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FIVE COLLEGE DEPOSITORY

THE PSYCHOLOGICAL PROCESS OF SEPARATION-INDIVIDUATION
IN ADOLESCENCE:

TWO COMPARATIVE STUDIES FROM DEVELOPMENTAL AND FAMILY SYSTEMS
PERSPECTIVES

A Dissertation Presented

By

SALLY GIGUERE GIGLIO

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1987

Education

Sally Giguere Giglio

1987



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THE PSYCHOLOGICAL PROCESS OF SEPARATION-INDIVIDUATION

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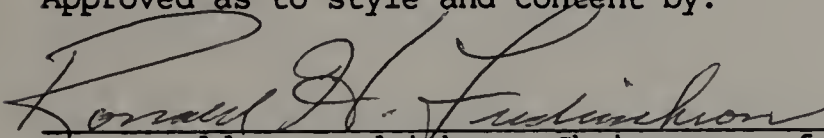
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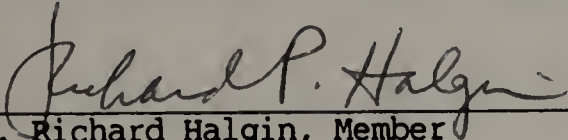
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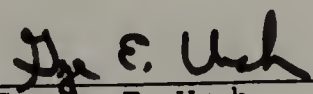
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DEDICATION

This work is dedicated to Richard, whose love, encouragement and sacrificed hours of help with statistics, word-processing and every other gruelling aspect of research have made this possible—and to Lindy and Jennifer who are constant sources of joy and pride.

ACKNOWLEDGEMENTS

I am grateful to my Dissertation Committee for their support, guidance, friendship, and creative ideas. I particularly want to thank Dr. Ron Fredrickson, who chaired my committee, for his help in clarifying my ideas and for his continued encouragement, guidance and optimism that I would finish!

I also am deeply appreciative of the generous amounts of time my dear friend and ex-intern, Jeanie Kuhn, spent helping me with the data reduction and analysis for this study. Dr. Alexander Blount also deserves thanks for brain-storming with me and coming up with the idea of a projective drawing to get an unbiased glimpse of sr. fears around leaving home. Thanks are in order for the many families and teachers who so graciously participated in this study.

Finally, my mother, Lillian Giguere, has my love and gratitude for teaching me that no mountain is too high to climb. Now I just want to romp in the meadows.

ABSTRACT

The Psychological Process of Separation-Individuation in Adolescence: Two Comparative Studies From Developmental and Family System Perspectives

May 1987

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This study investigated developmental and family environment factors related to senior year stress around leaving home. Hypotheses tested were based on separation-individuation literature from psycho-dynamic, developmental and family system theories. Two studies were conducted.

The population of the first study of symptomatic ($N = 6$) and nonsymptomatic seniors ($N = 7$) matched for gender and birth order was

designed Senior Transition Questionnaire (STQ), and Kinetic Family Drawing (KFD) coupled with researcher designed "One-Year-Later" KFD. The STQ and FES investigated transition related developmental and family environment factors to determine if separation anxiety could be identified in a school setting. All three instruments revealed differences between groups. Combined symptomatic senior/parent FES scores were lower than nonsymptomatic scores on Independence, Expressiveness, Cohesion, Intellectual-Cultural Orientation, and Active-Recreational Orientation and higher on Conflict and Control. On the STQ more parents of symptomatic seniors reported senior difficulty with transitions to junior high and to senior high.

A second study based on pilot study results used a senior rating instrument completed by school staff [Teacher Behavioral Observation List (TBOL)] to determine which participating seniors manifested symptoms of separation-individuation stress. Seniors distinguished as symptomatic (N = 23) and asymptomatic (N = 42) were statistically compared. STQ parent responses confirmed teacher identification of symptomatic seniors. Symptomatic senior-parent scores were higher on the FES Conflict variable than asymptomatic senior-parent scores. In responses on the FES and STQ, the symptomatic families exhibited more parent/child incongruity. In both studies, STQ data revealed that symptomatic senior-parent communication was "worse" during senior year and less "warm" and "close" and more "careful," "avoiding," "confused," and "critical" than asymptomatic senior-parent communication. Compared

to asymptomatic seniors, symptomatic seniors were more questioning of parental rules, and more likely to be first-born children with highly educated parents and have lower FES Achievement Orientation scores than their parents.

Conclusions were that instruments used in this study could help school counselors, psychologists and families understand seniors experiencing separation-individuation stress, and guide the design of school prevention and intervention programs.

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C H A P T E R 1

STATEMENT OF THE PROBLEM AND DEFINITION OF TERMS

Introduction: Statement of the Problem and Rationale

This study examined the psychological process of separation-individuation in late adolescence from a family systems perspective. Family systems theory was the writer's focus for investigating problems related to separation anxiety senior year in high school. An overview of intra-psychic and developmental theory relevant to the study was included because it provided theoretical underpinnings for much of the research literature on separation-individuation.

Although the college drop-out has been the focus of numerous research studies, there has been less research on adolescent problems that surface prior to the adolescent leaving home. This writer's eleven years of experience as a senior high school psychologist have provided experiential evidence that symptomatic behavior is often evident the senior year of high school. Interventions involving the senior's parents and siblings have been the most effective in resolving these separation problems.

Prior to this research I conducted a field study using relevant normed measures and self-constructed measures to demonstrate empirically theoretical assumptions about separation and individuation in adolescence. Using information from both the literature review and the field study I have extended the revised study to include a larger sample that was not matched and is representative of a typical class of seniors in a moderate-size middle-class school in the north-eastern part of the United States.

