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# Mother-daughter relationships in adolescent problems.

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MOTHER-DAUGHTER RELATIONSHIPS IN  
ADOLESCENT PROBLEMS

A thesis

Submitted by

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(B.S.S. LeMoyne College, 1957)

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1959

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TABLE OF CONTENTS

LIST OF TABLES	iii
CHAPTER	PAGE
I. INTRODUCTION . . . . .	1
II. REVIEW OF THE LITERATURE	
Part I Theoretical Discussion of Mother- Daughter Relationships . . . . .	5
Part II Theoretical Discussion of Adolescence . . . . .	14
III. BACKGROUND OF THE STUDY	
Part I Setting . . . . .	22
Part II Methods . . . . .	23
IV. ANALYSIS OF THE DATA	
Part I Characteristics of the Sample . . . . .	25
A. Characteristics of Parents and Marriages . . . . .	25
B. The Children and the Symptom . . . . .	32
C. The Referral . . . . .	38
Part II Factors Contributing to the Mother-Daughter Relationship . . . . .	39
A. Mothers' Adolescent Backgrounds . and Mother-Maternal-Grandmother Relationships . . . . .	39
B. Marital Relationships . . . . .	44
Part III Mother-Daughter Relationships . . . . .	49
A. Unity . . . . .	49
B. Accomplishment of Tasks . . . . .	57
Part IV Composite Mother-Daughter Relationship . . . . .	60
V. SUMMARY AND CONCLUSION . . . . .	62
BIBLIOGRAPHY . . . . .	73
APPENDICES	
A. Schedule . . . . .	75
B. Symptoms at Referral . . . . .	77

## LIST OF TABLES

TABLE	PAGE
1. Age of the Mother . . . . .	26
2. Marital Status . . . . .	27
3. Age at Marriage . . . . .	28
4. The Religion . . . . .	29
5. Occupation of Husbands . . . . .	30
6. Religion and Total Income . . . . .	31
7. Religion and Occupations of Mothers v . . . . .	32
8. Age at Referral . . . . .	32
9. Number of Siblings . . . . .	33
10. Ordinal Position . . . . .	34
11. Feelings of the Child Toward the Problem and Help . . . . .	35
12. Age of Child When Symptom Occurred . . . . .	36
13. The Previous Behavior . . . . .	37
14. Initiation of Referral . . . . .	38a
15. Relationship to Father . . . . .	42
16. Affectional Relationship . . . . .	43
17. Husbands' Personalities . . . . .	46
18. Parental Relationship Concerning the Child . . . . .	47
19. General Marital Relationship . . . . .	48
20. Mothers' Feelings About Themselves . . . . .	50
21. Therapists' Evaluation of Adolescents' Feelings . . . . .	51

TABLE	PAGE
22. Identifications . . . . .	53
23. Peer Relations . . . . .	55
24. Mothers' Attitudes Towards Daughters' Peer Relationships . . . . .	55
25. Dissolution of Unity . . . . .	58
26. Setting of Controls . . . . .	59
27. Composite Mother-Daughter Relationship . . . . .	61

## CHAPTER I

### INTRODUCTION

This is a study of the attitudes of mothers of adolescent girls with anti-social symptoms, towards the mother-daughter relationships and factors contributing to the relationships. In order to more clearly investigate these attitudes a comparison will be made with the attitudes of mothers of adolescent girls with internalized symptoms. A comparison may increase our specific understanding of how mother-daughter relationships contribute to the anti-social symptoms of their daughters and what attitudes must be changed to effect a change in their children.

The relationship between parent and child is one of the most potent factors in the child's personality development and in his adjustments to himself and society.

Child guidance clinics assume that the child's symptoms are usually a reflection of an emotional disturbance in the whole family pattern, of which the mother-child relationship and its contributing factors are a part. For this reason a coordinated treatment of child and parent is now considered to be the most effective method in removing the child's symptom. On this assumption, we would then

expect that the mother-child relationship found in the family of a child with one type of symptom differs from the mother-child relationship found in the family of a child with another type of symptom.

In the theoretical discussion of the adolescent in Chapter II, it is pointed out that the adolescent is in a state of disequilibrium when leaving the relatively sheltered world of childhood and entering into a world of adult duties and privileges. The transition is laden with conflicts between being dependent and independent, and the handling of the reawakened sexual drive can be overwhelming. The turmoil is manifested in conflicting behavior; shyness, aggression, submission and disobedience.

According to the referral sources in the initial contact, the adolescents in the study group presented to extreme, one side of the expected adolescent conflict, that of independence, acting-out, aggression and disobedience. They saw the children's symptoms as problems affecting and involving other people. These adolescents and their mothers will be referred to throughout the study as the Anti-Social group or the A-S group.

The comparison group were chosen because they exhibited to extreme the other side of the adolescent conflict, according to the referral source in the initial contact. They saw the adolescents' symptoms as problems affecting and involving only the children. An illustration of this group is

seen in the presenting symptoms of unhappiness, fearfulness, stuttering, and inability to make friends. This group of adolescents and their mothers will be referred to throughout this study as the Internalizers, the comparison group or the I group.

It was expected that the mother-daughter relationship and factors contributing to it in the Anti-Social group of adolescents would differ significantly from those found in the comparison group.

"Adolescence cannot be understood in terms of one discipline . . . it is a period of radical change in the total individual."<sup>1</sup> Although this study is not an attempt to understand adolescence, this statement has bearing on the attempt to study selected contributing factors. The groups compared and the individuals of whom they are comprised are so complex, that my attempt to study certain factors is recognizably academic. However, in a comparative study of this size, there is a necessity to limit the scope of the study by focusing on a few factors.

The material for this study was collected from the case records of adolescents and their mothers who were seen at the Worcester Guidance Center for help with the adolescents' anti-social behavior or internalized behavior.

Information sought included background information

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<sup>1</sup>Irene Josselyn, The Adolescent and His World, p. 9.

regarding the mothers, their marital relationships, the child and the symptom and the mother-daughter relationships as seen by the mother.

After a theoretical discussion of pertinent information, a complete formulation of the questions answered in this study will be presented.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### PART I. THEORETICAL DISCUSSION OF THE MOTHER-DAUGHTER RELATIONSHIPS

An approach to the complexities of the mother-daughter relationship in adolescence necessarily includes an outline of the conflicts and tasks of motherhood, the conscious and unconscious interaction between mother and daughter, past and present influences bearing on the relationship, and the consequent influence of these factors on the mother-adolescent-daughter relationship, which may contribute to Anti-Social or internalized symptom or typical adolescent behavior.

At birth, the relationship between the infant and her mother is often called symbiotic; a relationship of such intensity that the infant is still emotionally a part of her mother and unable to survive without her. They are a unit, directing each other's emotions and behavior, both consciously and unconsciously. The child's helplessness and dependency on the life-giving mother nurtures this unity as does the biological and psychological goal of womanhood in the experience of maternity. However, in

order for the child to gradually function independently, this unity must be modified and gradually severed so that the child can differentiate herself from her mother. Although the mother may be aware that their unity can only be temporary, the dissolution of the psychological umbilical cord is a painful experience for her. Helene Deutsch states that "Women's two greatest tasks as a mother are to shape her unity with the child in a harmonious manner and later to dissolve it harmoniously."<sup>1</sup> These tasks are very powerful in their effect on the child's development. They involve giving the child good physical care, providing her with love, affection, upbringing and controls and helping her to fulfill these needs through her own efforts as she grows, until a well integrated ego has been established in her daughter. Ordinarily these tasks are carried out satisfactorily, but always with difficulty.

Some mothers have experienced severe deprivations and are unable to relinquish their needs for the demands of the child. Often they reject their daughters before birth or soon after, thus destroying the unity and not dissolving it.

It is from the very beginning that the mother's successful or unsuccessful accomplishments of these tasks exert their influence on the life of the adolescent. The mother who provides mature, consistent love and care for her

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<sup>1</sup> Helene Deutsch, The Psychology of Women, Vo. II, p. 294.

daughter is not usually faced with additional problems created by her adolescence. The mother will not be confronted with an adolescent who has been forced to rely on herself for gratification, resulting in narcissism, and a general inability to resist the id impulses as sometimes seen in anti-social behavior. Nor is it likely that the daughter will have received so much gratification that she will prolong her dependency and become an internalizer.

Controls and limits must be placed on the child until she introjects them and is able to control herself. If the adolescent has not received limits as a child, she will be unable to control herself or accept limits from others during this time of increased pressures from within that need to be sublimated. The mother's ability to accomplish this task in her relationship with her child would obviate dangers of later having an uncontrollable adolescent daughter. The severely controlling mother may also have a rebellious adolescent, or a restricted, controlled internalizer, depending on other factors.

