

INTERPERSONAL CONCERNS IN PREGNANT AND
NONPREGNANT ADOLESCENTS

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4865

TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vi
 Chapter	
I. STATEMENT OF THE PROBLEM	1
Purpose of the Study	4
Significance of the Study	4
Limitations	5
Definitions	5
II. REVIEW OF LITERATURE	7
Past Views	7
Present Views	11
Measurement	15
Summary	15
III. RESEARCH DESIGN	17
Statement of the Null Hypothesis	17
Subjects	18
Description of the Research Instrument	19
Description of the Procedures	20
IV. PRESENTATION AND ANALYSIS OF THE DATA	22
Results	23
V. SUMMARY AND CONCLUSIONS	27
Review of the Problem	27
Summary of Findings	27
Problems and Limitations	29
Recommendations	30
APPENDIX A. Human Research Review Committee Con- sent Form	34

REFERENCE NOTE	36
REFERENCES	37

LIST OF TABLES

Table

1. Results of t-Test Analysis of Pregnant and Nonpregnant Adolescent Firo-Liphe Scores . . . 26

CHAPTER I

STATEMENT OF THE PROBLEM

The number of adolescent lives that are oppressed by pregnancy is tragic. The psychological explanation that adolescent girls have a conscious or unconscious desire to become pregnant is likely to provoke argument. The concept of adolescence as a time of gradual transition from childhood to adulthood is not new. It is recognized in our culture and developing countries that boys and girls in the approximate age range of 10 to 20 years differ psychologically from children and adults and therefore constitute a special group of individuals (Akhter, 1974). Their individual psychological processes and patterns of identification develop from those of a child to those of an adult. The individuals, between the ages of 10 and 20, progress from the point of initial appearance of secondary sex characteristics to that of sexual maturity (Heiman, 1975).

The United Nations demographic data has indicated that, in many developing countries, births to women under 20 years represent a growing proportion of all births. For example, in the USSR, births to women under 20 years represent a growing proportion of all births. Pregnant women under 20 years of age rose from 3.3% of the total in 1963

to 8.8% in 1973, and in the German Democratic Republic, the percentage rose from 13.6% (1963) to 23% (1972). An increase in premarital sex among adolescents is well documented in the U.S.A. and Great Britain. In Dallas County 23,279 births were to females under 19 years of age. The percentage rose from 20% to 27% in a six year span (Health Department Summary, Note 1).

It is not necessary to be strong to survive; it is only necessary to have love and approval of the strong. The simplest animal responds to environment largely by way of contact control, avoiding the noxious and absorbing nutrients (Gaylin, 1974). The need for belonging to another person or a leads an adolescent to participate in group activities which teach the adolescent greater skills in coping with herself and with the group. Belonging to a group encourages and facilitates the onset of sexual demands out of fear that refusal might threaten her belongingness. Adolescents have a desire for passion and intensity. In sharing the passion of sexual behavior, the participants are able to experience intensely other persons and also have someone acknowledge them. Adolescents tend to identify and imitate what they see in society, especially that which is socially valued as personally meaningful. When they look at society, they frequently see reminders of sex (Mitchell, 1972).

Rebelliousness and a negative identity often lead a young person to sexual behavior as an expression of defiance and contempt for parents. Negative identity is defined as getting satisfaction from engaging in behavior which is not desired or expected (Gordon, 1974).

Adolescents experience concerns in three areas of interpersonal relations. These areas are inclusion, control, and affection. Adolescents are often ambivalent about the close relationships that they have had with their parents when younger while trying to compliment the relationship with their peer group. The Life Interpersonal History Enquiry (LIPHE) measures the quality of these relations in the areas of inclusion, control, and affection at levels of behavior and feeling (Schutz, 1966). The adolescent is under constant cross pressures between parents and peers.

The problem addressed by this study is the possible influence that the interpersonal needs of inclusion, control, and affection may have on pregnant and nonpregnant adolescent females. The problem of the study might be further clarified by the following questions:

1. How does adolescent pregnancy relate to the three interpersonal needs for inclusion, control, and affection?
2. What is the difference in views of pregnant versus

nonpregnant adolescents toward their early relationships with their parents?