This study is organized in the following manner: In Chapter 1, I discuss the problem of separation-individuation in adolescence and the rationale for investigating this problem; In Chapter 2, I review the related literature and discuss the theoretical underpinnings of separation-individuation in adolescence. The review includes a brief overview of psycho-dynamic and developmental perspectives. The problem is then discussed from a family systems perspective and current research relevant to the problem is reviewed. In Chapter 3 I discuss the field study I conducted to empirically examine some of the theoretical constructs presented in Chapter 2. In Chapter 4 I discuss the methodology and results of this investigation.

Rationale

Adolescence is a nodal time for the eruption of serious psychological problems that have significant social and emotional cost. Problems at this stage not only impact on the future of the adolescent,

but also on schools, families and society as a whole. The adolescent separation-individuation process is a critical developmental stage that needs more theoretical research incorporating family systems theory so that preventive programs can be implemented.

When young people develop anxiety at this life-stage, they typically either act out or are apathetic and helpless, doing little to meet normal age expectations. When behavior becomes extreme, social agencies become involved with the youth and the family. At either end of the behavior spectrum the commonality is failure. These adolescents are unable to complete school or career training, do not support themselves, do not form healthy intimate relationships with peers and consequently have no social base outside the family. They often resort to drug or alcohol abuse in an attempt to alleviate their distress. Because of the adolescent's failures, families are forced to stay involved, with the involvement often appearing to the adolescent as rejection.

Separation anxiety is defined in the DSM III Manual (1980, pp. 50-53, Classification 309.21) as: excessive anxiety concerning separation from those to whom the child is attached, as manifested by at least three of the following:

- 1) unrealistic worry about possible harm befalling major attachment figures or fear that they will leave and not return
- 2) unrealistic worry that an untoward calamitous event will separate the child from a major attachment figure, e.g., the

child will be lost, kidnapped, killed, or be the victim of an accident

3) persistent reluctance or refusal to go to school in order to stay with major attachment figures or at home.

4) persistent reluctance or refusal to go to sleep without being next to a major attachment figure or to go to sleep away from home

5) persistent avoidance of being alone in the home and emotional upset if unable to follow the major attachment figure around the home

6) repeated nightmares involving theme of separation

7) complaints of physical symptoms on school days, e.g., stomach-aches, headaches, nausea, vomiting

8) signs of excessive distress upon separation, or when anticipating separation, from major attachment figures, e.g., temper tantrums or crying, pleading with parents not to leave (for children below the age of six, the distress must be of panic proportions)

9) social withdrawal, apathy, sadness, or difficulty concentrating on work or play when not with a major attachment figure

The duration of the disturbance must be at least two weeks, must not meet the criteria for Agoraphobia in children 18 or older and must not be due to a psychotic disorder or other Pervasive Developmental Disorder (DSM III, 1980).

The DSM III also states that fears in older children become systematized "around identifiable potential dangers." Adolescents with this disorder (especially boys) often deny their anxiety over separation from their mother, yet reflect it by being uncomfortable in situations where they are separated and are unable to leave home. Leaving for college is noted as being a typical situation that adolescents may avoid. The situation is said to persist for several years in extreme cases (p. 52).

Many of the serious problems in adolescence are related to separation/individuation such as adolescent suicide, school failure, somatic disorders, adolescent abuse by parents, anorexia nervosa, schizophrenia and teen-age runaways. The following publications document the seriousness of these problems.

Adolescent Suicide

Adolescent suicide has tripled since 1955 and is now the second greatest killer of thirteen to nineteen year olds in the United States according to Peter Giovacchini, M. D., a noted psychoanalyst who is an expert on adolescence. In his book, The Urge to Die, Why Young People Commit Suicide (1981), Giovacchini examines adolescent suicide psychodynamically and relates it to the enormous task of developing an independent, competent adult identity.

School Failure

Some troubled young people who are unable to successfully separate and individuate from their families become depressed and immobilized in school. They lose the motivation to successfully complete high school graduation requirements. Usually their grades decline, their attendance becomes sporadic and they lack clear goals. At the same time, they frequently change peer groups since their more functional peers are developing new interests and are working to attain new goals such as admission to college.

An example of this is a study by Abrams and Goldman (1974) which relates the separation-individuation process in both infancy and adolescence to reading and learning inhibition. Three case histories are presented which illustrate the author's hypothesis that unresolved separation-individuation conflicts can result in lack of motivation in school and in difficulties utilizing learning skills.

Another serious problem related to adolescent separation-individuation is the staggering number of freshman year college drop-outs. Of the fifteen million students entering college in 1981, six million, or 40% won't earn degrees and 20% will delay their baccalaureate. A high proportion of these will drop out freshman year partly as a result of a failure to successfully separate and individuate. Research efforts report that family problems influence a student's decision to leave college (McMillan, 1977; White, 1971).

Whiting's study (1980) on freshman year college drop-outs will be examined in more detail in the literature review section of this paper.

Adolescent Abuse

Foreman and Seligman (1983) report that adolescent abuse has reached epidemic proportions and accounts for over 30% of all child abuse and neglect reports (1983). It is suspected that a high proportion of adolescent abuse is unreported because the severity of physical injuries is often less extreme than with young children.

The authors report on research conducted by Urban and Rural Systems Associates that has isolated adolescent abuse into four diagnostic categories. Three of these categories directly relate to the separation-individuation process and are linked to family dynamics connected with this developmental process. This research and the family dynamics involved will be discussed in Chapter II of this paper.

Somatic Disorders

Some adolescents do not aggressively act out their fears and frustrations around separation/individuation. Rather, they isolate themselves from peer interactions and the normal adolescent socialization process and remain dependent on their families because of somatic or mental incapacitation. The research on anorexia nervosa and somatic disorders interfering with school attendance illustrate that adolescents sometimes become self-destructive and develop physical and emotional problems that can seriously threaten their health.