In the brief discussion of the tasks and conflicts of the mother, the unity in directing each other's emotions and behavior has been mentioned but needs to be expanded because of its importance. Each level of a child's development creates new experiences which must be mastered with the help of her parents. The child and mother are acutely aware

of each other's reactions and feelings in relation to the experience as well as to the general environment. Following her awareness, the child takes over or incorporates these same feelings of the mother in order to receive the love and approval necessary for her survival. Through empathy with the child, the mother also identifies with the child's reactions in order to fulfill her own goals of motherhood. Both react to the conscious and unconscious feelings through "intuitive empathy."<sup>2</sup> When realizing the intensity of the relationship, the difficulties encountered in severing it become more understandable. In cases of severe emotional problems or conflicts within the mother, the severance is partial and the conflict is transmitted to the child who may in turn transmit it to her own child. Helene Deutsch refers to this as "compulsive repetition."<sup>3</sup>

It is beyond the scope of this discussion to undertake an exploration of the dynamic processes involved in the phenomena of this unity, but sufficient and important to be aware of its existence. If the unity existing between the mother and child is not utilized properly, an identification might arise based on "distorted forms,"<sup>4</sup> This will be examined more closely later in the discussion.

The mother-daughter relationship has received so much

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<sup>2</sup>Ibid., p. 298.

<sup>3</sup>Ibid., p. 308.

<sup>4</sup>Ibid., p. 297.

attention because it is commonly accepted that on the pattern of this first relationship, the child will build all later relationships. If this is true, the adolescent's mother has patterned her relationships with her daughter and her husband after her own initial relationships, whether they were ones in which she received gratifications or frustrations. Helene Deutsch points out by use of example that daughters often repeat their mother's pattern of behavior or recreate in their own family relationships what they experienced in their early family, in a neurotic effort to master their unresolved childhood difficulties through the family they establish as an adult.<sup>5</sup>

Both parents bring their own conflicts into marriage, and positively or negatively affect the interaction of the family unit which in turn affects each individual member. Evidences of some of this discord are seen in divorce courts, but not always. Homes can be broken in which couples live seemingly irreconcilable lives, but neurotically dependent on each other, with adverse influence on the child. A chronically disturbed child can be indicative of a disturbed family relationship as well as a disturbed parent-child relationship.

In the theoretical discussion of adolescence, it will be seen that the adolescent gradually protests against

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<sup>5</sup>Ibid., p. 308.

her dependency and strives to break away from the mother.

When understanding the intensity of the symbiotic unity between mother and infant, and the difficulty encountered in dissolving it under any circumstances, and the adolescent's gradual protest against her dependency, the conflict arising from their opposing aims can be understood.<sup>6</sup>

Several reasons exist behind the mother's reluctance to relinquish her child to independence. It is always difficult and painful to lose a part of oneself, and the child is still emotionally a part of her mother to a great or small extent, depending on the lack or degree of pathology.

The mother may wish to retain her control over her daughter, feeling that her daughter is challenging her authority and that her natural need to be important and to exert her influence is being threatened. Often she will reinforce her control which her daughter might react to with even greater rebellion and hostility and anti-social behavior.

The mother feels frightened and rejected at the thought of sharing her daughter's love with others. By nature her goal has been one of motherhood and with the daughter's strivings for independence, it appears that her child no longer needs her and her function is being reduced.

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<sup>7</sup>Ibid., p. 302.

This might be intensified if she is experiencing menopause, and losing her capacity for reproduction, which reinforces her feelings that she is living without a function and is no longer useful. The mother also becomes confused about her daughter's inconsistent wishes for emancipation, which alternate between needing to be treated like a child and like an adult.

A mother fears that her daughter does not have sufficient strength to deal with the outside world and may come to harm. She is reminded of the difficulties she met in her own struggle; difficulties she may not have overcome. She relives her adolescence. thinks of accomplishments she tried unsuccessfully to achieve, and of her bad experiences. She tries to protect her daughter from experiencing her fate. "Such attempts often drive the daughter into greater rebellion and provoke the feared eventuality."<sup>8</sup> This can be a factor in the relationship contributing to Anti-Social behavior.

In the discussion of the conscious and unconscious inter-action between mother and child, the importance of utilizing the unity properly and the danger of an identification based on "distorted forms" was noted but needs expansion.

In distorted forms of identification, the child may be

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<sup>8</sup>Ibid., p. 307

just like a parent's sibling of whom she was jealous; or of her rejecting parents; or even more deeply, the child be an extension of her hidden impulses.<sup>9</sup> The child might also be identified with herself and be forced to experience the same conflicts she had in adolescence.<sup>10</sup> These improper utilizations of the unity has direct influence on an adolescent's anti-social or internalized symptoms.

Many mothers experience relatively little difficulty through the previous periods of their daughter's development but find themselves in an upheaval in their response to the child's strivings for independence and renewed sexual interest, and sometimes distorted identifications occur when the child unconsciously recreates for them a conflicting experience they had in the past.

The mother may want her daughter to carry out her own unfulfilled hopes and become jealous and angry if this is achieved. Some mothers can only love themselves in their children and others cannot love at all, depending on the degree of deprivation they have experienced in their childhood. It is being increasingly recognized that the child's difficulties are often those of the parents.<sup>11</sup>

The adolescent sometimes submits to her mother's unconscious identifications and wishes, and sometimes rebels

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<sup>9</sup>Gordon Hamilton, Psychotherapy in Child Guidance, p. 278.

<sup>10</sup>Deutsch, op. cit., p. 441.

<sup>11</sup>Ibid., p. 297-298.

against them. Either act usually arouses hostility and sometimes "overcompensated hatred, resulting in an excessively strong tie between them."<sup>12</sup>

Other influences bear on their relationship. The bond between the adolescent and her father may be strengthened temporarily and the mother may be placed in a position of unconscious competition with her daughter, especially during menopause when she feels she is losing her femininity.<sup>13</sup>

In some way, the mother may identify her daughter with other objects; such as the husband who has deserted her physically or emotionally, and she might displace all her resentment and feelings of disappointment to her daughter, causing her daughter to counteract with anti-social behavior.

The physical or emotional absence of the father from the home places more responsibilities on the mother and forces her to take over the masculine role which she may cherish or despise; either feeling interfering with her daughter's positive identification with women and relationships to men. The child's emotional evaluation of the father's absence might be one in which she places the blame on herself or mother, and all her future relationships with men may be colored with the unconscious fear of being

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<sup>12</sup>Ibid., p. 309.

<sup>13</sup>Josselyn, op. cit., p. 64

abandoned or rejected by them.

These few factors involved in the dynamics of the mother-daughter relationship have been chosen for discussion because of their direct bearing on this study. The many other important factors involved are not being considered because of the necessary limits of the study.

## PART II. THEORETICAL DISCUSSION OF ADOLESCENCE

In comparing the mother-daughter relationships of the anti-social group of adolescents with the internalizer group of adolescents, it seems important to briefly describe the adolescent period.

For the purpose of this study, a definition of adolescence, a discussion of the phenomenon of adolescence and the psychological needs of this group, and a consideration of the fulfillment of these needs by the parents will be included in the description.

There are many definitions of adolescence, including "a slow and long elaboration of the process of maturation"<sup>14</sup> and "the intermediate stage between childhood and adulthood,"<sup>15</sup> which enforces the author's opinion that only conventional limits may be stated. The definition used for the purpose of this study will be delineation of age. Adolescence is the age span in childhood between and including

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<sup>14</sup>Helene Deutsch, Psychology of Women, Vo. I, p. 90.

<sup>15</sup>Josselyn, op. cit., p. 5.

eleven and seventeen. This particular definition was formed because seventeen-year-old girls are usually still in high school and dependent on their parents, and looking forward to graduation and independence. Eleven-year-old girls often develop symptoms of the adolescent period.

The human being is a total structure with the physical and psychological aspects only subdivisions, and both containing inherent growth factors.<sup>16</sup> During the latency period, the physiological and psychological aspects of the human being have experienced a marked decrease in rate of growth, in contrast to the earlier stages of psychosexual development.

Adolescence is characterized by a resurgence of the growth pattern in both the physiologic sphere and the psychological sphere. The biologic development of an adolescent is responsible for many qualitative changes in both spheres, resulting in new difficulties with which the adolescent ego is confronted and must challenge. The propinquity of the emotions to the instinctual life causes them to be greatly affected by the growth process, with many problems as a consequence.<sup>17</sup>

In the physiologic sphere, the change is marked by the readiness of the reproductive system to function,

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<sup>16</sup>Irene Josselyn, Psychosocial Development of Children, p. 21.

