PSYCHOPATHIC TENDENCIES FOUND
IN SOME UNWED MOTHERS

THESIS

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

MASTER OF SCIENCE

By

Howard Charles Pratt, B. S.
Denton, Texas
August, 1968
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>iv</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chapter</strong></td>
<td></td>
</tr>
<tr>
<td>I. REVIEW OF THE LITERATURE</td>
<td>1</td>
</tr>
<tr>
<td>The Number of Unwed Mothers</td>
<td></td>
</tr>
<tr>
<td>Intelligence</td>
<td></td>
</tr>
<tr>
<td>Factors Contributing to Premarital Pregnancy</td>
<td></td>
</tr>
<tr>
<td>Sociological Studies</td>
<td></td>
</tr>
<tr>
<td>Psychodynamics</td>
<td></td>
</tr>
<tr>
<td>Diagnosis and Therapy</td>
<td></td>
</tr>
<tr>
<td>Summary</td>
<td></td>
</tr>
<tr>
<td>Operational Definitions</td>
<td></td>
</tr>
<tr>
<td>Basic Assumptions</td>
<td></td>
</tr>
<tr>
<td>II. STATEMENT OF THE PROBLEM</td>
<td>22</td>
</tr>
<tr>
<td>The Variables</td>
<td></td>
</tr>
<tr>
<td>Background to the Problem</td>
<td></td>
</tr>
<tr>
<td>Hypotheses</td>
<td></td>
</tr>
<tr>
<td>III. METHODS AND PROCEDURE</td>
<td>40</td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
</tr>
<tr>
<td>Tests</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>IV. RESULTS AND DISCUSSION</td>
<td>47</td>
</tr>
<tr>
<td>Discussion</td>
<td></td>
</tr>
<tr>
<td>Suggestions for Further Research</td>
<td></td>
</tr>
<tr>
<td>V. SUMMARY</td>
<td>53</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>56</td>
</tr>
</tbody>
</table>

**111**
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Scales of the MMPI</td>
<td>17</td>
</tr>
<tr>
<td>II. Cattell's Diagnostic Classification</td>
<td>30</td>
</tr>
<tr>
<td>III. Comparison of SP and SNP Groups on Age, Class, and Beta IQ</td>
<td>42</td>
</tr>
<tr>
<td>IV. Mean, SD, Variance, and Results of t-Tests on the Pd and Ma Scales of the MMPI for SP and SNP Groups</td>
<td>48</td>
</tr>
<tr>
<td>V. Comparison of SP and SNP Groups in Frequency of Occurrence of High Code 4-9 Patterns</td>
<td>49</td>
</tr>
</tbody>
</table>
Births out of wedlock are not new to our time. They can be traced back at least as far as the origin of marriages, since by definition, marriage must be in existence before this problem could arise.

During the 1920's, immorality and mental deficiency were considered the most important causal factors of illegitimacy. Broken homes, poverty, little education, and domestic occupations were added to the list of assumed causes during the 1930's. Recently, emphasis has been placed upon the psychological processes as possible determinants. Some of the most prominent psychological researchers in this field have been Vincent (27, 28, 29), Clothier (8), Roberts (25), Young (30), Kinsey (18), and Cattell (6).

The Number of Unwed Mothers

The actual number of illegitimate pregnancies is not known, but it is certainly larger than the public assumes it to be. According to Hamilton (14), statistics are available for the nation and for each state, but these figures are not necessarily accurate for several reasons:
1. Some states do not require the designation "illegitimate" to appear on birth certificates. Naturally the unwed mothers who can afford to travel elsewhere to have their babies would pick such a state if they had the choice.

2. There are a number of unwed mothers who register falsely as married women (for example, in the name of the woman who is to take the baby and represent it as her own). In addition, people who are not eligible to adopt children through agencies are frequent recipients of illegitimate children, thus accounting for the black market in babies.

3. "Improved reporting may well be one cause for the apparent national rise in illegitimacy rate" (16).

4. Many unwed mothers travel to distant cities to enter shelters like the Methodist Mission Home, in which the present study was done. A study of pregnancy in unmarried women by Rashbaum et al. (24) revealed that about 40 per cent of the 227 subjects "made a change in living arrangements during their pregnancy."

5. Vincent (27) notes that the college-educated unwed mother, employed in a white-collar or professional job, who is between the ages of twenty and twenty-nine years old, belongs to the socio-economic group about which little is known. The lack of information about this age group is serious. These upper-middle and lower-upper class girls travel incognito from their own states to other states, where they are attended by physicians in private practice.
Their medical expenses are paid by childless couples to whom they release their infants for adoption. Vincent (28) notes that 35 to 50 per cent of unwed mothers are non-residents of the county where they delivered.

Intelligence

Two studies on the intelligence of unwed mothers are noted. In 1927 McClure et al. (20) used the Stanford-Binet Scale and found, for the unwed mothers studied, a range of IQ's from 38 to 109 and a mean IQ of 77. Thus, the mothers ranged from imbeciles to normals. The Pearson r was used to determine that the product-moment correlation coefficient between age and IQ was -0.21. McClure noted that the young girls were slightly more intelligent than the older girls.

The second study was made in 1956 by Pearson and Amacher (23), who used the Stanford-Binet on 3,594 subjects. This sample comprised approximately 40 per cent of all unwed mothers in Minnesota over a five-year period. The mean IQ for the total sample was 100.19, with a standard deviation (SD) of 18.36, thus closely corresponding with the Stanford-Binet standardizations (mean = 100, SD = 15). The ages of the group ranged from 13 to 47 years, with a median age of 20.64 years.

The difference between these two studies indicates more than just a 23-point difference in the mean IQ's found. Attitudes about unwed mothers changed over this
period of time, and evidently there was an improvement in the sampling methods.

Factors Contributing to Premarital Pregnancy

Why do girls become pregnant when it seems to their advantage not to do so? The following list of possible contributing factors, which is by no means complete, may be helpful in answering this question.

1. Broken homes.
2. Inconsistent punishments and reinforcements during childhood.
3. Inadequate sexual education.
4. Poverty.
5. Various sexual traumas.
7. Emancipation from the family.
8. Hysterical dissociation.
10. Occupational association.
11. Extra-marital relations.

The first six factors listed are self-explanatory in terms of their contributions to illegitimate pregnancies.

Adolescent emancipation (number seven), if retarded, will cause an extreme of either rebelliousness or compliance which will become a problem area in later life (5, 22). The blocking during this transitional period, when recognized
as such, can be alleviated. The normal process of emancipation can be taken up where the parent has left off, and the client, with the help of the therapist, is able to complete this process (5). This type of situation often comes to attention as a problem secondary to that of the patient's pregnancy out of wedlock.

Number eight, hysterical dissociation, is discussed in Chapter II.

