

THE PARENTAL ATTITUDES OF PARENTS OF CHILD  
GUIDANCE CASES: I. COMPARISONS WITH  
NORMALS, INVESTIGATIONS OF SOCIOECONOMIC  
AND FAMILY CONSTELLATION FACTORS,  
AND RELATIONS TO PARENTS'  
REACTIONS TO THE CLINICS<sup>1</sup>

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Shoben's (12) development of the University of Southern California Attitude Survey and his demonstration of its ability to differentiate mothers of problem children and nonproblem children have stimulated interest in parental attitude scales during the last 10 years. This interest is quite understandable, for an objective, easily administered, and valid instrument measuring parental attitudes would be of considerable value in the exploration of the environmental backgrounds of the behavior disorders. Mark's (7) differentiation of a group of mothers of schizophrenics and control mothers using a parental attitude scale provided another stimulus to work in this area. The Parental Attitude Research Instrument (PARI), developed by Schaefer and Bell (10), utilized a number of small but cohesive scales measuring specific sorts of parental attitudes. Such a test seemed particularly valuable since it could pinpoint more precisely the particular attitudes characterizing a group of mothers. However, there have been some ominous notes sounded in the last few years. Crandall and Preston

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(2) found little relationship between mothers' self-ratings on the Fels Scale and ratings made by persons observing them. Gordon (3) found no relation between Shoben's scales and ratings of mothers made by the professional staff of a clinic after a 12-day observation period. Leyton (6) found no difference on the Shoben scales between mothers and fathers whose children had been rated by teachers at the two extremes of a six-point scale of adjustment. McFarland<sup>2</sup> failed to replicate Mark's findings on the mothers of schizophrenics. Zuckerman, Oltean, and Monashkin (16) failed to find a difference between mothers of schizophrenics and controls using the Parental Attitude Research Instrument (although there was a significant interaction between these groups and levels of mother's education).

While some positive studies have also been reported, there seems to be a growing suspicion that parents' verbal descriptions of their behavior and attitudes may be somewhat discrepant from their actual behavior and attitudes. The suspicions of the senior author were aroused by the outcome of a study (unpublished) conducted a year ago. Parents of 26 children in a nursery school were sent copies of the PARI after obtaining their consent by telephone. Two teachers made ratings of the children's over-all adjustment in nursery school, along with more specific behavioral ratings. The first interesting finding was that the mothers of the most maladjusted children did not return the PARI forms after a reasonable period of time. Chi square for return-nonreturn vs. high-low in adjustment of child was significant. Later, after repeated appeals, all except three parents returned the forms. The children of these three parents were among the five most maladjusted in the group. One of the parents, after finally refusing outright to take the test, generously offered to let her maid fill it out as a substitute. The results suggested that the test is particularly threatening to parents whose children are most disturbed. Significant correlations were found between the child's maladjustment and the PARI scores for five of the mothers' scales and six of the fathers' scales. However, all of these correlations were positive, i.e., the parents of maladjusted children tending to score on the low or permissive end of the scales rather than on the high end! The reliability of the results was considered dubious, and interpretation was deferred pending outcome of the larger clinic study reported in this paper.

Previous studies have indicated that the mother's age and education and the number of children in the family may influence PARI scores. The mother's educational level correlated significantly ( $p < .01$ ) with 18 of the 23 PARI scales in a normative group (17), with an Authoritarian-Control factor score (a sum of 16 scales) in mothers of adult schizophrenics (16) and with the same factor score in female psychiatric patients (15). Mother's age, in the normative sample (17), correlated significantly ( $p < .01$ ) with six of the scales, and the significance level of four other correlations fell between the .05 and .01 levels. Six of the correlations between scales

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<sup>2</sup> Personal communication, 1957.

and the number of children, in the same sample, fell between the .05 and .01 levels of significance. In almost all cases the less educated, older mothers with more children had the more authoritarian, controlling parental attitude scores.

A common problem in child guidance clinics is lack of parental cooperation, which is often manifested in defection during or after the evaluation period. Levitt has investigated the problem of parental defection from the standpoint of reasons given by the parents (5) and case history variables related to defection (4). In the latter study, 61 variables were related to defection, and only five of them were found to relate at a significant level. If parental attitude scales could predict noncooperativeness of the parents, they would be extremely useful in the practical clinic setting.