A case study by Bauknight (1978) illustrates the complexity and seriousness of adolescent situations where the need for autonomy is extremely thwarted by family situations. It is a case similar to many seen commonly by school psychologists and guidance counselors where a teen-ager develops psycho-somatic symptoms to serve some family need. In this particular case the mother had severe emotional problems and needed a care-taker. This particular child, a 17 year old boy, had developed debilitating problems that had interfered seriously with school attendance and normal peer interactions over a period of five years. Although this case is more severe and of longer duration than the norm, it serves to illustrate the sacrifices of autonomy that children will make in service to family loyalty.

Anorexia Nervosa

One psychological disturbance that seriously threatens the physical and emotional well-being of adolescents is anorexia nervosa. The seeds of anorexia nervosa are usually sown in childhood, but it is in adolescence, when there is normally a developmental urge to separate and individuate from the protective sphere of the family, that the symptoms of anorexia often first appear.

Anorexia nervosa is an extreme example of an impeded, dysfunctional separation-individuation process. For this reason a closer look at the problematic dynamics in anorectic families is helpful for our understanding of the differences between normal and

abnormal developmental processes and will be included in the literature review section of this paper. In many respects anorectic adolescents and their parents have subverted the developmental process of separation-individuation into a life and death struggle for control in an intense family entrapment.

Schizophrenia

Schizophrenia, a serious emotional disturbance, usually has its onset in late adolescence and is closely linked to a troubled separation-individuation process. In the struggle to find an identity there is confusion and psychological lability which leaves adolescents particularly vulnerable to latent disturbances. Schizophrenia is of special interest because families of schizophrenics are almost always isolated from the community. Consequently, the effects of the family on the schizophrenic child are intensified. Furthermore, while schizophrenia is thought by many researchers to be genetic in origin, family systems theorists focus their interest on environmental interpersonal factors.

Emaline Palmer has researched onset of schizophrenia in adolescents and her research that pertains to separation-individuation in late-adolescence will be discussed in Chapter II.

Teen-Age Runaways

Teen-age run-aways are another serious problem associated with a troubled separation-individuation process. Usually teen-age runaways

have had strained relationships with their families and the sudden departure is not totally unpredictable.

Since the 1960's, however, thousands of adolescents who are generally responsible, middle class youth from supportive families have been precipitously leaving home to join one of an estimated 2,500 communal groups in North America. These groups, on the surface, generally seem to be totally in opposition to the value system of the joiner. Some aspects of the particular groups, however, usually closely parallel the family ideals of the joiner.

Saul V. Levine is a psychiatrist who has recently published a book titled Radical Departures: Desperate Detours to Growing Up (1984). A recent article by him in "Psychology Today" (August, 1984) discusses his current research on the youth in our society who join what are commonly referred to as "cults." What he found the groups had in common were "the fantasized omniscience of leaders, rigid belief systems opposed to the outside world, and a studied strangeness." It is the "rapid total transformation of the joiner," however, that characterizes a radical departure (1984, p. 25).

Levine thinks that particular groups have appeal to joiners because the belief systems closely compare to family ideals of the joiner. His study of adolescents in cults has been conducted over 15 years and includes a thorough study of 15 radical groups and less thorough involvement with 100 other groups that have involved over

1,000 individuals. His research techniques include a demographic profile and several interview meetings with the adolescent run-away and interviews with their families, other relatives and close peers.

Levine believes that although radical departures in late adolescence are mystifying to people who have known the adolescents involved, in our societal context the departures make sense. What Levine feels distinguishes the radical departer from other teens is their inability to separate gradually from their families and establish individual identities.

He has discovered that radical departers have difficulty with the normal adolescent challenges of intimate relationships with people outside the family. They have not gradually built up resources and confidence that will allow them to separate from parents and find safety in the trial separation that communal living offers. Belonging is the essence of these groups and joiners are offered relief from their unsuccessful struggle for an independent self by participating "in a flawless group self" (1984, p. 25).

Levine's study shows that joiners are generally well fed, but that much of the smiling, simplistic behavior is similar to play acting. Levine is convinced that radical departures are "a rehearsal for separation, practice for the real task of growing up." They often become psychologically fortified by the experience and are able to

begin to deal with conflicts around separation/individuation (1984, p. 26).

Levine's research documented that most radical departers return home within two years. Levine thinks that the return home must be voluntary for any resolution of problems to begin. While he offers no empirical proof, he does not believe that deprogramming works because it interferes with the ability of the adolescent to use the "group self" identity to help establish psychological independence from parents. According to Levine's findings, deprogrammed group members end up feeling hostile towards the group they whole-heartedly embraced, guilty for their leaving home and even more fearful of the dangers of separation and independence (1984).

Levine believes that these groups continue to be spawned because as a society we are not succeeding in helping many of our young people toward independent and meaningful lives (1984, p. 27).

Summary

In summary, many serious problems of today's youth including school failure, somatic disorders, adolescent abuse, anorexia nervosa, schizophrenia, adolescent suicide and teen-age runaways that are often related to problems with separation from home and individuation. The extensiveness of these problems and the serious consequences arising from them are my rationale for further investigation of their

theoretical underpinnings and for research efforts aimed at increased understanding of the separation-individuation process in late adolescence.

Purpose of the Study

The purpose of this study is to investigate, by means of instruments designed to measure potential indicators of adolescent separation stress, the nature of separation anxiety as it manifests itself in a school system during the senior year. Aspects of the family system will be investigated through both the Moos (1974) Family Environment Scale (FES) and Senior Transition Questionnaires (STQ) for students and their parents which have been designed by this researcher to examine the transition histories of the parents and seniors in this study as they relate to separation anxiety. A Teacher Behavioral Observation List (TBOL) has been designed by the researcher to separate seniors exhibiting hypothesized behavioral symptoms of separation anxiety from non-symptomatic seniors.