In this ex post facto study, the dependent variable was the scores of Life Interpersonal History Enquiry (LIPHE); the independent variable was the presence of sexual activity and the use of clinic services. The following variables were controlled either deliberately or by force of circumstances: sex, age (12 - 20), race, socioeconomic group, and geographic region.

Purpose of the Study

The purpose of the study was to test the following null hypothesis:

1. Pregnant and nonpregnant adolescents' scores on a test of interpersonal concerns will not differ significantly.

Significance of the Study

This study is important for a number of reasons. First, the study added to the literature of adolescent sexuality and interpersonal behavior. Second, it was the first study which used the FIRO-LIPHE to address the relationship between female adolescents' expressed interpersonal behavior and the behavior experienced in earlier interpersonal relations with their parents. Finally, the study provided new data about the LIPHE instrument.

Limitations

1. The LIPHE scale is a specialization of the basic FIRO Instruments (FIRO-B and FIRO-F). There is no available research about the relationship of this instrument to factors of adolescent pregnancy.

2. The instrument is a self-report instrument which depends upon the participants' ability to recall childhood events.

3. The investigator attended the clinics during treatment sessions. Although most patients accepted the questionnaire, many declined because of lack of time, embarrassment, or shyness.

4. The participants were volunteers and, therefore, they do not represent any particular population.

Definitions

1. Inclusion Behavior (IB) measured the types of attention an individual received from her parents.

2. Inclusion Feelings (IF) measured the dissatisfaction with how important their parents felt they were.

3. Control Behavior (CB) measured the individual's recall of the freedom allowed by parents to develop independence and personal abilities.

4. Control Feelings (CF) measured the individual's dissatisfaction with her parents' feelings about her abilities.

5. Affection (ABF) measured the individual's satisfaction with the quality and quantity of love received from her parents.

6. Parental Disapproval (PD) measured the individual's perception of how much her parents wanted her to be better than she was at that time in her childhood.

7. Inclusion measured the need to establish and maintain a satisfactory relationship with people with respect to interactions and associations (Schutz, 1966).

CHAPTER II

REVIEW OF LITERATURE

In understanding adolescent pregnancy one is confronted with a variety of myths and biases which replace clear and intelligent explanations of adolescent behavior. As Lipsitz (1976) has noted, common myths about adolescence include the following: most experience this period as one of upheaval; adolescents can be treated as a homogeneous group; and adolescents are really children or they are in a transitional stage. Lipsitz goes on to conclude that these and other misconceptions are important because they are destructive. The misconceptions mentioned above reflect a deep mistrust of people in their formative years (Lipsitz, 1976).

Past Views

Previous earlier works described pregnant adolescents who were not married as bearing illegitimates. An illegitimacy was seen as a general index of pathology. For example, Kasinin and Handschin (1941) interpreted illegitimacy as a psychological problem reflecting an unresolved Oedipal complex. These pregnancies were thought to represent hysterical dissociations in which the girl acts out her incest fantasies.

Within the illegitimacy framework, personality types were often used as possible explanations of the problem. Rosen (1961) found that while it was difficult to characterize as a group, adolescent females who had illegitimate babies manifested a certain cluster of personality traits. The most frequently suggested were sociopathic and lonely girls. Psychological tests were often used to corroborate the relationship of psychopathology and illegitimacy. Wagner and Slemboski (1968) administered the Rorschach test to unmarried women aged 18 to 26 years and found high scores of doubt, uncertainty, and feelings of loneliness manifested by the test group. Psychopathology became more demonstrable in cases of multiple repeat pregnancies. Malmquist and Spano (1967) found young mothers exhibited distortions in object relations and had a narcissistic character structure. Schonholz (1969) also found similar traits in a group of indigent, pregnant adolescents studied in New York City. He noted 85% of the patients in the study were chronically depressed.

Giel and Kidd (1965) in reviewing student charts from the University of Edinburgh found that when compared to matched controls pregnant students had a higher rate of psychiatric consultations prior to the pregnancy. This increased frequency of consultation was assumed to be an indicator of neuroses.