The purpose of this study was to relate parental attitude scores to five major categories of variables including: Diagnosis, Age, Socioeconomic Status (education and occupation), Family Constellation, and Cooperativeness with the Clinic. Each of these will be discussed further in the Procedure and Results sections.

#### METHOD AND PROCEDURE

##### *Parental Attitude Measures*

The data in this study were obtained using the mother's and father's forms of the PARI. The mother's form of this test has been factor analyzed by Schaefer and Bell (9), who used a sample of unmarried student nurses, and by Zuckerman, Ribback, Monashkin, and Norton (17), who used mothers of normal and disturbed children. Three factor scores were derived from the latter analysis: factor A includes 16 of the individual scales and is labeled "Authoritarian-Control"; factor B includes three of the subscales and is labeled "Hostility-Rejection"; factor C includes three positively worded scales and is labeled "Democratic Attitudes." Correlations between personality measures and the factor scores indicated some degree of construct validity for them (15). However, it appears that these factor scores are markedly influenced by Acquiescence and Extremes response sets (14). Reversed scales which were developed to control and measure these sets (13) were not available at the time of the current study.

Most of the analyses reported in this paper deal with the scores on factors A and B. Items comprising factor C were not used because they are so stated that most people agree with them. In some cases individual scales are reported in the text without tabulation. In evaluating these differences the reader must remember that 23 scales were analyzed for mothers and 25 scales for fathers. Considering the number of comparisons, one might expect one or two significant differences by chance for either mothers or fathers. In cases where only a few scales were significant (significance was set at the .05 level, two-tailed test) one must assume these were due to chance unless the findings can be replicated.

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### *Subjects*

The subjects were 165 mothers and 140 fathers of child patients evaluated in two child guidance clinics and 181 mothers and 36 fathers from a normative sample described in a previous article (17). The *Ns* for comparisons using the clinic group vary because of the particular comparison or missing case history data relevant to the comparison.

The mean age of mothers in the clinic group was 35.9; that for the normative group was 37.5. The difference between these means was not significant. The average educational level for the clinic group of mothers was 11.3; the same average for the normal group was 12.5. This difference was significant with a greater proportion of the normative group drawn from the higher educational levels. In order to control education in the comparisons between these two groups, the mothers in each of the groups were assigned to one of three educational levels: less than four years of high school, high school graduate, and one or more years of college. Means were obtained at each level of education within each group, and these means were weighted for both groups by the proportion of the population falling into each educational level according to the 1950 census. An over-all mean was obtained for each group using these weighted means, and the over-all means were compared.

Comparison of clinic and normative fathers was made by selecting a group of 36 fathers from the larger clinic group who fell into the educational and occupational range of the 36 fathers in the normative group. The mean age of the clinic fathers was 43.1, of the normative fathers, 43.3. The mean educational level for the clinic fathers was 12.4; the mean for the normative fathers was 13.1. Neither of these differences between means was significant.

### *Procedure*

Most of the normative sample was tested in groups at meetings of various church social clubs. A smaller portion of the normal sample was obtained by PARIs sent home with students in a college extension course and PARIs mailed to parents of children in a nursery school. The clinic sample was obtained by sending the PARIs to the parents after they had applied for evaluation at the child guidance clinics. The PARIs were included with other forms requesting information and were represented as part of the clinic procedure. A special letter was enclosed giving the routine PARI instructions and requesting the parents to take the test in privacy without consulting anyone else. Separate envelopes for mothers and fathers were furnished, and they were instructed to seal their own PARI inside the envelope and return it to the clinic on the first clinic visit. It is not known to what extent the parents cooperated with these instructions. The differences in method of administration between the clinic and normal groups is probably the major qualification of the comparisons between the groups.

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However, a more basic difficulty exists in any study comparing normals tested for "research purposes" and parents who know that they are being tested because their child is somehow deviant.

### *Case History Data*

A psychologist at each of the clinics culled the case histories to obtain the relevant data for intraclinic comparisons. The information included the following:

1. Clinic diagnosis. This was usually assigned at a meeting of the clinic professional staff at which all relevant data on the child were considered.
2. General symptom type. This was the only categorization which required some judgment on the part of the psychologist gathering the data. He was required to classify the child's symptoms as (A) primarily "acting-out" symptoms, (B) predominantly "internalizing" (neurotic, anxious, obsessive, or habit disturbance) symptoms, (C) an equal mixture of A and B, (D) neither A nor B (e.g., purely a problem of mental deficiency). No reliability estimate could be made on these classifications. Since groups C and D contained most of the borderline judgments, they were not used in the comparisons.
3. Mother's education.
4. Husband's occupation.
5. Mother's age.
6. Age of the clinic child.
7. Number of children in the family.
8. Birth position of the clinic child.
9. Sex of the children in the family.
10. Sex of the clinic child.
11. Presence or absence of the father in the home.
12. (For one clinic) The interval between the initial contact with the clinic and receipt of the application form at the clinic.
13. (For one clinic) Whether or not the parent defected during the evaluation period.
14. (When treatment of child and/or parent was offered) Whether treatment was accepted or refused.

