

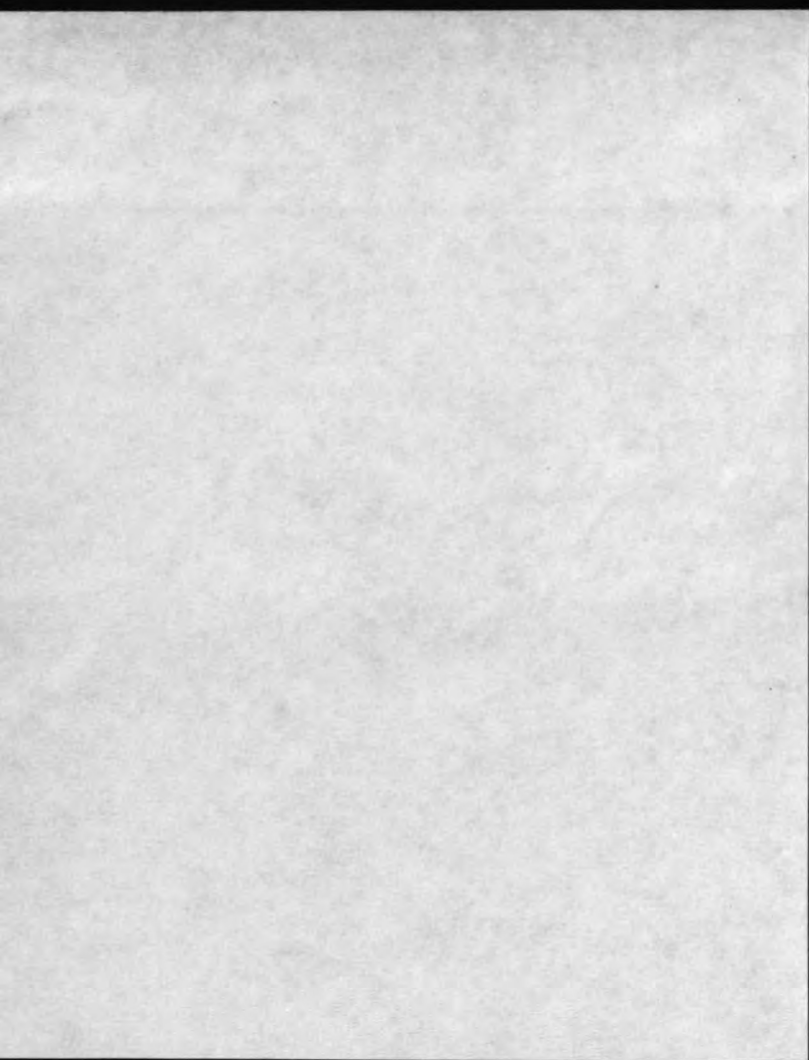
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A COMPARATIVE STUDY OF ATTITUDES  
OF PARENTS OF CHILDREN DIAGNOSED  
AS PSYCHOTIC AND CHILDREN DIAG-  
NOSED AS CHARACTER DISORDER IN A  
CHILD GUIDANCE CLINIC

Donald Lee Munn



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OF  
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AND CHILDREN DIAGNOSED AS CHARACTER DISORDER  
IN A CHILD GUIDANCE CLINIC

by  
Donald Lee Munn

A PROJECT REPORT

Submitted to the School of Social Work,  
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Fulfillment of the Requirements  
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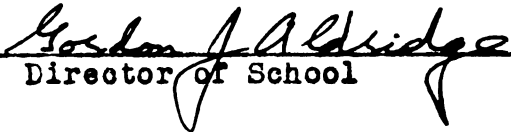
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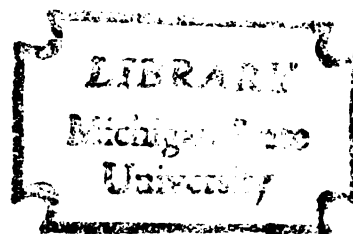
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Director of School

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## TABLE OF CONTENTS

|                                                   | Page |
|---------------------------------------------------|------|
| ACKNOWLEDGMENTS . . . . .                         | ii   |
| LIST OF TABLES . . . . .                          | iv   |
| Chapter                                           |      |
| I.    INTRODUCTION . . . . .                      | 1    |
| II.   REVIEW OF THE LITERATURE . . . . .          | 5    |
| III.  METHODOLOGY . . . . .                       | 25   |
| IV.   PRESENTATION AND ANALYSIS OF DATA . . . . . | 37   |
| V.   CONCLUSIONS AND RECOMMENDATIONS . . . . .    | 86   |
| APPENDIX . . . . .                                | 91   |
| BIBLIOGRAPHY . . . . .                            | 96   |

## LIST OF TABLES

| Table                                                                        | Page |
|------------------------------------------------------------------------------|------|
| 1. Age of Children at Time of Referral . . . . .                             | 38   |
| 2. Sex of Children . . . . .                                                 | 40   |
| 3. Race of Children . . . . .                                                | 40   |
| 4. Number of Children in Family . . . . .                                    | 42   |
| 5. Number of Girls in the Families at Time of<br>Referral of Child . . . . . | 43   |
| 6. Number of Boys in the Families at Time of<br>Referral of Child . . . . .  | 43   |
| 7. History of Illegitimate Children in Family . .                            | 44   |
| 8. Nationality Background of Child . . . . .                                 | 45   |
| 9. Sources of Referral . . . . .                                             | 46   |
| 10. Nature of Referral . . . . .                                             | 47   |
| 11. Reasons for Referral of Child . . . . .                                  | 48   |
| 12. Age of Mothers at Time of Referral of Child . .                          | 50   |
| 13. Age of Fathers at Time of Referral of Child . .                          | 50   |
| 14. Occupation of Mothers at Time of Referral<br>of Child . . . . .          | 52   |
| 15. Occupation of Fathers at Time of Referral<br>of Child . . . . .          | 53   |
| 16. Religion of Family at Time of Referral of<br>Child . . . . .             | 53   |
| 17. Educational Level of Mothers at Time of<br>Referral of Child . . . . .   | 55   |
| 18. Educational Level of Fathers at Time of<br>Referral of Child . . . . .   | 56   |

| Table                                                                                       | Page |
|---------------------------------------------------------------------------------------------|------|
| 19. Parents Child Living With at Time of Referral . . . . .                                 | 58   |
| 20. Mothers Acceptance of Role as Parent . . . . .                                          | 60   |
| 21. Fathers Acceptance of Role as Parent . . . . .                                          | 61   |
| 22. Marital Status of Natural and Adoptive Parents . . . . .                                | 62   |
| 23. Number of Years Natural and Adoptive Parents Married . . . . .                          | 63   |
| 24. Number of Marriages of Mothers . . . . .                                                | 64   |
| 25. Number of Marriages of Fathers . . . . .                                                | 64   |
| 26. Number of Separations in Marriage in Question . . . . .                                 | 66   |
| 27. Number of Desertions in Marriage in Question. .                                         | 66   |
| 28. Marital Adjustment of Mothers . . . . .                                                 | 69   |
| 29. Marital Adjustment of Fathers . . . . .                                                 | 69   |
| 30. Mothers Acceptance of Respective Role in Marriage . . . . .                             | 71   |
| 31. Fathers Acceptance of Respective Role in Marriage . . . . .                             | 72   |
| 32. Personal Adjustment of the Mothers . . . . .                                            | 74   |
| 33. Personal Adjustment of the Fathers . . . . .                                            | 74   |
| 34. Tendency of Mothers to Exhibit Behavior Similar to that of the Child Referred . . . . . | 76   |
| 35. Tendency of Fathers to Exhibit Behavior Similar to that of the Child Referred . . . . . | 76   |
| 36. Predominant Attitude of Mothers Toward Child Referred . . . . .                         | 78   |
| 37. Predominant Attitude of Fathers Toward Child Referred . . . . .                         | 79   |
| 38. Mothers Position on the Control vs. Autonomy Scale . . . . .                            | 81   |

| Table |                                                                             | Page |
|-------|-----------------------------------------------------------------------------|------|
| 39.   | Fathers Position on the Control vs. Autonomy<br>Scale . . . . .             | 81   |
| 40.   | Mothers Position on the Hostility vs. Love<br>Scale . . . . .               | 82   |
| 41.   | Fathers Position on the Hostility vs. Love<br>Scale . . . . .               | 82   |
| 42.   | Comparison of Predominant Attitudes of Both<br>Parents . . . . .            | 83   |
| 43.   | Mothers Consistency or Inconsistency in Pre-<br>dominant Attitude . . . . . | 84   |
| 44.   | Fathers Consistency or Inconsistency in Pre-<br>dominant Attitude . . . . . | 84   |

## CHAPTER I

### INTRODUCTION

The general public hears and reads a great deal about mental illness and also about crime and delinquency. Most of it borders on the spectacular or sensational. There are also numerous articles that appear in the non-professional magazines which deal with growth and behavior of children. On a professional level much has been published concerning theories of behavior and etiology of disturbance. Increasingly more time and energy is being directed to the attempt to look at some of these problems through systematic research.

Research in the etiology of mental illness and emotional disturbance of children have distinguished, broadly, between the types of psychopathologies involved in the disorders of psychosis and character disorder. There is considerable disagreement and confusion concerning the respective etiology of these conditions. Many theories have been advanced and considerable research has been and is being done in these two areas separately, but there has been little attempt to compare the two.

Both types of disorders are believed to result from early damaging parent-child relationships, in which parental attitudes are an important factor. It is not clear, however,

what types of parental attitudes contribute toward the development of psychoses in the children, and which types contribute rather toward the development of character disorders. That was the problem toward which this study was addressed.

This study was undertaken during the writer's student placement at the Jackson Child Guidance Clinic, where it was concluded that an exploratory study would be beneficial in understanding and working with the child, the families, and the problems they present. It is not a specific agency problem, but rather a problem within the broader area of child development and emotional disturbances.

The Jackson Child Guidance Clinic, located at Jackson, Michigan, serves the two county areas of Jackson and Hillsdale Counties. It has been in operation as an independent clinic since November of 1956 and prior to that time had been operated as a branch of the Lansing Child Guidance Clinic for approximately two years. Its current staff consists of a Psychologist as Director, a Staff Psychologist, a Psychiatric Social Worker, a Staff Psychiatrist, and two full time secretaries. Financially it is operated by state and county funds and some individual gifts. Its function is to serve the clientele from this two-county area concerning evaluation and/or treatment of emotionally disturbed children, ages zero to nineteen, or until out of high school. Referrals come from doctors, schools, health and welfare agencies, and parents. Many are referred by the parents at the suggestion of some one person or agency.

The Clinic may be active in any number of ways with referrals. These include evaluation and referral of children to other agencies or at the conclusion of the evaluative process, the child and family may be accepted for direct clinical services. The Clinic also has a role in educating and interpreting to the community at large some of the present knowledge concerning emotional illness and mental health.

The underlying assumption of this study is that there are basic differences in the attitudes of the parents of the children exhibiting these respective disturbances and that these differences in attitudes are contributing factors, in some measure, to the child's ultimate pathology and adjustment to life.

As an outgrowth of these observations two major hypotheses are formulated: (1) Parents of Psychotic children are characterized by attitudes defined as non-relating; and (2) Parents of Character Disorder Children are characterized by attitudes defined as withholding and punitive.

The terms used in the hypothesis are defined as follows:

**Psychosis:**

A severe emotional illness in which there is a departure from normal patterns of thinking, feeling and acting. Commonly characterized by loss of contact with reality, distortion of perception, regressive behavior and attitudes, diminished control of elementary impulses and desires, abnormal mental content including delusions and hallucinations. Chronic and generalized personality deterioration may occur.<sup>1</sup>

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<sup>1</sup>Committee on Public Information American Psychiatric Association, A Psychiatric Glossary (Washington: American Psychiatric Association, 1957), 55.



Non-relating, defined for the purposes of this study, is a lack of emotional flow between the parents and child within the parent-child relationships, or the inability of the parents to allow and foster the expression of feelings which the child may be experiencing.

Character disorder:

Unhealthy patterns of behavior and emotional response which are to varying degrees socially unacceptable or disapproved, accompanied by minimal outward evidence of anxiety or symptoms as ordinarily seen in the neuroses. The symptoms are ego-syntonic.<sup>2</sup>

Withholding and punitive: these terms are considered together for the purpose of this study. This indicates an absence of adequate positive feelings between parent and child. Expected manifestations of such relationships between a parent and child are marked hostility and rejection, with varying amounts of over control.

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<sup>2</sup>Committee on Public Information American Psychiatric Association, A Psychiatric Glossary (Washington: American Psychiatric Association, 1957), 21.

## CHAPTER II

### REVIEW OF THE LITERATURE

It should first be stated that there is no one universally accepted consistent theory concerning the etiology of the disorder of Psychosis or Character Disorder. Due to the fact that there are so many unanswered questions concerning them, there are many theories and observations which appear in the literature. The result is that there is much repetition, overlapping, and confusion in semantics and professional jargon. The writer will attempt, not to cover this in great detail, but to summarize the predominant thinking as it relates to this study.

It is pointed out by Richard O. Bell that there is a great need for research to deal with the relation between parental attitudes and what parents actually do with the child.<sup>3</sup> The literature deals with attitudes of parents as expressed through the behavior of the parent in the parent-child relationship.

The published studies relating to the present study are for the most part not comparative in nature. They deal with the two disorders of Psychosis and Character Disorder

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<sup>3</sup>Richard O. Bell, "Retrospective Attitude Studies of Parent-Child Relations," Child Development (1958), XXIX, p. 325.

separately. In a few studies a comparative study has been done between one or the other of the disorders of Psychosis or Character Disorder and other diagnostic scatologies. In general, published comparative studies dealing with parent-child relationships or attitudes of parents as they relate to the psychiatric disorder of the child are very few in number.

The research and literature dealing with the etiological factors of these two disorders seems to fall basically into four categories which are: (1) biological or hereditary; (2) physiological or organic; (3) sociological or cultural; and (4) psychogenic or psychodynamic. Since the study deals with psychogenic factors in the two disorders of Psychosis and Character Disorder it is the literature in this area that is of primary importance to the study.

A study that does include both the disorder of Psychosis and Character Disorder was done with a group of adults by J. E. Oltman<sup>4</sup> and co-workers. The investigation centered around the parental deprivation in various psychiatric disorders and a group of normals. Parental deprivation and broken homes were found to be very similar among schizophrenics and the normal control, but it was thought significant that there was a higher incidence of parental deprivation in psychoneurotics and psychopathic personalities than in schizophrenics.

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<sup>4</sup>J. E. Oltman, J. J. McGarry and S. Friedman, "Parental Deprivation and the 'Broken Home' in Dementia Praecox and Other Mental Disorders," American Journal of Psychiatry (1952), CVIII, pp. 685-694.

D. L. Gerard and J. Siegel<sup>5</sup> in a study of seventy-one adult male schizophrenics maintained that their results supported the hypothesis that the disease is an outgrowth of the pattern of family relationships and attitudes to which the patients had been exposed. The parents were characterized by marked maternal over-protectiveness and actual absence or relative inadequacy of the father.

Trude Tietze<sup>6</sup> studied the mothers of twenty-five schizophrenics and found each to be over-anxious, obsessive, domineering, and restrictive with the result being that the child was deprived of usual outlets for aggressive impulses.

Theodore Lidz<sup>7</sup> and co-workers have done considerable work dealing particularly with the father within the family of the schizophrenic. They stress the important role that the father plays within a family situation and feel that within the families of the schizophrenics they have studied, the fathers have been domineering, rejecting or indifferent and detached.

Vanya Cuffee<sup>8</sup> in comparing a group of adolescents

<sup>5</sup>D. L. Gerard and J. Siegel, "The Family Background of Schizophrenia," Psychiatric Quarterly (1950), XXIV, pp. 47-73.

<sup>6</sup>Trude Tietze, "A Study of Mothers of Schizophrenic Patients," Psychiatry (1959), XII, pp. 55-65.

<sup>7</sup>Theodore Lidz, Alice R. Cornelison, Stephen Fleck, and Dorothy Terry, "The Fathers in the Intrafamilial Environment of the Schizophrenic Patient," Advances in Psychiatry, ed. Mabel Blake Cohen (New York: W. W. Norton & Co., 1959), pp. 180-206.

<sup>8</sup>Vanya Cuffee, "Maternal Over-Protection and Rejection of Adolescent Schizophrenics," Smith College Studies in Social Work (October, 1957--June, 1958), XXVIII, pp. 93-94.

diagnosed as schizophrenics and a second group of non-schizophrenic but emotionally disturbed adolescents found that maternal over-protection and/or rejection was present in both groups, "but it appears more intensely in the mother-child interpersonal relationships of the schizophrenic adolescents."

Jeanne Block<sup>9</sup> and co-workers studied parents of schizophrenic and neurotic children. They found that some of the mothers did seem to fall into subtypes. The neurotogenic mother appeared to be highly tentative, pervaded by guilt and worry, and in constant need of reassurance. She was in closer communication with her emotional life and did not markedly hide her feelings, but because of her submissiveness, uncertainty, and emphasis on relatedness, she seeks for herself parent figures and the role of a protected child. In contrast, the "schizophrenogenic mother" is characteristically egocentric. Other people including the child seem to exist only to serve her own ends and are consequently manipulated and exploited or ignored. She presents the various interpersonal attitudes of distrust, hostility, emotional non-participation and deviousness. These are understood as "props" for her facade of adequacy. The fathers of the neurotic group appeared to be more conciliatory and to have fewer conflicts about receiving from others. The "schizophrenogenic fathers" expressed their hostilities more directly and in general appeared to be more assertive.

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<sup>9</sup>Jeanne Block, Virginia Patterson, Jack Block, and Don C. Jackson, "A Study of the Parents of Schizophrenic and Neurotic Children," Psychiatry (1958), XXI, pp. 387-397.