Definition of Terms

1. **Blurred Boundaried:** A systems term referring to generational lines that are unclear and inconsistently enforced and result in dysfunctional triangular relationships (Haley, 1980).
2. **Circular Causality:** A systems term which conceptualizes members of a family as influencing and being influences by each other through a regulatory circuit of feedback loops. This is different from linear causality where individual behavior is seen as caused by outside events.
3. **Clear Families:** Families with clearly delineated boundaries where there is a balance between nurturance and effective control. Members feel both autonomous and loyal to family members (Minuchin, 1974).
4. **Complementary Relationships:** A systems term referring to one party in a relationship being "one-up" and the other party in a "one-down" position.
5. **Cross-Generational Coalitions:** A systems term referring to an interactional pattern where an overinvolved parent and child form an alliance against the other parent. Grandparents or other relatives can also be involved in cross-generational coalitions (Minuchin et al., 1978).

6. **Differentiation:** A psycho-dynamic term that refers to the first stage in the separation-individuation process of infancy (5-10 months) when the infant moves from a symbiotic relationship with the mother to a realization that mother is separate from self (Mahler, 1975). Also a systems term that refers to a continuum where there is fusion at the lowest end and families function in an emotionally charged, "stuck-together" way (Bowen, 1976).
7. **Disengaged Families:** A systems term referring to families where boundaries are rigid and members are slow to respond to stress in other family members (Minuchin, 1974).
8. **Double Bind:** A systems term referring to both parents joining a child in a coalition against the other parent so that alliances are covert and confusing (Lidz et al., 1965).
9. **Ego Continuity:** An intrapsychic term referring to a stage in adolescence where past family distortions of reality must be examined and corrected (Blos, 1979).
10. **Emotional Cut-Off:** A systems term referring to families that fight and avoid intimate family relationships because of unresolved feelings of not being loved or approved of (Bowen, 1976).

11. Good-Enough Mother: An intra-psycho term referring to a mother who actively adapts to her infant's needs when the infant is unable to tolerate frustration.
12. Homeostasis: A systems term referring to a protective shift in the organization structure of a family that maintains the status quo when change is threatening (Terkelson, 1980).
13. Identity Confusion: An Eriksonian term describing a prolonged regression in adolescence caused by a weak identity which causes psycho-social development to be delayed (Erikson, 1963).
14. Individuation: An intrapsychic term denoting "the evolution of intrapsychic autonomy; the achievement of a sense of separate individual identity (Edward et al., 1981, p. 3).
15. Marital Schism: A systems term referring to a marriage where spouses remain tied to their families of origin and each spouse denigrates the other to the children while competing for their loyalties (Lidz et al., 1973).
16. Marital Skew: A systems term referring to a marriage where conflicts in the marriage are masked and the pathology of one parent is denied so that reality is confused for the children (Lidz et al., 1973).

17. **Object Constancy:** An intra-psychic term referring to an internalized image of the primary love object in infancy that stays constant and provides a sense of security (Mahler, 1975).
18. **Over-Involvement:** A systems term referring to dyadic relationships where responses of each person to the other are exaggerated (Haley, 1980).
19. **Psycho-social Moratorium:** A term used by Erikson that defined a stage in adolescence where development is temporarily suspended (Erikson, 1963).
20. **Residual Trauma:** An intra-psychic term referring to a permanent residue of trauma that must be adaptively integrated into the personality in adolescence to ease fears of being victimized (Blos, 1979).
21. **Second Individuation:** An intrapsychic term used to describe a regression in adolescence where aspects of the separation-individuation stage of infancy are repeated to allow the adolescent to shift identifications from the family to a larger milieu (Blos, 1979).
22. **Separation:** An intrapsychic term used to define the developmental sequence of differentiation, distancing, boundary-formation and disengagement from the mother (Edward et al., 1981).

23. Separation Anxiety: An intrapsychic term referring to intense fear aroused at separation from a primary attachment figure (Bowlby, 1973).
24. Subsystem Boundaries: A systems term referring to the nature of the "line" separating individuals and the rules of the family that define who and how family members participate in interactions (Minuchin, 1974).
25. Triangulation: A systems term referring to a conflict defusing interactional pattern where spouses are in conflict and the child is pressured to side with one parent against the other (Minuchin et al., 1978).

CHAPTER 2

REVIEW OF RELATED LITERATURE

Organization of the Literature Review

The literature review discusses separation-individuation in adolescence from intra-psychic and family systems perspectives. The major emphasis of this review will be family system's theory, but the author will present a brief discussion of some of the psychodynamic and developmental literature that enriches our understanding of the adolescent preparing to leave home.

In the first section I will examine the psychodynamic perspective beginning with definitions of separation-individuation from a psychodynamic perspective. I will then highlight the work of Margaret Mahler and Peter Blos. I am including a brief discussion of Margaret Mahler's work on separation-individuation in infancy because Peter Blos theorizes that this process is repeated in adolescence. Consequently, Mahler's work provides the theoretical underpinnings to understand Blos's theories on adolescent character formation and separation-individuation issues. Blos theorizes that when there are difficulties in the first separation-individuation stage, serious reverberations of the earlier problems can recur. This happens at other critical times in the life cycle when major separations take place (Blos, 1979).

In Section II, I will briefly discuss the separation-individuation stage in adolescence from the developmental perspective with a major emphasis on the work of Eric Erikson. Although Erikson has a psychodynamic orientation, his developmental life stage concept is pertinent to this paper.

In Section III, I will discuss separation-individuation from a family systems perspective. I will focus on the structural work of Salvador Minuchin, and include other systemic theorists most relevant to my study of separation-individuation in the context of family relationships.