## RESULTS

A summary of the group comparisons on the two maternal attitude factor scores can be seen in Table 1.

### *Diagnostic Comparisons*

*Clinic mothers vs. normative mothers.* The direction of the differences on both factor scores, though consistent with the results of the nursery school study, was contrary to theoretical expectation with the clinic mothers scoring lower (i.e., more permissive, less rejecting) than control mothers. However, the differences were not statistically significant. The clinic mothers did score significantly lower on four of the individual scales: Deification, Avoidance of Communication, Acceleration of Development, and Rejection of the Homemaking Role.

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TABLE I  
GROUP COMPARISONS ON MATERNAL ATTITUDE FACTORS

Groups	N	M-FACTOR A AUTHORITARIAN-CONTROL			M-FACTOR B HOSTILITY-REJECTION		
		Score	F or t	and df p	Score	F or t	p
<i>Diagnostic</i>							
1. Groups:							
Clinic Mothers	162	186.8	t = 1.60	ns	32.4	t = 1.79	ns
Normal Mothers	181	192.9	df = 337		33.7		
2. Clinic diagnoses:							
A. Adj. R., Conduct Dist., Sociopath	46	187.2			30.8		
B. Schizophrenic, Schizoid	12	194.1			34.5		
C. Neurotic, Pers. T.D., Spec. Sympt.	29	186.0	F = .19 df = 3/129	ns	32.9	F = 1.55	ns
D. Mental Deficiency	46	191.0			33.3		
3. General symptom type:							
Acting-Out	66	192.1	t = .99	ns	31.8	t = .98	ns
Internalizing	56	189.5	df = 120		32.6		
<i>Socioeconomic</i>							
1. Mother's education (years):							
0-8	27	224.4			32.4		
9-11	47	198.7			33.2		
12	59	177.3	F = 16.34 df = 4/157	.001	31.9	F < 1	ns
13-14	14	168.0			30.6		
15-20	15	160.4			34.2		
2. Husband's occupation:							
Professional, Semiprof.	40	169.7			33.3		
Trade, Clerical, Skilled	58	187.9	F = 13.81 df = 2/137	.001	31.5	F = 1.21	ns
Semiskilled, Unskilled	42	207.6			32.9		
<i>Age</i>							
1. Mother's age (years):							
29 and under	31	191.8			31.2		
30-34	45	184.6	F = 3.81 df = 4/154	.05	32.6	F = 1.35	ns
35-39	33	162.6			29.7		
40-44	31	198.7			33.1		
45 and over	19	192.4			33.6		
2. Child's age (years):							
3-7	56	188.1			33.2		
8-12	78	183.5	F = 4.09 df = 2/160	.05	31.7	F = 1.55	ns
13 and over	29	206.5			34.0		

(table continued on next page)

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TABLE 1 (continued)

GROUP COMPARISONS ON MATERNAL ATTITUDE FACTORS

Groups	N	M-FACTOR A AUTHORITARIAN-CONTROL			M-FACTOR B HOSTILITY-REJECTION		
		Score	F or t	and df p	Score	F or t	p
<i>Family Constellation</i>							
1. Number of children:							
1	19	177.5			29.9		
2	57	182.8	F = 2.81	.05	31.4	F = 2.37	ns
3	42	187.0	df = 3/161		33.8		
4 or more	47	200.8			33.2		
2. Birth position (clinic child):							
Oldest	58	182.5			31.8		
Intermediate	49	198.1	F = 2.39	ns	34.3	F = 2.00	ns
Youngest	39	192.7	df = 2/143		32.6		
3. Predominant sex of children in family:							
Male	70	186.9	t = 2.38	.05	33.3	t = 1.81	ns
Female	52	202.9	df = 120		34.4		
4. Sex of clinic child:							
Male	111	185.5	t = 1.84	ns	32.4	t = .69	ns
Female	52	197.1	df = 161		33.1		
5. Father absent or present:							
Present	133	188.5	t = .41	ns	32.4	t = .70	ns
Absent	30	192.2	df = 161		33.4		
<i>Cooperativeness with Clinic</i>							
1. Time between initial contact and application (days):							
0-9	30	205.3			33.4		
10-19	23	186.7	F = 1.80	ns	32.8	F = 2.47	ns
20-59	12	179.4	df = 3/74		35.0		
60 or more	13	190.2			33.0		
2. Cooperation in intake:							
Cooperative	62	190.6	t = .69	ns	31.2	t = 1.21	ns
Withdrew	19	197.6	df = 79		33.2		
3. Response to treatment offer:							
Accepted	20	175.5	t = 1.52	ns	31.0	t < 1	ns
Refused	15	193.4	df = 33		31.6		

