

AN ABSTRACT OF THE THESIS OF

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J. Philip O'Neill

Adolescent pregnancy is a serious problem which creates social and emotional consequences for 1 in 10 teenaged girls and their families. Although the severity of the problem has been well documented in the literature, few empirical investigations have been conducted to expand information or to aid in the understanding of the effects of programs designed to meet the unique needs of adolescent mothers. It was the purpose of this study to examine the effects of a teen parent program on the teen mother's well-being. Specifically, the inquiry examined the self-esteem, attitudes toward the child, and generalized contentment of teenaged mothers before and after program participation.

The subjects were teenaged mothers between the ages of 16 and 19 living with their biological children in an urban community of a rural

county in the Pacific Northwest of the United States. Volunteers for the program were assigned to a treatment group and a control group. Both groups were given the Index of Self-Esteem (ISE), the Index of Parental Attitudes (IPA), and the Generalized Contentment Scale (GCS). The treatment group then participated in a 10-week teen parent program. After the program, the 13 subjects who had completed the program and the 15 subjects in the control group were posttested on the same measures used in the pretesting.

Hypotheses related to within group changes were tested with t-tests for correlated means and an analysis of covariance tested the between groups hypotheses. The Pearson product moment correlations tested for possible correlations among the three measures at pre- and posttesting.

The findings of the within group analyses showed significant differences between pretest and posttest ISE ($p < .05$) and IPA ($p < .01$) scores of the subjects in the treatment group. And, although the GCS scores displayed a strong positive tendency, it did not prove to be statistically significant for the treatment group.

There were no significant differences between the pretest and posttest scores on the ISE, IPA and the GCS scores of the subjects in the control group.

For the between group analyses, the adjusted posttest IPA ($p < .02$) and GCS ($p < .05$) scores were found to be significantly more positive for the treatment group subjects than the control group subjects. The analysis of the ISE ($p < .08$) was not statistically significant.

There were no significant correlations between ISE, IPA, and the

GCS scores for both the treatment and control groups at pretest and posttest.

The findings in this study indicate that overall there were generally significant improvements in the treatment group's self-esteem, attitude toward their child and generalized contentment after participating in a teen parent program.

These results could be very encouraging to supporters of community-based programs designed to provide direct services to meet the unique needs of the adolescent mother.

Changes in the Self-Esteem, Parental Attitude, and
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Parent Program

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Cynthia Lynn Guiles-Fellez

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Redacted for privacy

Head of Department of Human Development and Family Studies

Redacted for privacy

Dean of Graduate School

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Typed by Roberta Hinds and Barbara Britz for Cynthia L. Guiles-Fellez

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CHANGES IN THE SELF-ESTEEM, PARENTAL ATTITUDE, AND
GENERALIZED CONTENTMENT AMONG TEEN MOTHERS
ENROLLED IN A PARENT PROGRAM

CHAPTER I

INTRODUCTION

Adolescent pregnancy is a serious problem for the individuals involved and for society as well. More than one million teenagers become pregnant each year in the United States; over one-half million teens give birth annually; and only 4% of them choose to give their infants up for adoption (Alan Guttmacher Institute, 1984). Of the 96% who keep their babies, fewer than half marry; thus, the larger percentage of these girls become single parents.

Much of the published work on adolescent pregnancy and parenting report negative and long-lasting consequences (Phipps-Yonas, 1980). Pregnancy is the most common reason for girls failing to complete high school, with 67% of the female dropouts being pregnant (Furstenberg, 1981). Early childbearing is also predictive of less prestigious jobs, which both pay poorly and offer little mobility often resulting in job dissatisfaction and financial insecurity (Trussell, 1980).

This poor employment prognosis for teen mothers probably explains another common outcome, dependency on public assistance for food, housing, health care, and income. In fact, one-half of the \$13.65 billion Aid to Families with Dependent Children (AFDC) payments in 1983 went to families in which the woman had given birth as a teenager

(Department of Health, 1983). However, the problems and needs of these young mothers and their children are not just a matter of economics.

Since single-parent women have been found to have higher rates of anxiety and depression than any other marital status group (Radloff and Rae, 1979), and since poverty also contributes to distress (Belle, 1982), teenaged mothers may be especially vulnerable to emotional difficulties and stress (Brown et al., 1981). In Lieberman's (1980) study of unmarried teenaged mothers, he found severe stress among these women along with more expressed self-doubt, uncertainty, loneliness, and helplessness than their nonparenting teen peers. Confirming these findings, in a cross-sectional and longitudinal study, Brown et al. (1981) found teenaged mothers on welfare beleaguered by emotional difficulties even after their children were school aged. A consistent report within both of these studies was the teen mother's lack of participation in community resources. This is especially noteworthy in view of the Cannon-Bonventre and Kahn (1979) study. In their study of unmarried, welfare teen mothers, Cannon-Bonventre and Kahn (1979) found those teens who were successfully coping with the stressful situation of parenting, were also receiving physical and emotional support services from community group programs or institutions.

There is also evidence that parenting teens possess lower self-esteem than their peers who have delayed childbearing (Kaplan et al., 1979; Steinman, 1979; Cooper, 1978; Shouse, 1975). Shouse (1975:175) asserts that the conflicts and unreasonable expectations of these parenting adolescents surrounding sex, pregnancy and motherhood often evolve from a poor or disturbed self concept and lack of self-esteem. He and Bruce (1978) both stressed the great need for

support systems for this population in developing self confidence and a more positive self concept. In building self-esteem, Bruce (1978:9) emphasized the importance of these young women feeling a sense of competence and control over their lives.

Several research studies have explored methods for improving the self concept of pregnant adolescents (Brennan, 1977; Ryan, 1975; Ruebel, 1975; Westney, 1972). These methods have included group counseling, transactional analysis, psychodrama and valuing process training.

In examining the trends in services for both pregnant and parenting adolescents, Johnson, Walters, and McKenry (1979:36-37) point out the great need for studies which lead to an understanding of the changes in self perception of these young women. Chanis, O'Donohue, and Stanford (1979:22) agreed that investigation into how to "maximize developing self-esteem, competence, and confidence" in the gravid teen and teen parent is greatly needed.

The need for the adolescent mother to develop positive self-esteem becomes even more imperative as it appears to directly influence her attitude toward her child (Wise and Grossman, 1980). In their study of psychological factors operating for adolescent mothers and their infants in regard to early attachment and bonding, Wise and Grossman (1980) found a relationship between positive self-esteem and positive feelings about their infants. Part of the authors' discussion seems particularly relevant to the present study (Wise and Grossman, 1980:463):

For this group, accommodation to pregnancy seemed to be associated with the adolescent's positive self-esteem and her ability to integrate the experiences of early

motherhood. This aspect was also associated with the ability to anticipate parenthood more realistically and positively and to become more attached to the newborn more readily.

How the adolescent views herself appears to be related to how she feels about her child. In view of such observations, it would be desirable to examine the feelings of the parenting adolescent toward herself and her child as well.

Logically, there appears to be little doubt that the experience of pregnancy and parenting can be difficult for the adolescent. These adolescents are forced to grow up quickly and often do not have the experience or maturity to cope with the multitude of problems that accompany an unplanned pregnancy (Russell, 1980; Sugar, 1979; DeLissovoy, 1973).

In order to gain further understanding of the problems which confront these adolescents and their children and in order to offer some meaningful solutions to their needs, smaller community programs have been started throughout the country (Johnson, Walters, and McKenry, 1979). This study was developed to examine such a teen parent program, and, in view of the research, the evaluation dimensions for this study have been defined by the following three dependent variables:

1. The teenage mother's self-esteem;
2. The teenage mother's attitude toward her child;
3. The teenage mother's generalized contentment with her present situation.

The Purpose of the Study

The purpose of this study was to examine the changes in the

self-esteem, parental attitude, and generalized contentment among teenaged mothers enrolled in a parent program. The study was designed to answer the following questions:

1. Is there a significant difference in self-esteem of teenage mothers following a teen parent program, relative to a control group?
2. Is there a significant difference in attitude of teenage mothers toward their children following a teen parent program, relative to a control group?
3. Is there a significant difference in generalized contentment of teenage mothers following a teen parent program, relative to a control group?
4. Is there a significant correlation between self-esteem and attitude toward the child of parenting teen mothers?
5. Is there a significant correlation between self-esteem and generalized contentment of parenting teen mothers?
6. Is there a significant correlation between generalized contentment and attitude toward the child of parenting teen mothers?

Definition of Terms

Definitions of terms relevant to this study follow:

Teenaged Mother. A female individual between the ages of thirteen and nineteen who had given birth to a child and who was residing with this child. (This does not limit it to only having one child--two or more are also accepted within this definition. However, there must be at least one child.)

Self-Esteem. For the purpose of this study, self-esteem was the way

the teen mother thought and felt about herself, as reflected by her score on the Index of Self-Esteem (ISE) (Hudson, 1976a).

Attitude Toward the Child. The feelings that the teen mother had about her relationship with her child, as reflected by her score on the Index of Parental Attitudes (IPA) (Hudson, 1976b).

Generalized Contentment As utilized in this study, the teen mother's feelings about a number of behaviors, attitudes, events, affect states, and cognitions associated with general life satisfaction, as reflected by her score on the Generalized Contentment Scale (GCS) (Hudson, 1974).

Limitations of the Study

1. Participation in this research study was strictly voluntary. The voluntary nature of the subjects' participation may have influenced the results. Those teenage mothers who took the program may well represent a highly motivated group in relation to the control group who did not volunteer or participate in the program. However, the control group was asked: "If a teen parent program was available, would you attend?" and only 3 of the 15 control group teen mothers responded negatively. If any service provided influences or other differences existed with those in the control group, it could not be reliably ascertained.
2. It was not possible to control for the biases of environmental influences in this field research, especially since some program activities took place in in-home settings. In addition, the data were collected over a specified time period rather than at one point in time. Therefore, events occurring

- through ongoing interaction within and outside of the program, over time, may have influenced the teenage mothers' responses.
3. The small sample size (treatment $n = 13$; control $n = 15$) may pose a threat to the validity of the findings.
 4. The non-randomness of the sample and its necessary restriction to an Oregon community (Eugene/Springfield area) limits the generalizability of the results.
 5. The subjects came primarily from the lower socio-economic class. Therefore, the results may not be representative of other socio-economic groups.

Delimitations of the Study

For the purpose of this study, the following variables were controlled:

1. Subjects were between the ages of sixteen and nineteen.
2. Subjects were residing with and caring for their biological child/ren.

Assumptions of the Study

The assumptions of this investigation include the following:

1. Self-esteem, mother's attitude toward her child, and generalized contentment are concepts which can be measured by valid and reliable instruments.
2. Participants in the investigation will respond honestly and to the best of their ability on the measuring instruments.

CHAPTER II

REVIEW OF RELATED LITERATURE

In the previous chapter, the introduction and rationale for this study, its purpose and research questions were discussed. This chapter provides a review of the literature in the areas pertinent to the study. The theoretical and empirical concerns highlighted in this chapter are related to the focus of this study. The review of the literature is confined to the areas of: Adolescence, Self-Esteem, Self-Esteem of Adolescents, Self-Esteem of Pregnant-Parenting Adolescents, Maternal Attitudes of the Pregnant-Parenting Teen, and Generalized Contentment. The last section summarizes the major concepts of the first six sections.

Adolescence

Adolescence as a developmental phase has been the subject of much study in both the social and physical sciences mainly due to the unpredictability of the merging of biological and social elements during this time of life (Olson, 1980). In western culture, adolescence has always been a time of strife and conflict. St. Augustine and Jean Jacques Rousseau, separated by fourteen centuries, wrote amazingly parallel views of their adolescent experiences discussing sexual tension, pressure of social expectations, and conflict (Mitchell, 1975).

According to Reres (1980), "If Darwin had wanted to create a time period for testing the stress survival potential of the human animal, he could have done no better than to develop adolescence" (p. 31).

Theorists have emphasized different aspects of the adolescent

experience depending on their orientation. Freud (1953) described the major adolescent dilemma as the breaking through of sexual impulses brought to attention by the biological changes of puberty. Elkind (1971) indicated that during adolescence, sex status supersedes age status which brings new problems to both boys and girls in different ways.

