A Study of the Relationship between Differing Maternity Home Environments and the Mental Health of Resident Unwed Mothers

Mary Kathryn Schreier
Loyola University Chicago

Recommended Citation
http://ecommons.luc.edu/luc_theses/2334

This Thesis is brought to you for free and open access by the Theses and Dissertations at Loyola eCommons. It has been accepted for inclusion in Master's Theses by an authorized administrator of Loyola eCommons. For more information, please contact ecommons@luc.edu.

This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 License.
Copyright © 1968 Mary Kathryn Schreier
A STUDY OF THE RELATIONSHIP BETWEEN DIFFERING
MATERNITY HOME ENVIRONMENTS AND THE
MENTAL HEALTH OF RESIDENT
UNWED MOTHERS

by

Sister Mary Kathryn Schreier, D.C.

A Thesis Submitted to the Faculty of the Graduate School
of Loyola University in Partial Fulfillment of
the Requirements for the Degree of
Master of Arts

June
1968
TABLE OF CONTENTS

Chapter                                  Page

I.  INTRODUCTION .............................................. 1

                 General problem area--Specific research
                 problems--Significance of problem--Review
                 of literature--Research questions--Purpose
                 of study--Hypothesis--Assumptions.

II.  RESEARCH DESIGN ................................. 37

                 Population--Research instruments--Analysis.

III.  DESCRIPTION OF THE SIX MATERNITY HOMES AND
      GENERAL CHARACTERISTICS OF THE UNWED
      MOTHERS .................................................. 53

                 Setting of maternity homes--Services and
                 programs--Administration and staff--
                 Admission policies. Identifying character-
                 istics of unwed mothers--Family and social
                 background of unwed mothers.

IV.  ANALYSIS OF FINDINGS FOR ENTIRE POPULATION ... 97

                 Characteristics related to family life--
                 Factors associated with the unwed mother's
                 pregnancy out-of-wedlock--Measures of mental
                 health--Correlates of mental health--Unwed
                 mother's view of the maternity home and its
                 services.

V.  ANALYSIS OF FINDINGS: CORRELATION OF THE
      PROGRAMS OF MATERNITY HOMES WITH THE MENTAL
      HEALTH OF THEIR RESIDENT UNWED MOTHERS .... 133

                 Characteristics of the maternity homes and
                 the mental health of resident unwed mothers--
                 Considerations of socio-economic class and
                 age--Index of therapeutic environment of
                 the maternity home--Correlation of thera-
                 peutic environments with responses from the
                 unwed mothers.
CHAPTER I

INTRODUCTION

General Problem Area

It is a commonly accepted fact that the strength and stability of the nuclear family as a social institution is basic to our American culture, and deviency from this is a threat to our way of life. Pregnancy outside marriage deviates from our accepted cultural pattern of bearing and rearing children within a family created through marriage, because it is a menace to our society's norms for the socialization of the child. Willard Waller has suggested that in attempting to solve social problems, we would do well to examine the social institutions and mores rather than concentrate on casework and psychiatry. Considered from a structural-functional approach, reproduction can only be carried on in a socially useful manner when it is performed in conformity with the institutional patterns of a society, because only through an institutional system can individuals be organized and taught to cooperate in this long-range

function which must be integrated with other social functions for the advancement of the whole society. Parenthood without marriage is considered a social dysfunction in our society.

Illegitimacy

The sociological approach to illegitimacy, according to Kingsley Davis, views the social structure as being responsible for defining some births as legitimate and other births as illegitimate. In consequence, when institutional norms and public sentiment define certain births as illegitimate, the status of the persons involved with such a birth is lowered in the society, creating social and emotional problems for the parents and the child; thus, the social position of the unwed mother is related to her mental health.

Legitimate family life is sustained in a society to a great extent by social mores. According to Sumner, mores are defined as the popular usages and traditions of a society which include a judgment that they are conducive to the welfare of the society, and which also exert a coercion on the individual to conform to these social practices even though

they are not co-ordinated by any authority. Mores are maintained in a society by re-affirmations of their value in the form of stigmatizing those who violate them, and rewarding those who comply with them. The stigma functions as a penalty to keep the mores alive in the conscience of the society. To keep marriage and the nuclear family as a strong value in our society, those who bear illicit children are deprived of status in order to discourage this behavior. Thus, social mores are interrelated with both social problems and social rehabilitation.

The prevalent philosophy of "fun morality" is reflected in social practices in child-rearing, education, and personnel ideology, as well as in social practices regarding sex, according to Clark E. Vincent. This "fun morality" maintains that if a person enjoys something and wants it, then it is considered to be good for him and needed by him for his self-development. William H. Whyte, Jr. and C. Wright Mills see this philosophy in the personnel ideology of industry and business which promotes heterosexual, primary-


type relationships in occupational settings to make work "fun." Thus, the social practices and values which refer to illegitimacy can be detected in social institutions other than the family.

Culture is related to mental health because certain characteristics of cultural systems such as conflicts in values or mores can lead to emotional disturbances among persons in the society. Our culture allows liberal mores regarding pre-marital and extra-marital sexual relationships; out-of-wedlock sexual exploits are promoted by commercial enterprises and generally accepted by the public. A sexual relationship outside marriage is not necessarily considered wrong, yet the social censure is severe when this leads to out-of-wedlock pregnancy. Therefore, our social mores are inconsistent and contradictory when permissiveness in sexual experimentation is condoned, but the result, an illegitimate pregnancy, is condemned and punished. This conflict also seems to be present in the personal value system of the unmarried mother who comes to a maternity home.

Unmarried Mothers

There is no typical unmarried mother, but rather she constitutes a cross-section of the female population.\(^1\) In general, women of all ages within the child-bearing age range are involved in births out-of-wedlock. The educational, economic, cultural, racial and religious background of these women also covers a wide range. However, it is estimated that only about ten per cent of all unwed mothers come to a maternity home, so the maternity home population may reflect certain select social background characteristics. Since pregnancy out-of-wedlock is now recognized as the result of multiple factors which differ in each individual, each unmarried mother is viewed as an individual with her own set of problems. An unmarried mother is generally defined as any individual who is pregnant by a man other than her husband. In this study, unmarried mothers will refer to those pregnant girls who are residing in the selected six maternity homes.

Unmarried mothers are alienated from society, deprived of the support of a husband, and often family and friends. Through a group-living experience in a maternity home, the

unmarried mother has an opportunity to re-establish social relationships through acceptance, mutual assistance and group membership.

Maternity Homes

In the middle of the nineteenth century in America, maternity homes were established to reform the unmarried mother and they thus reflected a punitive attitude, although they were actually an expression of society's concern for the welfare of the mother and the child. The Home aimed to give the mothers environmental security, medical care, moral training, religious instruction and simple work skills.

Today the maternity home is a residential facility which provides a protective, structured, group-living experience and those related professional services necessary for the comprehensive treatment of the unmarried mother. Changes in society, additional knowledge, a deeper understanding of the needs of the unmarried mother, and greater skills in the treatment of social and emotional problems in general have been influential in the maternity home assuming this present role.

The goal of the maternity home has changed in recent years from mainly giving reformative care, to giving therapeutic services in a secure community environment, according to the concept of "milieu therapy." The structure is changing from that of an institution to a group-living residence. The
techniques, or means employed to achieve the stated goal, have changed from an emphasis on the medical to a stress on the social-psychological, and the focus in maternity home care has consequently shifted from the baby or the pregnancy to the unwed mother as a whole person. Therefore, the program, staff, and professional services aim to meet the emotional, social, spiritual, medical, recreational and educational needs of the unmarried mother during this time of crisis, while promoting social and community living, so as to assist her in a re-socialization process that will enable her to plan for her future life and to re-enter society with dignity and purpose.

The Catholic maternity home meets the needs of society in rehabilitating this group of persons with a social problem, and also carries on an apostolic role in the Church. The Catholic maternity home was established to perform works of charity and it gives witness to the Church’s concern for all men, especially those in the greatest need. The unmarried mother needs special help during this period of crisis in her life, and this help is offered to her in the name of Christ and His Church by the Catholic maternity home. The Vatican Council has declared that, “the joys and the hopes, the griefs and the anxieties of the men of this age, especially those who

are poor or in any way afflicted, these, too, are the joys
and hopes, the griefs and anxieties of the followers of
Christ.\textsuperscript{1} Although the mission of the Church is properly a
religious one, that of leading men to God, when circumstances
of time and place create the need, the Church undertakes ac-
tivities to structure and consolidate the human community
according to the divine law.\textsuperscript{2} In addition to providing the
atmosphere of a Christian community, the maternity home must
strive to attain the very best in professional services, in
accordance with its Christian commitment of dedicated service
to others.

Mental Health

Besides the normal emotional tensions felt by women
who are pregnant, the mental health of the unwed mother who
comes to reside in a maternity home is effected by added
worries, anxieties and depression associated with the reali-
zation that she has seriously transgressed society's norms.
Some unwed mothers appear to be able to cope with these emo-
tional difficulties and they function on a socially acceptable
level of psychological well-being. Others display deep feelings
of guilt and shame. They are anxious about crucial decisions

\textsuperscript{1}Walter M. Abbot, C.J., ed., "Constitution on the
Church in the Modern World," The Documents of the Vatican

\textsuperscript{2}Ibid., p. 241.
they must make in regard to their own future and that of their baby; they realize that they are stigmatized and condemned by society more than the unmarried father because they are identifiable; they resent being cut off from schooling or employment; they feel alone, worthless and rejected by the community and sometimes their own family; they experience fear and anxiety about going through pregnancy and childbirth.

The Specific Research Problem

The specific problem area to be investigated in the present research is the mental health of unmarried mothers in maternity homes. Because of the social mores against out-of-wedlock pregnancy, some unmarried mothers seek refuge from society by residing in a maternity home during their pregnancy. While in the home, the unwed mothers display differing emotional reactions to their situation. Staff of the maternity home often wonder what elements in the social background of the girl or what aspects of the services or environment of the home are most influential in promoting or impeding her social-psychological adjustment or mental health during her stay in the home.

Significance of the Problem

The problem which this research proposes is considered worthy of investigation for the practical information which
will be of value to each of the six selected maternity homes in evaluating their programs in light of the feelings and opinions which their resident unmarried mothers reported on the questionnaires. It is also thought that this information will enable the staff to better understand the lack of adjustment and low degree of mental health of some unmarried mothers in the maternity home setting.

It is believed that this research will also add to the general fields of child welfare and illegitimacy, mental health, social psychology and residential treatment institutions. Setting goals and improving practice in social services to unmarried parents is one function of the Child Welfare League of America. The instrument used to measure feelings of well-being and the correlates of different degrees of mental health can be related to the growing field of mental health. By investigating the maternity home as a group-living, treatment institution which aims at being a therapeutic community, it is hoped that this research will have implications for the application of this theory, which was originally used for psychiatric treatment, to other types of social-psychological treatment institutions.

**Review of Literature**

An examination of the literature focused on the interrelations between unmarried mothers, maternity homes, and
mental health. The related literature will be presented under four general headings: one revealing a changing focus on causes of illegitimacy, one referring to empirical studies which deal with different aspects of maternity homes and the unwed mother, another on mental health studies, and one on theoretical considerations.

Research Trends in Illegitimacy

There are many published articles and some research studies which relate to unmarried mothers and maternity homes in a general way, although none were discovered which attempted to specifically investigate the mental health of unwed mothers in a maternity home setting. Research in illegitimacy has focused for the most part only on certain groups of unwed mothers, and by a circular reinforcement of causal theories, selective samples, and descriptive findings has thereby limited scientific knowledge on unwed mothers. Previous studies have often failed to integrate findings about unmarried mothers with other theoretically relevant knowledge in sociology. Research on unmarried mothers can be divided into three categories. There seem to be many studies which just describe a select group of unmarried mothers without a problem or a hypothesis. Then there are some studies which begin with a problem related to unmarried mothers and then proceed to document the assumed explanation with selected case material, and end by framing
hypotheses to be tested in future studies. There seem to be few studies on unmarried mothers which actually define a research problem and proceed with standard research methods to collect data necessary in order to accept or reject the hypotheses.

Studies of Unwed Mothers and Maternity Homes

A brief review of research and studies on unmarried mothers points to a focus on different theories and descriptions from the 1920's through the present time. Before 1930, descriptions of unwed mothers in charity institutions were used to support theories pertaining to genetic sources of behavior, and emphasis was placed on immorality, bad companions, and mental deficiency as causes of illegitimacy (Kammerer, 1920; Mangold, 1921; Guibord and Parker, 1922; Bingham, 1923; Schumacher, 1927; Lowe, 1927; McClure and Goldberg, 1929).2

Studies in the 1930's focused on environmental conditions as sources of behavior, consequently, poverty, broken homes, and disorganized neighborhoods were regarded as the causes of illegitimacy. Descriptions of unwed mothers from


2For complete references to these works and other works cited in a similar manner, see Bibliography.
domestic court files, police records and welfare agencies were used to support these theories (Read, 1934; Nottingham, 1937; Puttee and Colby, 1937).

In the 1940's studies on unwed mothers focused on the concepts of culture and subculture, and anthropological methods which were popularly used in community studies. Illegitimacy was considered as part of the way of life of some subcultures, and descriptions of Negro unwed mothers in the South were taken to support this theory (Frazier, 1937; Powdermaker, 1939; Johnson, 1941; Hertz and Little, 1944; Myrdal, 1944).

During the early 1950's, psychological and psychiatric theories were popular and emotional disturbance was seen as the main cause of illegitimacy. Psychiatric social workers, clinical psychologists, and psychotherapists provided supporting descriptions of unwed mothers in maternity homes, welfare agencies and out-patient clinics (Deutch, 1945; May, 1950; Donnell and Glick, 1952; Cattell, 1954; Clothier, 1955).

During the late 1950's theories focused on the social attitudes of a "sick society," such as, encouraging permissive behavior in white-collar crime, delinquency among middle-class youth, payola adults. Descriptions of college-educated middle-class unwed mothers who went to private physicians were used to substantiate these theories, with the conclusions that unwed
mothers are representative of the general female population in intelligence and socio-economic status (Pearson and Amacher, 1956; Gerhard, et al., 1959; Vincent, 1959, 1960; Bernstein, 1960).

Any or all of the items of focus may be factors in the constellation of "causes" in regard to an individual unwed mother, because pregnancy out-of-wedlock is now generally believed to be a result of multiple factors. Services in rehabilitation, therefore, must start with this premise.

The effects of different sexual norms of three cultures on social behavior and mental health were investigated by Harold Christensen through the use of records, questionnaires and interviews. The theory of cultural relativism was applied to the premarital sex norms of Denmark, Indiana and Utah which range from liberal to conservative. Findings showed that the liberal sex codes of Denmark resulted in the highest incidence of pre-marital pregnancy but also the lowest negative effects on the mental health of the couples involved. In the present study, there was no control made to determine any differences in the pre-marital sex mores of the populations of unwed mothers under study, and this will be regarded as an uncontrolled variable.

Studies have reported on different characteristics of programs in maternity homes. Staff development in a maternity home through the method of psychiatric consultation is evaluated by James Thickstun. He concluded that the technical information possessed by the consultant is of secondary importance in this group therapeutic process, and of primary importance is the provision of an atmosphere in which the staff may have an opportunity to observe themselves and be stimulated to indicated change. The importance of a consultant functioning as a catalyst with a group of staff members and leading them to gain insight into themselves, other staff members and the unmarried mothers is demonstrated, as contrasted to staff meetings without a consultant. This evaluation of the importance of psychiatric consultation is confirmed by Alfred R. Joyce in relation to a residential child welfare agency.

The team approach to all problems, with increasing insight into the unmarried mothers' needs, was reported by Vivian K. Johnson to be the most dramatic result from the initiation of


psychiatric consultation in the maternity home which she administers.¹ In the present study, psychiatric consultation in the maternity home program will be considered as influential in providing a genuine therapeutic environment. The studies just referred to, did not attempt to measure the effect of such consultation on the mental health of the residents, which this thesis will attempt to do.

A descriptive case study by Jane Goldsmith is concerned with the relationship of the social caseworker in her role as a "good mother" to the teen-age unwed mother in the rehabilitation process.² When the unmarried mother comes to a social agency to make plans for herself and for her baby, she often indirectly asks for help in making a better personal adjustment toward mature womanhood. In the present study, the unmarried mother's report of her relationship with her social worker and also with her group mother will be related to her level of mental health in the maternity home.

Casework with teen-age unwed parents and their families is a relatively new part of the therapeutic services of a maternity home. The present study will seek to determine the


relationship between the extent of casework services with the family of the unwed mother and her level of mental health as reported by questionnaire. Rowan and Pannor analyze one selected case study from agency files which demonstrates that when the unwed mother is living at home, casework with her parents and the teen-age unmarried father gives the girl a greater ability to resolve her problems and make sounder decisions regarding her future and that of her child.¹

A survey of the services and facilities of forty-two Catholic maternity homes in the United States to determine the role of the Catholic maternity home in meeting the needs of the unmarried mother was conducted by Sr. Michael Mary Healy (1966).² Through questionnaires sent to the administrators of all Catholic maternity homes, it was concluded that the administrators saw the goal of the home as meeting the total needs of the unmarried mother with a non-punitive, positive approach which would be reflected in the type of services and activities offered, and the personal qualities and professional abilities of the staff members. Other


findings of significance to this research were that large, multi-functional institutions were giving way to smaller, single-function homes, and that the social work staff in many instances was composed of untrained workers.

A follow-up study using a sample of fifty-four unwed mothers from a New York maternity home demonstrated by data gained from personal interviews that there was no evidence that any of the women had been stigmatized by the out-of-wedlock pregnancy to the extent that it interfered with her further development after leaving the home. This is relevant to the present study which will investigate the present adjustment of unmarried mothers in the maternity home, with the assumption that this will be an indication of their ability to adjust in society after leaving the home.

Statistical data from questionnaires and interviews, and the analyses of case histories from private practice, maternity homes, and a county hospital are used in a comprehensive, book-length study of unwed mothers by Clark E. Vincent. In this research the California Psychological Inventory was administered to the unwed mothers, and scores in the various categories were correlated with background

2Vincent, op. cit.
characteristics. This study is the most significant in research on unwed mothers because it used a control group of single-never-pregnant females in comparing selected social and psychological characteristics formerly assumed to be uniquely characteristic of unwed mothers. These findings regarding socio-economic factors, psychological and familial factors of unwed mothers will be compared to similar data regarding the population under study in this thesis research.

In Out of Wedlock, Leontine Young presents several general conclusions in regard to socio-economic characteristics effecting the degree of emotional health of the unwed mother because of differences in social mores among various social groupings.¹ These will be further tested in the present thesis: (1) that older unmarried mothers are more disturbed than younger ones because they realize more fully their condemnation by society; (2) that those unwed mothers whose family is from a higher socio-economic status are more disturbed than those from a lower status.

Mental Health Studies

Within the last ten years there have been several studies undertaken to measure the degree of mental health or mental illness among the general population. These works were of value in constructing the research design and questionnaire of the present study, and the findings among the general population can be compared to those of the specialized population of unwed mothers.

Gerald Gurin led a research team in investigating how Americans view their mental health through a nationwide interview survey of a representative sample of adults.\(^1\) This volume reports on the people's attitudes toward their own mental health, and how they adjust to problem situations or seek help to cope with them. Measures of general adjustment, symptom patterns and their relation to selected demographic characteristics are analyzed.

Two research studies of mental health and illness on Manhattan Island, New York, are titled Mental Health in the Metropolis (1962), and Life Stress and Mental Health (1963).\(^2\)

---


The purpose of the research was to determine the prevalence of degrees of mental health or illness in the resident population and to assess its relatedness to selected socio-cultural variables. Basically, this is the purpose of this thesis study, although the instrument used to assess mental health is far less detailed, also the entire population in six maternity homes was used rather than a probability sample, and self-administered questionnaires were used rather than personal interviews. The two concepts of the interrelatedness of stress and strain are relevant to the present study on unwed mothers. Stress is regarded as being in the socio-cultural environment, and therefore, items such as age, religion, ethnic and racial origin, rural-urban origin, socio-economic status of the respondent's father, broken home, parental religiosity were included in the interview. Strain was regarded as being in the individual and was measured by the type and prevalence of symptoms ordinarily associated with mental disturbance.

Various concepts of mental health have been formulated over the years, reflecting different purposes of studies and different instruments of measurement. In *Current Concepts of Positive Mental Health*, Marie Jahoda attempts to develop a rational approach to the problem of defining mental health by choosing from among what seems best among those definitions
intermingling values and fact. The concept of mental health can generally be defined in either of two ways: (1) as a relatively constant and enduring function of personality leading to predictable differences in behavior and feelings, depending on the stresses and strains of the situations in which a person finds himself; (2) as a momentary function of personality and situation. Various criteria for determining degrees of mental health have been employed over the years: the absence of mental disease; the normalcy of actions; the state of emotional well-being and happiness; a positive self-concept; an individual's self-actualization; the ability of a person to achieve self-integration; the individual's degree of independence from social influences; the person's perception of reality. Jahoda suggests a multiple criteria approach, and concludes that mental health will continue to be defined according to social values and the individual judgment of researchers. The main criteria indicative of mental health to be used in the present study will be based on the concept of the individual's feeling-states, often called emotional or psychological well-being.

Criteria to measure mental health as feeling-states of psychological well-being or happiness were developed and tested by Norman Bradburn and David Caplovitz, *Reports on Happiness*.\(^1\) This research found that happiness is positively correlated with education and income, negatively correlated with age, and uncorrelated with sex. In studying the effects of differing environmental conditions on mental health, the study showed that economic depression affected happiness by reducing positive feelings, although the feeling-states among the four communities did not differ strongly from each other. The methods of data collection used in the Bradburn study were interviews and self-administered questionnaires to a sample of the adult male population of four communities in Illinois, and a follow-up study one year later to measure trends in happiness.

**Theoretical Considerations**

The socio-cultural environment of the maternity home is therapeutic when through a staff teamwork approach, an atmosphere of acceptance and understanding is established which makes demands on the unwed mother commensurate with her ego strengths to develop herself psychologically and socially. Within such a group setting, the unwed mother can be led to

gain self-respect and a true self-identity which will work reciprocally as she relates appropriately to her peers, and to authority in her social relationships. Milieu therapy taken in the sense to mean social milieu, in which the pure environment alone is the therapy, is not sufficient for the maternity home, for the values of complete democracy, permissiveness and communalism which are proposed in this theory aren't realistic in regard to the unwed mother's social rehabilitation for outside society. A more appropriate environmental theory to be applied to the functioning of a maternity home is that of controlled "milieu therapy" or a therapeutic community which is defined as a social system with a definite structure and complex social processes; a community of interacting persons.¹

The theory of therapeutic community will be applied to the functioning of the maternity home toward the social rehabilitation of the unmarried mother. This theory was first developed and employed in regard to psychiatric patients in a mental hospital. This approach can be traced to Harry Stack Sullivan's developments in group psychotherapy, followed by experiments in applying milieu therapy to psychiatric hospitals.²

¹March, op. cit., p. 930.

Group therapy sessions are an integral part of creating a therapeutic environment and a cohesive living group in the maternity home. Sullivan viewed the therapy group as a laboratory of human interaction in which the analyst was a participant observer. Sullivan saw therapy as acquainting the patient with various processes to be used as techniques for minimizing or avoiding anxiety; the individual in living with other people is constantly striving to avoid anxiety in seeking his needs.

The theory of therapeutic community, using the total interpersonal environment as the major therapy, was developed at Belmont Hospital, England, with patients having sociopathic disorders by Maxwell Jones in 1947. This concept of therapeutic community is considered to be an artificial social milieu. A follow-up study using personal interviews investigated one group of discharged patients who had been involved in the therapeutic community techniques, and one group who had not been involved, to discover to what extent the therapeutic community had helped the patients toward re-socialization and what type of patient profited most. The improvement in patients from the therapeutic group was significant in comparison to the other group.¹

Another follow-up study of patients treated in this social rehabilitation unit was made by Robert Rapoport in 1960.

by means of personal interviews.1 This researcher suggested on the basis of his findings that treatment goals and rehabilitation goals be conceptually distinguished, so that the environment better enables the patient to adjust to conditions which he will encounter in the outside world. The purpose of the study was to clarify what is meant by the concept of therapeutic community, what are the actual functioning elements of the social environment, which factors contribute to the attainment of its goals and which factors hamper them, and what practical principles can be derived from the experimental group at Belmont Hospital that can be applied to other institutions and groups.

In sum, milieu therapists face the problem of integrating the therapeutic needs of individual patients, the capacities of the treating institution, and the requirements of the patients' social networks outside. Under these circumstances, the therapeutic yield is always the resultant of a complex field of vectors—psychodynamic, institutional, familial, and cultural—all of which must be optimally managed if effectiveness is to be maximized.2

Research on the therapeutic power of the total environment by Alfred Stanton and Morris Schwartz showed the importance


2 Ibid., p. 304.
of staff interrelationships as effecting patient treatment.\textsuperscript{1} The effect of the cultural environment upon patient care was analyzed by William Caudill in \textit{The Psychiatric Hospital as a Small Society}.\textsuperscript{2} Cumming and Cumming also treat the theory of milieu therapy in \textit{Ego and Milieu}. They define milieu therapy as a scientific manipulation of the environment aimed at producing changes in the personality of the patient.\textsuperscript{3}

The use of the therapeutic environment in a residential institution for four hundred and twenty-five disturbed boys as well as its implications for use in children's institutions in general is presented in a paper by Joseph F. Phelan, Jr.\textsuperscript{4} He points out that the basis for creating a therapeutic environment is the planned relationships and experiences of interaction between the staff and the children. Such a controlled environment plays a major role in conditioning personality growth and development and enables clinical services to function more effectively.

\textsuperscript{1}Alfred Stanton and Morris Schwartz, \textit{The Mental Hospital} (New York: Basic Books, Inc., 1954).


Ways in which the maternity home milieu can be used to facilitate casework treatment of the unmarried mother was the purpose of a study undertaken by L. Douglas Lenkoski, using his experience as a psychiatrist in a maternity home and related literature as data.¹ His conclusion that a therapeutic community such as those established in some mental hospitals is desirable for the maternity home is basic to this present research which will investigate the relationship between the differing milieu of maternity homes and the degree of mental health of the resident unmarried mothers. According to Lenkoski, practical steps to be taken in establishing this therapeutic milieu are: (1) the development of the therapeutic potential of the staff; (2) the removal of punitive, restrictive barriers between staff and clients; (3) the development of the social environment as a therapeutic force.

Sociological theories on the small group are relevant to the present study, for the maternity home group becomes a primary group for the unwed mother during her residence, and her social interaction in this group is related to her re-adjustment in the larger society. Charles H. Cooley defined the primary group as the "face to face" group characterized by

intimate cooperation.\(^1\) In the maternity home milieu there is an attempt to clinically recreate a primary-type group. This therapeutic group can accomplish three things which individual therapy cannot.\(^2\) It can supply the warmth and cohesion of a family solidarity with which the suffering individual can identify, since he can immerse himself in and become deeply identified with the other group members which is a form of support. The group can give the individual opportunities within the group itself to demonstrate forms of social adaptation such as love and friendly competition which can be carried over to other and larger groups. Also, the group can allow the individual to give as well as receive help, which is a means of direct ego fulfillment.