<sup>17</sup>Deutsch, op. cit., Vo. I, p. 91.

resulting in the menstrual cycle. Other physical signs of coming maturity have usually already been evidenced; acceleration of the growth of the body, development of a mature figure and the reawakening of the sexual drive.

In the psychological sphere, there are many changes, with the most obvious manifested in the aggravated force from within to be freed of infantile dependency in exchange for the achievement of adult status, and the reawakening of sexual interest which is now quite conscious.<sup>18</sup>

Because of these changes, the previous harmony that coexisted between the components of the psychic structure during latency disappears, and disequilibrium between the id, ego and superego reigns. The id has an increase of psychic energy which is directed towards instinctual gratification causing the ego to react with a renewed defense against the undesirable impulse. At the same time the strength of the superego has become inconsistent; weakened at times because of the overthrow of the parent's standards and rigid at other times in reaction to the increased pressure of the id. The pressure of the two components restricts the ego, resulting in the unpredictable behavior of most adolescents and in very disturbed behavior of some adolescents, such as the Anti-Social group under study and the comparison group.

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<sup>18</sup>Josselyn, op. cit., p. 93.

The importance of the anxiety producing change which must be accomplished has been stressed by many.

From the time of puberty onward the human individual must devote himself to the great task of freeing himself from the parents and only after this detachment is accomplished can he cease to be a child and so become a member of the social community.<sup>19</sup>

The adolescent and her social community ordinarily are eager for her to reach adulthood. The pressures from within and without encourage her to achieve this new status, and each step is met with anxiety as she steps a little further away from the relative security of childhood in which her parents met her needs, were her strengths, reliable guides and protectors in respect to her own impulses.

The realization that she is gradually expected to do without their assistance alternates between being appealing and frightening, to which she behaves in accordance; either wishing to be treated as an adult and acting like one, or needing to remain a child and acting like one.

Her conflicts between dependency and independency exasperate herself and society and her behavior reflects her vacillation and precarious position. She becomes rebellious and disparages the standards of her family, resulting in many altercations in the home, and at other times she is submissive and compliant. Invariably she feels misunderstood

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<sup>19</sup>Sigmund Freud, A General Introduction to Psychoanalysis, p. 345.

and unappreciated by everyone except her peers, to whom she turns for support. However, chronic unhealthy family relationships militates against making good group relationships. The group is very important to this age group, enabling them to repudiate adult influence and to supply the understanding each feels she has lost. She develops a spirit of loyalty to them in which she must do what they are doing at the cost of parental disapproval.

This conflict is only one cause of the emotional turbulence of the adolescent period. The other obvious one is her added responsibility of handling the reawakened sexual interest and drive. The reawakened sexual drive is responsible for the renewed oedipal conflicts in which she is drawn to her father, placing her in a position of competition with her mother, thereby making her father a forbidden love object and her mother a feared person who might retaliate by withdrawing her love but still a model with whom she must identify.

The adolescent girl must learn how to be a woman and gain the feeling of being a capable woman in order to feel comfortable in her future relationships with both men and women. She must identify with her mother to gain this security and in added conflict she must deny and reject the qualities of her mother that she feels she would need to compete with.

She solves these main conflicts without too much difficulty if she has been developing normally with the necessary assistance from her parents through the years, and continues to receive guidance and controls appropriate for her emotional development.

Her acceptance of independence will be easier if she received earlier gratifications for her dependency needs and was not pressured into becoming independent too early or if her every attempt to become independent was not thwarted because of the parent's own needs to keep her dependent on them.

The resolution of the oedipal conflict comes about naturally under optimum conditions when she rejects her father as a love object and turns to heterosexual relationships with boys her own age. When she makes this exchange, she can also see her mother as a model instead of a rival, and as someone with whom she can identify. However, in order to become a woman in her own right, she must find other identifications also, in order to lose her dependence on her mother, develop her own personality and discover who she is. With the renewed integration of her psychic structure and the establishment of an independent personality, she is well on her way to adulthood where she may later found a family of her own.

This study will investigate the important factors discussed in the literature concerning the mothers'

relationships to their adolescent daughters and its contribution to the adolescents' anti-social behavior.

These areas include past and present influences bearing on the mother-daughter relationships such as the mothers' adolescent experiences and relationships and current marital relationships.

The study is interested in the mothers' unity with their daughters, as evidenced by the daughters' incorporation of their mothers' feelings, identifications of the adolescents by their mothers and the mothers' attitudes towards their daughters' peer relationships.

It studies the accomplishment of her maternal tasks; the dissolution of the unity, setting of limits and controls and feelings toward the daughters.

This is a study of the mothers' attitudes toward their relationships to their daughters who had anti-social symptoms.

This will be done by comparing the findings to the attitudes of mothers of adolescents with internalized behavior.

The following areas were examined:

1. The differences in the general characteristics of the two groups which might have bearing on the relationship.
2. The mother-maternal grandmother relationships during adolescence.
3. The marital relationships.

4. Selected aspects of the mother-daughter relationship.

I feel that study of these areas is important in increasing our understanding of the contribution of mothers' attitudes to the anti-social symptoms of their daughters. There is acute recognition in the field of social work that mothers must be helped to understand and change their attitudes in order to effect a change in their children.

## CHAPTER III

### BACKGROUND OF THE STUDY

#### PART I. SETTING

The cases studied were collected at the Worcester Youth Guidance Center, one of the oldest child guidance clinics in the United States. It is supported by public and private funds and offers treatment and diagnosis of emotional problems to the children and their parents in the Worcester community.

In carrying out this function, it utilizes a team approach, with social workers usually seeing the parents, and psychiatrists and psychologists usually treating the child. The clinic recognizes that in many cases, in order to effect a change in the child, the parents must be helped.

Other services include diagnostic services for clients, social agencies and medical agencies in the community; consultation services to parents, schools, agencies and allied professional groups; training programs for interns, students of clinical psychology and social work students, and allied professions; mental health education for the community; and ongoing research.

## PART II. METHODS

The study is based on sixteen cases seen at the Worcester Youth Guidance Center in which a mother was interviewed in connection with the problems of her adolescent daughter. The cases were obtained after an examination of every case of an adolescent girl who was seen after 1949, and whose case record met the following criteria:

1. In order to obtain diagnostic information of clinical significance, cases were selected which contained a minimum of three recorded or summarized interviews for less than this usually did not have sufficient information. Material from more than eight interviews was not used. Discussion of the mother's attitudes toward her adolescent relationships to her own parents had to be recorded. These criteria greatly reduced the size of the sample, and after examining records of every adolescent seen in the past eleven years, only sixteen cases fit the criteria and the author was dissatisfied with the content of one record.

2. The symptoms as seen by the referral source had to fall entirely under one of the two categories; anti-social behavior or internalized behavior, and not a combination. However, if symptoms from the other group were brought out in the following contacts, the case was accepted for study if it

met the other criteria.

3. The child had to be within an age range of eleven to seventeen years of age, average to superior intelligence, without gross physical defects, and without psychosis.

4. The mother seen had to be the real mother of the child, of average to superior intelligence, without gross physical defects, and nonpsychotic.

Information sought included background information regarding mother, her marital relationship, the child and the symptom, the father's role, how mother saw her relationship to her mother in adolescence and her current relationship with her daughter.

## CHAPTER IV

### ANALYSIS OF THE DATA

#### PART I. CHARACTERISTICS OF THE SAMPLE

##### A. CHARACTERISTICS OF PARENTS AND MARRIAGE

Selected characteristics of the Anti-Social group were studied by comparing them to selected characteristics of the Internalizer group, to determine possible factors contributing to the mother-daughter relationships in the Anti-Social group. The results of the findings will be presented in this section.

##### Age of the Mother

Table I indicates that the A-S group of mothers were a little younger than the comparison group of mothers. It also shows that five of the mothers in the A-S group were younger than forty at the time of referral which might mean that they were not experiencing menopause as compared to the I group.

TABLE I  
AGE OF THE MOTHER

Age	A-S Group	I Group
30-34	1	1
35-39	4	2
40-44	1	3
45-49	0	2
50-	<u>2</u>	<u>0</u>
Total	8	8

Marital Status

The preceding chapter contained a discussion of the importance of a stabilized family composition, both physically and emotionally, in the child's years of development in order to protect the child from the dangers of being identified with the rejected or rejecting husband, inadequate resolution of the oedipal conflict, and threat of abandonment.

Table 2 indicates that five mothers in the A-S group were divorced as compared to the I group in which there were no divorces. The physical instability of the family composition in the A-S group seems to put the A-S adolescent girl in greater danger than that with which the I adolescent girls would be confronted.

