Broken Homes and Mental Disorder

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ALMOST all the social ills to which man is heir have been laid at the door of the broken home, including juvenile delinquency, drug addiction, and mental disease. Data from the Midtown Community Health Study of Manhattan, New York City, suggests that homes broken in childhood are related to mental health only under certain conditions. This paper specifies some of these conditions. The Midtown area of Manhattan and the methods used to study it are described in "Mental Health in the Metropolis" (*1*). A second volume, "Life Stress and Mental Health," which deals with broken homes and other potential stresses, will be published soon (*2*).

To brief those not familiar with the study, Midtown is a section of Manhattan adjacent to the main business area. Ninety-nine percent of the residents are white, and they are equally divided among native New Yorkers, American-born migrants to New York, and foreign-born immigrants, principally German, Irish, Czech, Hungarian, Italian, and British. There is a wide range of socioeconomic status (SES).

The data presented in this paper are derived from interviews of a random sample of 1,660 persons among the 111,000 residents aged 20 to 59 years. The 2-hour questionnaire used in the interviews contained more than 100 questions about psychiatric symptoms and some 300 covering sociocultural background and attitudes. A summary of symptoms for each person was rated for severity of symptoms and degree of impairment by two psychiatrists working independently.

Mental health (MH) rating I was made on the basis of the respondent's symptoms alone, along with his age, sex, and marital status. MH rating II was made on the basis of additional information on the sociocultural background (including broken homes) and role functioning of the respondent. For our purposes, the rating has been translated into a statistic called the ridit, ranging from 0 to 1. MH I ridits were used in all final tables, since they were methodologically less contaminated than MH II ridits. The latter were used in preliminary screening tables.

The average mental health risk for all Midtowners is 0.50. The larger the ridit, the worse the mental health rating.

Broken Homes Highly Stressful?

Fourteen stress factors were selected from 148 survey items most highly related to mental health risks. These factors and their mental

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The Midtown Community Health Study, conducted by the department of psychiatry of New York Hospital and Cornell University Medical College, was originated and developed by the late Dr. Thomas A. C. Rennie. It was later directed by Dr. Alexander H. Leighton as part of the Cornell program in social psychiatry. Dr. Leo Srole directed the survey. Dr. Stanley T. Michael made clinical psychiatric suggestions and Drs. Melvin S. Schwartz, John S. Harding, and Irwin D. J. Bross provided statistical guidance for this paper.

The study has been supported by the National Institute of Mental Health of the Public Health Service, the Milbank Memorial Fund, the Grant Foundation, the Rockefeller Brothers' Fund, and the Corporation Trust Company.

health risks among the 1,660 persons in the Midtown study are listed below:

Childhood factors	*Mental health risk (ridits)*
Parents' poor mental health	0.62
Parents' poor physical health	.54
Childhood economic deprivation	.58
Childhood poor physical health	.64
Childhood broken homes	.52
Parents' character negatively perceived	.66
Parents' quarrels	.63
Disagreements with parents	.59
Adult factors	
Adult poor physical health	.70
Work worries	.64
Socioeconomic status worries	.63
Poor interpersonal affiliations	.64
Marital worries	.78
Parental worries	.66

One of these stresses, childhood broken homes, was defined by the question, "Did you live together with both your *real* parents up to the time you were 16 years old?" Those who answered "No" were considered to come from broken homes. Of the 14 stress factors, the broken home had the lowest mental health risk, only 0.52, suggesting that those Midtown adults who came from broken homes are not really worse off than the population as a whole with a ridit of 0.50. These particular ratings were made without knowledge of the broken home status of the subjects.

Strikingly enough, 35.2 percent of the sample respondents were no longer living with both their biological parents by the age of 16. This fact by itself should be of great interest to the clinician. While he may encounter in his practice what appears to be a very large proportion of patients from homes broken in childhood, this proportion may be no larger in the patient population than in the population as a whole. The proportion of Midtown ex-patients from homes broken in childhood is in fact not much different from the proportion among nonpatients in the Midtown area (table 1). About 38 percent of the ex-patients and 35 percent of the nonpatients come from broken homes, compared with 20 percent of current outpatients. Thus, the private therapist is less likely to see the products of broken homes in his practice than in a random sample of the general population.