Piaget (1960) perceived the adolescent period to be a time for the development of the capacity to think in the abstract. It is during this time that a person can begin to test hypotheses presented by others against evidence.

Erikson (1968), on the other hand, portrayed adolescence as not so much a cognitive experience but rather as an affective time of development when most of one's energy is focused on the establishment of a unique identity. The establishment of this identity presents many conflicts because it involves generating a complete person out of the confusing mix of previous roles and experiences. Erikson's theory will be discussed further as it pertains to self-esteem in the adolescent.

A researcher in the area of adolescence, John Conger (1973), summarized the thinking of major adolescent personality theorists by describing the adolescent dilemma as a period of "transition and rapid change, characterized by accelerated physical, physiological, and cognitive development, and by new and changing social demands" (p. 23). Both Havighurst (1953) and Eisenstadt (1962) saw adolescence as a period of socialization which demands the completion of many crucial developmental tasks such as achieving sexual identity and preparing for an occupation. In many ways, adolescence can be viewed as a

paradoxical period. Although it is a stage during which one prepares for entrance into society, there are no clear-cut rules as to how to accomplish this. For these reasons, adolescence is a confusing time (Hotaling, Atwell, and Linsky, 1978).

According to Olson (1980), coping with the demands of adolescence requires that the individual focuses all of her/his energies within herself/himself. This focusing of energy is necessary if the adolescent is to withstand the emotional and physical changes that simultaneously push toward adulthood and pull back toward childhood. The adolescent tries to be dependent and independent at the same time (Olson, 1980).

Arnold Gesell (see Conger, 1973) described the adolescent as alternately engaged in opposite behaviors. He viewed the adolescent as constantly playing one behavior against another. Gesell called this developmental balance "reciprocal intervening" and used it as an explanation for the way in which a teenager can be both child and adult at once.

Goldstein (1977) emphasized the fact that in our complex society, the time between physical maturity has expanded. Thornberg (1975) felt that in our society the adolescent can be regarded not as a child who has reached the last stage of childhood, but as an adult who has not been given her full status. He noted that this longer adolescence has presented even more roles for the adolescent to test and has increased the confusion. Thus, the adolescent is caught in the middle of virtually every societal element. There is no doubt that the adolescent today faces a complex set of societal stresses (Klein, 1978).

Olson (1980) viewed the adolescent period as a very difficult time

due to the pressure of making major decisions coupled with the struggle to achieve identity. This struggle for identity is acted out within the peer group. The peer group life also contains numerous conflicts. The requirements of popularity, acceptance, and belonging all tax the adolescent by imposing an evaluation or group censorship (Mitchell, 1975).

Part of this struggle for identity within the peer group is the need for the acceptance and closeness of others. Since this had previously been received from parents, the adolescent is seeking a "substitute," which is more in keeping with the need to be independent (Reres, 1980). Due to sexual tension and the need for this affection, the teen turns to sexual activity. According to Reres (1980), the high incidence of teenage pregnancy may frequently be traced to the need for affection and comfort during this highly stressful period.

Osofsky (1968) emphasized the difficult position of the adolescent with regard to sexuality. There is great confusion about the dictates of appropriate sexual behavior. They are told by the adult to behave as adults with freer sexual openness in evidence in society at large. Males may even be encouraged to demonstrate sexual prowess. Yet, the society still puts taboos upon teenage heterosexual behavior. There is still much shame and undesirable social stigma attached to teenage pregnancy (Blum, 1980).

Many theorists have discussed the varying roles which adolescents must assume and the inherent turmoil in such role transition. Adolescents are struggling to achieve identity and to be accepted. Conflicts about teenage sexual urges are also related to this intense developmental time. In summary, review of the literature reveals much

theoretical background that characterizes adolescence as a turbulent period with much conflict.

Self-Esteem

In this study, self-esteem is synonymous with self acceptance and refers to what the individual adolescent believes and perceives about herself. Self concept, a major component of self-esteem, is also relevant to this discussion. The self concept is conceptualized in various ways by personality theorists. The self may be seen as a group of psychological processes that determine behavior or as a group of attitudes and feelings the individual holds about herself. As such, the concept of self is given a prominent role in most current personality formulations (Hall and Lindzey, 1978).

Wylie (1979) cites a wide variety of theorists who give an important, even central role to the concept of self, including general self evaluation as well as more specific cognitions and evaluations of self. These theorists include Adler (Ansbacher and Ansbacher, 1956); Allport (1961); Cattell (1966); Erikson (1959, 1963); Fromm (1939); Horney (1937, 1967); Jung (Progoff, 1969); Snygg and Coombs (1949); and Sullivan (1953). Some of these theorists are known as phenomenologists because of the emphasis they place on the role of the conscious self concept in determining one's behavior.

Since the publication of Wylie's first review of self studies (1961), there has been an overwhelming number of publications dealing with some aspect of self concept. In preparing the latest edition, Wylie (1979) classified approximately 4,500 references into topical areas. Wylie (1979) considers self concept to include the following:

- a) cognitions and evaluations regarding relatively specific aspects of

self, for example, family status, racial and gender identity; b) ideal self, which includes the person's ideals about specific self aspects as well as phenomenal goals; c) overall self regard, which covers constructs such as self-esteem and self-acceptance.

The critical review of the research by Wylie (1979) on self concept is an important contribution to knowledge in this area. The review of self concept for this study, however, will focus on theoretical contributions of several of the personality theorists. Specific studies will be described as they relate to the adolescent in general and the pregnant-parenting adolescent in particular in relation to these theories.

Adler was one of the first personality theorists to recognize the self as an important cause of behavior. One of his major contributions to personality theory was his concept of the creative self. Adler's self is a system which provides interpretations and makes the experiences of the organism meaningful (Ansbacher and Ansbacher, 1956; Hall and Lindzey, 1978).

The phenomenological point of view stresses the concept of the self as one of the highest value for the individual and, therefore, the self is the "basic or primary datum for the understanding of human behavior" (Patterson, 1959:143). This phenomenological viewpoint is well-represented by Carl Rogers (1959, 1951), who developed a theory of personality utilizing the concept of self as its unifying theme. According to Rogers (1951:532):

"This theory is basically phenomenological in character, and relies heavily upon the concept of the self as an explanatory construct. It pictures the end-point of personality development as being a basic congruence between the phenomenal field of experience and the conceptual

structure of the self - a situation which, if achieved, would represent freedom from internal strain and anxiety."

According to Rogers (1959:200), the terms self, concept of self, and self structure refer to the "organized, consistent conceptual gestalt" which is available to awareness. It is fluid and changes, but it is also a specific entity which can be measured. He used the terms "self" and "self concept" when referring to a person's view of himself and the term "self structure" when looking at the gestalt from an external viewpoint.

Maslow (1968:193), another humanistic psychologist, stated that the self is an inner core which grows to adulthood partly by "(objective or subjective) discovery, uncovering, and acceptance of what is there beforehand." Maslow believed, as did Adler, that self-esteem is one of man's basic needs. Satisfaction of this need produces feelings of confidence, worth, adequacy, and usefulness. Thwarting of the need leads to feelings of inferiority, weakness, and helplessness and, in turn, either discouragement or neurosis (Maslow, 1954:90-91).

At the top of his needs hierarchy, Maslow posited the need for self actualization. This ultimate need related to man's desire for self fulfillment, his desire to become everything he is capable of becoming (Maslow:90-91).

Snygg and Coombs (1949) concurred with the importance attached to the self by Rogers and Maslow. They stated (Snygg and Coombs, 1949:58) that:

"the basic human need is the preservation and enhancement of the self. From birth to death the defense of the phenomenal self is the most pressing, most crucial, if not the only task of existence."

Self concept is essentially a phenomenological organization of the individual's experiences and ideas about himself in all aspects of his life (Coombs, 1981). Self concept is manifested through various domains and through various psychological functions (Offer et al., 1981). Therefore, self concept is seen as multidimensional (e.g., Dusek and Flaherty, 1981; Wylie, 1961).

Self-esteem, however, is defined as a generalized sense of self-worth or self acceptance (Wylie, 1979) and is similar to but not the same as self concept (Rosenberg, 1970; Wells and Marwell, 1976) and is considered unidimensional and should be measured as such (Abramowitz et al., 1984). As such, self-esteem is viewed, in this study, as an affect state rather than a given personality state or trait and as a dependent variable.

Self-Esteem of Adolescents

Self-esteem is particularly relevant during the period of adolescence. According to Konopka (1973), although the search and development of self starts in childhood, the awareness of self on an intellectual and emotional level is especially characteristic of the adolescent period. As Horrocks (1976:87) stated, adolescence:

"is a time of development of a set of concepts of self, the confirmation and integration of which will be crucial in determining the adolescent's personal and social behavior as well as his future status as a functionally mature individual."

At this time, the adolescent's search for identity becomes paramount. She must clarify her autonomy and define her self by asking questions such as "Who am I?" and "What do I believe?" (Konopka, 1973:303; Giuffra, 1975:1725). Erik Erikson's theory of psychosocial development supports this viewpoint. Erikson (1959, 1968) asserted

that the task of adolescence is that of developing a sense of identity. Failure to do so may prevent the adolescent from moving on to the next stage of development, that of intimacy with others (Erikson, 1963). In terms of Erikson's theory, an increased sense of self-esteem leads the adolescent to an increased sense of self actualization. This self actualization promotes the development of sounder and more stable relationships between the adolescent and her family, and the society in which she functions (Erikson, 1968).

However self-esteem may be conceptualized or measured, researchers have thought it important to develop programs to increase the self-esteem of adolescents. Rogers (1977) maintained that adolescence is an optimum time for making efforts to improve the self image as the teenager's preoccupation with self is quite intense. Flora (1978) after finding significant correlations between adolescents' self concept and communication with parents, advocated increasing educational efforts in the direction of understanding self and increasing feelings of self-esteem.

An early program designed by Schulman, Ford, and Busk (1973), for implementation by classroom teachers, was used with 502 subjects in the sixth to eighth grade levels. There were 384 students in the control group. The program consisted of such learning activities as teacher-presented concepts, film clips, class discussions and home activities, all along self acceptance themes. At the conclusion of the instructional unit, the students in the experimental group scored more positively on the Coopersmith This is Me self-esteem measure and rated themselves more positively on the How I See Myself instrument.

Other researchers (Cangelosi, Gressard, and Mines, 1980; McMillan,

1980) have offered programs that have successfully enhanced adolescents' self-esteem in the school setting, but in small groups outside the regular classroom. Cangelosi, Gressard, and Mines (1980) used the tenets of Ellis' Rational-Emotive Therapy to develop a rational thinking group for adolescents. The effectiveness of this group was tested by randomly assigning 36 high school students to three groups: the rational thinking group, a placebo treatment group, and no treatment group. The rational thinking group experience, based on cognitive restructuring exercises, increased significantly the participants' scores on the Piers-Harris Children's Self Concept Scale.

McMillan (1980) identified junior high students with a low self image by their scores on the Coopersmith Self-Esteem Inventory and by a questionnaire completed by students and teachers which measured their perceptions of self confidence of the students. These 80 students then participated in a nine-week program developed to enhance skills in two major areas: personal awareness (personal hygiene, grooming, social mannerisms) and social awareness (assertiveness training, values clarification, social communication skills). Posttest results differed for the three groups offered at separate times throughout the school year, but all three groups did show a change in a positive direction as compared with control groups.

Calhoun's study (1970) was similar to McMillan's in that she had school personnel identify students with poor self-esteem and the focus of the program was also on personal and social awareness. However, the study included only females and had three groups of ten to twelve subjects each without a control group. These subjects, primarily ninth graders with a few tenth to twelfth graders included, participated in

six weekly one-hour sessions which included such content as how to like oneself, getting to know others, and fashion and make-up. There was a significant increase in scores for all three groups measured by Hudson's Index of Self-Esteem and the Self Appraisal Inventory.

In an earlier study, Collins (1972) utilized similar methods as McMillan (1980) and Calhoun (1979) but with a population of female adolescent subjects with combinations of financial, behavioral, academic, truant, or emotional problems who had been referred to a family service agency. These 30 girls, aged 13 to 18, were divided into three groups: a self-improvement group, a casework therapy group, and a control group. Changes in pretest to posttest scores on the Tennessee Self Concept Scale were significant in several areas for the experimental groups.