Psychoses were identified by some as an antecedent condition to illegitimacy. Balsalm and Lidz (1969) found the single pregnant adolescent who required psychiatric consultations during pregnancy manifested depression and had borderline or psychotic experiences.

Other explanations have also been proposed as the cause of illegitimacy. The possible psychopathology manifested in mother-daughter relationships has been suggested by Friedman (1966) as a factor in out-of-wedlock pregnancy among young women. Barglow (1967) suggested that a girl's relationship with her own mother often cast a long shadow over events prior to a pregnancy. Schaffer and Pine (1972) suggested that pregnancy in adolescents reflects a conflict in the mother-daughter process. Specifically these authors feel that pregnancy brings to the fore conflicts between being mothered and being a mother. Conversely, depression is seen as a precipitating agent in illegitimacy in a White Jewish population studied by Heiman and Levitt (1960). In this group pregnancy is described as a situation which is dynamically linked to depression and is a common reaction subsequent to the experience of an important loss either by death or separation.

Before concluding the discussion on the relationships between psychopathology and illegitimacy, some attention

should be focused on the phenomenon of suicide during pregnancy. Young women experiencing out-of-wedlock pregnancies seem to be especially vulnerable. Otto (1965) reported on suicide attempts by pregnant women under the age of 21. He found 43% of the pregnant women in his sample indicated that pregnancy was the provoking factor in their suicide attempt. In addition, significant emotional problems had been encountered in this group with a large proportion of infantile and hysterical personalities manifested in the girls. Babikian and Goldman (1971) also found suicidal preoccupation in the repertoire of behaviors in a subset of their pregnant population.

Oliven (1965) found in his text of sexual hygiene for the professional indications that sexual activity, including indiscriminate "petting", is considered a serious behavioral disturbance and is a symptom of emotional illness. The author also predicted that certain varieties of adolescent promiscuity offer a very poor prognosis regardless of treatment. Oliven stated that these girls will most certainly continue their behavior and make the transition to part-time or full-time prostitution. While prostitution is not uniformly proposed as the eventual life style for these girls, similar negative consequences for her psyche have been described. Deutsch (1967) indicated that when adolescents act out sexual desires and impulses rather

than sublimating them, ego development is compromised along with disturbed object relations.

In summary, I found a review of the earlier conventional works on adolescent pregnancy appears to be overwhelmingly negative in tone. Hatcher (1973) stated that many writers on adolescent pregnancy and sexuality bring both theoretical and personal biases to their studies, leaving very few writings based on a thorough analysis of objective data. Thus, the limited amount of useful literature on adolescent pregnancy may be due to the widespread personal prejudices and feelings aroused by the phenomenon.

Present Views

Numerous changes in contemporary psychiatry have led to a renewed interest in normal as opposed to abnormal psychological development. For example, Erikson's (1950) classical eight stages of man treats personality development as a normal process (1950). Inherent human processes such as cognitive growth (Piaget, 1969) and moral development (Kohlberg, 1963) seem to proceed in an orderly fashion for the majority of individuals. Human personality unfolds according to steps that are determined by the person's readiness to approach, be aware of, and interact with a widening social horizon. Society supports the process and helps in monitoring its speed and sequence. While some

risks are associated with each stage, they can be dealt with and overcome in a variety of supportive ways. An appreciation of this developmental approach is an important fact in understanding adolescent pregnancy (Schiller, 1977).