Table 1. Current psychiatric treatment status of 1,656 [1] respondents according to broken and unbroken childhood homes, Midtown study

Childhood home	Percent of respondents who are—		
	Outpatients (N=40)	Ex-patients (N=182)	Nonpatients (N=1,434)
Broken	20.0	38.4	35.0
Unbroken	80.0	61.6	65.0

[1] 4 in the study group of 1,660 said they did not know or gave no answer to the question concerning treatment status.

A question of great interest is whether the death of the father or the death of the mother involves a greater mental health risk. Those respondents with both parents dead or only their mother dead before they were 16 have an average mental health risk of 0.58 and 0.56 (table 2). They are worse off than those whose fathers alone died (0.48). Ignoring SES differences, those whose fathers died before they were 16 (0.48) are no worse off than respondents from unbroken homes (0.48). Thus, while twice as many fathers died as mothers, their deaths show less association with the mental health of their children. It is not enough to generalize about which parent is more important, however, since the degree of impact associated with the death of a parent varies by socioeconomic status.

In the low SES, the death of the mother alone is much worse than death of the father or of both parents.

Low SES respondents are twice as likely to have lost their mothers before they were 16 (7.9 percent) as high SES respondents (4.5 percent). Furthermore, in the low SES the mental health risk associated with the death of the mother (0.70) is much greater than that associated with unbroken homes (0.54). In the high SES, those whose mothers had died (0.47) and those from unbroken homes (0.46) show almost no difference in mental health risk. The death of high SES mothers is apparently no better or worse than an unbroken home, as far as mental health risk is concerned. The same holds true for fathers. Respondents whose high

Table 2. Average mental health, (MH II) of 1,660 respondents by cause of childhood broken homes and father's socioeconomic status, Midtown study

Causes of childhood broken homes	Father's socioeconomic status						Total cases (N=1,660)	Percent of total cases	Average ridit
	Low		Middle		High				
	Percent (N=482)	Ridit	Percent (N=671)	Ridit	Percent (N=507)	Ridit			
Both parents' death	2. 3	0. 56	2. 7	0. 56	0. 4	[1,2]0. 92$_y$	31	1. 9	0. 58
Father's death only	15. 1	. 53	10. 0	. 53	12. 6	. 39	204	12. 3	. 48
Mother's death only	7. 9	[1]. 70$_z$	6. 4	. 49	4. 5	. 47	104	6. 3	. 56
Divorce, separation, or desertion only	4. 1	. 54	6. 3	. 58	8. 3	. 44	104	6. 3	. 52
Both death and divorce, separation, or desertion	. 2	[2]. 49	. 3	[2]. 59	. 4	[2]. 55	5	. 3	[2]. 55
Parents only institutionalized [3]	. 8	--------	. 4	------	. 6	--------	10	. 6	------
Other multiple and single causes [3]	8. 5	--------	7. 2	------	7. 5	--------	127	7. 7	------
Unbroken homes	61. 1	[1]. 54$_z$	66. 9	. 46	65. 7	[1]. 46$_y$	1, 075	64. 8	. 48

[1] The difference between ridits with the same subscript is statistically significant at the 5 percent level.
[2] Based on less than 10 cases.
[3] Ridits not computed.

SES fathers died before the respondents were 16 seem to be as well or perhaps somewhat better off than those from unbroken, high SES homes.

More important than these variations is the fact that 35 to 40 percent of all three SES groups came from broken homes. Broken homes, then, are not necessarily the product of slum areas and poverty. In Midtown they occur with similar frequency among rich and poor alike and are predominantly due to death, not to parental incompatability. It should be borne in mind, however, that the death rate for nonwhites is much higher, and Midtown has essentially a white population.

Here is a good example of how etiologic conclusions based on patient data alone can be misleading. We have been led to believe that the broken home is not only a causal factor in mental disorder but that it also constitutes a psychic trauma from which the patient is not likely to recover easily. It is true that many patients come from broken homes and that the loss of a parent does involve severe dislocation, and perhaps guilt, anxiety, and some depression on the part of the child. The importance of the broken home by itself as a trauma is called into question when we find that one-third of the untreated general population also came from broken homes. While there are sizable numbers of mentally disordered people in this untreated portion of the community, the mental health of the untreated population is, on the average, considerably better than that of patients as a whole. The data on nonpatients force us to reexamine our preconceptions about the permanent psychological damage caused by broken homes.

Causes of Broken Homes

What caused the broken homes? About three-fifths of the broken homes (58 percent) were due to the death of one or both parents. Less than one-fifth (17.8 percent) were due to divorce, separation, or desertion by the parents. In the sample as a whole, respondents were about twice as likely to have lost their fathers (12.3 percent) as their mothers (6.3 percent).