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A second analysis was made of the individual scales using Bell's (1) conversion technique for PARI scores. Each subject's scale scores were converted to standard scores based on her own mean and standard deviation for the 23 scale scores. This technique partials out the differences in over-all profile elevation which may be due to acquiescence response set and/or a defensive test-taking attitude. Comparisons of clinic and normative mothers were made on these converted scale scores. Only three scales yielded significant differences. As in the previous analysis, the clinic group was significantly lower on Acceleration of Development and Rejection of the Homemaking Role. However, in this analysis, the clinic group was significantly higher on the scale, Seclusion of the Mother. Again, it must be remembered that one or two differences on individual scales might be expected by chance.

*Clinic fathers vs. normal fathers.* The clinic and normative fathers were compared on 25 of the scales from the fathers' form of the PARI. Only two scales yielded significant differences: the clinic fathers were significantly lower on Marital Conflict and Forcing Independence. Two differences out of 25 falls within the chance expectation range.

*Diagnostic comparison within the clinical group.* The diagnoses available on 134 children in the clinic group were grouped into four categories: (a) Adjustment Reaction, Conduct Disturbance, Sociopath; (b) Schizophrenic Reaction, Schizoid Personality; (c) Personality Trait Disorder, Psychoneurosis, Special Symptoms; (d) Mental Deficiency. The *F* ratios between mothers of the children in these diagnostic groups on the maternal attitude factors were not significant. Only one scale out of 23 yielded a significant difference for the mothers of the children in these groups: Rejection of the Homemaking Role. The mothers of schizophrenics and schizoids scored highest, and the mothers of adjustment reactions, conduct disturbances, and sociopaths scored lowest. Only one scale out of 25 yielded a significant *F* ratio for fathers: Nonpunishment. The fathers of schizophrenics and schizoids scored highest on this scale, while the other three groups were uniformly lower. Again the number of significant results falls within the chance expectation range.

*General symptom types.* The parents of children classified as primarily "acting-out" symptoms types were compared with the parents of children classified as primarily "internalizing" symptom types. The mothers of these two groups did not differ significantly on any of the PARI factors or scale scores. The fathers of the "internalizers" were significantly higher than the fathers of the "acting-out" group on only two scales: Nonpunishment and Expressing Affection.

### *Socioeconomic Comparisons*

Maternal PARI factor scores were examined in relation to two socioeconomic factors, the education of the mother and the occupation of the father. Both of these factors were strongly related to the Authoritarian-

Control factor in maternal attitudes. The  $F$  for mother's education (five groups) was 16.34, significant below the .001 level. The nature of the relation can be seen in Figure 1. As education increases, maternal attitudes become less authoritarian and controlling. The  $F$  ratio for the Hostility-Rejection factor was not significant.

