DOCUMENT RESUME

ED 114 720 CG 008 637

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TITLE Personality Characteristics of Parents of Delinquent and Nondelinquent Adolescent Boys as Measured by the Minnesota Multiphasic Personality Inventory.
PUB DATE [69]
NOTE 19p.
AVAILABLE FROM Prudie L. Orr, Department of Psychology, University of Arkansas, Fayetteville, Arkansas 72701

EDRS PRICE MF-$0.76 HC-$1.58 Plus Postage
DESCRIPTORS *Adolescents; *Delinquency Causes; Delinquent Behavior; Family Life; *Individual Characteristics; Parent Child Relationship; *Parent Influence; Parents; *Psychopathology; Research Projects
IDENTIFIERS Minnesota Multiphasic Personality Inventory

ABSTRACT

This article describes research conducted to determine the influence of parental personality characteristics on the delinquent behavior of adolescent boys. Two groups of parents (N=18 couples, each group) were administered the Minnesota Multiphasic Personality Inventory. Experimental couples' sons had been recognized by the juvenile courts as being delinquent, while control group parents were those whose sons had not engaged in delinquent behavior. Both mothers and fathers of the experimental group parents were found to have more personality disturbance than did parents in the control group. The personality profiles of mothers in the experimental group indicated greater psychopathology than those of the fathers in the same group. (Author/SJL)

PERSONALITY CHARACTERISTICS OF PARENTS OF DELINQUENT AND NONDELINQUENT ADOLESCENT BOYS AS MEASURED BY THE MINNESOTA MULTIPHASIC PERSONALITY INVENTORY

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Identity theory holds that the child attempts to mold his own ego after the one he has taken as a model (Freud, 1955). Miller and Dollard (1950) in discussing the process of personality development have paralleled Freud in their emphasis of the importance of the early years of life with general agreement that the child, through identification with his parents, learns basic and lasting behavioral patterns.

In an attempt to better understand and correct psychopathological behavior in children considerable research has been devoted to the study of personality patterns of parents in relation to the disturbed behavior of the child (Goodstein & Rowley, 1960; Lauterbach, Luden & Brian, 1961; Loeb & Price, 1966; and Anderson, 1969). The present study used the Minnesota Multiphasic Personality Inventory (MMPI) to obtain personality profiles of two groups of

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parents, (1) parents of delinquent adolescent males and (2) parents of nondelinquent adolescent males, to determine whether there were significant differences in the major personality characteristics of the two groups.

Method

Subjects

Experimental Ss (N=18 couples) were the parents of boys who were referred by county juvenile courts to the Juvenile Services Unit (JSU) of a Regional Mental Health/Mental Retardation Center for counseling as a result of delinquent behavior. All of the delinquents were white males, ages 13 through 17 with IQs of at least 84 and free of brain damage or gross physical handicaps. Fifteen of the couples were natural parents of their sons and three couples were adoptive parents. However, the adopted sons had lived in these nuclear families before their first birthday. All parents were married and living together at the time of administration of the MMPI and testing was conducted over a three month period.

Control Ss (N=18 couples) were parents who meet the same criteria for selection as experimental Ss, except their sons were not delinquent and had no record of delinquent behavior.

Procedure

Experimental Ss were administered the MMPI by JSU personnel according to standardized instructions. Parents were tested in separate testing areas, free of extraneous

distractions. Control Ss were tested by the senior author under standardized testing procedure. All scoring of the MMPI was performed by Mental Health Center personnel in accordance with standardized procedures and instructions (Marks & Seeman, 1963). Raw scores were obtained and K-corrections added according to conventional scoring techniques and the resulting data were converted to T scores.