Number nine, family background or pattern, can be separated into the following classifications:

1. Dominating-mother pattern.
2. Dominating-father pattern.
3. Broken homes (30).

Young (30) relates personality patterns in certain unwed mothers to each of the above three classifications. The dominating-mother pattern occurs when the mother has been possessive, rejecting, and sadistic toward her daughter to an unhealthful degree. In such cases, the father tends to be a weak person or emotionally detached from his children. The daughter becomes overly dependent upon her mother, and both resent and embrace this dependency. This pattern is present in hysterical dissociation, in which there is a striking similarity between the girl's relationship to her father and her relationship to the father of her baby. The psychopathic personality type that characteristically produces a high code 4-9 pattern on the MMPI tends to have a mother.
who is overprotective. There is, however, a decided difference between the overprotective mother who produces a psychopath and the type of dominant mother whom Young (30) describes.

The dominant father is characteristically an unsympathetic, overly strict, and abusive type of disciplinarian. In this type of family pattern, the mother is the ineffectual person who rarely attempts to oppose her husband's authority. The kind of men with whom their daughters choose to have sexual intercourse is significant. They tend to display the same traits that the girls have so feared and resented in their fathers. These girls have more difficulty in deciding whether to keep their babies or to have them adopted than do the girls from the mother-dominant family pattern.

The broken-homes group is larger than either of the above two. In this group, the pattern is set by the remaining parent. In other words, if the father is dead or has left the family, this group assumes the characteristics of the mother-dominant family pattern. If the mother is divorced or absent from the family, then the family pattern is like that of the dominant-father pattern. Young (30) notes that the degree of the damage seems to be in direct proportion to the power and destructive quality of that control. Thus, the more dominating, the more sadistic, and the more rejecting the mother, the sicker and more hopeless the girl.
Number ten, occupational associations, appears to be operative as a situational factor in some of the unwed mothers. Vincent's (29) theory was that an unwed mother worked where she would be in contact with the man who had fathered her child. There is a sampling bias in Vincent's study, however, for he used subjects attended by private physicians, whereas other studies were from samples taken from agencies and institutions.

In relation to number eleven, extra-marital relations, Young (30) defined an out-of-wedlock mother as a married woman who had a child by a man other than her husband. Extra-marital sexual activity could furnish the male part in the occupational associations just described. Neubeck and Schletzer (21) use a unique experimental design for a study in extra-marital relations that suggests multiple causation.

Sociological Studies

It should be noted that behavioral standards vary over time and from society to society. William Graham Sumner made the now classic statement, "The mores can make anything right" (7, p. 31). By this Sumner meant that moral problems are interpreted differently by different societies. That question of what is right and what is wrong is relative to the particular culture in which the behavior occurs. This theory, known as cultural relativism, challenges the notion
of absolute standards of judgment when applied uniformly to all countries, regardless of time.

In terms of premarital pregnancy, Christensen (7) places Utah on one end of a continuum and Denmark on the other end, with Indiana placed about midway between the two. Denmark, with rather liberal sex codes, had the highest incidence of premarital pregnancies. Utah's very conservative sex norms account for the lowest premarital pregnancy rate of the three areas.

... both the rates and effects of premarital pregnancy are to a considerable extent relative to the cultures involved. The most liberal culture was found to have ... negative effects therefrom. Cultural norms represent an intervening variable (7, p. 39).

Goode (13) conducted a study of illegitimacy in the Caribbean social structure. He noted Malinowski's Principle of Legitimacy, which is that "no child should be brought into the world without a man--and one man at that--assuming the role of the sociological father." (13, p. 21). This rule is not based on the social disapproval of premarital sexual freedom, but rather it expresses the interest of society in fixing responsibility for the child upon one specific individual. Marriage, therefore, is not primarily the legitimation of sex, but the legitimation of parenthood. Goode (13) quoted the illegitimacy rate in Jamaica in 1954 to be 72 per cent. This would seem to refute Malinowski's principle. Goode (13), however, holds in his conclusion that
Malinowski's Principle of Legitimacy is valid due to the
descriptions of family and courtship patterns in that area.

Psychodynamics

Bernard (2) appraises the analytic part of the picture
of unwed mothers. She notes a great variety of causative
factors and reactive patterns, re-emphasizing the importance
of individualizing. She lists the determinants of this be-
havior symptom complex, grouped in order of their specificity,
as follows:

1. **Predisposing causes.**--Inadequate parental care,
production of excessive anxiety and impaired ego growth.

2. **Precipitating causes.**--Recent psychic traumas.

3. **Exciting causes.**--The background factors and
psychopathology as in other forms of adolescent malad-
justment, with extra weighing toward acting-out rather
than repressed sexual fantasies, traceable through the
above three determinants.

In the analytic side of the picture, the Oedipus
complex plays an important role in the believed cause
of illegitimate pregnancies. Following is a discussion
of this complex.

Helene Deutsch (11, 12) differs from Freud as to the
source or origin of the Oedipus complex in girls. Freud
states that "development from the castration to the Oedipus
complex consisted of passing from the narcissistic world of
organ-inferiority to the desire for a child" (12, pp. 50-51). Deutsch believes that "the Oedipus complex in girls is inaugurated by the castration complex (12, p. 53). Masochistic triads consist of rape, castration, and parturition. Masochism is the most elementary force in the feminine mental life.

DeGroot (10) observed that both boys and girls have both a positive and a negative Oedipus complex. The Oedipus complex makes its appearance only when the phallic phase of libido-development is reached and when the tide of infantile sexuality recedes. This complex must pass in order to make way for the period of latency during which the instinctual tendencies are inhibited in their action.

Abraham (1) pointed out that manifestation of the female castration could be categorized in one of two ways, depending on what symptoms, as listed below, were observed.

1. Wish-fulfillment, or the fantasy of possessing a male organ.
   (a) Enuresis nocturna
   (b) Swelling around the eyes
   (c) Fixed stare
   (d) Immaculate conception

2. Revenge, or unconscious refusal of the female role.
   (a) Vaginismus
   (b) Frigidity
   (c) Some depressions
These women, as mothers, transplanted the effect of this complex to their children, undermining their daughters' heterosexual development and causing their sons to become woman-haters.

**Diagnosis and Therapy**

Bernstein (3) notes that the psychodynamic concepts which frequently underlie the diagnostic formulation apply as therapy to white middle-class unmarried mothers. Psychological treatment is oriented to a diagnosis and understanding of the conflicts that led to the out-of-wedlock pregnancy. The common procedures used are psychological testing, group therapy, educational guidance, and vocational guidance. Bernstein (4) makes note of the acute emotional disturbance and its therapeutic possibilities.

...out-of-wedlock pregnancy is interpreted as an acute emotional disturbance which may or may not have its origin in previously existing pathology. The impact of the biological experience, with the psychological and social stresses intensified because of the girl's unmarried status, produces a crisis that can render her particularly susceptible to changes during this period, so that seemingly basic alterations can occur in her perception of herself and her relationships frequently without extensive verbal explorations into past personal history (4, p. 59).

Factors affecting promiscuity have been explored by Schmideberg (26), who observes that society tries to check the powerful sexual impulses with implicit threats of ostracism for offenders and by creating various real and unreal anxieties about the consequences. This, along with
sex education, is still a strong deterrent of promiscuity.