TABLE 2  
MARITAL STATUS

Status	A-S Group	I Group
Married & living with husband	3	7
Widowed by first husband	0	1
Divorced -- Not remarried	2	0
Divorced -- Remarried	2	0
Widowed by second husband	<u>1</u>	<u>0</u>
Total	8	8

Age at Marriage

Table 3 shows that the age at marriage of the mothers in the A-S group differed from the age at marriage of the mothers in the I group. Five married before reaching twenty and one-half of the mothers in the I group were married at a later age.

In the A-S group, the one mother in the 30-34 range was married previously when seventeen, but her daughter was born in her second marriage.

In the theoretical discussion in the previous chapter, there was a presentation of the idea that some mothers force their children to repeat their pattern, and others attempt to direct their daughters away from the pattern, to which the daughter either submits or rebels. We may

TABLE 3  
AGE AT MARRIAGE

Age	A-S Group	I Group
15-19	5	1
20-24	2	4
25-29	0	1
30-34	<u>1</u>	<u>2</u>
Total	8	8

justifiably wonder if the early marriages or divorces of the A-S group and the mothers' reactions to them have contributed to the daughters' anti-social behavior.

#### The Religion

Table 4 indicates that there were no mixed marriages in the Anti-Social group to contribute to familial discord. This did not differ from the Comparison group.

Half of the A-S group were Protestant as compared to the I group in which half were Jewish. An attempt at understanding this factor was made by correlating this with other significant factors later in this section.

TABLE 4  
THE RELIGION

Religion	A-S Group	I Group
Protestant	4	1
Roman Catholic	3	2
Jewish	0	4
Mixed Marriages	<u>0</u>	<u>0</u>
Undetermined	<u>1</u>	<u>1</u>
Total	8	8

Occupations of Husbands

Table 5 is based on the occupations of the children's fathers at time of referral or before the fathers' absence from the home.

In the A-S group, of the five fathers in the "undetermined" category, all were out of the home, four through divorce and one by death. The mothers in the A-S group differed from the mothers in the comparison group in that they appeared to be less willing to talk about their husband's jobs.

TABLE 5  
OCCUPATIONS OF HUSBANDS

Occupation	W Group	A-S Group
Professional	1	1
Business	4	0
Sales	1	1
Manual	2	1
Undetermined	<u>0</u>	<u>5</u>
Total	8	8

Religion and Total Income

Table 6 shows that the majority range of income for the A-S group is less than five thousand dollars and does not differ from the majority range of income for the comparison group. The amount of income does not seem to have a bearing on the problems studied.

In considering the religion as it relates to the income, there seems to be no relationship between the Anti-Social group's religion and the amount of total family income, for the majority income range of the Comparison group in which half are Jewish, does not differ.

Religion and Occupations of Mothers

Knowing that there was not a great difference in the income between the two groups, and that a majority of the

TABLE 5  
OCCUPATIONS OF HUSBANDS

Occupation	A-S Group	I Group
Professional	1	1
Business	0	4
Sales	1	1
Manual	1	2
Undetermined	<u>5</u>	<u>0</u>
Total	8	8

Religion and Total Income

Table 6 shows that the majority range of income for the A-S group is less than five thousand dollars and does not differ from the majority range of income for the comparison group. The amount of income does not seem to have a bearing on the problems studied.

In considering the religion as it relates to the income, there seems to be no relationship between the Anti-Social group's religion and the amount of total family income, for the majority income range of the comparison group in which half are Jewish, does not differ.

Religion and Occupations of Mothers

Knowing that there was not a great difference in the income between the two groups, and that a majority of the

TABLE 6  
RELIGION AND TOTAL INCOME

Income	Protestant	Catholic	Jewish	Undetermined
	A-S'I	A-S'I	A-S'I	A-S'I
Private or Public Assistance	1'1	0'1	0'0	1'0
2000-2900	0'0	2'0	0'1	0'0
3000-3900	2'0	0'1	0'0	0'0
4000-4900	1'0	0'0	0'2	0'0
5000-5900	0'0	0'0	0'1	0'0
6000-6900	0'0	1'0	0'0	0'0
7000-	0'0	0'0	0'0	0'1

mothers in the Anti-Social group were divorced, it was expected that there would be a difference in the mothers' occupations, with the mothers in the A-S group working to support the family.

An attempt was made to correlate the religion and occupations of the mothers for further understanding of the finding that half of the mothers in the Anti-Social group were Protestant as compared to the half of the mothers in the Internalizer group who were Jewish.

Table 7 indicates that only three mothers in the A-S group, as compared to two mothers in I group worked to support the family. This table also shows that there was no difference between the A-S group and comparison group in the

number of mothers who spent their day away from home.

However, the religion and occupation are not related to each other according to this table.

TABLE 7  
RELIGION AND OCCUPATIONS OF MOTHERS

Occupations	Protestant	Catholic	Jewish	Undetermined
	A-S'I	A-S'I	A-S'I	A-S'I
Homemaker	2'1	1'1	0'1	1'1
Employment for Enjoyment	1'0	0'0	0'2	0'0
Employment for Support	1'0	2'1	0'1	0'0

B. THE CHILDREN AND THE SYMPTOM

Age at Referral

The ages of the girls at the time of referral ranged from eleven to seventeen years old. Table 8 indicates that

TABLE 8  
AGE AT REFERRAL

Age	A-S Group	I Group
11-13	0	6
14-16	7	2
17	<u>1</u>	<u>0</u>
Total	8	8

the majority of the girls in the A-S group were between fourteen and sixteen years of age, differing from the majority of girls in the I group who were between eleven and thirteen years of age.

#### Number of Siblings

Upon examining the groups in Table 9 for number of siblings, it is found that six adolescents in the Anti-Social group had two or more siblings as opposed to the three adolescents in the Internalizer group who had two or more siblings. The adolescents in the Anti-social group come from larger families.

TABLE 9  
NUMBER OF SIBLINGS

<u>Siblings</u>	<u>A-S Group</u>	<u>I Group</u>
None	2	0
1	0	4
2	2	2
3	2	0
4 or more	<u>2</u>	<u>2</u>
Total	8	8

#### Ordinal Position

Table 10 indicates that in the majority of the cases, the ordinal position of the A-S group did not differ from

the ordinal position of the I group in having the distinction of being either an only child, the oldest child or the youngest child.

It appears that the ordinal position had no significant relation to the symptom.

TABLE 10  
ORDINAL POSITION

Position	A-S Group	I Group
Only Child	2	1
Oldest Child	1	3
Second Child	2	1
Middle Child	0	0
Next to the youngest Child	1	0
Youngest Child	<u>2</u>	<u>3</u>
Total	8	8

Feelings of the Child  
Toward the Problem and Help

The difference between the adolescent's awareness of a problem and feelings toward help was questioned. The adolescents' interviews with their therapists were examined to answer these questions with the intent of exploring further, a contribution to the mother-daughter relationship which will be taken up later in the chapter.

TABLE 11  
FEELINGS OF THE CHILD  
TOWARD THE PROBLEM AND HELP

Feelings toward		A-S	I
A. Problem	B. Help	Group	Group
Sees no problem	Does not want help	1	0
Sees problem	Does not want help	4	1
Sees problem	Does want help	2	2
Sees problem	Undetermined	0	1
Undetermined	Undetermined	<u>1</u>	<u>4</u>
Total		8	8

Table 11 points out that the majority of the girls in the A-S group spoke about their problems to the therapist as compared to the I group in which the majority did not. This difference might be attributed to the characteristics of their different symptoms.

In the A-S group, it is seen that although six of the girls recognized their problems, only two wanted help with them. It would seem that four of the girls did not want to change. The mothers' contributions to these feelings will be investigated later.

Age of Child  
When Symptom Occurred

Often a mother and child have little difficulty during the child's earlier developmental years, but the child's

approach to adolescence sometimes sets off the mother's own adolescent conflicts and interferes with the established relationship. This can produce sudden symptoms in the child.

TABLE 12  
AGE OF CHILD  
WHEN SYMPTOM OCCURRED

Age-yrs.	A-S Group	I Group
0-1 yr.	1	1
2-4	0	2
5-7	0	2
8-10	0	2
11-13	4	1
14-16	2	0
17	<u>1</u>	<u>0</u>
Total	8	8

The cases were examined for this occurrence and Table 12 shows that according to their mothers, the girls in the A-S group began to present symptoms during adolescence as compared to the I group who manifested symptoms before reaching adolescence. Although this indicated the possibility of this occurrence taking place in the relationships of the A-S group, further evidence was needed to substantiate this possibility. An attempt at verification was made in Table 13.