In Section IV current research that is specific to adolescent separation-individuation will be discussed. The author acknowledges that there is theoretical overlap between the psychodynamic, developmental and family systems points of view and will attempt to highlight similarities. It has been my experience in schools that a team approach involving special education teachers, guidance counselors, psychologists and consulting psychiatrists is most effective when the professional team can comfortably incorporate differences in theoretical positions. The divisions in this paper are forced for the purpose of clarity and organization.

Introduction: Discussion of Adolescence and Separation Anxiety

The adolescent has been described as "the middle child of our society, pulling in the direction of competing with adults for autonomy and with younger children for tender loving care" (Pollack, Bjork, 1978). Adolescents have also been described as moody and changeable, as having a capacity for fidelity and a need for diversity which leads them to test extremes before settling on a cause (Erikson, 1965).

Exactly what is adolescence and what time span does it encompass? Extended adolescence is part of our present culture because offspring often remain dependent on parents either because of extended schooling or because of inability to find employment until a much later age than was common in the past. Lidz writes that a graduate student of 23 may well be considered an adolescent (Lidz, 1968). It is the working through of the developmental tasks of adolescence—and key to the tasks is separation-individuation—rather than age which seems to mark the end of adolescence and passage into adulthood.

"Our adolescents seem to love luxury. They have bad manners and contempt for authority. They show disrespect for adults and spend their time hanging around places gossiping with one another...They are ready to contradict their parents, monopolize the conversation in company, eat gluttonously, and tyrannize their teachers."

This comment was made by Socrates 2500 years ago and is not out of context today. Possibly because many adults remember their own adolescence as a life-stage that was painful and difficult, research has been relatively sparse. James Anthony found that researchers "mirrored not only the usual uncertainty of the adult with respect to adolescence,

but also an unconscious resistance against re-activating their basic adolescent conflicts" (Caplan, 1969).

Prior to the 1960's Anthony found research on adolescence as a developmental stage was sparse compared with other developmental stages in part because adolescence was poorly described and lacked guiding constructs from which to raise meaningful questions. The introduction by Erikson of the concept of identity formation as a specific problem of adolescence stimulated research efforts. Since the advent of family therapy in the 1960's, there has been a more intensive look at adolescents in the framework of their family system since it the adolescent that is often the catalyst for seeking family therapy.

Section I: Psychodynamic Theory on Separation-Individuation

What is separation-individuation? Separation defined intrapsychically refers to the developmental sequence of "differentiation, distancing, boundary-formation, and disengagement from the mother" (Edward et al., 1981). Individuation intrapsychically defined "denotes the evolution of intrapsychic autonomy...the achievement of a sense of separate individual identity" (p. 3). Systems theory would have little to quarrel with in these definitions. The therepeutic approaches to realignment of a family system with problems around an adolescent's impending separation would be markedly different than psycho- dynamic treatment, however.

Separation anxiety from a psycho-dynamic perspective is thought to occur in young children because of the child's belief that "when his mother leaves he has eaten her up or otherwise destroyed her, and that in consequence he has lost her forever. That belief, it is held, arises from the ambivalent feelings a child has for his mother, an ambivalence made inevitable by the existence within him of a death instinct" (Bowlby, 1973, p. 376). Intense fear is aroused at separation from the primary attachment figure because mother is perceived as leaving because she is angry with the child and consequently may either not return or will punish the child when she does. As a result, anxiety becomes aroused throughout childhood at the prospect of any separation from attachment figures (p. 377).

Mahler's Theory of Separation-Individuation in Infancy

According to Mahler (1975) there are four subphases of the separation-individuation process:

(1) The first is called differentiation and occurs from 5-10 months when the infant moves from an undifferentiated, symbiotic relationship with the mother who, up to this point, has satisfied all the infant's needs in a totally dependent relationship. If the needs of the infant have been relatively satisfied by a "good-enough mother" (one who actively adapts to the infant's needs when the infant is unable to tolerate frustration), basic trust will have developed and strangers will be reacted to with "confident expectation" according to Mahler.

Contact with the father is important at this phase to attract the infant from the symbiotic tie with the mother (Edward, Ruskin and Turini, 1981, pp. 16-17).

Identity formation begins to occur at this time when the mother responds to the infant in her own selective way and fosters particular attributes that create a unique child who reflects the personality and needs of the mother. The infant uses his or her senses to explore the environment and checks "the unfamiliar against the already familiar" (p. 18). "Stranger anxiety" that occurs when the infant realizes that a stranger is not mother is the first threat of object loss or separation anxiety.

(2) Practicing is the second subphase of separation-individuation that occurs between 10-15 months when the child begins to creep and eventually walk and practice motor skills which make wider exploration of the world away from mother possible. These newly acquired motor skills are also extremely important because the child is now more in charge of determining closeness and distance. This stage is characterized by a "grandiose self image" and the child is aware of being praised for his or her new mobility. The child begins to internalize the mothering behaviors that are soothing and that lessen anxiety, often through a transition object like a blanket. The transition object is discarded when the internalization process is complete. Critical to the internalization process is the child's

understanding of the relationship between his or her signals of distress and the anxiety reducing behavior of the mother (1981, p. 22).

(3) Rapprochement is the third subphase that occurs between 15 and 22 months when the child recognizes that the mother is a separate person and the child must give up the earlier "delusions of grandeur." Mahler speaks of this painful stage as the "rapprochement crisis" (Mahler, 1972) which involves the child's wish to have mother magically satisfy needs, yet do it in such a way that the child isn't reminded of his or her helpless dependency. The behavioral manifestation of wanting to hold on to mother while pushing her away at the same time is called "ambitendency" which develops into ambivalence at a later time. This is the "no" stage where children become aware of their powerlessness and repeat "no" in both an identification with and a resentment of mother's power.