From these research studies it is apparent that programs aimed at enhancing adolescents' low self-esteem can be very effective.

Self-Esteem of Pregnant-Parenting Adolescents

There are numerous articles in the literature which deal with the ramifications of pregnancy for the adolescent, such as physiological effects on her and her baby (Plionis, 1975), developmental problems of the infant and young child (Alan Guttmacher Institute, 1976), psychological causes and effects of the pregnancy (Barglow, 1967; Cattell, 1954) and socioeconomic outcomes (Furstenberg, 1976), prevention of first and subsequent pregnancies (Trussell and Menken, 1981), and so forth. This review, however, will deal with a primary dependent variable in the present study, that of the self-esteem of the pregnant-parenting teen.

One experience which may force a reevaluation of the importance of self-esteem during adolescence is pregnancy. Pregnancy among teenagers continues to occur at increasing rates in our society despite the availability of contraceptives (Zelnik and Kantner, 1980), the legalization of abortions (Alan Guttmacher Institute, 1981), and the decreasing number of births to older women (Phipps-Yonas, 1980).

Phipps-Yonas (1980) noted from her review of the literature on teenage pregnancy and motherhood that childbearing may be seen as a source of self-esteem for young women who perceive few choices for their lives. Cooper (1978) and Steinman (1979) agreed that needs for gratification and increased self-esteem may be underlying reasons for adolescent pregnancy. The following research on the pregnant adolescent substantiates these opinions.

For example, Olson (1980), in examining the social and psychological correlates of pregnancy resolution among adolescent women, cited a variety of investigators who found in these women poor self-image and a lessened sense of self-confidence. She also noted several clinical studies of psychiatric patients who apparently became pregnant to improve their sense of identity and self-worth.

In an attempt to more directly identify those women at risk for unwanted pregnancy, Lindemann (1974) found that a failure to change self-esteem along with an irrational and unrealistic appraisal of the consequences of sexual behavior led to unwanted pregnancies in teenaged girls. Schiller (1974) also noted poor self-image as well as inadequate ego strength to cope with daily problems in the 487 pregnant school age girls with whom she worked in a group counseling program for sex attitude and behavior modification.

In intensive interviews with teen mothers, Copeland (1979) found that the most prominent problem reported after financial difficulties was that of low self-esteem. In fact, these young mothers themselves reported that "these feelings of worthlessness and low self-image contribute to their defensiveness, the absence of a network of friends, more conflict with family members, depression, and child abuse and neglect." Such admitted parental characteristics adversely affect not only mother but the child as well.

If the self-esteem of pregnant and parenting teens is poor, as found in these studies, then an appropriate question seems to be, "How can the self-esteem of these young parents be improved?"

Building Self-Esteem in Teen Parents

The decade of the seventies saw the development of a multitude of service programs for pregnant-parenting teens (Phipps-Yonas, 1980; Klerman, 1979). Several authors who advocate such programs emphasize the importance of building a positive self-esteem. For example, in describing adolescent pregnancy as an interdisciplinary problem, Duxbury (1976) advocated a team approach in which each member must give attention to methods of improving the self-esteem of the young women involved.

In their guidelines for a comprehensive school-based adolescent pregnancy program, St. Pierre and St. Pierre (1980) have as a goal to "enhance self-esteem and encourage development of personal identity and self confidence." The theme of their entire program is the promotion of a positive self-image, through such means as group work with peers and acceptance of the pregnant adolescent by significant others in her life.

The Vivamos! program described by Lende, Gilmore, and Cavanaugh (1980) is a structured experience for teenage mothers or mothers-to-be which offers participants practical skills, encouragement, and emotional support. The objectives of the program were to help meet the three basic needs of developing self-esteem, learning parenting skills, and developing plans for the future.

In yet another program, Peoples (1979) developed a model for delivering health care to pregnant adolescents. One of the primary objectives of this service delivery model was "to enhance self-esteem and assist in the development of responsible attitudes and skills" (Peoples, 1979). This was to be done through encouraging the participants to take some responsibility for their own health care and through the providing of acceptance, support, and understanding by the medical and nursing staff involved. Steinman (1979) also advocated a similar approach.

Billung-Meyer (1979) developed a series of prenatal classes for pregnant teens with one of the primary aims being that of helping these girls build their self-esteem so they would be better prepared to face their new roles. Billung-Meyer recognized from working with single mothers that often their greatest immediate needs were to be accepted and to develop a positive self-image.

Several studies have explored specific methods for improving the self-esteem of pregnant-parenting teens and have evaluated such methods. Wesney (1972) compared the effects of a group discussion program and a lecture program on the self-esteem, attitudes toward pregnancy, and manifest anxiety of unwed black adolescents in their first pregnancy. Using the Tennessee Self Concept Scale, the Pregnancy

Research Questionnaire, and the Taylor Manifest Anxiety Scale as pretest and posttest measures, the research exposed one group of 12 subjects to the discussion program and the other group of 12 to the lecture program. The programs each consisted of eight weekly one and one-half hour sessions. There were no significant differences between the lecture format and the discussion approach. There was, however, a significant difference between the pretests and posttests of both groups in a positive direction.

Ryan (1975), Ruebel (1975), and Brennan (1977) each examined the effects of different therapeutic techniques on the self-concept of pregnant adolescents. Ryan (1975) utilized transactional analysis and psychodrama with his subjects whereas Ruebel (1975) employed valuing process training. Using the Tennessee Self Concept Scale as a measure of self concept following their programs, both groups showed significant differences between pre- to posttesting in a positive direction relative to control groups. However, no differences in self-concept scores could be attributed to the differences in therapeutic treatment utilized.

Brennan (1975), on the other hand, found a significant difference in her subjects' self concept measures using the Tennessee Self Concept Scale following a program utilizing small group counseling. There were significant improvements in these 12-to-18-year-old pregnant girls' scores. However, most of the scores still fell below the norms of the Tennessee Self Concept Scale.

Maternal Attitudes of the Pregnant-Parenting Teen

In an early attempt to capture the attitudinal structure of adolescent mothers regarding their pregnancy, Vincent (1961) was only

able to describe a broad-ranging set of attitudes which varied from disgust and disillusionment to casual indifference. It is only fair to note that Vincent indicated the presence of a few cases wherein love and fulfillment were the primary attitudinal outcomes as well. The most critical aspects of these findings was their variable nature over time. That is, these attitudes were found to vary across the pregnancy experience for the same adolescent, and they were found to be especially variable in a negative direction within the pregnancy of the adolescent who had sought the pregnancy as an answer to some problem in her life.

By isolating a group of pregnant adolescents who had first looked positively upon the pregnancy, as a result of their belief that this pregnancy was the solution to some long-standing identity problem, Cheetham (1977) described the same change in attitude over time as did Vincent. Apparently, in both studies, these adolescents had somehow perceived that becoming pregnant was a vehicle to acceptance and approval. However, at the point of actually becoming a mother, the unrealistic and self-directed expectations that these adolescents held regarding the utility of pregnancy were unmet (Cheetham, 1977).

In her descriptive study of unmarried pregnant adolescents, Copeland (1979) found that these girls were coping with their pregnancies and making plans for the future, but that the majority had not wanted to become pregnant. Eighty percent indicated that the pregnancy was an accident and that they at times resented being pregnant.

In an earlier study examining the attitudes toward pregnancy of 169 pregnant adolescents, Furstenberg, Gordis, and Markowitz (1969)

revealed data that two-thirds of the girls were shocked and extremely upset upon the initial discovery of pregnancy. Only sixteen percent of the subjects expressed a positive reaction to being pregnant. Less than one-fourth of the girls described feeling "very happy" about being pregnant, viewing the pregnancy as interfering with their school and with their chances for marriage.

There are studies which have examined the relationship of maternal attitudes to other variables. In a study dealing with women of all ages, Green (1979) obtained semantic differential ratings for the concepts of mother, pregnancy, childbirth and baby from 51 subjects of varying age, ethnic background, income and employment status. When Green correlated these various factors assessed during pregnancy with the physiological outcome of labor and delivery, reports of feeling other than "happy" about their pregnancies during the last trimester were associated with moderate to severe complications of childbirth.

The pregnant adolescent's attitude has also been shown to have an important influence on her relationship with her child. Wise and Grossman's (1980) ambitious study of psychological factors operating for adolescent mothers and their infants in regard to early attachment and interaction found those subjects who were more positively involved with their pregnancy expressed more positive feelings about their babies.

In an attempt to determine antecedents of parent-child interaction and, more specifically, of child abuse, Brunquell, Crichton, and Egeland (1979) assessed various personality and attitudinal variables of 267 high-risk primigravid women. It is unclear how the designation "high-risk" was determined, other than

lower socioeconomic status of these women and the following statistics. The mean age of the subjects was 20.5 (s.d. = 3.7) years; 62 percent were single at the time of birth; and 40 percent had not completed high school. The assessments, carried out at 36 weeks gestation and repeated at three months after birth, included reactions to pregnancy, measured by the Pregnancy Research Questionnaire, expectations about the baby, measured by the Neonatal Perceptions Inventory, and the ability to handle interaction with an infant, measured by the Maternal Attitude Scales (Brunnquell, Crichton, and Egeland, 1979).

Brunnquell and his fellow researchers (1979) divided their total sample into four subgroups - excellent care, inadequate care, random and matched groups - based on observations in the home after birth by trained testers. Using multiple discriminant function analyses to separate these groups from each other on the factors measured, they found that mothers who were young, lacking in understanding of the infant, and who had a negative reaction to pregnancy and negative expectations regarding the infant were at risk for problems in the caretaking of these infants (Brunnquell, Crichton, and Egeland, 1979).

The studies cited have dealt with the maternal attitudes of women of all ages with very little being written specifically about the maternal attitudes of adolescents. The fact that few studies have examined the way teenagers actually feel about their pregnancy and their child indicates that this is an area deserving of study. Caplan (1959) maintained that assessing the attitudes of pregnant-parenting adolescents would enable intervention and prevention of relationship problems between mother and child after birth.

Generalized Contentment

(Happiness that Eludes the Pregnant-Parenting Teen)

Olson (1980) viewed the adolescent period as a very stressful time due to the pressure of making major decisions coupled with the struggle to achieve identity. When this stressed adolescent becomes pregnant and a mother, according to Blum (1980), she experiences further sources of anxiety in the form of shame, panic, lack of status, and lack of a husband with whom to share responsibility. Baizerman, Sheehan, Ellison, and Schlesinger (1974) assessed adolescent pregnancy as extremely stressful.

The physiological changes that accompany pregnancy may, for a young girl who has only recently experienced rapid pubertal changes, create an attitudinal environment which is not only frightening but immobilizing as well (Blum, 1980).

Despite the pervading pronatalist view of pregnancy and birth, any pregnancy may be viewed as a crisis given the correct circumstances (Caplan, 1957). Bernstein (1971) argues that even after the initial shock of discovery (noting that ninety percent of adolescent pregnancies were unintended), a continuing sequence of alterations in the biological, social, and interpersonal world of the adolescent provides constant disequilibrium. The lack of homeostasis in the life of the pregnant adolescent follows from the constant demand to seek new means for coping with changes in the various areas of her life. It is this constant lack of available coping mechanisms which contributes to crisis in general and the crisis of adolescent pregnancy in particular (Bernstein, 1971). A description of these crisis-generating events has been provided by Bernstein (1971), who notes that the adolescent faces

the physical stresses of pregnancy before her body has acclimated itself to the alterations brought about through puberty. Even more critical, this young female must move into parenthood even before completion of childhood. There are few situations as ripe for the generation of crisis as this.

Pregnancy makes the normal adolescent psychosocial process of settling into a more mature identity difficult (Martin, 1973). Martin (1973) characterized pregnancy as a maturational crisis which is especially compounded for the adolescent girl who has not resolved her identity. When pregnancy occurs during adolescence, the ego identity formation process becomes complex as the adolescent must now be concerned with tasks related to successful pregnancy and outcome and becoming a mother (Rubin, 1975). Protinsky, Sporatowski, and Atkins (1982) studied the identity formation among pregnant and nonpregnant adolescents and discovered that the total identity score was significantly lower among the members of the pregnant group. It was also found that there was a significant difference between the two groups on life satisfaction and trustworthiness of others.