Positive factors that cause less psychological harm are

1. Family attachments,
2. Idealizations of love and marriage,
3. Religious and other ideals,
4. Parental regulation concerning avoidance of excessive erotic stimulation,
5. Various forms of sublimations,
6. Physical activities, and
7. Cultural interests.

Satisfactory identification with the mother or sister enables the girl to emulate defenses and preserve premarital virginity and prevents her from becoming an unwed mother.

Judge (15) points out that accurate diagnosis is necessary in determining the proper treatment. It enables caseworkers to differentiate between those unwed mothers who can be helped to gain insight into the basic problems contributing to their pregnancy and those who can use little more than help with practical planning.

Kogan et al. (19) used an interpersonal check list with six different instruction sets administered twice, one five months after conception and again one week after parturition. In the conclusion the authors stated that the self-concepts of the unwed mothers underwent changes that are suggestive of better adjustment over the course of pregnancy and
parturition. Kogan reported two other studies trying to show improvement of the self-concepts; however, neither was successful.

The stay of an unwed mother in a maternity home usually begins three months before delivery and ends two weeks after delivery. This is not an adequate period of time to prepare her to handle the crisis that she will find when she reaches the same emotional state felt prior to her impregnation. Khlentzos and Pagliaro (17) have stated that only an extended psychotherapeutic program of eighteen months or longer could provide the data revealing whether or not the unweds had benefited from their capacity to form meaningful object relationships with their therapists.

Summary

A quotation from Clothier (9, pp. 633-634) best summarizes the above picture:

... a survey of the literature teaches that the unmarried mother does not exist as a stereotype. She is many women. She may be feebleminded or highly intelligent. She may be at the end or at the beginning of her child-bearing period. She may come from a background of apparent security and wealth or she may have had no home she could call her own. She may be struggling to solve a neurotic conflict or she may be a pawn moving under the dictates of psychotic fantasy and delusion. She may be like a psychopath, be acting out primitive impulses without regard to society or future implications for herself and her baby; or she may be psychologically mature and healthy caught in a reality cultural dilemma.

If forced to generalize, one might state the above as follows: the unmarried mother is the girl or woman who, because of her own constellation of environment and psychological
factors, has violated the social mores of American culture and has either accidentally or intentionally become pregnant. Illegitimate pregnancy is clearly a particular symptom of disturbed adolescence. Only when an understanding of the personality make-up of the individual unwed mother and of the cultural factors in her background is reached can she be properly helped.

Adolescence is a critical period because of two strong currents, one biological and the other psychological. The incipient secretion of sex hormones leads to rapid reproductive maturity and impelling sexual demands. Thus, interesting but embarrassing anatomical changes occur. An adolescent's relationship to her mother and father has been complicated by the Oedipal development. She has formed new identifications outside the family and is moving toward peer acceptance, which requires independence. Thus, the drive for emancipation from the family becomes as impelling as the sexual drive.

If she has any unresolved conflicts that have occurred during her childhood emotional development, then the girl may easily become a disturbed adolescent. For example, if she has not experienced the giving-and-taking relationship of love with her parents, she will mistake the attention or the casual interest of boys for love. The adolescent who has never known love and who has no incorporated standards will soon be in trouble.
An intra-psychic conflict every girl must solve when maturing is the masculinity-femininity identification implicit in femininity, as psychological achievement can be fully accomplished only when the girl can accept passive rather than active libidinal aims. Feminine narcissism and feminine masochism, when properly integrated into the personality, become sources of normal satisfaction. But if these factors become unwieldy, they can lead to predictable damage.

Adolescence is also a period when fantasies play a particularly important role. Typical sexual daydreams of the adolescent girl include those of (a) being raped, with masochistic aims deeply gratified; (b) acting as a prostitute, whereby the girl succeeds in playing the aggressive masculine role and further in symbolically castrating the man by taking his money or giving him a disease; and (c) having a baby like the Virgin Mary, without having sexual relations, whereby the girl denies the need of sex from a man and focuses her hopes on having a baby and being a mother (pathogenetic daydream).

Development of a sense of reality or a strong ego is one of the most important accomplishments of childhood. The healthy girl accepts the world as it is, not as she wishes it to be, and has the flexibility to adapt herself to American cultural standards. The ego and the super-ego must be strong and the reality sense adequate for normalcy.
Unmarried motherhood almost always represents a distorted or unrealistic escape from inner difficulties. It is comparable to a neurotic symptom on one hand or to impulsive delinquent behavior on the other. The impulse-ridden character most frequently typifies the unmarried mother. She is the childish, irresponsible, pleasure-seeking girl, who has little thought of future implications and commonly yields to temptation or to her own wishes. Because of her own emotionally neglected childhood, she has not established personality-strengthening relationships and identifications. Thus, her personality structure is flimsy and she is unable to make adequate plans for herself or her baby. She frequently comes from a broken home or a bitterly unhappy home, as well as from a hostile environment. She has no conception that love can exist between people or that in responsibility there is satisfaction.

She is emotionally immature and has a desperate hunger to be needed, wanted, and loved. The adolescent unwed mother who goes to a maternity home can find tremendous satisfaction in the group situation where she is cared for, and more important, where, for once, she is like everyone else.

Maternity homes, as boarding schools, utilize the months spent there for group treatment and casework services. The continued existence of such homes is good evidence of society's willingness to recognize unmarried
motherhood as a symptom of cultural-psychological disharmony rather than as a diagnostic category.

Definition of Terms

The following terms are defined and designated for clarity:

1. SP (Single Pregnant).--A term referring to the girls who became pregnant out of wedlock.

2. SNP (Single-Never Pregnant).--A term referring to the never-married, never-pregnant girls in the study of comparable background to the SP group.

3. MMPI.--An abbreviation of the Minnesota Multiphasic Personality Inventory. Table I contains a list of the three validity and nine clinical scales of the MMPI.

TABLE I

SCALES OF THE MMPI

<table>
<thead>
<tr>
<th>Code Number</th>
<th>Abbreviation</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>L</td>
<td>Lie</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>Validity</td>
</tr>
<tr>
<td></td>
<td>K</td>
<td>Correction</td>
</tr>
<tr>
<td>2</td>
<td>Hs</td>
<td>Hypochondriasis</td>
</tr>
<tr>
<td>3</td>
<td>D</td>
<td>Depression</td>
</tr>
<tr>
<td>4</td>
<td>Hy</td>
<td>Hysteria</td>
</tr>
<tr>
<td>5</td>
<td>Pd</td>
<td>Psychopathic Deviate</td>
</tr>
<tr>
<td>6</td>
<td>Mf</td>
<td>Masculinity-Femininity</td>
</tr>
<tr>
<td>7</td>
<td>Pa</td>
<td>Paranoia</td>
</tr>
<tr>
<td>8</td>
<td>Pt</td>
<td>Psychasthenia</td>
</tr>
<tr>
<td>9</td>
<td>Sc</td>
<td>Schizophrenia</td>
</tr>
<tr>
<td></td>
<td>Ma</td>
<td>Hypomania</td>
</tr>
</tbody>
</table>
4. Beta.—Short form referring to the Revised Beta Examination, 1946 Restandardized, Revised 1957.