This is a period of indecision and conflicting wishes where father becomes an important representation of the world outside the symbiotic mother-child unit. Father can help support the child against his or her regressive wish to return to a symbiotic relationship with mother (1981, pp. 24-25). The rapprochement phase child becomes aware of the special couple relationship of father and mother and of their couple relationship to the child. Triadic relationships become possible as the child's object relations shift to include the father as an identification object who helps form sexual identity and lessens the over-involvement of mother and child.

(4) The fourth phase in the separation-individuation stage is more open-ended than the other three. Mahler (1975, p. 109) states that the main tasks of this phase are "1) the achievement of a definite, in certain aspects, lifelong individuality, and 2) the attainment of a certain degree of object constancy." The "good" and "bad" object are incorporated into a united mental representation which helps fuse libidinal and aggressive drives. This, in turn, helps the 2 1/2 to 3 year old to function independently without mother present. The culmination of the separation-individuation stage is an internalized image of the primary love object (usually the mother) that is achieved both emotionally and intellectually and that remains relatively constant. This is called object constancy and gives the child a sense of security even when the child is distressed (1981, p. 29).

The result of a normal separation-individuation process with a "good-enough mother" (Winicott, 1953) in an "average expectable environment" (Hartmann, 1939) is that the child is now able to enjoy friendships and experiences beyond those that primarily involved mother.

Edward et al. (1981) report that "children do better (at this first separation-individuation stage) if they can be active in the leave taking(s)—acting, rather than being acted upon" (p. 28). Throughout the life cycle Edward et al. point out that "some degree of separation anxiety can be anticipated in reaction to life events that promote a new level of separated development...The adult who enters college or

employment (is) ...confronted with a new level of separation.

Unconsciously, perhaps consciously at times, these changes are eased by drawing on all that has become associated in the mind with the "idea of mother'" (p. 30).

Mahler describes self-constancy as an enduring individuality which contains both an awareness of being a separate and individual entity as well as an "awareness of a gender-defined self-entity" (1981. p.31). To complete Mahler's model, in the first separation-individuation stage a child must have self-constancy as well as object constancy which are thought to be interdependent (p.32).

Blos's Second Individuation Stage in Adolescence

Blos (1979) characterizes a second individuation stage (similar to Mahler's model) occurring in adolescence as one of the four separate processes necessary for character formation and consolidation. This character synthesis is similar conceptually to Erikson's identity concept and is seen as the essential developmental task during adolescence. During this stage one develops and consolidates distinctive traits and tendencies and starts to feel comfortable with ones' character (which is the same as "self").

Blos states that "character formation and adolescence are synonymous." An essential flexibility of psychic structure is necessary

for the radical revisions and restructuring of character that take place in the normal course of adolescence (Blos, 1979, p. 183).

The four developmental stages Blos thinks are necessary for the attainment of character formation which leads to adulthood are:

1) The second individuation, which involves a regression so as to allow the adolescent to disengage from infantile object ties and form shifting identifications outside the family milieu;

2) Containment of "residual trauma" which prevents the arousal of earlier "signal anxiety" by automatization and internalization of responses to conflict situations. "Residual trauma" refers to a permanent residue of trauma that is part of everyone's experience. When these traumas are integrated in a healthy way, they have been adaptively conquered so that the world is not viewed as dangerous and the adolescent does not live in fear of being victimized (Blos, 1979, p. 183-184);

3) Ego continuity which refers to the need for adolescents to examine "family myths" and correct distortions of reality given by the family and outside world so as to establish a corrective historical perspective. This helps the ego mature and disengage from the protective "envelope of the family ...(which) has outlived its former usefulness" (P. 186);

4) Sexual Identity which refers to the emergence of a sexual identity which is accompanied by a growing capacity for relationships with the opposite sex (p. 187).

Some of the problems connected with "the second individuation," the first of Blois's developmental stages in adolescence, is a revival of the oedipal complex. This happens at a time when sexual repression is more difficult than in childhood. The adolescent must renounce incestuous objects and direct sexual feelings outside the family. Females must overcome fears of pregnancy, venereal disease and penetration. Males must overcome fears of envelopment by females seen as mother (from whom he is trying to separate) and castration by father as well as performance anxiety with a love object. The adolescent and the opposite sexed parent have to mutually establish a comfortable distance because of fears of incestuous wishes. During this time the super-ego undergoes modification so that restrictions against sexual gratification are relaxed. A transitional stage of increased involvement with same sex peers is necessary to secure the sexual identity before there can be a movement to the opposite sex (Blois, 1962).

In summary, during this second individuation new identifications, such as a best friend or group allegiance, take over super-ego functions. There is disengagement from infantile object ties and a withdrawal from the protective dependencies of childhood. This can often seem regressive, but Blois sees it as a necessary step. In the second of his four developmental stages in adolescence, Blois discusses a need for adolescents to integrate residual traumas from childhood into the ego so that the youth comes to terms with the traumas and develops inner resources for dealing with similar situations rather than projecting

them on the outside world and feeling victimized (1979). A critical re-evaluation of parents and family myths is part of what Blos refers to as ego continuity, his third developmental stage of adolescence. In this stage, the adolescent attempts to disengage his or her ego from the family and gain his or her own "historical perspective." Finally, in the fourth stage, consolidation of a sexual identity from the more amorphous, ambiguous identity of childhood, is also seen as important by Blos in that it takes away from the adolescent's drive if not accomplished (1979).