Results

The mean scores of the ten clinical scales for experimental and control mothers are listed in Table 1 and for experimental fathers in Table 2. The t test for two independent samples, corrected for unequal population variances, demonstrated that differences between the two mothers' groups were statistically significant on six of the ten scales--Hypochondriasis, Depression, Psychopathic deviate, Psychasthenia, Schizophrenia, and Social introversion. In the fathers' groups, results of the t test showed statistically significant differences on the Psychopathic deviate scale only. In every case where significant differences were found, they were in the direction of greater elevation of the scales of the two experimental groups.

As an index of degree of disturbance, a frequency count of all clinical scales with scores equal to or greater than 70 was made. Thirteen (72.22%) of the experimental mothers;

and two (11.11%) of the control mothers had T scores equal to or greater than 70. In the fathers' group the incidence of Ss having high scores was more evenly divided between experimental and controls. Nine (50%) of the experimental fathers and seven (30.88%) of the control fathers had T scores equal to or greater than 70.

Assuming that the mean score for a normal population is 50, a t test for one independent sample was made on all scales for each group. Mean scores of experimental mothers, Table 3, showed statistically significant differences on eight of the ten scales--Hypochondriasis, Depression, Hysteria, Psychopathic deviate, Paranoia, Psychasthenia, Schizophrenia, and Social introversion. Mean scores for control mothers, Table 4, showed statistically significant differences on two scales, Hysteria and Paranoia. Mean scores for the experimental fathers, Table 5, were significantly different from 50 on five scales, Hypochondriasis, Depression, Hysteria, Psychopathic deviate, and Hypomania; and mean scores for control fathers, Table 6, showed significant differences on six scales--Hypochondriasis, Hysteria, Psychopathic deviate, Masculinity-femininity, Paranoia, and Psychasthenia.

Discussion

Group mean profiles for all four groups of Ss were compared to the standardized MMPI population means in order

to obtain basic interpretations.

The control mothers' group showed significant elevations on only two scales, Hysteria and Paranoia. Persons having their highest, or primary, elevations on these two scales tend to repress their feelings and are unaware of competitive impulses. They have a somewhat naive outlook, coupled with a rosy acceptance of things as they are.

In contrast to the control mothers' profile, that of the experimental mothers showed significant elevations on eight of the ten scales when compared to the population mean. Primary elevations were on Depression, Hysteria, Social introversion and Psychopathic deviate scales. Persons with these scales as primary elevations have general neurotic tendencies; they are immature, use self-blame for their difficulties and have problems in getting along with others. They tend to be depressed and are generally cold, ineffectual and rejecting in their interpersonal relationships. This group also had elevations on Paranoia, Psychasthenia, Schizophrenia and Hypochondriasis scales. While these scales were not included in the primary elevations they were statistically significant in their elevations from the standardized mean and are associated with suspiciousness and aloofness.

Control fathers had significant elevations, when compared to the population mean, on Hypochondriasis, Hysteria,

Psychopathic deviate, Masculinity-femininity, Paranoia and Psychasthenia scales with primary elevations occurring on Hysteria and Masculinity-femininity scales. Overall profile for the control fathers was notable for its lack of marked fluctuations between scales; this type profile is indicative of stability and tends to attenuate the significance of the interpretation of primary elevations.

The experimental fathers had significant elevations on Hypochondriasis, Depression, Hysteria, Psychopathic deviate and Hypomania scales with primary elevations on Psychopathic deviate, Depression and Hypochondriasis. The distinguishing high-point or peak on the profile occurred on the Psychopathic deviate scale. Usual personality characteristics associated with this pattern include noninternalization of social norms, tendency to have poor impulse control and lack of regard for others. Adherence to socially accepted conventions may be verbalized, but these statements are often disregarded in actual behavior. Excessive regard for self is usually present, coupled with emotional isolation, immaturity and hostility.

Although comparisons of the groups to the standardized means were necessary to demonstrate basic interpretative summaries, the central purpose of the study was comparison of two different groups of parents. Ss were controlled for their marital status (all married and living together), for race (Caucasian), for

ages of children (13 through 17) and for sex of children (all males). Exclusion of all but intact families insured continuous interaction between parents and sons. Some uncontrolled factors were ages of parents, number of children and ordinal position of the Ss' sons in the family.