It was also noted in Table 12 that the mothers in the A-S group did not wait as long before contacting the clinic for help with their children. Later in the chapter we will attempt to discover the cause of this difference and how it relates to the symptom.

### The Previous Behavior

In all but two of the cases studied, the mothers spoke about their daughter's previous behavior and symptoms. The author categorized their descriptions to determine if the behavior was the same type of behavior that the adolescents were manifesting at the time of referral as a check upon the validity of the previous table.

TABLE 13

### THE PREVIOUS BEHAVIOR

<u>Previous Behavior</u>	<u>Present A-S Group</u>	<u>Present I Group</u>
I Symptoms	1	5
A-S Symptoms	4	1
No Symptoms	1	2
Undetermined	<u>2</u>	<u>0</u>
Total	8	8

Table 13 indicates that only one child from each group presented a different pattern of behavior according to the mothers, eliminating the possibility that the type of

behavior was a sudden occurrence. It appears that only the symptom that precipitated referral occurred suddenly in the Anti-Social group.

Mothers' Description of the Symptoms  
After the Initial Contact

The cases were also examined to see if the mothers' description of the symptoms after the initial contact were consistent with their descriptions during the initial contact. In the A-S group the mothers simply elaborated on the problems they had initially mentioned, which indicates that unlike other adolescents the majority of these adolescents did not present conflicting behavior according to their mothers. In the elaborations of two mothers, they were most concerned about their daughters' sexual involvements, a fact that hadn't been mentioned in the initial contact. This differed slightly from the comparison group in which three mothers gave inconsistent descriptions. In their second contact with the clinic, these mothers complained about their daughter being a behavior problem.

C. THE REFERRAL

Initiation of Referral

Since the mothers in the A-S group did not appear to wait as long to seek help for their daughters, the cause of this difference was questioned.

TABLE 14  
INITIATION OF REFERRAL

<u>Initiation</u>	<u>A-S Group</u>	<u>I Group</u>
Authority figures suggested or ordered	6	2
Contact initiated by mother		
1. Impending crisis	2	3
2. Undetermined	<u>0</u>	<u>3</u>
Total	8	8

In the A-S group, the majority of the mothers contacted the clinic because of pressures from authority figures outside of the home and not because of their own concern. Table 11 on Page 35 indicated that four girls in the A-S group recognized their difficulties but refused help for their problems. Speculation about the connection between these facts is justifiable.

## PART II. FACTORS CONTRIBUTING TO THE MOTHER-DAUGHTER RELATIONSHIP

### A. MOTHERS' ADOLESCENT BACKGROUNDS AND MOTHER-MATERNAL GRANDMOTHER RELATIONSHIPS

Because of their importance in determining the mother-daughter relationship, the mother-maternal grandmother relationships and the marital relationships were examined with respect to gratifications and frustrations.

The cases were studied for information on the mothers' feelings about their backgrounds, parents, adolescence and husbands, and were compared to the feelings expressed by the mothers of the Internalizers.

#### Composition of Family in Adolescence

In the Anti-Social group, one mother had three stepmothers following the death of her own mother and one lived with various relatives after her parents' death when she was a child. In the majority of cases there was physical completeness to the family composition. Since the mothers came from physically complete homes, it appears that the disturbance may have been in the mother-maternal grandmother relationship. This will be studied further.

The family composition did not differ greatly from the comparison group, in which all had fathers in the home, two had stepmothers following the death of their mothers and the presence of one mother was erratic, because mental illness necessitated frequent trips to a mental hospital.

### Peer Relationships

When examining the cases for information on their adolescent peer relationships, it became evident that this was an area in which there was a variety of material. Only five mothers in the A-S group verbalized their feelings about this relationship and four from the I group. Both groups focused more on the general aspects of their adolescent period than on specifics. The feelings of the mothers in the Anti-Social group did not differ from those of the comparison group. All the mothers in both groups who spoke about their peer relationships, described them as very unsatisfactory and frustrating experiences.

### Feelings about Adolescent Period

No difference was found in the mothers' feelings about their adolescence. Every mother in both groups felt this period was an unhappy one. Different degrees of feelings were expressed about this, and only one mother from each group was able to recall a positive memory related to this period. Only one mother in the A-S group specifically referred to her experiences preceding adolescence, which suggests that their conflicts and doubts were reactivated by their daughters' adolescence and their frustrating adolescent period would influence their relationships with their daughters at this time. They might possibly try to overprotect their daughters from repeating their unhappy experiences, or

they might force their children into a repetition of the experience in order to resolve their own conflicts through the child. This will be explored.

General Feelings About  
Relationship to Father

The relationship to the father was impossible to evaluate in specific terms because the mothers who did discuss or mention their fathers referred to different things about him, ranging from the position he held in the family to wishing she hadn't been a sexual substitute to mother for father.

Therefore, a general evaluation was made from the total feelings expressed about the father. The feelings of the A-S group did not differ from those of the comparison group. Table 15 shows that one mother in the Anti-Social group did not express her feelings and three in the Internalizer group did not. In the A-S group, only one mother conveyed the feeling that her relationship to her father was gratifying, which indicates that one of the important primary relationships which influence later relationships, was frustrating for the mothers.

TABLE 15  
RELATIONSHIP TO FATHER

Relationship	A-S Group	I Group
Gratifying	1	1
Frustrating	6	4
Undetermined	<u>1</u>	<u>3</u>
Total	8	8

#### Limitations Placed on Activities

An attempt was made to analyze the limitations placed on their adolescent activities by their mothers. Six mothers in the Anti-Social group made some mention of this and seven mothers in the Internalizer group spoke about it. The feelings of the A-S group did not differ from the feelings of the I group. Both groups felt the limitations were severe, regardless of whether they were referring to sadistic punishment, not being allowed to attend college, or the number of responsibilities they had.

#### Affectional Relationship

Table 16 indicates the degree of affection received from the maternal grandmother or mother figures during adolescence.

Some mothers felt they received none because their mothers were "cold," "hostile," or "depriving."

A few mothers felt that a sibling was favored or the maternal grandmother was "hard to get along with" but they received some affection.

One mother felt she received too much affection because "my mother would hold me close in bed and stroke me, and I would pat her breasts."

TABLE 16  
AFFECTIONAL RELATIONSHIP

<u>Affection</u>	<u>A-S Group</u>	<u>I Group</u>
None	5	5
Some	1	2
Too much	1	0
Undetermined	<u>1</u>	<u>1</u>
Total	8	8

This table shows that the majority of mothers in the Anti-Social group felt they received no affection from the maternal grandmothers. This might handicap them in displaying affection or any kind of feeling. They did not differ from the comparison group in this area.

General Feelings about  
Relationship to Mother

Only five mothers in the A-S group specifically mentioned their feelings about their relationships with their

mothers. These mothers were able to say they felt unloved or rejected and expressed their feelings of loss and their resentment for not receiving love. They did not differ from the feelings expressed by the Comparison group.

The other three mothers did not speak specifically about being rejected or unloved by their mothers, but did talk resentfully about indications of the relationship, such as punitive treatment or marrying to get away from home. These indications were evenly distributed between the two groups also.

#### B. MARITAL RELATIONSHIPS

##### Circumstances Under Which They Were Married

In the A-S group, one mother reluctantly married her husband after discovering she was pregnant by him and two other mothers married to get away from the home. There was no other mention made about the circumstances except for two mothers who married when fifteen against parental objection, and one of these implied that she was pregnant.

In the I group, one mother said she deliberately became pregnant before her marriage in order to get away from home.

In the Anti-Social group there was more evidence of immature mothers who entered the marital relationship.

### Husbands' Personalities

The personalities of the husbands were evaluated on the basis of the mothers' descriptions, to determine the differences in the mothers' choice of gratification for their emotional needs.

The authoritarian type of personality indicated the husband who demanded unquestioning obedience and subordination, was punitive and couldn't tolerate weakness.

The immature type of personality indicated the husband who was described as infantile, dependent and irresponsible.

The passive personality includes the calm, reliable, and extremely undemanding husband, who gave the mothers almost complete responsibility for running the family.

In the Anti-Social group all marriages between mothers and the four husbands in the immature classification ended in divorce. Of these four marriages, two mothers did not remarry, one married again to a man like her husband and the fourth married a man who would be classified in the passive group. One of the husbands in the passive group was dead.

In the I group, under the passive classification, one of the husbands was temporarily out of the home due to his hospitalization for mental illness and one father was dead.