In order to accomplish the developmental tasks mentioned by Blos, he believes adolescent needs parents: 1) To fulfill his or her wishes to feel secure; 2) to have someone against whom to try out feeling separate and mature; and 3) to find a yardstick to measure his or her future ego ideal and superego; and to fulfill the wish to be loving and loved. To summarize the desired outcome of the four developmental stages of Blos's theory in his words: "The heir to adolescence is the self" (1962, p. 136).

Section II: Developmental Perspectives on Separation-Individuation

Erikson's theory on adolescence as described in what he terms the 5th development stage, "Identity Versus Role Diffusion," sheds light on how the normal separation process occurs and how identity confusion can develop and interfere with the normal developmental process.

The search for a "self," or "identity"—a clear feeling of who one is—is considered by Erikson (1968) to be the primary developmental task of the adolescent. This fifth of eight developmental stages that Erikson identifies in the human developmental life cycle is labeled identity versus role diffusion. According to Erikson, the "self identity emerges from experiences in which temporarily confused selves are successfully reintegrated in an ensemble of roles which also secure social recognition. Identity formation thus can be said to have a self-aspect and an ego-aspect" (p. 211).

Erikson speaks of the adolescent ego as helping contain the postpubertal id, appeasing the emerging superego and serving a synthesizing role in its primarily psychosocial function (p. 211). In our society adolescence is prolonged, which allows for an extended period of experimentation with a variety of roles during this search for an identity.

According to Erikson, prior to adolescence the personality of the latency child has normally achieved some balance and integration. By this stage (ages 9-12) the child is solidly integrated into the family and has an established social status with a group of friends. He or she can organize him or herself and handle problems at home and school with some sense of autonomy. The latency child is oriented more towards the exterior world than the interior world, has an intellectual curiosity, and can accept his or her limitations. In short, the latency child is generally active and content with self at this stage of mastery over the tasks of early childhood (1968).

With adolescence the total body image undergoes dramatic changes, with leaps of growth in height and weight and the appearance of secondary sexual characteristics, development of the genital system and the accompanying sexual urges. These urges are a source of energy and drive accompanied by underlying frustration (1968).

Erikson writes that modern society often thwarts the moral core of adolescents, which historically has been a need for fidelity-"the search for something and somebody to be true to" (Erikson, 1965, p. 3). When a society such as a democracy emphasizes autonomy, independence and initiative in the form of constructive work and then makes it difficult for adolescents to get work and thus feel confirmed through fidelity to these ideals, their ego development can be thwarted. Erikson believes that when a society does not provide at least ritualistic combinations of ideological frameworks and vigorous physical movement (such as

spirited team sports) for its adolescents they will often turn to delinquent or self-destructive avenues to fulfill their need for fidelity, confirmation, and active locomotion (1965).

Erikson developed one of the most comprehensive theories of the adolescent development stage. He describes ego identity as a "unity of personality, now felt by the individual and recognized by others as having consistency in time--of being, as it were, an irreversible historical fact" (1965, p. 13).

In adolescence the total personality structure "loosens" as it reorganizes. There is an intense self-centeredness as the emerging identity seeks to study this transformation and experiment with what he or she is to become (Erikson, 1963). He states that "in no other stage of the life cycle, then, are the promise of finding oneself and the threat of losing oneself so closely allied" (p. 11).

Erikson stressed the important interplay between the individual and society in meeting developmental tasks. He saw the crisis of ego identity in adolescence as a psychological process reflecting social processes (1963):

"In youth, ego strength emerges from the mutual confirmation of individual and community, in the sense that society recognizes the young individual as a bearer of fresh energy and that the individual so confirmed recognizes society as a living process which inspires loyalty as it receives it, maintains allegiance as it attracts it, honors confidence as it demands it" (1963, p. 13).

"...That the active, selective ego be in charge and to be helped to have it in charge by a social structure which gives a given age the place it needs--and in which it is needed" is seen by Erikson as an important issue for adolescents (1963, p. 13).

Erikson characterizes all disturbed youth as having difficulty accepting their histories. They often deny what happened in their histories and challenge all past and present parental premises which interferes with their abilities to invest trust in the future.

Erikson speaks of a psycho-social moratorium during adolescence in which development is temporarily suspended. During a moratorium the adolescent stops experimenting with drives that are future oriented. In more disturbed cases, the moratorium of illness becomes an end in itself, rather than a temporary time of reflection. Death and suicide can become a preoccupation. In disturbed adolescents, death can be preferable to committing oneself to a future history that is objectionable because the adolescent is unable to reconcile with their past and present history (1963, p. 18).

Although there is some repudiation of the past in all first steps towards identity formation, in more disturbed teen-agers this can be turned against the self as well as the family. In these cases adolescents are unable to give loyalty and they fear fusion from intimate relationships.

This type of disturbance can produce both feelings of intense superiority and inferiority at the same time and lead to social isolation. These teen-agers try to solve by isolation what other confused adolescents attempt to solve by joining deviant cliques. Both types, according to Erikson, want to deny the irreversibility of their life history and want to generate a pseudo-tradition because they are unable to complete the normal tasks of adolescence. This phenomenon relates to the increasing numbers of adolescents leaving home to join cults.

Identity confusion refers to the feelings of estrangement just discussed, and is a substantial danger in adolescence. It can happen when regression occurs, when there is too prolonged a moratorium, or when there are impulsive attempts to end the moratorium. Acute identity confusion manifests itself when an adolescent is exposed to "a combination of experiences which demand his simultaneous commitment to physical intimacy (not by any means always overtly sexual), to decisive occupational choice, to energetic competition, and to psychosocial self-definition" (1968, p. 166). Whether or not an adolescent regresses to the paralysis of identity confusion at a time such as this depends on the degree of latent illness. Identity confusion results from a weak identity and serves the purpose of helping the adolescent postpone choice, growth, and commitment to a self-identity.