George Herbert Mead considered the primary group as the group which essentially provides the individual with the psychological and emotional developments which he will need to function in interpersonal relationships and social roles.\(^3\)


The unwed mother is undergoing a process of re-socialization in the maternity home, as compared with the socialization process of the child in the primary group of the family. A person's image of himself is taken from the images of himself which others present to him as indicated by their reaction of approval or disapproval. The individual learns to follow models of conduct which are suggested to him by others who are significant to him. To promote the process of re-socialization, social relationships can be controlled and organized in a small group setting, so that the character building of the individuals in the group is fostered. The attitudes of the other group members which the individual assumes organize a community which actually controls the individual's response and is termed "the generalized other." The social group, then, in the maternity home can become the generalized other as it enters as an organized process into the re-socialization experience of any one of the unwed mothers.

The individual's relation to the group was investigated by Jacob L. Moreno. The concept of sociometry developed by Moreno recognizes the individual's group membership needs; it is based on a measurement of group relationships. For unwed

mothers who are in a maternity home because they have been alienated from society, the therapeutic group is a means of fostering a sense of belongingness among the girls, and the group leader can give them a common focus which encourages them to relate to each other and to the leader. The effectiveness of the group is related to the individual girl's mental health, because it supports the self-esteem of the members and increases their tolerance for unpleasant emotions and their ability to function as free and responsible persons. The degree of cohesiveness of the group is positively related to the intensity of emotional interplay which the members can endure without excessive anxiety. Since emotions supply the motive power for change of attitude, group cohesiveness is a major goal in group therapy.\(^1\)

Functional theories in the sociology of religion are relevant to this present study in regard to one of the research questions which seeks to determine the relationship between a high degree of religiosity and the mental health of the unwed mothers. This study will attempt to see if religion seems to be fulfilling its sociological function toward the individual in providing procedures for meeting crises and giving explanations for otherwise unexplainable occurrences and thus assuaging

the individual's anxiety. It can be said that religion was not effective to the unwed mothers in fulfilling its societal function of social control by which it is to induce the members of a society to act in ways consistent with societal welfare according to the social norms and to refrain from acting anti-socially.

Research Questions

An examination of the literature led to the formulation of several research questions. The research questions to be investigated in this study are: (1) Is there a difference in the level of mental health of the resident population of unmarried mothers in different maternity home environments? (2) Do unmarried mothers residing in maternity homes which are considered to have more therapeutic services report a higher degree of mental health than unmarried mothers from maternity homes with fewer therapeutic services? (3) Is there a relationship between the present degree of mental health of the unmarried mother and the involvement of her family in casework counseling services? (4) Do those unmarried mothers who report that they feel a close relationship with their group mother or social worker also report a high level of mental health? (5) Does the religion of the unmarried mother help her to adjust to her present social and emotional crisis of pregnancy out-of-wedlock?
Purpose of Study

The primary purpose of this research is to investigate the question: Is there a relationship between the differing programs and environments of the six maternity homes and the degree of mental health of the resident unmarried mothers?

Hypotheses

The formulation of the research questions led to a series of tentative hypotheses in regard to the unwed mother in the maternity home environment and her present degree of mental health. The main hypotheses are: (1) that there is a relationship between the differing programs and therapeutic environments of the maternity homes and the degrees of mental health of the resident unmarried mothers; (2) that unmarried mothers residing in maternity homes which have a more therapeutic environment will report a higher degree of mental health than unmarried mothers residing in maternity homes with a less therapeutic environment.

Secondary hypotheses referring to maternity home services and the mental health of the residents are: (1) that residents from maternity homes having a greater number of regularly scheduled organizational activities will report a higher level of mental health; (2) that residents of maternity homes which have weekly group counseling conducted by a trained group worker will report a higher level of mental health; (3) that
residents from maternity homes which have a resident government will report a higher level of mental health; (4) that residents from maternity homes having psychiatric or psychological consultation will report a higher level of mental health; (5) that residents in maternity homes who receive individual counseling by qualified social workers will report a higher level of mental health.

Secondary hypotheses referring to characteristics of the individual unwed mother and her present degree of mental health are: (1) that unmarried mothers whose family received casework counseling will report a higher degree of mental health than unmarried mothers whose family has not been counseled; (2) that there will be a positive relationship between the degree of "close" relationship which the unwed mother feels toward her group mother and social worker and the unwed mother's degree of mental health; (3) that there will be a negative relationship between the degree of religiosity of the unwed mother and her degree of mental health; (4) that unwed mothers who have more positive feelings than negative feelings will report a higher degree of happiness; (5) that there will be a negative relationship between the degree of anxiety of the unwed mother and her degree of mental health; (6) that unwed mothers to whom the alleged father either denies paternity, or admits it but is unconcerned, and unwed mothers who did not inform the alleged father about the pregnancy will have a lower
degree of mental health than unwed mothers to whom the alleged father admits paternity and is concerned; (7) that there is a positive relationship between degrees of job satisfaction and degrees of mental health among the unwed mothers; (8) that the unwed mother's degree of participation in the social environment outside the maternity home will be positively related to her degree of mental health; (9) that there will be a positive relationship between the degree to which respondents feel they belong to the group in the maternity home and their level of mental health.

Assumptions

Several assumptions are implied in these hypotheses: (1) that each maternity home differs in the degree of its therapeutic environment and the means used in serving its residents; (2) that there is a dimension variously called positive mental health, subjective adjustment, social-psychological adjustment, psychological well-being or happiness; (3) that a person's relative position on this dimension of mental health is determined by and reflected in his current life situation; (4) that individuals can be meaningfully described as high or low on such a dimension of mental health; (5) that there is no evidence that self-reports of mental health are any less valid than expert ratings or psychological
test for rating people on a mental health dimension; (6) that religion is interrelated to a person's total life adjustment.
CHAPTER II

RESEARCH DESIGN

Given the specific purpose of this research, to investigate the relationship between the differing environments and programs of maternity homes and the degree of mental health of the resident unwed mothers, it is necessary to implement the purpose with a relevant and economical research design. The population chosen, the instruments used to collect the data, and the methods of collecting and analyzing the data will be discussed in this chapter.

Population

Six maternity homes operated by the same religious community were chosen for the population in view of their similarities and differences, and because the writer felt that she would easily be able to elicit the interest and cooperation of all the administrators.

It is assumed by the writer that since these maternity homes are operated by the same religious community, they are similar in their basic philosophy of service to others and in the professional goals of a maternity home.
These maternity homes are different in geographic location, being situated in the West, the South, the Southwest, and the Midwest. The buildings of the maternity homes are of different types: single-function shelter, connected with a maternity hospital, connected with other works in an institution. The capacity of the homes also differs, the smallest home having a capacity of twenty, the largest, fifty-three. It is also known from the Directory of Maternity Homes and through interviews with the administrator and the supervisor of one home, that the current programs in the homes differ, thereby indicating that the environments may vary in the degree to which they relieve stress.¹

It is intended that the entire resident population of each home be included in the testing at the time the questionnaires are administered.

Research Instruments

Data for the study was collected by means of self-administered questionnaires to the resident population of the six maternity homes, and a questionnaire to the administrator of each home.

Questionnaire to Unwed Mothers

One research instrument is a questionnaire which was designed by the writer to gain knowledge of the degree of mental health of the unwed mothers and correlates of the different levels of mental health. Some sources used in compiling this questionnaire are: Clark E. Vincent, Unmarried Mothers; Norman Bradburn and David Caplovitz, Reports on Happiness; Gerald Gurin, Americans View Their Mental Health; Leo Srole, Mental Health in the Metropolis.¹ Conversations with staff of maternity homes and with unwed mothers themselves were also the sources of some of the questions.

The questionnaire contains a section dealing with the identifying information of the respondent: education, kinds of schools attended, occupation, size of home community, race, religious preference, religiosity, marital status, sibling relationship, age.² To determine the respondent's family and social history, questions are asked on ethnicity, occupation and education of her father, parents' religious preference and religiosity, happiness of her parents' marriage, distance of family home from maternity home.


²For a more detailed explanation of why these and all other questions were included in the questionnaire, see Appendix II.
Because mental health is a subjective state, it is measured in this questionnaire by indicators of mental health, such as the respondent's own estimate of her present level of psychological well-being. This self-estimate may be questioned as to its validity; however, Bradburn states that there is no evidence that self-reports are any less (or for that matter more) valid than expert ratings or psychological tests for rating people on a mental health dimension. Furthermore, self-reports have the eminently practical virtues of face validity, directness, and ease of use. It is most likely that there would be a high degree of overlap, although by no means a perfect correlation, between self-reports and experts' ratings.¹

One indicator of mental health included in the questionnaire is: "Taking all things together, how would you say things are these days—would you say that you are very happy, pretty happy, or not too happy?"²

Other indicators of level of mental health are indices of feeling-states to measure the amount of and the balance of positive and negative feelings in the individual within a specified period of time.³ On the positive feelings index, a score of 12 indicates the highest possible positive feelings.

¹Bradburn, op.cit., pp. 5, 7.
²Ibid.
³Ibid., pp. 15-24.
and a score of 0, the lowest, according to the frequency with which the four stated items were experienced by the respondent during the past week. On the negative feelings index, a score of 15 indicates the highest possible negative feelings, and a score of 0, the lowest, according to the frequency with which the five stated items were experienced by the respondent during the past week. These scores are then divided into categories of high, medium, or low in positive feelings, and high, medium, or low in negative feelings, on the basis of the median.¹ Then, the balance of positive and negative feelings are determined by examining these two category scores of each respondent to see if positive feelings are greater than, equal to, or less than negative feelings, thus resulting in three levels of mental health.

This study does not attempt to investigate mental health at any level of psychological depth, or to uncover the causes of mental health. Rather, it is concerned with self-assessments of indicators of mental health as obtained through questionnaires, and factors which appear to be related to varying levels of mental health.

¹The items on these indices appear in question #4 in Appendix I. For a more detailed explanation of the source of these items see #4 in Appendix II. For the scoring on these indices and on all others see Appendix III.
The psychological correlates of mental health and of positive and negative feelings were measured in the questionnaire by indices on worries, on anxiety symptoms, and on job satisfaction, adapted from the Bradburn and the Gurin mental health studies.¹

Items on the "worries" index consist of common areas of worry, plus some items which are of concern to unwed mothers in maternity homes. The concept of worry is here considered as an active concern over problems which these girls face. Therefore, scores were determined according to items which were circled "was on my mind OFTEN," because to be concerned about these items "SOMETIMES" is assumed to be a moderate and healthy state of concern.

Items on the anxiety index consisted of symptoms generally considered to be indicative of anxiety and used in other mental health studies: dizziness, general aches and pains, headaches, muscle twitches or trembling, nervousness or tenseness, rapid heart beat, trouble getting to sleep at night.² Each respondent was given a score equal to the number of symptoms she reported experiencing during the last week.

¹Bradburn, op.cit. Gurin, op.cit.
²Ibid.
The job satisfaction index consisted in three questions which asked how satisfied the respondent was with the kind of work she was doing, with her job supervisor, and with her job in general. A single job satisfaction score was calculated according to the responses to these three questions.

Social correlates of mental health were measured by the respondent's social interaction in the maternity home with the group mother, social worker, and the other girls, and by an index of the respondent's social participation in the environment outside the maternity home. The social participation index consisted of twelve items adapted from the Bradburn study. Scores were based on the frequency with which the respondent reported that she was in contact with persons or places outside the maternity home during the last week.

Factors relating to persons immediately concerned with the respondent's out-of-wedlock pregnancy are included in the questionnaire because it is thought that they might effect her degree of mental health. The following are the items measured: the attitudes of the respondent's parents and the alleged father toward her pregnancy, the respondent's future plans regarding the alleged father and the baby, her main source and amount of sex knowledge, and the person she most desires not to know about her pregnancy.

The respondent's involvement in the maternity home
services is indicated by questions regarding professional social services such as casework counseling and group therapy for herself, and casework counseling for her family and the alleged father. The unwed mother's view of the maternity home environment is indicated by her responses to questions on her feeling of belonging to the group, her opinion on the purpose of the maternity home, what she finds most helpful in the home, and any improvements she suggests for the maternity home.

Several attempts were made to strengthen the validity of the questionnaire. The wording of the questions seems to be valid (face validation). To obtain an indication of the feeling-states in the current life situation of the unwed mother, questions dealing with the psychological correlates of mental health specifically asked the respondent to indicate how often she did these things or felt this way "LAST WEEK." So as not to suggest a "right answer," the phrases "in your opinion..." or "how do you feel that..." were used in several questions. To more accurately measure major concepts in this study, indices rather than single questions are used.

For both the pre-test and the actual testing, the group mother of each home was asked to preside over the group setting in which the girls filled out the self-administered
questionnaires so that the responses would reflect their own feelings and not be influenced by discussion on the questions. In an effort to obtain true answers, the unwed mothers were asked in a covering letter not to put their names on the questionnaire, and they were assured that their responses would remain anonymous. It was also suggested to them that by giving their sincere answers to all these questions, they would be helping the girls who come to the maternity home in the future, and would be contributing toward improving services so that other unwed mothers could better adjust to their situation and benefit by living in the home during their pregnancy.

After the questionnaire for the unwed mothers had been constructed, a pre-test was conducted to determine if the questions were correctly understood and acceptable. Questionnaires were sent to about thirty per cent of the resident population of each home, which yielded a total of fifty responses. In addition to the respondents' written comments, three group mothers sent in their observations on the questionnaires and the girls' reactions to it. The writer conducted a lengthy discussion with the girls who took the pre-test in the home where the writer resides, which resulted in some valuable insights. After studying the comments, suggestions and difficulties which these fifty unwed mothers noted, the writer incorporated a few minor additions, omissions, and clarifications in constructing the final questionnaire as it appears.
in Appendix I.

The questionnaire was administered to the resident unwed mothers of the six maternity homes during May, 1967. The actual administration of the questionnaire was not done by the researcher herself in five of the homes because of the distance involved, and in these homes the group mother administered the test.

The total responses from all homes was one hundred and thirty; one questionnaire was discarded because only a few questions were answered, since the respondent stated that she had only resided in the home one day. This gives a total of one hundred and twenty-nine responses.

Because of the great fluctuation and change-over in the maternity home population seasonly, from day to day, and even from hour to hour, the resident capacity of the homes differs from the daily census. Since the questionnaires were administered during May, the census in some homes might be lower than usual at this time of the year if some unwed mothers were waiting to finish the school year before coming into the home. This may not be a factor in the low census of other homes. The researcher does not have the census for each maternity home at the actual time the questionnaires were administered, in order to compare the responses received with the number of residents. An approximate estimate can be gained
from the census stated on the administrators' questionnaires which were filled out sometime during the same month. The difference between the census as noted by the administrator on the day she filled out the questionnaire and the number of responses received from the unwed mothers who composed the resident population at the time when the test was given, might be explained by an actual difference in census, or an unwillingness or physical inability to take the questionnaire on the part of a few girls. In one home there is a much greater difference between resident capacity and recorded census of the maternity home and the responses received, because the census number includes those women who are patients in the maternity hospital which is housed in the same building as the maternity home. The resident capacity, the census noted by the administrator, and the actual number of questionnaire responses received from each home are shown in Table I.
TABLE I
RESIDENT CAPACITY, CENSUS, AND RESPONSES BY MATERNITY HOME

<table>
<thead>
<tr>
<th>Maternity Home</th>
<th>Resident Capacity</th>
<th>Census on Administrator's Questionnaire</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>53</td>
<td>53</td>
<td>27</td>
</tr>
<tr>
<td>B</td>
<td>22</td>
<td>19</td>
<td>16</td>
</tr>
<tr>
<td>C</td>
<td>40</td>
<td>29</td>
<td>26</td>
</tr>
<tr>
<td>D</td>
<td>30</td>
<td>18</td>
<td>16</td>
</tr>
<tr>
<td>E</td>
<td>33</td>
<td>31</td>
<td>28</td>
</tr>
<tr>
<td>F</td>
<td>36</td>
<td>21</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>214</strong></td>
<td><strong>171</strong></td>
<td><strong>129</strong></td>
</tr>
</tbody>
</table>

Questionnaire to the Administrators

A second research instrument was used to measure the program, services, and degree of therapeutic environment in each maternity home, so as to relate these factors to the level of mental health of the resident unwed mothers. This self-administered questionnaire was sent to the six administrators of the selected maternity homes.

The questionnaire on the services of the maternity home is considered to be valid by independent criteria since it was drawn up from the best sources which the writer could locate in the fields of illegitimacy, children's institutions, and maternity home care. The following are the main sources,
recommending both minimum standards and desired goals, which were used in composing the questionnaire: Catholic Maternity Home Association, Draft of Guides for Catholic Maternity Home Services; Child Welfare League of America, Standards for Services to Unmarried Parents; Illinois Children and Family Services, Proposal for Group Classification of Child Care Institutions; National Council on Illegitimacy, Directory of Maternity Homes and Residential Facilities for Unmarried Mothers; The Salvation Army, Services to Unmarried Parents and Their Children: Maternity Homes and Hospitals; Jane E. Wrieden, "The Meaning of the Maternity Home," Child Welfare.¹

The areas which were covered in this questionnaire were concerned with whether the maternity home had as a part of its program: psychiatric consultation, staff meetings, and an in-service program for staff; resident government; social casework;

Analysis

Information from both sets of questionnaires was edited, coded, and tabulated by the writer. Each questionnaire from the unwed mothers was given an identifying number to determine from which maternity home it came.

In general, the analysis will correlate indices of characteristics of a therapeutic environment in a maternity home as indicated on the administrators' questionnaires with the questionnaire responses of residents from these homes, to determine if there is a variation in the degree of therapeutic atmosphere present and the level of mental health among the unwed mothers.

The analysis will first describe and compare the differing maternity home programs, services and staff as indicated on the administrators' questionnaires. Then, identifying information and social and family background characteristics of the residents of the maternity homes will be described and compared to see if there is any significant difference in these characteristics among the resident population in any home which might account for a difference in level of mental health among the unmarried mothers.

The analysis will proceed by tabulating the remaining responses on the unwed mothers' questionnaires for the entire population, and cross-tabulating selected responses with the
respondents' differing levels of mental health, to determine those items which have the highest correlation with mental health.

In Chapter V, selected characteristics of the maternity homes will be correlated with the mental health of the resident unwed mothers to discover which characteristics show the greatest correlation with the residents' mental health. Selected characteristics will then be used as an indice to determine the degree of therapeutic environment of the maternity homes. The maternity homes will then be divided into two groupings, according to whether they have a high or a low therapeutic environment. Then, selected responses from the unwed mothers who are residents of the homes having more therapeutic environments will be compared with responses from unwed mothers who are residents of maternity homes having less therapeutic environments.
CHAPTER III

DESCRIPTION OF THE SIX MATERNITY HOMES
AND GENERAL CHARACTERISTICS OF THE
POPULATION OF UNWED MOTHERS

Since this research is designed to investigate the effect of environmental conditions in the maternity home on the psychological well-being of unwed mothers, this chapter will be a descriptive comparison of the six maternity home institutions, and the general characteristics of the one hundred and twenty-nine unwed mothers under study. Information recorded on the questionnaire sent to the administrators of the maternity homes and data found in the Directory for Maternity Homes are used as sources to describe the maternity homes. Responses on the questionnaires for the unwed mothers are used to describe the resident population of each maternity home.

Description of the Maternity Homes

The type of building in which the maternity home is housed can influence the effectiveness of the programs and services which it is able to extend, and can direct the environmental atmosphere toward regimented, institutional living or toward homelike group living. "It is recommended that a structure of one or at most two stories be built as a separate,
complete, independent unit...not under the same roof or connected with any other agency or service.¹ Two of the six maternity homes in the sample are an independent residential facility, one reporting a census of twenty-nine unwed mothers and the other, nineteen. Two homes are part of larger social institutions caring for infants, one institution reporting a census of thirty-five infants and twenty-one unwed mothers; the other, two-hundred infants and thirty-one unwed mothers. One home is connected with a nursing home having about forty female geriatric patients and eighteen unwed mothers. One home is in conjunction with a maternity hospital, reporting a census of twelve infants and fifty-three unwed mothers.²

The physical facilities of the different maternity homes are related to the number of years each has been in existence and its historical development. The length of time each of the six maternity homes has existed is: one hundred and nine years, eighty-six years, sixty-eight years, fifty-six years, forty-six years, and thirty-five years.

¹Raymond, op.cit., p. 10.

²These census figures are not an average census, but refer only to the number of residents in the institution on the particular day the questionnaire was filled out by the administrator.
Services and Programs

Medical Services

The availability, attitude and competence of the medical staff who serve the unwed mother in the maternity home affect the emotional implications of her pregnancy. All six maternity homes report that they have the services of an obstetrician and a registered nurse, and three homes also have a physician on the staff. Five homes have arrangements for the services of a psychiatrist for individual treatment when needed.

Social Casework

Social casework can help the unwed mother in the maternity home confront the reality of her problems and emotional disturbances.

The goal of casework with the unmarried mother is: 1) to prevent her future adjustment and the child's from being jeopardized by the out-of-wedlock pregnancy or birth; 2) to promote her ability to function in a more satisfying and socially approved way, as a result of a supportive relationship with the caseworker and the self-understanding she may gain through casework help; 3) to arrive at a plan that is best for her and for the child.1

Five of the six maternity home administrators report that each unwed mother in their home receives casework counseling. In two homes the client is counseled weekly; in the

1Child Welfare, Standards..., p. 15.
2One home did not report on social casework services.
other three homes the frequency of casework counseling is determined by the client's need, and/or the caseworker's available time. When the unwed mother first applies for maternity home service, the caseworker explains to her the alternative services available and what group living in a maternity home will entail.

Through this early contact and through close relations that follow, the caseworker helps the client get into focus the picture of what has happened...the worker and the girl continue their contact through the girl's period of adjustment to the group in the home, of her waiting for the baby, of his birth, of deciding about his future, of the separation from him if the mother decides the baby should be adopted. The worker helps the girl when she is leaving the maternity home and is returning to her normal pursuits. The help continues until the time when the client no longer needs the caseworker's assistance.¹

The role of the social caseworker in the adjustment of the unwed mother to her situation is significant.

Group Therapy

In the maternity home, group therapy discussions and individual casework counseling function reciprocally as part of the total treatment plan of the unwed mother. Social casework was viewed by Major Jane Wrieden in 1951 as the heart of the maternity home experience.² Yet, Louise Trout adds that

²Ibid.
successful casework counseling is dependent upon an environmental situation fairly free of conflict, insecurity and anxiety.¹ Group therapy or group counseling in a maternity home ideally takes the form of small groups of about eight to ten members who meet with a trained leader regularly for an hour to an hour and a half to discuss some of the common problems, tensions, and fears shared by unmarried mothers.

The subjects of discussion in group therapy sessions in a Salvation Army Maternity Home with a psychiatrist as leader and a caseworker participating are related by Major Mary E. Vernor.

In the beginning the girls discuss house rules, why certain information is needed, what goes on in group living, and cliques among the girls. Then they move on to talk about their feelings about pregnancy, care of the baby, decision regarding the baby, fears and guilt about becoming pregnant, the alleged father, home situations, interpersonal relationships, relationships within the family, and ability to adjust when they return to the community. Sometimes they consider why they became pregnant and discover that it was not merely an accident.²

The group functions as a supportive therapy leading to self-insight as the girls discover that others in the group experience many of the same anxieties as they do.


Often the question that one girl raises is of value to another girl who is hesitant or does not know how to express herself. Most of the girls, who in the beginning feel they have no problems, gain some degree of recognition of their difficulty and a realization that they need further help. Some of the residents who are unable to use the close contact of individual casework benefit greatly through the group. The person sees her problem more clearly, and readiness for more intensive help is increased. With the support of the group, the individual is better able to express herself and ask questions.  

Thus, group counseling is used as a method of helping the unwed mother to grow according to her potential, to adjust to others in the group, to readjust adaptive patterns of behavior in order to function more adequately in the maternity home and when she returns to her community. The leader can also use these group sessions to observe reactions and to evaluate the members in order to maximize the effectiveness of individual counseling with them.

All six maternity homes in the present study have a form of group counseling for their residents. In two homes attendance at these sessions is required of all residents. In another home only some residents are required to attend group therapy until other workers are trained to form other groups. In a fourth home, attendance is required only for the first time and is voluntary thereafter. In the other

---

1 Ibid.
two homes attendance is voluntary but residents are encouraged
to come. Two of the six homes hold group therapy twice a week,
three homes have weekly sessions, and one home has group
therapy each two to three weeks.

The progress of such group counseling sessions depends
to a large extent on the skill and personal qualities of the
leader. Qualifications require that the leader have a
thorough knowledge of group dynamics and familiarity with
modern social work concepts concerning the problems and treat-
ment of unwed mothers. In one maternity home of the six in
this study, group therapy is led by a psychologist, and in two
other homes, the leader has an MSW and training in group work.
One home reports that group counseling is led by a person
having an MSW, and two other homes indicate that the person
who leads the group has neither graduate school training in
social work nor group work.

Resident Government

A group living situation demands that certain regula-
tions be enforced for order in the home and to promote the
interests of all the residents. House rules which allow for
maximum personal freedom within reasonable external controls
and which are consistent but flexible, will contribute to a

1Child Welfare, Standards..., p. 47.
therapeutic milieu. Some maternity homes have a resident's council in which the girls themselves discuss group living, and formulate and enforce rules for it, with the consent of administration. Patient government is recognized as one of the most important means to implement the correct concept of authority and control in social rehabilitation within a therapeutic milieu setting. Joint participation in discussions and decision-making through resident government, facilitates communication between staff and residents by modifying the traditional authority-subject roles which often hamper treatment. Each resident needs to feel free to express her feelings and attitudes so that the staff can better use their professional skills to help her in the re-socialization process.

Four of the six maternity homes under study have a residents' council. The officers meet weekly in two homes and bi-weekly in the other two homes. Three of the homes have weekly general assembly meetings, and one home has the assembly scheduled every two weeks and called more often if necessary.

Therapeutic Job Assignments

Work assignments in the maternity home are to be suited to the physical health and emotional well-being of the unwed mother, and as part of the total therapeutic program and they are not to be used as a substitute for financing adequate staff.¹

¹Ibid., p. 50.
The work assignment gives the unwed mother a specific place in sharing the responsibility of communal living in the home, and provides opportunities for interpersonal relationships with job supervisor and co-workers in a controlled environment. Work experience in genuine jobs rather than just occupational therapy is an integral part of the therapeutic community.

The six maternity homes have a program of work assignments for all the residents; however, in two homes some of the residents go to office jobs outside the home which are arranged by staff of the home. Although the approximate number of hours which the residents work each week differs in each home, they seem to fall into two groupings: in two homes the girls work from two and a half to seven hours per week, and in four other homes the work programs call for the girls to work from fifteen to twenty-eight hours per week. The hours of the work assignment are sometimes dependent on whether or not the unwed mother is involved in continuing her schooling through the educational program.

The job areas of housekeeping, food service, and clerical work, are used within all six homes. Three homes allow the girls to care for infants in residence when they request this job. In four homes some girls may work as receptionist, switchboard operator, or at the information desk. Other jobs
indicated on the administrators' questionnaires are: linen room, laundry, sewing room, chapel, library, clinic, and house beautician.

**Formal Educational Program**

Most grade and high schools require a pregnant girl to be dropped from school as soon as her pregnancy is known. These unmarried mothers, especially those under sixteen, can be educationally as well as socially disadvantaged if no opportunity or encouragement is given them to continue their education. To meet the total needs of the unwed mother, the maternity home has to include an educational program in the over-all treatment plan.