5. High Code 4-2 Pattern.—This refers to the high point pairs or "popular" two-digit code groupings. Only two scales are elevated above the T score 70 while all remaining scales are between T scores 46 and 54; this is commonly accepted. But for this study, two scales are elevated above the T score of 65 while all remaining scales are between T scores 46 and 54.
CHAPTER BIBLIOGRAPHY


9. , "The Unmarried Mother of School Age as Seen by a Psychiatrist," Mental Hygiene, XXXIX (October, 1955), 631-646.


CHAPTER II

STATEMENT OF THE PROBLEM

This chapter contains a statement of the problem described in (a) the clinical background of the unwed mother and (b) the Pd scale of the MMPI. Three hypotheses are stated to complete the chapter.

The study is an attempt to measure psychopathic tendencies in the girl who becomes pregnant out of wedlock compared with the average non-pregnant college co-ed. This characteristic, when evidenced in a subject's personality, may be reflected in a High T score on the Pd scale of the MMPI.

Background to the Problem

Utilizing the MMPI, Hooke and Marks (10) conducted a study concerning the psychological course of pregnancy in a normal woman. The study was conducted during the eighth month of pregnancy of the subjects; a low incidence of psychopathology of any sort was found. The conclusion of Hooke and Marks was that pregnancy is a period of good psychological adjustment and emotional health. Thus, any psychopathology in the personality of an unwed mother would not necessarily be caused by her pregnancy; instead its incidence might be attributed to a condition present before the pregnancy occurred.
Devries (6) studied demographic variables and the MMPI responses, using the short form of the MMPI, the same used in the present study. The results indicated that such demographic variables as education, occupation, marital status, age, and hospital admissions should be taken into account in scoring and interpreting MMPI results.

Lawton (14, p. 327) studied deliberate faking on the Pd scale of the MMPI. He found that

In clinical use, the Psychopathic Deviate Scale (Pd) has consistently proved to be one of the most useful. Scores on this scale appear to have some behavioral meaning, and at the same time, seem to be less subject to conscious dissimulation than many of the other clinical scales.

The factors which influenced faking the most were (a) intelligence, (b) school level, and (c) knowledge of abnormal psychology.

Forty Negro and forty white women (welfare recipients) were used in a study by Griswold, Wiltze, and Roberts (9). Twenty women of each race had one illegitimate child (termed unipara) and twenty had more than one child born out of wedlock (termed multipara). All were tested with the WAIS, MMPI, and the California Psychological Inventory. The hypothesis tested was that the multipara of both races would obtain mean scores indicating more serious personality disturbances and less adequate intelligence than the unipara. The obtained results supported the hypothesis for Negroes but not for the whites. For this reason, the present study used only subjects who had never borne previous children.
The following three studies demonstrate the sensitivity of the MMPI, and especially of the Pd scale, when using delinquents and unwed mothers as subjects.

Silver (16) used the TAT and MMPI Pd scales to differentiate between delinquent and non-delinquent adolescents. The Pd scale successfully detected the psychopathic group from the orphans (control for a broken home) and from the reform school subjects.

Jurjevich (12) based his study on the clinical and thirty-eight additional scales of the MMPI to find eleven differences between institutionalized delinquent girls and normal girls. The delinquents were found to be (a) more anxious, (b) less repressive, (c) less self-controlled, (d) lower in ego strength, (e) less able to be dominant in a social situation, (f) tending to answer in the direction of organic disturbances, (g) less able to play socially responsible roles, (h) more ready to admit the existence of some pathological symptoms, (i) strongly tending toward denying other symptoms, (j) less able to control their hostility, and (k) tending to answer in the direction of higher recidivism.

The decision an unwed mother must make to keep her baby or to have him adopted was the subject of a study by Jacokes (11), who used an analysis of variance on all scales of the MMPI and found that the analysis between scales was significant at the .001 level. The scales were subjected
to Tukey's procedure for comparing individual means. This revealed that the Pd scale was significantly higher than all other scales at the .05 level, with the Sc scale significantly lower than the Pd scale but significantly higher than the rest of the scales (11). Despite this, the MMPI results were found to be of no help in distinguishing which mothers would keep their babies and which would give them up.

Two papers have been presented by Astin (1, 2) on factor analysis of the Pd scale of the MMPI. In one he points out errors in a paper on the same subject by Comrey (4). Astin (1), by means of factor analysis, identifies five factors which characterize people who are labeled as psychopathic deviates. These include Factors I, self-esteem (bipolar); II, hypersensitivity; III, social maladaptation; IV, impulse control (bipolar); and V, emotional deprivation. Factors I and IV, which are bipolar, are very important. In Factor I (self-esteem) the positive pole consists of denying social introversion and shyness, and the negative pole consists of admitting depression and guilt feelings. It is surprising to find both ends of a bipolar factor existing in the same clinical scale. The significance of this occurrence is that persons who respond to one pole in the Pd direction will tend not to respond to the opposite pole in the same direction. Factor IV (impulse control) has positive poles suggesting a lack of spontaneity
in feeling and action. The negative pole indicates a loosening of impulse controls.

The largest correlations occur with Factor I (self-esteem). Low self-esteem people tend toward hypersensitivity, emotional deprivation, social maladaptation, and low impulse control. Apparently, the Validity Scale K (Correction) serves as a significant suppressor on each of the factors. Scale K (Correction) action on Factors I and IV is intended to suppress the negative pole of each. These observations lead to the second idea seen in Astin's (1) paper, that identical Pd score elevations may be obtained by endorsing certain subgroups of items; i.e., Factors I and IV in opposite directions. For example, Factor I would show an elevation on the D scale, suggesting that depression and guilt items were endorsed and the egocentric rejected. Thus, identical Pd scores can have quite different clinical implications, depending upon the internal composition of factors contributing to the total Pd score.

In an attempt to further explain the psychodynamic factors of illegitimacy Kasanin and Handschin (13) touch on the analyst's side of the picture. They have attempted to study the psychological characteristics of unwed mothers whose conditions cannot be explained by mental deficiency, ignorance, social and economic status, or psychotic pathology. In order to determine which psychological factors lead to illegitimacy, they only included unwed mothers who
(a) had normal or superior intelligence and who were (b) admittedly aware of the facts of pregnancy, (c) not psychotic, (d) American-born, Caucasians, (e) from families which were not broken, with no severe social or economic pathology, and (f) not living with the father of the illegitimate child. The subjects, after being narrowed down by the above criteria, seemed to display a syndrome called hysterical dissociation, the etiology and pathogenesis of which is described by the authors.

The clinical picture of the subjects was noted as follows:

1. The subjects demonstrated inferior educational achievement, in contrast to superior intellectual abilities.

2. They were not promiscuous, immoral, or amoral; and they tended to be sexually frigid.

3. The subjects rejected marriage to the father of their child, and, in many cases, to anyone.

4. There was a complete absence of conscious guilt associated with pregnancy (their unconcern distinctly resembled dissociation).

5. The dominant-father family pattern was in evidence. The father was more important as an Oedipus fixation. Subjects were jealous of and hostile to normal successful siblings.