When comparing young mothers in Baltimore with a group of their non-parenting peers, Furstenberg (1976) found that these adolescents were more likely than their peers to be out of school, unemployed and in poverty, and feeling lonely and isolated. Furstenberg concluded that early pregnancy creates stress due to a complex set of problems which forces a redirection of the adolescent's life course.

The adolescent's responses to these stresses are limited in the adolescent world (Hatcher, 1973). Some adolescents reach the ultimate expression of defeat, such as those studied by Braen (1971), who

reported that nine percent of the pregnant-parenting teens in 1971 attempted suicide, an incidence rate for this desparate act which was seven times the already high national average for girls of the same age without children. In a later study of 180 pregnant adolescents, an increase to thirteen percent was found in the suicide attempt rate (Jekel et al., 1973). According to Foster and Miller (1980) the high incidence of suicide of these pregnant teens results from feelings of guilt and futility following the knowledge of becoming pregnant.

Wise and Grossman (1980) in their investigation, indicated that many of their subjects appeared depressed during research interviews. Bracken's group (1978) found initial reactions to pregnancy of sadness and a sense that it was such poor timing. Changes in eating and sleeping habits were also investigated in an attempt to ascertain more objective symptoms of emotional changes than were obtained in the interview situation alone which resulted in both objective and subjective indicators of both anxiety and depression in subjects who chose to carry their pregnancies to term (Bracken, Klerman, and Bracken, 1978).

The level of anxiety experienced by the pregnant adolescent in the form of the pregnancy, the transition to motherhood, the strains of adolescence, as well as the multitude of problems associated with the situation permit little room for happiness or contentment (Crumidy and Jacobziner, 1966). Bacon (1974) maintains that such patterns of role transition at variance with socially prescribed norms generate stress and can lead to maladaptive behavior inimical to good health. Davids (1963) demonstrated significant associations between maternal

attitudes, maternal anxiety and depression and overall unfavorable assessments of the relationship between mother and infant.

The literature presents little doubt that the experience can be quite difficult for the teenager who is expected to finish her education, enter the work force, and handle the personal development of herself and her child. It also evidences the importance of the pregnant-parenting adolescent's feelings about a number of behaviors, attitudes, events, affect states and cognitions as they directly impact the interaction between mother and child (Hauser and Hobart, 1964).

Summary

Adolescence has been characterized as a turbulent period filled with much conflict. The adolescent must assume various roles in a struggle to gain her identity. The review of the literature concerning this difficult developmental period revealed many theoretical articles about the conflicts inherent in such role transition.

In addition to studies dealing with the adolescent, as an extension of this topic, the literature was reviewed relative to the experiences of both pregnant and parenting adolescents. Recent reseachers have documented the fact that pregnancy and motherhood are indeed complex experiences for the adolescent who is still striving to develop an identity. Review of the literature provides evidence that early pregnancy and parenting have serious, long-lasting effects on the adolescent and her child.

The concept of self, considered central for many personality theorists, particularly phenomenologists, is essentially the organization of the individual's experiences and ideas about themselves in all aspects of their lives. Many theorists stress that adolescence

is a crucial period for the development of self concept. Most of the studies of adolescents' self concept deal with self concept as a global entity with the variable "self-esteem" as an evaluative component.

Poor self-esteem may be one factor which leads to adolescent pregnancy. Whether or not lack of self-esteem is present prior to the pregnancy, most investigators have found low self-esteem in adolescents who are pregnant. Various programs have been developed for pregnant-parenting teens over the past decade; many of these alluded to the importance of increasing self-esteem, although systematic evaluations of program effectiveness have been conducted in only a few.

The self-esteem of the pregnant-parenting adolescent may also impinge on her attitudes toward the pregnancy/fetus and birth/child. Most of the literature in this area focused on the emotional responses to and reactions during pregnancy of women of all ages. The review also showed corroborative evidence regarding the interplay between emotional states of the mother and unborn child. In the study of adolescents, researchers have found mostly negative responses to pregnancy on the part of pregnant adolescents. Few studies, however, have specifically examined the attitudes of the teenager about pregnancy, parenting and the baby as a potential influence in the relationship between mother and child.

The importance of including the adolescent's self-report of their generalized contentment as a dependent variable in this study was demonstrated by studies and researcher observations. The adolescent mother's personal satisfaction with her situation provides a key element in the process of examining possible implications of the

association between maternal depression and the adolescent's participation and care of her child.

The selected literature and studies reviewed in this chapter were not intended to be exhaustive; they were intended to provide support of the importance of the areas of focus in this study.

A common thread that ran through each of the selected areas of focus and that influenced behavior was the extent to which the individual develops personal independence, gains acceptance from others and of self, receives understanding and support, and senses stability in her environment. These attributes were found to be significant in the development of a sense of identity. In addition, the concluding evidence in this review indicates first that self-esteem, parental attitude, and generalized contentment of the parenting teen mother is equally important because of their interactive effect. Secondly, they are important in understanding the behavior of the parenting adolescent and her struggle to survive and gain security.

This study could make significant contributions in several areas: in understanding the pregnant-mothering teen as an individual; in providing information important to planning and developing effective programs; in stimulating further studies needed. Within the scope of this study, data will not be collected on all possible factors that a teen parent program might in actuality impact. Yet, some conclusive results are expected for the variables selected which have consistently been identified as important.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine the changes in the parenting teenaged mother's self-esteem, attitude toward her child, and generalized contentment after program participation. The study setting, subjects, program description, description of measuring instruments, procedure for collection of data, variables, and hypotheses are discussed in this chapter.

Setting of the Study

A non-profit, private counseling agency located in downtown Eugene, Oregon provided the location and personnel that implemented the teen parent program. The agency, Family Services of Lane County, provides counseling services to people who face crises arising from family and personal relationships. The agency attempts to provide assistance to all in need of their services regardless of income. A sliding scale is used to determine fees while city, county, state and federal funds from United Way provide over one-half of the revenue for the agency's operation, allowing services to be provided to those who are less able to pay. The teen parent program, however, was provided at no cost to the teen mothers.

The agency is housed in one half of a small, older building and is easily accessible by bus or car. Transportation was also available and provided to any teen mother who was unable to provide her own transportation. The program's weekly group meetings took place in one of the four available meeting rooms. The setting is comfortable and friendly.

Subjects

Selection of Subjects

Subjects in both the control and treatment groups were referred to Family Services of Lane County by workers in other agencies, e.g., Children's Services Division, Birth to Three, Women's Infants' & Children's Nutrition Program (WIC), The Relief Nursery, and others who serve teen parents in Lane County; or were self-referred to the program by the teen mothers themselves. Subjects' participation was voluntary.

The teen parent program was planned to serve 15 subjects due to the agency's available resources. After a total of 15 subjects had volunteered to participate in the program, they were assigned to the treatment group.

The control group was then nonrandomly assigned from the same resources the treatment subjects were derived from, however, they were not offered the program. Rather, they were asked: "If a teen parent program was available, would you attend?" Only 3 of the 15 control group teen mothers responded negatively.

All subjects were controlled for age and were required to be living with their biological child or children, as the case may be, during the entire time of the program. No other variables were controlled.

When the program actually began, several of the subjects decided not to participate. There were 13 teen mothers who completed the teen parent program and 15 teen mothers in the control group at the end of the ten-week period.

Demographic Characteristics of Subjects

The 28 teen mothers ranged in age from 16 to 19; the mean age of

the treatment group was 17.5 years; the mean age of the control group was 17.8 years. At the time the adolescents first conceived, the mean age for the treatment group was 15.5 years, and the mean age for the control group was 15.9 years (see Table 1).

TABLE 1: AGE OF ADOLESCENT MOTHER

<u>Age</u>	<u>At Time of Conception</u>		<u>At Time of Program</u>	
	<u>Treatment</u>	<u>Control</u>	<u>Treatment</u>	<u>Control</u>
14	2	2		
15	4	4		
16	5	4	3	2
17	2	3	4	4
18		2	3	4
19			3	5
TOTAL	13	15	13	15

Only three of the teen mothers in the treatment group and two in the control group had two children, the remaining 23 subjects had only one child. Two of the teen mothers in the treatment group conceived their second child at age 18. The third teen mother conceived her second child at 16 years of age (her first conception being at 14). In the control group, one teen mother conceived her second child at age 16 (first conception at 15), with the other teen mother conceiving her second child at 17 years of age.

The age of the children of the teen mothers in the treatment group ranged from 2 months to 45 months with the majority (10 children) being less than a year old. In the control group the children's ages ranged from 2 months to 33 months with the majority (11 children) being less than one and one-half years of age. There were 10 female children in both the treatment and control groups, and 6 and 7 male children in the treatment and control groups, respectively.

The majority of adolescent mothers in both treatment and control groups reported being single. Eleven adolescents in the treatment group were single with only one teen engaged and another married but separated from her husband. In the control group 14 reported being single with only one adolescent reporting being divorced. However, in their reporting of their household composition, Table 2 indicates that the majority of the subjects in both groups did live with boyfriends who may or may not have been the father of the child.

TABLE 2: PRESENT HOUSEHOLD COMPOSITION

Household Combinations	Treatment	Control
Teen Mother, Child/ren, Boyfriend	9	11
Teen Mother, Child, Mother/Grandmother	2	1
Teen Mother, Child, Mother/Grandmother, Father/Grandfather	1	1
Teen Mother and Child	1	2
TOTAL	13	15

All five of the teen mothers who had two children lived with their boyfriends. Only three of the 28 subjects reported living alone with their child.

When reporting their income, twenty-four of the twenty-eight subjects reported receiving welfare and foodstamps. Due to the legal restrictions imposed when claiming welfare benefits, it is probable that these teens chose to only report their individual incomes of between \$4,000 to \$5,999 annually when in actuality their household incomes may have included their boyfriends' contributions. With this in mind, Table 3 represents the subjects' reported income levels.

TABLE 3: INCOME LEVEL

<u>Income Level</u>	<u>Treatment</u>	<u>Control</u>
Below \$4,000		
\$4,000-5,999	11	13
\$6,000-7,999		
\$8,000-9,999		1
\$10,000-11,999	1	
\$12,000 or above	1	1

Tables 4 and 5 indicate the adolescent mothers' reported birth order and amount of children in her family of origin for both treatment and control groups. Twenty-five of the twenty-eight subjects reported being first, second or third born with the majority (20) indicating their family size of four children or less.

TABLE 4: BIRTH ORDER

<u>Ordinal Position</u>	<u>Treatment</u>	<u>Control</u>
1	4	3
2	6	6
3	3	3
4		2
5		1

TABLE 5: NUMBER OF CHILDREN IN TEEN MOTHERS' FAMILY OF ORIGIN

<u>Number of Children</u>	<u>Treatment</u>	<u>Control</u>
1	1	
2		2
3	4	3
4	5	5
5	1	3
6	2	1
7		1

Table 6 shows that twenty of the twenty-eight subjects did not complete high school with three subjects still attending and only five having received their high school degrees.

TABLE 6: EDUCATIONAL ACHIEVEMENT

<u>Educational Level</u>	<u>Treatment</u>	<u>Control</u>
Did not Complete High School	9	11
Attending High School	2	1
Received High School Degree	2	3

Chi-square tests were used to assess whether or not significant differences existed between the treatment and control groups with respect to their reported demographic characteristics. No differences were found with respect to present household composition, income level, birth order of teen mother, number of children in teen mother's family of origin or educational achievement.

Program Description

Program Design

The teen parent program is a primary intervention program designed to provide a supportive context that enables teen mothers to enhance their self-esteem; to become sensitive observers of their child/ren; and assist in achieving increased satisfaction in their life situation and their parenting role.