In the A-S group, it is known that four mothers indicated their unhappiness with their husbands' personalities by divorce. There are possibilities that these mothers

TABLE 17  
HUSBANDS' PERSONALITIES

<u>Dominant Trend</u>	<u>A-S Group</u>	<u>I Group</u>
Authoritarian	11	2
Immature	4	1
Passive	<u>3</u>	<u>5</u>
Total	8	8

displaced their feelings of resentment and disappointment to their daughters, turned to them as emotional outlets, were fearful or unconsciously hopeful that they would suffer the same unhappy experience. Again there was role confusion in these marriages, influencing the adolescents' identification and relationships. This differed from the personalities of husbands in the I group who were considered to be passive. However, the effect of the personalities may have been similar with the mothers in the I group not receiving masculine support in the management of the family. The mothers might have been satisfied with the situation but their daughters might have suffered in their identification with their mothers due to the confusion of roles.

Parental Relationship  
Concerning the Child

A classification of the parental relationships concerning the child was made to indicate the unity or dissension

between the parents in attitudes, feelings, and responsibilities toward the child and the methods of handling the child.

Unity is used to categorize a relationship in which the same feelings, responses and methods of handling the adolescent were found.

Mixed classifies a relationship which contains the same feelings toward the child but different methods of handling the child.

Dissension indicates that different feelings and attitudes toward the child and different methods of handling the child were found in the relationship.

TABLE 18

PARENTAL RELATIONSHIP  
CONCERNING THE CHILD

Relationship	A-S Group	I Group
Unity	0	3
Mixed	2	3
Dissension	<u>6</u>	<u>2</u>
Total	8	8

Table 18 shows extremely negative relationships confronted the child in the A-S group, which possibly enabled her to play one parent off against the other, made her feel uncertain as to which parent she should have endeavored to please, aroused much hostility in her, or created feelings

of guilt about the dissension she caused.

This differed slightly from the comparison group, in which the discord was not as severe, but sufficient to create similar anxieties in five of the adolescents.

#### General Marital Relationship

An evaluation based on the mothers' verbalizations, of the general marital relationship was made to determine the satisfactions the mothers received from their marriages.

The categories used to evaluate this, were essential satisfaction, fair and no satisfaction. Fair indicates the relationships which contained tension, resentment and warmth.

TABLE 19

#### GENERAL MARITAL RELATIONSHIP

<u>Relationship</u>	<u>A-S Group</u>	<u>I Group</u>
Essential Satisfaction	2	5
Fair	3	3
No Satisfaction	<u>3</u>	<u>0</u>
Total	8	8

Although four mothers in the A-S group were divorced, only three expressed feelings about not receiving any satisfaction from their marriage. The fourth mother remarried to a man whom she described as being just like her ex-husband, but she felt she loved her ex-husband more. It appeared that

the mothers in the A-S group did not receive as much satisfaction from their marriages as the I group of mothers.

The validity of this table is questionable since it is based on the mothers' expressed feelings in all the cases. A few therapists who saw mothers in the I group felt that the mothers had difficulty expressing hostile, resentful feelings about their marriages.

### PART III. MOTHER-DAUGHTER RELATIONSHIPS

#### A. UNITY

##### Incorporation of Feelings

The concept of "incorporation" of attitudes and feelings by the daughter from the conscious or unconscious feelings to attitudes conveyed by the mother was outlined previously to demonstrate the intensity of the unity between mother and child.

The author explored the material pertaining to this concept by comparing the expressed feelings of the mothers about themselves and their estimations of their daughters' feelings. Then an evaluation of the daughters' feelings about themselves was derived from the therapists' diagnosis of the girls and compared to the mother's estimations.

The complexities involved in the mothers' and daughters' psychic structure diversified their relations. Since they did not communicate about the same areas, this limited the extent to which evaluations could be presented.

It was decided to indicate the frequency of characteristic feelings about themselves. Feelings of depression, inadequacy or of not being loved and feelings that they were unable to express feelings were the most common in both groups.

Table 20 shows the frequency of the mothers' feelings about themselves. One mother in the A-S group did not mention having any of these feelings, but all other mothers are represented in the table. There was not a significant difference between the two groups.

TABLE 20

## MOTHERS' FEELINGS ABOUT THEMSELVES.

Feeling	A-S Group Frequency	I Group Frequency
Depression	4	4
Difficulty Expressing Feelings	4	6
Inadequacy	5	3

Mothers' Evaluation of  
Daughters' Feelings

In the A-S group, one mother felt that her daughter was unhappy. The other mothers in this group did not recognize any of their own feelings in their daughters, only saw their daughters' problems as negative behavior directed against them. They felt they could not understand their daughters because they were not "close."

This differed from the I group in which all but two of the mothers were acutely aware of their daughters' feelings in spite of their feeling that they were not "close."

Therapists' Evaluation of  
Adolescents' Feelings

In the therapists' evaluation of the adolescents' feelings about themselves, there is not a significant difference between the two groups.

TABLE 21

THERAPISTS' EVALUATION OF  
ADOLESCENTS' FEELINGS

Feeling	A-S Group Frequency	I-Group Frequency
Depression	4	5
Difficulty Expressing Feelings	4	4
Inadequacy	5	6

However, in comparing this Table 21 with Table 20, there is indication of the similarity of feelings. When collecting this material, the author also observed that in the A-S group, each adolescent did or did not express the same feelings that her mother did or did not express, with the exception of a few instances, as compared to the I group, in which three mothers felt inadequate and twice as many daughters felt this way.

On the whole, the majority of girls in both groups

were incorporating a part of their mothers' feelings, a fact that the I mothers were aware of and the A-S mothers were not aware of.

### Identifications

In Chapter I there has been a discussion of the disastrous effects resulting from the mother's identification of her daughter based on a "distorted form."

An attempt was made to study this occurrence in the two groups, based on the therapist's diagnosis. In the I group, material about this was available in five cases. The A-S group gave indications of this in all cases.

Table 22 shows that three mothers in the I group identified their daughters with themselves. Of these three, one mother identified her daughter with the weakness she saw in herself and attempted to reject her weakness by rejecting her daughter. The second mother was sado-masochistic and saw her daughter as the masochistic part of herself, thus found sado-masochistic pleasure in her daughter's unhappiness to which she was partly contributing. The third mother had a symbiotic relationship with her daughter, insisted on living many details of her life, yet was resentful and competitive about fulfilling or "feeding" her daughter's needs.

Two mothers in the I group identified their adolescent daughters with sisters of whom they were jealous and resentful, which created a mother-daughter relationship of

rejection and competition.

In the A-S group, seven mothers identified their child with themselves, in different ways and in different degrees of intensity.

TABLE 22  
IDENTIFICATIONS

Identification	A-S Group	I Group
Rival Sibling	0	2
Divorced Husband	1	0
Self	7	3
Undetermined	<u>0</u>	<u>3</u>
Total	8	8

Three of these mothers were unconsciously forcing their daughters to repeat their own pattern of adolescence and suffer the same unhappiness.

One mother was forcing her child to act out the conscious wishes she had in adolescence.

Another mother, because of her early deprivations and insecurity was attempting to live through her child by means of knowing in minute detail the daughter's every activity, to which her daughter retaliated by rebellion.

The sixth mother in this group identified her daughter with the dependent part of herself. She could not tolerate being dependent, and resented and rejected her daughter's

need for attention. The daughter in turn sought attention in unacceptable ways.

The last mother's children reminded her of herself in a variety of ways. There was evidence that the daughter was acting out the mother's unconscious wishes, but this was not mentioned by the therapist.

The eighth mother identified her daughter with her husband, whom she resented and rejected.

In summary, mothers in the A-S group identified their daughters with the anti-social parts of themselves. The mothers in the I group, as far as can be determined, identified their daughters with the unacceptable "weakness" in themselves, or with a rival sibling.

In the Anti-Social group, six of the daughters submitted to the role in which they had been placed and all of the daughters in the comparison group submitted.

#### Attitudes Towards Child's Peer Relations

In recognition of the importance of satisfactory peer relationships for the adolescents, and the mothers' unsatisfactory relationships with their peers in adolescence, the cases were studied to determine the differences in the mothers' attitudes towards this aspect of their daughters' adolescence.

Table 23 indicates that six girls in the A-S group had a few friends and the same number of girls in the I group

were without friends.

In the A-S group, the few friends of the six girls, also manifested A-S behavior, and encouraged each other's anti-social behavior.

TABLE 23  
PEER RELATIONS

<u>Friendships</u>	<u>A-S Group</u>	<u>T Group</u>
Many Friends	1	0
Few Friends	6	2
No Friends	0	6
Undetermined	<u>1</u>	<u>0</u>
Total	8	8

Mothers' Attitudes Towards  
Daughters' Peer Relationships

TABLE 24

MOTHERS' ATTITUDES TOWARDS  
DAUGHTERS' PEER RELATIONSHIPS

<u>Attitude</u>	<u>A-S Group</u>	<u>T Group</u>
Concerned	2	5
Not Concerned	4	3
Mixed	1	0
Undetermined	<u>1</u>	<u>0</u>
Total	8	8

Table 24 shows the attitudes of the mothers towards their daughters' peer relationships.