6. Some of the fathers of the illegitimate children were older than the subjects, with characteristics like the subjects' own fathers.
7. Some subjects became pregnant by men whom they could not possibly marry.

8. Some subjects knew several men but became pregnant by someone they knew only casually.

9. The subjects tended to have severe super-egos but weak egos.

10. In addition to strong dissociation tendencies, the subjects indicated a disposition to fantasy.

11. Some subjects acted out fantastic and symbolic wishes.

12. Rorschach tests indicated schizoid personalities but no schizophrenic illness active. Thus, dissociation of schizophrenia must be ruled out.

13. The psychosexual level of the subjects was arrested or fixated at the genital level.

14. Many did not keep their children, but of those who did there was little evidence of affection for the child. These mothers were not interested in the independent development of the child as the normal mother is. Thus, it is posited that these pregnancies represent a hysterical dissociation state in which the girl acts out her incest fantasies as an expression of the Oedipus situation.

In order to explain the above picture Kasanin and Handschin (13) analyze the rather lengthy description by Rado (15), who gives the following etiology and pathogenesis of hysterical dissociation: as a little girl develops, she realizes that her body has no penis. This realization
results in a severe narcissistic shock. The child immediately regards the missing penis as a "wound," but at the same time, this genital area is one of erotic gratification. Here can be seen the origin of female masochism from the blending of erotism with grief, disappointment and pain. Compensation is found through intensive erotic activity in masturbation. However, the child's ego refuses to accept masochism, since she desires pleasure, not pain. The child's narcissism spurs the ego into activity. The ego, then, suppresses the genital masochistic impulses and gives her an imaginary penis. At first, she fantasizes and dreams she has a penis but later the illusory penis is converted into bodily symptoms. Only part of the body (frequently the breasts) becomes the symbol of the penis through conversion. This is the extent of Rado's work.

Kasanin and Handschin (13) elaborate on the above description by stating that the conversion may not work because the demand for the penis grows more insistent. Thus, the desire for the father grows and the desire to take the mother's place becomes more acute. In this case, the girl may go beyond this and dissociate the entire powerful complex, thus completely satisfying the demands of the ego. When this girl has a child by a phantom father, the super-ego is appeased, a penis acquired, and genital masochism has a vent for expression. Since the ego takes no active part in this performance, it is not disturbed.
Now the question arises as to why hysterical dissociation and pregnancy by a phantom father occur so rarely. The answer may lie in the fact that the conversion phenomena described by Rado are quite sufficient in most cases to solve the problem, which is created by the castration anxiety of the little girl, especially since we have not merely a formation of a series of conversion symptoms but actual narcissistic reaction formations of the ego. It fails in those cases where (a) elements of the unreal are very important, (b) there is a definite tendency to dissociation, and (c) the actual life situation is the formation of such reactions.

Cattell (3) has shown that the majority of unwed mothers he studied could be diagnosed as having some sort of character disorder. His investigation was performed in a maternity home in New York. Fifty-four consecutive referrals to the home were personally evaluated by Cattell, resulting in fifty-four psychiatric diagnoses which break down into the classifications illustrated in Table II.

TABLE II

CATTELL'S DIAGNOSTIC CLASSIFICATION

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Character Disorders</td>
<td>30</td>
</tr>
<tr>
<td>Neurotic Reactions</td>
<td>7</td>
</tr>
<tr>
<td>(anxiety, depression, conversions)</td>
<td></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>17</td>
</tr>
<tr>
<td>(Pseudoneurotic, 7; Other Types, 10)</td>
<td></td>
</tr>
</tbody>
</table>
A very interesting discussion by Viola M. Bernard concerning Cattell's paper indicates that his figures are not surprising. She compares Cattell's study to one by Ruth Rabinowich, who found 70 per cent character neuroses and 15 per cent ambulatory schizophrenias among 91 subjects. However, the psychologist's diagnoses for the same group were 43 per cent psychoneuroses, 31 per cent character neuroses, and 22 per cent schizophrenias.

Discussion of the Pd Scale of the MMPI

Significant elevation of Scale 4 or the Psychopathic Deviate Scale of the MMPI occurs when performance exceeds a T score of 70. A person who obtains an elevation on only this one scale has mild problems, according to Dahlstrom and Welsh (5). However, when one or more scales accompany the elevation of Scale 4, a subject may display certain types of behavior. The following examples show the characteristics found when certain scales are elevated.

When Scale 4, as the peak, is paired with an elevation of Scale 1, 7, or particularly 2, the delinquency rate is reduced below the level expected for boys in general, as noted by Drake and Oetting (7). However, when an elevated Scale 4 is found in combination with Scales 3, 8, and particularly 9, the delinquency rate is quite high. A high-point 4 (Scale 4 and one other scale are well above a T score of 70 with Scale 4 higher than the second) when paired
with Scale 3, 6, or 9 in men, shows a tendency toward alcoholism, excessive gambling, and poor work records. In women, this would indicate that they violate social mores, have recurrent marital difficulties, and tend toward illegitimate pregnancies.

High code 4-2's, being the elevation of Scale 2 (Depressive) along with the Pd scale, when grossly elevated, show evidence of psychotic or prepsychotic behavior. In such cases, suicide is a serious possibility (5).

High code 4-3's indicate a problem in impulse control and social conformity that leads to chronic hostility and aggressive feelings (5).

High code 4-6's relate to irritability and suspicion, combined with nervousness and introversion. Defects of judgment and some form of conduct disorder usually occur (5).

High code 4-7's indicate persons who act with little control or forethought, violate social and legal restrictions, and trample heedlessly on the feelings and wishes of others (5). Following this period of acting out, they may show guilt, remorse, and deep regret for their actions and for a while seem overly controlled and contrite. Their consciences may act disproportionately in terms of the actual behavior.

Gilberstadt and Duker (8) give the clinical picture of a psychopathic deviate as irresponsible, immature, demanding, egocentric, impulsive, childish, careless, restless, emotionally unstable, babied and overprotected by mothers,
experiencing severe marital conflict though seldom divorced, and sexually maladjusted, demonstrating perverse sexual behavior and acting-out. These deviates have low frustration tolerance, resulting in assaultiveness and alcoholism as serious problems.

It is difficult to diagnose a psychopath, for the following reasons (8):

1. Diagnosis is reached by exclusion.

2. It is based on quantitative rather than qualitative differences from normality.

3. There is an absence of quantitatively abnormal symptoms.

4. One of the few characteristics psychopaths have in common is difficulty in adjustment.

Gilberstadt and Duker (8) believe that a distinction should be made between the immature, emotionally unstable and passive-aggressive personality types and the antisocial, classical psychopaths. The latter usually suffer from severe rejection by fathers (described in strongly negative terms), truancy and expulsion from school, rebellion, and a high incidence of drop-outs. Employment records show maladjustment and poor job identification. The only field in which most can succeed is that of sales. Marital adjustment is poor. The psychopaths tend to display poorly controlled anger, which is frequently associated with sensitivity to rejection and inability to tolerate frustrations.
A slightly different etiological approach to making the diagnosis of psychopathic personality depends on the following criteria:

1. Outward social maladjustment is brought to the attention of a psychiatrist.

2. The maladjustment is continuous or repeatedly recurrent.

3. The difficulty in adjustment clearly is not due to defective intelligence, structural brain disorder, epilepsy, neurosis, manic-depressive psychosis, or schizophrenia.