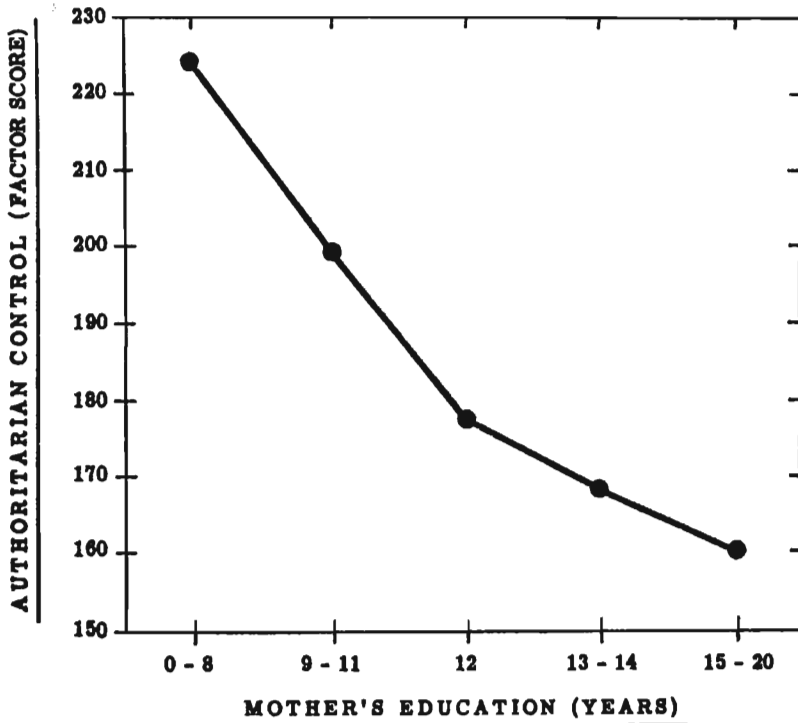


FIGURE 1—The relationship between mother's educational level and her Authoritarian-Control factor score.

Occupations were grouped into three levels: (a) Professional, Semiprofessional and Managerial; (b) Trade, Clerical, and Skilled; (c) Semiskilled and Unskilled. When clinic mothers were grouped according to husband's occupational level ( $N = 140$ ), an  $F$  ratio of 13.81 obtained on the Authoritarian-Control factor was significant below the .001 level. This relationship is plotted in Figure 2. As occupational level of the husband increases, maternal attitudes become less authoritarian and controlling. The  $F$  ratio for factor B was not significant.

#### *Age Comparisons*

*Mother's age.* The  $F$  ratio for five age groups on the Authoritarian-Control factor was 3.81 which was significant below the .05 level. As can

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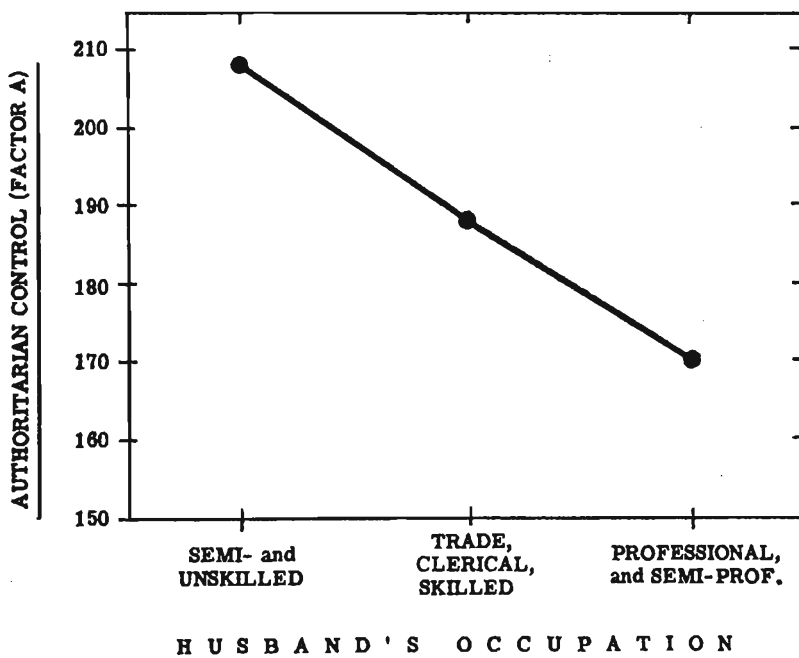


FIGURE 2—The relationship between the husband's occupational level and the mother's Authoritarian-Control factor score.

be seen in Table 1, the relation between age and factor A is not a linear one. Most of the between groups variance is caused by a sudden drop in the factor score in the 35 to 39 age group. The score rises again in the next higher age group. The  $F$  ratio for the Hostility-Rejection factor was not significant.