Beata Rank<sup>10</sup> and her co-workers studying a group of psychotic children whom they designated as children with a typical development, have been impressed with the hereditary and constitutional role in the etiology of this condition, but have also emphasized the psychodynamic factors inherent in the early parent-child relationship. They have emphasized the emotional climate in which the child's early object relationships have developed and in which his individuation has taken place. Three important etiological factors were classified: (1) a profound disturbance in the early mother-child relationship; (2) a profound disturbance in the early father-child relationship; and (3) traumatic events experienced by the child. In particular, she has characterized the mothers as being of two groups: (1) the majority of whom were either psychotic and had to be hospitalized repeatedly, or (2) were immature, narcissistic individuals who, although well-adjusted and even quite successful and prominent intellectually and socially, were constantly struggling to maintain the image of a fine woman, wife, and mother. Most important in the character and personalities of these mothers was the absence or paucity of the important element of genuineness in their maternal feelings, depriving them of spontaneity and tenderness. The traumatic events she feels center around physical illness,

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<sup>10</sup>Beata Rank, "Intensive Study and Treatment of Preschool Children Who Show Marked Personality Deviations, or 'Atypical Development' and Their Parents," Emotional Problems of Early Childhood, ed. Gerald Caplan (New York: Basic Books Inc., 1955), pp. 491-501.

separation from or loss of the parents and the birth of siblings. They feel that the father plays an important role in the development of the disorder and describe him as essentially a passive person. The view taken regarding the essential passivity of these fathers, their ineffectual roles, and impoverished emotional contributions is that they have both deprived their children of healthy emotional resources and failed to protect them from the negative destructive influences of their mothers.

Leon Eisenberg<sup>11</sup> reported on a study of "The Fathers of Autistic Children." One hundred cases were used and eighty-five of the fathers exhibited a tendency to be obsessive, detached and humorless. At home as well as elsewhere they exhibited a lack of feeling for others. The remaining fifteen fathers were described as warm, giving and devoted.

Leo Kanner<sup>12,13</sup> has emphasized a characteristic type of family constellation in relation to the syndrome of Early Infantile Autism and feels it to be a unique part of the syndrome and a basic cause for the development of the autistic child. He has described the parents of these children

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<sup>11</sup>Leon Eisenberg, "The Fathers of Autistic Children," American Journal of Orthopsychiatry (1957), XXVII, pp. 715-724.

<sup>12</sup>Leo Kanner, "Early Infantile Autism," American Journal of Orthopsychiatry (1949), XIX, pp. 416-426.

<sup>13</sup>Leo Kanner, Child Psychiatry (3rd edition, Charles C. Thomas, 1957), pp. 739-741.



as characteristically cold and obsessional, sophisticated and intelligent, and as adjusted to life and to their relationships in the most impersonal and mechanical manner. They are dignified, formal and emotionally undemonstrative. Lacking genuine warmth, they feel repugnance even for physical contact with their children who are reared in an emotionally refrigerated atmosphere. Many of the fathers hardly even know their children. He feels that the psychotic state in these children, one of extreme withdrawal, seemed to represent a turning away from the intolerable, frustrating, ungiving relationship with parents who could not adequately meet their emotional needs.

Rudolf Ekstein<sup>14</sup> and co-authors express some of their views concerning the psychogenic origin of this disorder. They feel that the parents of the schizophrenic fall into three categories, while the dominant parental relationship has been characterized as one in which one parent has been dominant and the other submissive and inadequate. They describe the mother as being overtly or covertly rejecting. The overtly rejecting mother is seen as being domineering, aggressive, cold and critical of her child, while the covertly rejecting mother dominates in the form of over-protectiveness in which "smother love" rather than mother love characterizes her relationship with the child. The writers felt

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<sup>14</sup>Rudolf Ekstein, Keith Bryant and Seymore W. Friedman, "Childhood Schizophrenia and Allied Conditions," Schizophrenia, ed. Leopold Bellak (New York: Logos Press, 1958), p. 577.

this subtle form of domination to be more destructive than the overt type of rejection and domination because it is fraught with a more malignant type of ambivalence toward the child and prevents the child from expressing hostility and genuine emotionality. The third category was the schizophrenogenic fathers whom they describe as often being domineering, tyrannical in nature, with extreme sadistic attitudes toward their children which tend to conceal their basic weakness, and actual ineffectual, unsuccessful modes of adaptation to life. It is pointed out that this is, of course, the reverse of the situation in which the mother is dominant and the father passive, unprotective of the child and ineffectual. They state that inherent in the pathologic relationship that these parents have with their children is their inability to give genuine love, but rather they offer a pseudo-love.

A psychoanalytic point of view regarding this disease has been presented by P. Bergman and S. Escalona.<sup>15</sup>

The role of basic biological considerations in the development of the early infantile personality structure leading to future psychosis, but one based on psychoanalytic principles, has been set forth by Bergman and Escalona. In observing unusual sensitivities in very young children who later became psychotic, these authors postulated the thesis that such unusual sensitivities could be regarded as being unrelated to the quality of the ego itself, but were related to something more primitive and constitutional in the child's make-up. Bergman and Escalona attempted to conceptualize the relationship between these unusual early sensitivities to sensory stimulation concomitant with an excessive vulnerability to emotional hurt, and the occurrence of psychosis, on the basis of Freud's theory re-

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<sup>15</sup>Ibid., (1959), p. 567.



garding the organism's protective barrier against overwhelming and dangerous amounts and kinds of external stimuli. They further hypothesized that the infant who is not sufficiently protected from outer stimuli because of an abnormally thin protective barrier, or because of the failure of maternal protection, may react to such a situation with premature ego formation. When this primitive, premature ego breaks down, probably as the consequence of a trauma, psychotic manifestations appear.

H. Hartmann and Anna Freud further support this point of view. Anna Freud feels that failure in the early object relationships due to maternal rejection should be a sufficiently powerful agent to suppress the innate possibilities of the ego to develop its normal functions.<sup>16</sup>

The newer developments in ego psychology have provided impetus for the heightened psychoanalytic interest in the theory of schizophrenia.<sup>17</sup>

M. S. Mahler<sup>18</sup> stresses that symbiotic children should be thought of as being constitutionally vulnerable and predisposed toward the development of a psychosis. It is the existence of this constitutional ego defect in the child which participates in the reaction of the vicious circle of the pathogenic mother-child relationship by stimulating the mother to react to the child in ways that are deleterious to his attempts to separate and to individuate.

<sup>16</sup>Ibid., (1958), pp. 582-583.

<sup>17</sup>Ibid.

<sup>18</sup>M. S. Mahler and B. J. L. Gosliner, "On Symbiotic Child Psychosis: Genetic, Dynamic and Restitutive Aspects," Psychoanalytic Study of the Child (New York: International University Press, 1955), X, pp. 195-215.

Peck, Rabinovitch and Cramer confirm Bender's viewpoint that there is no uniform pattern of family dynamics and no typical group of pathological attitudes of mothers to account for the child's illness on a psychogenic basis.<sup>19</sup>

Silvano Arieti stresses the important part that anxiety producing factors play in the disease. This could be caused by any number of things, but primarily arising out of the interpersonal relationships of the child.<sup>20</sup>

Considerable work being done at the National Institute of Mental Health deals with psychosis as a family problem in which there is confusion regarding individual roles within the family and subsequent breakdown in family relations. They feel there is a breakdown of the whole family even though it may give the outward appearance of being an integrated unit.<sup>21,22,23</sup>

<sup>19</sup>Ekstein, Bryant and Friedman, op. cit., p. 579.

<sup>20</sup>Silvano Arieti, "Schizophrenia: The Manifest Symptomatology, the Psychodynamic and Formal Mechanisms," American Handbook of Psychiatry, ed. Silvano Arieti (New York: Basic Books Inc., 1959), I, pp. 468-472.

<sup>21</sup>Irving Ryckoff, M.D., Juliana Day, M.D., Lyman C. Wynne, M.D., Ph.D., "Maintenance of Stereotyped Roles in the Families of Schizophrenics," Reprint from the A.M.A. Archives of Psychiatry (July, 1959), I, pp. 93-98.

<sup>22</sup>Lyman C. Wynne, Irving M. Ryckoff, Juliana Day and Stanley I. Hirsh, "Pseudo-Mutuality in the Family Relations of Schizophrenics," Reprint from Psychiatry (1958), XXI, pp. 205-220.

<sup>23</sup>Leslie Schaffer, M.D., Lyman C. Wynne, M.D., Juliana Day, M.D., Alexander Halperin, M.D., "On the Nature and Sources of the Psychiatrist's Experience with the Family of the Schizophrenic," Unpublished Paper (Adult Psychiatric Branch, National Institute of Mental Health, U.S. Department of Health, Education and Welfare, Bethesda 14, Maryland), pp. 2-39.



The multiple causation theory is being emphasized by Bellak, Fabian, Holden and Ackerman.<sup>24</sup>

It should be pointed out before the literature is reviewed concerned with the area of Character Disorders that there is a great deal of confusion in terminology. There is much agreement that the term delinquency is a legal and not a psychiatric term. However, it was felt that some of the work that has been done concerning delinquency has pertinence and important information and, therefore, has been included.

In 1928 G. E. Partridge,<sup>25</sup> the first scientist to study the early environmental influence on psychopaths, studied twelve psychopathic delinquents. All the boys were described as hating their parents and all had been rejected as young children.

In 1933 Elizabeth Knight,<sup>26</sup> a social worker, compared the family backgrounds of nine extremely aggressive children with those of nine very submissive children. She found that the mothers of the aggressive boys rejected them and the mothers of the submissive boys were over-protective. An overly punitive atmosphere dominated the homes of the aggressive boys. On the other hand, she termed the homes of

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<sup>24</sup>Ekstein, Bryant and Friedman, op. cit., p. 564.

<sup>25</sup>William McCord, Joan McCord, Psychopathy and Delinquency (New York: Grune and Stratton, 1956), p. 59.

<sup>26</sup>Ibid.





the submissive children as being "harmonious."

William Healy's<sup>27</sup> clinical studies of individual delinquents and August Aichorn's application of psychoanalysis have contributed greatly to the understanding of this disorder.

They established the etiological importance of severe disruptions in the early lives of these children such as: separation of child from the parents, loss of affection for or confidence in the parents, prolonged absence or death of parents, repeated changes in foster homes, and institutional life which provides no opportunity for the development of personal attachments.

Minna Field<sup>28</sup> in a study of twenty-five aggressive children in 1940 found that twenty-three had been rejected by their parents. She felt that the crucial relationship was between the mother and child.

In 1942 B. L. Haller<sup>29</sup> studied a group of fifty-two psychopaths and found that a majority of them had been neglected or rejected as children.

Since 1942, Adelaide Johnson,<sup>30</sup> S. Szurek and their colleagues have published a series of papers in which they conclude the following: (1) the causes of the child's de-

<sup>27</sup>Eveoleen N. Rexford, "Antisocial Young Children and Their Families," Dynamic Psychopathology in Childhood, ed. Lucie Jessner and Eleanor Pavenstedt (New York: Grune and Stratton, 1959), p. 187.

<sup>28</sup>Minna Field, "Maternal Attitudes Found in twenty-five Cases of Children with Primary Behavior Disorder," American Journal of Orthopsychiatry (1940), X, pp. 293-311.

<sup>29</sup>McCord and McCord, op. cit., p. 60.

<sup>30</sup>Rexford, op. cit., p. 188.

linquent behavior can be deduced by a study of the family inter-relationships; (2) the parental neurotic difficulties are expressed in the child's delinquent behavior; and (3) the child frequently "acts out" the parent or parents' unconscious anti-social wishes and is aided and abetted in his activities by the parents.

Robert Linder<sup>31</sup> in his intensive study of eight psychopaths states that all had experienced brutal parental treatment.

Kate Friedlander<sup>32</sup> in 1947, after examining the records of "anti-social characters" found that severe emotional deprivation precipitated their behavior.

Dr. Friedlander<sup>33</sup> further emphasizes the importance of the early mother-child relationship, the nature of the oedipal conflicts and the formation of the super-ego and the group formation in his family.

John Bowlby<sup>34</sup> has in his rather extensive work stressed the role of physical separation from the mother during the first three years of life and has also emphasized the frequent history of severe emotional traumas in the early part of the life of the anti-social character.

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<sup>31</sup>McCord and McCord, op. cit., p. 61.

<sup>32</sup>Ibid.

<sup>33</sup>Rexford, loc. cit.

<sup>34</sup>Ibid.

Patricia L. Guffey<sup>35</sup> reported "A Comparative Study of Sociopathic and Passive-Aggressive Character Disorders," and stated that: "The disturbances evident in the parent-child relationships of both groups pervaded the subsequent relationships with siblings, marital partners and their children."

Numerous studies have been reported that have studied the relationship between rejection and aggression. Examples of such studies are those reported by: Julie Ann Colety,<sup>36</sup> W. W. Newell,<sup>37</sup> David Levy,<sup>38</sup> Percival Symonds,<sup>39</sup> Schaetel and Levi,<sup>40</sup> Harvard Laboratory of Human Development,<sup>41</sup> and William Goldfarb and Lawsen Lowrey.<sup>42</sup> Typical of such studies is the one reported by the Fels Research Institute.<sup>43</sup> In 1945 this Institute sponsored an extensive analysis of parent-

<sup>35</sup>Patricia L. Guffey, "A Comparative Study of Sociopathic and Passive-Aggressive Character Disorders," Smith College Studies in Social Work (October, 1957--June, 1958), XXVIII, pp. 83-84.

<sup>36</sup>Julie Anne Colety, "Family Characteristics of Sexually Delinquent Girls," Smith College Studies in Social Work (June, 1955), pp. 39-40.

<sup>37</sup>McCord and McCord, op. cit., pp. 62-63.

<sup>38</sup>Ibid., p. 63.

<sup>39</sup>Ibid.

<sup>40</sup>Ibid., p. 65.

<sup>41</sup>Ibid.

<sup>42</sup>Ibid.

<sup>43</sup>Ibid., p. 64.

child relations which covered a period of two and one half years in which they observed one-hundred and twenty-four families. They classified the parents as acceptant, casual and rejectant. All of the rejecting parents were hostile, unaffectionate and disapproving. They demonstrated a high correlation between parental treatment and child behavior. Children raised in the rejectant environment usually showed extreme hostility, a "highly emotional non-conformism," and a marked resistance to adults. Although the rejected child usually reacted with aggression, some of them adopted other adjustments such as over-dependence, withdrawal or precocious self-sufficiency. The severity of rejection seemed to make the difference and they felt that the actively repressed children responded with the most severe symptoms, the greatest emotionality and the least inner control.

Irving Kaufman<sup>44</sup> has done considerable study in this area at the Judge Baker Guidance Center. He describes three factors found repeatedly in pre-delinquent children: (1) the specific trauma of losing a parent figure; (2) fixations at pregenital levels of psychosexual development; and (3) specific types of ego and super-ego disturbances. He further points out that the loss of the parent may result from an actual physical separation or from a lack of or withdrawal of affection for the child. He further postulates that this traumatic loss of the parent is responsible for an

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<sup>44</sup>Irving Kaufman, "Three Basic Sources for Pre-delinquent Character," Nervous Child, (1955), XI, pp. 12-15.

unresolved depression which he believes is the core of the delinquent's pathology and which the delinquent attempts to handle by his acting out.

In discussing delinquency, Leo Kanner<sup>45</sup> feels that the parent-child relationship is important along with other factors. He feels that there are different degrees and types of parental attitudes which incite and invite major disobedience. He includes in this: (1) excessive restrictions; (2) excessive permissiveness; (3) inconsistency -- vacillating between restriction and permissiveness; and (4) parental dissensions -- mother and father wishing to do different things with regard to the child.

Various authors and studies have pointed out the emotional deprivation in the infantile period of the Character Disorder persons. Examples of such authors and studies are the following: Ralph D. Rabinovitch,<sup>46</sup> Hyman S. Lippman,<sup>47</sup> Ben Karpman,<sup>48</sup> and Lauretta Bender,<sup>49</sup> who is typical of such

<sup>45</sup>Leo Kanner, Child Psychiatry (3rd Ed., Charles C. Thomas, 1957), pp. 688-689.

<sup>46</sup>Ralph D. Rabinovitch, "Psychogenetic Factors," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association, Chaired and Edited by Benjamin Karpman, M.D. (Psychodynamic Monograph Series, 1959), p. 11.

<sup>47</sup>Hyman S. Lippman, "The Psychopathic Personality in Childhood," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association, Chaired and Edited by Benjamin Karpman, M.D. (Psychodynamic Monograph Series, 1959), p. 5.

<sup>48</sup>Ben Karpman, "The Psychopathic Delinquent Child," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association (Psychodynamic Monograph Series, 1959), p. 47.

<sup>49</sup>McCord and McCord, op. cit., pp. 61-62.



authors. In her clinical work with hundreds of child psychopaths she reported in 1947 that she found all had experienced emotional deprivation, neglect, or discontinuous affectional relationships. She believes that "early emotional starvation, particularly during the first three years, leads to psychopathy."

Hervey M. Cleckly<sup>50</sup> has recently stated that he has not regularly encountered any specific type of error in the parent-child relationship in the early history of his cases. He further acknowledges, however, the need for scientific research in this area.

Another approach to the understanding of psychopathy and delinquency is the attempt to see these disorders related to distortion in the family and community group structure. Examples of this approach are: Nathan Ackerman,<sup>51</sup> Harry M. Shulman,<sup>52</sup> Douglas A. Thom,<sup>53</sup> and typical of this approach is that of Sheldon and Eleanor Glueck.<sup>54</sup> They have done considerable research with delinquents and their families. They

<sup>50</sup>Hervey M. Cleckly, "Psychopathic States," American Handbook of Psychiatry, ed. Arieti (New York: Basic Books Inc., 1959), I, p. 584.

<sup>51</sup>Nathan W. Ackerman, The Psychodynamics of Family Life (New York: Basic Books, Inc., 1958), pp. 234-246.

<sup>52</sup>Harry M. Shulman, "The Family and Juvenile Delinquency," The Problem of Delinquency, ed. Sheldon Glueck (Boston: Houghton Mifflin Company, 1959), pp. 128-136.

<sup>53</sup>Rexford, op. cit., pp. 189-191.

<sup>54</sup>Sheldon and Eleanor Glueck, "Family Life and Delinquency," The Problem of Delinquency, ed. Sheldon Glueck (Boston: Houghton Mifflin Company, 1959), pp. 136-137.

report instability and broken homes to be greater in the delinquent group. The delinquents were much more the victims of the indifference or actual hostility of their fathers and mothers. The fathers of the delinquents were erratic in disciplining and resorted more frequently to physical punishment. The mothers were less erratic and more lax in discipline. However, fewer of both parents of the delinquents were consistent and kindly in their disciplinary practices.