The program's objectives are:

1. To foster the adolescent mother's own self-development and self-esteem.

2. To explore the adolescent's feelings, skills and behaviors as adolescent and parent.
3. To explore the dynamics of the adolescent mother's relationship and feelings toward her child, her family, her peers and her community.
4. To explore and to foster the adolescent's participation in the problem solving and decision-making processes of her life.
5. To provide basic concepts of normal child development in issues of safety, play, discipline, nutrition and health care.

Conceptual Framework

Adolescence and early parenthood are both times of transition. When these two transitional times are superimposed, the potential for difficulties is amplified. Adolescent developmental theory describes the process in the spheres of social, intrapsychic, and physical functioning. These changes occur over time and usually through the period from puberty through adulthood (often defined chronologically as the age of emancipation). Such areas as identity formation, independence from family, cognitive functioning and self-concept undergo significant change.

Benedek (1970) describes equally demanding and important developmental changes that occur when parenthood also is considered as a developmental process. The period of early parenthood extends from the birth of the child to the child's adolescence. An even more challenging subphase is the period of time when the child is primarily dependent on the parent. For most parents and children this occurs from birth to the beginning of school.

The teenaged parent finds herself not only facing the developmental crisis of adolescence but also the demands of the developmental phases of early parenthood. Sadler and Catrone (1983) formulated two developmental continua representing adolescence and parenthood occurring in a parallel fashion for the teenaged parent. Both continua depict periods of substantial growth, change and potential conflict. When these continua occur simultaneously, it becomes clear that needs or problems arising from one continuum might conflict with needs or problems stemming from the other continuum.

Using this conceptual framework, specific developmental characteristics of adolescence are likely to conflict with parental developmental characteristics. When this happens, there is a potential for either developmental delay or acceleration along one or both continua, depending on how the conflict is resolved. These postulated areas of conflict are presented in Table 7.

Briefly summarized, there are five major areas of conflict outlined by Sadler and Catrone's (1983) conceptual framework:

- 1) Adolescent egocentric thought and narcissism conflict with the parent's need to form an empathetic and mutualistic relationship with the infant.
- 2) The adolescent on the verge of identity formation, needs to experiment with roles and peers. However, parenthood dictates certain roles and tasks that are hardly flexible.
- 3) The adolescent girl who is just becoming comfortable with a changing and maturing body is then confronted with the bodily changes and transformations that occur during pregnancy, delivery and the postpartum period.
- 4) At a time when the adolescent is desperately trying to emancipate from parents and family, the demands of caring for one's own child contribute to a prolonged and forced dependence on family.

5) Finally, the teenage girl who is just learning to think in abstract and future terms, is faced with the daily need to solve problems and plan for the future concerning child-rearing issues and duties.

TABLE 7: CONCEPTUAL FRAMEWORK OF PARALLEL DEVELOPMENTAL CONTINUA

Adolescence	vs.	Parenthood
Narcissism	vs.	Empathy with child
Egocentrism	vs.	Mutuality between mother and child
Identity formation	vs.	Maternal identification
Moratorium, role experimentation	vs.	Maternal role definition
Sexual identity formation	vs.	Body image changes of pregnancy, labor and delivery and the postpartum period
Emancipation from family	vs.	Family role assignments
Cognitive development, i.e., transition from concrete to formal operations	vs.	Problem-solving and future planning skills necessary for child-rearing

Note: Reprinted by permission of publisher from: The adolescent parent: A dual developmental crisis by L. Sadler and C. Catrone, The Journal of Adolescent Health Care, Copyright 1982.

In the context of this conceptual framework, the population of adolescent mothers is an extremely vulnerable group of individuals. Their vulnerability can be thought of either as a liability or an asset. When seen as a liability, the picture of the isolated, overwhelmed, poorly educated, welfare receiving and potentially abusive young parent comes to mind. When this developmental vulnerability is

thought of as an asset, it is comparable to a time of crisis when the individuals involved are ready for and in dire need of intervention. So then, the developmentally vulnerable adolescent mother is particularly ready for and open to a program of supportive outreach.

Utilizing this conceptual framework--that the teen mother's development progresses along two continua, adolescence and parenthood--the teen parent program content was formulated.

Program Content.

The ten-week teen parent program consisted of two components: weekly group meetings, and individual in-home visits.

Group Meeting Component. Each of the ten weekly group meetings were two hours in length. The sessions were led by a female counselor/therapist with the assistance of two female group facilitators. The lead counselor/therapist has a master's degree in counseling and for the last three years was primarily an adolescent therapist. The two group facilitators were master's level students finishing their studies in adolescent counseling. The following is an overview of how group meetings would normally progress (complete program description available from author c/o Department of Human Development and Family Studies):

1. A snack was served at the beginning of each meeting to provide a nonthreatening environment and a way for group members to come together and begin communicating and interacting.
2. Leaders introduced themselves and each participant was introduced as well. This was done at each session to ensure familiarity and specialness of each individual there. Some of these introductions were done using projects, i.e., homework--one sentence that best describes yourself; or done by another in the group after a one-on-one sharing. By the concluding sessions,

these introductions had become brief, more casual, and often reflected a more personal, intimate quality.

- 2.1. Although the basic outline for each of the 10 sessions were structured, freedom to modify was considered essential so that the participants' needs were met as they arose. Therefore, participants were always given the opportunity to ask questions or comment.
- 2.2. During each session, time was often designated for participants to share accomplishments and frustrations of the previous week.
3. A group contract was established and often referred to and revised throughout the ten-week program, with the group rules coming from the participants themselves. One of the counselors, assigned the task of group recorder, took group meeting notes throughout the entire program when deemed appropriate.
4. Introductions of each session's purpose and direction were openly discussed by the lead and facilitating counselors with the group.
 - 4.1. Session topics included, but were not limited to the following:
 - a) getting to know each other individually and as a group;
 - b) getting to know yourself as a teen, as an adult, and as a mother;
 - c) sexual choices and sanctioned opportunities;
 - d) your labor and delivery--what happened and how you felt--where are you now;
 - e) family issues, scripts and behaviors;
 - f) goals and personal needs--how to make and meet them;
 - g) your child--your choice--your opportunity.
 - 4.2 It was the leader's and the facilitating counselors' responsibility to keep on task for each session's topic utilizing the program strategies and techniques while also allowing for participant input and group dynamic flux.
5. Closure and oftentimes homework at the end of each

session would then become the starting point for the following week's group meeting once the personal introductions were handled (See Number 2 above).

In-Home Visit Component. A parent aide from the In-Home Services Program of Family Services and a volunteer group of three individuals who were trained and prepared with a comprehensive listing and knowledge about various services that may be important to enhancing or maintaining the adolescent mother's functioning and self-reliance conducted weekly in-home visits to each of the teen mother's homes. These weekly visits varied in length, according to the individual teen mother's request, but were rarely longer than an hour. During these visits, particular attention was given to the offering of aid in the form of emotional outreach for any personal issues, information for applying for benefits or material assistance, and the assurance of an active, caring support system. Adolescent mothers manifest diverse and challenging needs, concerns, and behaviors. These individual in-home meetings provided a personalized time and served as a complement to the larger group sessions.

The content for both program components focused on three areas:

- 1) the adolescent as an individual--the adolescent's need to focus on herself in relation to her self-identity;
- 2) the adolescent as a member of a family--the teen mother in the context of the family of origin and the family of procreation;
- 3) the adolescent as a mother of a child - the foundation for child-rearing practices, decision-making skills, and parental empathy with the developing child.

Based on Sadler and Catrone's (1983) view of the adolescent

mother's egocentrism as well as her need to maintain her sense of self-identity, issues were addressed that were important to the adolescent as an individual. The adolescent mother has a great need to focus on herself in relation to the monumental changes that have occurred in her life as a teenager and a new mother. Discussions centered around roles of a teenager, roles of a daughter within the family of origin, roles of a parent, and sexuality within the partnering roles.

The component focusing on the adolescent as a member in a family evolved as the group became more cohesive and more trusting of the group leaders and of each other. Discussions were held exploring how the adolescent mother saw herself in the context of the family of origin and the family of procreation. Oftentimes for teen mothers the boundaries between the two family systems are poorly differentiated resulting in real or potential conflict areas.

The third component of centering on the adolescent as mother of a child was provided through basic information about child development and the child's health and safety needs. The knowledge base formed the foundation for child-rearing practices, and parental empathy with the child. Realistically, this information is also imparted via family, community, cultural resources, and mass media. The group meetings, as a result, became the arena to discuss varying viewpoints, to clarify myths and misinformation, and to assist the teen mother in making informed decisions about her child-rearing practices and choices.

Program Strategies and Techniques

The selection of strategies was influenced by the developmental model of interfacing adolescent and parent needs. These techniques

were designed to conform to the teenagers' cognitive level, psychological needs and social patterns coupled with the responsibilities and new behaviors demanded of the young mother.

The adolescent's struggle with issues of independence/dependence contributes to a fundamental conflict between activity and passivity. The adolescent attempts to resolve this conflict and thereby minimize her feelings of helplessness by assuming an active role (Mitchell, 1975). Techniques and strategies that actively involve the adolescent and invite participation conform to this developmental characteristic. Group experience demonstrated that didactic presentation which put the teen mothers in a passive role was generally unsuccessful. However, the techniques of role playing, family diagrams, biographical scripts and creative activities did successfully cultivate the teens' participation. These techniques seem to enhance the teen mothers' personal and cognitive exploration of the program's three content areas mentioned above. Examples may serve to illustrate how these techniques were applied to specific content areas.

Role Playing

A role play vignette was used to explore the toddler's negativistic stage and appropriate parent management techniques. In preparation for this role play, the class read the following role play situation:

Mother and her 2 year old are shopping at the supermarket. Mother does not have much cash. The child asks for her favorite fruit which mother picks up for the child and then begins to go to the check-out stand. The child takes off down one of the aisles. Mother finds her holding a stuffed animal. Mother tells the child to put the bear back. The child starts whining, "No, no." Mother says, "No you can't have the bear." The child starts screaming, stamps her feet and collapses to the floor.

At that point the role play participants began the interaction and assumed the roles of mother and child. The group leader and coleaders assumed the responsibility of coaching the role play participants. In coaching the teen mothers, the aim was to encourage the expression of their thoughts and ideas regarding the management of this situation.

Upon completion of the role play interaction, participants discussed their feelings within their particular roles. The group discussion then focused on the feelings generated by the particular management style that had been demonstrated. Alternative management suggestions were discussed and role played by other teen mothers.

There were other vignettes emphasizing various teenage situations, family situations and parenting situations. These vignettes allowed the teens to experience and thus explore various issues relevant to their development as a teenage parent. Role play was particularly useful in identifying the adolescent parent's often conflicting needs as adolescent and as parent. They were often able to identify and discuss the relationships between their behavior as developing individuals and as functioning parent.

Role playing has important implications for the adolescent mother's emotional and social development. Effectively practiced role playing can potentially enhance the adolescent's communications skills and facilitate personal satisfaction with their new found abilities. By assuming different roles, the individual was provided with an opportunity to experiment with various social roles and viewpoints. Each adolescent practiced communication skills within a variety of 'contrived' interpersonal situations. Self-expression, reflections and self-confidence were enhanced. Furthermore, the adolescent was able to

consider the feelings and thoughts of another as well as her own in the process of resolving difficult situations. In this way, egocentrism was diminished, reasoning skills were practiced and a sense of self-identity strengthened.

Biographical Scripts

Biographical scripts provided a concrete manner of presenting sophisticated issues related to personal and family development. These scripts promoted the adolescent mothers' identification with fictitious characters and situations that might have proven to be too emotionally charged if discussed on a more individual or personal level.

The following is an example of a biographical script used to discuss sexuality and intimate relationships:

Susan and Richard have been together for two years. Susan is 16 and Richard is 17. They have been sleeping together for over a year. Susan became pregnant last year and had an abortion. She had been taking birth control pills since the abortion.

This month she missed her clinic appointment and ran out of pills. Richard tells her it won't make a difference just this once. He wants to make love anyway.

When she protests, he says, "Well even if you do get pregnant, you can always have another abortion."

The adolescents' immediate and quite emotional responses to this script demonstrated their facile identification with Susan. The vignette focused discussion upon the difficulties in making and asserting decisions within an intensely emotional situation. The teen women drew directly and indirectly from their own experience, often sharing intimate experiences with the group.