Comparisons of MMPIs between the two mothers' groups revealed that all significant differences were in the direction of greater pathology for the experimental mothers.

In personality make-up, the experimental mothers, as compared to controls, exhibited essentially the same characteristics as described in their comparison to the population norm. They demonstrated coldness, lack of ability to have meaningful and close relationships with others, and an immature and unstable outlook. They had a tendency to have a great deal of concern for themselves and their own well-being (to the exclusion of others) and to react to stress with symptoms of depression. The control mothers displayed more stability and emotional maturity in all single scales as well as in inter-scale relationships.

The only between-group difference for the fathers was found in the Psychopathic deviate scale, in the direction of greater pathology for the experimental fathers. While the control fathers did have an elevation of the Psychopathic deviate scale ($p<.05$) when compared to the population mean,

they did not display elevation of this scale in relation to their total profile.

The Psychopathic deviate scale was important in that it was found to be elevated in both the fathers' experimental group and in the mothers' experimental group. The mothers' Psychopathic deviate was elevated significantly from the population mean ($p<.001$) as well as being higher ($p<.01$) than the control mothers' score. Experimental fathers had Psychopathic deviate as their primary elevation, significant at the $p<.001$ level compared to the population mean, and at the $p<.01$ level in comparison with control fathers. Elevations of the scale are indicative of poor impulse control and a tendency to display anti-social behavior, coupled with lack of concern for others. It is notable that although no direct MMPI comparisons were obtained for sons, delinquent behavior is often associated with the characteristics descriptive of elevated Psychopathic deviate scales.

While many interpretations of these data may be made, one possible conclusion is that the delinquent sons, through identification with their parents, adopt the parents' personality patterns including the tendency to have poor impulse control and disregard for social conventions so strikingly displayed by the fathers, and to a lesser though significant extent by the mothers. Further, the immaturity, coldness and concern for self found in the

mothers, combined with the fathers' lack of regard for others, their hostility and tendency to impulsive behavior is productive of an atmosphere lacking in affection, companionship consistent discipline and warmth. Such an atmosphere is analagous to the conditions described by Glueck & Glueck (1962) in their formulation of familial interaction factors correlated with juvenile delinquency.

This study suggests the possibility of use of the MMPI as a screening device for early detection of parents whose personality characteristics are likely to foster future delinquent behavior in their sons.

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Table 1

Mean MMPI Clinical Scale T Scores for Two Independent Samples

Mothers

	Experimental Group		Control Group		
MMPI Scales	Mean	Standard Deviation	Mean	Standard Deviation	t test
Hypochondriasis	60.00	13.50	51.61	6.03	2.40*
Depression	66.72	13.03	51.00	7.62	4.43***
Hysteria	66.33	12.48	58.17	5.49	.86
Psychopathic deviate	63.28	10.54	52.72	7.41	3.47**
Masculinity-femininity	47.78	9.55	46.27	9.21	.40
Paranoia	60.61	12.93	56.50	7.16	1.18
Psychasthenia	59.94	12.09	48.89	8.59	3.16**
Schizophrenia	60.11	12.82	50.94	5.75	2.76*
Hypomania	59.67	9.83	50.50	6.15	.30
Social introversion	63.16	10.05	49.44	8.30	4.47***

N = 18, each group

df = 34

*p .05

**p .01

***p .001

Table 2

Mean MMPI Clinical Scale T Scores for Two Independent Samples

Fathers

	Experimental Group		Control Group		
MMPI Scales	Mean	Standard Deviation	Mean	Standard Deviation	t test
Hypochondriasis	59.89	16.42	56.55	8.28	.77
Depression	60.11	12.97	53.39	13.58	1.52
Hysteria	60.06	10.75	57.17	5.51	.31
Psychopathic deviate	65.00	8.72	55.72	9.07	3.13**
Masculinity-femininity	51.44	8.13	57.05	12.09	1.64
Paranoia	52.22	14.61	54.50	6.60	.60
Psychasthenia	54.22	11.47	55.05	9.03	.24
Schizophrenia	57.17	15.47	53.44	7.20	.88
Hypomania	54.72	8.37	52.72	10.60	.62
Social introversion	52.00	8.35	47.50	6.37	1.54