A somewhat different approach was taken by Van Amerongen<sup>55</sup> and Schleifer who in 1956 explored the attitudes of parents toward instinctual gratification and control on the part of the child. They did a comparative study between a group of families with children diagnosed as anti-social and a group of families with children diagnosed as neurotic. The parents of the anti-social children were predominantly preoccupied with whether and how to control his actions. The mothers indicated their preference for drastic bodily reprisals, for which they showed minimal guilt and anxiety. The fathers belittled the severity of the child's acts and interpreted the anti-social behavior as proof of a desirable masculine self-assertion not to be curbed. The parents of the neurotic children acknowledge their need for help and the role that they as parents might be playing in the child's difficulties. The parents in the anti-social group were much more controlling in all situations and with all people. Their

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<sup>55</sup>Rexford, op. cit., pp. 203-211.



mode of control was predominantly negative and active, as they rejected or criticized the lead of others.

Eveolsen Rexford<sup>56</sup> states that after the eleven years of study and work with the parents of anti-social children they describe the fathers as predominantly being a passive, restricted and hostile man who is strongly allied with his child's behavior, firm in his belief that aggressive behavior of whatever kind or degree is evidence of desirable masculine self-assertion. They are marked by indulgence with the boys. The mothers invariably demonstrate the abrasive effects upon their own adjustment of the boy's conduct. They are described as having a sadomasochistic relationship with the child. The parents were predominantly negative in their approach to others, controlling by rejecting, criticizing and opposing, which suggests that the child at home may be constantly confronted with the choice of submission to parental demands or outright rebellion against them.

It should be said again that there is no one universally accepted consistent theory concerning the etiology of either of the disorders of Psychosis or Character Disorder. There is a great need for scientific research in both disorders and, although the material presented here has been oriented to the psychogenic point of view, the writer could not say that this is the universally accepted one. In terms of research and literature dealing with the etiology of the

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<sup>56</sup>Ibid., pp. 213-218.

two disorders of Psychosis and Character Disorder, there seems to be more current interest in the psychoses and particularly schizophrenia. There seems to be considerable material in the more current literature, particularly in the Social Work literature, concerning the treatment of character disorders, but not dealing specifically with etiology. An example of such an effort is the recent work by Reiner and Kaufman of the Judge Baker Guidance Clinic in Boston.<sup>57</sup> One reason for insufficient attention to the problem of Character Disorder might be the confusion that surrounds the diagnostic category of Character Disorder. The current trend, however, is suggestive of increasing interest and concern.

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<sup>57</sup> Beatrice Simcox Reiner and Irving Kaufman, M.D., Character Disorders in Parents of Delinquents (New York: Family Service Association of America, 1959).

## CHAPTER III

### METHODOLOGY

#### Selection of Sample

The cases for the two diagnostic categories were selected from both open and closed cases that were seen at the Jackson Child Guidance Clinic during a period beginning in 1956 and ending in 1959. All had been active in some way during that period of time.

Cases either diagnosed as psychotic or character disorder, or showing a trend in that direction, were selected. Open cases were selected because it was easier to obtain added information on open cases if it was needed. The next step was to go through both groups, checking case material in detail and noting those that were clear diagnostically, those where there seemed to be some question and those that could not be used. The information on which selection was based were social histories, psychological and psychiatric evaluations, and case material from other agencies or hospitals. Cases where the diagnostic classification was in doubt were ruled out. For example, where there was the possibility of border-line mental deficiency or any known amount of organic involvement the cases were excluded. It was also decided not to use the character disorder cases which are within the general diagnostic category of Personality Pattern Dis-

turbance. This decision was made because the clinic staff regards it difficult with certain cases to distinguish between the Schizoid personality and a diagnosis of Psychosis. They stated that they tended not to diagnose a child as being psychotic unless he or she was quite ill and that the borderline psychotic children were quite often diagnosed as Schizoid personality. It was therefore felt that the sample of character disorder children would be contaminated if this group were to be included. In addition, cases were screened out according to the amount of information available in the record. This meant that each case needed at least a social history and psychological evaluation with most cases having also a psychiatric evaluation and other collateral information. It was not necessary but helpful if the child and parents had been seen on a treatment basis. After the initial screening, the staff psychologist reviewed the cases indicating which he regarded as diagnostically clear cut. Following these various screening processes fifteen cases of psychotic children and eight cases of character disorder children, which had been active cases, were included in the study group.

Since a larger study group was desirable, cases closed between 1956 and 1959 were screened. The previously described criteria and screening process were used. In this way four cases were added to the psychotic group and eight to the character disorder group. This brought the final sample to nineteen psychotic cases and sixteen character disorder cases

which were regarded as diagnostically clear. Within this total sample, seven of the thirty-five children were adopted children. One of the adopted children was in the psychotic group and six were in the character disorder group.

The design of the sample did not make for results which would prove statistically significant. The sample was not selected on a probability basis nor was it large enough, in relation to the number of characteristics analyzed, to permit the use of standard statistical tests for significance. Findings are reported, not as statistically valid conclusions, but as suggested tendencies which might be useful as leads for further research.

#### Schedule

The data was collected with the use of a schedule. It was divided into four sections: (1) Face Sheet Data on Child; (2) Face Sheet Data on Parents; (3) Case Record Data on Parents; and (4) Predominant Attitudes of the Parents Toward the Child.

#### Collection of Data

The data was collected by the writer with the help and cooperation of various staff members of the clinic. The Staff Psychologist, Peter Mitchell, Ph.D., gathered all data in sections three and four of the schedule. This was done in an attempt to avoid biases which would have been in operation if the writer had gathered the data in those two sections. The psychologist had no prior knowledge of the hypotheses and

no operational definitions were established by the writer and discussed with him prior to his rating the attitudes of the parents. This again was to avoid bias which could have operated if the writer would have provided such definitions.

Where the records were deficient or not clear in the information wanted, various staff members were consulted.

The data were gathered through the use of a schedule as previously described. The focus of the study was concerned with the predominate attitudes of the parents toward the child referred to the clinic. These attitudes were obtained through the use of the case material and an attitude rating scale which the writer has termed an "Attitude Circumplex." The basic concept and design of the scale was developed by Earl S. Schaefer of the National Institute of Mental Health.<sup>58</sup>

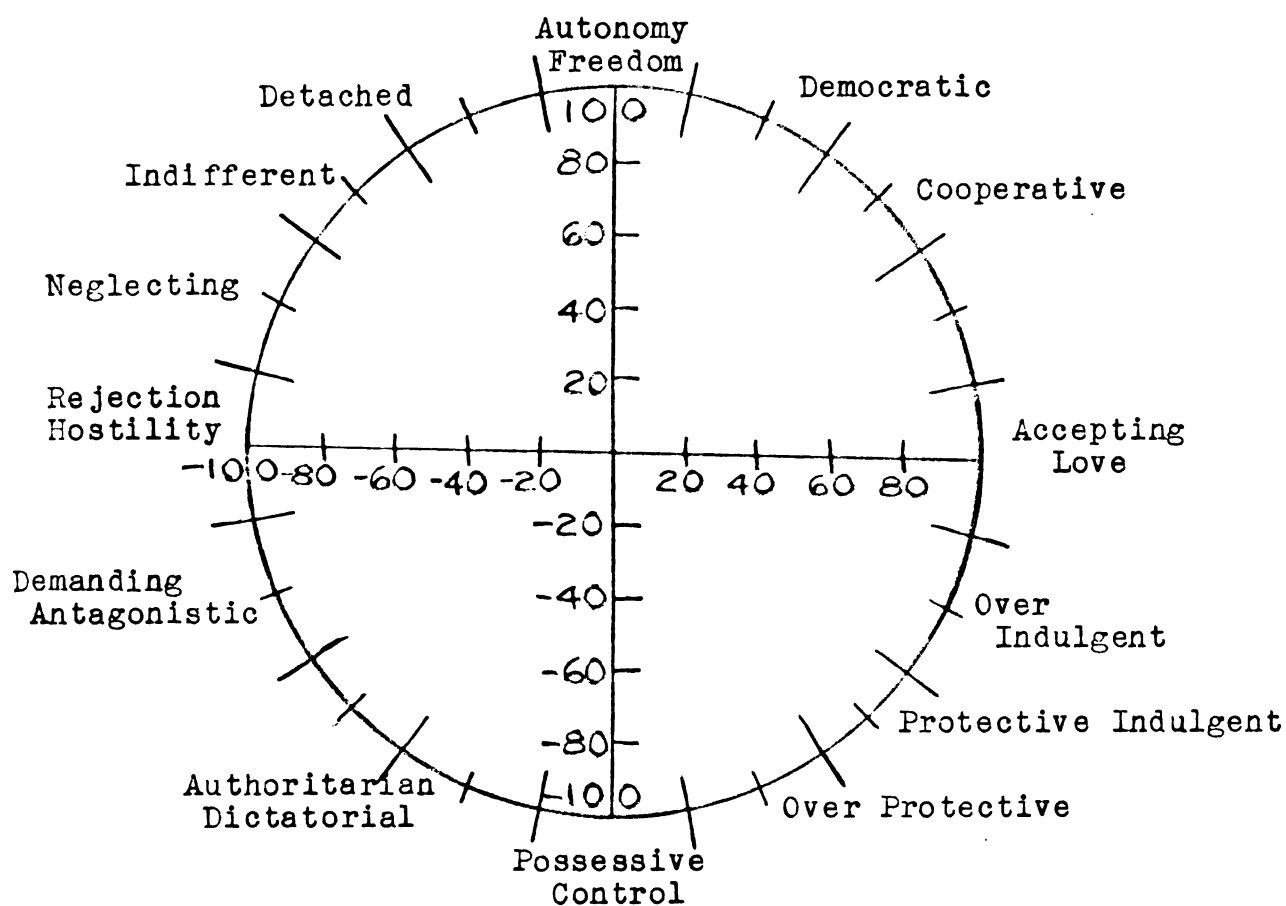
A duplicate of the attitude scale as it was used in this study appears on the following page.

The Circumplex consists of two rating scales with the vertical scale being Autonomy vs. Control and the horizontal scale being Love vs. Hostility. At the extreme ends of the Autonomy vs. Control scale are the attitudes of freedom and possessiveness. Acceptance and its polar opposite, rejection, are placed on the Love vs. Hostility dimension.

Within each quadrant, there are the various predominant attitudes with those at the extreme ends of the scales

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<sup>58</sup>Earl S. Schaefer, "A Circumplex Model For Maternal Behavior," Reprint from The Journal of Abnormal and Social Psychology (No. 2; September, 1959), LIX, p. 232.

Attitude Circumplex

being divided equally between two quadrants.

The predominant attitudes are defined in the following way with the help of case examples.

**Freedom:** A parent whose predominant attitude falls within this category would exhibit or allow the child a great deal of autonomy and a very small amount of either love or hostility. A case example follows: "Jane was absent from the home for three nights and four days. She was on probation from the Juvenile Court and the school officials became concerned because she wasn't attending school. Her mother said

she did not attempt to find out where she was since this happened quite often and she was not concerned about her."

**Democratic:** The parent who exhibits this predominant attitude would exhibit a tendency to express more autonomy than they would love. Case example: "The mother has made several referrals to the clinic and seems to try, but can't cope with the father when he berates and beats him." A second case example: "The father insisted on taking her and has always 'pampered' her by giving in to her wishes and desires."

**Cooperative:** The parent who exhibits this predominant attitude would exhibit a tendency to express more love than they would autonomy. Case example: "The father is an amiable, not too effective person who tries to set some limits for the child and seems reasonable but not too effective in these efforts."

**Accepting:** The parent who would have this as the predominant attitude would rate high on the Love vs. Hostility scale, but would rate close to zero on the Autonomy vs. Control scale. They would be accepting of the child but would be unable to meet his or her needs concerning Autonomy and Controls. It is impossible to give a case example for this attitude since there were no cases in the sample in which, when rated, this attitude was predominant.

**Over-indulgent:** The parent who would have this as the predominant attitude would exhibit a high degree of Love with a minimal degree of Control.



**Protective-indulgent:** This indicates that the parent exhibits approximately equal amounts of Love and Control in relating to the child. Case example: "Barbara and her mother have both had Polio. The mother has a tendency to become over-involved in protecting her yet tries not to 'spoil' her."

**Over-protective:** The parent who exhibits this as a predominant attitude would exhibit a tendency to express a considerable amount of Control with a small amount of Love. Case example: The mother who nursed her child until he was eighteen months old.

**Possessive:** The parent who exhibits this as the predominant attitude would exhibit a high degree of control with a minimal amount of either Love or Hostility. This implies that the parent is unable to accept the child as a separate individual and rigidly structures the child to a specific pattern without considering the feelings and needs of the child. Case example: The mother and father of this girl are divorced, the children were awarded to the mother at the time of the divorce, but the girls were also to have visiting privileges with their father on the weekends. While the children are visiting the father the mother continually phones to "see who answers the phone" and drives past the house to "see that they are there and not getting into trouble."

**Authoritarian-dictatorial:** This indicates that the parent exhibits a tendency to express more control than hostility. Case example: "The mother is extremely rigid and for

punishment takes away privileges for months at a time. She also fines him for minor infractions such as ten cents for forgetting to turn off the light."

**Demanding-antagonistic:** The parent who exhibits this predominant attitude would tend to exhibit more Hostility than Control in relating to the child. Case example: "The father is rigid and harsh, has very high scholastic expectations and becomes very punitive when his son doesn't meet these expectations. The punitiveness takes the form of verbal abuse, denying the son a pair of shoes and at the time of referral wasn't talking to his son.

**Rejection:** This implies that the parent, consciously or unconsciously, did not want or like the child. The parent may ignore the child and have as little to do with the child as is possible or they may be consistently hostile, unaffectionate and disapproving. The parent who exhibits this as a predominant attitude exhibits a very high degree of Hostility and a small amount of Autonomy or Control. Case example: "Openly hostile to boy, beats him brutally, tells the boy he is mean and not wanted.

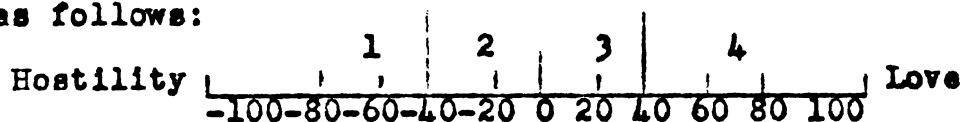
**Neglecting:** The parent who exhibits this predominant attitude exhibits a high degree of Hostility with a small or minimal amount of Autonomy. Case example: "The mother lets Jerry sleep on the back porch and approves of his wanting to go to another home."

**Indifferent:** This implies that the parent exhibits approximately equal amounts of Hostility and Freedom in rela-

ting to the child. Case example: "The mother at the time of intake had forgotten many early facts and didn't really seem to know the child. At the time of the birth of the child the mother wouldn't hold her for a few days."

Detached: The parent who exhibits this predominant attitude exhibits a high degree of autonomy and a lower degree of Hostility. Case example: "The mother has worked regularly and leaves the children by themselves." A second example: "The mother seemed unaware of much of son's asocial and homosexual behavior at the time of intake even though by the records she had been informed of it before coming to the clinic."

Another related aspect of the predominant attitude study deals with the two rating scales which are the basis of the Attitude Circumplex. The writer was interested in the parents rating on the individual scales and how this might be related to the study. It was decided that each of the two scales would be divided into four sections. An example would be as follows:



The divisions for both the Hostility vs. Love scale and the Autonomy vs. Control would be from -100 to -41 for section one; section two would be from -40 to zero; section three from zero to 40; and section four from 41 to 100.

On the Hostility vs. Love scale, persons rated in section one would be considered as being hostile, section two as predominantly hostile with a small amount of love appearing at times. Section three would be predominantly love with a

small amount of hostility appearing at times and section four would be considered as being loving.

The same differentiation was made with respect to the Control vs. Autonomy scale, with sections one being control, section two control with some autonomy, section three autonomy with some control and section four autonomy.

In addition to the predominant attitudes of the parents the writer also felt that the factor of consistency or inconsistency on the part of the parent in maintaining this predominant attitude would be important to the study. A rating scale was devised to find out the importance of this factor in the cases being studied. It consisted merely of a line scale with consistent and inconsistent being at the extreme ends in the following fashion:

Con. 1    2    3    4 Incon.

The writer was not interested in the predominant attitude of the parent but rather the consistency or inconsistency which existed. The rating was again done by the Staff Psychologist.

The persons who were rated as being in section one of the scale were considered as being consistent in their predominant attitude. Case example: "Beats children brutally after they pass infancy."

The persons who were rated as being in section two of the scale were considered to be predominantly consistent, with a small amount of inconsistency in their predominant attitude. Case example: "Mother becomes concerned only when pressure is exerted by the authorities then she becomes very protective."

Section three of the scale was considered to be predominantly inconsistent with a small amount of consistency. Case example: "The father apparently has very little control of his son or very little interest in him and there are many contradictions."

The persons who were rated in section four of the scale were considered as being inconsistent in their predominant attitude. Case example: "The mother is alternately brutal and over-protective with the child."

In any attitude rating scale there are inherent weaknesses and limitations. This is recognized in relation to this study. Dr. Peter Mitchell collected all data in sections three and four of the schedule. This included all data concerned with the attitudes of the parents. It is recognized that since only one person did the rating the study is subject to criticism for the reason that no reliability test could be made because of limitations in staff persons available. The writer did not become involved in the rating of the attitudes because of the danger of bias. However, even with these built-in limitations the study is regarded as providing some information which may give some clues concerning the contributing factors to children diagnosed as psychotic and character disorder.

#### Tabulation

The tabulation of the data was done through the hand-sorting method. As the information was taken from the schedule it was placed in the various categories for each of the

psychotic and character disorder groups. It was then placed into the tables in the order in which it had been tabulated.

## CHAPTER IV

### PRESENTATION AND ANALYSIS OF DATA

The presentation and analysis of the data has been divided into four major sections: (1) face sheet data and case record material on the children; (2) face sheet data on the parents; (3) case record data and information on the parents; and (4) data on the predominant attitudes of the parents toward the child.