Aichorn's consideration of the mother who is inadequate in rearing her child is cited in the Gilberstadt and Duker (8, p. 67) Handbook:

Since such a mother is ready to do anything to keep her darling from suffering the slightest discomfort, she is unable to subject him to any denials. Punishment upsets her more than it does the child. Weighted down by cares for him, she worries continually about his welfare and cannot demand from him any postponement or renunciation of pleasure. She clears out of his way all disappointments and obstacles which the child must learn to face and overcome in later life and thus she robs the child of initiative. His moods are endured with inexhaustible patience, and his naughtiness is admired as an indication of unusual individuality. Any criticism of him is as painful as a personal insult.

This child is the center of interest and lives without restraint according to the wishes of his pleasure ego. Reality does not exist for him because his mother shuts it out. Since he is unable to modify the pleasure principle, reality is pushed further and further away. . . . Finally the child makes demands which the mother cannot meet. He can no longer be kept away from reality and when he has
to meet it suddenly, he is unprepared for the force of its demands. This encounter either leads to neurosis or it kindles a rebellion which is beyond the control of the parents and which finds expression in all kinds of dissocial acts.

According to Gilberstadt and Duker (8), the following are the rules that apply to produce the true 4–9 type profile:

1. Pd and Ma greater than T score of 70.
2. No other scale greater than T score of 70.
3. L less than T score of 60.
4. Ma 15 or more T scores greater than Sc.
5. Pd 7 or more T scores greater than Mf.

In showing the clinical picture of the high code 4–9's, Gilberstadt and Duker (8) quote Jenkins, who cites Cleckley's widely known list of distinguishing psychopathic traits.

1. Superficial charm and good "intelligence"
2. Absence of delusions and other signs of irrational "thinking"
3. Absence of "nervousness" or psychoneurotic manifestations.
4. Unreliability.
5. Untruthfulness and insincerity.
6. Lack of remorse or shame.
7. Inadequately motivated antisocial behavior.
8. Poor judgment and failure to learn by experience.
10. General poverty in major affective reactions.
11. Specific loss of insight.
12. Unresponsiveness in general interpersonal relations.
13. Fantastic and uninviting behavior, with drink and sometimes without.
14. Suicide rarely carried out.
15. Sex life impersonal, trivial, and poorly integrated.
16. Failure to follow any life plan.

Two further characteristics should be added to the above list. These are

17. Depreciation of the husband by the unaffectionate, controlling mother, causing in the patient a deep-seated dislike and lack of respect for his father and for authority figures.
18. No postponement or renunciation of pleasure.

The following factors also contribute to the clinical picture of the psychopathic deviate: shyness, feelings of inadequacy, fearfulness, lack of confidence, difficulties in interpersonal and heterosexual relationship, sex guilt, poor sexual performance, frequent forced marriages, assertiveness and stubbornness in early adult years to cover up lack of underlying strength, domination by father or older brother with resultant dependence-independency conflicts, "baby" of family, masculine identification with feelings of inferiority, under-achievement, guilt about lack of achievement, and difficult concentration (8).

The background material above has shown that the MMPI is sensitive enough to detect psychopathic traits in a patient and that the clinical picture of the unwed mother
resembles that of the psychopathic deviate as seen on Scale 4 of the MMPI. Because of this similarity between the unwed mother and the psychopathic deviate, this study was suggested.

Hypotheses

The purpose of this study is to determine whether psychopathic tendencies, as measured by the MMPI, are present in the personalities of some unwed mothers. Following are the hypotheses of the study.

**Hypothesis I.**—The SP group will score significantly higher on the Pd scale than the SNP group.

**Hypothesis II.**—The SP group will score significantly higher on the Ma scale than the SNP group.

**Hypothesis III.**—There will be more subjects with high code 4-9 patterns in the SP group than in the SNP group.
CHAPTER BIBLIOGRAPHY


CHAPTER III

METHODS AND PROCEDURE

This chapter has three divisions: first, Subjects and Design; second, Tests; and third, Procedure.

Subjects and Design

The SP sample consisted of Caucasian women, ranging from eighteen to thirty-two years of age, who had been residents at the Methodist Mission Home of Texas, a home for unwed mothers in San Antonio, Texas. These subjects were selected at random from patients admitted to the Mission Home for the years 1965, 1966, and 1967. Full cooperation of the administration and staff of the Home was obtained in this study.

The subjects in the SNP sample were Caucasian girls from a college and a university in San Antonio, Texas (San Antonio College and Trinity University). Their age range was seventeen to twenty-five years. Full cooperation of the school administration at San Antonio College was given in securing volunteer subjects from the Sociology and Psychology Department classes in the first semester of summer school in 1968. Several girls attending the same semester at Trinity University volunteered as subjects.
The subjects of both SP and SNP groups were selected by applying the following given criteria.

1. Each girl must be attending college or be at least a high school graduate.
2. Each girl must have a Beta IQ of 100 or better, as a score of less than this would invalidate the MMPI scales.
3. Each girl must obtain a T score of less than 70 on the three validity scales of the MMPI (L, F and K).
4. Each girl must be single, with no previous children or marriage.
5. Each girl must be Caucasian.

In the present study pregnancy of the SP subjects was considered as the independent variable. The dependent variable was the subjects' responses to the Pd scale of the MMPI.

In order to show that the two samples were representative of the same population means, SD's, variance, and range were determined for three important variables: age, grade in school, and Beta IQ.

Inspection of Table III will show the close relationship of the SP and SNP groups when comparing the means and SD's in terms of age classification. Also as seen in Table III is the fact that the highest grade completed in school has a restricted range. The SP group includes grades twelve to fourteen, and the SNP group includes grades twelve to sixteen. This restricted range gives less meaning to the grade
TABLE III

COMPARISON OF SP AND SNP GROUPS ON
AGE, CLASS, AND BETA IQ

<table>
<thead>
<tr>
<th>Statistics</th>
<th>Single Pregnant</th>
<th>Single-Nevert Pregnant</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>Class</td>
</tr>
<tr>
<td>SD</td>
<td>1.949</td>
<td>0.688</td>
</tr>
<tr>
<td>Variance</td>
<td>3.799</td>
<td>0.473</td>
</tr>
<tr>
<td>Range</td>
<td>18-32</td>
<td>12-14</td>
</tr>
</tbody>
</table>

N = 79       N = 76

completed. However, the Beta IQ has a range of 100 to 126 for the SP group and 100 to 131 for the SNP group, yet there is less than one Beta IQ point difference between the means of the SP and SNP groups. This adds greater meaning to the similarities found between SP and SNP groups. The 79 subjects in the SP group and the 76 subjects in the SNP group are matched on age, highest grade completed in school plus and minus one year, and Beta IQ plus and minus five Beta IQ points. Using the above criteria, 54 matched pairs were found from the SP and SNP groups. This stresses the similarities of these two groups. The greater the similarities between these two groups, the more meaning a demonstrated difference would have when found between these two groups.
Tests

The following two tests to be discussed can be administered to subjects from sixteen years to seventy years of age. The first test used in the study was the Revised Beta Examination, 1946 Restandardization, Revised 1957, by Lindner and Gurvitz (3). This was the United States Army group examination developed during World War I, with revisions and extensive use. Lindner and Gurvitz have standardized the test and derived IQ's according to the method used by Wechsler. Thus, each subtest is converted to weighted scores that contribute equally to the total score. For each age group mean IQ's of 100 and standard deviations of 15 are the same for both the Beta IQ and the Wechsler IQ. This has been shown in a study where a coefficient correlation of .92 was found between Beta IQ's and Wechsler IQ's for 168 subjects of an age range from sixteen to fifty-five years (3).