Similarly, traditional thinking about human sexuality has also experienced a psychological renaissance. Sexuality is now defined as a normal aspect of human growth and development, an essential aspect of "humanness." Schiller emphasizes that sexuality is an integral part of the total personality and a fundamental dimension of human awareness and development. Others such as Calderone (1976) have expanded this concept of human sexuality per se as not limited to genitalia, but encompasses the whole being including all sex related thoughts, fantasies, information, self-images, feelings, and experiences. Mitchell (1976) suggested that certain sexual feelings and behaviors are normal and necessary components of adolescent growth and development. For the adolescent the need to be intimate is a basic human desire which permeates all adolescent patterns, habits, friendships, and interests. More recently, pregnancy has also been placed in the context of the female developmental life cycle. Bebring and Valenstein (1976) documented this phenomenon through their professional experience with unselected pregnant adolescents. These psychologists concluded that pregnancy, like puberty and

menopause, is a period of normal life crises involving profound psychological as well as biological changes. Moreover, these crises represent important developmental steps with similar characteristics phenomena. In pregnancy, as puberty and menopause, new and more complex emotional and adjustive tasks confront the individual. These tasks often lead to the emergence of unsettled conflicts from earlier developmental periods and require a need for new adaptive skills. These authors point out that the crises are necessarily time limited, normal, primarily precipitated by the psychological and biological stress of pregnancy.

Other authors, who have drawn similar conclusions, have attempted to build on the strength associated with the pregnancy crisis. La Barre (1968) explored psychodynamic factors in the pregnancies of married adolescents focusing on the actual strength of teenagers as they deal with pregnancy. Optimism, courage, and adaptability are cited as positive forces which can be used to deal functionally with the crisis associated with a pregnancy.

Young (1977) found, in providing obstetrical and psychological care for over 200 pregnant adolescents, that psychopathology, particularly psychosis, is uncommon and appears to be no more prevalent among pregnant adolescents than their nonpregnant counterpart. Delinquent behavior, characterized by the use of drugs and problems with school

authorities, also appears to be uncommon. However, Young did find that low self-esteem and academic difficulties were more frequently noted in this population. The author, therefore, suggested it is probably the low academic achievement and yearning for sources of recognition and self-esteem which encourages pregnancy and the discontinuation of schooling. To ascribe the significant increase in teenage conception to wish for pregnancy and a baby overlooks the fact that approximately 30% of teenagers will terminate their pregnancy if provided the opportunity (Alan Guttmacher Institute, 1976).

Even though our understanding of the adolescent's psychological motivation for pregnancy is limited, relevant research data is beginning to show various social and family dynamics commonly found among pregnant teenagers. Abernathy (1975), for example, has been able to characterize adolescents at risk for pregnancy using criteria which do not depend on sexual or contraceptive practice. While the findings are preliminary, Abernathy identified such dimensions as self-esteem, feelings about one's parents, and various aspects of the parents' marriage as important considerations in predicting vulnerability of young women to pregnancy. In particular, she found that adolescents who become pregnant are more likely to be dissatisfied with their mothers as role models and express a preference for

their fathers, even to an exclusive degree and often report significant hostility within the parents' marriage. In contrast, parents who are affectionate and close are more likely to foster their daughters' identities as women and enhance their self-esteem, thus diminishing the probability of precocious sexual behavior and possible conception (Abernathy, 1975).

Many investigators working in the area of adolescent pregnancy have asserted that pregnancy among this group is not generally the result of serious psychopathology, but rather that pregnant adolescents have the same emotional needs as other people.

Measurement

The FIRO LIPHE is a new measuring instrument. In the search for related literature, related to adolescent pregnancy, none reported using this type scale. Therefore, this research was exploratory.

Summary

A major tendency has been to search for psychological factors which motivate adolescents to enter parenthood prematurely, such as the need for affection, the quest for adult status, resolution of the Oedipal conflict, the desire to escape parental control or the inability to foresee a more gratifying future. No doubt some of these reasons apply in some instances. However, most related

studies have shown that only a small minority of adolescents became parents because they wanted to have a child, at least at the time conception occurred. Most become pregnant unwillingly and unwittingly, though to be sure, many are reluctant to terminate the pregnancy by abortion, which precipitates the delay in seeking abortion.

The questions which should set the tone for further discussion of unplanned adolescent pregnancy are posed by Mathis (1976):

1. Why and how are most adolescents surviving the enormous stress of the present age quite well?
2. How can we help prevent the remaining minority from becoming social casualties?

CHAPTER III

RESEARCH DESIGN

Chapter Three presents the methods and procedures of this study. The chapter has been divided into five sections: namely, description of the null hypothesis, description of the subjects, description of the research instrument, description of the procedures, and treatment of the data.