The major focus of the study is a comparison of the predominant attitudes of the parents of psychotic and character disorder children. In addition it was felt that other factors should be considered to see what possible role, if any, these might play in the two disorders of psychosis and character disorder. As the data are presented these factors, where present, are pointed out. However, since the focus is on the predominant attitudes of the parents toward the child, as a contributing factor to the disorders of psychosis and character disorder, the writer's hypothesis should be kept in mind. The hypothesis is that: (1) parents of psychotic children can be termed as non-relating in their attitudes toward the child while (2) parents of children diagnosed as character disorder can be characterized by attitudes defined as withholding and punitive. The writer regarded attitudes as con-

tributing factors to the disorders, but did not exclude other factors

### Face Sheet and Case Record Material On Child

With respect to the age of the children it was anticipated that there would be a considerable age range and that the psychotic and character disorder children would not differ greatly in this respect.

TABLE 1  
AGE OF CHILDREN AT TIME OF REFERRAL

| Age in Years | Psychotic      |           | Character Disorder |             |
|--------------|----------------|-----------|--------------------|-------------|
|              | Number         | Per Cent  | Number             | Per Cent    |
| 5-6          | 1              | 5.26      | 0                  | --          |
| 7-8          | 4              | 21.05     | 0                  | --          |
| 9-10         | 4              | 21.05     | 2                  | 12.5        |
| 11-12        | 5              | 26.31     | 4                  | 25          |
| 13-14        | 1              | 5.26      | 6                  | 37.5        |
| 15-16        | 4              | 21.05     | 3                  | 18.75       |
| 17-18        | <u>0</u>       | <u>--</u> | <u>1</u>           | <u>6.25</u> |
| Total        | 19             | 100.00    | 16                 | 100.00      |
|              | M = 10.78 yrs. |           | M = 13.25 yrs.     |             |

As can be seen, the range was greater for the psychotic children than for the character disorder children. We see that the character disorder children tend, as a group, to be older. This does not support what the writer had previously anticipated. It is also interesting to note that the psychotic children are fairly evenly distributed throughout the age range while the character disorders do not present quite the same picture. As a group, the psychotic children tend to be





younger than the character disorder children. This indicates that the psychotic children are referred at an earlier age and that the character disorders are referred at an older age. This might indicate: (1) that the onset of the disorder is at an earlier age for psychotic children than for character disorder children; or (2) that the need for help is recognized sooner in relation to psychotic children than it is for character disorder children or people may see the behavior of the character disorder children as normal behavior during the process of growing up or at least it may be rationalized as such.

Concerning the sex of the children in the sample the writer anticipated that there would be more males than females in the total sample.

The sex differentiation was about what was expected. Males were predominant in both categories. This could indicate: (1) that both disorders are more frequently found in male children than they are in female children; or (2) that the society and environment within which the female child lives is more accepting, or at least more lenient, in their attitudes toward her behavior, whether it be normal or abnormal, than it is toward similar behavior exhibited by male children.

Prior to investigating the situation the writer expected that he would have, in addition to white and Negro children, possibly some children from other racial backgrounds because of general clinic population. It was also felt that

about 20% of the character disorder children would be Negro with the percentage being somewhat lower with the psychotic children.

TABLE 2  
SEX OF CHILDREN

| Sex    | Psychotic |              | Character Disorder |              |
|--------|-----------|--------------|--------------------|--------------|
|        | Number    | Per Cent     | Number             | Per Cent     |
| Male   | 15        | 78.94        | 11                 | 68.75        |
| Female | <u>4</u>  | <u>21.05</u> | <u>5</u>           | <u>31.25</u> |
| Total  | 19        | 100.00       | 16                 | 100.00       |

As can be seen in Table 3, there were two racial groups in the sample. The percentage of Negroes was small in both groups. This might be accounted for in the following ways: (1) the proportional distribution of races within the population being served by the clinic; or (2) that there is a reflection of class or socio-economic distinction and differentia-

TABLE 3  
RACE OF CHILDREN

| Race  | Psychotic |             | Character Disorder |             |
|-------|-----------|-------------|--------------------|-------------|
|       | Number    | Per Cent    | Number             | Per Cent    |
| White | 18        | 94.73       | 15                 | 93.75       |
| Negro | <u>1</u>  | <u>5.26</u> | <u>1</u>           | <u>6.25</u> |
| Total | 19        | 100.00      | 16                 | 100.00      |

tion in the cases referred or making use of the clinic. It would be interesting to see if the addition of a Negro person

to the staff of the clinic might have an effect on this factor. It might be expected to increase the use of the clinic services by negroes.

It was expected that in general the children diagnosed as character disorder would be from larger families than those diagnosed as being psychotic because of the suspected immediate need gratifying patterns of the parents. An added factor which was thought might have some importance was the number of deceased children in the families and their ordinal position within the family. This, however, was not obtainable from the records and therefore it was not possible to investigate these factors in their relationship to the diagnostic categories under consideration.

The average number of children in the families of the two categories varied only slightly. There tend to be more children in the families of the psychotic children than in the character disorders. The general conclusion drawn from this is that both tend to have the same number of children in their families.

In addition to the number of children in these families it was thought that examining the sex of the children in the families might also be helpful in pointing out possible tendencies.

Prior to the study the writer anticipated that there would not be much difference in the number of male and female children in these two groups.

Tables 5 and 6 indicate a slight difference concerning

TABLE 4  
NUMBER OF CHILDREN IN FAMILY

| <u>No. of<br/>Children</u> | <u>Psychotic</u>  |                 | <u>Character Disorder</u> |                 |
|----------------------------|-------------------|-----------------|---------------------------|-----------------|
|                            | <u>Number</u>     | <u>Per Cent</u> | <u>Number</u>             | <u>Per Cent</u> |
| 1                          | 1                 | 5.26            | 1                         | 6.25            |
| 2                          | 5                 | 26.31           | 1                         | 6.25            |
| 3                          | 4                 | 21.05           | 6                         | 37.5            |
| 4                          | 2                 | 10.52           | 1                         | 6.25            |
| 5                          | 4                 | 21.05           | 6                         | 37.5            |
| 6                          | 1                 | 5.26            | --                        |                 |
| 7                          | 1                 | 5.26            | --                        |                 |
| 8                          | --                |                 | 1                         | 6.25            |
| 9                          | --                |                 | --                        |                 |
| 10                         | <u>1</u>          | <u>5.26</u>     | <u>--</u>                 | <u>        </u> |
| Total                      | 19                | 100.00          | 16                        | 100.00          |
|                            | M = 3.89 Children |                 | M = 3.94 Children         |                 |

the number of boys and girls in the families of these two groups -- with the families of the psychotic children tending to have a larger proportion of boys than girls and the families of character disorder children tending to have a larger proportion of girls than boys. This difference, however, seems slight.

When the writer first began this study it was thought that the factor of illegitimacy should be explored, not only as it related directly to the group of psychotic children and the group of character disorder children, but also as it might involve other children in the family. It was expected that both the psychotic group and character disorder group would have illegitimate children in them but that the character disorder group would tend to have a higher percentage within it than would the psychotic group because of the sus-

TABLE 5

NUMBER OF GIRLS IN THE FAMILIES  
AT TIME OF REFERRAL OF CHILD

| Girls | Psychotic      |          | Character Disorder |          |
|-------|----------------|----------|--------------------|----------|
|       | Number         | Per Cent | Number             | Per Cent |
| 0     | 3              | 15.52    | 1                  | 6.25     |
| 1     | 7              | 36.84    | 5                  | 31.25    |
| 2     | 4              | 21.05    | 4                  | 25       |
| 3     | 3              | 15.52    | 4                  | 25       |
| 4     | --             | --       | 2                  | 12.5     |
| 5     | 1              | 5.26     | --                 | --       |
| 6     | --             | --       | --                 | --       |
| 7     | 1              | 5.26     | --                 | --       |
| Total | 19             | 100.00   | 16                 | 100.00   |
|       | M = 1.89 Girls |          | M = 2.06 Girls     |          |

TABLE 6

NUMBER OF BOYS IN THE FAMILIES  
AT TIME OF REFERRAL OF CHILD

| Boys  | Psychotic  |          | Character Disorder |          |
|-------|------------|----------|--------------------|----------|
|       | Number     | Per Cent | Number             | Per Cent |
| 0     | 1          | 5.26     | 1                  | 6.25     |
| 1     | 5          | 26.31    | 6                  | 37.5     |
| 2     | 10         | 52.63    | 6                  | 37.5     |
| 3     | 1          | 5.26     | 2                  | 12.5     |
| 4     | 1          | 5.26     | --                 | --       |
| 5     | --         | --       | --                 | --       |
| 6     | 1          | 5.26     | 1                  | 6.25     |
| Total | 19         | 100.00   | 16                 | 100.00   |
|       | M = 2 Boys |          | M = 1.875 Boys     |          |

pected immediate need satisfying patterns of the parents. It was also expected that the same would hold true concerning the total history of illegitimacy within the families.

Little difference was found concerning illegitimacy within the two groups of psychotic and character disorder children. However, the records were limited in their information on this point. Therefore no real conclusion can be drawn. On the basis of the limited amount of data obtained, however, there seems to be little difference.

TABLE 7

## HISTORY OF ILLEGITIMATE CHILDREN IN FAMILY

| Illegitimate<br>Children | Psychotic |              | Character Disorder |              |
|--------------------------|-----------|--------------|--------------------|--------------|
|                          | Number    | Per Cent     | Number             | Per Cent     |
| Yes                      | 2         | 10.52        | 2                  | 12.5         |
| No                       | 9         | 47.37        | 5                  | 31.25        |
| Unknown                  | <u>8</u>  | <u>42.10</u> | <u>9</u>           | <u>56.25</u> |
| Total                    | 19        | 100.00       | 16                 | 100.00       |
| Child in Question        |           |              |                    |              |
| Yes                      | 1         | 5.26         | 1                  | 6.25         |
| No                       | 10        | 52.63        | 6                  | 37.5         |
| Unknown                  | <u>8</u>  | <u>42.10</u> | <u>9</u>           | <u>56.25</u> |
| Total                    | 19        | 100.00       | 16                 | 100.00       |

Table 8 presents the data concerning nationality background of the child. The term "American" as used in the table refers to those cases where this was specifically stated as the nationality. The category "other" refers to all those cases where the foreign nationality was reported by the parent.

The writer expected prior to the study that the children of both groups would tend to be native born, but it was

not known what nationality groups they might tend to come from.

TABLE 8  
NATIONALITY BACKGROUND OF CHILD

| Nationality  | Psychotic |              | Character Disorder |              |
|--------------|-----------|--------------|--------------------|--------------|
|              | Number    | Per Cent     | Number             | Per Cent     |
| American     | 4         | 21.05        | 3                  | 18.75        |
| Other        | 3         | 15.52        | --                 | --           |
| Unknown      | <u>12</u> | <u>63.15</u> | <u>13</u>          | <u>81.25</u> |
| Total        | 19        | 100.00       | 16                 | 100.00       |
| Foreign Born |           |              |                    |              |
| Yes          | --        | --           | --                 | --           |
| No           | 19        | 100.00       | 16                 | 100.00       |

In the same table we see that the records revealed very little information about nationality. None of the children in the sample were foreign born. This may be because of the nature of the population served at the clinic.

The writer anticipated that the sources of referral would be primarily the parents and school, including visiting teachers. For the character disorder group the police and courts were also regarded as frequent sources of referrals.

As was expected, the parents of both groups were the most frequent referral sources. The school seems to have played a minor role in connection with the actual referral of the children in both the psychotic and character disorder groups. It is interesting to note that doctors made five (26.31%) of the referrals of the psychotic children while none of the referrals of character disorder children came from doctors.



TABLE 9  
SOURCES OF REFERRAL

| Source                  | Psychotic |              | Character Disorder |             |
|-------------------------|-----------|--------------|--------------------|-------------|
|                         | Number    | Per Cent     | Number             | Per Cent    |
| School                  | 1         | 5.26         | 1                  | 6.25        |
| Court                   | --        | --           | 2                  | 12.5        |
| Doctor                  | 5         | 26.31        | --                 | --          |
| Public Health Nurse     | 1         | 5.26         | --                 | --          |
| Social Agency           | --        | --           | 2                  | 12.5        |
| Minister                | --        | --           | 1                  | 6.25        |
| *Parents                | <u>12</u> | <u>63.15</u> | <u>10</u>          | <u>62.5</u> |
| Total                   | 19        | 100.00       | 16                 | 100.00      |
| *Parent Making Referral |           |              |                    |             |
| Mother                  | 12        | 100.00       | 9                  | 90.         |
| Father                  | --        | --           | 1                  | 10.         |

In conclusion, the predominate referral source appears to be the parents in both groups with the mother being the parent that generally makes the referral. The courts do not seem to refer children to the clinic readily. This could be because the clinic has been in the community a relatively short period of time; it could reflect the court's inability to use the clinic within the community; or it could be that the services are not needed by the court.

The writer anticipated that the largest percentage of both groups would be referred after the clinic had been suggested to them by someone such as a friend, relative, court or school. Voluntary referrals are those that were referred because of the recognized need for help, either by the parents or by some other referral source and they are not authoritarian in nature. An authoritarian referral is one

where the child was ordered to come to the clinic with the threat that other action would be taken if the order were not heeded. It was expected that there would be a fair percentage of the character disorder group referred in this way.

TABLE 10  
NATURE OF REFERRAL

| Nature of Referral          | Psychotic |              | Character Disorder |             |
|-----------------------------|-----------|--------------|--------------------|-------------|
|                             | Number    | Per Cent     | Number             | Per Cent    |
| Voluntary                   | 8         | 42.10        | 4                  | 25.         |
| Authoritarian               | --        | --           | 2                  | 12.5        |
| At suggestion of<br>someone | <u>11</u> | <u>57.89</u> | <u>10</u>          | <u>62.5</u> |
| Total                       | 19        | 100.00       | 16                 | 100.00      |

As can be seen from Table 10 the predominant factor is that the clinic has been suggested by someone. There is an absence of authoritarian referrals of psychotic children and it shows a greater frequency for the character disorder children, but not to the degree that was anticipated. This, coupled with the comparison of the voluntary referrals of the two groups, might lead one to suspect that the psychotic child with his symptoms is more clearly recognized as being "ill" or "diseased" than is a character disorder child with his symptoms.

The reasons for referring the child were examined. It was anticipated that the character disorder children would be referred more often for their acting out behavior than would the psychotic. It was also expected that the psychotic chil-

dren would be referred more often for learning problems and problems that could be generally termed as "nervous" behavior.

TABLE 11  
REASONS FOR REFERRAL OF CHILD

| Reason                          | Psychotic |             | Character Disorder |            |
|---------------------------------|-----------|-------------|--------------------|------------|
|                                 | Number    | Per Cent    | Number             | Per Cent   |
| Learning Problem                | 7         | 21.87       | 4                  | 10.5       |
| Behavior Problem at School      | 6         | 18.75       | 13                 | 34.21      |
| Behavior Problem at Home        | 7         | 21.87       | 13                 | 34.21      |
| Behavior Problem in Community   | --        |             | 7                  | 18.42      |
| Speech Difficulty               | 3         | 9.37        | --                 |            |
| Hearing Difficulty              | 1         | 3.12        | --                 |            |
| Harmful to Self                 | 1         | 3.12        | 1                  | 3.42       |
| Nervous Behavior                | 4         | 12.5        | --                 |            |
| Fears                           | 1         | 3.12        | --                 |            |
| Incontinent of Bowel or Bladder | 1         | 3.12        | --                 |            |
| Psychosomatic Condition         | <u>1</u>  | <u>3.12</u> | <u>--</u>          | <u>---</u> |
| Total                           | 32        |             | 38                 |            |

The data suggest that character disorder children tend to be referred because of their acting out behavior. This can be accounted for in terms of the direct effect this behavior has upon other persons in the child's environment -- while the psychotic child is referred for reasons that would tend to involve himself and not create the amount of pressure on other people in their environment that the character disorder children do. This would be especially true away from the familial environment.

### Face Sheet Data on the Parents

Concerning the ages of the parents it was felt that there would be no major differences and that the fathers would tend to be slightly older than the mothers.

Table 12 shows that the mothers are comparable in their average age. There does seem to be a larger range within the mothers of psychotic children. The average age of 38.12 years would suggest that the mothers of both groups could be approaching an emotionally stressful period of life and this would seem to be especially true of the character disorder group since there is less range within that group. This factor is pointed out because it is felt that it would have an effect on the mothers' attitudes toward the children and the resultant parent-child relationship. This may also be a period when the mothers begin to strive for vicarious experience through their children to fulfill some unmet and unrealized needs, dreams and goals of life.

The fathers of the two groups are older than the mothers and the fathers of the psychotic children tend to be older than those of the character disorder children. The range in ages of the fathers of the psychotic children is greater than that of the fathers of the character disorders. It is possible that this age group could be approaching that period in life when they begin to question if they have accomplished all in life that they would have liked to accomplish. Thus they strive for vicarious experiences through their children which, in turn, affects their attitudes toward the

TABLE 12

## AGE OF MOTHERS AT TIME OF REFERRAL OF CHILD

| Age in Years | Psychotic       |          | Character Disorder |          |
|--------------|-----------------|----------|--------------------|----------|
|              | Number          | Per Cent | Number             | Per Cent |
| 25-29        | 2               | 10.52    | 1                  | 6.25     |
| 30-34        | 6               | 31.57    | 5                  | 31.25    |
| 35-39        | 3               | 15.52    | 3                  | 18.75    |
| 40-44        | 2               | 10.52    | 5                  | 31.25    |
| 45-49        | 3               | 15.52    | 2                  | 12.5     |
| 50-54        | 2               | 10.52    | --                 |          |
| 55-59        | --              |          | --                 |          |
| 60-64        | 1               | 5.26     | --                 |          |
| 65-69        | --              |          | --                 |          |
| Total        | 19              | 100.00   | 16                 | 100.00   |
|              | M = 38.28 Years |          | M = 38.12 Years    |          |

TABLE 13

## AGE OF FATHERS AT TIME OF REFERRAL OF CHILD

| Age in Years | Psychotic       |          | Character Disorder |          |
|--------------|-----------------|----------|--------------------|----------|
|              | Number          | Per Cent | Number             | Per Cent |
| 25-29        | 1               | 5.26     | --                 |          |
| 30-34        | 4               | 21.05    | 3                  | 18.75    |
| 35-39        | 2               | 10.52    | 3                  | 18.75    |
| 40-44        | 5               | 26.31    | 7                  | 43.75    |
| 45-49        | 4               | 21.05    | 2                  | 12.5     |
| 50-54        | 1               | 5.26     | 1                  | 6.25     |
| 55-59        | --              |          | --                 |          |
| 60-64        | 1               | 5.26     | --                 |          |
| 65-69        | 1               | 5.26     | --                 |          |
| Total        | 19              | 100.00   | 16                 | 100.00   |
|              | M = 43.02 Years |          | M = 40.93 Years    |          |

children and the resultant parent-child relationship. It could also be that this was just the time at which the distur-

bance of the child was recognized and the parents felt the need for help.