In the A-S group, one concerned mother's daughter had many friends. This mother felt the friendships were lacking in quality and that her daughter was really experiencing the loneliness she felt in her adolescence. The other concerned mother was afraid her daughter would become pregnant and burdened with babies as she had been, and it turned out that her fears were justified. However, she was unable to set limits on her daughter's activities.

The mother with mixed concern did not like her daughter's many "bad" boy friends, but was not concerned about her lack of girl friends, and did not limit her activities with these boys.

The four mothers who were not concerned made no comments of disapproval about their daughters' choice of friends or did not express any worry about their lack of friends.

In the U group, the five concerned mothers expressed different kinds of concern. One feared her daughter was experiencing the loneliness she felt at that age, one mother was extremely angry at her daughter for lack of friendship, feeling that she was a "wall flower" but at least made attempts to make friends when she was an adolescent. Another mother felt her neglect of daughter caused this and therefore felt guilty, and the two remaining mothers were afraid of withdrawal on the part of their daughters.

In summary, in the A-S group, there is indication that the majority of the girls are acting out their mothers' unconscious wishes since the mothers display neither concern nor limitations, as compared to the I group in which the mothers were very concerned about their daughters' lack of friendships, and the intensity of their feelings shows that their feelings about their own adolescent period were greatly involved.

## B. ACCOMPLISHMENT OF TASKS

### Dissolution of Unity

In the first chapter, there was a discussion of the importance of the mother's task in harmoniously dissolving her unity with her child in order for the child to function independently.

The cases were studied and compared for the differences in the degree of encouragement of maturation or infantilization. The evaluation was made by the writer and was based on the therapist's diagnosis and comments.

Over-protective indicates the mother who held her child close, controlled almost every aspect of the adolescent's life and reacted with hurt to the adolescent's feeble attempts to struggle free of the dependent relationship.

Ambivalent shows the mother who was inconsistent in this aspect of the relationship, vacillating between overprotecting the child and neglecting the child's dependency needs.

Rejection is used to classify the mothers who denied the adolescent an emotional relationship by refusing to cater to any of the adolescent's need for a dependent relationship.

TABLE 25  
DISSOLUTION OF UNITY

<u>Relationship</u>	<u>A-S Group</u>	<u>I Group</u>
Over-protective	1	5
Ambivalent	4	3
Rejection	2	0
Undetermined	<u>1</u>	<u>0</u>
Total	8	8

Table 25 shows that one-half of the mothers in the A-S group were inconsistent in their endeavors to break or strengthen the dependent relationship. This difference from the majority of mothers in the comparison group who would not permit their daughters to become independent individuals apart from themselves.

#### Setting of Controls

The first chapter points out that every mother, until a well-integrated ego has been established by her child, has the task of setting controls on the child's behavior. Some mothers, because of their own immature needs are extremely rigid or lax about carrying out this task.

The two groups were compared for differences and similarities in the mothers' ability to set limits.

The mothers in the excessive category were rigid about their daughters' behavior and set extreme limits.

Mothers who set inconsistent controls vacillated between being rigid and lenient.

Inadequate categorizes the mothers who were completely unable to control their children's behavior.

TABLE 26  
SETTING OF CONTROLS

Controls Set	A-S Group	I Group
Excessive	1	3
Inconsistent	1	3
Inadequate	<u>6</u>	<u>2</u>
Total	8	8

Table 26 indicates that the majority of mothers in the A-S group were unable to place limits on their adolescent daughters.

This differed from the I group in which there was almost equal distribution between the mothers who set excessive, inadequate or inconsistent controls.

#### PART IV. COMPOSITE MOTHER-DAUGHTER RELATIONSHIPS

In this chapter the writer has attempted to present various selected overlapping aspects of the mother-daughter relationship, recognizing the complexity of any relationship and the restriction of an attempt to evaluate the whole without reference to its parts. There are equal limits and distortions in evaluating a few factors of the relationship without determining the quality of the composite relationship.

Therefore an endeavor was made to determine the quality of the total relationships based on the workers' diagnoses of the feeling tones expressed by the mothers for their children.

A relationship of acceptance included the mothers who demonstrated basic feelings of warmth and love for their daughter.

Ambivalent relationships indicated the mothers who were accepting and rejecting of their daughters, warm and hostile, alternating their feelings according to their personal needs of the moment.

Rejection includes mothers who gave no indication of warmth for their child, but displayed only hostility and incapacity for love.

Table 27 indicates that differences between the total relationships of the two groups were not apparent. The majority of relationships in both groups were ones of

TABLE 27  
COMPOSITE MOTHER-DAUGHTER RELATIONSHIP

<u>Relationship</u>	<u>A-S Group</u>	<u>I Group</u>
Acceptance	1	1
Ambivalence	5	5
Rejection	<u>2</u>	<u>2</u>
Total	8	8

ambivalence. This is in accordance with most interpersonal relationships.

## CHAPTER V

### SUMMARY AND CONCLUSIONS

This was a study of the mothers' attitudes toward their relationships with their adolescent daughters who had anti-social symptoms. This was done by studying the case records of eight adolescents and their mothers who were seen at the Worcester Youth Guidance Center for help with the adolescents' anti-social behavior.

In order to see how specific these attitudes were to this group, they were compared with a group of mothers of eight adolescent girls who presented internalized behavior, the other extreme of the adolescent conflict between dependency and independency.

The following areas were examined:

1. The general characteristics of the A-S group which might have bearing on the mother-daughter relationship.
2. The mother-maternal-grandmother relationships during the mothers' adolescence.
3. The marital relationships.
4. Aspects of the mother-daughter relationships.

It was felt that study of these areas might increase our specific understanding of the contribution of mothers' attitudes to the anti-social symptoms of their daughters and

what attitudes must be changed to effect a change in their children.

The general characteristics of the Anti-Social group follow, some of them differing from the general characteristics of the comparison group.

The A-S group of mothers were a little younger than the mothers in the Internalizer group.

Five mothers in the Anti-Social group were divorced as compared to the I group in which there were no divorces.

The age at marriage of the mothers in the Anti-Social group was younger than the age at marriage of the mothers in the comparison group. Five married before reaching twenty years of age. Since some mothers force their children to repeat their pattern and others attempt to direct their daughters away from the pattern, to which the daughter might rebel, it was wondered if the early marriages or divorces of the A-S group and the mothers' reactions to them contributed to the daughters' anti-social behavior.

Half of the A-S group were Protestant as compared to the I group in which half were Jewish. An attempt at understanding this factor was made by trying to correlate it with total family income and occupations of mothers. The amount of income did not seem to have a bearing on the problems studied and there seemed to be no relationship between the Anti-Social groups' religion and the amount of total income.

There was no difference between the A-S group and comparison group in the number of mothers who spent their day away from home in order to work and there seemed to be no relation between the religion and time spent away from home.

In the Anti-Social group the occupations of five husbands were not known. The mothers in the Anti-Social group differed from the mothers in the comparison group in that they appeared to be less willing to talk about their husbands' jobs.

The majority of the girls in the Anti-Social group were between thirteen and fifteen years of age, differing from the majority of girls in the I group who were between eleven and thirteen years old.

The adolescents in the Anti-Social group came from larger families, but in the majority of cases, the ordinal position of the A-S group did not differ from the ordinal position of the I group.

The majority of the girls in the Anti-Social group spoke about their problems to the therapist as compared to the I group in which the majority did not. This difference might be attributed to the characteristics of their different symptoms. Although six girls in the Anti-Social group recognized their problems, only two wanted help with them. It seemed that four of the girls did not want to change. The mothers' contributions to these feelings were investigated and will be summarized later.

Often a mother and child have little difficulty during the child's earlier developmental years, but the child's approach to adolescence sometimes sets off the mother's own adolescent conflicts and interfered with the established relationship. This can produce sudden symptoms in the child. The cases were examined for the occurrence of sudden symptoms and, according to their mothers, the girls in the Anti-Social group began to present symptoms during adolescence as compared to the I group who manifested symptoms before reaching adolescence. This indicated the possibility of this occurrence taking place in the relationships of the A-S group, but an attempt to verify this pointed out that only one child presented a different pattern of behavior in the earlier years. It appeared that the symptom that precipitated referral occurred suddenly in the Anti-Social group.