Childhood Broken Homes and Adult Divorce

The way in which the respondent's home was broken in childhood is clearly associated with some of his behavior patterns in adulthood. Only 10.1 percent of those who were ever married and not widowed, who came from unbroken homes, are divorced or separated (table 3).

A slightly larger proportion, 13.8 percent, of this group (the ever married and not widowed) who experienced a childhood broken home due to the death of one or both parents are divorced or separated. Even more striking are the 23.9 percent divorced and separated among those (ever married and not widowed) who experienced in childhood a broken home through divorce, separation, or desertion by the parents. Divorce, separation, and desertion by the parents more than doubles the probability that the children will also become divorced or separated. However, those who are presently divorced or separated seem to have a quite similar mental health risk, regardless of whether they came from unbroken homes (0.62), homes broken by death (0.60), or homes broken by divorce (0.63).

Age When Home Was Broken

An examination of the age of the respondent at the time his home was broken (table 4) shows that homes broken before the respondent was 7 years old involved the greatest risk (0.57). While homes broken before age 7 seem to involve a poor mental health risk for the sample as a whole, any generic statement about early broken homes is quite misleading. It is true that respondents from low SES homes broken early are much worse off (0.64) than those from unbroken low SES homes (0.54). This is also the case in the middle SES. In the high SES, however, homes broken early (0.46) or late (0.42) cause no increase in mental health risk over unbroken homes (0.46).

Remarriage of Remaining Parent

We used the term "remaining parent" to describe the surviving parent who has been widowed or the parent who remains with the child after separation, divorce, or desertion. Some expected that the "repair" of the broken home by the remarriage of the remaining parent would be a eugenic factor associated with better mental health in the respondent. The data, however, proved otherwise (table 5.) Persons

Table 3. Average mental health (MH I) of 1,037 respondents ever married and not widowed, by current marital status and status of childhood home, Midtown study

Present marital status	Childhood home					
	Broken by death only		Broken by divorce, separation, or desertion only		Unbroken	
	Percent (N=232)	Ridit	Percent (N=67)	Ridit	Percent (N=738)	Ridit
Divorced or separated	13.8	0.60	23.9	0.63	10.1	0.62
Still married	86.2	.50	76.1	.46	89.9	.46

Table 4. Average mental health (MH I) of 1,660 respondents according to age when home was broken and father's socioeconomic status, Midtown study

Age when home was broken (years)	Father's socioeconomic status						Total	
	Low		Middle		High			
	Percent (N=482)	Ridit	Percent (N=671)	Ridit	Percent (N=507)	Ridit	Percent (N=1,660)	Ridit
6 and under	19.9	0.64	14.0	0.58	13.8	0.46	15.6	0.57
7–15	19.1	.54	19.2	.55	20.5	.42	19.6	.50
Unbroken before 16	61.0	.54	66.8	.46	65.7	.46	64.8	.48

whose remaining parent remarried had a higher mental health risk (0.59) than those whose remaining parent did not remarry (0.49). For persons whose remaining parent did not remarry, the risk was similar to those who came from unbroken homes (0.48). At all SES levels, but particularly in the low SES, the remarriage of the remaining parent is linked to the offspring's poor mental health (0.70). At all three SES levels the remarriage of the remaining parent increases the mental risk of respondents. In the high SES, those who stayed with the remaining parent alone are better off (0.40) than those from unbroken homes (0.46) or from broken homes where the remaining parent remarried (0.47). Remarriage, therefore, cannot accurately be described as the repair of a broken home but rather as an attempt to repair a broken home which often fails as far as the mental health of the children is concerned.

About two-fifths of the remaining divorced or widowed parents remarried, with little SES variation. The significance of remarriage came to light when we asked the question, "How well did you get along with your substitute parent?" Almost one-fourth (24.5 percent) of those whose remaining parent remarried got along "Not so well" or "Not at all" with their stepparents. Those who did not get along with the stepparent were considerably worse off (0.64) than those who did get along (0.54). The question arises whether children who are already disturbed over the loss of one parent are consequently unable to adjust to the stepparent. If so, this would mean that those children whose mental health was previously impaired would be more hostile to the parent substitute rather than that the advent of the parent substitute causes the mental disturbance. Unfortunately, we are unable to differentiate between these two hypotheses without longitudinal studies. To some extent, the older the respondent at the time the remaining parent remarried, the worse off he is with respect to mental health. Thus the wisdom of putting off a second marriage "till the children are old enough" is questionable.