In terms of occupation the division has been as follows: (1) for the mothers --"housewife only" is self-explanatory; (2) "professional" includes persons with a college degree and who are working in the profession for which they were trained; (3) "white collar" includes persons working in office or managerial positions, but do not have the amount of education that the professional category has; and (4) "blue collar" includes all unskilled and semi-skilled occupations, such as factory worker, farmer or domestic work.

It was expected that a larger percentage of the mothers of the character disorder children would tend to be employed than of the mothers of the psychotic children. It was also expected that of those employed the mothers of the character disorder children would tend to be employed more in the area of blue collar employment than would the mothers of psychotic children.

As was expected the mothers of the character disorder children are employed out of the home to a larger degree but this does not appear to be significant. This could perhaps be accounted for in a couple of ways: (1) they need or have needed to work to support themselves and children more than the mothers of psychotic children; or (2) they dislike the staying at home and are unable to fulfill their emotional needs through the role of wife and mother. A second interesting point is the presence of professional and white collar occupa-

tions within the character disorder group and the absence of these in the psychotic group. This can be explained partially by the fact that the one in the professional category and one of those in the white collar category are mothers of adopted children. It is known that occupational and educational levels are factors considered with respect to the eligibility of a couple to adopt a child, subject of course to the place they go to adopt the child.

TABLE 14  
OCCUPATION OF MOTHERS AT TIME  
OF REFERRAL OF CHILD

| Occupation     | Psychotic |              | Character Disorder |              |
|----------------|-----------|--------------|--------------------|--------------|
|                | Number    | Per Cent     | Number             | Per Cent     |
| Housewife only | 15        | 78.94        | 10                 | 62.5         |
| Professional   | --        |              | 1                  | 6.25         |
| White Collar   | --        |              | 2                  | 12.5         |
| Blue Collar    | <u>4</u>  | <u>21.05</u> | <u>3</u>           | <u>18.75</u> |
| Total          | 19        | 100.00       | 16                 | 100.00       |

It was anticipated that the fathers of the character disorder children would tend to be employed more in the blue collar category than would the fathers of the psychotic children.

Essentially there was little difference in the occupations of the two groups of fathers. The above speculation was refuted by the fact that more fathers of psychotic children tended to be employed within the blue collar category. The professional and white collar categories were about the

same except it should be pointed out that the fathers of the character disorder children who are in the professional and white collar categories are all adoptive fathers. This again could be accounted for in terms of our present day adoption policies.

TABLE 15

OCCUPATION OF FATHERS AT TIME  
OF REFERRAL OF CHILD

| Occupation   | Psychotic |              | Character Disorder |              |
|--------------|-----------|--------------|--------------------|--------------|
|              | Number    | Per Cent     | Number             | Per Cent     |
| Professional | 1         | 5.26         | 1                  | 6.25         |
| White Collar | 2         | 10.52        | 2                  | 12.5         |
| Blue Collar  | <u>16</u> | <u>84.21</u> | <u>13</u>          | <u>81.25</u> |
| Total        | 19        | 100.00       | 16                 | 100.00       |

It was expected that there would be more families of both groups who are Protestant in their religion because of

TABLE 16

RELIGION OF FAMILY AT TIME  
OF REFERRAL OF CHILD

| Religion              | Psychotic |              | Character Disorder |              |
|-----------------------|-----------|--------------|--------------------|--------------|
|                       | Number    | Per Cent     | Number             | Per Cent     |
| Protestant            | 10        | 52.63        | 12                 | 75.          |
| Catholic              | 2         | 10.52        | 1                  | 6.25         |
| Mixed (Cath. & Prot.) | 4         | 21.05        | --                 |              |
| Unknown               | <u>3</u>  | <u>15.52</u> | <u>3</u>           | <u>18.75</u> |
| Total                 | 19        | 100.00       | 16                 | 100.00       |

the general prominence of Protestants in the total clinic cases. It was also anticipated that there would be a number



with mixed religion within the home.

The percentage of Protestants within the character disorder group was higher than for the psychotic group. There is a total absence of the Jewish religion. The mixed religious situations were totally absent from the character disorder group. However, there were a few in each group that were unknown and this might account for some of these differences. The general conclusion is that in both groups the Protestant religion dominates.

We will shortly look at the educational (last grade attended) level of the parents. The terminology used seems self-explanatory, but it might be said that the Graduate level refers to the master's and doctoral degree levels.

The writer expected that the educational level of the parents of the character disorder children would be somewhat lower than that of the parents of the psychotic children. In connection with this it was also anticipated that the parents of the psychotic group would have attended college in a larger percentage and that they would tend to be predominant at the graduate level also.

In considering the educational level of the mothers of the two groups, Table 17 indicates that the writer's previous thinking was partially true. The mothers of the psychotic children have attended high school more often. However, 25% of the mothers of the character disorder children have attended college and one has participated on the graduate level. Here again, however, this might be explained in part by the

fact that all of the 25% that are in these two categories of the character disorder children are adoptive mothers. As was explained with occupations, the factor of education plays a role in the selection of adoptive parents and it may be showing up here. In comparing just the Senior High and Junior High levels we find that what the writer had previously stated about the mothers of the psychotic group being of a higher educational level seems to be true.

TABLE 17  
EDUCATIONAL LEVEL OF MOTHERS AT TIME  
OF REFERRAL OF CHILD

| Educational Level       | Psychotic |          | Character Disorder |             |
|-------------------------|-----------|----------|--------------------|-------------|
|                         | Number    | Per Cent | Number             | Per Cent    |
| Grade School (0-6)      | --        |          | --                 |             |
| Junior High (7-9)       | 2         | 10.52    | 5                  | 31.25       |
| Senior High (10-12)     | 16        | 84.21    | 7                  | 43.75       |
| College only (1-4)      | 1         | 5.26     | 3                  | 18.75       |
| Graduate (1-completion) | --        |          | <u>1</u>           | <u>6.25</u> |
| Total                   | 19        | 100.00   | 16                 | 100.00      |

It was anticipated that the educational level of the fathers of both groups would tend to be somewhat higher than the educational level of both groups of mothers. However, within the two groups of fathers it was expected that the fathers of the character disorders would be of a lower educational level because of their suspected inability to delay gratification of immediate needs and thus participate in long range goal planning.

As can be seen in Table 18, the fathers of the charac-

ter disorder children cover a larger range educationally. However, there is a larger percentage of the fathers of that group that fall within the grade school and junior high levels. Another factor that should be pointed out is that the fathers of the character disorder children that fall within the college and graduate levels are all adoptive fathers. This has been a pattern and, as explained before, can partially be accounted for on the basis of our current adoption practices, dependent of course upon where and how the children were adopted. In general the fathers of the psychotic group do tend to be of a higher educational level, but that both groups of fathers tend to be of a lower educational level than do both groups of mothers.

TABLE 18  
EDUCATIONAL LEVEL OF FATHERS AT TIME  
OF REFERRAL OF CHILD

| Educational Level       | Psychotic |          | Character Disorder |             |
|-------------------------|-----------|----------|--------------------|-------------|
|                         | Number    | Per Cent | Number             | Per Cent    |
| Grade School (0-6)      | 2         | 10.52    | 2                  | 12.5        |
| Junior High (7-9)       | 3         | 15.52    | 7                  | 43.75       |
| Senior High (10-12)     | 13        | 68.42    | 5                  | 31.25       |
| College only (1-4)      | 1         | 5.26     | 1                  | 6.25        |
| Graduate (1-completion) | --        | ---      | <u>1</u>           | <u>6.25</u> |
| Total                   | 19        | 100.00   | 16                 | 100.00      |

#### Case Record Data On Parents

Since the child lives within the family situation where many interesting forces exert their influence upon him, it was expected that the parents' marital situation and history would

be very relevant.

The environment within which a child lives is thought to be important. Therefore, it seems important to know with whom the children were living at the time of referral. Throughout the body of the study the parent figure or figures with whom the child has lived with the longest period of time have been used. Therefore, this was not always the parent figure or figures with whom he or she was living at the time of referral. This was done because in several cases the child had lived with the step-parent less than a year and in one instance only three weeks. As the result other data did not give an accurate picture as to whom the child was currently living with.

Table 19 seems to be self-explanatory. However, it should be stated that in the categories where it states mother and father or each separately, the writer is referring to natural parents. In each case there was one natural parent in the family except in the cases of the adopted children.

It was anticipated before the study that the persons with whom the child was living would vary somewhat for the two groups. That is, it was expected that the character disorder children would have been subjected to more separation and divorce situations and thus a larger percentage of the children would tend to have step-parents.

Table 19 supports the speculation stated above. There is a considerable difference between the percentage of psychotic children living with their natural parents and the

TABLE 19

## PARENTS CHILD LIVING WITH AT TIME OF REFERRAL

| Parents                           | Psychotic |          | Character Disorder |          |
|-----------------------------------|-----------|----------|--------------------|----------|
|                                   | Number    | Per Cent | Number             | Per Cent |
| Mother and Father                 | 12        | 63.15    | 2                  | 12.5     |
| Mother                            | 2         | 10.52    | 2                  | 12.5     |
| Father                            | --        |          | --                 |          |
| Mother and Stepfather             | 4         | 21.05    | 5                  | 31.25    |
| Father and Stepmother             | --        |          | 1                  | 6.25     |
| Adoptive Parents                  | 1         | 5.26     | 4                  | 25.      |
| Adoptive Mother and<br>Stepfather | --        |          | 2                  | 12.5     |
| Total                             | 19        | 100.00   | 16                 | 100.00   |

percentage of character disorder children living with their natural parents. Another point to be mentioned is that of the seven adoptive children in the total sample, six of them are in the character disorder group. Many factors may be operating here, but the factor of separation from the natural parents is still present and needs to be recognized as a possible contributing factor. There is a higher percentage of character disorder children living with step-parents than there are psychotic children living with step-parents. The issue that is suggested is whether or not the separation or divorce of the parents is a primary contributor to the child's character disorder or is the real contributing factor the parents' apparent inability to relate in a warm, healthy and satisfying way, thus making a primary contribution to both the unsuccessful marriage or marriages and the child's character disorder? This factor may also indicate a tendency on the

part of the parents of the character disorder children to act out their feelings. This would tend to support the idea that they are more openly aggressive and hostile with the result being that they would tend to be more punitive in their attitudes in relating to people and particularly to defenseless children.

In thinking about the total family situation it was thought that it would be interesting and helpful to know if each of the parents accepted their respective roles. The basic element is meeting the child's needs, both physical and emotional. The psychologist did the rating on this point and it is recognized that a clear distinction was hard to make. However, it is thought that there is enough of a distinction that can be made to give some idea as to how the parents tend to accept or reject their roles as parents.

In this respect "yes" means that they do accept the role, that they tend to a great degree to provide the basic physical and emotional needs. The term "some" indicates that to a partial degree the parent tries to fulfill these needs. They are present in the home and are able to accept some degree of responsibility for the raising of the children. The term "no" means that the parent does not accept to a major degree the responsibilities of a parent to provide for the physical and emotional needs of the children.

It was anticipated that the mothers of both groups would tend not to accept their role as mother. The result would be that this would affect their attitudes toward the children.



TABLE 20  
MOTHERS ACCEPTANCE OF ROLE AS PARENT

| Acceptance of Role | Psychotic |              | Character Disorder |              |
|--------------------|-----------|--------------|--------------------|--------------|
|                    | Number    | Per Cent     | Number             | Per Cent     |
| Yes                | 11        | 57.89        | 6                  | 37.5         |
| No                 | --        |              | 1                  | 6.25         |
| Some               | <u>8</u>  | <u>42.10</u> | <u>9</u>           | <u>56.25</u> |
| Total              | 19        | 100.00       | 16                 | 100.00       |

In Table 20 we see that the mothers of the psychotic group tend to accept their roles and the mothers of the character disorder group tend, at least to some degree, not to accept their roles but the difference does not appear to be significant. This is different than had been anticipated. It might be that this is really true or it might also be that the mothers of the character disorder children tend to more openly express their feelings and rejection of this role, while the mothers of the psychotic children do not express their rejection of the role and in fact strive to create for themselves and others the image of the adequate mother. However, none of the mothers of the psychotic group and only one of the character disorder group really rejects their role to the point that there is no acceptance of the role of mother.

With respect to the fathers of the two groups accepting their roles, it was anticipated prior to the study that there would not be much difference between the two groups. It was further expected that they would tend to some degree not to



accept their roles. It was also expected that there would be little difference on this point between the mothers and fathers.

TABLE 21  
FATHERS ACCEPTANCE OF ROLE AS PARENT

| Acceptance of Role | Psychotic |              | Character Disorder |             |
|--------------------|-----------|--------------|--------------------|-------------|
|                    | Number    | Per Cent     | Number             | Per Cent    |
| Yes                | 8         | 42.10        | 4                  | 25.         |
| No                 | 4         | 21.05        | 11                 | 68.75       |
| Some               | <u>7</u>  | <u>36.84</u> | <u>1</u>           | <u>6.25</u> |
| Total              | 19        | 100.00       | 16                 | 100.00      |

Table 21 indicates that the fathers tend not to accept their roles to the degree that the mothers do. In addition the fathers of the psychotic group, although they tend not to accept their role as father, do tend to accept it in a larger proportion than do the fathers of the character disorder, but it does not appear to be a significant difference. This again might be accounted for on the basis that the fathers of the character disorder children openly express their non-acceptance of this role and the fathers of the psychotic children do not express this so openly.

The marital status of the natural parents and the initial set of adoptive parents was thought to be important to the study. This would give some idea as to the experiences which the child had been subjected to within the family setting. It was anticipated that there would be a higher proportion of the marriages of the parents of the psychotic children

still intact than there would be of the parents of the character disorder children.

TABLE 22  
MARITAL STATUS OF NATURAL AND ADOPTIVE PARENTS

| Married | Psychotic |              | Character Disorder |              |
|---------|-----------|--------------|--------------------|--------------|
|         | Number    | Per Cent     | Number             | Per Cent     |
| Yes     | 13        | 68.42        | 7                  | 43.75        |
| No      | <u>6</u>  | <u>31.57</u> | <u>9</u>           | <u>56.25</u> |
| Total   | 19        | 100.00       | 16                 | 100.00       |

Table 22 shows essentially what was anticipated, but it does not appear to be significant. The marriages of the parents of the psychotic children tend to be intact in a higher percentage than do those of the character disorder group. Again the question is whether the character disorder child's problems arise out of the separation from the parent figures as the result of separation and divorce of the parents or if their problems and the separation and divorce arise out of the inability of the parents to foster and tolerate close relationships with people? Another factor in the difference between the parents of the psychotic and the character disorder children may be that the parents of the character disorder children tend to act out their feelings more than do the parents of the psychotic children.

It was anticipated before the study that little difference would be found when comparing the parents (natural and adoptive) of the psychotic children and character dis-

order children in terms of the number of years married.

TABLE 23

## NUMBER OF YEARS NATURAL AND ADOPTIVE PARENTS MARRIED

| Years Married | Psychotic       |             | Character Disorder |               |
|---------------|-----------------|-------------|--------------------|---------------|
|               | Number          | Per Cent    | Number             | Per Cent      |
| 0-4           | 2               | 10.52       | 3                  | 18.75         |
| 5-9           | 6               | 31.57       | --                 |               |
| 10-14         | 5               | 26.31       | 5                  | 31.25         |
| 15-19         | 2               | 10.52       | 4                  | 25.           |
| 20-24         | 1               | 5.26        | 4                  | 25.           |
| 25-29         | 1               | 5.26        | --                 |               |
| 30-34         | 1               | 5.26        | --                 |               |
| 35-39         | --              |             | --                 |               |
| 40-44         | <u>1</u>        | <u>5.26</u> | <u>--</u>          | <u>      </u> |
| Total         | 19              | 100.00      | 16                 | 100.00        |
|               | M = 14.34 Years |             | M = 14.37 Years    |               |

It was found that there is little difference between the parents (natural and adoptive) of the psychotic and character disorder children in terms of numbers of years married. The range is greater for the parents of the psychotic children than for the parents of the character disorder children. However, the mean number of years is about the same.

It was expected that the parents of the psychotic children would tend to have fewer marriages in their history than the parents of the character disorder children.

Tables 24 and 25 show that the mothers of both the psychotic and character disorder children tend to have a wider range with respect to number of marriages than do the fathers.

TABLE 24  
NUMBER OF MARRIAGES OF MOTHERS

| Number of Marriages | Psychotic |              | Character Disorder |              |
|---------------------|-----------|--------------|--------------------|--------------|
|                     | Number    | Per Cent     | Number             | Per Cent     |
| 1                   | 9         | 47.37        | 5                  | 31.25        |
| 2                   | 3         | 15.52        | 5                  | 31.25        |
| 3                   | 3         | 15.52        | 2                  | 12.5         |
| 4                   | --        |              | 1                  | 6.25         |
| Unknown             | <u>4</u>  | <u>21.05</u> | <u>3</u>           | <u>18.75</u> |
| Total               | 19        | 100.00       | 16                 | 100.00       |

TABLE 25  
NUMBER OF MARRIAGES OF FATHERS

| Number of Marriages | Psychotic |              | Character Disorder |             |
|---------------------|-----------|--------------|--------------------|-------------|
|                     | Number    | Per Cent     | Number             | Per Cent    |
| 1                   | 9         | 47.37        | 7                  | 43.75       |
| 2                   | 6         | 31.57        | 2                  | 12.5        |
| 3                   | --        |              | 1                  | 6.25        |
| 4                   | --        |              | --                 |             |
| Unknown             | <u>4</u>  | <u>21.05</u> | <u>6</u>           | <u>37.5</u> |
| Total               | 19        | 100.00       | 16                 | 100.00      |

There seems to be little difference between the fathers of the psychotic and character disorder children, while the mothers of the character disorder group seem to have had a slightly larger number of marriages than the mothers of the psychotic group. However, since the records were incomplete concerning the number of marriages of the parents, these conclusions may be questioned in the light of the incomplete information available.

