to the 180 item test were recorded on OMR Test Cards available at Oklahoma State University.

The subjects for this study were undergraduate students enrolled in Child and Family Development, an introductory Family Relations and Child Development course at Oklahoma State University, Stillwater, Oklahoma. From a total sampling of 452 students, 14 women reported a history of psychiatric treatment received by the mother. These subjects were compared with subjects reporting no history of psychiatric treatment received by the mother. Comparison was based on the responses to the information sheet.

The data were analyzed by means of the Mann-Whitney U Test and the

Fisher Exact Probability Test. The findings of this investigation indicated no significant differences between the two groups compared. It is recommended that a similar study using a larger and more representative sample should be conducted if generalizations are to be made. Such a study should include a sampling of many age groups instead of focusing solely on youth.

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APPENDIX A

INFORMATION SHEET

INFORMATION SHEET ON INDIVIDUAL AND FAMILY

BACKGROUND EXPERIENCES

1. _____ What is your present age?
2. _____ What is the approximate population of your home town?
 - A. 1,000 - 5,000
 - B. 5,000 - 10,000
 - C. 10,000 - 50,000
 - D. 50,000 - 100,000
 - E. Over 100,000
3. _____ Which most accurately describes your parent's marital status?
 - A. Living together
 - B. Divorced
 - C. Separated (including military separation)
 - D. Death of one parent
 - E. Death of two parents
4. _____ Which parent(s) live in your home?
 - A. Both mother and father
 - B. Mother only
 - C. Father only
 - D. One parent and one step-parent
 - E. Neither parent
5. _____ What is your ordinal position in your family?
 - A. Only child
 - B. Oldest of two or more children
 - C. Youngest of two or more children
 - D. Middle of three or more children
 - E. One of several children but not in any of above positions.
6. _____ Has any close relative of yours ever been under psychiatric treatment?
 - A. Yes
 - B. No

7. _____ If the answer to number 6 is "yes," what was their relation to you? If "no," mark E.
- A. Mother
 - B. Father
 - C. Sibling
 - D. Grandparent
 - E. Other
8. _____ To the best of your knowledge, during which years of your life was this person receiving treatment? (Mark more than one answer if appropriate; leave blank if not appropriate.)
- A. Before my birth
 - B. Early or Middle childhood (0-12 years)
 - C. Adolescence (13-18 years)
 - D. Adult (Over 18 years)
 - E. During my entire lifetime
9. _____ Has either parent ever been seriously ill or injured?
- A. Yes
 - B. No
10. _____ Have you ever been separated from your parent(s) because of any of the following reasons? If "no," leave blank.
- A. Yes, military separation from father
 - B. Yes, hospitalization of mother
 - C. Yes, hospitalization of father
 - D. Yes, mental hospitalization of mother
 - E. Yes, mental hospitalization of father
11. _____ What is your family's approximate income level per year?
- A. Under \$10,000
 - B. \$10,000 - \$20,000
 - C. \$20,000 - \$30,000
 - D. \$30,000 - \$40,000
 - E. Over \$40,000
12. _____ Is your mother employed at the present time?
- A. Yes
 - B. No
13. _____ Which statement best describes your father's employment?
- A. Professional Worker (teacher, doctor, lawyer, etc.)
 - B. Self-employed Businessman
 - C. Employed by company, corporation
 - D. Wage Earner
 - E. Unemployed or Retired

14. _____ What is your residential status?

- A. Stillwater resident
- B. Oklahoma resident other than Stillwater
- C. Out-of-state resident
- D. Foreign resident

APPENDIX B

DEFINITIONS OF COMPONENTS

DEFINITIONS OF THE COMPONENTS¹

The following components are not names for so-called general traits. They are, rather, names for groupings of more or less specific tendencies to feel, think, and act.

Personal Adjustment

1A. SELF-RELIANCE--An individual may be said to be self-reliant when his overt actions indicate that he can do things independently of others, depend upon himself in various situations, and direct his own activities. The self-reliant person is also characteristically stable emotionally, and responsible in his behavior.