Of particular interest to us was the remarriage of the widowed. We know from examining the widowed respondents that the mental health of the widowed who have remarried is not really different from that of the widowed who have not remarried. What is the mental health of the children of widowed parents? We found that the average mental health of the 193 persons whose widowed parent did not remarry is 0.47 (table 6), slightly healthier than the average of 0.50 for the population as a whole. On the other hand, the 109 persons whose widowed parent remarried are in considerably poorer mental health (0.58).

If remarriage of the widowed parent is associated with increased mental health risk of the children, the next question is, which is worse, the remarriage of a widow or a widower? We found this varied by the sex of the child. Sons whose widowed mothers remarried show less mental health risk (0.55) than sons whose widowed father remarried (0.58). Similarly, daughters are not as badly off when their fathers remarry (0.55) as when their mothers remarry (0.61). In general, we can see that sons are better off if fathers do not remarry (0.42), worse off if they do (0.58). Likewise,

Table 5. Average mental health (MH II) of 463 respondents, according to remaining parent's [1] marital status and father's socioeconomic status, Midtown study

Remaining parent's marital status	Father's socioeconomic status									Total cases	Percent of cases	Average ridit
	Low			Middle			High					
	Number	Percent	Ridit	Number	Percent	Ridit	Number	Percent	Ridit			
Not remarried	97	64.1	[2] 0.53_z	95	57.8	0.54	85	60.4	0.40	277	61.2	0.49
Remarried	56	35.9	[2] $.70_z$	73	42.2	.56	57	39.6	.47	186	38.8	.59

[1] The parent who remained with the child after divorce or death of other parent.
[2] The difference between ridits with the same subscript is statistically significant at the 5 percent level.

Table 6. Average mental health (MH I) of 302 male and female respondents who lost one parent by death, according to sex and marital status of remaining parent, Midtown study

Remaining parent and sex of respondent	Number of cases	Ridit
Not remarried		
Male respondent's—		
Father	15	0.42
Mother	58	.48
Female respondent's—		
Mother	90	[1] .44$_{a}$
Father	30	.58
Total	193	.47
Remarried		
Male respondent's—		
Mother	17	.55
Father	24	.58
Female respondent's—		
Father	30	.55
Mother	38	[1] .61$_{a}$
Total	109	.58

[1] The difference between ridits with the same subscript is statistically significant at the 5 percent level.

daughters are better off if their mothers do not remarry (0.44) and worse off if they do (0.61). These findings indicate that the like-sex widowed parent is more closely linked to the mental health of the child.

How different are these results from what a foreign social scientist might predict on the basis of analyzing our European heritage of folktales. He might be struck by the cruel stepmother who appears in our classic (European) fairytales, such as *Cinderella*, and be inclined to fear for the mental health of a girl with a stepmother in our culture. Yet his conclusions would be diametrically opposed to our data. The mental health of girls with stepmothers is considerably better (0.55) than that of girls with stepfathers (0.61). Moreover, stepmothers seem no harder to get along with than stepfathers. Thirty-four percent of respondent stepchildren did not get along with their stepfathers, while 36 percent did not get along with their stepmothers.

While the loss of one parent due to death may have some impact, the emotional "loss" by remarriage of the second parent, the chief remaining love object, deserves further attention by therapists and researchers. The practical problem of how to make remarriage into an emotional gain for the stepchildren rather than a loss, deserves our full consideration.

Summary

We have found that broken homes are not strongly associated with mental disorder in a randomly selected study group of 1,660 residents of the Midtown area of Manhattan in New York City. Certain conditions of broken homes related to such factors as socioeconomic status, age of the child, and the sex of the parent remaining with the child, can make the experience more stressful.

The study data tend to refute some often-accepted ideas. Remarriage does not necessarily repair the home for the child; on the contrary, it is associated with increased adult mental health risk. A stepfather may mean higher mental risk for a girl than a stepmother.

The importance of total prevalence studies which include treated and untreated mental disorders cannot be overestimated. The few such studies that have been done have clarified or refuted many ideas about the etiology of mental disorder based solely upon clinical experience with those in treatment. The next step in the development of this area of social psychiatry will surely be longitudinal studies of lifetime prevalence, which will give us further insight into the causes of mental disorder.

REFERENCES

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