In connection with the marital adjustment and its effect on the child, it was thought important that information be gathered concerning the number of separations that took place within the marriage in question. The term "marriage in question" refers to the marriage which involved the two parent figures that are being used in the sample for this study.

In conjunction with this it was anticipated before the study was undertaken that separation would be more prevalent in the families of the character disorder children than it would be in the families of the psychotic children because of their suspected inability to tolerate close relationships.

According to Table 26, separation is present in the family backgrounds of both the character disorder and psychotic children. It appears that it is more prevalent within the family background of the character disorder children, but it does not appear to be significant. This again might be accounted for in terms of the possibility that the parents of the character disorder children tend to act-out their feelings more than do parents of psychotic children or it may be that the parents of the psychotic children are able to tolerate a marriage situation with its close relationships better than the parents of the character disorder children.

In addition to giving some consideration to separation within the marriage in question it was felt that desertion should also be looked at.

In this respect it was felt that the parents of the

TABLE 26

## NUMBER OF SEPARATIONS IN MARRIAGE IN QUESTION

| No. of Separations | Psychotic |              | Character Disorder |            |
|--------------------|-----------|--------------|--------------------|------------|
|                    | Number    | Per Cent     | Number             | Per Cent   |
| None               | 10        | 52.63        | 7                  | 43.75      |
| 1                  | 4         | 21.05        | 2                  | 12.5       |
| 2                  | 1         | 5.26         | --                 |            |
| 3 or more          | --        |              | 3                  | 18.75      |
| Unknown            | <u>4</u>  | <u>21.05</u> | <u>4</u>           | <u>25.</u> |
| Total              | 19        | 100.00       | 16                 | 100.00     |

character disorder children would tend to desert more often than parents of the psychotic children.

It was found that the parents of the character disorder children tend to desert more than do parents of the psychotic children, but it does not appear to be significant. However, it should be noted that the records were incomplete in their information on this point of desertion and this needs to be considered in drawing any conclusions.

TABLE 27

## NUMBER OF DESERTIONS IN MARRIAGE IN QUESTION

| No. of Desertions | Psychotic |              | Character Disorder |              |
|-------------------|-----------|--------------|--------------------|--------------|
|                   | Number    | Per Cent     | Number             | Per Cent     |
| None              | 7         | 36.84        | 5                  | 31.25        |
| 1                 | 1         | 5.26         | 1                  | 6.25         |
| 2 or more         | 1         | 5.26         | 3                  | 18.75        |
| Unknown           | <u>10</u> | <u>52.63</u> | <u>7</u>           | <u>43.75</u> |
| Total             | 19        | 100.00       | 16                 | 100.00       |

The difference that has been noted, using the information available, the possibilities again arise concerning the parents of the character disorder children being able to tolerate close relationships and their possible tendency to act-out their feelings more than the parents of the psychotic children.

It was felt important to look at the marital adjustment of the parents within the marriage situation which was being considered in the study.

Before the study was undertaken it was felt that there would be an absence of positive (Accepting and Loving) attitudes in the marriages on the parts of the mothers and fathers of both the psychotic and character disorder children.

The definition of terms are as follows:

Accepting: This implies that the partner (husband or wife) accepts the spouse for the individual that he or she is and is able to give warmth and love to the spouse.

Loving: This implies that the partner (husband or wife) is positive, accepting and warm in his or her attitude toward the spouse and is able to give of himself or herself for the welfare of the spouse.

Demanding: This implies that the partner (husband or wife) requires the spouse to be at his or her command.

Detached (withdrawn): This is a general attitude of indifference and the spouse who exhibits this would be withdrawn and would tend to be non-participating in family activities.





**Dependent (infantile):** The parent who exhibits this attitude or adjustment in the marriage is demanding in terms of his or her own needs being met and yet makes little attempt to make an effort at fulfilling his or her own needs.

**Sadistic and Sado-masochistic:** This is the spouse who derives pleasure from inflicting physical or psychological pain on others and also present may be the wish that they will receive in turn some type of pain.

**Masochistic:** This is the spouse who derives pleasure from suffering physical or psychological pain.

**Rejecting:** This implies that the partner, consciously or unconsciously, does not like or want his or her spouse. He or she is consistently hostile in his or her attitude toward the spouse and are unaffectionate and disapproving.

**Possessive (controlling):** This implies that the partner (husband or wife) rigidly structures the spouse to a specific pattern without considering the feelings and needs of the spouse.

The study revealed that the mothers of both the psychotic and character disorder groups seem to be more accepting of the fathers (as spouses) than the fathers are of the mothers (as spouses). This was especially true of the parents of the character disorder children. The mothers (as spouses) of both the psychotic and character disorder groups tend to be more dependent in their attitudes and relationships than do the fathers (as spouses) while the fathers (as spouses) tend to be more detached.

TABLE 28

## MARITAL ADJUSTMENT OF MOTHERS

| Marital Adjustment              | Psychotic |             | Character Disorder |             |
|---------------------------------|-----------|-------------|--------------------|-------------|
|                                 | Number    | Per Cent    | Number             | Per Cent    |
| Accepting                       | 9         | 21.95       | 5                  | 20.83       |
| Loving                          | 5         | 12.19       | 1                  | 4.16        |
| Demanding                       | 5         | 12.19       | 4                  | 16.66       |
| Detached (withdrawn)            | 4         | 9.75        | 1                  | 4.16        |
| Dependent (infantile)           | 8         | 19.51       | 8                  | 33.33       |
| Sadistic & Sado-<br>masochistic | --        |             | 1                  | 4.16        |
| Masochistic                     | 2         | 4.87        | 1                  | 4.16        |
| Rejecting                       | 3         | 7.31        | 1                  | 4.16        |
| Possessive (Controlling)        | 4         | 9.77        | 1                  | 4.16        |
| Other                           | <u>1</u>  | <u>2.43</u> | <u>1</u>           | <u>4.16</u> |
| Total                           | 41        | 100.00      | 24                 | 100.00      |

TABLE 29

## MARITAL ADJUSTMENT OF FATHERS

| Marital Adjustment              | Psychotic |              | Character Disorder |              |
|---------------------------------|-----------|--------------|--------------------|--------------|
|                                 | Number    | Per Cent     | Number             | Per Cent     |
| Accepting                       | 9         | 19.14        | 4                  | 13.33        |
| Loving                          | 5         | 10.63        | 1                  | 3.33         |
| Demanding                       | 6         | 12.76        | 2                  | 6.66         |
| Detached (withdrawn)            | 10        | 21.27        | 6                  | 20.          |
| Dependent (infantile)           | 4         | 8.51         | --                 |              |
| Sadistic & Sado-<br>masochistic | 2         | 4.25         | --                 |              |
| Masochistic                     | --        |              | 2                  | 6.66         |
| Rejecting                       | 4         | 8.51         | 12                 | 40.          |
| Possessive (Controlling)        | 7         | 14.89        | 3                  | 10.          |
| Other                           | <u>--</u> | <u>-----</u> | <u>--</u>          | <u>-----</u> |
| Total                           | 47        | 100.00       | 30                 | 100.00       |

In comparing the mothers (as spouses) in Table 28 of the psychotic and character disorder children they present much the same pattern. With the exception that the mothers (as spouses) of the psychotic children tend to be slightly

more loving yet also have a slight tendency to be more rejecting and possessive (controlling) than do the mothers (as spouses) of the character disorder children . The mothers (as spouses) of the character disorder children seem to be more demanding and dependent than do the mothers of the psychotic children.

In comparing the fathers (as spouses) the pattern is different than with the mothers (as spouses). There is a high degree of detachment in both groups while the fathers (as spouses) of the character disorder children seem more rejecting than do the fathers (as spouses) of the psychotic children.

In thinking of the marital adjustment of the parents of the psychotic and character disorder children it was through important to look at their acceptance of their respective roles in marriage. This was rated by a clinical psychologist. The categories for classification were as follows: (1) yes, which means that the person does accept his or her respective role in the marriage; (2) no, which means that the person does not accept his or her respective role in the marriage and an extreme example would be desertion; and (3) some, means that they are not totally accepting nor rejecting of their respective roles as partners in marriage, but are rather somewhere in between the two extremes. An example might be the person who passively accepts his or her role but does not actively participate in this role other than being physically present and providing the family with finances.

It was expected before the study was undertaken that there would be little difference with respect to the parents' acceptance of their respective roles as partners in marriage.

TABLE 30

## MOTHERS' ACCEPTANCE OF RESPECTIVE ROLE IN MARRIAGE

| Acceptance of Role | Psychotic |              | Character Disorder |            |
|--------------------|-----------|--------------|--------------------|------------|
|                    | Number    | Per Cent     | Number             | Per Cent   |
| Yes                | 13        | 68.42        | 6                  | 37.5       |
| No                 | 3         | 15.52        | 2                  | 12.5       |
| Some               | <u>3</u>  | <u>15.52</u> | <u>8</u>           | <u>50.</u> |
| Total              | 19        | 100.00       | 16                 | 100.00     |

What the writer initially anticipated is not supported by the data. Significance is indicated when comparing the mothers of the psychotic and the character disorder children on the basis of the mothers that do accept their respective roles in marriage and those who do not, or indicate only some acceptance of their respective roles in marriage. The mothers of the psychotic children tend to accept their respective roles in marriage more than do the mothers of the character disorder children.

The fathers of the psychotic children (Table 31) seem to accept their respective roles in marriage more than the fathers of the character disorder children. In comparing the fathers and the mothers we see that the mothers (as spouses) seem to accept their respective roles in marriage more than do the fathers (as spouses) of both the psychotic and character disorder children.



TABLE 31

## FATHERS' ACCEPTANCE OF RESPECTIVE ROLE IN MARRIAGE

| Acceptance of Role | Psychotic |              | Character Disorder |             |
|--------------------|-----------|--------------|--------------------|-------------|
|                    | Number    | Per Cent     | Number             | Per Cent    |
| Yes                | 11        | 57.89        | 3                  | 18.75       |
| No                 | 4         | 21.05        | 7                  | 43.75       |
| Some               | <u>4</u>  | <u>21.05</u> | <u>6</u>           | <u>37.5</u> |
| Total              | 19        | 100.00       | 16                 | 100.00      |

In terms of the personal adjustment of the parents it was felt that five classifications should be used: normal; psychoneurotic; neurotic character disorder; character disorder; and psychotic. All of the parents were classified into these categories by a clinical psychologist. The definitions of these terms are as follows.

**Normal:** This is the absence of emotional conflict which would create clinically observable symptomatology such as is present in psychoneuroses, neurotic character disorder, character disorder and psychosis. The personality is integrated and has matured to the point where some degree of flexibility in adaptability exists.

**Psychoneurotic disorders:**

The chief characteristic of these disorders is 'anxiety' which may be directly felt and expressed or which may be unconsciously and automatically controlled by the utilization of various psychological defense mechanisms (depression, conversion, displacement, etc.). In contrast to those with psychoses, patients with psychoneurotic disorders do not exhibit gross distortion or falsification of external reality (delusions, hallucinations, illusions) and they do not present gross

disorganization of the personality.<sup>59</sup>

Neurotic Character Disorder: In the Neurotic character disorder conflict is present and the unconscious impulses manifest themselves by means of neurotic acting out.<sup>60</sup>

Character Disorder:

Unhealthy patterns of behavior and emotional response which are to varying degrees socially unacceptable or disapproved, accompanied by minimal outward evidence of anxiety or symptoms as ordinarily seen in the neuroses.<sup>61</sup>

Psychosis:

A severe emotional illness in which there is a departure from normal patterns of thinking, feeling, and acting. Commonly characterized by loss of contact with reality, distortion of perception, regressive behavior and attitudes, diminished control of elementary impulses and desires, abnormal mental content including delusions and hallucinations.<sup>62</sup>

Before the study was undertaken it was expected that the parents of both the psychotic and character disorder children would tend to present personal adjustment problems. That is, they would tend to have emotional problems of their own.

Table 32 indicates that the mothers of both the psy-

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<sup>59</sup>The Committee on Nomenclature and Statistics of the American Psychiatric Association, Diagnostic and Statistical Manual Mental Disorders (Washington: American Psychiatric Association, Mental Hospital Service, 1952), p. 31.

<sup>60</sup>J. Mc V. Hunt, Personality and the Behavior Disorders (New York), The Ronald Press, 1944), II, p. 932.

<sup>61</sup>Committee on Public Information American Psychiatric Association, A Psychiatric Glossary (Washington: American Psychiatric Association, 1957), p. 21.

<sup>62</sup>Ibid., p. 55.





chotic and character disorder children do have personal adjustment problems. This is also true of the fathers (Table 33)

TABLE 32  
PERSONAL ADJUSTMENT OF THE MOTHERS

| Mothers                     | Psychotic |          | Character Disorder |          |
|-----------------------------|-----------|----------|--------------------|----------|
|                             | Number    | Per Cent | Number             | Per Cent |
| Normal                      | 7         | 36.84    | 7                  | 43.75    |
| Psychoneurotic              | 11        | 57.89    | 4                  | 25.      |
| Neurotic Character Disorder | --        |          | 1                  | 6.25     |
| Psychotic                   | 1         | 5.26     | --                 |          |
| Character Disorder          | --        |          | 4                  | 25.      |
| Total                       | 19        | 100.00   | 16                 | 100.00   |

TABLE 33  
PERSONAL ADJUSTMENT OF THE FATHERS

| Fathers                     | Psychotic |          | Character Disorder |          |
|-----------------------------|-----------|----------|--------------------|----------|
|                             | Number    | Per Cent | Number             | Per Cent |
| Normal                      | 10        | 52.63    | 4                  | 25.      |
| Psychoneurotic              | --        |          | 1                  | 6.25     |
| Neurotic Character Disorder | --        |          | --                 |          |
| Psychotic                   | 3         | 15.52    | --                 |          |
| Character Disorder          | 6         | 31.57    | 11                 | 68.75    |
| Total                       | 19        | 100.00   | 16                 | 100.00   |

of the character disorder children but less true of the fathers of the psychotic children. In comparing the fathers and mothers of the psychotic children we see that the mothers tend to present personal adjustment problems more often than do the fathers. The opposite is true of the parents of the



character disorder children. That is, the fathers tend to present personal adjustment problems more often than do the mothers. This might suggest again that the mothers might play a major role in the illness of the psychotic children while the fathers might play a major role in the illness of the character disorder children.

In examining the parents of the psychotic and character disorder children it was thought that it would be important to see if there was a tendency for the parents to exhibit behavior similar to that of the child. A clinical psychologist did the rating to avoid biases which the writer might have had in examining this factor. An example would be the impulsive acting out of the character disorder child and the same trait existing in the parent or parents of that child. With the psychotic child an example would be the tendency to withdraw from social contacts and the same trait existing in the parent or parents of the child. These examples would fall into the "yes" category and if similar things were present only in lesser degree or less often then it would fall into the "some" category, or if this wasn't present at all it would be in the "no" category.

It was anticipated before the study that the parents of both the psychotic and character disorder groups would tend to exhibit behavior similar to that of the child being referred.

In examining Table 34 it appears that the psychotic children tend to have a higher percentage of mothers who do



present a clear picture of tending to exhibit behavior similar to their children while the mothers of the character disorder children tend to have fewer who present such a clear picture. Yet more of the mothers of the character disorder children present some tendency to exhibit behavior similar to that of their children referred than do the mothers of the psychotic children.

TABLE 34

TENDENCY OF MOTHERS TO EXHIBIT BEHAVIOR  
SIMILAR TO THAT OF THE CHILD REFERRED

| Mother | Psychotic |              | Character Disorder |             |
|--------|-----------|--------------|--------------------|-------------|
|        | Number    | Per Cent     | Number             | Per Cent    |
| Yes    | 5         | 26.31        | 3                  | 18.75       |
| No     | 10        | 52.63        | 7                  | 43.75       |
| Some   | <u>4</u>  | <u>21.05</u> | <u>6</u>           | <u>37.5</u> |
| Total  | 19        | 100.00       | 16                 | 100.00      |

TABLE 35

TENDENCY OF FATHERS TO EXHIBIT BEHAVIOR  
SIMILAR TO THAT OF THE CHILD REFERRED

| Father | Psychotic |              | Character Disorder |              |
|--------|-----------|--------------|--------------------|--------------|
|        | Number    | Per Cent     | Number             | Per Cent     |
| Yes    | 4         | 21.05        | 8                  | 50.          |
| No     | 12        | 63.15        | 3                  | 18.75        |
| Some   | <u>3</u>  | <u>15.52</u> | <u>5</u>           | <u>31.25</u> |
| Total  | 19        | 100.00       | 16                 | 100.00       |

In terms of the fathers (Table 35) we get a much different picture. It is quite clear that the fathers of the

character disorder children tend more to exhibit behavior similar to that of the child referred than do the fathers of the psychotic children. It is also interesting to note that the fathers of the character disorder children tend to exhibit behavior similar to that of the child being referred more often than do the mothers of the character disorder children. This tendency is reversed with respect to the parents of the psychotic children. That is, the mothers of the psychotic children tend to exhibit behavior similar to that of the child being referred more than do the fathers of the psychotic children. These factors might suggest that with respect to the psychotic children the mothers are a larger factor than the fathers and with the character disorder children the fathers are a larger factor than the mothers.

#### Predominant Attitudes of Parents

The focus of the study was concerned with the predominant attitudes that the parents exhibit toward the children in the psychotic and character disorder groups. The hypotheses were as follows: (1) parents of psychotic children are characterized by attitudes defined as non-relating; and (2) parents of character disorder children are characterized by attitudes defined as withholding and punitive. (The definitions of these terms were included in Chapter I, pp. 3 and 4)

The predominant attitudes were looked at separately with respect to the mothers and fathers of the psychotic and character disorder children. Then the conclusions will be

summarized after discussing the factors concerning each separately.