Biographical scripts were extremely useful in presenting such abstract subjects as personal identity and emotional needs, sexual choices, and family relationships. Through this technique,

psychological distance from emotionally charged experiences was also provided.

Family Diagrams

Family diagrams were used to graphically illustrate social and psychological aspects of family development. The concept of diagramming family relationships was first introduced with a creative exercise in which each adolescent diagrammed her own family. With the aid of their individual diagrams, each student identified significant intrafamilial relationships for themselves and for their child/ren. From their own experience they were able to discuss and generalize about the social, emotional and biological aspects of their family.

This introductory session was followed by sessions focusing upon the emotional aspects of family relationships. Using LeMasters' (1957) framework of family adjustment and Minuchin's (1974) theory of family systems, triadic family relationships were drawn. The family triad was represented as a triangle. Each point represented a family member. Connecting lines between family members represented the "emotional distance" or "closeness" between family members. So that an equidistant triangle represented the "ideal" triad or family relations. One of the group facilitators illustrated the various transitions and adjustments a family triad undergoes by diagramming a personal transition, e.g., the effect of a child's illness upon the mother and father. The teens readily grasped the concept of "closeness", "distance" and transient adjustments within relationships. They eagerly drew their own triadic relationships, i.e., teenager-mother, boyfriend-father, and child; teenager-mother, mother-grandmother, and child; teenager-mother, father of child, mother-grandmother. The

possible variations were numerous. Diagrams were used to illustrate changes that had occurred in relationships over time. These conceptual drawings greatly facilitated discussion.

In summary, the program strategies and techniques provided concrete examples that fostered the teen mothers' abilities to conceptualize material that otherwise might have proven to be too complex for their grasping. Direct discussion of many of the topics and issues proved difficult and often impossible due to the adolescent's cognitive development. However, allowing them to experience in vivo situations provided the ideal vehicle for facilitating the dual focus upon the growth and development of the adolescent both as a new parent and a young adult.

Description of Measuring Instruments

The instruments selected for this study were chosen to meet the need to assess the level of self-esteem, parental attitude toward their child, and generalized contentment of adolescents. It was important, therefore, to keep within the adolescents' cognitive and emotional developmental framework. The three measures used were brief (25 questions for each scale), simply and clearly worded (developed at the 5th grade reading level), and easily mastered (emphasis on the scales NOT being a test, so there were no right or wrong answers).

However, it is critically important to note that these three scales were designed to measure the degree, severity, and magnitude of each distinct and separate problem in personal functioning. Therefore, a HIGH SCORE always indicates a more SERIOUS PROBLEM than a low score. For example, a high score on the self-esteem scale indicates the subject has a self-esteem problem - a LOW sense of self-esteem. While

a low score on the scale indicates the relative absence of a problem with self-esteem. The reader is asked to bear this in mind when reviewing the measurement data.

Index of Self-Esteem (ISE)

The ISE is a paper-and-pencil, self-report measurement designed as a 25-item category partition scale that was developed to measure the evaluative component of self concept - the self-esteem (Hudson, 1976a). Subjects respond to each item by rating themselves on a 5-point scale. The five categories for the ISE scale are 1 - Rarely or none of the time, 2 - A little of the time, 3 - Sometime, 4 - A good part of the time, and 5 - Most or all of the time.

Approximately half of the items are structured as positive statements and the remainder are negatively worded in order to reduce or eliminate any response set bias by the subject; scale items are ordered using a table of random numbers. The instrument was developed to be used with a wide range of subjects. The items are readable at the fifth-grade level.

The ISE is self administered, contains minimal instructions, consists of a single page with items on each side, and can be completed in three to five minutes; rarely does the respondent need more than seven minutes to complete the scale. A copy of the ISE is presented in Appendix A.

Although the range of possible scores of the ISE is from a minimum of 0 to a maximum of 100, the established clinical cutting point for the scale, i.e., the point above which scores give clear evidence of self-esteem problems and below which one must conclude there is little evidence of a problem, is represented by a score of 30 (Hudson, 1976a).

That is, based on clinical work and observation, those persons who appeared to have no problem with their self-esteem nearly always scored below 30 and those who had low self-esteem problems nearly always scored above 30 on the ISE (Hudson, 1976a).

Coefficient alpha was chosen as the primary means of estimating the reliability for the ISE scale (technically known as the "generalized Spearman-Brown" or GSB formula) (Hudson, 1982). The ISE reliability findings in seven research projects reported coefficient alpha ranging from a low of .91 to a high of .95 with sample sizes of 59 and 93 respectively. The standard error of measurement (SEM), another way to characterize the reliability of a measurement tool, was also reported in these seven research projects with a low of 3.51 and a high of 3.87 (McIntosh, 1979; Hudson, Wung, and Borges, 1980; Hudson, 1976a; Hontanosas, Cruz, Kaneshiro, and Sanchez, 1979; Murphy, 1978; Nurius, 1982; Hudson and Nurius, 1981). These data provide strong and convincing evidence to support the claim that the ISE is a highly reliable measurement device and has a very small SEM in relation to scale scores that can range from 0 to 100. The test-retest method of examining reliability of the ISE showed a reasonably high coefficient of .922 (Hudson, 1976a).

In order to test the construct validity of the ISE, discriminant and convergent validity testing was done. Discriminant validity of the ISE was performed using a one-way analysis of variance that treated the ISE scores as the dependent variable between individuals and groups who were known or believed to be having problems with self-esteem and those who were not. A .74 correlation supports the claim that ISE has high discriminant validity (Hudson, Abell, and Jones, 1982).

Convergent validity, concerning the correlation of the ISE with variables theoretically highly related to the construct of self-esteem, was examined and found to be significant at .56 (Hudson, 1982).

In summary, the data and findings show the ISE to be a highly reliable and valid scale that measures self-esteem.

Index of Parental Attitudes (IPA)

The Index of Parental Attitudes was developed to measure the degree or magnitude of a relationship problem a parent has with a specific child, regardless of the age of the child. This scale is structured as a 25-item summated category partition scale with both positively and negatively worded items in order to at least partially control for the effect of response set biases. Each of the 25 items is scored according to the following five categories: 1 - Rarely or none of the time. 2 - A little of the time. 3 - Sometime. 4 - A good part of the time, and 5 - Most or all of the time.

The IPA is a paper-and-pencil, self-report questionnaire with minimal instructions. It consists of a single page with items on each side, and can be completed in three to five minutes; rarely does the respondent need more than seven minutes to complete the scale. Appendix B presents a copy of the IPA.

The range of possible scores of the IPA is from 0 to 100. However, the established clinical cutting point for the scale, i.e., the point above which scores evidence problems and below which one must conclude there is little evidence of a problem, is represented by a score of 30 (Hudson, 1982).

Coefficient alpha was used to estimate the reliability for the IPA scale (technically known as the "generalized Spearman-Brown" or GSB

formula) (Hudson, 1982). From a sample size of 93 the reliability estimate for the IPA scale was coefficient alpha .97. The standard error of measurement (SEM), another way to characterize the reliability of a measurement tool, was reported as 3.64 (Hudson, Wung, and Borges, 1980).

The findings concerning the validity of the IPA scale show discriminant validity at .88 and construct validity at .76. The overall conclusion is that these data provide fairly strong evidence to support the claim that the IPA scale has good construct validity (Hudson, 1982) and can be regarded as a valid and reliable measure for assessing problems in the parent-child relationship.

Generalized Contentment Scale (GCS)

The measurement device referred to as the Generalized Contentment Scale, or simply the GCS, was designed as a 25-item category partition scale that purports to measure the feelings of the respondent about a number of behaviors, attitudes, events, affect states, and cognitions that are associated with depression (nonpsychotic depression); item content is more heavily focused on affective and cognitive components of depression (Hudson, 1977).

This paper-and-pencil, self-report scale consists of a single page and takes approximately three to five minutes to complete; rarely does a respondent use more than seven minutes. The easy to follow instructions ask the subjects to place a number beside each of the 25 items using a 5-point scale of 1 - Rarely or none of the time, 2 - A little of the time, 3 - Sometime, 4 - A good part of the time, and 5 - Most or all of the time. A copy of the GCS is presented as Appendix C.

The scoring procedure provides a range from 0 to 100 with the

established clinical cutting point for the scale, i.e., the point above which scores give clear evidence of depression and below which one must conclude there is little evidence of depression, is represented by a score of 30 (Hudson, 1977).

The reliability findings obtained from six research projects, using the alpha coefficient were found to range from .89 to .96, with the SEM ranging from 3.82 to 5.23 (Hudson, 1977; Hontanosas, Cruz, Kaneshiro, and Sanchez, 1979; Hudson, and Murphy, 1980; Byerly, 1979; Hudson and Nurius, 1981; Hudson, Hamada, Keech, and Harlan, 1980).

The type of criterion validity used for the GCS was estimated through concurrent instrument validity in a study by Hudson, Hamada, Keech, and Harlan (1980). The GCS scale was correlated with the Beck (Beck, Ward, Mendelson, Mock, and Erbaugh, 1961) and Zung (1965) depression scales. When the Beck scale was treated as the criterion, the GCS concurrent instrument validity was found to be .85 for a sample of 200 and .76 for another sample of 120 subjects. When the Zung scale was used as a criterion, the GCS concurrent instrument validity was found to be .92 and .81 for the two sample sizes mentioned above, respectively.

In order to examine discriminant validity of the GCS, the procedure often referred to as the "known groups" was utilized. This would determine whether the GCS scale would successfully distinguish between individuals and groups who were known or believed to be having problems with depression and those who were not. The data reported a correlation of .74 as a numerical estimate of the GCS discriminant validity; a value large enough to clearly support the claim that the

GCS has high discriminant validity (Hudson, Hamada, Keech, and Harlan, 1980).

In summary, the data and findings show the GCS to be a highly reliable and valid scale that measures the affective and cognitive components of depression.

Procedure for Collection of Data

The between groups pretest-posttest research design was employed in this study with the thirteen subjects in the treatment group receiving the teen parent program for ten weeks and the no-treatment control group of fifteen subjects.

A week before the program began, the investigator administered the test instruments used in the study. These measuring instruments, the Index of Self-Esteem (ISE), the Index of Parental Attitudes (IPA), and the Generalized Contentment Scale (GCS), were completed by the twenty-eight subjects in both groups.

The measuring instruments were administered face-to-face by the researcher to the subjects so that anyone having difficulty with the tests was identified. However, the researcher administered the tests to two or more subjects at the same time. During the data collection, the researcher was available to answer any questions either the referring agency staff or the participants had. The simple directions for each of the measurement scales were read to each subject in an identical manner. Any questions were individually answered. Prior to testing, the researcher assured the confidentiality of individual test profiles by asking each subject at pretest to create their own identification code by placing the initials of their mother's maiden

name, using 3 letters or more, and at posttest, to place the same initials on the forms.

Following the treatment period of ten weeks, the thirteen subjects in the experimental group who completed the program and the fifteen subjects in the control group were then posttested on the same pretest instruments - the ISE, IPA and GCS measurements.

Variables

The following were the independent, dependent, and interaction variables used in this study:

Independent Variable

Program Participation

Dependent Variables

Self-Esteem -- Score ranging from 0 to 100 obtained on the Index of Self-Esteem scale.

Parental Attitude -- Score ranging from 0 to 100 obtained on the Index of Parental Attitudes scale.

Generalized Contentment -- Score ranging from 0 to 100 obtained on the Generalized Contentment Scale.

Interaction Variables

Interaction between self-esteem and parental attitude toward child.

Interaction between self-esteem and generalized contentment.

Interaction between parental attitude toward child and generalized contentment.

Hypotheses

Within group comparisons were utilized to test the following hypotheses:

Hypothesis I. There are no significant differences between pretest and posttest scores in the treatment group with respect to the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale.

Hypothesis II. There are no significant differences between pretest and posttest scores in the control group with respect to the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale.

Cross-group comparisons utilized the ANCOVA to test the following hypothesis:

Hypothesis III: There are no significant differences between the adjusted posttest scores of the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale of the subjects in the treatment group and those of the subjects in the control group.