Statement of the Null Hypothesis

Following is the null hypothesis which was posed for testing in the study:

Hypothesis. There is no statistically significant difference in pregnant and nonpregnant adolescent's level of concern for her mother/father in the following areas:

1. Inclusion Behavior (IB) referring to the type of attention she feels that she received from her parents.
2. Inclusion Feeling (IF) measuring her feeling of dissatisfaction with how important her parents felt she was.
3. Control Behavior (CB) measures the degree of freedom allowed by her parents to develop her independence and personal abilities.
4. Control Feeling (CF) measures the adolescent's

dissatisfaction with her parents' feelings about her abilities.

5. Affection Behavior/Feeling (ABF) measures the adolescent's satisfaction with the quality and quantity of love she received from her parents.

6. Parental Disapproval (PD) describes the adolescent's perception of how much her parents wanted her to be better than she is.

Subjects

The sample consisted of 25 pregnant and 25 nonpregnant adolescents between the ages of 12 and 20, with a mean age of 16. The subjects were from families whose economic and educational achievements ranged widely.

Dallas County was designated as the study center from which the sample was drawn. Dallas, the major city of Dallas County, provided the majority of public supported gynecological and obstetrical care to women in the area. The participants in this study were volunteers who were patients at the Maternal Health and Family Planning Clinics, a division of the University of Texas Health Science Center at Dallas, and the Parkland Memorial Hospital. There are six clinics (Women's Health Clinics) which serve the city as well as its suburban neighbors. Parkland's maternity clinics met one day per week in a Women's Health Clinic site.

Description of the Research Instrument

The Fundamental Interpersonal Relations Orientation: Life Interpersonal History Enquiry (FIRO LIPHE) is a Likert-type questionnaire which measures personal perceptions. No attempt was made to determine the accuracy of the self-reported data. This instrument measures the interpersonal relationships between parent and child. The respondent was asked to recollect, as a young adult, her early childhood relations with her parents; specific aspects of these relations which were measured were inclusion, control, and affection at both behavior and feeling levels (Schutz, 1967).

Aspects of interest of the LIPHE questionnaire include the following: type of interaction; the level of interaction; and the direction of the interaction. The target for this study was the adolescents' response about their interactions with their fathers/mothers, guardians, or surrogates.

Reliability. The FIRO LIPHE was developed along with the other FIRO scales. According to the Guttman theory for cumulative scale analysis, the responses can be predicted because of the sequential ordering of the items (Schutz, 1967). The reliability of the scale has been reported as .90.

Validity. The FIRO LIPHE is a new measuring instrument; therefore, little research is available on its

validity. The only measured factors with which the LIPHE scales are correlated are values about education. The scales are independent of sex, marital status, age, religious preference, ethnic group, education, income, and intelligence.

Description of the Procedures

The University of Texas Health Science Center at Dallas Human Research Review Committee, along with the department head of the Department of Obstetrics and Gynecology, gave permission for the investigator to obtain samples in the Women's Health Clinic and Parkland's prenatal clinics.

At the beginning of each visit to a clinic session, all patients 20 years old or under were informed about the study and asked to participate. Those who were interested gathered in a separate waiting area. Letters of consent explaining the nature of the study, as well as the information required by the Human Research Review Committee of the Texas Woman's University, were given to each volunteer. The participants were told to return the consent form at their next clinic appointment. At the time of their return, the investigator explained the questionnaire (see Appendix 1 for a sample copy of the consent and LIPHE scale) to each patient who agreed to participate in the study. The patients were assured of the confidentiality of their responses. Most

participants completed the questionnaire while they were waiting to be seen by a physician or practitioner.

CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

There is a broad and common opinion among experts in the field that teenagers in the United States and around other developing countries are becoming sexually active at younger ages. The FIRO LIPHE instrument measures the adolescents' interpersonal needs in their significant relations with father and mother, thus measuring the quality of these relations and their contribution to the problem of adolescent sexuality.