Formal academic instruction should be available for the young girl whose education has been interrupted by her pregnancy and who will return to school after the birth of her baby. Arrangements should be made through the local board of education to secure a qualified teacher for academic subjects and to insure that credit will be given for work completed in the maternity home. Safeguards are necessary to assure that information about the girl will be kept confidential when her credits are transferred.1

Qualifications for the teacher on the staff of a maternity home recommend that she have an attitude of acceptance and respect for the unmarried mother as well as competence and certification in the teaching field. It is suggested that the teacher

---

1Ibid., p. 48.
as a member of the therapeutic team, should maintain a less structured classroom atmosphere in which the students receive much individual attention.¹

The six maternity homes in this study have accredited educational classes on the high school level; however, only two homes have qualified teachers conducting classes in the home. In the other four homes, the girls use a correspondence method; in one of these homes teachers from the local school board will start to conduct classes this fall.

**Informal Educational Activities**

In addition to formal education, informal educational activities such as discussion or study groups, classes, lectures or instruction on subjects of interest and value to the unwed mothers are a part of the broad educational program in the maternity home. Pre-natal classes covering instructions on general health, diet and exercise during pregnancy, preparation for childbirth and post-partum care should be given by a qualified member of the nursing or medical staff.

Because the number of regularly scheduled educational activities varies greatly among the five homes reporting on them, they will be mentioned according to maternity home. Weekly or bi-weekly educational activities reported for the month of April by maternity home "A" include pre-natal class,

¹Raymond, op. cit., p. 20.
choir, sewing, knitting, liquid embroidery, ceramics, music therapy, Christian Living, creative art, art appreciation, writing workshop, sociology class, and Inquiry Class. At maternity home "B", classes in choir, ceramics, religion, and tel-training are held weekly, and pre-natal class each three to four months. Pre-natal class, choir, and religion classes are given weekly at maternity home "C", and a discussion on topics of general interest is bi-weekly. In maternity home "D", pre-natal class and choir assemble weekly, and instructions in craft are given occasionally. Pre-natal class is held weekly in maternity home "E", a discussion on topics of current interest bi-weekly, and religious discussion and conferences on "Love and Marriage" by Cana Couples every three months. Home "F" did not report on informal educational activities.

Religious Program

When religion stems from the philosophy of the maternity home, it is not merely something added to the program. Then when religion is active in the policies and the atmosphere of the home, in the relations between staff members and residents, the unwed mothers can experience the meaning of religion in daily living.
Each staff member should be convinced that the very witness of a committed Christian life with its good works performed out of love offers a most effective means for promoting the acceptance and adoption by the unmarried mother of truly Christian values. This example of Christian love must go hand in hand with a full program of spiritual activities designed to make available to the unmarried mother every possible opportunity to grow in her relationship to God.¹

It is further pointed out in "Guides for Catholic Maternity Home Services" that although attendance at religious exercises should be voluntary and personally motivated rather than resulting from external pressure, opportunities for Mass, the sacraments, group instruction, and individual spiritual counseling are essential for the Catholic maternity home. The role of the chaplain, as a member of the therapeutic team, is that of spiritual leader in the religious program, as related to the total program of the maternity home. He should be available to the unwed mothers for pastoral counseling.²

In the administrator's questionnaire, one item asked what the role of the chaplain was in the maternity home. In two homes it was indicated that the chaplain's services are confined to offering daily Mass and hearing weekly confessions. Three other homes report that the chaplain is available for

²Ibid., p. 16.
individual spiritual counseling, for group instruction or discussion and that he gets to know the girls by attending their social events; in one of these homes the chaplain also directs weekly choir practice. In the sixth home, besides giving pastoral counseling and conducting regularly scheduled days of recollection, the chaplain attends the weekly staff meetings. The question as worded does not call for an explanation of services which priests other than the appointed chaplain might render to the maternity home, and therefore does not necessarily give a description of the entire religious program of each home, which was what the researcher had intended by the question.

Specialized Services

It is recommended that the services of psychological testing, vocational guidance, legal counseling and financial assistance be available for those unwed mothers who need these services.

The six maternity homes have psychological testing and financial assistance available for residents if needed. In regard to vocational guidance, two homes do not have this service and one home has it on a very limited basis. Among the three other homes which report having vocational guidance, in one home the local vocational rehabilitation service is used, in another home the staff psychologist extends this service,
and in the other home tests are administered by the educational program supervisor and interpreted by the psychologist when indicated. There is no definite plan for any needed legal counseling in three homes. In the other three maternity homes, legal counseling when needed is arranged through the public Legal Aid Bureau, or through an interested attorney.

Administration and Staff

Programs for Staff

The unification of structure, staff, and program in the maternity home, to realize the greatest potential of help for the unwed mother, is achieved by maximum communication among all the staff members and the integration of all their professional disciplines. The duties of all staff members must be clearly defined and the cohesiveness of the social structure of the maternity home depends on the effectiveness with which the staff perform their professional roles. The interaction of staff representing the various disciplines becomes a key factor in the therapeutic milieu.¹ To promote interaction, free communication, integration among the staff members to develop the "therapeutic team", frequent meetings, conferences, psychiatric consultation and in-service education can be effectively utilized.

¹Phelan, op. cit., p. 162.
Some objectives of a maternity home program for staff development are:

To enable the staff to have a clearer understanding of the problems of illegitimacy and the role of the maternity home; to facilitate the development of more effective work patterns; to encourage communication, making possible more productive working relationships; to enable the staff to formulate realistic job assignments, methods of carrying out assignments and work goals; to inform the staff of the agency's problems, plans, and projected changes so they can adapt as necessary; to make clear the role of the home in relation to other agencies and services within the community.¹

The staff meeting is an opportunity to discuss the development of the unwed mothers in the maternity home, any interpersonal problems within the staff, roles and relationships. Of the six homes in the present study, four homes have weekly staff meetings, one home has a monthly staff meeting, and one home does not have staff meetings.

The exchange of ideas and feelings among staff members may become static and unconsciously opposed to growth and change, if the personalities of the staff members interlock and their various needs become satisfied by the unwed mothers or other staff members. The problems of the unwed mothers, then, are viewed in a limited perspective. A psychiatrist who functions as a consultant for the staff of a maternity home can help the staff keep the process of change going. Although such psychiatric

¹Raymond, op. cit., p. 22.
consultation is a group process structured around a core of technical information, it is therapeutic because it depends for its effectiveness upon alterations within the personality of the staff members. \(^1\) Unconscious personality and emotional problems can cloud a staff member's self-observation and observation of the unwed mother, and thus cripple the effectiveness of the staff. Through the process of consultation these difficulties can be seen in the staff member's relationship to other members of the group and to the consultant. The atmosphere provided in a psychiatric consultation provides the staff with an opportunity to observe themselves and be motivated to indicated change in order to more effectively use technical information in their work with the unwed mothers.

Two of the six maternity homes have psychiatric or psychological consultation for their staff weekly. One home has psychological consultation twice a month, and psychiatric consultation once a month. Another home reports having consultation regularly once a month, and sometimes twice a month. Two homes have neither psychiatric nor psychological consultation for their staff.

In-service training is a means to promote and improve the quality of maternity home service to the unwed mothers.

The agency program should include staff seminars; in-service training; educational leave; attendance at professional conferences, institutes and workshops; and an adequate professional library within the agency.\(^1\) In-service training for maternity home staff may take the form of supervisory help, intra-agency courses consisting of lectures, discussions, or workshops in which material is presented on the different professions involved in maternity home program or on factors relating to the unwed mother in general. The purpose of this education is to provide a framework in which the staff member can see his work as part of a total structure and an ongoing process, and to learn more about the professional disciplines and approaches of the other staff members. Staff development can also be fostered through inter-agency courses, that is, regular courses connected with universities, welfare federations or other organizations which exceed the boundaries of any single agency.

Four of the six maternity homes report having some type of in-service training program for the staff. In one home weekly departmental meetings are held with the supervisor, and quarterly general staff meetings are held with a program prepared by a particular staff member or by an outside speaker on a pertinent subject currently of value to the staff. Another home reports that they have an organized program for the nursing personnel who

\(^1\)Child Welfare, Standards..., p. 57.
are active in other works of the institution besides the maternity home department, and that the staff attends institutes and other professional meetings. In one home there is an in-service training program for the clinic and the housekeeping staff. A fourth home has in-service training for auxiliary staff in the form of a series of lectures on the unwed mother and maternity home services which are conducted by various staff members, and they attend staff meetings every two weeks. The other two homes do not have an in-service training program.

Qualifications of Staff

In order to serve the unwed mother effectively, the staff of the maternity home needs to be well selected in regard to personal qualities as well as professional training. Staff required for residential care in a maternity home include a director or administrator, caseworker, groupworker, and groupmother, who can be employed either directly or through another agency, and other staff to carry out housekeeping, food service, and maintenance. All staff members who are in contact with the unwed mother should have respect for her, and an understanding of the philosophy and goals of the maternity home. According to the theory of therapeutic milieu, the totality of interpersonal relationships among all unwed mothers and all staff is the basic therapy for the rehabilitation of the unwed mother in the maternity home.
The Administrator

The administrator or executive director sets the tone for the atmosphere of the maternity home, and the manner in which all services are rendered to unwed mothers.1

Her responsibilities as executive director are broad, encompassing the following areas: she carries out administrative functions with regard to the operation of agency programs and services; she works cooperatively with the Board of Directors and the Advisory Committee in the formation of policies, practices, and procedures; she then takes responsibility for their proper implementation within the home; she endeavors to facilitate optimal functioning by all staff members through organizing, enabling, encouraging them in their efforts; she represents the agency in various community endeavors and in social action activities; she encourages and cooperates with appropriate research efforts.2

The administrator of a residential child-care facility is recommended to have an appropriate degree in social work, education, theology, medicine, psychology or some related social science and have had five years of experience in administering a group care facility or group program for children.3

The educational background and years of experience in administering a group living facility for children or unwed

---

1 Healy, op. cit., p. 28.

2 Haymond, op. cit., p. 15.

3 Children and Family Services Regulation, op. cit., p. 5.
mothers of the administrators in the six maternity homes of the present study are: 1) master's degree in social work, and training in administration, with sixteen years experience in administering a group living facility; 2) registered nurse and one year of graduate school in social work, with seventeen years experience; 3) registered nurse and B.S. in nursing education, with fourteen years experience; 4) registered nurse and B.S. in nursing education, with three years experience; 5) registered nurse with six years experience; 6) education in business administration and accounting, with three years experience in administering a group living facility.

In the recent survey of forty-two Catholic maternity homes, one-third of the administrators were social workers, and another third was rather evenly distributed among degrees in nursing, education, business and hospital administration.1

Social Caseworkers

As a central member of the maternity home staff, the social caseworker fulfills the following duties:

She coordinates the casework program with the total program of the home; she serves as a liaison person between the home and cooperating agencies to assure coordination of efforts on behalf of the residents; she makes certain each unmarried mother receives casework service;

---

1Yealy, op. cit., [p. 7 of mimeographed summary.]
she helps the unmarried mother make optimal use of the group living experience; she co-ordinates services within the maternity home in accordance with the treatment plan worked out for each girl; she enables the client to meet her financial responsibilities by setting up a reasonable payment plan; when it is part of the total casework plan, she offers casework assistance to the unmarried father and to the parents of the unwed couple; in some instances she may have responsibility for intake functions.  

Caseworker Education

The supervisor of casework services should hold a master's degree from an accredited school of social work, and have had three years of casework experience.  

In the five homes reporting on social casework, four of the casework supervisors meet these qualifications, and in the fifth home the two caseworkers are not directly supervised because they both have the qualifications of education and experience recommended for a casework supervisor.

Ideally, caseworkers who counsel the unmarried mother should hold a master's degree from an accredited school of social work.  

Caseworkers are considered qualified if they have had some graduate social work training and are directly under a

1Raymond, op. cit., p. 17.

2Children and Family Services Regulation, op. cit., p. 6.

3Raymond, op. cit., p. 16.
qualified supervisor. Major Jane Wrieden of the Salvation Army stated in 1951 that it was her firm belief that a caseworker in a maternity home should not only have an MSW, but should also have had experience in a casework agency of high standards before joining the staff of a maternity home.

In three of the five reporting institutions caseworkers qualify in accordance with the aforementioned standards, and in the other two institutions some of the caseworkers do not meet these educational standards. In a 1966 "Survey of Catholic Maternity Homes" forty-four of the one hundred and twenty-seven caseworkers had MSW degrees. In the five maternity homes of the present research, eight of the thirteen caseworkers had MSW degrees.

The number of caseloads assigned to a social worker is related to the adequacy and frequency with which she can serve the unwed mother and extend casework services to the family and the alleged father when this seems advisable. "A full-time caseworker...shall be expected to handle a caseload of no more than thirty cases. Part-time casework staff shall be expected to handle no more than a like ratio of child cases in proportion to the time employed." Only one maternity home out of the five

---

1 Children and Family Services Regulation, op. cit., p. 6.
2 Wrieden, "To Strengthen...," p. 7.
3 Healy, op. cit., [p. 2 of mimeographed summary.]
4 Children and Family Services Regulation, op. cit., p. 10.
reports that the caseload of all its social workers meets this goal.

The Group Mother

The group mother or house mother holds a key position in the maternity home environment, because to a great extent her personality and attitudes permeate the atmosphere. Her duties are thus summarized:

She maintains a harmonious therapeutic atmosphere by assuring a happy, secure group living situation; she arranges the assignment of bedrooms and various work assignments; she offers individual counseling on problems of group living; she works with the girls individually and in groups to help them accept the responsibility of their own actions; if the home does not employ a group worker, she works with various committees formed to facilitate group life and to work on special projects; she observes and reports to appropriate staff members behavioral manifestations which are important in helping the resident to resolve her problem; she attends staff meetings and case conferences.

The group mother should be a high school graduate and have personal qualities of character, personality, health and especially a deep understanding of the unwed mother and her needs.

Four maternity homes report having only one group mother and she is a Sister. Of these four group mothers, two are registered nurses and have a B.S. degree, and two are high school graduates, one of whom also is a graduate of a one-year child care course. The fifth home has a full-time group mother who

1Raymond, op. cit., pp. 18-19.
is a registered nurse and has a B.S. degree, and a part-time
group mother who has practical nurse's training and six months
of college. The sixth home employs one part-time and four full-
time group mothers, who have the following educational back-
grounds: B.S. in education and four years in child care training
B.S. in nursing education; four years of college with an educa-
tion major; three years pre-med and one year liberal arts
education; some college including psychology courses.

This research did not investigate the role of a resident
nurse in the maternity home, because recently the traditional
position of the registered nurse in maternity residence staffing
criteria has been eliminated, unless local regulations require
this.¹ The practical or baby nurse is sufficient for maternity
homes which have babies who are not being cared for by their own
mothers. In homes where some unwed mothers care for their own
babies, maternity home direct-care staff may consist of group
mother personnel, since from a medical standpoint, it is suffi-
cient for the maternity home to use the consultant obstetrical
service for in-service training of staff.²

¹Schoenberg, op. cit., p. 15.
²Ibid.
Admission Policies

A discussion of the admission policies of the maternity homes is relevant as an introduction to a description of the general characteristics of the unwed mothers in this study. An unwed mother's eligiblity for admission to any maternity home should be her ability to benefit by its services, which includes her potential to adjust to and to profit by the group living experience. Admission policies should not consider the plan she has for her baby, nor the length of time she is willing to stay in the home after delivery.

Homes under religious auspices, or those set up to serve a particular group, should define their admission policies clearly. In general, policy should state that no application will be rejected because of age, race, color, religion, legal residence, prior marital status, prior pregnancy, or economic status, including ability to pay.¹

The six maternity homes of this study have no admission restrictions in regard to age, race, prior marital status, and ability to pay.² Five of the homes have no restrictions for religion or legal residence; in one home preference is given to Catholic girls from the archdiocese.

¹Child Welfare, Standards..., p. 49.

²National Council on Illegitimacy, op. cit.
General Characteristics of the Unwed Mothers

Identifying Information of the Population

In view of the lack of admission restrictions in regard to race, age, religion, legal residence, economic status, marital status, or previous pregnancy, a description of the social background characteristics of the unwed mothers in the maternity homes in this study is relevant.

Race

In considering the distribution of unwed mothers according to race, Clark E. Vincent found that the proportion of Negro to White unwed mothers varied significantly according to the situations in which they were attended. Almost 80 per cent of the county hospital unwed mothers were Negro but less than 15 per cent of those attended in maternity homes and private practice were Negroes.\(^1\) Table 2 shows that only 5 per cent of the total population of unwed mothers in the six maternity homes of the present study are Negroes.

\(^1\)Vincent, *op. cit.*, p. 58.
### TABLE 2

**DISTRIBUTION OF UNWED MOTHERS BY RACE AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Race</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>White</td>
<td>23</td>
<td>15</td>
</tr>
<tr>
<td>Negro</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Oriental</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>

**Age**

The young age of unwed mothers is often emphasized in popular literature. Comparative data show that younger unwed mothers tend to seek maternity home care while older unwed mothers tend to live alone or with friends and are attended by a physician in private practice, so they ordinarily avoid statistics.

Table 3 shows that at the time of this study 43 per cent of the unwed mothers of all six maternity homes were seventeen years old or younger. This proportion is strikingly similar to the findings of Vincent's study, in which 42 per cent of the unwed mothers of the maternity home he investigated were seventeen years old or younger, while only 29 per cent of the
unwed mothers in the county hospital sample were of this age grouping, and only 18 per cent of the unwed mothers attended by a private doctor were seventeen years old or younger. Table 3 shows that in comparing the ages of the unwed mothers among maternity home populations, considerable differences can be noted. In maternity home "A", four-fifths of the residents are seventeen years old or younger, while in homes "B" and "F" only about one-fourth of the unwed mothers are of this age grouping. In home "E", one-third of the unwed mothers are twenty-one years or older, which is the largest proportion for this oldest age grouping among all the maternity homes.

TABLE 3
DISTRIBUTION OF UNWED MOTHERS BY AGE AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Age</th>
<th>Maternity Home Populations</th>
<th>Total</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
</tr>
<tr>
<td>17 and younger</td>
<td>22</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>18-20</td>
<td>3</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>21 and older</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

1Ibid., pp. 60-62.
Religion

Although the six maternity homes have no admission restrictions regarding the religion of unwed mothers, the fact that they are operated by a Roman Catholic community of religious women and that some are associated with the diocesan Catholic Social Service Bureau result in a great proportion of the population being of the Catholic religion. Table 4 shows that 74 per cent of the total population of 129 unwed mothers identify themselves as Catholic, 23 per cent indicated that they belonged to a Protestant denomination, and 3 per cent stated they had no religious preference.

TABLE 4

DISTRIBUTION OF UNWED MOTHERS BY RELIGIOUS AFFILIATION AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Religious Affiliation</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Catholic</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Protestant</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>No Religion</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
Table 4 indicates a significant difference between the proportion of Catholic residents in homes "A" and "E". In maternity home "A" only about one-half of the population is Catholic, while in home "E", almost the entire population is Catholic, reflecting the admission policy of this home of giving preference to Catholic unwed mothers.

**Legal Residence**

No precise provision was made on the questionnaire to the unwed mothers to determine their legal residence in relation to the location of the maternity home in which they are residing. However, the response stating how far the family residence of the unwed mother is from the maternity home gives an approximate indication of whether or not the resident is from the local area.

**TABLE 5**

**DISTRIBUTION OF UNWED MOTHERS BY FAMILY RESIDENCE AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Distance of Family Residence from Maternity Home</th>
<th>Maternity Home Populations</th>
<th>Total</th>
<th>N</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 50 miles</td>
<td>A 15 B 1 C 8 D 1 E 24 F 6</td>
<td>55</td>
<td>42.6</td>
<td></td>
</tr>
<tr>
<td>50-100 miles</td>
<td>A 4 B 2 C 3 D 4 E 1 F 4</td>
<td>18</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>Over 100 miles</td>
<td>A 8 B 13 C 5 D 21 E 3 F 6</td>
<td>56</td>
<td>43.4</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>A 27 B 16 C 16 D 26 E 28 F 16</td>
<td>129</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
As Table 5 shows, there are considerable differences among the residents of the six homes in regard to the distance of their family's home from the maternity home. In home "E" more than four-fifths of the residents are from within fifty miles of the maternity home, reflecting the home's admission policy of giving preference to girls from the local archdiocese, while in homes "B" and "D" the family residence of four-fifths of the unwed mothers is over one hundred miles from the maternity home. In general, differences among the homes may be related to the geographic location of the maternity home, the density of population in the local area, and the availability of maternity homes in surrounding areas.

Table 6 indicates the type of home community from which the residents of each maternity home come. The differences among the populations of the homes may reflect the differences in the section of the country and the size of city in which the maternity home is located.
### TABLE 6

**DISTRIBUTION OF UNWED MOTHERS BY TYPE OF COMMUNITY AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Type of Home Community</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A  B  C  D  E  F</td>
<td>N</td>
</tr>
<tr>
<td>Farm, ranch, or small town</td>
<td>7  4  4  4  1  1</td>
<td>21 16.3</td>
</tr>
<tr>
<td>Small to medium size city</td>
<td>8  5  6  7  4  6</td>
<td>36 27.9</td>
</tr>
<tr>
<td>Large city (over 500,000)</td>
<td>9  5  5  11 14 7</td>
<td>51 39.5</td>
</tr>
<tr>
<td>Suburb of large city</td>
<td>3  2  1  4  9  2</td>
<td>21 16.3</td>
</tr>
<tr>
<td>Total</td>
<td>27 16 16 26 28 16</td>
<td>129 100.0</td>
</tr>
</tbody>
</table>

**Marital Status**

The marital status reported by one hundred and twenty-six of the one hundred and twenty-nine unwed mothers was that of single-never-married. Of the three unwed mothers who reported being separated or divorced, two were from home "D", and one was from home "F".

**Previous Pregnancy**

Six of the one hundred and twenty-nine respondents reported having had a previous pregnancy, one each from homes "B", "C", "D", and "F", and two from home "E", which supports the fact that the homes do not have a restriction regarding the admission
of unwed mothers who have had a previous pregnancy.

**Education**

The distribution on the educational attainment of the unwed mothers in the maternity homes can easily be misinterpreted if age and occupation are not considered. The fact that 43 per cent of the population is under eighteen years old, and that 62 per cent of the population report that their main occupation is that of a student, explains to a great extent the fact that 50 per cent of the population are not high school graduates as Table 7 shows.

**TABLE 7**

**DISTRIBUTION OF UNWED MOTHERS BY EDUCATION AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Highest School Years Completed</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>8th or less</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Some high school graduate</td>
<td>21</td>
<td>5</td>
</tr>
<tr>
<td>High school graduate</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Some college</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>College graduate or more</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
According to Table 7 homes "A" and "F" show the greatest contrast of educational levels among their residents. In home "A" over four-fifths of the unwed mothers have not yet completed high school, which is related to the data showing that four-fifths are under eighteen years of age; whereas, in home "F" about two-thirds of the residents have had at least some college. The distribution of unwed mothers in each educational level as shown in Table 7, with no control for age or occupation, is very similar to the distribution of unwed mothers from a maternity home in Vincent’s research.¹

Occupation

The occupation of the unwed mothers who reside in the particular maternity home influences the type and extent of educational and job program of the homes.

According to Table 8, in home "A" almost nine-tenths of the population identify themselves as students; whereas, in homes "B", "E", and "F" only about one-half of the resident unwed mothers are students. Table 8 indicates that 62 per cent of the total population of unwed mothers responded that their main occupation was that of a student, which compares strikingly with Vincent's research in which 61 per cent of the unwed mothers in the maternity home claimed that their occupation was that of a student.²

¹Ibid., p. 63.
²Ibid., pp. 63-65.
TABLE 8

DISTRIBUTION OF UNWED MOTHERS BY OCCUPATION
AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Main Occupation</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A  B  C  D  E  F</td>
<td>N</td>
</tr>
<tr>
<td>Student</td>
<td>24  8 10 18 13 7</td>
<td>80</td>
</tr>
<tr>
<td>Professional, technical</td>
<td>0   2   0   1   3   0</td>
<td>6</td>
</tr>
<tr>
<td>Office, sales</td>
<td>2   5   4   4   9   7</td>
<td>31</td>
</tr>
<tr>
<td>Service work</td>
<td>0   1   2   3   3   2</td>
<td>11</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1   0   0   0   0   0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>27  16 16 26 28 16</td>
<td>129</td>
</tr>
</tbody>
</table>

Family and Social Background

Home Situation

A common opinion that unwed mothers are from broken homes is not supported by current research. In a research study by Clark E. Vincent, after controlling for social background variables, it was found that 35 per cent of the sample of unwed mothers residing in maternity homes came from broken homes as compared with a sample of single-never-pregnant females of whom 31 per cent came from broken homes.¹

¹Ibid., pp. 117-18.
Table 9 shows that only 23 per cent of the one hundred and twenty-nine unwed mothers are from broken homes. This includes homes in which one or both parents died, or those in which the parents were divorced or separated.

**TABLE 9**

**DISTRIBUTION OF UNWED MOTHERS BY HOME SITUATION AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Home Situation</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Unbroken</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Broken by death</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Broken by divorce or separation</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>

**Ordinal Position in Family**

In regard to the relationship of the respondent to any brothers or sisters in her family, it may be noted in Table 10 that 33 per cent of the total population of unwed mothers are the
oldest of two or more children in their family, and that in home 5F, five-eights of the unwed mothers are the oldest or the only child in their family.

TABLE 10

DISTRIBUTION OF UNWED MOTHERS BY ORDINAL POSITION IN FAMILY AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Sibling Relationship</th>
<th>Maternity Home Population</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Only child</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Oldest child</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Middle range</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Youngest child</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>

The family and social history of the unwed mothers in this study will be further described by indicating the respondent's ethnicity, the birthplace of her parents, the education and occupation of her father, and the religious preference of her parents.

**Ethnicity**

The main ethnic background of the unwed mothers is shown in Table 11. In home "C" more than half the population is of German descent. In home "D" one-third of the unwed mothers claim
German ethnicity and one-fourth Anglo-Saxon. Home "R" shows that one-third of the population is of Slavic descent, and home "P" reports that one-half of the residents are of French origin. The concentration of these particular ethnic groups in each of the four homes noted, corresponds to the common knowledge of the concentration of these particular ethnic groups in the city in which the maternity home is located.

TABLE 11

DISTRIBUTION OF UNWED MOTHERS BY ETHNICITY AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Main Ethnic Background*</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>German</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Irish</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>French</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Slav</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Anglo-Saxon</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Italian</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Spanish</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>African or Asian</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Scandinavian</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>

*See Appendix III for the nationality groupings included in each category.
Respondents were asked to indicate the birthplace of their parents, in view of the theory of cultural conflict as related to the social adjustment of children whose parents were born in a foreign country. Of the one hundred and twenty-nine unwed mothers, six reported that both parents were born in a foreign country, and eleven responded that only one parent was born in a country other than the United States. Table 12 shows that the home which has the greatest proportion of respondents whose both parents were born in a foreign country is home "A".

**TABLE 12**

**DISTRIBUTION OF UNWED MOTHERS BY BIRTHPLACE OF PARENTS AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Birthplace of Parents</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Both in U.S.A.</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>Only one in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foreign country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both in foreign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>country NA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
Socio-Economic Status

An approximation of the socio-economic status of the respondent is taken from her family of origin, and is measured according to the education and the occupation of the respondent's father since the majority of respondents are students.

Table 13 shows that 69 per cent of the respondents' fathers have at least graduated from high school. Home "E" has the greatest proportion of respondents whose fathers did not graduate from high school. Home "E" has the greatest proportion of respondents whose fathers have attended or graduated from college.