TABLE 36

PREDOMINANT ATTITUDE OF MOTHERS  
TOWARD CHILD REFERRED

| Predominant Attitude   | Psychotic |              | Character Disorder |            |
|------------------------|-----------|--------------|--------------------|------------|
|                        | Number    | Per Cent     | Number             | Per Cent   |
| Freedom (Autonomy)     | 1         | 5.26         | 1                  | 6.25       |
| Democratic             | 1         | 5.26         | 1                  | 6.25       |
| Cooperative            | 2         | 10.52        | 1                  | 6.25       |
| Accepting (Love)       | --        |              | --                 |            |
| Over-Indulgent         | --        |              | --                 |            |
| Protective Indulgent   | 2         | 10.52        | 1                  | 6.25       |
| Over-Protective        | 3         | 15.52        | 1                  | 6.25       |
| Possessive (Control)   | --        |              | 1                  | 6.25       |
| Authoritarian          |           |              |                    |            |
| Dictatorial            | 1         | 5.26         | 1                  | 6.25       |
| Demanding Antagonistic | 1         | 5.26         | 2                  | 12.5       |
| Rejection (Hostility)  | --        |              | 1                  | 6.25       |
| Neglecting             | 1         | 5.26         | --                 |            |
| Indifferent            | 3         | 15.52        | 2                  | 12.5       |
| Detached               | <u>4</u>  | <u>21.05</u> | <u>4</u>           | <u>25.</u> |
| Total                  | 19        | 100.00       | 16                 | 100.00     |

The mothers of both the psychotic and character disorder children exhibited a great range within the predominant attitudes considered in the attitude circumplex. The predominant attitude for the mothers of both the psychotic and character disorder children was "detached." The mothers of the character disorder children exhibited "demanding antagonistic" and "indifferent" as the next most predominant attitude. The mothers of the psychotic children exhibited as their next most predominant attitudes "indifferent" and "over-protective." It should be noted that the predominant atti-

tudes for the mothers of both the psychotic and character disorder groups fall within the hostility-autonomy quadrant. In addition, it is very difficult to evaluate the predominant attitudes of the mothers because of the great range exhibited and the small sample available for the study. However, the data may reveal some trends and these have been presented.

TABLE 37  
PREDOMINANT ATTITUDE OF FATHERS  
TOWARD CHILD REFERRED

| Predominant Attitude   | Psychotic |          | Character Disorder |          |
|------------------------|-----------|----------|--------------------|----------|
|                        | Number    | Per Cent | Number             | Per Cent |
| Freedom (Autonomy)     | --        |          | --                 |          |
| Democratic             | 4         | 21.05    | 1                  | 6.25     |
| Cooperative            | 1         | 5.26     | 1                  | 6.25     |
| Accepting (Love)       | --        |          | --                 |          |
| Over-Indulgent         | --        |          | --                 |          |
| Protective Indulgent   | 2         | 10.52    | --                 |          |
| Over-Protective        | 1         | 5.26     | --                 |          |
| Possessive (Control)   | --        |          | 1                  | 6.25     |
| Authoritarian          |           |          |                    |          |
| Dictatorial            | 1         | 5.26     | 1                  | 6.25     |
| Demanding Antagonistic | 2         | 10.52    | 1                  | 6.25     |
| Rejection (Hostility)  | --        |          | --                 |          |
| Neglecting             | --        |          | 2                  | 12.5     |
| Indifferent            | 6         | 31.57    | 8                  | 50.      |
| Detached               | 2         | 10.52    | 1                  | 6.25     |
| Total                  | 19        | 100.00   | 16                 | 100.00   |

The fathers of both the psychotic and character disorder children exhibited the predominant attitude of "indifference." The second most predominant attitude for the fathers of the character disorder children was "neglecting" and for the fathers of the psychotic children "democratic." There was quite a large range within the predominant attitudes considered. However, the range was smaller for



fathers than it was for the mothers of both the psychotic and character disorder children.

In terms of the hypotheses stated for the study, it appears that the predominant attitudes of the parents of the psychotic children are within the area previously defined as non-relating. That is, the predominant attitudes of the parents of the psychotic children seem to be "indifferent" and "detached."

The hypothesis relating to the predominant attitudes of the parents of the character disorder children does not seem supported by the data. The predominant attitudes for the parents of the character disorder children were "indifferent" and "detached." However, the hostility may still be an important factor, but the difference could be accounted for by the fact that the parents are not controlling but rather express autonomy and thus the attitudes of "indifferent" and "detached." The attitudes of "rejection," "demanding" or "dictatorial" which were felt to be withholding and punitive do not appear as the predominant attitudes for the parents of the character disorder children.

An additional factor which was thought might be of some importance was the position on the two rating scales which each parent obtained when rated. The two scales were as follows: Control vs. Autonomy and Hostility vs. Love.

It was expected prior to the study that the parents of the character disorder children would tend to rate higher in hostility and control than would the parents of the psychotic children.

TABLE 38

## MOTHERS POSITION ON THE CONTROL VS. AUTONOMY SCALE

| Control vs. Autonomy             | Psychotic |              | Character Disorder |              |
|----------------------------------|-----------|--------------|--------------------|--------------|
|                                  | Number    | Per Cent     | Number             | Per Cent     |
| Controlling                      | 5         | 26.31        | 3                  | 18.75        |
| Controlling and Some<br>Autonomy | 2         | 10.52        | 4                  | 25.          |
| Autonomy and Some<br>Controlling | 8         | 42.10        | 2                  | 12.5         |
| Autonomy                         | <u>4</u>  | <u>21.05</u> | <u>7</u>           | <u>43.75</u> |
| Total                            | 19        | 100.00       | 16                 | 100.00       |

TABLE 39

## FATHERS POSITION ON THE CONTROL VS. AUTONOMY SCALE

| Control vs. Autonomy             | Psychotic |              | Character Disorder |             |
|----------------------------------|-----------|--------------|--------------------|-------------|
|                                  | Number    | Per Cent     | Number             | Per Cent    |
| Controlling                      | 2         | 10.52        | 2                  | 12.5        |
| Controlling and Some<br>Autonomy | 4         | 21.05        | 1                  | 6.25        |
| Autonomy and Some<br>Controlling | 4         | 21.05        | 3                  | 18.75       |
| Autonomy                         | <u>9</u>  | <u>47.37</u> | <u>10</u>          | <u>62.5</u> |
| Total                            | 19        | 100.00       | 16                 | 100.00      |

Tables 38 and 39 indicate that the parents of the character disorder children tend to exhibit more autonomy than do the parents of the psychotic children. However, the parents of both the psychotic and character disorder groups are rated as tending to express more autonomy than control in relating to the children. The mothers tend to be more controlling than do the fathers.

TABLE 40

## MOTHERS POSITION ON THE HOSTILITY VS. LOVE SCALE

| <u>Hostility vs.<br/>Accepting</u> | <u>Psychotic</u> |              | <u>Character Disorder</u> |             |
|------------------------------------|------------------|--------------|---------------------------|-------------|
|                                    | Number           | Per Cent     | Number                    | Per Cent    |
| Hostility                          | 3                | 15.52        | 4                         | 25.         |
| Hostility and Some Love            | 7                | 36.84        | 8                         | 50.         |
| Love and Some Hostility            | 5                | 26.31        | 3                         | 18.75       |
| Love                               | <u>4</u>         | <u>21.05</u> | <u>1</u>                  | <u>6.25</u> |
| Total                              | 19               | 100.00       | 16                        | 100.00      |

TABLE 41

## FATHERS POSITION ON THE HOSTILITY VS. LOVE SCALE

| <u>Hostility vs.<br/>Accepting</u> | <u>Psychotic</u> |              | <u>Character Disorder</u> |             |
|------------------------------------|------------------|--------------|---------------------------|-------------|
|                                    | Number           | Per Cent     | Number                    | Per Cent    |
| Hostility                          | 6                | 31.57        | 12                        | 75.         |
| Hostility and Some Love            | 5                | 26.31        | 2                         | 12.5        |
| Love and Some Hostility            | 5                | 26.31        | 1                         | 6.25        |
| Love                               | <u>3</u>         | <u>15.52</u> | <u>1</u>                  | <u>6.25</u> |
| Total                              | 19               | 100.00       | 16                        | 100.00      |

Tables 41 and 42 indicate that hostility appears to be a predominant factor with the parents of both the psychotic and character disorder children. However, it is present more in the parents of character disorder children than it is in the parents of psychotic children. The parents of the psychotic children tend to show more love than do the parents of the character disorder children.

It was stated in the hypothesis that hostility was a part of the withholding and punitive aspects of the attitudes of the parents of character disorder children. This seems to

be true when examining the ratings on the Hostility vs. Love Scale.

The writer thought that it would be important to compare the attitudes of the individual set of parents to see how many of them possessed the same (or like) attitudes and how many possessed different attitudes toward their child that was referred.

It was anticipated before the study that the attitudes of the two parents would be different in most cases.

TABLE 42

## COMPARISON OF PREDOMINANT ATTITUDES OF BOTH PARENTS

| <u>Comparison of Attitudes</u> | <u>Psychotic</u> |                 | <u>Character Disorder</u> |                 |
|--------------------------------|------------------|-----------------|---------------------------|-----------------|
|                                | <u>Number</u>    | <u>Per Cent</u> | <u>Number</u>             | <u>Per Cent</u> |
| Same                           | 2                | 10.52           | 3                         | 18.75           |
| Different                      | <u>17</u>        | <u>89.47</u>    | <u>13</u>                 | <u>81.25</u>    |
| Total                          | 19               | 100.00          | 16                        | 100.00          |

What the writer anticipated before the study appears true. Only a small percentage of the parents have the identical predominant attitude toward the individual child. This is true for the parents of both the psychotic and character disorder children. This would suggest inconsistency within the family unit regarding attitudes toward the child.

An added factor which was thought to be important was the consistency and inconsistency of the individual parent in maintaining his or her predominant attitude toward the child.

It was expected before the study that the parents of the character disorder children would tend to be more incon-

sistent in maintaining their predominant attitudes than the parents of the psychotic children.

TABLE 43

MOTHERS CONSISTENCY OR INCONSISTENCY  
IN PREDOMINANT ATTITUDE

| <u>Consistency<br/>or<br/>Inconsistency</u> | <u>Psychotic</u> |                 | <u>Character Disorder</u> |                 |
|---------------------------------------------|------------------|-----------------|---------------------------|-----------------|
|                                             | <u>Number</u>    | <u>Per Cent</u> | <u>Number</u>             | <u>Per Cent</u> |
| Consistent                                  | 4                | 21.05           | 5                         | 31.25           |
| Consistent and some<br>Inconsistency        | 2                | 10.52           | 4                         | 25.             |
| Inconsistent and some<br>consistency        | 10               | 52.63           | 2                         | 12.5            |
| Inconsistent                                | <u>3</u>         | <u>15.52</u>    | <u>5</u>                  | <u>31.25</u>    |
| Total                                       | 19               | 100.00          | 16                        | 100.00          |

The mothers of the character disorder children tend to be more consistent in maintaining their predominant attitudes than do the mothers of the psychotic children. The fathers of the character disorder group tend to be somewhat

TABLE 44

FATHERS CONSISTENCY OR INCONSISTENCY  
IN PREDOMINANT ATTITUDE

| <u>Consistency<br/>or<br/>Inconsistency</u> | <u>Psychotic</u> |                 | <u>Character Disorder</u> |                 |
|---------------------------------------------|------------------|-----------------|---------------------------|-----------------|
|                                             | <u>Number</u>    | <u>Per Cent</u> | <u>Number</u>             | <u>Per Cent</u> |
| Consistent                                  | 3                | 15.52           | 6                         | 37.5            |
| Consistent and some<br>inconsistency        | 7                | 36.84           | 3                         | 18.75           |
| Inconsistent and some<br>consistency        | 4                | 21.05           | 4                         | 25.             |
| Inconsistent                                | <u>5</u>         | <u>26.31</u>    | <u>3</u>                  | <u>18.75</u>    |
| Total                                       | 19               | 100.00          | 16                        | 100.00          |

more consistent in their predominant attitude than do the fathers of the psychotic group. The fathers of the psychotic children seem to be more consistent in their predominant attitudes than do the mothers of the psychotic children, while with the character disorder children the matter of consistency and inconsistency of predominant attitudes runs about the same for the mothers and fathers.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

The underlying assumption of this study was that there were basic differences in the attitudes of the parents of the children exhibiting these respective disturbances of psychosis and character disorder and that these differences in attitudes were contributing factors, in some measure, to the child's ultimate pathology and adjustment to life. The hypotheses were as follows: (1) parents of psychotic children are characterized by attitudes defined as non-relating; and (2) parents of character disorder children are characterized by attitudes defined as withholding and punitive.

The design of the sample did not make for results which would prove statistically significant. The sample was not chosen on a probability basis nor was it large enough, in relation to the number of characteristics analyzed, to permit the use of standard statistical tests for significance. Findings are reported, not as statistically valid conclusions, but as suggested tendencies which might be useful as leads for further research.

The findings suggest that the parents do play an important role in the emotional difficulties of the children in both the Psychotic and Character Disorder groups.

With respect to the children themselves we find that the psychotic children are referred to the agency at an earlier age. This might be due to several factors, but it may indicate that the parents of the psychotic children tend to be able to ask for and accept help more easily than do the parents of the character disorder children. This may also indicate that a closer relationship between parents and child exists in the family of the psychotic child than in the families of the character disorder children, or they are more aware of emotional and feeling difficulties in the families of the psychotic children than they are in the families of the character disorder children. A second factor related to the age of the child at the time of referral is his or her educational level. The finds were that the character disorder children were older and thus at a higher educational level. This may indicate the added pressure of moving into new experiences which is felt by the child in some way and parents and school officials should be aware of this. The probability also exists that the character disorder children had their problems at an earlier age, but they were not recognized or considered serious enough to need help.

In general the findings were that the character disorder children had experienced more family disorganization than the psychotic children. That is, the families of the character disorder children had a higher proportion of divorce and actual physical breakdown present in them than did the families of the psychotic children. This factor supports



the writer's hypothesis that hostility is expressed openly, more harshly and more freely in the families of the character disorder children. It might also indicate, although not necessarily, that within the families of the psychotic children the parents or one parent tends to be passive and non-relating. It could be that they are non-relating because of over-control of emotion. The writer is also aware that the lower percentage of family disorganization within the families of the psychotic children may simply indicate that the parents of these children are able to express more positive feelings to some degree and in general are able to make at least a different type of adjustment than the parents of the character disorder children.

In terms of personal adjustment the mothers of the psychotic children exhibited emotional problems more often than did the fathers of the psychotic children, while the fathers of the character disorder children tended to exhibit emotional problems more often than the mothers of the character disorder children. The same situation exists with respect to the parents exhibiting behavior similar to that exhibited by the child. The mothers of the psychotic children exhibited behavior similar to that of the child more often than did the fathers. Although, in the case of the character disorder children the fathers showed the tendency to exhibit behavior similar to that of the child more often than did the mother.

The findings supported the first hypothesis. The

parents of the psychotic children did possess non-relating attitudes.

The second hypothesis was found to be not supported by the data. The parents of the character disorder children were also found to exhibit attitudes which are described as non-relating. The difference seems to exist in the amount of autonomy rather than control which they exhibit in relating to the child. The hostility was present in the parents relating to the character disorder children but not the control that had been expected.

The factor of consistency and inconsistency does seem to have some significance. The parents of the character disorders seem to be consistent in their attitudes. They seem to consistently express hostility and consistently express a great deal of autonomy toward the child. The parents of the psychotic children are less consistent and move more from autonomy to control and hostility to love.

It is hard to evaluate whether the results are in harmony with previous investigations since these are so few. It does seem that the results are in harmony with the separate investigations that have been undertaken, relating to the attitudes and parent-child relationships which are involved in these two disorders of psychosis and character disorder in children.

It is the writer's feeling that a comparative study of this nature dealing with psychotic, character disorder, brain damaged and normal children would be of great value.

Another possibility exists in only a very few cases from two or more diagnostic categories and studying them intensively, using various methods and sources of material other than case records exclusively. Similar comparative studies dealing with various emotional illnesses should be undertaken which would lend themselves to statistical tests for significance.