The data needed to answer the study hypothesis are those adolescent responses to items that indicate the degree of satisfaction in the following designations:

1. Inclusion Behavior (IB mo/fa): I want my father to spend more time with me and give me more attention.
2. Control Behavior (CB fa/mo): I want my father/mother to allow me more freedom and to allow me to think more for myself.
3. Inclusion Feeling (IF fa/mo): I want my father/mother to be more interested in me and to feel more strongly that I am a significant person.
4. Control Feeling (CF fa/mo): I want my father/mother to show and feel more love and affection for me.

5. Affection Behavior/Feeling (ABF fa/mo): I want my father to show and feel more love and affection for me.

6. Perceived Parental Approval (PD fa/mo): My father/mother wants me to be a better person.

Analysis of the data was done through the University of Texas Health Science Center at Dallas, Medical Computing Resources Center, using the student's t-test.

Results

The means, standard deviations and t-values are displayed in Table I for each variable described above. The specific hypothesis and results were addressed for each variable.

Hypothesis: There was no statistically significant difference between the pregnant and nonpregnant adolescents' concern for the father or mother in the following areas of concern as measured by the FIRO LIPHE.

Inclusion behavior (IB) referred to the type of attention that the adolescent girls felt that they had received from their parents. The t-test results were not significant at the .05 level for either the father or the mother. The t-values were 1.6 and 1.4 respectively with 48 degrees of freedom. The hypothesis was not rejected.

Inclusion feelings (IF) measured the girls' feelings of dissatisfaction with how important their parents felt they were. The two groups did not differ for this variable

at the .05 level of significance ($t = 1.83$ for father and 1.47 for mother). The hypothesis was therefore not rejected.

Control behavior (CB) measured the level of freedom allowed by the parents in order for the adolescent to develop independence and personal abilities. The girls who were pregnant scored significantly higher than the non-pregnant girls on this variable with reference to their fathers. The t -value was 2.12 with 48 degrees of freedom which was significant at the .05 level. This null hypothesis was therefore rejected. The hypothesis related to mother was not significantly different for the groups with a t -value of 1.29 . This hypothesis was retained.

Control feelings (CF) measured the adolescents' feelings of dissatisfaction with their parents' feelings about their abilities. The analysis resulted in the t -value of 1.03 for father and 1.87 for mother. Neither of these values were significant at the .05 level; therefore the hypotheses were retained.

Affection behavior/Feeling (ABF) measured the adolescents' satisfaction with the quality and quantity of love that they received from their parents. There was no significant difference between the pregnant and nonpregnant girls (t -value = 1.31) for father or for mother (t -value = 1.84). Therefore, hypothesis five was retained.

Parental disapproval (PD) described the adolescents' perception of how much their parents wanted them to be better than they were. The hypothesis was not rejected on the basis of a t-value of 1.91 for father and 1.34 for mother.

The results presented in Table 1 revealed only one significant difference between the pregnant and nonpregnant girls with respect to their interpersonal concerns. The variable on which they differed was for control behavior with respect to their fathers. That is, pregnant adolescents were more dissatisfied with the amount of control allowed by their fathers than the nonpregnant girls ($p .04$). While none of the other variables reached the criterion level for significance, the trend was in general for the mean scores on all variables of the pregnant girls to be higher than the nonpregnant girls.

TABLE 1

RESULTS OF t-TEST ANALYSIS OF PREGNANT AND NONPREGNANT ADOLESCENT FIRO-LIPHE SCORES

Variable	Pregnant n=25		Nonpregnant n=25		t*	P
	Mean=	SD=	Mean=	SD=		
IB ^F	5.290	2.789	3.680	3.185	1.611	0.066
IB ^M	6.125	2.675	4.720	3.482	1.40	0.121
IF ^F	5.960	2.639	4.360	3.486	1.83	0.073
IF ^M	6.120	2.619	4.80	3.629	1.47	0.147
CB ^F	5.208	2.484	3.520	3.043	2.12	0.039
CB ^M	6.000	2.309	4.960	3.297	1.29	0.203
CF ^F	5.52	2.785	4.560	3.731	1.03	0.308
CF ^M	6.84	2.39	5.160	3.793	1.87	0.067
ABF ^F	5.88	2.963	4.60	3.862	1.31	0.195
ABF ^M	6.68	2.897	4.96	3.679	1.84	0.073
PD ^F	5.70	2.794	3.84	3.912	1.91	0.982
PD ^M	6.40	2.3629	5.32	3.26	1.34	0.186

*degree of freedom for each test were 48.