The Minnesota Multiphasic Personality Inventory (MMPI), by Hathaway and McKinley (2), was the second test administered in the study. A full discussion of how this test was carefully constructed and how cross-validated scales provide a means for measuring the personality status of literate adolescents and adults, together with a basis for evaluating the acceptability and dependability of each test record, can be found in the handbook by Dahlstrom and Welsh (1).
It must be pointed out that in this study the short form, called the Military Form of the MMPI, had been used on the SP subjects. Thus, to remain consistent, the same form was used with the SNP subjects. In this short form of the MMPI the first 366 questions of the old Group Form, plus the addition of the following seven questions, are answered: 374, 383, 397, 398, 406, 461, and 502. This provides enough answers to obtain the three validity scales (Lie Scale, Validity Scale, and the Correction Scale) and the first nine clinical scales. Note that Scale Si is omitted, as well as the special scales, when the short form is used.

The Booklet Form with the IBM 805 Answer Sheet was used and hand-scored. In this short form the K-correction variable is used; thus the usual T scores appear on the K-corrected scales. The profiles were coded by a modified Hathaway method (2). This coding differs from the Hathaway method in that those scales scoring below 46 are written in descending order from highest to lowest (the reverse order is used in the Hathaway coding).

All profiles with F, K, or L having a T score above 70 were excluded in order to obtain only valid records. The cut-off points in raw scores were 12 for the F scale, 23 for the K scale, and ten for the L scale.

Test-retest reliability coefficients reported by Hotzberg and Alessi show a low of .52 to a high of .89 for the clinical scales using the short form for retest (after
complete form used originally) with a three-day interval. Cottle found higher coefficients alternating Card Form with Group Form with a one-week interval. As for validity, a high score on a scale has been found to predict positively the corresponding final clinical diagnosis in more than sixty per cent of new psychiatric admissions (2).

Procedure

All pertinent information for the SP subjects was obtained from the Methodist Mission Home's records. The routine casework of each resident includes a complete social history and psychometrics. The Revised Beta Examination and MMPI were administered to the subjects within a week of their admission to the home by the institution's psychological consultant, a Ph.D. clinical psychologist from the San Antonio area, certified in the State of Texas.

The SNP subjects were given both the Revised Beta Examination and the short form of the MMPI during the same testing period. These girls were advised only that their group results on these tests would be compared with results secured from a group of "institutionalized" girls. Both the MMPI and Revised Beta were scored by hand in strict accordance with the manual for each test (2, 3).
CHAPTER BIBLIOGRAPHY


CHAPTER IV

RESULTS AND DISCUSSION

This chapter covers the results of the statistical tests used in evaluating the three hypotheses. Interpretations of these results will be discussed, and suggestions for future research will be made.

The $t$-test of the difference between the means $(4, 6, 7, 8)$ was performed on each scale of the MMPI on the SP and SNP groups.

Hypothesis I.--The mean for the SP group was 65.114, with a SD of 3.374 on the Pd scale, whereas the mean of the SNP group was 55.855 with a SD of 9.448. The $t$-value of 5.746 with 153 df, giving $P < .001$, confirms Hypothesis I.

Hypothesis II.--The mean for the SP group was smaller (57.696) than the mean of the SNP group (58.776), as can be seen in Table IV. This was a reversal of the hypothesized mean trend in direction. The $t$-value for the Ma scale was 0.672, which resulted in rejection of the second hypothesis.

Hypothesis III.--Table V illustrates the results of a chi-square analysis for significance $(1, 2, 7, 9)$. A chi-square value of 2.579 was obtained, with one df, giving $P > .05$. The third hypothesis was rejected.
### TABLE IV

**MEAN, SD, VARIANCE, AND RESULTS OF $t$-TESTS ON THE PD AND MA SCALES OF THE MMPI FOR SP AND SNP GROUPS**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
<th>SD</th>
<th>Variance</th>
<th>$t$-Value</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hs SP</td>
<td>52.329</td>
<td>8.329</td>
<td>69.377</td>
<td>1.762</td>
<td>NS</td>
</tr>
<tr>
<td>Hs SNP</td>
<td>50.145</td>
<td>7.016</td>
<td>49.219</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D SP</td>
<td>55.646</td>
<td>1.133</td>
<td>1.283</td>
<td>2.517</td>
<td>.02</td>
</tr>
<tr>
<td>D SNP</td>
<td>51.618</td>
<td>9.545</td>
<td>96.932</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hy SP</td>
<td>57.646</td>
<td>8.003</td>
<td>64.052</td>
<td>1.774</td>
<td>NS</td>
</tr>
<tr>
<td>Hy SNP</td>
<td>55.355</td>
<td>8.071</td>
<td>65.139</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pd SP</td>
<td>65.114</td>
<td>3.374</td>
<td>11.384</td>
<td>5.746</td>
<td>.001</td>
</tr>
<tr>
<td>Pd SNP</td>
<td>55.855</td>
<td>9.448</td>
<td>89.272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mf SP</td>
<td>46.709</td>
<td>7.581</td>
<td>57.465</td>
<td>0.257</td>
<td>NS</td>
</tr>
<tr>
<td>Mf SNP</td>
<td>47.040</td>
<td>8.421</td>
<td>70.918</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pa SP</td>
<td>57.051</td>
<td>8.114</td>
<td>65.344</td>
<td>0.909</td>
<td>NS</td>
</tr>
<tr>
<td>Pa SNP</td>
<td>55.829</td>
<td>8.617</td>
<td>74.250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt SP</td>
<td>56.595</td>
<td>7.309</td>
<td>53.424</td>
<td>1.331</td>
<td>NS</td>
</tr>
<tr>
<td>Pt SNP</td>
<td>54.974</td>
<td>7.055</td>
<td>61.706</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sc SP</td>
<td>57.228</td>
<td>7.330</td>
<td>61.306</td>
<td>1.338</td>
<td>NS</td>
</tr>
<tr>
<td>Sc SNP</td>
<td>55.513</td>
<td>8.130</td>
<td>66.093</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ma SP</td>
<td>57.696</td>
<td>9.779</td>
<td>95.624</td>
<td>0.672</td>
<td>NS</td>
</tr>
<tr>
<td>Ma SNP</td>
<td>58.776</td>
<td>2.182</td>
<td>4.763</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE V

COMPARISON OF SP AND SNP GROUPS IN FREQUENCY OF OCCURRENCE OF HIGH CODE 4-9 PATTERNS

<table>
<thead>
<tr>
<th>Group</th>
<th>Number with High Code 4-9 Patterns</th>
<th>Remainder</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>SP</td>
<td>10</td>
<td>69</td>
<td>79</td>
</tr>
<tr>
<td>SNP</td>
<td>4</td>
<td>72</td>
<td>76</td>
</tr>
<tr>
<td>Totals</td>
<td>14</td>
<td>141</td>
<td>155</td>
</tr>
</tbody>
</table>

chi-square = 2.579

An IBM 360 Model 20 Computer using the Disk Operating System was used for the above calculations. The program was written in RPG (Report Programming Generator) with Basic Assembly Language Subroutines.