1B. SENSE OF PERSONAL WORTH--An individual possesses a sense of being worthy when he feels he is well regarded by others, when he feels that others have faith in his future success, and when he believes that he has average or better than average ability. To feel worthy means to feel capable and reasonably attractive.

1C. SENSE OF PERSONAL FREEDOM--An individual enjoys a sense of freedom when he is permitted to have a reasonable share in the determination of his conduct and in setting the general policies that shall govern his life. Desirable freedom includes permission to choose one's own friends and to have at least a little spending money.

1D. FEELING OF BELONGING--An individual feels that he belongs when he enjoys the love of his family, the well-wishes of good friends, and a cordial relationship with people in general. Such a person will, as a rule, get along well with his teachers or employers and usually feels proud of his school or place of business.

1E. WITHDRAWING TENDENCIES--The individual who is said to withdraw is the one who substitutes the joys of a fantasy world for actual successes in real life. Such a person is characteristically sensitive, lonely, and given to self-concern. Normal adjustment is characterized by reasonable freedom from these tendencies.

¹Louis P. Thorpe, Willis W. Clark, and Ernest W. Tiegs, Manual: California Test of Personality (Los Angeles: California Test Bureau), pp. 3-4.

1F. NERVOUS SYMPTOMS--The individual who is classified as having nervous symptoms is the one who suffers from one or more of a variety of physical symptoms such as loss of appetite, frequent eye strain, inability to sleep, or a tendency to be chronically tired. People of this kind may be exhibiting physical expressions of emotional conflicts.

Social Adjustment

2A. SOCIAL STANDARDS--The individual who recognizes desirable social standards is the one who has come to understand the rights of others and who appreciated the necessity of subordinating certain desires to the needs of the group. Such an individual understands what is regarded as being right or wrong.

2B. SOCIAL SKILLS--An individual may be said to be socially skillful or effective when he shows a liking for people, when he inconveniences himself to be of assistance to them, and when he is diplomatic in his dealings with both friends and strangers. The socially skillful person subordinates his or her egoistic tendencies in favor of interest in the problem and activities of his associates.

2C. ANTI-SOCIAL TENDENCIES--An individual would normally be regarded as anti-social when he is given to bullying, frequent quarreling, disobedience, and destructiveness to property. The anti-social person is the one who endeavors to get his satisfactions in ways that are damaging and unfair to others. Normal adjustment is characterized by reasonable freedom from these tendencies.

2D. FAMILY RELATIONS--The individual who exhibits desirable family relationships is the one who feels that he is loved and well-treated at home, and who has a sense of security and self-respect in connection with the various members of his family. Superior family relations also include parental control that is neither too strict nor too lenient.

2E. OCCUPATION RELATIONS--An individual has desirable vocational relations or adjustment when he is happy in his job because he is assigned to work which fits his capacities and interests; also, when he has developed interest, sense of worth, and efficiency in a job previously deemed uncongenial. He feels that his contribution is important and essential.

2F. COMMUNITY RELATIONS--The individual who may be said to be making good adjustments in his community is the one who mingles happily with his neighbors, who takes pride in community improvements, and who is tolerant in dealing with both strangers and foreigners. Satisfactory community relations include, as well, the disposition to be respectful of laws and of regulations pertaining to the general welfare.

VITA

Barbara Gray

Candidate for the Degree of

Master of Science

Thesis: THE RELATIONSHIP BETWEEN MATERNAL MENTAL ILLNESS AND THE COLLEGE-AGE DAUGHTERS' PERSONAL-SOCIAL ADJUSTMENT

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Topeka, Kansas, July 14, 1949, the daughter of Dr. and Mrs. David E. Gray.

Education: Graduated from Topeka West High School, Topeka, Kansas, in May, 1967; received Bachelor of Science degree in Home Economics from Kansas State University, Manhattan, Kansas, in May, 1971; completed requirements for the Master of Science degree in July, 1972.

Professional Experience: Graduate Teaching Assistantship, Oklahoma State University, 1971-1972.