In the A-S group the mothers' description of the symptoms after the initial contact were consistent with their descriptions during the initial contact, which indicates that unlike other adolescents, the majority of these girls did not present conflicting behavior according to their mothers. This differed from the comparison group in which three mothers gave inconsistent descriptions.

The mothers in the A-S group did not appear to wait as long to seek help for their daughters. This factor was examined and it was found that the majority of mothers contacted

the clinic because of pressures from authority figures outside of the home and not because of their own concern. When considering that four girls did not want help, speculation about the connection between outside pressures and not wanting help is justifiable.

The mothers' adolescent backgrounds and the mother-maternal-grandmother relationships were studied with respect to gratifications and frustrations they received. The mothers in the A-S group did not significantly differ from the mothers in the comparison group in respect to their attitudes towards their earlier experiences. Although they felt the experiences were unhappy and frustrating ones, they were unable to give material which would have indicated the reasons they related to their daughters in specific ways.

The marital relationships of the Anti-Social group of mothers differed from those of the Internalizer group. Half of the mothers married and divorced men whom they described as immature, infantile, irresponsible and dependent. There were possibilities that these mothers displaced their feelings of resentment and disappointment to their daughters, turned to them as emotional outlets, were fearful or unconsciously hopeful that they would suffer the same unhappy experiences. There was also role confusion in these marriages, which could influence the adolescents' identifications and relationships.

The majority of the husbands in the Internalizer group were passive, giving the mothers almost complete responsibility for running the family, according to the mothers. The effect of the fathers' responsibilities on the mothers in the two groups may have been similar, since they did not receive masculine support in the management of the family.

In the A-S group, different feelings and attitudes toward the child and different methods of handling the child were found in the marital relationships. This possibly enabled the adolescent to play one parent off against the other, made her feel uncertain as to which parent she should have endeavored to please, aroused much hostility in her or created feelings of guilt about the dissension she caused.

This differed from the comparison group in which the discord was not as severe.

An evaluation based on the mothers' verbalizations of the general marital relationships was made to determine the satisfaction received by the mothers from their marriages. It appeared that the mothers in the A-S group did not receive as much satisfaction as the comparison group.

The mothers in the Anti-Social group related to their daughters differently than did the mothers in the comparison group.

Material was explored pertaining to the characteristic feelings the mothers had about themselves and the

daughters' "incorporation" of these feelings. Feelings of depression, inadequacy, and inability to express feelings, were the feelings most often expressed by the mothers and their daughters in both groups. However, the mothers in the A-S group were not aware that their daughters shared the same feelings and the mothers in the I group were aware of this.

An attempt was made to study the occurrence of identification in the mother-daughter relationships. The mothers in the A-S group identified their daughters with the anti-social parts of themselves as compared to the mothers in the I group who identified their daughters with the unacceptable "weakness" they saw in themselves, or with a rival sibling.

In recognition of the importance of satisfactory peer relationships for the adolescents and the mothers' unsatisfactory relationships with their peers in adolescence, the cases were studied to determine the difference in the mothers' attitudes towards this aspect of their daughters' adolescence. The majority of the adolescents in the A-S group had a few friends who manifested the same type of behavior as themselves. Their mothers were not concerned about this and there was some indication that the girls were acting out their mothers' unconscious wishes. This differed from the comparison group in which the majority of the girls were without friends and the intensity of the mothers' concern about this indicated that their feelings about their own

adolescence were greatly involved.

The cases were studied for the encouragement of maturation or infantilization by the mothers of the daughters. Half of the mothers in the A-S group were inconsistent in their endeavors to break or strengthen the dependent relationship, as compared to the majority of mothers in the I group who would not permit their daughters to become independent personalities.

The majority of mothers in the A-S group were unable to place limits on their daughters and in the I group there was almost equal distribution between the mothers who set excessive, inadequate or inconsistent controls.

An endeavor was made to determine the quality of the total relationships based on the workers' diagnoses of the feeling tones expressed by the mothers for their children. Differences in the total relationships of the two groups were not apparent. The majority of relationships in both groups were ones of ambivalence, indicating that the mothers were both accepting and rejecting of their daughters, warm and hostile, alternating their feelings according to their personal needs of the moment.

In summary, the majority of the A-S group of mothers were Protestant, married before they were twenty, and were less than forty years old at the time of referral. They tended to be separated from their husbands whom they described as being immature, infantile, irresponsible and

dependent men. The mothers were unwilling to talk about their husbands' jobs and felt dissatisfied with their marriages. Their feelings and attitudes towards the child and methods of handling the child differed from those of the husbands.

Most of the daughters were between thirteen and fifteen years of age, had two or more siblings, spoke about their problems to the therapist, but half of them did not want help with these problems. Their pattern of anti-social behavior was long established although the symptoms that precipitated referral occurred suddenly.

Because there were no apparent differences in the adolescent backgrounds of the mothers in the A-S group and comparison group, this study was unable to point out what made the mothers relate to their daughters in different ways, influencing their daughters to react with one symptom rather than another.

As far as can be determined, there was indication that the adolescents' anti-social symptoms seemed to be in compliance with the mothers' unconscious wishes. The mothers identified their daughters with the anti-social part of themselves, were not concerned about their daughters' choice of anti-social friends, did not request help until outside authority figures pressured them into it, and were unable to place limits on their daughters.

The mothers were not aware that their daughters shared some of their feelings about themselves. These feelings were depression, inadequacy and inability to express feelings.

They were inconsistent in their endeavors to break or strengthen the dependent relationship and, like the mothers in the comparison group, were both accepting and rejecting of their daughters, warm and hostile.

Although the number of cases chosen and the amount of material available was too limited to form any general conclusions, there was evidence that the mothers' attitudes toward their anti-social daughters must be changed in order to effect a change in their children. They must be helped to see their daughters as individuals apart from themselves, distinct from their own anti-social unconscious wishes. The accomplishment of this might enable them to recognize the daughters' feelings and need for control and limits. Then the mothers must be helped to want to place limits on their daughters, in an effort to help their daughters become mature, responsible adults.

*accepted by  
Marcell Schlofer  
5/59*

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APPENDICES

## APPENDIX A

## SCHEDULE

- |   | Name        |
|---|-------------|
|   | Case Number |
| I. The Child and the Symptom                                    |             |
| A. Time Lapse between manifestation of symptom and referral     |             |
| B. Previous symptoms  |             |
| C. Present symptom  |             |
| D. Feelings of Child toward symptom and help                    |             |
| E. Number of siblings   |             |
| F. Ordinal position   |             |
| G. Age of child at referral                                     |             |
| H. School grade   |             |
| I. Estimate of intelligence by therapist                        |             |
| J. Diagnostic description of child by therapist                 |             |
| K. Peer relations   |             |
| II. The Family  |             |
| A. Mother's age at marriage                                     |             |
| B. Mother's present age   |             |
| C. Father's occupation  |             |
| D. Mother's occupation  |             |
| E. Marital status   |             |
| F. Religion   |             |
| G. Income   |             |
| III. Contact with Clinic  |             |
| A. Referral initiated by  |             |
| B. Reason help was sought at that particular time               |             |
| IV. Mother's Description of Characteristics of Self and Husband |             |
| A. Mother's personality   |             |
| B. Mother's background  |             |
| 1. How she sees her own adolescence                             |             |
| 2. Relations to mother and father                               |             |
| 3. Problems of childhood  |             |
| C. Marital Relationship   |             |
| 1. Circumstances under which they were married                  |             |
| 2. Feelings about husband                                       |             |
| 3. Causes of marital disagreement                               |             |
| D. Husband's personality  |             |
| E. Role of husband in regard to daughter                        |             |

V. Relation of Mother to Child

- A. Mother's understanding of the child
- B. Similarities between mother and child
- C. Mother's identification of the child
- D. Mother's attitude to aspects of adolescence
  - 1. Peer relationships
  - 2. Dissolution of unity
  - 3. Overthrow of authority
- E. Composite relationship

## APPENDIX B

## SYMPTOMS AT REFERRAL

## PROBLEMS WITHIN GROUP

Nervous and fearful  
Fearful  
Fears of insects in hair  
Fears of growing up  
Fears of being kidnapped  
Unable to make friends  
Overweight  
Pains in her body  
Stuttering  
Upset at any changes in life  
Reluctant to go to school

## ANTI-SOCIAL GROUP

Ran away  
Sneaks out of house  
Won't go to school  
Sarcastic with the teacher  
Does not mind  
Extremely defiant  
Temper tantrums  
Sulky and stubborn  
Antagonistic and hateful towards mother  
Lies  
Lazy  
Untidy  
Threatened suicide  
Thinking of marrying unsuitable boy  
Having sexual relations with boys  
No sense of fair play  
Stayed out all night