N = 18, each group

df = 34

**p .01

Table 3

Mean MMPI Clinical Scale T Scores for

One Sample: Hypothesis that Mean of Population is 50

Experimental Mothers

MMPI Scales	Mean Standardized Population Score	Mean of Sample	S.D., Sample	t test
Hypochondriasis	50	60.00	13.50	3.14*
Depression	50	66.72	13.03	5.45***
Hysteria	50	66.33	12.48	5.55***
Psychopathic deviate	50	63.28	10.54	5.35***
Masculinity-femininity	50	47.78	9.55	.99
Paranoia	50	60.61	12.93	3.48**
Psychasthenia	50	59.94	12.09	3.49**
Schizophrenia	50	60.11	12.82	3.35**
Hypomania	50	49.67	9.83	.14
Social introversion	50	63.16	10.05	5.55***

N = 18

df = 17

*p .05

**p .01

***p .001

Table 4

Mean MMPI Clinical Scale T Scores for One Sample: Hypothesis that Mean of Population is 50

Control Mothers

MMPI Scales	Mean Standardized Population Score	Mean of Sample	S.D., Sample	t test
Hypochondriasis	50	51.61	6.03	1.13
Depression	50	51.00	7.62	.56
Hysteria	50	58.17	5.49	6.33***
Psychopathic deviate	50	52.72	7.41	1.55
Masculinity-femininity	50	46.27	9.21	1.72
Paranoia	50	56.50	7.16	3.85**
Psychasthenia	50	48.89	8.59	.55
Schizophrenia	50	50.94	5.75	.69
Hypomania	50	50.50	6.15	.34
Social introversion	50	49.44	8.30	.29

N = 18

df = 17

**p .01

***p .001

Table 5

Mean MMPI Clinical Scale T Scores for

One Sample: Hypothesis that Mean of Population is 50

Experimental Fathers

MMPI Scales	Mean Standardized Population Score	Mean of Sample	S.D., Sample	t test
Hypochondriasis	50	59.89	16.42	2.56*
Depression	50	60.11	12.97	3.30**
Hysteria	50	60.06	10.75	3.98***
Psychopathic deviate	50	65.00	8.72	7.28***
Masculinity-femininity	50	51.44	8.13	.75
Paranoia	50	52.22	14.61	.65
Psychasthenia	50	54.22	11.47	1.56
Schizophrenia	50	57.17	15.47	1.96
Hypomania	50	54.72	8.37	2.40*
Social introversion	50	52.00	8.35	1.02

N = 18

df = 17

*p .05

**p .01

***p .001

Table 6

Mean MMPI Clinical Scale T Scores for

One Sample: Hypothesis that Mean of Population is 50

Control Fathers

MMPI Scales	Mean Standardized Population Score	Mean of Sample	S.D., Sample	t test
Hypochondriasis	50	56.55	8.28	3.36**
Depression	50	53.39	13.58	1.06
Hysteria	50	57.17	5.51	5.52***
Psychopathic deviate	50	55.72	9.07	2.67*
Masculinity-femininity	50	57.05	12.09	2.47*
Paranoia	50	54.50	6.60	2.88*
Psychasthenia	50	55.05	9.03	2.37*
Schizophrenia	50	53.44	7.20	2.02
Hypomania	50	52.72	10.60	1.09
Social introversion	50	47.50	6.37	1.67

N = 18

df = 17

*p .05

**p .01

***p .001