**TABLE 13**

**DISTRIBUTION OF UNWED MOTHERS BY FATHER'S EDUCATION AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Highest school years completed by Unwed Mother's Father</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>6th or less</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Some high school graduate</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>High school graduate</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Some college</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>College graduate or more</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>NA</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
Table 14 indicates that over one-half of the respondents’ fathers are engaged in "white-collar" occupations, that is, professional, technical, managerial, official, office, sales. Homes "B" and "F" show the greatest proportion of "white-collar" occupations among all the homes.

**TABLE 14**

**DISTRIBUTION OF UNWED MOTHERS BY FATHER’S OCCUPATION AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Occupation of Unwed Mother's Father</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Professional, technical</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Managerial, official</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Office, sales</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Skilled trades</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Semi- and unskilled labor</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
For the purposes of this study, respondents are divided into just two social classes, according to the education and the occupation of the respondent’s father. "High" consists of respondents whose fathers have at least graduated from high school and are employed in a "white-collar" occupation, and "Low" consists of all others.

Table 15 demonstrates that home "B" has the greatest proportion of respondents from the high socio-economic class, and that home "F" has the highest proportion of respondents from the low socio-economic class.

**TABLE 15**

**DISTRIBUTION OF UNWED MOTHERS BY SOCIO-ECONOMIC STATUS AND MATERNITY HOME**

<table>
<thead>
<tr>
<th>Socio-Economic Status</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>High</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Low</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>NA</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
Religious Affiliation of Parents

The combined religious affiliation of both parents of the respondent is seen in Table 16. This data corresponds to the religious affiliation indicated by the residents of each home as seen in Table 4, which shows that of the total population from the six homes, 74 per cent of the unwed mothers are Catholic. Table 16 shows that both parents of 60 per cent of all respondents are Catholic, and only one parent of 17 per cent of all respondents is Catholic.

TABLE 16

DISTRIBUTION OF UNWED MOTHERS BY PARENTAL RELIGIOUS AFFILIATION AND MATERNITY HOME

<table>
<thead>
<tr>
<th>Religious Affiliation of Respondent's Parents</th>
<th>Maternity Home Populations</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
</tr>
<tr>
<td>Both Catholic</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Both Protestant</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>One Catholic, one Protestant</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>One Catholic, one no religion</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>One Protestant, one no religion</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Both no religion N/A</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>16</td>
</tr>
</tbody>
</table>
CHAPTER IV

ANALYSIS OF FINDINGS FOR ENTIRE POPULATION

This chapter will describe how the total population is distributed with respect to selected characteristics of the unwed mothers. Data will consist of responses from the unwed mothers' questionnaires. The areas described will include: characteristics related to family life, factors associated with the respondents' pregnancy out-of-wedlock, measures of mental health, psychological and social correlates of mental health, the unwed mothers' view of the services and atmosphere of the maternity home.

Characteristics Related to Family Life

Unwed mothers come to the maternity home with a constellation of social and family experiences, both happy and sad, in their background. The atmosphere in a family is related to the happiness of the parents' marriage. In Table 17, 53.5 per cent of the unwed mothers described their parents' marriage as being above average in happiness; 29.5 per cent, average; and 15.5 per cent, below average in happiness.
TABLE 17
DISTRIBUTION OF UNWED MOTHERS BY DESCRIPTION OF PARENTS' MARRIAGE

<table>
<thead>
<tr>
<th>Description of Parents' Marriage</th>
<th>Frequency</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely happy</td>
<td>33</td>
<td>25.6</td>
</tr>
<tr>
<td>Happier than average</td>
<td>36</td>
<td>27.9</td>
</tr>
<tr>
<td>Average</td>
<td>38</td>
<td>29.5</td>
</tr>
<tr>
<td>Not too happy</td>
<td>20</td>
<td>15.5</td>
</tr>
<tr>
<td>NA</td>
<td>2</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>129</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Religiosity
The frequency of church attendance, and for Catholics also the reception of Communion, of the unwed mother and her parents, is used to measure the atmosphere of religiosity in the unwed mother's family. The data shown in Table 18 suggest that unwed mothers who are high in religiosity come from homes in which the parents are high in religiosity. Data from the "Medium" and "Low" categories indicate that the parents of the respondents are more lax in church attendance than their daughters.
### Table 18

**DISTRIBUTION OF UNWED MOTHERS BY RELIGIOSITY AND RELIGIOSITY OF PARENTS**

<table>
<thead>
<tr>
<th>Degree of Religiosity*</th>
<th>Unwed Mothers</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Per Cent</td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>24.0</td>
</tr>
<tr>
<td>Medium</td>
<td>53</td>
<td>41.1</td>
</tr>
<tr>
<td>Low</td>
<td>42</td>
<td>32.6</td>
</tr>
<tr>
<td>NA</td>
<td>3</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>129</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*This table combines the degrees of religiosity for Catholics, Protestants, and those who affiliate with no religion. The criteria used for each category may be found in Appendix III, columns 46, 47, 48.

Data in Table 19 show the relationship between the degree of religiosity of the unwed mother and her degree of mental health. The hypothesis is that there will be a negative relationship between the degree of religiosity of the unwed mother and her degree of mental health, based on the assumption that a more religious person who transgresses sex norms will experience more anxiety resulting in a lower feeling-state of mental health, and a less religious person will not experience such great guilt feelings. But Table 19 shows that respondents who score low in religiosity also score the lowest in mental
health, which is a relationship opposite to that stated in the hypothesis. Those unwed mothers who are medium in religiosity score highest in mental health. And the greatest proportion of respondents who are high in religiosity, have a medium degree of mental health. A moderate degree of religiosity, then, seems to contribute to the mental health of unwed mothers during this time of therapy in the maternity home.

It is recognized by the writer that different criteria might be used to measure religiosity which might yield different results.

### TABLE 19

**UNWED MOTHERS BY RELIGIOSITY AND MENTAL HEALTH (PER CENT)**

<table>
<thead>
<tr>
<th>Degree of Mental Health</th>
<th>Degree of Religiosity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>24</td>
<td>31</td>
</tr>
<tr>
<td>Medium</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>Low</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N-NA</td>
<td>(37)</td>
<td>(53)</td>
</tr>
</tbody>
</table>
Concept of Religion

The unwed mother's concept of religion influences her participation in the organized spiritual program of the Catholic maternity home, and the potential value she derives from the Christian atmosphere itself. In an open-ended question, the unwed mothers were asked what religion meant to them. Of the 129 respondents, 24.0 per cent specifically mentioned the word "God," and indicated that to them religion meant a positive, personal relationship and communication with God; 31.0 per cent specifically mentioned the word "God" but did not indicate a personal relationship with God; another 31.0 per cent did not mention the word "God" but suggested that to them religion implied positive concepts as faith, values, etc.; 4.7 per cent responded with a negative concept toward religion in their life; 9.3 per cent did not answer the question which may have been because their attitudes toward religion were ambivalent or negative.

Types of Schools Attended

It was expected that those respondents whose educational background was entirely in Catholic schools would report a lower degree of mental health because of the traditional stress on sex morals in Catholic schools, and respondents who were educated in some public and some Catholic schools, or entirely in public schools, would report a higher degree of mental health. Table 20
indicates that those respondents whose educational background was entirely in public schools show the greatest proportion having a high degree of mental health as well as the greatest proportion having a low degree of mental health. Respondents who attended only Catholic schools show the largest proportion having a medium degree of mental health. The expectation is partially supported by the data within the category of respondents whose educational background was only in Catholic schools for there is a slightly greater proportion who have a low degree than a high degree of mental health. These data are to be considered in relation to the fact that 74 per cent of the population are Catholic.

**TABLE 20**

**UNWED MOTHERS BY TYPE OF SCHOOLS ATTENDED AND MENTAL HEALTH (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Types of Schools Attended</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Catholic only</td>
<td>Catholic &amp; Public</td>
</tr>
<tr>
<td>High</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>Medium</td>
<td>63</td>
<td>49</td>
</tr>
<tr>
<td>Low</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(19)</td>
<td>(53)</td>
</tr>
</tbody>
</table>
Moral Offenses

From a listing of five different types of moral offenses, the unwed mother indicated which one she thought was the worst thing a person could do. Of the 129 respondents, 27.1 per cent chose "to hate Negroes"; 21.7 per cent selected "to use poison gas on enemy cities during war"; 20.8 per cent indicated "not to go to Church"; 16.3 per cent chose "not to pay a poor employee a living wage"; 11.6 per cent selected "to have sex relations outside of marriage"; and 3.1 per cent did not answer the question. A study on moral values among college students by Rettig found that moral transgressions of social justice, wartime practices, and economics were more severely judged by young people as wrong than those of sex or organized religion, whereas older people tended to judge moral offenses of sex and organized religion more harshly, indicating that moral values of youth are more closely related to values of their peer group than to the moral values of their parents.¹

The data of the present study support Rettig's findings in regard to young people, for 65.1 per cent of the 129 unwed mothers chose moral transgressions against either social justice, represented by "to hate Negroes"; or wartime practices,

indicated by "to use poison gas on enemy cities during war"; or against economic justice, represented by "not to pay a poor employee a living wage." It was thought that the unwed mothers might choose to judge sex offenses more harshly because of their guilt feelings, but the data do not substantiate this expectation.

Sex Knowledge

It has been assumed by some persons working with unwed mothers that girls having a greater amount of knowledge about sex and reproduction before becoming pregnant will experience more self-censure as unwed mothers and, therefore, have a lower degree of mental health; whereas, girls having a lesser knowledge of sex would not judge their being pregnant out-of-wedlock as harshly and, therefore, have a higher degree of mental health. Data on the amount of sex information known by the respondent one year ago was obtained from responses to a nine-item index. Table 21 shows that there is some support for the assumption in the partial correlation between the respondents' amount of sex knowledge and their degree of mental health, for unwed mothers who are high in sex knowledge have a greater proportion having a lower degree of mental health than unwed mothers who are low or medium in sex knowledge. But respondents who have a medium amount of sex knowledge score highest in mental health, while those who
have a low amount of sex knowledge have the greatest proportion of respondents who are medium in mental health.

**TABLE 21**

**UNWED MOTHERS BY AMOUNT OF SEX KNOWLEDGE AND DEGREE OF MENTAL HEALTH**

<table>
<thead>
<tr>
<th>Degree of Mental Health</th>
<th>Respondents' Amount of Sex Knowledge</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td>Medium</td>
<td>42</td>
<td>41</td>
</tr>
<tr>
<td>Low</td>
<td>33</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(24)</td>
<td>(77)</td>
</tr>
</tbody>
</table>

The source from which the majority of unwed mothers receive most of their information about sex and reproduction is from other girls or boys, which bears out the expectation that it would not be from their parents. The 129 respondents are distributed as follows according to the main source of their sex knowledge: other girls or boys, 42.6 per cent; mother or father, 25.6 per cent; reading, 14.0 per cent; school classes, 12.4 per cent; brother or sister, 2.3 per cent.
Factors Associated with the Respondents' Pregnancy Out-of-Wedlock

The unwed mother's adjustment in the maternity home may be influenced by characteristics associated with her relationships with her parents, with the alleged father, and with her plans for the future in view of her present condition of being pregnant out-of-wedlock.

Month of Pregnancy

The distribution of unwed mothers according to their month of pregnancy shows that 14.0 per cent are in their sixth month or less; 14.7 per cent are in their seventh month; 17.1 per cent are in their eighth month; 42.6 per cent are in their ninth month; 7.0 per cent are overdue; and 3.9 per cent are post-partum. Because of the small number of respondents who are overdue, they will not be correlated separately to see if they experienced greater negative feelings.

Parental Support

The unwed mother who has the supportive understanding of her parents has an advantage over the girl who is rejected by her parents because of her pregnancy out-of-wedlock. A great number of respondents, 88.5 per cent, reported that at least one of their parents knew about their pregnancy and was helping them. The parents of 5.5 per cent of the unwed mothers knew about their daughter's pregnancy but were not helping.
Only 4.7 per cent of the respondents' parents were unaware that their daughter was an unwed mother, and 1.6 per cent did not answer this question.

A relatively new practice in social casework is family counseling, in which the individual family member's problem is considered as a family problem and counseling is extended to all members of the family as a group. The present study sought to determine to what extent a modified form of family counseling was functioning in the maternity home, and to see if the unwed mothers who had at least one family member involved in counseling have a higher degree of mental health than unwed mothers who had no family member in counseling. In this study, if the family member has only been seen once by the respondent's social worker, this is assumed to be an interview visit rather than actual counseling. Of the 129 respondents, 38.0 per cent report that neither parent nor any other member of their family has ever been seen by their social worker; 34.1 per cent indicate that a family member has been seen once; 10.9 per cent state that twice a family member has been counseled by their social worker, and 17.1 per cent respond that a family member has been counseled several times.

It was hypothesized that unwed mothers whose family received casework counseling will be higher in mental health than unwed mothers whose family has not been counseled.
Table 22 shows that there is a slight correlation, for unwed mothers whose family has been counseled have slightly greater proportions of higher and medium degrees of mental health, and a lesser proportion of low mental health. Therefore, the data show some support for the hypothesis. Among respondents whose family member received counseling, a greater proportion have a high than a low degree of mental health, and among unwed mothers whose family has not been counseled, a greater proportion have a low rather than a high degree of mental health.

**TABLE 22**

UNWED MOTHERS BY INVOLVEMENT OF FAMILY IN COUNSELING AND MENTAL HEALTH (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Unwed Mother</th>
<th>Extent of Counseling to Family Member(s)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Counseled</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Medium</td>
<td>43</td>
<td>50</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td></td>
<td><strong>N</strong></td>
<td><strong>(129)</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseled Twice or More</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td></td>
<td><strong>N</strong></td>
<td><strong>(129)</strong></td>
</tr>
</tbody>
</table>
At the present time there is no program of group therapy for family members of unwed mothers in any of the six maternity homes, so all the responses to this question were negative.

Alleged Father

It is now recognized that in many cases the unwed father, as well as the unwed mother, is in need of and desirous of counseling for the future behavior and relationships of the father himself, to give better service to the mother and to make better planning for the child. However, few maternity homes or social workers reach out to any extent to involve the alleged father in counseling. Of the total respondents, 83.7 per cent report that the alleged father was never seen by their social worker; 10.1 per cent respond that he was interviewed once; and 6.2 per cent state that the alleged father was counseled twice or more often by their social worker.

A hypothesis of the research is that unwed mothers to whom the alleged father either denies paternity or admits it but is unconcerned, and unwed mothers who did not inform the alleged father about the pregnancy will have a lower degree of mental health than unwed mothers to whom the alleged father admits paternity and is concerned. Data in Table 23 do not support this hypothesis because it indicates that when the
alleged father is unaware or unconcerned, a greater proportion of the unwed mothers have a high and medium mental health and a lesser proportion have low mental health. Therefore, there is a positive correlation between unwed mothers to whom the alleged father is unaware or unconcerned about her pregnancy and a high degree of mental health. A negative correlation exists between unwed mothers to whom the alleged father shows concern and a high degree of mental health.

TABLE 23

UNWED MOTHERS BY ATTITUDE OF ALLEGED FATHER AND MENTAL HEALTH (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Unwed Mother</th>
<th>Alleged Father's Attitude</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Concerned</td>
<td>Unconcerned or Unaware</td>
</tr>
<tr>
<td>High</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Medium</td>
<td>35</td>
<td>51</td>
</tr>
<tr>
<td>Low</td>
<td>39</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N-NA</td>
<td>(49)</td>
<td>(79)</td>
</tr>
</tbody>
</table>

Another consideration is what the unwed mother's plans are regarding her future relationship with the alleged father and whether variations in plans are related to variations in degrees of mental health. It was expected that unwed mothers...
who planned to marry the alleged father would have a higher degree of mental health and those who desired never to see the alleged father again would have a lower degree of mental health. Responses in which the unwed mother desired to continue in a friendship relationship with the alleged father were not anticipated by the writer. But the data do not support the expected relationship, for Table 24 shows that those unwed mothers who desire to maintain a friendship relationship with the alleged father have the greatest proportion high in mental health, while those unwed mothers who desire to marry the alleged father have the least proportion high in mental health, and the greatest proportion medium and low in mental health. It seems that the social and psychological factors that lead to an unwed mother desiring a friendship relationship with the alleged father could be related to factors associated with a high degree of mental health.
TABLE 24

UNWED MOTHERS BY FUTURE RELATIONSHIP WITH ALLEGED FATHER AND MENTAL HEALTH

<table>
<thead>
<tr>
<th>Mental Health of Unwed Mother</th>
<th>Future relationship with Alleged Father</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>None</td>
<td>Friendship</td>
</tr>
<tr>
<td>High</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>Medium</td>
<td>47</td>
<td>35</td>
</tr>
<tr>
<td>Low</td>
<td>28</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N-NA</td>
<td>(72)</td>
<td>(26)</td>
</tr>
</tbody>
</table>

Plans for Baby

It is often thought that all unwed mothers who reside in a maternity home always place their baby for adoption. Of the 129 respondents, 81.4 per cent plan to place their baby for adoption; 11.6 per cent intend to keep their baby; and 7.0 per cent were undecided at the time. Research and experience show that some few mothers do change their plans after the baby is born, or sometimes those who attempt to keep and care for their baby find they are not able to adequately do so, and resort to placing the child for adoption.
Social Disapproval

Since one reason that an unwed mother comes to a maternity home is to keep others from knowing about her pregnancy, an effort was made to determine what person in her social world the unwed mother felt would most disapprove of her pregnancy out-of-wedlock, and if possible, she would greatly desire to keep this person from knowing about it. The distribution of 129 responses indicating which persons the unwed mother would most not want to know about her pregnancy were: relatives, neighbors, or friends in general, 36.4 per cent; parent(s), 19.4 per cent; grandparent(s), 17.8 per cent; brother or sister, 10.9 per cent; employer or teacher, 4.7 per cent; all others, 7.8 per cent; and 2.3 per cent stated that they didn't care who knew.

Measures of Mental Health

Since the concept of mental health used in this study is the individual's subjective feeling-states, the individual's degree of mental health is measured by indicators of the extent and balance of the respondent's positive and negative feelings.

Positive and Negative Feeling Indices

To determine a score on positive feelings, respondents indicated how often last week they felt: "on top of the world," "particularly excited or interested in something," "pleased
about having accomplished something," and "proud because someone complimented you on something you had done."

The score on negative feelings was measured by the frequency with which the respondents indicated they experienced the following five feeling-states last week: "very lonely or remote from other people," "depressed or unhappy," "bored," "so restless you couldn't sit long in a chair," "vaguely uneasy about something without knowing why."

In the first two columns of Table 25 the distribution of positive and negative feelings are shown separately in degrees of high, medium, and low. The third column shows the balance of positive and negative feelings according to whether the respondent's positive feeling level was greater than, equal to, or less than her negative feelings level. The result of this balance of positive and negative feeling-states is taken in this study as the respondent's degree of mental health.

**TABLE 25**

DISTRIBUTION OF UNWED MOTHERS BY DEGREE OF POSITIVE AND NEGATIVE FEELINGS (PER CENT)

<table>
<thead>
<tr>
<th>Degree of Feeling-States</th>
<th>Positive Index</th>
<th>Negative Index</th>
<th>Balance of Positive and Negative Feelings</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>19.4</td>
<td>22.5</td>
<td>27.1</td>
</tr>
<tr>
<td>Medium</td>
<td>62.8</td>
<td>58.1</td>
<td>45.0</td>
</tr>
<tr>
<td>Low</td>
<td>17.8</td>
<td>19.4</td>
<td>27.9</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

(129) (129) (129)
Happiness Level

Another indicator of differing levels of mental health is the reply to the question: "Taking all things together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy?" As was anticipated, the response distribution of levels of happiness among the unwed mothers is quite different from that of the Gurin and the Bradburn research studies among the general population which employed the same question. The Gurin study of 1960 used a national sample of residents of small towns, and the Bradburn study used a sample of residents in four Illinois towns which differed in economic prosperity.1 Table 26 shows that only 7.0 per cent of the unwed mothers reported being "very happy," and as many as 35 per cent reported being "not too happy," which is almost in direct contrast to the percentage responses reported for these two categories in the Gurin study in which 35 per cent reported being "very happy," and only 10 per cent said they were "not too happy." The distribution of "pretty happy" in all three studies is very similar.

1Bradburn, op. cit., p. 8, Gurin, op. cit., p. 5.
TABLE 26

DISTRIBUTION OF THREE RESEARCH STUDIES
BY LEVELS OF HAPPINESS (PER CENT)

<table>
<thead>
<tr>
<th>Level of Happiness</th>
<th>Research Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Gurin</td>
</tr>
<tr>
<td>Very happy</td>
<td>35</td>
</tr>
<tr>
<td>Pretty happy</td>
<td>54</td>
</tr>
<tr>
<td>Not too happy</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
</tr>
</tbody>
</table>

The distribution of happiness levels among the unwed mothers is correlated in Table 27 with the three levels of mental health as determined by the balance of positive and negative feelings. The hypothesis is that unwed mothers who have more positive feelings than negative feelings will report a higher degree of happiness. Because there are only 9 cases in the "very happy" category, these will be combined with the "pretty happy" category. Respondents "high" in mental health have more positive than negative feelings. The data in Table 27 indicate that there is a strong correlation between happiness levels and degrees of mental health. The greatest proportion of respondents who report being "very happy" or "pretty happy" are high in mental health, and the
The greatest proportion of respondents who report "not too happy" are low in mental health. Of the 35 unwed mothers who are high in mental health, 92 per cent report being "very happy" or "pretty happy," whereas of the unwed mothers low in mental health, only 39 per cent report being "very happy" or "pretty happy." On the basis of this over-all positive correlation, the hypothesis can be accepted.

**TABLE 27**

**UNWED MOTHERS' DEGREES OF MENTAL HEALTH BY HAPPINESS LEVELS (PER CENT)**

<table>
<thead>
<tr>
<th>Level of Happiness</th>
<th>Degree of Mental Health</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Very happy</td>
<td>92</td>
<td>66</td>
</tr>
<tr>
<td>and pretty happy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not too happy</td>
<td>8</td>
<td>34</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>(35)</td>
<td>(58)</td>
</tr>
</tbody>
</table>

**Correlates of Psychological Well-Being**

The Bradburn and Gurin mental health studies show that anxiety, worries, job adjustment, and social participation in the environment are associated directly and indirectly with mental health. The responses indicating these concepts will be
shown by distribution and by their relation to the respondents' varying degrees of mental health.

Anxiety

A person having anxiety symptoms is generally considered to be experiencing psychological distress, that is, a low degree of mental health. The unwed mother's degree of anxiety is measured by the number of symptoms she checked as having experienced in the past week. Table 28 indicates that there is a partial, negative correlation between anxiety and mental health. The greatest proportion of respondents who are high in mental health are low in anxiety. Of respondents who are medium in mental health, there is almost an equal percentage who have high as have medium anxiety. But of those low in mental health, a slightly greater proportion of respondents have low anxiety, rather than the expected high anxiety. There is a partial correlation within each category of anxiety and mental health. Among those high in anxiety, the greatest proportion have medium mental health; among those medium in anxiety, the greatest proportion have a medium degree of mental health; of those low in anxiety, the greatest proportion are high in mental health. Therefore, the data give some support to the hypothesis that there will be a negative relationship between the degree of anxiety of the unwed mother and her degree of mental health.
TABLE 28

UNWED MOTHERS BY DEGREE OF ANXIETY AND MENTAL HEALTH (PER CENT)

<table>
<thead>
<tr>
<th>Degree of Mental Health</th>
<th>Anxiety Index</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>Medium</td>
<td>53</td>
<td>52</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(30)</td>
<td>(75)</td>
</tr>
</tbody>
</table>

In the Bradburn study, there is a negative relationship between the anxiety index and the respondent's level of happiness or mental health.¹

Worries

For a person to have an active concern over problems which touch his life is judged as compatible with mental health, but to be in a troubled state of mind often over problems is indicative of distress rather than psychological well-being or mental health. As would be expected, unwed mothers who face the reality of their situation have many problems on their minds.

¹Bradburn, op. cit., pp. 28-29.
in regard to their present pregnancy and the future of themselves and their babies. Degrees of worry among the unwed mothers were based on the number of items they said were on their minds often the past week. From the data in Table 29 no over-all pattern of correlation emerges between worries and mental health among the unwed mothers. Of those who are high in mental health a slightly greater proportion have a high rather than a low degree of worries. Of those who are medium in mental health, the greatest proportion are low in worries. Of those low in mental health an almost similar proportion are high and medium in worries. It was expected that as the unwed mother's degree of worries decreased, her level of mental health would increase. This expectation is only partially supported by the correlation which appears among the 38 respondents who are low in worries, for 29 per cent of these respondents who rate low in worries have a high degree of mental health and 53 per cent have a medium degree of mental health as compared with 18 per cent who rate low in mental health. And, of respondents medium in worries, the greatest proportion are medium in mental health; whereas, among respondents high in mental health, as many have high as have low mental health. In the Bradburn research the intensity of worry is negatively related to mental health.¹

¹Ibid., p. 51.
TABLE 29
UNWED MOTHERS BY WORRIES AND MENTAL HEALTH
(PER CENT)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Worries Index</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>23</td>
</tr>
<tr>
<td>Medium</td>
<td>38</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>31</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(35)</td>
<td>(56)</td>
</tr>
</tbody>
</table>

Job Adjustment

Among men, job adjustment and marital adjustment are two general areas which are related to psychological well-being. Unwed mothers have negative feelings arising from deviance from normal marital satisfaction. When unwed mothers derive satisfaction from the performance of a job while in the maternity home, this can contribute much to their feeling of well-being. Table 30 shows a partial correlation between job satisfaction and mental health. The unwed mothers who have a high degree of mental health are much more likely to be high in job satisfaction, which includes satisfaction with the kind of work they are doing, their supervisor, and the job in general. But the
respondents who rate medium in mental health are most likely to be low in job satisfaction, and those who are low in mental health are just as likely to be medium as low in job satisfaction. The data give some support to the hypothesis that there is a positive relationship between degrees of job satisfaction and degrees of mental health among the unwed mothers, but do not give an overall correlation between job satisfaction and mental health.

The findings of the Bradburn study show a very strong correlation between job satisfaction and degree of happiness.\(^1\)

\(^1\)Ibid., p. 38.
Participation in the Environment

It is recommended that maternity homes promote means for the unwed mothers to maintain some contact with the outside community, so that they do not retreat into the maternity home institution and completely sever relationships with the outside society which they will eventually re-enter. In view of the concept of social rehabilitation, a hypothesis of this study is that the unwed mother's degree of participation in the social environment outside the maternity home will be positively related to her degree of mental health. Contrary to expectations, Table 31 suggests that the greatest proportion of respondents who are high in mental health are low in social participation. Of respondents who have a medium degree of mental health, an almost equal proportion are high as are medium in social participation. The expected correlation appears among those who are low in mental health, for the greatest proportion are also low in social participation. Within the category of high social participation, most unwed mothers are medium in mental health. Among respondents medium in social participation a definite correlation emerges, for the greatest number are of medium mental health, with a much lesser number of respondents equally distributed in high and low mental health. Among unwed mothers low in social participation, the greatest number are also low in mental health as was expected. In general, there is
a partial correlation between social participation and mental health giving only some support to the hypothesis. The Bradburn study found that participation in the environment and social interaction are not related directly to happiness, but rather are related only to positive feelings.¹

**TABLE 31**

**UNWED MOTHERS BY PARTICIPATION IN ENVIRONMENT AND MENTAL HEALTH (PER CENT)**

<table>
<thead>
<tr>
<th>Degree of Mental Health</th>
<th>Social Participation Index</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Medium</td>
<td>53</td>
<td>51</td>
</tr>
<tr>
<td>Low</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>101</td>
</tr>
<tr>
<td>N</td>
<td>(30)</td>
<td>(69)</td>
</tr>
</tbody>
</table>

**Social Interaction**

An indication of the unwed mother's interaction within the maternity home is measured by the respondent's felt relationship with her group mother and social worker, how she feels most people there like her, and the degree to which she feels a part of the group of girls in the home.