*Age of the clinic child.* The  $F$  ratio for mothers of children in the three age groups on the Authoritarian-Control factor was 4.09 which was significant below the .05 level. Examining the means for the three groups in Table 1, it can be seen that there is little difference between mothers of children in the 3 to 7 year group and those with children in the 8 to 12 year group, but there is a marked rise on this factor in the mothers of the teenage group. The  $F$  ratio for the Hostility-Rejection factor was not significant. Significant  $F$  ratios were found on the following individual scales for mothers: Strictness, Approval of Activity, Inconsiderateness of the Husband, Ascendance of the Mother, Acceleration of Development, and Dependency of the Mother. Significant differences were found on the following scales for fathers: Seclusiveness of the Father, Marital Conflict, Inconsid-

erateness of the Wife. In the case of all of these differences, for mothers and fathers, the parents of the teenage patients had the highest scores.

#### *Family Constellation Comparisons*

*Number of children in the family.* The  $F$  ratio for four groups (mothers with 1, 2, 3, and 4 or more children) on the Authoritarian-Control factor was 2.81, significant below the .05 level. The means for these groups (*see* Table 1) rise gradually with the increase in number of children with a sharper rise in the "4 or more" group. Significant  $F$  ratios were found on the following individual scales for mothers: Encouraging Verbalization, Excluding Outside Influences, Deification, and Suppression of Sex. The "4 or more" group had the highest score on all of these scales except Encouraging Verbalization, on which they had the lowest score. The following fathers' scales yielded significant  $F$  ratios: Irresponsibility of the Father, Deification, Suppression of Sex, and Change Orientation. On all of these scales mothers and fathers with four or more children had the highest scores.

*Birth position of the clinic child.* A comparison was made of families of two or more children in which the clinic child was (a) the oldest sibling, (b) intermediate in age, (c) the youngest sibling. The  $F$  ratios on both maternal attitude factors were not significant. Only two of the maternal attitude scales yielded significant  $F$  ratios: Rejection of the Homemaking Role and Acceleration of Development. None of the fathers' scales yielded significant  $F$  ratios.

*Predominant sex of the children in the family.* Two groups were compared: (a) families in which the children were predominantly or only female, (b) families in which the children were predominantly or only male. All other families were excluded from this comparison. Mothers of predominantly female children scored significantly higher on the Authoritarian-Control factor ( $t = 2.38$ , significant below the .05 level). No difference was found on the Hostility-Rejection factor. The mothers in families with predominantly female children scored significantly higher on the following individual scales: Fostering Dependency, Breaking the Will, Martyrdom, Deification, Inconsiderateness of the Husband, Suppression of Sex, Ascendance of the Mother, Intrusiveness, and Dependency of the Mother. No significant differences were found for fathers on any of the 25 scales.

*Sex of the clinic child.* The mothers of female clinic children tended to score higher on the Authoritarian-Control factor than the mothers of male clinic children but the difference fell short of significance ( $t = 1.84$ ,  $p < .10$ ).

The difference on the Hostility-Rejection factor was close to zero. The mothers of female clinic children scored significantly higher on two scales: Suppression of Sex and Ascendance of the Mother. The fathers of female clinic children scored significantly higher than the fathers of male clinic children on four scales: Fostering Dependency, Deception, Suppression of

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Aggression, and Suppression of Sex. These four differences were all significant at better than the .01 level.

*Presence or absence of the father in the home.* The father was absent from the home due to separation or divorce in 30 out of 163 cases (18 per cent). The group of 30 separated or divorced mothers was compared with the remaining group of 133, and no significant differences were found on the maternal attitude factor scores.

### *Cooperativeness of the Parents with the Clinic*

*Time between initial contact with the clinic and receipt of the application form.* The procedure at one of the clinics was as follows: As soon as a contact with the clinic was made by phone or letter, the date was noted and an application form was immediately sent out. The date of receipt of the application form was also noted in the chart. The time interval between these two dates could be taken as a crude estimate of the parents' motivation for treatment or their cooperativeness with clinic procedure. Mothers at this one clinic were divided into four interval groups (0-9, 10-19, 20-59, 60 or more days). Neither of the maternal attitude factors yielded a significant *F* ratio between these groups.

*Cooperation in intake procedure.* At one of the clinics the evaluation procedure extended over two or more sessions. In 19 out of 81 cases the parents discontinued contact with the clinic during this evaluation period without notifying the clinic or offering some compelling reason for the discontinuation. The mothers in these 19 cases were compared with the 62 cooperative mothers. Neither of the maternal attitude factors yielded a significant *t* value between these groups.