CHAPTER V

SUMMARY AND CONCLUSIONS

Review of the Problem

Whether incurred by intent or by accident, pregnancy brings the new adolescent mother many problems. Her parents, who may reject her because of social stigma, are unable to relate to her problem. Her partner is rarely prepared to support the emotional responsibility of parenthood or to support a family. She, therefore, lacks the two primary supports of most older pregnant women: a husband and/or extended family. There are very few sources of social support for the unwed pregnant adolescent; she is ostracized and rejected. This investigation attempted to determine if there were certain interpersonal concerns which would discriminate between girls who were pregnant during adolescence, and those who were not. Another purpose was to establish whether the adolescent's unmet inclusion needs by her family might significantly motivate her toward sexual involvement. A further purpose was an attempt to provide new insight into the LIPHE measurement.

Summary of Findings

The analysis of the data collected relative to the principal objectives of the study indicated a significant

difference between the pregnant and nonpregnant adolescent's perception of control behavior when it related to her father. This variable defined the degree to which the adolescent felt she was allowed and encouraged to develop independence and personal abilities. The difference in scores between the pregnant and nonpregnant adolescents suggested that the pregnant girls were more dissatisfied because they had less freedom. Although these adolescents wanted to be in control, they were often dependent since they had had a limited chance to develop their own independence.

When examining the range of scores, the pregnant adolescents were scored consistently higher in the direction of dissatisfaction with their childhood relationships with their parents than the nonpregnant adolescents. The variance of the scores of the pregnant girls tended to be less than the nonpregnant girls thus suggesting that the pregnant girls were a more homogenous group than the nonpregnant girls.

These results supported the findings of Mathis (1976) who pointed out that adolescents must be free to take risks in their interpersonal relationships. At the same time, they must be helped not to endanger themselves physically and emotionally. The freedom is an extension of their need to feel competent and capable. Cvetkovich (1975) stated

that women who have more individual control over their lives, with greater scholastic and vocational interest, are more likely to use contraception. At the first sign of the adolescent's shift from seeking independent and peer companionship, parents often overact with negligence or extreme control, and thereby inadvertently pressure the adolescent toward a shift in orientation. The nature of the adolescent's shift from family to peer orientation is of critical importance. Parents have often mistaken this normal shift and the tensions which accompany it as the adolescent's rebellion against the parents' values.

Kantner and Zelnik (1973) found in their national sample of young women that those who reported having greater control were more likely to use contraceptives. Their study suggested that adolescent females may need to be able to consent to their own health care, thereby asserting their own capabilities for reproductive control.

Problems and Limitations

There were a number of problems and limitations that were encountered in the process of implementing this study which should be considered when interpreting these data.

1. The sample size used was small, indicating that a larger population may have increased the likelihood of statistical significance.

2. In examining the pregnant adolescent's responses

to the FIRO LIPHE scale, it should be noted that the stress of pregnancy may have had a direct effect on their responses, rather than the total reaction to childhood relations with parents.

3. The population consisted of adolescent girls who visited the clinic sites. A pregnancy scare is often the primary reason a teenager may attend a clinic facility. This scale suggests that in a few cases, some of the non-pregnant adolescents may have been early pregnant.

4. Since treatments could not be randomly assigned (i.e. pregnant- nonpregnant) it is possible that some other unknown variable accounted for the difference found rather than the condition of pregnancy.