¹Ibid., p. 46.
The group mother and the social worker are the key adult persons for the unwed mother in the maternity home. When the unwed mother feels she has a good relationship with them and feels free enough to communicate with them, the therapeutic process is promoted. It is hypothesized that there will be a positive relationship between the degree of "close" relationship which the unwed mother feels toward her group mother or social worker and her level of mental health. Because there were so few "very close" responses, these were combined with those in the "close" category. And similarly, "distant" relationship responses were combined with those in the "not close" category. Table 32 shows that there is a strong, partial correlation between the unwed mother's relationship with both her group mother and social worker and her mental health, thus giving support to the hypothesis. Of the respondents high in mental health, the greatest proportion reported a close relationship with both their group mother and social worker. Among unwed mothers who are medium in mental health, the greatest proportion reported a "somewhat close" relationship with their social worker as was expected, but the greatest proportion in this group reported a "close" relationship with their group mother. Of respondents who are low in mental health, the greatest proportion reported a "not close" relationship with their group mother and social worker, which lends support to the hypothesis. Of those
respondents who report a "close" relationship, although the greatest number have a medium degree of mental health, a greater number have a high than a low degree of mental health. Of those unwed mothers who report a "somewhat close" relationship, the greatest number are medium in mental health. Among those who report a "not close" relationship, although the greatest number have medium mental health, a greater number are low than are high in mental health.

**TABLE 32**

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Relationship with Group Mother</th>
<th>Total</th>
<th>Relationship with Social Worker</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Relationship</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Close</td>
<td>Somewhat Close</td>
<td>Not Close</td>
<td>Close</td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>30</td>
<td>18</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>52</td>
<td>41</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>17</td>
<td>30</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>101</td>
<td>99</td>
<td>100</td>
</tr>
</tbody>
</table>

In general, the unwed mothers felt that most people in the maternity home accepted and liked them. Of the 129 respondents, 14.0 per cent felt that they were liked "very much"; 54.3 per cent, "pretty much"; 27.9 per cent, "somewhat"; and
3.9 per cent felt that they weren't liked too much.

One of the main focuses in the concept of therapeutic milieu is to achieve a high degree of group cohesiveness and feeling of group membership among the residents. The hypothesis is that there will be a positive relationship between the degree to which respondents feel they belong to the group and their level of mental health. In Table 33, high group membership includes respondents who indicated that they "really feel a part of the group," medium refers to respondents who "felt they were included in the group in most ways," and low group membership includes respondents who felt they were "included in the group in some ways but not in others," or those respondents who felt they "really didn't belong" to the group. From the data shown in Table 33, the hypothesis can be accepted, for there is a strong, positive but partial correlation between feelings of group membership and mental health.

**TABLE 33**

UNWED MOTHERS BY GROUP MEMBERSHIP AND MENTAL HEALTH

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>Feeling of Group Membership</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>High</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>Medium</td>
<td>52</td>
<td>42</td>
</tr>
<tr>
<td>Low</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(44)</td>
<td>(43)</td>
</tr>
</tbody>
</table>
As was expected, of respondents who are high in mental health, the greatest proportion are also high in their feeling of group membership and a small proportion are low in group membership. Of those unwed mothers who have a medium degree of mental health the correlation differs somewhat from the expected, for the greatest proportion are high rather than medium in group membership. Of those low in mental health the correlation is strong, for the greatest proportion are also low in feeling of group membership while only a very small proportion report being high in group membership. Among respondents high in group membership, data show that the greatest number are medium in mental health, which is the one cell which prevents the correlation from being over-all. Of respondents medium in group membership the greatest number are also medium in mental health. Among unwed mothers low in their feeling of group membership, the greatest proportion are also low in mental health.

The Unwed Mothers' View of the Maternity Home and its Services

Social Services

It has been noted from the data of this study that there is a definite correlation between the respondent's feeling of group membership and her mental health. Participation in group therapy sessions can serve to promote interpersonal relationships and strengthen group bonds, in addition to its other
therapeutic effects. Of the 129 respondents, 61.2 per cent reported that they had attended group therapy during the last week. A large number of unwed mothers apparently do not avail themselves of this service since group therapy is held at least weekly in five of the homes, and in most cases attendance is voluntary.

Individual casework counseling at least every two weeks would meet the rehabilitative needs of most unwed mothers in maternity homes. Only 41.1 per cent of the total population responded that they had received individual counseling from their social worker within the past two weeks. This is most likely related to the fact that the size of the caseloads for the social workers is large, according to the responses on the administrators' questionnaires.

Purpose of the Maternity Home

To discover the unwed mother's image of the maternity home in view of her social adjustment there, respondents were asked what they considered to be the primary purpose of the maternity home. The writer sought to determine whether the unwed mother viewed the maternity home only according to one of its former goals, for example, as a place for seclusion, for physical care, for moral rehabilitation, to keep busy, or if she saw its purpose as also including some of the present goals of a maternity home, for example, to help her become a
better adjusted person; to benefit by the group living experience; to plan for her future; to meet her religious, emotional, physical, and educational needs; to have counseling and group therapy available, etc. Of the total population, 49.6 per cent mentioned at least one of the present rehabilitative goals of maternity home services, 39.5 per cent indicated only one of the former goals, 8.5 per cent included all other responses, and 2.3 per cent did not answer the question. The stated purpose of a Catholic maternity home is to offer the unwed mother a broad flexible program to meet her spiritual, physical, emotional, social, educational and recreational needs.¹

Length of Residency in Maternity Home

If a substantial number of unwed mothers had been residing in the maternity homes less than two weeks, this fact would influence their view of the home and the effect of the environment and the services on their psychological well-being. However, only 14.7 per cent of the 129 respondents reported that they had been in the home less than two weeks; 33.3 per cent had resided in the maternity home from two to six weeks; 27.1 per cent had been there from seven to twelve weeks; and 24.8 per cent had lived in the home more than twelve weeks.

¹Raymond, op. cit., p.1, and Healy, op. cit.
Residents' Evaluation of Maternity Home

The unwed mothers were asked to indicate what aspect of the maternity home environment or services they felt was most helpful to them. Of the total population, 18.6 per cent indicated that being with and talking with other unwed mothers; 17.8 per cent mentioned the help of one or more staff members; 14.7 per cent suggested the understanding, helpful, accepting and secure atmosphere in general; 10.9 per cent mentioned spiritual benefits; 8.5 per cent indicated learning about physical care during pregnancy; 7.8 per cent mentioned the jobs or activities which keep them busy; another 7.8 per cent suggested counseling or group therapy services; 3.9 per cent said that they found nothing helpful; 7.0 per cent included all other responses; and 3.1 per cent did not answer the question. A large percentage of unwed mothers mentioned items which are associated with the theory of therapeutic milieu as being most helpful to them during their residence in the maternity home.

Suggested Improvements

Improvements for the maternity home suggested by the respondents included the following categories which are listed in the order of their frequency: a greater number and more varied and suitable activities; improvements in group therapy or counseling with social worker; food more suited to a diet
for pregnant women; better physical facilities or equipment; improvements in staff, such as more staff members or better relationships between staff and the girls; less strict rules regarding hours and days that can be spent outside the maternity home; and more consideration of the girls for one another. As many as 16.3 per cent of the 129 respondents stated that they could think of no improvements which would benefit unwed mothers coming to the maternity home in the future, and 14.7 per cent did not answer the question, which may indicate that they had no particular complaints or suggestions for improvements.
CHAPTER V

ANALYSIS OF FINDINGS: CORRELATION OF PROGRAMS OF MATERNITY HOMES WITH THE MENTAL HEALTH OF RESIDENT UNWED MOTHERS

In this chapter selected characteristics of the maternity homes are correlated with the mental health of the resident unwed mothers in an attempt to find indices of the maternity home program which show the greatest correlation with the residents' mental health. Epsilon is used to measure the nature and the direction of the relationship with the characteristics of the maternity homes as the independent variables and the mental health of the unwed mothers as the dependent variable.

These indices will then be used as criteria to determine the degree of therapeutic environment of the maternity homes. The maternity homes will then be divided into two groupings, according to whether they have a high or a low therapeutic environment. Finally, selected questionnaire responses from the unwed mothers who are residents of the homes having more therapeutic environments will be compared to responses from those who are residents of maternity homes having less therapeutic environments.
Characteristics of the Maternity Homes and the Mental Health of Resident Unwed Mothers

In order to determine if there is a relationship between the differing programs and environments of the six maternity homes and the mental health of the resident unwed mothers, differing characteristics of the maternity homes as reported on the questionnaires received from administrators will be correlated with the residents' various degrees of mental health as reported on the questionnaires received from the unwed mothers.

Type of Social Service Institution and Mental Health

The two maternity homes which are an independent, residential facility will be considered as single-function, social service institutions, while those maternity homes which are under the same roof as another agency or service will be considered as multiple-function institutions. In Table 34, according to the epsilon measure of association, there appears to be a correlation between the type of social service institution in which the unwed mothers reside and their degree of mental health. Unwed mothers who are residents of single-function maternity homes report a lower degree of mental health than unwed mothers from multiple-function maternity homes.
### Table 34

**Type of Social Service Institution by Mental Health of Resident Unwed Mothers (Per Cent)**

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Type of Social Service Institution</th>
<th>Total</th>
<th>( e )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single-function</td>
<td>Multiple-function</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>19</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>50</td>
<td>43</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>31</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(42)</td>
<td>(87)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

This is considered a negative relationship since it was expected that unwed mothers residing in single-function institutions would have a higher degree of mental health, in view of the recommendations for maternity homes as stated in Chapter 3.

**Informal Educational Activities and Mental Health**

It is hypothesized that residents from maternity homes having a greater number of regularly-scheduled, informal, educational activities will report a higher level of mental health than residents from homes having fewer such activities. Table 35 shows that there is a positive relationship between the amount of educational activities and mental health; those unwed mothers...
from maternity homes offering many educational activities are more likely to have a high degree and less likely to have a low degree of mental health in comparison to unwed mothers from maternity homes offering fewer informal educational activities.

TABLE 35
INFORMAL EDUCATIONAL ACTIVITIES OF MATERNITY HOME BY MENTAL HEALTH OF RESIDENT UNWED MOTHERS (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Weekly Activities of Home*</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Many</td>
<td>Few</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>42</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Low</td>
<td>27</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(59)</td>
<td>(54)</td>
<td>(113)</td>
</tr>
</tbody>
</table>

*Only five maternity homes reported on this item.

Therapeutic Job Assignments and Mental Health

The maternity homes' programs of job assignments for the unwed mothers will be correlated with the mental health of the residents, since work assignments are considered to be an integral part of fostering a therapeutic community. Because the kinds of assigned jobs are very similar in the maternity homes,
the homes will be divided according to the average number of hours which the unwed mothers are required to work per week. Table 36 shows that there is no direct correlation between the amount of time spent per week in work assignments in the maternity home and the mental health of the resident unwed mothers.

**TABLE 36**

**THERAPEUTIC WORK ASSIGNMENTS AND THE MENTAL HEALTH OF RESIDENT UNWED MOTHERS (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Work Hours Required by Home Per Week</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7 or less</td>
<td>15-28</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>28</td>
<td>26</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>42</td>
<td>48</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(53)</td>
<td>(76)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

Resident Government and Mental Health

A hypothesis of the study is that residents from maternity homes having a resident government program will report a higher level of mental health than residents from homes which do not have a resident government program. However, this
hypothesis is not supported by the data as shown in Table 37, for no direct correlation appears between the existence of a resident government program and the mental health of the resident unwed mothers.

TABLE 37

RESIDENT GOVERNMENT PROGRAM AND THE MENTAL HEALTH OF RESIDENT UNWED MOTHERS
(PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Maternity Homes</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Resident Gov't.</td>
<td>No Resident Gov't.</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>29</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>42</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>29</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(87)</td>
<td>(42)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

Staff Psychiatric Consultation and Residents' Mental Health

Since psychiatric consultation for staff is considered by some experts as the key factor in promoting a therapeutic milieu, this aspect of the maternity home program is now correlated with the residents' mental health. A hypothesis of this study is that residents from maternity homes having psychiatric or psychological consultation for staff will report a higher
degree of mental health than residents from homes which have no psychiatric consultation for staff. Table 38 shows that there is no direct correlation between the existence of psychiatric or psychological consultation for the maternity home staff and the mental health of the resident unwed mothers.

### TABLE 38

**PSYCHIATRIC CONSULTATION FOR STAFF AND MENTAL HEALTH OF RESIDENT UNWED MOTHERS (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Maternity Homes</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have Consultation</td>
<td>Do not have Consultation</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>28</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>44</td>
<td>48</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>28</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(85)</td>
<td>(44)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

**Staff Meetings and Mental Health**

Weekly staff meetings are considered in Chapter 3 to be a basic means toward increasing effective service to the unwed mothers in the maternity home setting. It was expected that there would be a difference in the mental health of residents from maternity homes which have weekly staff meetings and those from homes which do not have them. However, Table 39 indicates
that little difference emerges when the degrees of mental health of unwed mothers are viewed according to whether or not the maternity home in which they reside has weekly staff meetings.

TABLE 39

STAFF MEETINGS AND THE MENTAL HEALTH OF RESIDENT UNWED MOTHERS (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Maternity Homes</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have weekly Staff meetings</td>
<td>Do not have weekly staff meetings</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>28</td>
<td>25</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>44</td>
<td>48</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>28</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(85)</td>
<td>(44)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

Qualifications of Social Caseworkers and Mental Health of Unwed Mothers

The professional skill of the social caseworker is considered significant in the therapeutic rehabilitation of the individual unwed mother. In view of this assumption, it is hypothesized that residents from maternity homes who receive individual counseling from highly qualified social workers will report a higher degree of mental health than unwed mothers from maternity homes having less qualified social workers. If all
the caseworkers who counsel girls at a maternity home have either a MSW, or have some graduate training in social work and are under a qualified supervisor, that maternity home is considered to have a highly qualified casework staff. According to the data presented in Table 40, the hypothesis as stated must be rejected. A negative correlation appears between a highly qualified casework staff and the mental health of resident unwed mothers; that is, unwed mothers who are counseled by highly qualified caseworkers report a lower degree of mental health than unwed mothers from maternity homes who are counseled by less qualified social caseworkers.

**TABLE 40**

**QUALIFICATIONS OF SOCIAL CASEWORK STAFF AND THE MENTAL HEALTH OF RESIDENT UNWED MOTHERS (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Casework Staff Serving Home</th>
<th>Total</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly qualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less qualified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>21</td>
<td>37</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>47</td>
<td>37</td>
<td>43</td>
</tr>
<tr>
<td>Low</td>
<td>31</td>
<td>26</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(70)</td>
<td>(43)</td>
<td>(113)</td>
</tr>
</tbody>
</table>
Qualifications of Group Therapy Leader and the Mental Health of Unwed Mothers

The effectiveness of group therapy or group counseling in the social-psychological rehabilitation process is highly dependent upon the skill of the group therapy leader. From this assumption, it is hypothesized that residents of maternity homes which have weekly group therapy conducted by a highly trained group worker will report a higher level of mental health than residents of maternity homes not having a highly trained group worker. This hypothesis as stated must be rejected according to the data shown in Table 41.

**TABLE 41**

QUALIFICATIONS OF GROUP THERAPY LEADER AND THE MENTAL HEALTH OF UNWED MOTHERS (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Group Therapy Leader</th>
<th>Total</th>
<th>( e )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Highly qualified</td>
<td>Less qualified</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>21</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>47</td>
<td>42</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>31</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
</tr>
<tr>
<td>N</td>
<td>(70)</td>
<td>(59)</td>
<td>(129)</td>
</tr>
</tbody>
</table>
There appears to be a negative correlation between the qualifications of the group leader and the mental health of the unwed mothers in the therapy group; that is, the unwed mothers who are led in group therapy by a leader highly trained in group work are less likely to be high in mental health, as compared to unwed mothers having a less qualified group therapy leader.

Considerations of Socio-economic Class and Age

From the preceding correlations of selected characteristics of the maternity homes with the residents' mental health, there emerges a pattern of three maternity home characteristics which show an unexpected negative correlation: the type of social institution; the qualifications of the social casework staff; and the qualifications of the group therapy leader. Data on these three characteristics will be further investigated to see if differences in age or in socio-economic class of the unwed mothers might account for differences in their degree of mental health.

Socio-economic Class

In her study, Leontine Young presents the conclusion that those unwed mothers whose family is from a higher socio-economic status are more emotionally disturbed than those from
a lower socio-economic status. However, in the present study, Table 42 shows that there is little evidence of a correlation between socio-economic status and the mental health of the unwed mothers.

TABLE 42
UNWED MOTHERS BY SOCIO-ECONOMIC STATUS AND MENTAL HEALTH (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health</th>
<th>High SES</th>
<th>Low SES</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>23</td>
<td>28</td>
<td>26</td>
<td>-5</td>
</tr>
<tr>
<td>Medium</td>
<td>50</td>
<td>40</td>
<td>45</td>
<td>-5</td>
</tr>
<tr>
<td>Low</td>
<td>27</td>
<td>32</td>
<td>29</td>
<td>-5</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>(64)</td>
<td>(60)</td>
<td>(124)</td>
<td></td>
</tr>
</tbody>
</table>

Age

Another conclusion from Young's study was that older unmarried mothers are more emotionally disturbed than younger ones. Table 43 suggests that data of the present study do not support this conclusion, for unwed mothers who are 18 years and older are more likely to be high in mental health than unwed mothers who are under 18 years, less likely to be medium in

\[1\] Young, op. cit.

\[2\] Ibid.
mental health, and slightly less likely to be low in mental health. Thus, Table 43 does show that there appears to be some correlation between age and the mental health of the unwed mothers.

**TABLE 43**

UNWED MOTHERS BY AGE AND MENTAL HEALTH

<table>
<thead>
<tr>
<th>Mental Health of Unwed Mothers</th>
<th>Age Groupings of Unwed Mothers</th>
<th>Total</th>
<th>e</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>21</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Medium</td>
<td>50</td>
<td>41</td>
<td>45</td>
</tr>
<tr>
<td>Low</td>
<td>29</td>
<td>27</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(52)</td>
<td>(73)</td>
<td>(129)</td>
</tr>
</tbody>
</table>

Since age is found to be correlated with mental health, the three characteristics of the maternity homes which are negatively correlated with the residents' mental health will be further investigated with a control for age.

**Control for Age**

Table 44 shows that when age is held constant, the original relationship which was shown in Table 34 remains substantially unchanged in the partial tables; that is, residents
of single-function maternity homes tend to report a lower degree of mental health than unwed mothers who are residents of multiple-function institutions.

**TABLE 44**

**TYPE OF MATERNITY HOME AND MENTAL HEALTH OF RESIDENT UNWED MOTHERS WITH CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Age of Unwed Mothers</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Type of Maternity Home</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Single-function</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Multiple-function</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>18</td>
<td>20</td>
<td>23</td>
<td>37</td>
<td>-17</td>
</tr>
<tr>
<td>Medium</td>
<td>47</td>
<td>28</td>
<td>51</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>35</td>
<td>-9</td>
<td>26</td>
<td>27</td>
<td>+1</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>(17)</td>
<td>(25)</td>
<td>(39)</td>
<td>(48)</td>
<td></td>
</tr>
</tbody>
</table>

When the variable of age is introduced in Table 45, the original negative relationship between the qualification of the casework staff of the maternity home and the mental health of the residents as was shown in Table 40, remains substantially unchanged. With a control for age, unwed mothers who are
residents of maternity homes having a highly qualified social casework staff are still less likely to report a high degree and more likely to report a low degree of mental health than unwed mothers from maternity homes having a less qualified social casework staff.

**TABLE 45**

CASEWORK STAFF OF MATERNITY HOME AND MENTAL HEALTH OF RESIDENT UNWED MOTHERS WITH CONTROL FOR AGE (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Age of Unwed Mothers</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Qualifications of Casework Staff</td>
<td>e</td>
<td>Qualifications of Casework Staff</td>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highly Qualified</td>
<td>Less Qualified</td>
<td></td>
<td>Highly Qualified</td>
<td>Less Qualified</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>15</td>
<td>31</td>
<td>-16</td>
<td>26</td>
<td>47</td>
<td>-21</td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td>52</td>
<td>42</td>
<td>+ 6</td>
<td>44</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td>33</td>
<td>27</td>
<td></td>
<td>30</td>
<td>24</td>
<td>+ 6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
<td>100</td>
<td></td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>(27)</td>
<td>(26)</td>
<td></td>
<td>(43)</td>
<td>(17)</td>
<td></td>
</tr>
</tbody>
</table>

*Only five homes reported on this characteristic.
The original negative relationship between the qualifications of the group therapy leader and the mental health of the unwed mothers as was seen in Table 41, remains substantially unchanged when controlled for age. Table 46 suggests that unwed mothers from maternity homes in which the residents have group therapy with a highly qualified group leader, are still more likely to report a lower degree and less likely to report a high degree of mental health than residents of maternity homes who have group therapy with a less qualified group leader.

**TABLE 46**

**QUALIFICATIONS OF GROUP THERAPY LEADER AND MENTAL HEALTH OF RESIDENT UNWED MOTHER WITH CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Mental Health of Unwed Mothers</th>
<th>Under 18</th>
<th>18 and Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualifications of Group Therapy Leader</td>
<td>Highly Qualified</td>
<td>Less Qualified</td>
</tr>
<tr>
<td>Age of Unwed Mothers</td>
<td>e</td>
<td>e</td>
</tr>
<tr>
<td>High</td>
<td>15</td>
<td>28</td>
</tr>
<tr>
<td>Medium</td>
<td>52</td>
<td>48</td>
</tr>
<tr>
<td>Low</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(29)</td>
</tr>
</tbody>
</table>
Index of the Therapeutic Environment
of the Maternity Homes

The three selected variables of maternity homes, type of institution, qualifications of social casework staff, and the qualifications of the group therapy leader, will now be examined in their relationship to each other.

Table 47 shows that of the five maternity homes reporting on social casework, the single-function maternity homes are more likely to have a highly qualified casework staff than the maternity homes which are a part of a multiple-function social service institution.

**TABLE 47**

**TYPE OF MATERNITY HOME AND QUALIFICATIONS OF SOCIAL CASEWORK STAFF (PER CENT)**

<table>
<thead>
<tr>
<th>Qualifications of Casework Staff</th>
<th>Type of Maternity Home</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single-function</td>
<td>Multiple-function</td>
</tr>
<tr>
<td>Highly qualified</td>
<td>100</td>
<td>39</td>
</tr>
<tr>
<td>Less qualified</td>
<td>0</td>
<td>61</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(42)</td>
<td>(71)</td>
</tr>
</tbody>
</table>
The relationship of the type of institution in which the six maternity homes are housed with the degree of qualifications of the leader of group therapy in the homes is seen in Table 43. The data here indicate that maternity homes which are single-function institutions are more likely to have a highly qualified group therapy leader than those which are a part of a multiple-function institution.

TABLE 48

TYPE OF MATERNITY HOME AND THE QUALIFICATIONS OF THE GROUP THERAPY LEADER (PER CENT)

<table>
<thead>
<tr>
<th>Qualifications of Group Therapy Leader</th>
<th>Type of Maternity Home</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single-function</td>
<td>Multiple-function</td>
</tr>
<tr>
<td>Highly qualified</td>
<td>100</td>
<td>32</td>
</tr>
<tr>
<td>Less qualified</td>
<td>0</td>
<td>68</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

The data in Tables 47 and 48 lead the writer to believe that among the maternity homes studied, those which are single-function institutions are more likely than those which are connected to multiple-function institutions to have highly qualified social casework and group therapy staff. Therefore,
the variable of type of institution would be spurious, and antecedent to a highly qualified staff; that is, a maternity home which is a single-function institution would create the conditions by which a qualified staff would be more readily employed. Consequently, from the original pattern of the three characteristics of the maternity homes which indicated a strong negative relationship to the mental health of the resident unwed mothers, only the two characteristics concerning the degree of qualifications of the social casework staff and the qualifications of the group therapy leader will be taken as an index of the degree of therapeutic environment of a maternity home. Of the five maternity homes reporting on both characteristics, those which have a highly qualified social casework staff also have a highly qualified group therapy leader. Therefore, selected responses from unwed mothers who are residents of the three maternity homes having these two characteristics will be compared to the responses of unwed mothers from the two maternity homes not having these two characteristics.¹

Correlation of the Therapeutic Environment of the Maternity Home with the Responses from the Resident Unwed Mothers

In the following correlations of the therapeutic environments with responses from the resident unwed mothers, the term

¹The one maternity home not reporting on social casework staff is necessarily excluded.
"Group I" will refer to residents of maternity homes providing a high therapeutic environment; that is, having highly qualified casework staff and group therapy leader. The term "Group II" will designate the maternity homes providing a low therapeutic environment; that is, having less qualified social casework staff and group therapy leader.

Control for Age

There is a substantial difference between the residents of Group I and Group II homes in age but not in socio-economic status, according to Tables 49 and 50. Therefore, in the correlations following these Tables, age will be held constant.

TABLE 49

THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE SOCIO-ECONOMIC STATUS OF RESIDENTS (PER CENT)

<table>
<thead>
<tr>
<th>Socio-economic Status</th>
<th>Maternity Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
</tr>
<tr>
<td>High</td>
<td>48</td>
<td>44</td>
</tr>
<tr>
<td>Low</td>
<td>52</td>
<td>56</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(67)</td>
<td>(41)</td>
</tr>
</tbody>
</table>
TABLE 50

THERAPEUTIC ENVIRONMENT OF MATERNITY HOME AND THE AGE OF RESIDENTS (PER CENT)

<table>
<thead>
<tr>
<th>Age of Resident Unwed Mothers</th>
<th>Maternity Homes</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
</tr>
<tr>
<td>Under 18</td>
<td>39</td>
<td>61</td>
</tr>
<tr>
<td>18 and Older</td>
<td>62</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(70)</td>
<td>(43)</td>
</tr>
</tbody>
</table>

Mental Health and Therapeutic Environment

Data relating to the two main hypotheses of this study are shown in Table 51 which correlates the mental health of the resident unwed mothers with the degree of therapeutic environment of the maternity homes.
TABLE 51
MENTAL HEALTH OF RESIDENT UNWED MOTHERS AND THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES, WITH CONTROL FOR AGE (PER CENT)

<table>
<thead>
<tr>
<th>Mental Health of Resident Unwed Mothers</th>
<th>Age of Unwed Mothers</th>
<th>Maternity Homes</th>
<th>Maternity Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
<td>e</td>
</tr>
<tr>
<td>High</td>
<td>15</td>
<td>31</td>
<td>-16</td>
</tr>
<tr>
<td>Medium</td>
<td>52</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>Low</td>
<td>33</td>
<td>27</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(26)</td>
<td></td>
</tr>
</tbody>
</table>

Unwed mothers from the maternity homes with a more therapeutic environment are less likely to have a high degree of mental health and more likely to have either a medium and a low degree of mental health than unwed mothers from the maternity homes having a less therapeutic environment.