## APPENDIX

### SCHEDULE FOR COLLECTION OF DATA

Face sheet data:

Child:

1. Age \_\_\_\_, Birthdate \_\_\_\_\_
2. Sex: M \_\_\_\_, F \_\_\_\_
3. Number of children in family
  - 1) total \_\_\_\_\_
  - 2) living \_\_\_\_\_
  - 3) deceased \_\_\_\_\_
  - 4) sex: M \_\_\_\_, F \_\_\_\_
4. Rank of child in family
  - 1) All living children
    - (1) only child \_\_\_\_\_
    - (2) 1,2,3,4,5,6,7,8,9,10, other \_\_\_\_\_
  - 2) All living and non-living children
    - (1) only child \_\_\_\_\_
    - (2) 1,2,3,4,5,6,7,8,9,10, other \_\_\_\_\_
5. Education (grade in school or last grade attended)
  - 1) Kindergarden \_\_1, 2,3,4,5,6,7,8,9,10,11,12
6. Race: W \_\_\_\_, N \_\_\_\_, other \_\_\_\_
7. Nationality \_\_\_\_\_
  - 1) foreign born: yes \_\_\_\_, no \_\_\_\_
8. Referral source
  - 1) School \_\_\_\_\_
  - 2) Court \_\_\_\_\_
  - 3) Police \_\_\_\_\_
  - 4) Visiting teacher \_\_\_\_\_
  - 5) Doctor \_\_\_\_\_
  - 6) Public Health Nurse \_\_\_\_\_
  - 7) Social Work Agency \_\_\_\_\_
  - 8) Other \_\_\_\_\_
  - 9) Parents \_\_\_\_\_
    - (1) Parent making referral
      - a. Mother \_\_\_\_\_
      - b. Father \_\_\_\_\_
      - c. Stepmother \_\_\_\_\_
      - d. Stepfather \_\_\_\_\_
      - e. Other \_\_\_\_\_

## 9. Nature of referral

- 1) Voluntary \_\_\_\_\_
- 2) Authoritarian \_\_\_\_\_
- 3) At suggestion of someone \_\_\_\_\_
- 4) Other \_\_\_\_\_

## 10. Reason for Referral:

## 11. Diagnostic category: \_\_\_\_\_

## Parents:

## 1. Age (at time of referral)

- 1) Mother \_\_\_\_\_ 3) Stepmother \_\_\_\_\_ 5) Other \_\_\_\_\_
- 2) Father \_\_\_\_\_ 4) Stepfather \_\_\_\_\_

## 2. Occupation

- 1) Mother: housewife only \_\_\_\_\_  
(1) Other: prof. \_\_\_\_\_, white collar \_\_\_\_\_, blue collar \_\_\_\_\_
- 2) Father: prof. \_\_\_\_\_, white collar \_\_\_\_\_, blue collar \_\_\_\_\_
- 3) Stepmother: housewife only \_\_\_\_\_  
(1) Other: prof. \_\_\_\_\_, white collar \_\_\_\_\_, blue collar \_\_\_\_\_
- 4) Stepfather: prof. \_\_\_\_\_, white collar \_\_\_\_\_, blue collar \_\_\_\_\_
- 5) Other \_\_\_\_\_

## 3. Religion:

- 1) Prot. \_\_\_\_\_ 3) Jewish \_\_\_\_\_
- 2) Cath. \_\_\_\_\_ 4) Other \_\_\_\_\_

## 4. Nationality \_\_\_\_\_

- 1) Foreign born: yes \_\_\_\_\_, no \_\_\_\_\_

## 5. Race: W \_\_\_\_\_, N \_\_\_\_\_, other \_\_\_\_\_

## 6. Education

- 1) Mother \_\_\_\_\_ 3) Stepmother \_\_\_\_\_ 5) other \_\_\_\_\_
- 2) Father \_\_\_\_\_ 4) Stepfather \_\_\_\_\_

## 7. Child currently living with:

- 1) Mother and father \_\_\_\_\_ 4) Mother and stepfather \_\_\_\_\_
- 2) Mother \_\_\_\_\_ 5) Father and stepmother \_\_\_\_\_
- 3) Father \_\_\_\_\_ 6) other \_\_\_\_\_

## 8. Marital status of natural parents:

- 1) Date of marriage \_\_\_\_\_; no. yrs. married \_\_\_\_\_
- 2) Married at time of referral: yes \_\_\_\_\_, no \_\_\_\_\_
- 3) Separated \_\_\_\_\_; date of \_\_\_\_\_
- 4) Desertion \_\_\_\_\_; date of \_\_\_\_\_
- 5) Divorced \_\_\_\_\_; date of \_\_\_\_\_

- (1) Parents remarried:  
 a. Mother \_\_\_\_, date of \_\_\_\_  
 b. Father \_\_\_\_, date of \_\_\_\_

9. As parents do they accept their respective roles?  
 1) Mother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 2) Father: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 3) Stepmother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 4) Stepfather: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 5) Other: \_\_\_\_\_

Material gained from case record:

1. Familial history of behavior tending to be similar to that exhibited by child:  
 1) Mother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 2) Father: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 3) Stepmother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 4) Stepfather: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_  
 5) Other: \_\_\_\_\_
2. Personal adjustment of parents: (1-normal; 2-psycho-neurotic; 3-neurotic character disorder; 4-character disorder; 5-psychotic)  
 1) Mother: 1,2,3,4,5, 3) Stepmother: 1,2,3,4,5  
 2) Father: 1,2,3,4,5 4) Stepfather: 1,2,3,4,5  
 5) Other: \_\_\_\_\_
3. Marital history of parents:  
 1) Number of marriages:  
     (1) Mother \_\_\_\_ (2) Father \_\_\_\_  
 2) Married prior to marriage in question:  
     (1) Mother: yes \_\_\_\_, no \_\_\_\_ (2) Father: yes \_\_\_\_, no \_\_\_\_  
 3) Number of separations in marriage in question \_\_\_\_  
 4) Number of desertions:  
     (1) Mother \_\_\_\_ (2) Father \_\_\_\_  
 5) History of illegitimate children:  
     (1) Child in question \_\_\_\_ (2) Other \_\_\_\_\_

4. Marital adjustment of parents:

|                  | Mother | Father | Step-mother | Step-father | Other |
|------------------|--------|--------|-------------|-------------|-------|
| Accepting        | _____  | _____  | _____       | _____       | _____ |
| Loving           | _____  | _____  | _____       | _____       | _____ |
| Demanding        | _____  | _____  | _____       | _____       | _____ |
| Detached         | _____  | _____  | _____       | _____       | _____ |
| (withdrawal)     | _____  | _____  | _____       | _____       | _____ |
| Dependent        | _____  | _____  | _____       | _____       | _____ |
| (infantile)      | _____  | _____  | _____       | _____       | _____ |
| Sado-masochistic | _____  | _____  | _____       | _____       | _____ |
| Masochistic      | _____  | _____  | _____       | _____       | _____ |
| Rejecting        | _____  | _____  | _____       | _____       | _____ |
| Possessive       | _____  | _____  | _____       | _____       | _____ |
| (controlling)    | _____  | _____  | _____       | _____       | _____ |
| Other _____      | _____  | _____  | _____       | _____       | _____ |

5. As a partner in marriage do they accept their respective roles?

1) Mother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_

2) Father: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_

3) Stepmother: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_

4) Stepfather: yes \_\_\_\_, no \_\_\_\_, some \_\_\_\_

5) Other: \_\_\_\_\_

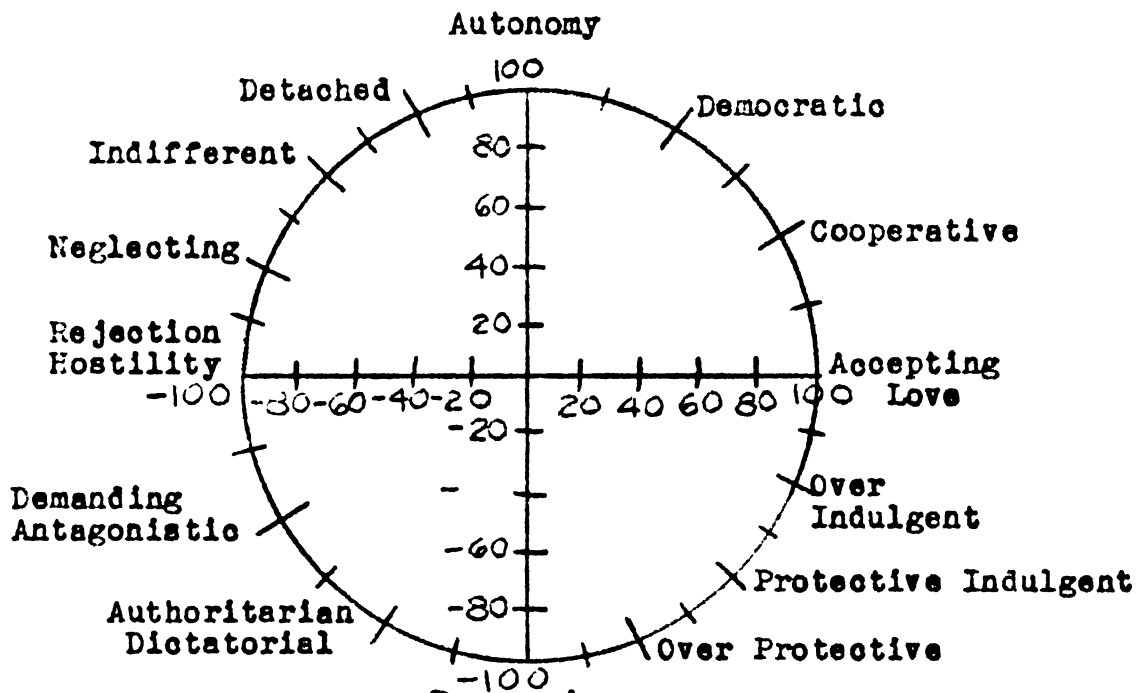
Attitudes of Parents:

1. Mother \_\_\_\_\_

Stepmother \_\_\_\_\_

Other \_\_\_\_\_

Attitude Circumplex



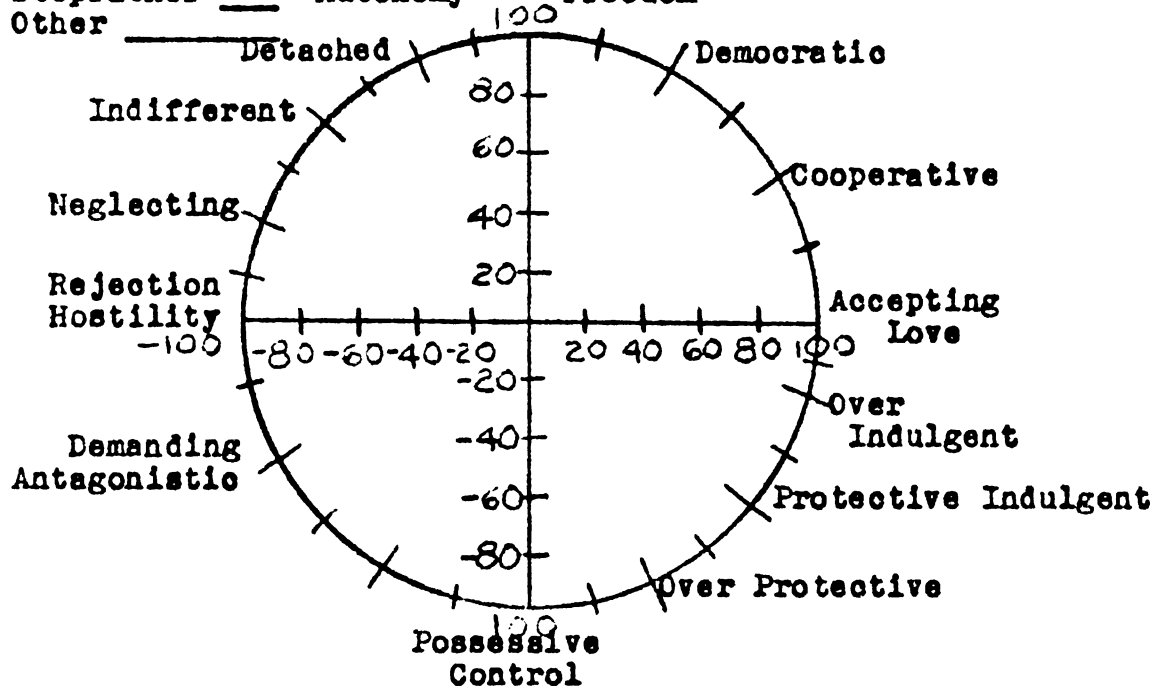
2. Father \_\_\_\_\_

Stepfather \_\_\_\_\_

Other \_\_\_\_\_

Autonomy

Freedom



Consistency of predominant attitude.

1. Mother

Con.

Incon.

2. Father

3. Stepmother

4. Stepfather

5. Other \_\_\_\_\_



## BIBLIOGRAPHY

### Books

- Ackerman, Nathan W. The Psychodynamics of Family Life.  
New York: Basic Books Inc., 1958.
- Hunt, J. Mc. V. Personality and The Behavior Disorders.  
New York: The Ronald Press Company, II, 1944.
- Kanner, Leo. Child Psychiatry. 3rd edition. Charles C.  
Thomas, 1957.
- McCord, William, McCord, Joan. Psychopathy and Delinquency.  
New York: Grune and Stratton, 1956.
- Reiner, Beatrice Simcox and Kaufman, Irving, M.D. Character  
Disorders in Parents of Delinquents. New York:  
Family Service Association of America, 1959.

### Articles

- Arieti, Silvano. "Schizophrenia: The Manifest Symptomatology, the Psychodynamic and Formal Mechanisms," American Handbook of Psychiatry, ed. Silvano Arieti (New York: Basic Books Inc., 1959), I, 468-472.
- Bell, Richard Q. "Retrospective Attitude Studies of Parent-Child Relations," Child Development, XXIX (1958), 323-338.
- Block, Jeanne, Patterson, Virginia, Block, Jack, Jackson, Don C. "A Study of the Parents of Schizophrenic and Neurotic Children," Psychiatry (1958), XXI, 387-397.
- Cleckly, Hervey M. "Psychopathic States," American Handbook of Psychiatry, ed. Silvano Arieti (New York: Basic Books Inc., 1959), I, 567-588.
- Eisenberg, Leon. "The Fathers of Autistic Children," American Journal of Orthopsychiatry (1957) XXVII, 715-724.
- Ekstein, Rudolf, Bryant, Keith, Friedman, Seymore W. "Childhood Schizophrenia and Allied Conditions," Schizophrenia, ed. Leopold Bellak (New York: Logos Press, 1958), 555-693.

1. The first part of the paper discusses the importance of understanding the underlying mechanisms of the observed phenomena. It highlights the need for a comprehensive approach that combines theoretical analysis with empirical data. The authors argue that a deep understanding of the system's dynamics is essential for developing effective interventions.

2. The second part of the paper presents a detailed analysis of the data collected from the study. It shows that the observed patterns are consistent with the theoretical predictions, providing strong evidence for the proposed model. The authors also discuss the limitations of the current study and suggest directions for future research.

3. The third part of the paper focuses on the practical implications of the findings. It discusses how the results can be used to inform policy-making and to design more effective interventions. The authors emphasize the importance of tailoring interventions to the specific context and needs of the population being studied.

4. The fourth part of the paper provides a summary of the key findings and conclusions. It reiterates the importance of understanding the underlying mechanisms and the need for a comprehensive approach. The authors also express their confidence in the validity of the proposed model and its potential to guide future research and practice.

5. The final part of the paper is a discussion of the broader implications of the study. It reflects on the significance of the findings for the field and the potential for future discoveries. The authors conclude by expressing their hope that the study will contribute to a better understanding of the system and lead to more effective interventions.

- Field, Minna. "Maternal Attitudes Found in 25 Cases of Children With Primary Behavior Disorder," American Journal of Orthopsychiatry (1940), X, 293-311.
- Gerard, D. L. and Siegel, J. "The Family Background of Schizophrenia," Psychiatric Quarterly (1950), XXIV, 47-73.
- Glueck, Sheldon and Eleanor. "Family Life and Delinquency," The Problem of Delinquency, ed. Sheldon Glueck (Boston: Houghton Mifflin Company, 1959), 136-137.
- Kanner, Leo. "Early Infantile Autism," American Journal of Orthopsychiatry (1949), XIX, 416-426.
- Karpman, Ben, Chairman. "The Psychopathic Delinquent Child," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association (Psychodynamics Monograph Series, 1959), 41-47.
- Kaufman, Irving. "Three Basic Sources for Pre-delinquent Character," Nervous Child (1955), XI, 12-15.
- Lidz, Theodore, Cornelison, Alice R., Fleck, Stephen, and Terry, Dorothy. "The Fathers in the Intrafamilial Environment of the Schizophrenic Patient," Advances in Psychiatry, ed. Mabel Blake Cohen (New York: W. W. Norton and Company, 1959), 180-206.
- Lippman, Hyman S. "The Psychopathic Personality in Childhood," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association, Chaired and Edited by Benjamin Karpman, M.D. (Psychodynamics Monograph Series, 1959), 4-8.
- Mahler, M. S. and Gosliner, B. J. L. "On Symbiotic Child Psychosis: Genetic Dynamic and Restitutive Aspects," Psychoanalytic Study of the Child (New York: International University Press, 1955), X, 195-215.
- Oltman, J. E., McGarry, J. J., and Friedman, S. "Parental Deprivation and the 'Broken Home' in Dementia Praecox and Other Mental Disorders," American Journal of Psychiatry (1952), CVIII, 685-694.
- Rabinovitch, Ralph D. "Psychogenetic Factors," Symposia On Child and Juvenile Delinquency, Presented at the American Orthopsychiatric Association, Chaired and Edited by Benjamin Karpman, M.D. (Psychodynamics Monograph Series, 1959), 11-14.
- Rank, Beata. "Intensive Study and Treatment of Preschool Children Who Show Marked Personality Deviations, or 'Atypical Development' and Their Parents," Emotional Problems of Early Childhood, ed. Gerald Caplan (New York: Basic Books Inc., 1955), 491-501.

- Rexford, Eveleen N. "Antisocial Young Children and Their Families," Dynamic Psychopathology In Childhood, ed. Lucie Jessner and Eleanor Pavenstedt (New York: Grune and Stratton, 1959), 186-220.
- Ryckoff, Irving, M.D., Day, Juliana, M.D., Wynne, Lyman, C., M.D., PhD. "Maintenance of Stereotyped Roles in the Families of Schizophrenics," Reprint from the A.M.A. Archives of Psychiatry (1959), I, 93-98.
- Schaefer, Earl S. "A Circumplex Model For Maternal Behavior," Reprint from The Journal of Abnormal and Social Psychology (Washington: September, 1959), II, 226-235.
- Shulman, Harry M. "The Family and Juvenile Delinquency," The Problem of Delinquency, ed. Sheldon Glueck (Boston: Houghton Mifflin Company, 1959), 128-136.
- Tietze, Trude. "A Study of Mothers of Schizophrenic Patients," Psychiatry (1949), XII, 55-65.
- Wynne, Lyman C., Ryckoff, Irving M., Day, Juliana, and Hirsh, Stanley I. "Pseudo-Mutuality in the Family Relations of Schizophrenics," Reprint from Psychiatry (1958), II, 205-220.

#### Studies and Reports

- Colety, Julie Anna. "Family Characteristics of Sexually Delinquent Girls," Smith College Studies In Social Work (June, 1955), 39-40.
- Committee on Public Information American Psychiatric Association, A Psychiatric Glossary (Washington: American Psychiatric Association, 1957), 21.
- Cuffee, Vanya. "Maternal Over-Protection and Rejection of Adolescent Schizophrenics," Smith College Studies in Social Work (October, 1957--June, 1958) XXVIII, 93-94.
- Guffey, Patricia L. "A Comparative Study of Sociopathic and Passive Aggressive Character Disorders," Smith College Studies in Social Work (October, 1957--June, 1958), XXVIII, 83-84.
- The Committee on Nomenclature and Statistics of The American Psychotic Association, Diagnostic and Statistical Manual Mental Disorders (Washington: American Psychiatric Association Mental Hospital Service, 1952), 31.



**Unpublished Material**

Schaffer, Leslie, M.D., Wynne, Lyman C., M.D., Day, Juliana, M.D., Halperin, Alexander, M.D. "On the Nature and Sources of the Psychiatrists Experience With the Family of the Schizophrenic," Unpublished Paper (Bethesda 14, Maryland: Adult Psychiatric Branch, National Institute of Mental Health, U.S. Department of Health, Education and Welfare), 2-39.

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