Recommendations

The results of this study suggested that dissatisfaction with childhood relations with her father, in the area of control behavior, is a trait that correlated with adolescent pregnancy. The pregnant adolescents were highly dissatisfied with their own personal abilities, degree of freedom, and the independence allowed them. Although parents cannot control the adolescent's sexual involvement, they could learn communication skills that would provide a better atmosphere to convey attitudes and facts toward human sexuality, thus allowing the adolescent the freedom to make her own independent decision. A program could be

designed to teach the interpersonal skills of attending and responding. By attending to the adolescent the parents would show the adolescent that attention is being given to her as a unique person. This skill of attending would allow the adolescent to feel cared for and listened to. The responding skill would give the parent the ability to have an accurate understanding of what the adolescent is experiencing. These communication skills learned by parents could enhance the adolescent's ability to explore her own value system. Exposing the adolescent, beginning at young ages, to choices, would offer her a fair opportunity to be in control. The choices available to the adolescent girl are often developed by her parents in unconscious ways. Parents are key in the development of their adolescent children's values, attitudes, and sense of responsibility. Too frequently parents may be disregarded as important members of the team of educators. Other uses for the data in this study as a start for new research in the area of interpersonal needs. Further research should be directed to the areas in this study which approached significance; affection behavior/feeling for mother, perceived father's disapproval, inclusion feeling for the father, and inclusion behavior for the father. The FIRO theory could be used in further investigations of the interpersonal need areas since it was the only scale that could be found which

applied to parents and adolescents dealing with the same areas of concern.

The study results also suggested that professionals in health care settings should use extra care in working with adolescents, in order to encourage them to make independent contraceptive and reproductive choices in their life planning. As the study suggested, the difference between the pregnant and nonpregnant females was their dissatisfaction with the degree of freedom allowed them. The adolescents' unmet inclusion-need was not a factor in motivating the adolescents toward sexual involvement.

This study will be sent to Dr. William Schutz, as he recommended. As the author of the FIRO instrument, he stated in conversation with me that the use of the FIRO-LIPHE, with relation to adolescent interpersonal concerns, is a pioneer one. This study will add new insight to the LIPHE scale, according to Schutz.

APPENDIX A

HUMAN RESEARCH REVIEW COMMITTEE CONSENT FORM

APPENDIX A

TEXAS WOMAN'S UNIVERSITY

(Form A -- Written presentation to subject)

Consent to Act as a Subject for Research and Investigation:

(The following information is to be read to or read by the subject):

1. I hereby authorize Gloria Devers
(Name of person(s) who will
perform procedure(s) or
investigation(s))

to perform the following procedure(s) or investigation(s):
(Describe in detail)

I am going to show you a test. The name of the test is LIPHE (pronounced life). The questions on the LIPHE scale will ask you about what happened to you as a child. Try to remember when you were around the age of six while you answer this questionnaire. If you did not have a father or mother, answer for the person who acted most like your father or mother. Please answer the questions as honestly as possible. You will answer one page for Father and the other for your Mother.

2. The procedure or investigation listed in Paragraph 1 has been explained to me by Gloria Devers.
(Name)

- 3.(a) I understand that the procedures or investigations described in Paragraph 1 involve the following possible risks or discomforts:
(Describe in detail)

The potential risks are minimal. The risk of the invasion of privacy. The danger of the pregnancy becoming known is another possible risk. The questions from the scale may be upsetting.

TEXAS WOMAN'S UNIVERSITY

(Form A - Continuation)

3. (b) I understand that the procedures and investigations described in Paragraph 1 have the following potential benefits to myself and/or others:

As a result of this investigation hopefully we will better understand what young people want so that we can improve services and programs designed for young people.

4. An offer to answer all of my questions regarding the study has been made. If alternative procedures are more advantageous to me, they have been explained. I understand that I may terminate my participation in the study at any time, and it will not affect the service that you will receive in this clinic.

Subject's signature Date

(If the subject is a minor, or otherwise unable to sign, complete the following:

Subject is a minor (age ____), or is unable to sign because:

Signatures (one required)

Father Date

Mother Date

Guardian Date

REFERENCE NOTE

1. Health Department Summary of Birth Statistics. Paper presented at the meeting of the Division of Maternal Health and Family Planning Department of Obstetrics and Gynecology. University of Texas Health Science Center at Dallas, 1976.

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