The data here support the first main hypothesis: that there is a relationship between the differing programs and therapeutic environments of the maternity homes and the degrees of mental health of the resident unwed mothers.
However, the data do not support the second main hypothesis as it is stated: unmarried mothers residing in maternity homes which have a more therapeutic environment will report a higher degree of mental health than unmarried mothers residing in maternity homes with a less therapeutic environment. The writer will attempt to discover an explanation for this unexpected result.

**Correlates of Mental Health and Therapeutic Environment**

Selected responses from the unwed mothers' questionnaires as presented in Chapter IV will now be examined according to the two groupings representing the differing therapeutic environments of the maternity homes. These responses were selected either because they showed a high correlation with mental health or because they showed a partial correlation and were indicators of characteristics which were found to be significant social-psychological correlates of mental health in the Bradburn study.

**Responses Showing a High Correlation with Mental Health**

Table 52 shows that even when controlled for age, the original negative relationship between the therapeutic environment of the maternity home and the residents' relationship with the group mothers remains substantially unchanged; that is, unwed mothers from Group I maternity homes which have a more
therapeutic environment are less likely to report feeling a "close" relationship with their group mother and more likely to report a "not close" relationship with her, as compared with the responses of residents from Group II maternity homes.

**TABLE 52**

**THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE RESIDENTS' RELATIONSHIP WITH THE GROUP MOTHER, WITH A CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Unwed Mothers' Relationship with Group Mother</th>
<th>Age of Unwed Mothers</th>
<th>Maternity Home Residents</th>
<th>Maternity Home Residents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
<td>e</td>
<td>Group I</td>
</tr>
<tr>
<td>Close</td>
<td>30</td>
<td>42</td>
<td>-12</td>
<td>30</td>
</tr>
<tr>
<td>Somewhat close</td>
<td>48</td>
<td>42</td>
<td>+7</td>
<td>42</td>
</tr>
<tr>
<td>Not close</td>
<td>22</td>
<td>15</td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>99</td>
<td></td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(26)</td>
<td></td>
<td>(43)</td>
</tr>
</tbody>
</table>

This finding is in accord with the data reporting lower mental health among unwed mothers from Group I maternity homes, for the feeling of a close relationship with the group mother was shown
to be highly correlated with a high degree of mental health in Chapter IV.

The unwed mother's relationship with her social worker was seen to be highly related to her degree of mental health. Table 53 shows that when age is held constant, the original negative relationship between the therapeutic environment of the maternity home and the residents' reported relationship with their social worker varies in the partial tables; that is, it remains substantially unchanged for unwed mothers under 18 years, but for unwed mothers 18 or older, there is a change in the direction of the difference between the percentages of those reporting a "close" relationship.

**TABLE 53**

**THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE RESIDENTS' RELATIONSHIP WITH THEIR SOCIAL WORKER, WITH CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Unwed Mothers' Relationship with their Social Worker</th>
<th>Age of Unwed Mothers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
</tr>
<tr>
<td></td>
<td>Maternity Home Residents</td>
<td>Maternity Home Residents</td>
</tr>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
</tr>
<tr>
<td>Close</td>
<td>26</td>
<td>35</td>
</tr>
<tr>
<td>Somewhat close</td>
<td>30</td>
<td>38</td>
</tr>
<tr>
<td>Not close</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(26)</td>
</tr>
</tbody>
</table>
Closer examination of this data shows that among the unwed mothers over 18 years, the differences between Group I and Group II in percentages of those reporting a "not close" relationship does not change considerably, but there is a substantial shift among those in Group II homes from reporting a "close" to a "somewhat close" relationship, for which the writer has no explanation.

Table 54 shows that there is a negative relationship between the therapeutic environment of the maternity home and the residents' feeling of group membership, and when controlled for age the relationship remains substantially unchanged.

### TABLE 54

**THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE RESIDENTS' GROUP MEMBERSHIP, WITH CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Unwed Mothers' Feeling of Group Membership</th>
<th>Age of Unwed Mothers</th>
<th>Maternity Home Residents</th>
<th>Maternity Home Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
<td>e</td>
</tr>
<tr>
<td>High</td>
<td>11</td>
<td>27</td>
<td>-16</td>
</tr>
<tr>
<td>Medium</td>
<td>44</td>
<td>35</td>
<td>+6</td>
</tr>
<tr>
<td>Low</td>
<td>44</td>
<td>38</td>
<td>+6</td>
</tr>
<tr>
<td>Total</td>
<td>99</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(26)</td>
<td></td>
</tr>
</tbody>
</table>
Unwed mothers from Group I maternity homes with a more therapeutic environment are less likely to report feeling a high degree of group membership than unwed mothers from Group II maternity homes. This result is consistent with the finding of a lower degree of mental health among Group I residents. The writer is not able to explain why there is a lower feeling of belonging to the maternity home group among the residents who have a more skilled group leader, since one aim of a group leader is to effect group cohesion and mutual support among the members.

Social-psychological Correlates of Mental Health

Table 55 shows that with a control for age, residents of Group I maternity homes are more likely to participate in the social environment outside the maternity home than are residents of Group II maternity homes.
TABLE 55

THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND
THE RESIDENTS' PARTICIPATION IN THE SOCIAL
ENVIRONMENT OUTSIDE THE HOME, WITH A
CONTROL FOR AGE (PER CENT)

<table>
<thead>
<tr>
<th>Unwed Mothers' Participation in the Social Environment</th>
<th>Age of Unwed Mothers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternity Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residents Group I</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Group II</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e</td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>37</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>56</td>
<td>50</td>
</tr>
<tr>
<td>Medium</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Low</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>(27)</td>
<td>(26)</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>(113)</td>
<td></td>
</tr>
</tbody>
</table>

This supports the expectation that residents of a more therapeutic environment would have greater participation in the social environment outside the maternity home, but at the same time it does not necessarily contradict the findings that Group I residents are lower in mental health, in view of the conclusions of the Bradburn study that participation in the social environment is not directly related to mental health, but rather is related to positive feelings.
In Table 56 there appears to be a perfect, negative correlation between the therapeutic environment of the maternity homes and the degree of job satisfaction among the residents.

**TABLE 56**

**THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE RESIDENTS' JOB SATISFACTION, WITH A CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Resident Unwed Mothers' Job Satisfaction</th>
<th>Age of Unwed Mothers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
</tr>
<tr>
<td></td>
<td>Maternity Home Residents</td>
<td>Maternity Home Residents</td>
</tr>
<tr>
<td></td>
<td>Group I</td>
<td>Group II</td>
</tr>
<tr>
<td>High</td>
<td>31</td>
<td>50</td>
</tr>
<tr>
<td>Medium</td>
<td>42</td>
<td>42</td>
</tr>
<tr>
<td>Low</td>
<td>27</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(26)</td>
<td>(26)</td>
</tr>
</tbody>
</table>

With a control for age, residents of Group II homes having a less therapeutic environment are more likely to have a high degree and less likely to have a low degree of job satisfaction than unwed mothers of Group I homes. The data do not bear out the expectation that residents within a more therapeutic environment will experience greater job satisfaction, but this finding is compatible
with the report of higher mental health of Group II unwed mothers in view of the Bradburn report in which job satisfaction is related to a high degree of mental health, and job dissatisfaction is related to increased negative feelings.

A perfect negative relationship between the therapeutic environments of the maternity homes and anxiety symptoms among the residents is shown in Table 57.

### TABLE 57

<table>
<thead>
<tr>
<th>Resident Unwed Mothers' Anxiety</th>
<th>Age of Unwed Mothers</th>
<th>Maternity Home Residents</th>
<th>Maternity Home Residents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Under 18</td>
<td>18 and Older</td>
<td>Group I</td>
</tr>
<tr>
<td>High</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>100</td>
<td>100</td>
<td>(27)</td>
</tr>
</tbody>
</table>

Unwed mothers from Group I homes having a more therapeutic environment are more likely to be high in anxiety and less likely to be
low in anxiety symptoms, as compared to unwed mothers from Group II maternity homes. The data are consonant with the finding of a lower degree of mental health among the residents of Group I maternity homes, in view of the negative relationship between anxiety and mental health found in the Bradburn study, and to some extent in the present study.

According to the data in Table 58, unwed mothers from Group I maternity homes are more likely to report a high intensity of worries and less likely to report being low in worries than Group II unwed mothers.

**TABLE 58**

**THERAPEUTIC ENVIRONMENT OF MATERNITY HOMES AND THE RESIDENTS' DEGREE OF WORRIES, WITH A CONTROL FOR AGE (PER CENT)**

<table>
<thead>
<tr>
<th>Resident Unwed Mothers' Degree of Worries</th>
<th>Age of Unwed Mothers</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Under 18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maternity Home Residents</td>
<td>Group I</td>
</tr>
<tr>
<td>High</td>
<td>37</td>
<td>19</td>
</tr>
<tr>
<td>Medium</td>
<td>33</td>
<td>46</td>
</tr>
<tr>
<td>Low</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>N</td>
<td>(27)</td>
<td>(26)</td>
</tr>
</tbody>
</table>
Although there appeared only a partial relationship in the present study between worries and mental health, the data of Table 58 are consistent with the findings of the Bradburn study which did show a negative relationship between worries and mental health.
CHAPTER VI

SUMMARY AND CONCLUSIONS

Summary

In summary, the present study has been concerned with the relationship between the differing therapeutic environments of maternity homes and the mental health of the resident unwed mothers.

Introduction

In Chapter I, pregnancy outside marriage was considered as a deviation from the mores of our society. Therefore, persons involved with such births are subject to a social stigma which involves social and emotional problems and consequently affects their mental health. It was pointed out that although unwed mothers, in general, constitute a cross-section of the female population, only ten per cent come to a maternity home, so any maternity home population may reflect select social characteristics. It was noted that there is no one set of factors causing out-of-wedlock pregnancy, but multiple factors which differ with each girl.
The goal of the maternity home has changed from that of a shelter for custodial care and moral reformation to that of a therapeutic group-living residence, whose program and services focus on meeting the total needs of the unwed mother as an individual during this time of crisis and thereby assisting her in a rehabilitation process which will enable her to plan for her future life and to re-enter society with dignity and purpose.

The general problem area was concerned with unwed mothers who come to a maternity home displaying varying emotional and social reactions to their situation. Staff of the home often wonder what elements in the girl's social background or what aspects of the environment or services of the home are most influential in effecting her degree of mental health during her stay in the home. The specific problem investigated in the present research was the mental health of unmarried mothers in six selected maternity homes.

The review of existing literature related to this problem focused on unmarried mothers, maternity homes, and mental health. This survey included an examination of literature concerned with a changing focus on the causes of illegitimacy, with empirical studies of maternity home programs, with empirical studies of unwed mothers, and on mental health studies among the general population. No research studies which investigated
the mental health of unwed mothers in a maternity home setting were discovered by the writer.

Theoretical considerations in the review of literature included that of the therapeutic community which uses the total interpersonal environment which is scientifically manipulated as the major therapy in social-psychological rehabilitation. This theory was first developed and used in regard to psychiatric patients in a mental hospital. Articles on the theory of therapeutic community as applied to a residential home for emotionally disturbed boys and a maternity home were reviewed. Theories on the primary group and in the sociology of religion were also related to the present study.

The examination of the literature and the specific problem led to the formulation of several research questions which were investigated and answered in the present study:
(1) Is there a difference in the level of mental health of the resident population of unmarried mothers in different maternity home environments? (2) Do unmarried mothers residing in maternity homes which are considered to have more therapeutic services report a higher degree of mental health than unmarried mothers from maternity homes with fewer therapeutic services? (3) Is there a relationship between the present degree of mental health of the unwed mother and the involvement of her family in casework counseling services? (4) Do those unwed mothers who report that
they feel a close relationship with their group mother or social worker also report a high level of mental health? (5) Does the religion of the unwed mother help her to adjust to her present social and emotional crisis of pregnancy out-of-wedlock?

The stated purpose of the research was to investigate the question: Is there a relationship between the differing programs and environments of the six maternity homes and the degree of mental health of the resident unwed mothers?

The research questions led to the advancement of a series of tentative hypotheses. The two main hypotheses were stated as: (1) there is a relationship between the differing programs and therapeutic environments of the maternity homes and the degrees of mental health of the resident unwed mothers; (2) unmarried mothers residing in maternity homes which have a more therapeutic environment will report a higher degree of mental health than unmarried mothers residing in maternity homes with a less therapeutic environment.

Research Design

Chapter II discussed the research design of the study. The population consisted of the administrators and all the resident unwed mothers of six selected maternity homes at the time the questionnaires were administered. These maternity homes were chosen because they are operated by the same religious community and have both similarities and differences in their
physical environment, program, services and staff.

Data for the study was collected by means of self-administered questionnaires mailed to the group mother to be given to the resident population of the six maternity homes and a self-administered questionnaire sent to the administrator of each home.

One research instrument used was the questionnaire designed by the writer from sources in the fields of mental health, unwed mothers, and maternity homes to gain knowledge of the degree of mental health of the unwed mothers and information on the correlates of mental health. Areas covered in this questionnaire included: identifying information on the respondent; her family and social history; indicators of the degree of her mental health; indices on anxiety, worries, and job satisfaction to measure selected psychological correlates of mental health; indicators of social interaction and social participation to determine some social correlates of mental health; items relating to persons immediately concerned with the respondent's out-of-wedlock pregnancy; items indicating her view of the services and environment of the maternity home.

Pre-tests were conducted in each maternity home, yielding a total of fifty responses. The final questionnaire was constructed and administered by the group mother to the resident unwed mothers in a group setting in five homes and by the writer
in one home. Responses from the six homes were 129.

A second research instrument used was a questionnaire designed by the writer from sources recommending minimum standards and desired goals in maternity home service to measure the program, services, and degree of therapeutic environment in each maternity home. Areas covered in this questionnaire were: psychiatric consultation, staff meetings, and an in-service program for staff; resident government; social casework; group therapy; therapeutic work assignments; informal educational activities; an accredited educational program; medical services; religious services; psychological testing, vocational guidance, legal counseling and financial assistance when needed; the education and experience of the administrator, caseworkers, and group mothers. The index indicating the therapeutic environment in the maternity home consisted of the items regarding the degree of qualifications of the social casework staff and of the group therapy leader.

Responses were received from administrators of all six maternity homes, with one questionnaire incomplete.

In general, the analysis was designed to correlate differing degrees of therapeutic environment in the maternity homes as indicated from items on the administrators' questionnaires, with the questionnaire responses of the resident unwed mothers.
The analysis first described and compared the six maternity homes. Then identifying information and social and family background characteristics were compared to see if there were any significant background differences among the resident unwed mothers from the different homes which might account for a difference in their level of mental health. Next the levels of mental health of the total population were cross-tabulated with the other responses on the unwed mothers' questionnaires to determine those which have the highest correlation with mental health. Finally, in Chapter V the degree of the therapeutic environment of the maternity homes was correlated with selected responses from the resident unwed mothers.

Description of the Six Maternity Homes

The physical setting, services, programs and staff of the six maternity homes were described and compared in Chapter III. Only two of the maternity homes are single-function institutions, the other four are part of a multiple-function social service institution.

Services and programs

Medical services provided by all the homes are adequate. In five homes each unwed mother receives social casework counseling, but the frequency of the counseling differs with each home and among the clients within each home. All six homes have group
counseling for their residents. Five homes have sessions at least weekly. Attendance is required by two homes and is voluntary in the other four. In three homes the leader of group therapy is trained in group dynamics, while in the other three, the leader has no graduate school training in social work or in group work.

Only four homes have a residents' council to participate with the administration in the house government; three homes have weekly assembly meetings for all the residents. The six homes have a program of therapeutic job assignments for all residents. In two homes the residents work from two and one-half to seven hours per week, and in the other four homes they work from fifteen to twenty-eight hours per week. All the homes arrange jobs in the areas of housekeeping, food service, and clerical work, while additional job areas result from the available opportunities and needs of the individual home. The six homes have an accredited high school educational program; but only two homes have qualified teachers conducting classes in the home, while the others use the correspondence method.

The frequency and type of informal educational activities vary with each home. Only two of the five homes reporting have at least four educational activities which are regularly scheduled weekly or bi-weekly. In regard to the religious
program, four homes reported that the chaplain offered pastoral counseling to the unwed mothers in addition to his conducting religious services.

**Administration and Staff**

To promote staff interaction and integration, various methods are utilized by the maternity homes. Four of the six homes have weekly staff meetings, and one has a monthly staff meeting. Two of the six homes have psychiatric or psychological consultation for their staff weekly, one has it three times a month, and another has it monthly, while two homes have no such consultation. Four of the six homes have some type of in-service training program for the staff.

In considering the qualifications of the six maternity home staffs, it is noticeable that some staff members are lacking in the appropriate professional training. One administrator has a MSW degree, one has a R.N. with one year of graduate school in social work, two have a R.N. and a B.S. in Nursing Education, and one has education in business administration.

Only five homes reported on social casework services. In all five homes the supervisor of social casework met the professional standards of education and experience. Among the five homes, eight of the thirteen caseworkers have a MSW degree.
In three of the five homes, all the social caseworkers on the staff meet at least minimum professional standards. In four homes, the social workers' caseloads exceed thirty, the recommended maximum for a full-time caseworker.

Of the eleven group mothers from the six homes, seven have been educated in the nursing field which is significant in relation to the present theory of de-emphasis on the medical aspects of the unwed mother's pregnancy and focus on her social-psychological needs.

General Characteristics of the Resident Unwed Mothers

The social background characteristics of the entire population of unwed mothers were next described in Chapter III. Ninety-four per cent of the population under study were of the white race. In age, 43 per cent were seventeen years or younger and 37 per cent from eighteen to twenty years old. In one home four-fifths of the residents were under eighteen years, while in two other homes only one-fourth were under eighteen years.

The distance from the maternity home to the family residence of the unwed mother was within fifty miles for 43 per cent of the respondents, and was over one hundred miles for another 43 per cent.

The fact that 43 per cent of the population was under eighteen years old and that 62 per cent were students, largely
explained the fact that only 50 per cent of the population were high school graduates. In one home only one-fifth had completed high school; whereas, in another home two-thirds had completed some college. Of all the unwed mothers who were not students, 24 per cent were employed in office or sales work before coming to the maternity home.

Seventy-six per cent of the respondents came from unbroken homes, 12 per cent from homes broken by death, and 11 per cent from homes broken by divorce or separation. Responses on sibling relationship show that 33 per cent of the unmarried mothers were the oldest child in the family, 42 per cent were in the middle range, 17 per cent were the youngest child, and 8 per cent were an only child.

The distribution of the ethnicity of the respondents from each home reflects the concentration of particular ethnic groups in the region in which the particular maternity home is located. The five ethnic groups most frequently named by the unwed mothers as their main ethnic background were: German, Irish, French, Slav, and Anglo-Saxon. The parents of eighty-six per cent of the unwed mothers were born in the United States.

Fifty-four per cent of the respondents' fathers were engaged in "white-collar" occupations, and 19 per cent were employed in skilled trades. Responses on the highest educational attainments of the respondents' fathers were: 23 per cent
graduated from high school, 22 per cent had some college, and 24 per cent graduated from college or more. On the basis of the occupation and the education of their fathers, fifty per cent of the respondents were considered to be of high socio-economic status and 46 per cent of low status. One home had five-eighths of its residents of high status, while another home had only about three-eighths of its residents of high socio-economic status. The parents of 60 per cent of the respondents were both Catholic, and the parents of 16 per cent, were both Protestant.

Analysis of Findings for the Entire Population

The distribution of the total population on selected characteristics and the correlation of some of these variables with the unwed mothers' degree of mental health were treated in Chapter IV. The areas explored were: factors related to the family life of the unwed mother, variables associated with the unwed mother's pregnancy out-of-wedlock, measures of mental health, and the unwed mother's view of the services and atmosphere of the maternity home.

In regard to degrees of religiosity, a similar proportion of respondents and their parents rated high, while 7 per cent more parents than respondents rated low in religiosity. Respondents who rated a medium degree of religiosity scored
highest in mental health. The expectation that respondents whose education was entirely in Catholic schools would report a lower degree of mental health was only partially supported by the data, and needs to be tested further because of the few number of cases in the present study.

In a five-item listing, the greatest proportion of respondents chose "to hate Negroes" as the worst moral offense and the least proportion chose "to have sex relations outside of marriage," indicating that these unwed mothers, as other young people, tend to judge offenses against social justice more harshly than sex offenses. There appeared a partial, negative correlation between amount of sex knowledge and degree of mental health.

Data on factors related to the respondents' out-of-wedlock pregnancy showed that 43 per cent of the unwed mothers were in their ninth month of pregnancy. As many as 38 per cent reported that at least one of their parents knew about the pregnancy and was helping them, although 72 per cent indicated that neither parent nor any other member of their family had been counseled by their social worker, which suggests that many parents may be disposed to family counseling. Data showed that unwed mothers whose family member had been counseled, had greater proportions of high and medium degrees of mental health and a lesser proportion of low mental health.
Of the total respondents, 34 per cent reported that the alleged father was never seen by their social worker. A positive correlation appeared between unwed mothers to whom the alleged father was unaware or unconcerned about her pregnancy, and a higher degree of mental health. Unwed mothers who desired to maintain a friendship relationship with the alleged father have a greater proportion high in mental health than unwed mothers who planned to marry the alleged father, or those who wished never to see him again, which was an unexpected finding.

The population was distributed into the following degrees of mental health, according to the balance of the respondents' positive and negative feelings: 27 per cent, high; 45 per cent, medium; 28 per cent, low. A strong correlation existed between feeling states of happiness reported by the respondents and their degrees of mental health. A greater percentage of unwed mothers reported being "not too happy," and a lesser percentage reported being "very happy," but a similar percentage reported being "pretty happy," as compared with two other research studies employing the same question with a sample of the general population.

In considering psychological correlates of well-being, a partial, negative correlation was found between anxiety and mental health. The data gave only slight support to the expectation that as the unwed mother's degree of worries decreased, her
level of mental health would increase. A partial correlation appeared between job satisfaction and mental health, especially among respondents who scored high in job satisfaction.

Selected social factors were measured to determine if they are correlated with mental health. A partial correlation emerged between the respondent's social participation in the environment outside the maternity home and her mental health, and was especially apparent among those who rated low in mental health. In regard to the unwed mothers' social interaction within the maternity home, a strong, positive, but partial relationship emerged between the unwed mother's relationship with her group mother and social worker and her mental health, the greatest correlations emerging among those who were low in mental health. The respondents indicated that, in general, most people in the maternity home liked them, with only 4 per cent feeling that they weren't liked too much. A strong, positive, but partial correlation appeared between the respondents' feelings of group membership and their degrees of mental health.

Only sixty-one per cent of the unwed mothers reported that they had attended group therapy during the past week, so many apparently did not avail themselves of this opportunity. Although individual casework counseling for each unwed mother is recommended at least every two weeks, only 41 per cent of the total respondents had received individual counseling from their
social worker within the last two weeks. This is probably related to the social workers' excessive caseloads.

Correlation of Programs of Maternity Homes with the Mental Health of Resident Unwed Mothers

In Chapter V, the differing programs of the Maternity homes were correlated with the mental health of the resident unwed mothers, which led to determining an index to measure the therapeutic environment of the maternity homes. Then, selected responses from the unwed mothers who are residents of homes having more therapeutic environments were compared to responses from residents of homes having less therapeutic environments.

Findings showed that unwed mothers from single-function maternity home institutions reported a lower degree of mental health than residents of multiple-function maternity homes, which is considered a negative relationship. A positive relationship was evident between the amount of informal, educational activities offered by a maternity home and the degree of mental health of the resident unwed mothers. No direct correlation was found between the amount of time required for work assignments in the maternity home and the residents' mental health. Neither did any direct correlation appear between the existence of a resident government program in the maternity home and the unwed mothers' degree of mental health.
There appeared no direct correlation between either the existence of psychiatric consultation for staff or a program of weekly staff meetings, and the mental health of the resident unwed mothers. A negative relationship emerged between a highly qualified casework staff and the mental health of resident unwed mothers. A negative relationship also was seen between homes having weekly group therapy conducted by a highly trained group leader and the mental health of the residents.

In an attempt to develop an index for measuring the therapeutic environment of the maternity home, the three characteristics which showed a negative correlation with the residents' mental health (type of institution, qualifications of casework staff, qualifications of group therapy leader), were further explored using controls for socio-economic status and for age. Since only age was found to be correlated with the respondents' mental health, it was held constant in all further correlations. When the control for age was introduced, the three maternity home characteristics showing a negative correlation with residents' mental health remained substantially unchanged. From cross-tabulations, the writer concluded that the variable of type of institution was spurious and antecedent to a highly qualified staff. Therefore, the two characteristics concerning the degree of qualifications of the social casework
staff and of the group therapy leader were taken as an index of the therapeutic environment of a maternity home in this study. Selected responses from unwed mothers who are residents of the three maternity homes having these characteristics were then compared to the responses of unwed mothers from the two maternity homes not having these two characteristics.

Correlations indicated that there was an unexpected, negative relationship between the degree of therapeutic environment of the maternity home and the respondents' degree of mental health. There was also a negative relationship between the therapeutic environment of the maternity home and the residents' relationship with their group mother. The relationship between the therapeutic environment of the maternity home and the residents' relationship with their social worker varied, that is, it was a negative relationship for those under 18 years, and for those over 18, except in the one category of those reporting a "close" relationship in which the correlation was positive. A negative relationship also resulted when the therapeutic environment of the maternity home was correlated with the residents' feeling of group membership, for which the writer has no explanation.

There emerged a positive relationship between the residents' participation in the environment outside the maternity home and the therapeutic environment of the maternity home. A
strong, negative correlation appeared between the therapeutic environment of the maternity home and the degree of job satisfaction among the residents, and also with the degree of anxiety experienced by the residents. Lastly, a negative relationship was also seen between the therapeutic environment of the maternity home and the intensity of worries reported by the residents.

Conclusions
The writer has attempted to interpret the unexpected negative correlations emerging between the therapeutic environment of the home and the residents' mental health and correlates of mental health. The degree of therapeutic environment of the maternity homes is judged in this study according to the criteria of the qualifications of the social caseworkers and the group therapy leader. It was found according to these criteria that residents of maternity homes rating a high therapeutic environment reported a lower degree of mental health than the residents of maternity homes having a low therapeutic environment. Although this result was unexpected, a possible interpretation and explanation of this finding emerges when selected responses from the unwed mothers' questionnaires are compared, according to whether the unwed mothers are residents of a maternity home having a greater or a lesser therapeutic environment.
Residents of the maternity homes having a more therapeutic environment are counseled by more highly trained social workers and group therapy leaders. In counseling the unwed mother, a caseworker or a group therapy leader attempts to have her face the full reality of her problems and her present situation which would consequently bring to the surface anxiety, tension, worries, guilt, and other negative feelings. Therefore, it appears to the writer, that the more highly skilled the caseworker or group leader is, the more the unwed mother in therapy is likely to be experiencing negative feelings. In general, therefore, those unwed mothers in a more therapeutic maternity home would tend to experience more negative feelings during this time of active therapy. Since in this study the degree of mental health is based on the balance of positive and negative feelings of the individual, the unwed mothers in Group I maternity homes with a high therapeutic environment would be likely to have a lower degree of mental health even if their positive feelings were as great as or even somewhat greater than the positive feelings of unwed mothers in Group II maternity homes with a less therapeutic environment.