In addition, because of an apparent controversy in the existing literature (Hudson, 1982) regarding the possibility of high intercorrelations between self-esteem and generalized contentment, an intercorrelation matrix, utilizing the Pearson r , was generated to investigate that supposition.

CHAPTER IV

RESULTS

This chapter contains the analysis of the data. The dependent variables measured were self-esteem, parental attitudes, and generalized contentment while the independent variable was identified as a teen parent program. In this section data analyses are grouped under the tests of hypotheses.

Hypothesis I

There are no significant differences between pretest and posttest scores in the treatment group with respect to the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale.

TABLE 8: CORRELATED t-TESTS BETWEEN PRETEST AND POSTTEST MEAN SCORES ON THE ISE, IPA, AND GCS SCALES FOR TREATMENT GROUP

Scales	Pretest Mean	Posttest Mean	n	df	<u>t</u>
Index of Self-Esteem	71.54	62.69	13	12	2.05*
Index of Parental Attitudes	58.23	42.31	13	12	4.71**
Generalized Contentment Scale	70.85	62.23	13	12	1.74

** p <.01 = t-value at 2.68

* p <.05 = t-value at 1.78

The results of the t-test for the treatment group are presented in Table 8. It can be seen that both the Index of Self-Esteem ($p < .05$) and the Index of Parental Attitudes ($p < .01$) were found to be statistically significant. The null hypothesis is consequently rejected in regard to these two variables. Although the Generalized Contentment Scale evidenced a trend toward statistical significance with a t-value of 1.74 ($p < .05$ t-value is 1.78), the null hypothesis with regard to this variable cannot be rejected.

Inspection of the mean values in Table 8 reveal that the results of this analysis document significant positive increases in the treatment group's self-esteem, and significantly more positive attitudes toward their child over the course of the program. In addition, there was a strong trend toward increased generalized contentment for the treatment group also.

Hypothesis II

There are no significant differences between pretest and posttest scores in the control group with respect to the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale.

The t-test for Hypothesis II can be found in Table 9. From these results, it can be seen that none of the three variables were statistically significant for the control group. As a result, the null hypothesis cannot be rejected for any of these variables.

Hypothesis III

There are no significant differences between the adjusted posttest scores of the Index of Self-Esteem, the Index of Parental Attitudes, and the Generalized Contentment Scale of the subjects in the treatment group and those of the subjects in the control group.

TABLE 9: CORRELATED t-TESTS BETWEEN PRETEST AND POSTTEST MEAN SCORES ON THE ISE, IPA, AND GCS SCALES FOR CONTROL GROUP

Scales	Pretest Mean	Posttest Mean	n	df	<u>t</u> ^a
Index of Self-Esteem	66.20	69.20	15	14	0.81
Index of Parental Attitudes	59.73	55.27	15	14	1.06
Generalized Contentment Scale	68.73	71.33	15	14	0.94

** p < .01 = t value at 2.62

* p < .05 = t value at 1.76

^a no t-values are significant

The ANCOVA performed for each of these three measures are presented in Table 10. Both the Index of Parental Attitudes ($p < .02$) and the Generalized Contentment Scale ($p < .05$) show significant differences. Consequently the null hypothesis for these two variables can be rejected. On the other hand, analysis associated with the Index of Self-Esteem ($p < .08$) was not sufficient to reject the null hypothesis for this variable.

Inspection of the mean values associated with the significant differences (see Table 10) indicate that the treatment group, in comparison to the control group, experienced significant positive shifts in their attitude toward their child and in their generalized contentment.

TABLE 10: ANALYSIS OF COVARIANCE BETWEEN ADJUSTED POSTTEST MEAN SCORES ON THE ISE, IPA, AND GCS SCALES FOR TREATMENT AND CONTROL GROUP

Variable	Group	Pretest Mean	Posttest Mean	Adjusted Posttest Mean	n	df	F	p
Index of Self-Esteem	Treatment	71.54	62.69	60.79	13	1,25	3.29	.08
	Control	66.20	69.20	70.85	15			
Index of Parental Attitudes	Treatment	58.23	42.31	42.76	13	1,25	5.64	.02
	Control	59.73	55.27	54.88	15			
Generalized Contentment Scale	Treatment	70.85	62.23	61.53	13	1,25	4.20	.05
	Control	68.73	71.33	71.95	15			

Using the scores from the total of 28 subjects in both treatment and control groups, an intercorrelational matrix was generated in order to inspect the relations among the variables, self-esteem, parental attitudes, and generalized contentment for both the pretest and the posttest scores. This matrix is presented in Table 11. None of the correlations were found to be significant.

TABLE 11: PEARSON PRODUCT MOMENT CORRELATIONS*
AMONG PRETEST AND POSTTEST SCORES ON THE ISE, IPA, AND GCS SCALES
FOR BOTH TREATMENT AND CONTROL GROUPS

Pretests			
	Index of Self-Esteem	Index of Parental Attitudes	Generalized Contentment Scale
Index of Self-Esteem	1.00		
Index of Parental Attitudes	.27	1.00	
Generalized Contentment Scale	- .08	- .29	1.00

Posttests			
	Index of Self-Esteem	Index of Parental Attitudes	Generalized Contentment Scale
Index of Self-Esteem	1.00		
Index of Parental Attitudes	.24	1.00	
Generalized Contentment Scale	.16	.10	1.00

* No correlation values are significant

CHAPTER V

SUMMARY, DISCUSSION, AND RECOMMENDATIONS

This study was conducted to examine the relationships between participation in a teen parent program and changes in the self-esteem, parental attitude toward the child, and the generalized contentment of teenaged mothers. During the course of the study, two concerns emerged in relation to the internal validity of the research and each required additional statistical analyses.

The first was directed to the compatibility of demographic characteristics of subjects in the treatment group with those in the control group. Chi-square analyses were conducted on the following reported demographic characteristics: present household composition, income level, birth order of teen mother, number of children in teen mother's family of origin, and educational achievement. No significant differences were observed attesting to the basic similarity of subjects on these dimensions.

The second concern was centered on the degree of trait similarity or independence of the measurement of the three major dependent variables. For example, some theoretical perspectives (Rose, 1975; Wylie, 1974; Gergen, 1971; Rehm and Marson, 1968) have suggested that self-esteem and generalized contentment are related concepts. On the basis of his studies, Hudson (1976a, 1977, and 1982) has maintained that the self-esteem measure and the generalized contentment measure were separate conceptual dimensions and the findings of this study tend to support that. Intercorrelations were computed for all possible combinations of self-esteem, parent attitudes, and generalized

contentment on both pretests and posttest scores. No significant correlations emerged attesting to the independence, at least at this level of measurement, of the dependent variables.

Subjects for the study were voluntary participants in the Eugene/Springfield area of Oregon. They came either from referrals made by various agencies that encounter teen parents or were self-referred. The first 15 teen mothers to volunteer for the teen parent program were nonrandomly assigned to the treatment group. Then the next 15 to volunteer were nonrandomly assigned to the control group. Thirteen subjects remained in the teen parent program for the entire 10 weeks and this became the treatment group. All fifteen subjects in the control group were available for testing at the conclusion of the study.

All of the subjects in both groups were asked to complete the Index of Self-Esteem, Index of Parental Attitudes, and Generalized Contentment Scale. The experimental group then participated in a ten-week teen parent program. During the week following the conclusion of the program, all of the subjects in both groups were posttested on the same measures used in pretesting. The resulting data were then analyzed.

When the treatment and control groups were analyzed using ANCOVA, with pretest scores as covariates, the results documented significant positive changes in parental attitude scores ($p < .02$) and in generalized contentment scores ($p < .05$) for the treatment group. In addition, this group also displayed a strong positive shift ($p < .08$) in their self-esteem.

Discussion

The overall findings, then, from the major analysis in this study may be summarized as follows: the teen mothers who participated in the program experienced significant positive shifts in their attitudes toward their child and in their feelings of overall contentment with their current situation. In addition, they displayed a strong tendency toward significant positive changes in their self-esteem. Since the analysis (ANCOVA) is a robust one, correcting for even the small differences noted on the pretest between the treatment group and the controls, such findings are particularly gratifying.

It is interesting to note that the paramount thrusts of the teen parent program itself are validated through these findings. The structure, content, and instructional techniques of the program reflected the simultaneous interaction of the dual developmental processes of adolescence and parenthood. Throughout the program, particular attention was given to the areas of potential conflict and vulnerability along these developmental continua. There was a continual interplay between concrete aspects of the teen mother's experiences and the more general and abstract principles to be derived from these experiences.

In general, when these 13 teen mothers began the teen parent program, they were reticent to discuss their children. They also appeared (by staff judgment) ill-prepared emotionally and cognitively to focus upon their roles as parents or upon the needs of their children. However, after several weeks, the staff who worked with these adolescents had remarked that the teen mothers were more involved

in the learning process and seemed eager to discuss their parenting roles and their children.

It is possible, of course, that the adolescents in the treatment group adopted a "socially desirable stance" with respect to the staff in the program and were trying to please them by "giving them what they wanted." If this is so, they were not only tenacious enough to persist in the sham for the ten-week program, but also perceptive enough to successfully carry over the stance to the testing situation during the eleventh week. However, several conditions suggest that the alternative explanation of real changes is more feasible. For one thing, the duration of time, coupled with the documented tendency for this age group to be self-centered, coupled in turn with the magnitude and extent of their problems, tends to weaken the idea of any substantial socially desirable response pattern. In addition, it would appear that successful faking of socially desirable responses to three apparently unidimensional measures would require test-taking sophistication well beyond the experience of these subjects. In fact, the scores of these subjects, in both the treatment and control groups fit rather nicely with what can be documented and/or deduced from existing literature.

How do these teen subjects compare with the empirical and theoretical picture of teens available in the literature? Essentially, the picture which emerges from the scores of the subjects in this study is what one would expect. Hudson (1976a; 1977; 1982) reports a normal mean range of 40-50 points for both the self-esteem and the generalized contentment measures. Keeping in mind that higher scores reflect less self-esteem and less contentment, our subjects' group averages on the

pretest of self-esteem of 71.54 (treatment group) and 66.20 (control group) and the pretest of generalized contentment of 70.85 (treatment group) and 68.73 (control group) are clearly outside of the normal range and reflect the low self-esteem and dissatisfaction which the literature generally ascribes to the unmarried pregnant or parenting teen. Thus, we find the initial scores for all subjects on both the self-esteem and generalized contentment dimensions well outside the normal range, which one would predict, and reflective of undesirable, adverse, and possibly non-productive frames of mind. (See Tables 8 and 9).

Interpretation of the Index of Parental Attitude scores, the third major dependent variable in this study, is more difficult to achieve since this index has not been standardized. If one were to assume that standardization attempts will yield the same range for normal scores (40-50) on the existing items, then the group scores of 58.23 (treatment) and 59.73 (control) would be at the high, or undesirable, end of the normal range. As an aside here, it is interesting to note that scores on this index were the only positive shift evidenced by the control group (Pretest = 59.73, Posttest = 55.27, Table 9). Why a change in this particular index of the three utilized? By way of explanation, the positive shift could be reflecting the dynamics of parent-child interaction, particularly the results of the attachment process which is underway. Since the majority of children of the mothers in the control group were less than one and one-half years of age (see page 35), this seems a reasonable guess. To continue that line of thought, one must then be prepared to attribute similar dynamics to the changes in the treatment group. However, even if one

were to attribute approximately a 5-point shift on this index to the intervening variable of "attachment" and subtract that amount from the change recorded by the treatment group, it appears that there would still be a significant positive change recorded for that group.

Even though the Index of Parental Attitudes does not have a norm mean range for adolescent parents specifically, the norm mean range for parents of all ages is between 30-40 points (Hudson, Wung, and Borges, 1980). The teen parents in this study had mean scores ranging from a low of 42.31 to a high of 59.73. With little literature support or research of teenaged mothers' attitudes about their children, Caplan (1959) suggests that assessing such attitudes is still valuable because it would enable intervention and prevention of relationship problems between mother and child. The fact that these subjects' scores were above the norm mean range may be assessment enough for the practitioner in the field to be aware of when adopting strategies to better meet the needs of this group.