*Acceptance vs. rejection of treatment.* Thirty-five cases in both clinics were offered treatment. In 20 cases the offer was accepted; in 15 cases it was rejected. The differences between mothers in these groups were not significant on either of the maternal attitude factor scores. Significant *ts* were obtained on three of the individual scales for mothers: Martyrdom, Inconsiderateness of the Husband, and Dependency of the Mother. Significant differences were found on two scales between the two groups of fathers: Breaking the Will and Suppression of Affect. On all of these significant scales for mothers and fathers the parents of the group rejecting treatment scored higher.

### *The Effect of Partialling Out Mother's Education*

Mother's education is related to a number of the other independent variables. Since it also relates strongly to factor A, it could account for the relation of these other variables with factor A. Therefore, each of the five other variables which yielded significant *F* ratios on factor A were cross-classified with mother's education, a multiple eta square was derived (using the sum of squares between cells), and the significance of the additional relation of the variable to factor A, after subtracting the variance due to mother's education, was obtained.

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TABLE 2

SIGNIFICANCE OF VARIABLES CONTROLLING FOR MOTHER'S EDUCATION

<i>Variable</i>	<i>Proportion of variance on factor A due to Variable and Mother's Education (Mult. <math>\eta^2</math>)</i>	<i>Proportion of variance due to Mother's Education (<math>\eta^2</math>)</i>	<i>N</i>	<i>Added Proportion of variance due to Variable (Mult. <math>\eta^2 - \eta^2</math>)</i>	<i>F</i>	<i>df</i>	<i>p*</i>
Husband's Occupation . . .	.45	.30	138	.15	3.24	10/123	.01
Mother's Age . . . . .	.40	.25	159	.15	1.73	19/135	.05
Child's Age . . . . .	.36	.28	162	.07	1.87	9/148	<i>ns</i>
Number of Children . . . . .	.37	.29	165	.08	1.26	15/145	<i>ns</i>
Predominant Sex of Children	.30	.26	118	.04	1.08	5/108	<i>ns</i>

\* Significance of the additional relationship of the variable to factor A after subtracting the proportion of the variance due to Mother's Education.

The results of these analyses can be seen in Table 2. Taking the first variable, husband's occupation, it can be seen that 45 per cent of the variance in the Authoritarian-Control factor is accounted for by the combination of this variable with mother's education. The proportion of variance (15 per cent) accounted for by husband's occupation, after subtracting the variance due to mother's education (30 per cent), was still significant ( $p < .01$ ). Similarly, the proportion of variance (15 per cent) accounted for by mother's age alone was significant ( $p < .05$ ). However, the relation between the Authoritarian-Control factor and child's age, number of children, and predominant sex of children seem to be a function of the relationship of these variables to mother's education.

DISCUSSION

Parental attitude measures have not shown any marked relation with the diagnostic or symptomatic characteristics of the child or the response of the parents to the clinics. No significant differences were found on the maternal attitude factors, and the number of differences on individual scales was not impressive considering the number of comparisons made. Even on the scales where significant differences were found between parents of clinic patients and parents of normal children, the parents of clinic patients scored lower rather than higher, as theory would suggest. It is quite likely that the "clinic" parents were threatened by the inventory and expressed their defensiveness by giving the answers that they felt would

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be most socially desirable. In a group of female psychiatric patients (15) the MMPI K score, a measure of psychological defensiveness, correlated significantly with both the Authoritarian-Control factor and the Hostility-Rejection factor. However, even if defensiveness is related to the elevation on the parental attitude scales, it is difficult to understand why Bell's technique of converting raw scale scores to relative scores based on each *S*'s general scale elevation did not provide more discrimination between the clinic and normal groups of mothers.

Conceding the possibility that the failure to find many differences between the clinic and normal parents may be attributed to the greater defensiveness of the clinic group, it must be remembered that the scales also failed to yield significant differences between diagnostic and symptomatic subdivisions of the clinic group itself. Moreover, the scales did not predict such gross behavioral decisions as continuing or discontinuing the clinic contact and accepting or refusing proffered treatment for the child. At this stage, clinical applications of these scales should be interpreted with extreme caution.

The most powerful determinant of response to the Authoritarian-Control dimension of maternal attitudes proved to be the socioeconomic level of the mother as judged from her educational attainment and her husband's occupation. The relation with education has been found in samples used in previous studies (15, 16, 17). Together, these variables account for 45 per cent of the variance of the Authoritarian-Control factor in this sample of clinic mothers. The current childrearing ideal communicated to mothers by psychologists and educators stresses democratic and permissive techniques rather than authoritarian, controlling techniques. This communication is much more likely to affect middle-class, highly educated mothers than working class mothers because they are more frequently exposed to it in the schools and the communication media—women's magazines, in particular. Does the relation between socioeconomic status and the Authoritarian-Control attitudes reflect differences in actual childrearing patterns between classes in our society? The Sears, Maccoby, and Levin study (11) would suggest that this is so. In comparing middle-class and working-class mothers, they found that the middle-class mothers were more permissive in four of the five major areas of socialization investigated. The factor of mother's education yielded similar findings.