Data of this study show that in considering some correlates of mental health which previous studies showed to be related to increased negative feelings, such as worries, anxiety, and job dissatisfaction, the residents of more therapeutic
maternity homes have scored higher than those from less therapeutic maternity homes, while at the same time, on the social participation index which is related to increased positive feelings, residents from the more therapeutic homes rated higher than residents from the less therapeutic homes.

Therefore, the writer concludes that when the balance of positive and negative feelings is thus used to measure mental health while individuals are currently in therapy, although those unwed mothers expressing greater negative feelings than positive feelings will be rated as currently having a lower degree of mental health, they actually are more likely to achieve a higher degree of mental health or social-psychological adjustment in the future from this more skilled therapy, because they were led to recognize and to work through their negative feelings which were brought to the surface under the guidance of a therapeutic counselor. However, the present study does not include any such follow-up measurement of unwed mothers' mental health to prove or disprove this hypothesis.

Hypotheses: Confirmed or Rejected

It is considered by the writer that the data presented do support the first main hypothesis of this study—that there is a relationship between the differing programs and therapeutic environments of the maternity homes and the degrees of mental
health of the resident unwed mothers. However, the data do not support the second main hypothesis as stated -- that unmarried mothers residing in maternity homes which have a more therapeutic environment will report a higher degree of mental health than unmarried mothers residing in maternity homes with a less therapeutic environment.

It is believed that the following secondary hypotheses as advanced in this thesis have been supported to either a great or a slight degree by the data presented: (1) that residents from maternity homes having a greater number of regularly-scheduled, organizational activities will report a higher level of mental health; (2) that unwed mothers whose family received casework counseling will report a higher degree of mental health than unwed mothers whose family has not been counseled; (3) that there will be a positive relationship between the degree of "close" relationship which the unwed mother feels toward her group mother and social worker and the unwed mother's degree of mental health; (4) that unwed mothers who have more positive feelings than negative feelings will report a higher degree of happiness; (5) that there will be a negative relationship between the degree of anxiety of the unwed mother and her degree of mental health; (6) that the unwed mother's degree of participation in the social environment outside the maternity home will be positively related to her degree of
mental health; (7) that there will be a positive relationship between the degree to which respondents feel they belong to the group in the maternity home and their level of mental health.

In view of the data presented, it is considered necessary to reject the following secondary hypotheses as advanced in this thesis; (1) that residents of maternity homes which have weekly group counseling conducted by a trained group worker will report a higher level of mental health; (2) that residents from maternity homes which have a resident government will report a higher level of mental health; (3) that residents from maternity homes having psychiatric or psychological consultation will report a higher level of mental health; (4) that residents in maternity homes who receive individual counseling by qualified social workers will report a higher level of mental health; (5) that there will be a negative relationship between the degree of religiosity of the unwed mother and her degree of mental health; (6) that unwed mothers to whom the alleged father either denies paternity or admits it but is unconcerned, and unwed mothers who did not inform the alleged father about the pregnancy will have a lower degree of mental health than unwed mothers to whom the alleged father admits paternity and is concerned.
Implications of the Study

The conclusions of this study are intended to refer primarily to the six selected maternity homes and their respective resident populations at one point in time, May, 1967, and are not intended to be representative of the feelings, opinions, and activities of the average resident population of any of the maternity homes. It is hoped that the findings will be of some value to the staff in evaluating their programs and environment in reference to the responses of their residents. However, it is possible that the findings could be true of other maternity homes with similar populations and environments. The writer recognizes that the findings may add to research knowledge in the field of mental health, for many correlations in regard to the measurement of mental health and the social-psychological correlates of mental health are consistent with the findings of the Bradburn study. Also, it may have some implications in the fields of illegitimacy and child welfare since comparisons have been made with previous studies in these fields. The fact that the index used to measure the therapeutic environment of the maternity homes was the qualifications of certain staff members, is related to Major Jane Wrieden's conviction that a maternity home is only

1 Bradburn, op. cit.
as good as its staff. Since this study found certain characteristics commonly regarded as necessary to achieving a therapeutic community to be uncorrelated with the unwed mothers' mental health, the findings may also be relevant to applications of the theory of therapeutic community to certain types of residential rehabilitation centers.

Limitations

This study does not exhaust all possible phenomena relating to the subject area, but is confined to an investigation of the stated purpose of the research. Neither is this study an attempt to measure mental health at any level of psychological depth, nor does it propose to discover the causes of mental health. Therefore, it is recognized that the use of a different instrument to measure mental health may yield different results.

The selected population is a limiting factor in itself. Another limitation is recognized in the fact that the writer was able to administer the questionnaires and observe the staff programs, activities and the unwed mothers in one of the selected maternity homes, but not in the other five homes. It is further acknowledged that there were undoubtedly uncontrolled

1Wrieden, "To Strengthen . . .," p. 5.
variables present which may have influenced the findings. There is also a limitation involved in the limited knowledge and experience of the writer in the fields of social work and psychology, and the inevitable subjectivity operative in the research.

Recommendations for Further Research

The complex nature of the variables involved in the degree of therapeutic environment in the maternity home as related to the level of mental health of the resident unwed mothers is deemed worthy of further research. Despite its limitations, the present study is still recommended for replication as a follow-up study in the same maternity homes, as initial research in other maternity homes under Catholic auspices, and in any other maternity home whether under private or public auspices. Such replication would further test the findings and correlations of this study, and hopefully result in greater empirical verification. A question was raised by the research findings which could be investigated in a future study: why did the residents of the maternity homes having a more highly trained group therapy leader report a lower feeling of group membership than residents from homes with a less qualified group leader?
In conclusion, it is suggested that the staff of the maternity homes might reflect on the nine items of the index used to measure positive and negative feelings, and attempt to discover and then to increase those aspects of the maternity home environment which would be related to the promotion of positive feelings among the resident unwed mothers.
APPENDIX I

STUDY OF GIRLS LIVING IN MATERNITY HOMES

You are one of more than 200 residents of six different maternity homes located in Illinois, California, Texas, Missouri, Alabama, and Louisiana who have been chosen to participate in this study.

This research is designed to give important information on the ideas, feelings, and attitudes of girls in the atmosphere of a Catholic maternity home. Among the group of girls with whom you are now living, some girls find one activity or plan most helpful to them, while others feel that something else is more meaningful to them. By answering all the questions on this questionnaire, you will be helping us to better understand the feelings of girls who come to this maternity home in the future, so we can help them to adjust to their situation better and benefit by living here during their pregnancy.

Feel free to answer these questions exactly the way you feel because no one will ever know whose answers they are, since you will not put your name anywhere on this questionnaire. However, you are asked to answer each question very sincerely so we will be able to obtain information which is true of a girl in a maternity home setting. If you do not understand a particular question, you may ask your group mother for help. The answers to these questions will be tabulated together and will be written up something like this: "Thirty per cent of the girls in the six maternity homes who reported that their parents knew about their pregnancy and wanted to help them, also reported that their parents had not been interviewed by their social worker."

After you finish, if you have any comments or suggestions about any of the questions or about this maternity home, please write them in the space at the end or on the back of the last page.
Most of the questions can be answered by drawing a circle around the number for the answer of your choice. After each question there are instructions in parentheses which you are asked to follow very carefully:

A. IF THE DIRECTIONS READ "CIRCLE ONLY ONE NUMBER," THEN PLEASE CIRCLE ONLY THE ONE NUMBER WHICH BEST DESCRIBES YOUR ANSWER.

B. IF YOU CHOOSE TO CIRCLE THE NUMBER NEXT TO "OTHER" FOR ANY QUESTION, THEN SPECIFY WHAT YOUR REAL ANSWER IS BY WRITING IT IN ON THE LINE PROVIDED.

C. IF THE DIRECTIONS ASK YOU TO "CIRCLE ONLY ONE NUMBER ON EACH LINE ACROSS," PLEASE CHECK TO SEE THAT YOU HAVE CIRCLED ONE NUMBER IN EACH ROW ACROSS, AND ONLY ONE NUMBER IN EACH ROW. FOR EXAMPLE:

23. How pleased would you be to work in the following jobs? (Circle one number in each row across.)

<table>
<thead>
<tr>
<th></th>
<th>Very pleased</th>
<th>Somewhat pleased</th>
<th>Not pleased at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Switchboard operator</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Beautician</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>C. School teacher</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Typist</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

The completed questionnaires will be sent directly to me and I will tabulate the answers and then write up the results in a research report. A summary report will be sent to your maternity home.

Thank you very much for your generosity in cooperating with this study by giving your sincere answers to these questions. May your desire to help others grow, and may God bless your life with peace and happiness.

Gratefully yours,

Sister Mary Kathryn
Chicago, Illinois
1. The following is a list of things some people do. Please tell how often, if ever, you did each of them LAST WEEK. (Circle one number in each row across.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Not at all</th>
<th>Once</th>
<th>Several times</th>
<th>Daily or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Participated in any games or sports</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Went out in a car, bus, train, etc.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Ate in a restaurant</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Went out to the movies</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. Went out shopping</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F. Read the newspaper</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>G. Listened to or watched a news program</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>H. Attended a sports event, lecture, or cultural event outside maternity home</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I. Talked on telephone with family or friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>J. Visited with family or friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>K. Wrote or received letters</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>L. Met any people you never met before</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

2. Within the last TWO WEEKS have you had individual counseling with your social worker? (Circle one number.)

Yes ... 1
No ... 2
3. During the LAST WEEK have you attended a group counseling or group therapy session? (Circle one number)

Yes ... 1
No ... 2

4. We are interested in the way people are feeling these days. The following list describes some of the ways people feel at different times. Please indicate how often you felt each way during the LAST WEEK. (Circle one number in each row across)

<table>
<thead>
<tr>
<th>HOW OFTEN LAST WEEK DID YOU FEEL:</th>
<th>Not at all</th>
<th>Once</th>
<th>Several times</th>
<th>Daily or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. On top of the world . . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Very lonely or remote from other people? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Particularly excited or interested in something? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Depressed or unhappy? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E. Pleased about having accomplished something? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>F. Pored? . . . . . . . . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>G. Proud because someone complimented you on something you had done? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>H. So restless you couldn't sit long in a chair? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>I. Vaguely uneasy about something without knowing why? . . . . .</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
5. Taking all things together, how would you say things are these days—would you say you are very happy, pretty happy, or not too happy? (Circle one number only)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Money or financial debts</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>B. My job</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>C. A successful marriage</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>D. World conditions</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>E. Death</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>F. My health</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>G. My relationship with God</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>H. My family</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I. Dating boys</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>J. School</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>K. Ability to make or keep friends</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>L. My future goals in life</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>M. My baby</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>N. Facing people after leaving here</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>O. Other (specify)</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

6. What do you consider to be the primary purpose of this maternity home?

7. The following list describes several things people are sometimes concerned about. Please indicate how often each thing was on your mind by circling one number in the row across for each item listed.

Not at all | Sometimes | Often

A. Money or financial debts
B. My job
C. A successful marriage
D. World conditions
E. Death
F. My health
G. My relationship with God
H. My family
I. Dating boys
J. School
K. Ability to make or keep friends
L. My future goals in life
M. My baby
N. Facing people after leaving here
O. Other (specify)

(17) ___ (18) ___ (19) ___ (20) ___
8. How often **LAST WEEK** did you have any of the following things? (Circle one number in each row across)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>1 or 2 times</th>
<th>Several times</th>
<th>Nearly all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dizziness ...</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. General aches,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>and pains ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Headaches ...</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Muscle twitches,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>or trembling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Nervousness or</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>tenseness ...</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Rapid heart beat</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>G. Trouble getting</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>to sleep at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. How satisfied are you with **the kind of work you are assigned to do in the maternity home?** (Please circle one number)

- Very satisfied .... 1
- Somewhat satisfied .. 2
- Somewhat dissatisfied . 3
- Very dissatisfied ... 4

10. How satisfied are you with your supervisor or the person to whom you are responsible for your assigned job? (Circle one number)

- Very satisfied with her (or him) .... 1
- Somewhat satisfied .. 2
- Somewhat dissatisfied . 3
- Very dissatisfied ... 4
11. Taking all things together, how do you feel in general about the present job which is assigned to you in the maternity home? (Circle one number)

   Very satisfied with it . . . . . . 1
   Somewhat satisfied with it . . . . 2
   Somewhat dissatisfied with it . . 3
   Very dissatisfied with it . . . . 4

12. What have you found most helpful to you at this maternity home?

13. What does "religion" mean to you?

14. In your opinion, which of the following do you think is the worst thing a person might do? (Circle only one number even if you have a difficult time deciding between two items)

   To hate Negroes . . . . . . . . 1
   To have sex relations outside of marriage . . . . . . . 2
   Not to go to Church . . . . . . . 3
   Not to pay a poor employee a living wage . . . . . . 4
   To use poison gas on enemy cities during war . . . . . 5

15. Up to now, how many full weeks have you been staying at this maternity home? (Circle one number only)

   Less than two weeks . . . . . . . 1
   From two to six weeks . . . . . 2
   From seven to twelve weeks . . . 3
   Longer than twelve weeks . . . . 4

16. In what month of your pregnancy are you now? (Circle one number only)

   6th month or less . . . . . . . . 1
   7th month . . . . . . . . . 2
   8th month . . . . . . . . . 3
   9th month . . . . . . . . . 4
   Overdue . . . . . . . . . . 5
   Post-partum . . . . . . . . . 6
17. Have you had any pregnancies before this one? (Circle one number)
   - Yes: 1
   - No: 2

18. How would you describe your present relationship with your group-mother at the maternity home? (Circle one number)
   - Very close: 1
   - Close: 2
   - Somewhat close: 3
   - Not close: 4
   - Distant: 5

19. How would you describe your present relationship with your social worker? (Circle one number)
   - Very close: 1
   - Close: 2
   - Somewhat close: 3
   - Not close: 4
   - Distant: 5

20. In general, how do you feel that most people in the maternity home like you? (Circle one number)
   - They seem to like me very much: 1
   - They like me pretty much: 2
   - They like me somewhat: 3
   - They don't like me too much: 4
   - They don't like me at all: 5

21. Do you feel that you are really a part of the group of girls in the maternity home? (Circle one number)
   - I feel really a part of the group: 1
   - I feel included in the group in most ways: 2
   - I feel included in some ways, not in others: 3
   - I don't feel I really belong: 4
22. Are both your parents alive and living together at the present time? (Circle only one number and fill in any blanks in that statement)

Yes, both parents are alive and living together at the present time . . . . . . . . 1
No, my father died when I was ___ years old and my mother didn't remarry . . . . 2
No, my father died when I was ___ years old and my mother did remarry . . . . 3
No, my mother died when I was ___ years old and my father didn't remarry . . . . 4
No, my mother died when I was ___ years old and my father did remarry . . . . 5
No, my parents were divorced or separated when I was ___ years old and I live with ___ . . . . 6
No, both my parents died when I was ___ years old and I live with ___ . . . . 7

23. Were your parents born in the United States or in another country? (Circle only one number and fill in any blank in that statement)

Both parents were born in the United States . . . . . . . . . . . . . . . . . . . . . . . . . . 1
Both parents were born in another country (where?) . . . . . . . . . . . . . . . . . . . . 2
One parent was born in the United States and the other parent was born in another country (where?) . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

24. What do you consider your main nationality background (other than American)?

-----------------------------

QUESTIONS 25 TO 32 REFER TO QUESTIONS ABOUT YOUR PARENTS. IF YOUR MOTHER OR FATHER IS DECEASED AND YOU HAVE A STEPMOTHER OR STEPFATHER THEN ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR STEPPARENT. BUT IF ONE OR BOTH OF YOUR PARENTS ARE DECEASED AND YOU DON'T HAVE A STEPPARENT, THEN ANSWER THE QUESTIONS ABOUT YOUR DECEASED PARENT:
25. Please indicate the highest grade in school which your mother and your father have completed by circling only one number under "Father" and one number under "Mother".

<table>
<thead>
<tr>
<th>Grade</th>
<th>Father</th>
<th>Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade or less</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Some high school</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Graduated from high school</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Some college</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Graduated from college or more</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

26. What is (or was) the main occupation of your father? _______ (43)_____

27. To what religious denomination do your parents belong? (Circle one number only)

- Both mother and father are Catholic _______ (44)_____
- Both mother and father are Protestant _______ (45)_____
- One parent is Catholic and the other is Protestant _______ (46)_____
- Other (specify) ____________________________ (47)_____

28. About how often does (or did) your mother and father attend church, and if Catholic about how often did they receive Communion? (Please circle one number in each row across which refers to their religion; note that there are two items to circle for each Catholic parent)

<table>
<thead>
<tr>
<th>Weekly or more</th>
<th>2-3 times a month</th>
<th>Once a month</th>
<th>Few times a year or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>If father is Catholic, attends Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>If father is Catholic, receives Communion</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>If mother is Catholic, attends Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>If mother is Catholic, receives Communion</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Weekly or more</td>
<td>2-3 times a month</td>
<td>Once a month</td>
<td>Few times a year or less</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------</td>
<td>--------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>If father is Protestant, attends Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>If mother is Protestant, attends Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

29. How would you describe your parents' marriage—would you say it is (or was) (Circle one number)

- Extremely happy ... 1
- Happier than average ... 2
- Average ... 3
- Not too happy ... 4

30. Do your parents know about your present pregnancy? (Circle only one number)

- No, both parents are unaware of it ... 1
- Yes, both parents know and are helping me ... 2
- Yes, both parents know but are not helping me ... 3
- Yes, both parents know but only one parent is helping me ... 4
- Yes, only one of my parents knows and is helping me ... 5
- Yes, one of my parents knows but is not helping me ... 6
- Other (specify) ... 7

31. Have either one or both of your parents, or another member of your family been interviewed or counseled by your social worker? (Circle one number)

- No ... 1
- Once ... 2
- Twice ... 3
- Several times ... 4
32. Have either one or both of your parents, or another member of your family attended a group counseling session at the maternity home? (Circle one number)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Once</td>
<td>2</td>
</tr>
<tr>
<td>Twice</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>4</td>
</tr>
</tbody>
</table>

33. Has the father of your baby been interviewed or counseled by your social worker? (Circle one number)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Once</td>
<td>2</td>
</tr>
<tr>
<td>Twice</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>4</td>
</tr>
</tbody>
</table>

34. How does the father of your baby regard the fact that you are pregnant? (Circle one number)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>He does not know about my pregnancy</td>
<td>1</td>
</tr>
<tr>
<td>He denies he is the father of my baby</td>
<td>2</td>
</tr>
<tr>
<td>He admits he is the father and is concerned</td>
<td>3</td>
</tr>
<tr>
<td>He admits he is the father and is unconcerned</td>
<td>4</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

35. What are your future plans in regard to the father of your baby? (Circle one number)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>I plan never to see him again</td>
<td>1</td>
</tr>
<tr>
<td>I plan to just continue dating him</td>
<td>2</td>
</tr>
<tr>
<td>I plan to marry him</td>
<td>3</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

36. What are your plans for your baby? (Circle only one number)

<table>
<thead>
<tr>
<th>Option</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep baby</td>
<td>1</td>
</tr>
<tr>
<td>Adoption</td>
<td>2</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>3</td>
</tr>
</tbody>
</table>
37. Where did you get most of your information about sex and reproduction? (Circle only one number)

- Mother or father: 1
- Brother or sister: 2
- School classes: 3
- Other girls or boys: 4
- Reading: 5
- Movies or T.V.: 6
- Other (specify): 7

38. How much information on the following topics related to sex and reproduction did you know about ONE YEAR AGO? (Circle one number in each row across)

<table>
<thead>
<tr>
<th>Topic</th>
<th>None</th>
<th>Some</th>
<th>Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menstruation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Where babies come from</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Sexual intercourse</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Venereal disease</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Orgasm</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Masturbation</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Pleasure of sexual relations</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Difficulty of controlling sexual</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>desires</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

39. What is the highest grade in school which you have completed? (Circle one number)

- 8th grade or less: 1
- Some high school: 2
- Graduated from high school: 3
- Some college: 4
- Graduated from college or more: 5

40. What kind of schools did you attend for this education? (Circle one number only)

- All Catholic schools: 1
- Some Catholic and some public schools: 2
- All public schools: 3
- Other (specify): 4
41. What was your main occupation before you became pregnant? (Circle one number)

   Student ........................................ 1
   Job (specify what) ................................... 2
   Other (specify) ........................................ 3

42. What is the size of the town or city from which you come? (Circle one number)

   A farm or a ranch ........................................ 1
   A small town ............................................ 2
   A small to medium size city ............................ 3
   A large city (over 500,000) ............................ 4
   A suburb of a large city ................................ 5

43. How far is your family's residence from this maternity home? (Circle one)

   It is within 50 miles ..................................... 1
   It is between 50 and 100 miles .......................... 2
   It is farther than 100 miles ............................. 3

44. To which racial group do you belong? (Circle one number)

   White ............................................. 1
   Negro ............................................ 2
   Oriental .......................................... 3

45. To which religious denomination do you belong? (Circle one number)

   Catholic ........................................... 1
   Protestant ......................................... 2
   Jew .................................................. 3
   Other (specify) ...................................... 4

46. Indicate how often, if at all, you did any of the following religious practices about ONE YEAR AGO. (Circle one number in each row across according to your religion; if Catholic, note that there are numbers to circle for two items)

   Weekly 2-3 times Once a Few times a
   or more a month month year or less

   If Catholic, attended Church 4 3 2 1

   (62)  (63)  (64)  (65)  (66)  (67)
### Table: Weekly Church Attendance

<table>
<thead>
<tr>
<th></th>
<th>Weekly or more</th>
<th>2-3 times a month</th>
<th>Once a month</th>
<th>Few times a year or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Catholic, received Communion</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>If Protestant, attended Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>If other religion, attended Church</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

### Question 47: What is your present marital status? (Circle one number)

- Single (never married) • 1
- Other (specify) • 2

### Question 48: What is your relation to any brothers or sisters in your family? (Circle one)

- I'm an only child • 1
- I'm the oldest of the children in our family • 2
- I'm the youngest of the children in our family • 3
- I'm in between the oldest and the youngest of the children • 4

### Question 49: In which of the following age groups are you? (Circle only one number)

- 15 years old or younger • 1
- 16-17 years old • 2
- 18 to 20 years old • 3
- 21 to 24 years old • 4
- 25 to 30 years old • 5
- 31 years old or older • 6
50. That person would you most not want to know about your present pregnancy, including someone who might know but you wish he or she didn't know? (Indicate their relationship to you, not their name, for example: neighbors, father, aunt, teacher, employer, etc.)

51. What improvements would you suggest in this maternity home which could be of benefit to girls who will be coming here in the future?
APPENDIX II

SOURCES OF QUESTIONS USED ON QUESTIONNAIRE TO UNMARRIED MOTHERS

1. This is an index of 12 items which is intended to measure the degree to which the respondent has participated in the social environment outside the institution of the maternity home. This is related to the hypothesis that a higher degree of social participation will be associated with more positive feelings and indirectly to a higher degree of mental health. The question is confined to asking how often the respondent did any of these things "last week" since the questionnaire is limited to measuring her degree of mental health at a point in time in her current life situation. The items are adapted from the social participation index in the Bradburn study.

2. This question seeks to determine if there is a difference in the degree of adjustment between those respondents who have had casework counseling within the last two weeks and those who have not. It is judged by the writer that for most girls this individual counseling at least bi-weekly is desirable as an integral part of the rehabilitative program of the maternity home.
Responses to this question may (will) also be used to determine the frequency of counseling among the unwed mothers in the six maternity homes.

3. This question which asks if the respondent has attended group therapy during the last week is based on the theory that this is necessary for the adjustment of the residents to group living in a therapeutic group milieu in the maternity home.

4. This is a nine item index designed to measure the respondent's subjective feeling states which are conceptualized as having positive and negative poles. The items are those used in the Bradburn study and they were chosen to represent a wide range of pleasurable and unpleasurable experiences. The intercorrelations show that the items tend to form two clusters of positive and negative feelings, and on this basis two indices were constructed: items A, C, E, and G forming the positive feelings index, and items B, D, F, H, and I forming the negative feelings index. The scores on these indices will be correlated with the self-reports on happiness, within the conceptual framework of the balance of positive and negative feelings as leading to degrees of mental health or happiness. The hypothesis is that girls who score high on positive feelings and low on negative feelings will report a high level of happiness.
5. The response to this question will be taken as a partial indicator of mental health variable in the study, according to the technique used in the Bradburn study. The response to this question -- "very happy," "pretty happy," or "not too happy," -- is taken as the respondent's own estimate of her general level of psychological well-being at this time. This question is also used in the study, *Americans View Their Mental Health* by Gurin, Veroff and Feld, 1960.

6. The unwed mother's idea of the purpose of a maternity home will be compared to the stated purpose of a Catholic maternity home in the proposed standards for Catholic maternity homes, and also to the responses from a research study in which the administrators of forty-two Catholic maternity homes were asked this same question. The word "Catholic" preceding "maternity home" was omitted after studying the results of the pre-test responses so as not to emphasize the spiritual role of the maternity home and thereby bias the answer. It is felt by the writer that a girl's adjustment in the maternity home and response to the treatment services is influenced by her image of the maternity home as only a place for seclusion, or also as a rehabilitation center.

7. This question is a "worry" check list consisting of common areas of worry used in the Bradburn study and in several other
mental health studies, plus some items which are of concern to unwed mothers in a maternity home as determined by items which were written in under "Other" in the pre-test questionnaire and mentioned by some of the unwed mothers in the discussion following the administering of the pre-test. Scores on items checked "was on my mind often last week" will be related to levels of happiness with the expectation that respondents reporting a greater number of "worry often" items will be less happy.

8. This is a check-list of anxiety symptoms derived from and used in the Gurin and Bradburn mental health studies. The list was submitted to the nurse in the maternity home who confirmed the fact that these items would also be indicative of anxiety for pregnant women. Scores will be related to level of mental health to test the hypothesis that respondents who report many anxiety symptoms will report a lower level of mental health.

9-11. These questions compose the job satisfaction index, adapted from the Bradburn study, referring to the job which the girl has while residing in the maternity home. Scores will be related to her degree of mental health with the expectation that those high in job satisfaction will report a high level of happiness. A further correlation could be made to determine if the kind of work or the supervisor of the work is more
strongly related to the general assessment of job satisfaction. The response from question 10 could also be related to the respondent's level of mental health to determine if her relationship with her job supervisor is significant in her happiness in the maternity home milieu.

12. Responses to this question will be of value to the maternity home staff in obtaining the residents' view of what aspect of the home or program seems most helpful to them, as compared to what the staff believes should be most beneficial to the girls and in relation to the theory of therapeutic group milieu.

13. The unwed mother's present concept of "religion" will be helpful to the administrator and staff in evaluating the spiritual program of the home, and understanding her attitudes toward organized religion, group prayer, and so forth.

14. The purpose of this question is to seek to determine how the unwed mother judges her out-of-wedlock pregnancy as a moral transgression in relation to other kinds of moral offenses such as against organized religion, social justice, and wartime practices. Also, a correlation could be made between those who respond that the worst thing a person might do is "to have sex relations outside marriage" and the level of mental health, suggesting that this response may indicate deep guilt which
would influence her mental health. Responses to this question may be compared to the results of a study on moral values among college students by Rettig in 1960, in which he found that moral values of social justice, wartime practices, and economics were more severely judged than those of sex or organized religion by young people, while older people tended to judge offenses against sex and organized religion more harshly.