Of course, there are still major questions to be raised at this point. For example, one such question is whether or not changes in these subjects' attitudes toward their children will affect their future parenting behavior. Although the attitude-to-behavior causal sequence is not clear (Bem, 1968:214), there is evidence that attitude and behavior changes are correlated (Kiesler, Collins, and Miller, 1969:38). In addition, researchers have found that negative attitudes toward children can have negative effects on the children's developing personalities (Sullivan and Selvaggio, 1979). In a similar vein, Hock and Lindamood (1981) have suggested that parental attitudes held by teenaged mothers are important influences that have serious and

long-term implications in teen parenting practices. However, for the present study, further data collection from these teen subjects would be necessary in order to accurately assess the impact that these attitudinal changes had on the parent-child interaction. That is, observations in the home or some semi-structured play/interaction setting could provide data to indirectly assess that impact.

Finally, the general validity of the highly positive changes evidenced in the treatment group may be questioned for another, more subtle aspect of the research design. This has to do with the possible sensitization effects introduced by the administration of the pretests. As discussed earlier, the conceptualization and execution of the program for the teen parents were very much in line with the dimensions represented in the measurement during the pretest. It is always possible, in a pretest-posttest design such as this one, that the content of the pretest measures focused the attention of the subjects in such a way that they were overly receptive or sensitized to the various elements of the program designed to assist positive changes in their feelings and perceptions. The impact of such sensitization, if present at all, may range from minimal to enough to account for significant differences documented in analyses. Without the utilization of an additional control group, that is not pretested before program participation, the effects of this type of influence on dependent variable scores at posttest cannot be determined. One is left, at this point, having to assume that pretest-treatment sensitization was minimal to non-existent in this study. Obviously, however, future assessment studies should attempt to incorporate the

use of additional control groups to allow the sensitization effect to be partialled out before between group comparisons are attempted.

Limitations

One of the obvious limitations of this study is the sample size ($n = 28$). Another limitation is the nonrandom sampling of the study groups. These limit the representativeness and the ability to generalize the findings to the population of teen mothers. The association between program participation and the dependent variables may have been affected by chance due to these limitations.

The biases of environmental influences were not possible to control in this field study especially since the locations for carrying out this study varied. In addition, data were collected over time rather than at one point in time. Therefore, events occurring through ongoing interaction within and outside of the program, over time, may have influenced the adolescents' responses to the instruments. In short, there may be contamination from uncontrolled contemporaneous events contributing to the observed changes in the dependent variables.

It should also be mentioned that data collected were from self report only. Since tendencies toward socially desirable responses may have influenced the adolescents' responses, these findings should be interpreted with that possibility in mind.

Another possible bias was the fact that participation in this study was strictly voluntary. This may well reflect the existence of a highly-motivated group and thus may not be representative of teen mothers in general. If there were any service provided influences or other differences with those who chose not to participate, it was not reliably ascertained.

A more subtle limitation has to do with the possible sensitization effects introduced by the administration of the pretests as discussed on page 70. The impact of such sensitization may influence documented differences in the treatment group. Without the utilization of additional control groups, i.e., a group that is not pretested but participates in the program and posttesting, the effects of this type of influence cannot be accurately assessed.

The limitations of this study should be taken into consideration, as much as possible, when inferences are made about the findings in this study. However, the study was able to accomplish the following:

1. provide information about the adolescent mother;
2. provide baseline data that can be built upon;
3. contribute information for program development and practice considerations; and
4. provide recommendations for future study.

Program Recommendations

From a more global perspective, the findings of this study tend to generate possible recommendations relative to programs in the teen parent arena. For the purpose of addressing program development, policy issues and service delivery, Kahn (1979) has set forth a classification of social service functions. This classification may be used as a guide for generating strategies for program development, thereby creating a mechanism for efficient and effective service delivery. Kahn's (1979) classification suggestions for examining social service policy issues are used as a guideline in this section and include: 1. socialization and development; 2. therapy, help, and

rehabilitation (including social protection and substitute care); 3. access, information, and advice.

Based on this study, this author suggests that to improve services to adolescent mothers, attention must be directed to program planning and service delivery issues. In a broader context, these issues have relevance to social policy implications. In this connection, social policy deals with a number of interrelated sectors; among them are social welfare, social work, and personal social services (Rein, 1980; Kahn, 1979). In light of this discussion, these sectors are seen as emphasizing concern for the need of comprehensive and integrated services to teen mothers.

A major personal assumption, derived from experiences with adolescent mothers, underlies this discussion of programmatic and action issues. That assumption is that adolescent mothers do not characteristically represent a homogeneous group; they are individuals whose behaviors are influenced by a unique combination of interrelated components - social, psychological, developmental, and environmental. These components and their numerous combinations influence the teen mother and therefore account for the differences within the adolescent mother sub-group of the population.

Program planning and service delivery considerations to improve the effectiveness of services to adolescent mothers are summed up as follows:

1. The family is the primary group for imparting cultural values, providing primary needs of caring and survival. The program for adolescent mothers should be designed as an integral part of service delivery. Such services would include: a) grandparent groups to help

the parents of the teen mothers to adjust to their role of grandparents in the childbearing process, in understanding their ambivalence and anxiety about child-parent separation issues; b) parent-teen groups to enhance communication and minimize conflict due to changing roles and developmental needs of the adolescent; c) family therapy-counseling should be available when needed. There may be a need to discuss the changes that have taken place in the family, since the adolescent became a mother, that may have caused some temporary imbalance in the expected role function.

2. The father of the child is usually the first or second most supportive person in the life of the adolescent mother (Lorenzi et al., 1977; Sauber, 1966). Therefore, the opportunity should exist for the fathers to participate in a father support group. This gives the fathers a chance to share concerns and it helps them to resolve issues around their role in determining how best to meet their responsibilities as fathers. It may be necessary to have couple counseling available to assist the young parents in relationship building - such as, understanding each other's needs and expectations and resolving any conflict around issues of child-rearing and intimacy.

3. Education programs are important because of the adolescent mother's need, and oftentimes desire, to finish her schooling. Without necessary supports this cannot be done. These supports would include the integration of day care services and child parenting groups into the school system. Another option to be made available is coordinated services with an alternative educational program. A part of the coordinated services includes job counseling, training, and placement.

4. The social agency is a source of information, and the personnel should be prepared with knowledge and a listing of various services that might maintain or enhance the teen mother's functioning and self-reliance. The understanding of the individual adolescent and then of how other programs and services function are important aspects in providing appropriate referrals.

5. Adolescent mother support groups and individual counseling should be available for sharing information about many of the changes that have occurred as a result of becoming a mother. These changes are often physical, psychological and social. It is important for the teen mother to realize that many of her feelings are shared by other young mothers and that she is not alone. The group provides an excellent opportunity to get to know each other with the potential of establishing an ongoing mutual friendship and resources.

Recommendations for Future Study

The literature base and the study under report leave unresolved questions relative to this critical area of inquiry. The following recommendations for further research are made:

1. It is suggested that this study be replicated with subjects representative of a broader base of socioeconomic levels. Analysis of the demographics of this study reveal minimal inclusion of subjects above lower socioeconomic status. Such a study may clarify whether or not findings are consistent across all socioeconomic levels. In addition, differences existing among demographic characteristics, i.e., varying age levels (early-, middle-, and late-adolescence), race, support systems, and environments, are areas that need extended inquiry. The

investigation of these variables as they relate to developing and implementing appropriate and effective program intervention strategies are strongly suggested. Longitudinal studies with follow-up investigations should also be conducted to ascertain the permanence of any reported changes in the subjects. For example, one might hypothesize that any changes experienced in conjunction with a program of this type will be severely tested by continued developmental changes of the child. That is, effects may be "washed out" when the child exhibits the normal, but very frustrating, testing behaviors at about two and one-half years of age.

2. The present teen parent program needs to be further evaluated by conducting a more specific analysis of program components to determine which aspects are effective and which are not. This might include assessment of each session, the length of the sessions as well as the overall length of the program.
3. This program should be conducted with a larger as well as a more representative sample of teen mothers. The results of the current study are generalizable only to the present setting. Due to the area and population in which the investigation was conducted, it is possible that different results may be obtained should the study be replicated in other geographical areas of the country. For example, representative groups from urban populations would increase the generalizability of the results.
4. Since there were other content areas in the program which received favorable comment from staff and subjects themselves, perhaps there were changes in other areas not tapped by this study. Other

dependent variables might be investigated. For example, assessing the teen mother's social support systems before and after program participation, i.e., satisfaction with support, happiness with important relationships, adequacy of support attachments. Or perhaps evaluating the teen mother's family interaction relative to her redefining and establishing role competence in the area of parenting or other personal areas.

5. Changes in the subjects' self-esteem, parental attitude, and contentment with their life's situation following participation in this program may need further evaluation. It would be informative to have an objective measure of change in the subjects. For example, ratings by the staff or others in the subjects' environment may provide such information. As a procedural matter, it is recommended that any future replication include an open-ended instrument such as an incomplete sentence blank. Such data could allow the researcher to gain critical knowledge complementary to the data sought, thereby extending the potential for meaningful interpretation.
6. A final recommendation would be to repeat the present study and include a variety of programs providing services to adolescent mothers. One might include demographic characteristics and questions regarding subjects' previous involvement in programs. If possible, the sample should also include dropouts, with a comparison of their salient characteristics. This would yield more definitive data and more information related to individual as well as program differences. This recommendation would generate

additional information and knowledge about adolescent mothers, about programs, and program providers.

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APPENDICES

APPENDIX A

INDEX OF SELF-ESTEEM

INDEX OF SELF-ESTEEM (ISE)

Today's Date _____

NAME _____

This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

1. I feel that people would not like me if they really knew me well. _____
2. I feel that others get along much better than I do. _____
3. I feel that I am a beautiful person. _____
4. When I am with other people I feel they are glad I am with them. _____
5. I feel that people really like to talk with me. _____
6. I feel that I am a very competent person. _____
7. I think I make a good impression on others. _____
8. I feel that I need more self-confidence. _____
9. When I am with strangers I am very nervous. _____
10. I think that I am a dull person. _____
11. I feel ugly. _____
12. I feel that others have more fun than I do. _____
13. I feel that I bore people. _____
14. I think my friends find me interesting. _____
15. I think I have a good sense of humor. _____
16. I feel very self-conscious when I am with strangers. _____
17. I feel that if I could be more like other people I would have it made. _____
18. I feel that people have a good time when they are with me. _____
19. I feel like a wallflower when I go out. _____
20. I feel I get pushed around more than others. _____
21. I think I am a rather nice person. _____
22. I feel that people really like me very much. _____
23. I feel that I am a likeable person. _____
24. I am afraid I will appear foolish to others. _____
25. My friends think very highly of me. _____

APPENDIX B

INDEX OF PARENTAL ATTITUDES

INDEX OF PARENTAL ATTITUDES (IPA)

Today's Date _____

PARENT'S NAME _____ CHILD'S NAME _____

This questionnaire is designed to measure the degree of contentment you have in your relationship with your child. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Rarely or none of the time
- 2 A little of the time
- 3 Some of the time
- 4 A good part of the time
- 5 Most or all of the time

Please begin.

- 1. My child gets on my nerves. _____
- 2. I get along well with my child. _____
- 3. I feel that I can really trust my child. _____
- 4. I dislike my child. _____
- 5. My child is well behaved. _____
- 6. My child is too demanding. _____
- 7. I wish I did not have this child. _____
- 8. I really enjoy my child. _____
- 9. I have a hard time controlling my child. _____
- 10. My child interferes with my activities. _____
- 11. I resent my child. _____
- 12. I think my child is terrific. _____
- 13. I hate my child. _____
- 14. I am very patient with my child. _____
- 15. I really like my child. _____
- 16. I like being with my child. _____
- 17. I feel like I do not love my child. _____
- 18. My child is irritating. _____
- 19. I feel very angry toward my child. _____
- 20. I feel violent toward my child. _____
- 21. I feel very proud of my child. _____
- 22. I wish my child was more like others I know. _____
- 23. I just do not understand my child. _____
- 24. My child is a real joy to me. _____
- 25. I feel ashamed of my child. _____

APPENDIX C

GENERALIZED CONTENTMENT SCALE