All nine scales of the MMPI had t-tests applied to the difference between the means of the SP and SNP groups. Any additional finding not related to any of the three hypotheses was noted. Scale 2, the Depression scale, of the MMPI, was significantly higher for the SP group. The t-value of 2.517, with 153 df, and $P < .02$, was obtained (see Table IV).

Discussion

The hypothesis that the SP group would score significantly higher on the Pd scale than the SNP group was confirmed. It should be noted, however, that not all members of the SP group
had higher Pd scales. Thus pregnancy, as an intervening variable, would not itself necessarily elevate the Pd scale, although psychopathic tendencies might be found in some unwed mothers. On the basis of the results obtained from the MMPI, it can be concluded that the SP group possessed more psychopathic tendencies than the SNP group. It was not necessarily because of the pregnancies, then, that the girls appeared psychopathic, but it was possible that the girls' psychopathic tendencies contributed to their becoming pregnant.

The rise of the D scale when accompanied by a high Pd scale was an unusual psychological phenomenon and should be further explained. The fact that the Ma scale was not elevated as hypothesized was perhaps related to this occurrence. The SP subjects were tested in their fifth month of pregnancy, and evidently the reality of the impending birth caused a depression which raised this scale. This depression and hypomania are found on opposite ends of the same continuum and are apparently psychologically incompatible. Even in a person who is a manic-depressive, the disorder tends to be cyclic in nature, with one occurring while the other remains dormant. Thus, it was possible that prior to conception the unwed mothers displayed hypomanic tendencies which were reduced by depression during pregnancy.

The Ma scale staying low was the reason for the rejection of the second and third hypotheses. The second hypothesis
predicted the elevation of the Ma scale, and the third hypothesis was partly based on that predicted elevation. Here the number of subjects with both Pd and Ma scales above the T score of 65 were counted, and the chi-square caused it to be rejected. The SP group had 40 subjects with T scores above 65 on the Pd scale, while only ten of these were matched with elevated Ma scales. Had the Ma scale been elevated as hypothesized, some of the remaining 30 SP subjects would have been matched. Thus the additional finding of the elevated Scale 2 and the lack of elevation of Scale 9 provide the explanation for the rejection of Hypotheses II and III.

Suggestions for Future Research

Several suggestions can be made concerning future research. First, a study of the high code 3-8 pattern might be made. An elevation of both scales above a T score of 70 would be the criterion for the subsequent issuance of such psychometric studies as the Rorschach. A comprehensive battery of tests administered to unwed mothers would result in several case studies that might be used in detecting instances of hysterical dissociation, as described by Kasanin and Handschin (3) and by Rado (5).

An Item Analysis of all nine scales of the MMPI might be made using the SP and SNP subjects of this study as an in-depth approach to determining personality characteristics of unwed mothers.
CHAPTER BIBLIOGRAPHY


CHAPTER V

SUMMARY

This chapter in itself will be a review of this study, placing special emphasis on the conclusions found and the interpretations.

Because no similar study or studies could be found, a complete review of the literature was included. This contained detailed discussions on the size of the population of illegitimate pregnancies and its apparent reported inaccuracy, contributing factors and psychological causes of this condition, the syndrome called hysterical dissociation, and the therapy needed to treat these women.

The Pd scale of the MMPI is discussed, describing the various high-point combinations with Scale 4 and relating the characteristics found in psychopathic deviate personalities.

The background material indicated that the MMPI is sensitive enough to detect psychopathic traits in a client, and the clinical picture of the unwed mother resembles that of the psychopathic deviate, as seen on the Scale 4 of the MMPI. Due to this similarity of the unwed mother and the psychopathic deviate, the study was suggested.

The hypotheses considered were as follows:

The SP group will score significantly higher on the Pd scale than the SNP group.
The SP group will score significantly higher on the Ma scale than the SNP group.

There will be more subjects with a high code 4-9 pattern in the SP group than in the SNP group. It should be noted that the cut-off point is a T score above 65 for both scales 4 and 9. The high code 4-9 pattern specifies all those remaining scales below T scores of 55 and only scales 4 and 9 elevated above T score of 65.

The SP subjects were Caucasian girls who had at least completed high school and had a minimum Beta IQ of 100. These subjects were all residents of the Methodist Mission Home in San Antonio, Texas, a home for unwed mothers. The SNP subjects were Caucasian students from San Antonio College and Trinity University located in the same city. These girls were also at least high school graduates and had Beta IQ's of 100 or more.

A statistical analysis was made on the results of the MMPI scores. This confirmed the first hypothesis but rejected the second and third. With a t-value of 5.746 (153 df), the Pd scale was significantly elevated beyond the .001 level for the SP groups. However, no significance was found for the Ma scale. The numbers of subjects who obtained both Pd and Ma scores above a T score of 65 were analyzed by means of the chi-square, which also indicated no significance ($X^2 = 2.579$ with one df).
The results contained one additional finding, however. There was a significant elevation in the Depression scores of the SP group over those of the SNP group ($t = 2.517, 153$ df, $P < .02$). This finding was used to explain the rejection of the second and third hypotheses in the following manner. The pregnancy and the reality of the child soon to be born to the subjects in the SP group had produced a depression in many of the subjects. Since depression and hypomania are found at opposite ends of the same continuum, they are apparently incompatible. Thus, when the D scale is elevated, the Ma scale in most cases will be low and the reverse would hold. This explains the finding of the elevation on the D scale and the failure of the Ma scale to be elevated.
BIBLIOGRAPHY

Books


Articles


Bernstein, Rose, "Gaps in Service to Unmarried Mothers," Children, X (March-April, 1963), 49-54.


"The Unmarried Mother of School Age as Seen by a Psychiatrist," Mental Hygiene, XXXIX (October, 1955), 631-646.


Hamilton, Dagmar Kalli, "Unmarried Mothers in Iowa, a Sociologic Study," Journal of Iowa Medical Society, LIII (October, 1963), 683-691.


McClure, W. E. and Bronett Goldberg, "Intelligence of Unmarried Mothers," Psychological Clinic, XVIII (March, 1929), 119-127.


Manuals