15. This item was included because it was felt that girls who have been in the maternity home environment less than two weeks would not adequately reflect possible benefits of its environment or services. Also, the various lengths of time which the girls have resided in the home may be a factor in increasing or decreasing the level of mental health.

16. This item was included to see if there was a difference in the responses of those respondents who were overdue, with the possibility that this may produce increased negative feelings.

17. The purpose of this question was to obtain an indication that the admission policy of the maternity home, which has no restrictions against unwed mothers who have been previously pregnant, is being carried out.

18-19. These items were included to measure the felt relationship of the respondent to her social worker and to the group
mother as the two key staff members in the maternity home in order to test the hypothesis that those reporting a "close" relationship will report a higher level of mental health, in relation to the theory that the patient must feel free to communicate her real feelings to the staff to achieve therapeutic milieu.

20. This item was included as an indication of the degree of acceptance which the respondent feels from most of the people in the maternity home, which is an element related to her adjustment and social interaction while there.

21. The purpose of this question was to measure the respondent's feeling of inclusion in the group of residents and the cohesiveness of the group, according to the group milieu theory, with the hypothesis that those who feel they are a real part of the group will report a higher degree of happiness than those who feel they aren't included or don't belong to the group.

22. This item was included to describe the family background of the population of unmarried mothers in terms of unbroken homes, homes broken by death, and homes broken by divorce or separation. These three categories might also be related to levels of happiness. The form of the question was adapted from the research study on Unmarried Mothers by Clark E. Vincent.
23. This question was asked to determine if the respondent was the first generation of the family to be born in the United States, with reference to the theory of culture conflict, social mores, and social adjustment.

24. This item is to determine the ethnic origin with which the respondent identifies herself for a description of the population. This could also be related to question 30, on the parents' attitude toward the respondent's pregnancy in view of the theory that ethnic groups differ in their attitudes toward sexual mores.

25-26. These items were included as an indication of the socio-economic status of the respondent's parents. In the Bradburn study, those of a higher socio-economic status report being more happy than those from a lower status.

27-28. These items were included to determine the degree of religiousness in the home of the respondent according to religious preference and religious practices of her parents. This will be used as a descriptive characteristic of the population.

29. This item was included to determine the degree of happiness in home atmosphere of the respondent, and in determining how the respondent views her parents' marriage within the
framework of her present condition of pregnancy out-of-wedlock. This item was used in Vincent's study on Unmarried Mothers.

30-32. The purpose of these items was to test the hypothesis that unmarried mothers whose parent(s) or other family member supported her and were involved in social casework or group counseling services would report a higher level of happiness than those whose parent(s) were not supporting them nor involved in the counseling program.

33. This item was included to determine the extent to which the alleged father was involved in the counseling program of the maternity home and if this is related to the mental health level of the unmarried mother.

34. The purpose of this question was to test the hypothesis that unwed mothers to whom the alleged father denies paternity, or admits it but is unconcerned, or unwed mothers who did not inform the alleged father of the pregnancy, will report a lower degree of mental health.

35. The purpose of this item was to determine what type of relationship the unmarried mother would like to have in the future with the alleged father, and to test the hypothesis that those unmarried mothers who plan to marry the alleged father will report a higher level of happiness.
36. The purpose of this question was to discover how many girls actually plan to keep their baby.

37. This item was included to obtain general information of the source from which these unmarried mothers received most of their information on sex and reproduction, with the expectation that it was not from mother or father. This item was adapted from Vincent's study on Unmarried Mothers.

38. This item was included to test the hypothesis that girls who report having a greater knowledge of sex and reproduction before becoming pregnant will report a lower degree of mental health. The items on this index were adapted from Vincent's study on Unmarried Mothers.

39. The purpose of this item was to test the hypothesis that unmarried mothers who have completed more years of education will report being less happy, which would differ from the Bradburn study and other mental health studies in which it has been found that persons of a higher educational level tend to be more happy.

40. This item was included to determine what percentage of the girls in the maternity homes attended all Catholic schools, with the expectation that this grouping would tend to be less happy
because of the usual stress on sex morals in Catholic schools.

This hypothesis was actuated from the research study by Greeley and Rossi on *The Education of Catholic Americans*.

41. The purpose of this question was to determine the distribution of occupations among the unmarried mothers.

42-43. This item was included to compare the distribution of each home as to the type of community from which the girls come and its distance from the maternity home for this may influence the girl's adjustment in a group living situation. Also, the distance of the family's residence from the maternity home is significant in attempting to involve the family in the counseling program of the home and in their visiting the girl.

44-49. These items were included to obtain a distribution of the race, religious preference, marital status, sibling relationship and age groupings to describe the resident population of each home. Item 49, asking the age of the respondent, can be compared to the statement in Leontine Young's book, *Out of Wedlock*, that older unwed mothers tend to be more disturbed.

46. The purpose of this item was to test the hypothesis that girls who score high in religiosity according to religious practices of one year ago, will report a lower degree of mental
health in view of the assumption that a more religious person who transgresses sex norms will experience more guilt and anxiety. The form of this question was adapted from the Greeley and Rossi study on *The Education of Catholic Americans*.

50. This item was included to determine which person in her social world the respondent felt would most disapprove of her for being pregnant out-of-wedlock, since one reason girls come to a maternity home is to keep their pregnancy secret from others.

51. The purpose of this item was to enable the unmarried mothers in the freedom of this anonymous questionnaire to suggest improvements in the maternity home which may be beneficial to the staff and administration.
APPENDIX III

CODING AND SCORING PROCEDURES FOR QUESTIONNAIRE TO UNMARRIED MOTHERS

Col. 1. Designates maternity home:
(1) San Francisco; (2) Kansas City;
(3) Austin; (4) Mobile; (5) Chicago;
(6) New Orleans

Col. 2. & 3. Omit (were intended to number each questionnaire)

Col. 4. Social Participation Index:
Total score on number of times respondent participated in the outside environment:
(1) 0-5 times; (2) 6-7 times; (3) 8-9;
(4) 10-11; (5) 12-13; (6) 14-15; (7) 16-17;
(8) 18-19; (9) 20-21; (10) or (0) 22-23;
(11) or (X) 24-26

Col. 5. Breakdown of total score as indicated in Col. 4, into categories of high, medium, and low in social participation in the environment: (1) Low, 4-9 points; (2) Medium, 10-15 points; (3) High, 16-26 points

Col. 6. Individual counseling with social worker within last two weeks: (1) Yes; (2) No

Col. 7. Attended group therapy last week: (1) Yes; (2) No
Col. 8. How often last week respondent felt "On top of the world"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 9. How often last week respondent felt "Very lonely or remote from other people"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 10. How often last week respondent felt "Particularly excited or interested in something"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 11. How often last week respondent felt "Depressed or unhappy"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 12. How often last week respondent felt "Pleased about having accomplished something"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 13. How often last week respondent felt "Bored"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 14. How often last week respondent felt "Proud because someone complimented you on something you had done"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 15. How many times last week respondent felt "So restless you couldn't sit long in a chair"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more

Col. 16. How often last week respondent felt "Vaguely uneasy about something without knowing why"; (0) Not at all; (1) Once; (2) Several times; (3) Daily or more
Col. 17. Total score of "positive feelings," that is, columns 8, 10, 12 and 14, subdivided into high, medium and low positive feelings:
(1) Low, 0-2 points; (2) Medium, 3-7 points; (3) High, 8-12 points

Col. 18. Total score of negative feelings, that is, columns 9, 11, 13, 15 and 16, subdivided into high, medium and low negative feelings:
(1) Low, 1-4 points; (2) Medium, 5-10 points; (3) High, 11-15 points

Col. 19. Self-report of degree of happiness: (1) Very happy; (2) Pretty happy; (3) Not too happy

Col. 20. Primary purpose of this maternity home:
(1) Responses referring only to one of the former goals of maternity homes, as: a place for protection, seclusion or shelter; for physical or medical care during pregnancy; for moral rehabilitation so "it won't happen again"; for religious instruction; to learn work skills or to work to earn money to pay for maternity expenses; to make a plan for the baby, respondent not mentioning planning for herself; to enable her to "get through" this pregnancy; to keep her mind off her problems by keeping busy

(2) Responses which refer to one or more of the present goals of maternity homes, as: to become a better adjusted person; to plan for my future life; to be with other girls in a group living experience; to meet more than just the physical needs of the girl, as her religious, emotional, educational needs; to gain self-respect; to help solve personal problems; to have professional services such as counseling, group therapy; to realize and accept the fact that she is pregnant out-of-wedlock

(3) Responses which were positive but general and not able to be categorized as referring to either the former or the present goals of
maternity homes, as: to help the girls; to adjust to pregnancy; to take care of the girls

(4) Other: "Not throw religion at you"

Col. 21. Worries index: Total score of items worried about "often" during past week: (1) 0-1 points; (2) 2 points; (3) 3; (4) 4; (5) 5; (6) 6; (7) 7; (8) 8; (9) 9; (10) or (0) 10; (11) or (X) 11; (12) or (R) 12-14 points

Col. 22. Total score of items worried about "often" as in Col. 21, subdivided into categories of high, medium and low: (1) Low, 0-4 points; (2) Medium, 5-7 points; (3) High, 8-14 points

Col. 23. Anxiety index: Total score on the number of anxiety symptoms respondent indicated she had experienced during the past week: (1) 1 symptom; (2) 2 symptoms; (3) 3; (4) 4; (5) 5; (6) 6; (7) 7

Col. 24. Total score of anxiety symptoms indicated in Col. 23, subdivided into categories of high, medium and low: (1) Low, 0-2 symptoms; (2) Medium, 3-5 symptoms; (3) High, 6-7 symptoms

Col. 25. Satisfaction with kind of work: 1-4 as in Question 9.


Col. 27. Satisfaction with job in general: 1-4 as in Question 11.
Col. 28. Job satisfaction index: Total scores from Questions 9, 10 and 11, subdivided into categories of high, medium and low: (1) Low, 7-12 points; (2) Medium, 4-6 points; (3) High, 3 points.

Col. 29. What has been most helpful in the maternity home: (if several items were mentioned, the first one was taken as the response)
(1) Staff member(s); (2) Being with and talking with the other unwed mothers; (3) The understanding, accepting, helpful and secure atmosphere in the home, with no specific mention of the staff or the girls; (4) Spiritual benefits; (5) Learning about physical care during pregnancy; (6) The work or activities to keep busy; (7) Social services of counseling, group therapy; (8) Found nothing helpful; (9) All others

Col. 30. What "religion" means to respondent:
(1) Specifically mentioned word "God" and indicated a positive, personal relationship and communication with God; (2) Specifically mentioned the word "God" but did not indicate a personal relationship with God; (3) No mention of the word "God" but positive concepts as faith, values, a way of life, a help through problems; (4) Negative concept as: religion means nothing, doubt that a God exists, God isn't in my life

Col. 31. Worst thing a person might do: 1-5 as in Question 14.

Col. 32. Length of residence in maternity home: 1-4 as in Question 15.

Col. 33. Month of pregnancy: 1-6 as in Question 16.

Col. 34. Any previous pregnancies: (1) Yes; (2) No.
| Col. 35. | Relationship with group-mother: 1-5 as in Question 18. |
| Col. 36. | Relationship with social worker: 1-5 as in Question 19. |
| Col. 37. | How people in maternity home seem to like respondent: 1-5 as in Question 20. |
| Col. 38. | Feeling of group membership: (1) High; (2) Medium; (3) and (4) Low |
| Col. 39. | Respondent's home situation: (1) Unbroken home, both parents alive and living together; (2) Home broken by death of one or both parents; (3) Home broken by divorce or separation |
| Col. 40. | Birthplace of parents: (1) Both parents in United States; (2) Both parents in another country; (3) One parent in United States and one parent in another country |
| Col. 41. | Respondent's main ethnicity: (if several ethnic groups were mentioned, the first one listed was taken as the response) (1) Anglo-Saxon: English, Canadian, Australian, Scottish; (2) French or French-Canadian; (3) African or Asian; (4) German, Dutch, Austrian; (5) Irish; (6) Slav; Polish, Lithuanian, Bohemian, Czech, Russian; (7) Italian; (8) Spanish or Hispanic-American; Mexican, Central American, South American, Puerto Rican; (9) Scandinavian; (0) All others |
| Col. 42. | Education of respondent's father, highest grade in school completed: 1-5 as in Question 25. |
| Col. 43. | Occupation of respondent's father: (1) Professional, technical; (2) Business manager, official; (3) Office, sales; (4) Skilled trades; (5) Semi-skilled and unskilled labor; (6) Service worker; (7) Military service; (8) Not employed |
Col. 44. Socio-economic class of respondent's family of origin, according to father's education and occupation: (1) Low, all others; (2) High, education: graduate of high school or more, and white-collar occupation as indicated in Col. 43 by codes, (1) Professional, technical; (2) Business manager, official; or (3) Office, sales

Col. 45. Religious preference of both parents: (1) Both parents Catholic; (2) Both parents Protestant; (3) One parent Catholic and the other Protestant; (4) One parent Catholic and the other no religion; (5) One parent Protestant and the other no religion; (6) Both parents no religion

Col. 46. Catholic religiosity in family of Catholic respondents: (4) High, both parents Catholic, both attend Church weekly, and at least one parent receives Communion weekly; (3) High-medium, both parents Catholic, both attend Church weekly, but neither receives Communion weekly; (2) Low-medium, only one parent Catholic and attends Church weekly; (1) Low, all others

Col. 47. Protestant religiosity in family of Protestant respondents: (4) High, both parents Protestant, both attend Church at least 2-3 times a month; (3) High-medium, both parents Protestant, both attend Church once a month; (2) Low-medium, one parent Protestant, attends Church at least once a month; (1) Low, all others

Col. 48. Religiosity in family of respondents who claim no religious preference: (4) High, both parents attend Church at least 2-3 times a month; (3) High-medium, both parents attend Church once a month; (2) Low-medium, one parent attends Church once a month; (1) Low, all others

Col. 49. Description of parents' happiness: 1-4 as in Question 29.
Col. 50. Parents' help to respondent: 1-6 as in Question 30.


Col. 52. Family attended group therapy: 1-4 as in Question 32.

Col. 53. Alleged father counseled: 1-4 as in Question 33.

Col. 54. Attitude of alleged father toward respondent:
(1) Unaware of her pregnancy; (2) Denies he is father of her baby; (3) Admits he is father, is concerned; (4) Admits he is father, is unconcerned

Col. 55. Future plans regarding alleged father:
(1) Never see him again; (2) Continue dating him only; (3) Marry him; (4) Keep a friendship relationship; (5) Don't know; (6) Other, he is deceased, will get a divorce

Col. 56. Plans for baby: (1) Keep baby; (2) Adoption; (3) Undecided

Col. 57. Main source of sex information: 1-6 as in Question 37.

Col. 58. Index on amount of sex information: Total score from amount of information respondent indicated she knew on the nine items listed, giving 0 points for "No" information, 1 point for "Some" and 2 points for "Much" information: (1) 1-2 points; (2) 3-4 points; (3) 5-6; (4) 7-8; (5) 9-10; (6) 11-12; (7) 13-14; (8) 15-16; (9) 17-18

Col. 59. Total score on amount of sex information reported in Col. 58 subdivided into categories of high, medium and low: (1) Low, 1-7 points; (2) Medium, 8-14 points; (3) High, 15-18 points
Col. 60. Education of respondent, highest grade completed: 1-5 as in Question 39.

Col. 61. Kind of schools attended by respondent: 1-3 as in Question 40.

Col. 62. Main occupation of respondent: (1) Student; (2) Professional, technical; (3) Office, sales; (4) Skilled trades; (5) Semi-skilled and unskilled labor; (6) Service worker; (7) Unemployed

Col. 63. Description of respondent's home community: 1-5 as in Question 42.

Col. 64. Distance of family residence from maternity home: 1-3 as in Question 43.

Col. 65. Racial identification: 1-3 as in Question 44.

Col. 66. Respondent's religious preference: 1-3 as in Question 45.

Col. 67. Religiosity of Catholic respondents: (4) High, weekly Church, weekly Communion; (3) Medium, weekly Church, Communion 2-3 times a month or less; (2) Low, all others

Col. 68. Religiosity of Protestant respondents: (4) High, Church attended at least 2-3 times a month; (3) Medium, attended Church once a month; (2) Low, attended Church few times a year or less

Col. 69. Religiosity of respondents claiming no religion: (4) High, attended Church at least 2-3 times a month; (3) Medium, attended Church once a month; (2) Low, attended Church few times a year or less
Col. 70. Marital status: (1) Single, never married; (2) Divorced or separated; (3) Married


Col. 72. Age of respondent: 1-6 as in Question 49.

Col. 73. Person from whom respondent most wishes to hide pregnancy: (if more than one person was listed, the first listing was taken as the response)
(1) Parent(s); (2) Brother or sister(s); (3) Grandparent(s); (4) Relatives, neighbors or friends; (5) Employer or teacher; (6) All others; alleged father, parents of alleged father, etc.; (7) Don't care who knows

Col. 74-76. Suggested improvements in maternity home: (1) Less strict rules regarding hours and days that can be spent outside maternity home; (2) Improvement in group therapy or counseling with social worker; (3) A greater number, and more varied and suitable activities; (4) Better job opportunities while in home; (5) Food better suited to a diet for pregnant women; (6) Improvement in staff, as more staff members, better relationship between staff and girls; (7) More consideration of the girls for one another; (8) Better physical facilities or equipment; (9) All others; (C) Stated that no improvements were needed that they could think of

Col. 77. Balance of positive and negative feelings determined from Col. 17 and Col. 18:
(1) Negative feelings greater than positive feelings; (2) Balance of positive and negative feelings; (3) Positive feelings greater than negative feelings
APPENDIX IV

QUESTIONNAIRE TO THE ADMINISTRATOR OF THE MATERNITY HOME

1. What is the resident capacity for unmarried mothers in your maternity home? __________

2. What is the census of resident unmarried mothers and infants in the home as of today? Unmarried mothers _____
   Infants _____ Other (specify) ________________________________

3. Does every unmarried mother in your maternity home receive casework counseling from a social worker? ________
   A. How often is each client counseled by her social worker during her residence in the maternity home? ________________________________
   B. How many social caseworkers are on your staff and working with the girls in the home? __________
   C. Please describe the background in social work education and experience of the Supervisor of the caseworkers in your home:
      (1) Does she have an MSW or some graduate social work training? __________________
      (2) How many years of casework experience does she have? __________________
      (3) Is her full working time directly related to the casework services of your institution alone, or does she also supervise casework in another agency or institution? __________________

D. Please describe the background in social work education and experience of each caseworker (excluding the Supervisor): (1) Does she have an MSW or any graduate school training in social work? (2) How
many years of casework experience does she have? (3) Does she work full-time or part-time with the girls in residence in your home?

1. ____________________________________________
   ____________________________________________
   ____________________________________________

E. What is the present caseload of each of the social caseworkers on your staff (including the Supervisor if she does casework counseling)
   ____________________________________________
   ____________________________________________
   ____________________________________________

4. Do you have regularly scheduled psychiatric consultation or psychological consultation for the staff? ____________
   IF YES, HOW OFTEN? ____________________________

5. Do you have a group therapy or group counseling program for the unmarried mothers on problems related to their pregnancy?
   ____________________________________________
   IF YES, is attendance required or voluntary? ____________
   IF YES, How often is this held? ____________________________
   IF YES, who is the leader of the group?
   Does this leader have training in group-work, does he or she have an MSW or graduate school training in social work?
   ____________________________________________

6. Are your staff meetings (other than any psychiatric consultation) regularly scheduled or are they called? _______
   How often are they held? ____________________________

7. Does your home have a Girls' Council, Residents' Rules Committee or other form of organized self-government for the girls?
   ____________________________________________
   IF YES, how often do the officers meet? ____________
   IF YES, how often are general assembly meetings held? ______
8. Do you have a therapeutic program of work assignments or vocational training for the girls in the home?

IF YES, are all the residents assigned jobs, or just some of them?

IF YES, How many hours per week do the girls work?

IF YES, in what job areas do the girls work:

- housekeeping
- food service
- infant care
- clerical tasks
- other (specify)

9. Do you have any other type of group work program conducted by a trained group worker?

IF YES, please explain:

10. What regularly scheduled, non-credit classes, group instruction, lectures, or organized discussion groups do you have at the present time in your maternity home program? Please specify the subject, who conducts it, and how often it is held. (Include pre-natal classes, religious, crafts, choir, etc.)

<table>
<thead>
<tr>
<th>Subject Area</th>
<th>Conducted By</th>
<th>How Often Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Does your home provide the services of a:

- physician
- obstetrician
- psychiatrist
- registered nurse

12. Do you have at the present time group therapy or group counseling for the parents or other members of the family of the unmarried mother?

IF YES, how often are the sessions held?

IF YES, who conducts the group?
13. Do you have at the present time accredited educational classes on the high school level? _______________________

IF YES, do qualified teachers conduct these classes, or are they taken by a correspondence method? _______________________

14. Do you have psychological testing available for the girls if needed? _______________________

15. Do you have vocational guidance services available? IF YES, please explain from whom. _______________________

16. Do you have a definite arrangement for any needed legal counseling for the girls? IF YES, please explain: _______________________

17. Is financial assistance provided for the girls when needed? _______________________

18. What is the role of the chaplain in your maternity home—what services does he extend to the girls?

19. In what field(s) was the Administrator of the maternity home trained? How many years of experience has she had in administering a group-living facility for either children or unmarried mothers? _______________________

20. What are the educational background and years of experience as a group-mother of the present housemother(s) of your maternity home? _______________________

21. What type of building is your maternity home: 
   _____ shelter only, single-function institution 
   _____ connected with a maternity hospital 
   _____ part of a general hospital 
   _____ connected with other works (as infant care, etc.) 
   _____ in a social institution
22. Do you have an in-service training program for your staff? 

IF YES, please explain:

23. If your maternity home has a service which was not referred to, and which you feel is an important part of your program, I would appreciate your explaining it.
APPENDIX V

SOURCES OF QUESTIONS USED ON QUESTIONNAIRE TO ADMINISTRATORS OF MATERNITY HOMES

Some questions were designed to determine criteria to judge which of the maternity homes best approaches the concept of the maternity home as a therapeutic community, while other questions were included to obtain data for a description of the staff and services of the maternity homes.

1-2. These items were included to compare the resident capacity of the maternity home with the present census.

3-3a. These items were included to determine if every unmarried mother was receiving casework counseling regularly at least every two weeks.

3b. This item was included to see if the number of caseworkers mentioned corresponded with the number listed in 3d.

3d. This item was included to determine if the social caseworkers were qualified according to the following criteria: that she have either an MSW, or some graduate school training in social work, and be under a qualified casework supervisor.
3e. This item was included to see if the maximum caseload for each full-time social worker exceeded thirty, which is considered maximum in order to give adequate time to the client and extended services to her family and the alleged father when indicated.

4. This item was included to see if the home has a regularly scheduled psychiatric or psychological consultation for the staff at least once a month. This consultation will be considered as one of the key factors necessary for therapeutic group milieu in the maternity home.

5. This item was included to determine if group counseling for the unmarried mother is held at least weekly, and conducted by a trained group worker, or one having an MSW and some graduate school training in social work. Group counseling for the residents is considered necessary for therapeutic group living.

6. This item was included to determine if the maternity home had regularly scheduled weekly staff meetings, for this can contribute to establishing the teamwork approach in a therapeutic milieu.

7. This item was included to determine if the home had an organized form of resident government as an indication of democratic living and shared authority and control, and with
the officers meeting at least every two weeks and general assembly meetings held at least every two weeks. This is considered an important aspect of therapeutic milieu.

8. This item was included to see if the home had a program of therapeutic group work assignments in view of the theory that job satisfaction is related to mental health.

9. This item was included to determine if the home offered an additional type of group work program as recreational therapy conducted by a trained group worker, for this can be beneficial to the development of group milieu.

10. This item was included to see if the home offered to the residents regularly scheduled, organizational activities as group instruction, discussion groups, non-credit classes, and so forth, in view of the fact that some residents who don't want to go outside the maternity home for fear of being seen, have indicated that they are bored and depressed because there is not enough to do in the maternity home.

11. This item was included to determine if the home met basic requirements by providing or making arrangements for the services of these professional people for the unmarried mothers.

12. This item was included to see if any of the homes had as
yet incorporated into their program group counseling for parents of the unmarried mothers which is one of the newest recommendations for therapeutic treatment in the maternity home.

13. This item was included to determine if the home had an accredited educational program which would allow the residents who had interrupted their schooling to continue their education while in the maternity home. Homes having qualified teachers conducting the classes would be considered to have a better educational program than homes which used only the correspondence method.

14. This item was included to determine if psychological testing was provided for any girls who indicated a need for such, for this should be available in maternity home services.

15. This item was included to describe any type of vocational guidance program in careers and dating and marriage which the maternity home may have, since this is recommended service for maternity homes.

16. This item was included to see if there were arrangements made by the maternity home for legal counseling for any girls who may need or desire this service. This is considered an
essential service to be offered by maternity homes.

17. This item was included to determine if financial assistance is provided for any girl who needs it, which is considered a standard for all maternity homes.

18. This item was included to describe to what extent the chaplain is involved in the program of the maternity home through the services he extends to the unmarried mothers, and especially if his availability for religious counseling is mentioned by the administrator.

19. This item was included to determine if the administrator was trained in the field of social welfare and if she has had at least five years experience in administrating in a group living facility for children or for unmarried mothers.

20. This question was included to see if the group mother has had any professional training for houseparents, and how many years of experience she has had as house mother. Another point of this item was to see if the house mother is a registered nurse by profession, in view of the contention that if she is, this professional training makes it more difficult for her to assume the role of group mother in the area of social welfare.
21. This item was included to ascertain the physical setting of the maternity home, with the expectation that a maternity home which is a single-function facility is more desirable and more conducive to a highly developed therapeutic program for the unmarried mothers.

22. This item was included to determine which homes had an in-service program for the staff, since this is desirable to integrate the staff by orienting them to the professional theory and duties of each other, in relation to serving the unmarried mothers in the maternity home setting. Through in-service program, roles and role relationships can be better understood.

23. This item was included so that any service not mentioned in the questionnaire could be included in the description of each maternity home.
BIBLIOGRAPHY

Books


241


Periodicals and Documents


Donnell, Catherine and Glick, Selma J. "Background Factors in 100 Cases of Jewish Unmarried Mothers," The Jewish Social Service Quarterly, XXXIX (Winter, 1952), 152-60.


Hertz, Hilda, and Little, Sue W. "Unmarried Negro Mothers in a Southern Urban Community," Social Forces, XXIII (October, 1944), 73-79.


Katz, Sanford. "Legal Protections for the Unmarried Mother and her Child," Children, X (March-April, 1963), 55-59.
Kelley, Jerry L. "The School and Unmarried Mothers," Children, X (March-April, 1963), 60-64.


Lowe, Charlotte. "The Intelligence and Social Background of the Unmarried Mother," Mental Hygiene, XI (October, 1927), 783-94.

McClure, W. E. and Goldberg, B. "Intelligence of Unmarried Mothers," Psychological Clinic, XVIII (May-June, 1929), 119-27.


"To Strengthen Maternity Home Services for Unmarried Mothers," The Child, XVI (August-September, 1951), 5-7, 11-12.


Pamphlets and Reports


Unpublished Material


APPROVAL SHEET

The thesis submitted by Sister Mary Kathryn Schreier, D.C. has been read and approved by the director of the thesis. Furthermore, the final copies have been examined by the director and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the thesis is now given final approval with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

Date: 1968

Signature of Adviser: [Signature]