The Miller and Swanson (8) results, based on a study in the Detroit area, contradict both the results of Sears *et al.* and the results of this study. Miller and Swanson did not find many differences in childrearing patterns attributable to class or mother's education when other variables were controlled. In fact, they even noted a trend toward less permissive child training at the upper educational levels. Both of these studies were based on structured interviews in which mothers were asked about their childrearing behavior. The possibility remains that their actual behavior might differ from their descriptions of it in interviews. There is a need for observational

studies of maternal behavior in the different social classes to answer this question.

The finding of a significant drop in scores on the Authoritarian-Control factor in the 35 to 39 year old age group of mothers relative to younger and older groups is a puzzling one. In the normative sample (17) several maternal scales showed positive linear correlations with age. Sears *et al.* (11) found that younger mothers tended to be more irritable and punitive than older mothers. However, they used only two groups and presumably divided the total group at the median (33.6 years of age). This would place the 35 to 39 group entirely within their older mother group. From their reported variation it would seem that about half of the mothers in their older group would fall into the 35-39 year range. If it is these mothers who were the more permissive ones in the older group, the Sears data would then be consistent with the findings of the present study. Perhaps the mothers in their late 30's were indoctrinated during the peak of the permissive era of childrearing (early 1940's). Currently there seems to be a swing away from the de-emphasis on parental control and discipline with the "experts" warning mothers about too little control as well as too much control. This impression is supported by the Miller and Swanson (8) review of childrearing advice given by "experts" from the eighteenth century to the present. They find that the strict, controlling, suppressive parental behavior advocated in the 1930's changed to a bland, nondirective sort of permissiveness in the period 1942 to 1945. These authors note that advice from 1945 to the present, while still more permissive than that given in the 1930's, tends to stress again the need for "limits," "control," and the development of behavior which is socially adaptive. It is not assumed now that such socially adaptive behavior develops spontaneously.

Although the relations between the clinic child's age, number of children in the family, and sex of children in the family and the scales of the PARI may be entirely a function of the influence of the mother's education, they seem to make some theoretical sense and might be worth re-examining in a nonclinical group which is homogeneous in educational level. The parents of the teenage clinic patients seem to manifest more marital dissatisfaction and demand more striving on the part of the child. The parents in larger families seem to expect more submissiveness of children to parental control, respect for parents, and suppression of sexual impulses. Mothers of predominantly female children seem to be more controlling, overprotective, ascendant, punitive and demanding of sexual suppression. The fathers' attitudes, on the other hand, are not related to the sex of the children.

#### SUMMARY

The purposes of this study were: (a) to determine if parental attitudes differ quantitatively in parents of child guidance cases and normals or if they distinguish between parents of various types of cases in the clinic

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group; (b) to determine the influence of socioeconomic, age, and family constellation factors on attitudes within the clinic group; (c) to determine if parental attitudes have any predictive value in relation to the cooperativeness of parents with the clinic. The subjects were 165 mothers and 140 fathers of patients from two child guidance clinics and 181 mothers and 36 fathers from a normative sample. Attitudes were measured with the Parental Attitude Research Instrument using the forms for mothers and fathers. Two summative factor scores on the maternal attitude inventory and scores on the individual scales of the maternal and paternal inventories were used. Other variables were assessed by psychologists from the case history reports.

Parental attitude measurements were not markedly related to the child's diagnosis or symptom type within the clinic group and did not yield marked differences between the clinic parents and controls. Parental attitude scores neither predicted the parents' cooperativeness with the clinics nor distinguished a group of "defectors." The major determinant of maternal attitudes within the clinic group was the socioeconomic level of the mother as defined by her educational level and her husband's occupation. The less educated lower class mothers had the more authoritarian, controlling attitudes. The mother's age was significantly related to her attitudes, although in a nonlinear fashion. The age of the clinic child, the number of children in the family, and the sex of the children in the family were significantly related to parental attitudes, but such relations appeared to be a function of the relation of these variables to the mother's education.

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