Erikson has identified specific factors in the family dynamics and childhood histories of adolescents with acute identity confusion. The

mothers of these adolescents usually emphasize social status and facade over honest feelings. They are unusually intrusive and jealous of others and are so desperate for love and approval that they burden the adolescent offspring with complicated complaints about the father and about their feelings of being rejected by the withdrawn adolescent. Usually the mothers relate more intensely with the adolescent in question than with other offspring. Erikson views the extreme withdrawal on the part of the adolescent and the desperate intrusiveness on the part of the mother as expressions of a similar social vulnerability (p. 177).

Fathers of adolescents with identity confusion are usually successful professionals who are excessively dependent on their wives and consequently jealous of the children. They surrender what initiative they have to their wife's intrusiveness and are evasive and under-functioning in the family. Usually the adolescent in question has a symbiotic relationship with one sibling and has surrendered his or her identity in a merger with a brother or sister who is seen as more powerful. Often there is a rage or paralysis when the adolescent in question realizes that there isn't enough identity for two and the sibling has it all. Developmentally, the adolescent with identity confusion has sometimes had a history of untreated early autism or a trauma in connection with a separation from home (1968, pp. 176-179).

Identity Formation involves the repudiation of family myths and other historical perspectives passed on to the child by the adult world

(Blos, 1979; Erikson, 1963). This is a healthy first step in identity formation. There is a need for solid peer relationships as well as relationships with other significant adults to help in the process of separating from the family (1968, 12a). With identity confusion, this repudiation gets turned against the self. This often can result in an inability to love, to form loyal ties, or to concentrate on school work (1963).

Erikson points to the need for active locomotion during adolescence which is particularly fulfilled these days by youth who are talented in understanding new technological advances. However, it is often frustrated in youth experiencing identity confusion. The easy access to the passive activity of television viewing today may be further exacerbating the problems of adolescents experiencing identity confusion.

Irene Josselyn, (1971), who was commissioned by the government to write a book on adolescence, speaks of them as being reactive and needing many interests, all frenetic and active, with which to deal with the tensions associated with the fear and excitement surrounding sexuality. This need for activity (or locomotion) also is associated with their need for experimentation with other adult behaviors that are being given a "trial run."

Two ways that adolescents experiencing identity confusion can manifest it are through extreme social isolation or through acting out

with cliques or gangs where they can deny their "historical tradition" (Erikson, 1963) and develop their own unique ethics and traditions that are often anti-social. Conformism to the rules of the gang is demanded rather than conforming to family or societal rules. Those feeling isolated and alienated from the normal developmental progression towards a career put energy into "jobs" such as gang fights or thefts. There still exists in these youth what Erikson terms an "impotent craving to be true to the self," but a lack of discipline that is needed for constructive fidelity. These youth feel "an acute historical estrangement" (1963, p. 24).

Most adolescents are conformists (Josselyn, 1971) and turn to peer groups or friends with unquestioned loyalty which is seen as a defiance of social demands. Being a member of the gang is equated with no longer being a child so that it is safe to turn here for the security, protection, friendship, and dependency gratification they have received up to now from their parents.

Along with the dramatic physiological changes and accompanying sexual urges in adolescence discussed by Erikson come leaps in reasoning capacity. Piaget (1973) has extensively researched the development of the reasoning process and cites the change from concrete to abstract reasoning as evolving between the ages of 11 and 15. The achievement of "formal operations" complements the need to develop a sense of identity because the adolescent must narrow down choices of occupational, sexual, personal and ideological commitments. Thus, not only does the

adolescent acquire a new body image and a new sensory world, but also a new ability to deal with such abstract concepts as values and philosophical ideas. Piaget writes that moral development takes place in adolescents by means of the creative tension between being true to oneself and relating to others (Kay, 1968, p. 98).

Piaget's view of the adolescent stage of moral development is similar to Erikson's view of adolescent fidelity. Piaget speaks of the adolescent stage of moral development as one where conflicts between the self and society are now internalized and solved from within. However, the adolescent often feels as though he or she stands alone against society and feels despair and depression over what is seen as unresolvable conflicts. Adolescents are altruistic and feel they must rediscover and reappraise whether historical values are moral or valid (Kay, 1968).

Research done by Morris in which fourteen problem situations were given to high school students and the nature of their moral judgments were analyzed, found them to be more conforming in their moral judgments than grammar school students. An anti-authoritarian attitude was found in boys as well as an increased complexity of value judgments, which supports Piaget's conclusions (Kay, 1968, 174-177).

John Bowlby's theories of adolescent development overlap the psycho-dynamic and developmental sections. In his study, Attachment and Loss, Vol. 1 (1969) John Bowlby points out that the need for attachment

goes through periods of decrease and increase according to developmental needs. In adolescence there is an intensification of need for contact. Teen-agers who are unable to fulfill this need have emotional difficulty. Bowlby states:

During adolescence a child's attachment to his parents grows weaker. Other adults may come to assume importance equal to or greater than that of the parents and sexual attraction to age mates begins to extend the picture. As a result individual variation, already great, becomes even greater. At one extreme are adolescents who cut themselves off from parents; at the other extreme are those who remain intensely attached and are unable or unwilling to direct their attachment behavior to others; between the extremes lie the great majority of adolescents whose attachments to parents remain strong but whose ties to others are of much importance also. For most individuals the bond to parents continues into adult life and affects behavior in countless ways. In many societies the attachment of daughter to mother continues more strongly than that of son to mother...finally in old age, when attachment behavior can no longer be directed towards members of an older generation, or even the same generation, it may come instead to be directed towards members of a younger one (1969, p. 207).

Gardner, another adolescent theoretician, believes there are four primary tasks for adolescents: 1) the achievement of relative independence and autonomy (separation-individuation); 2) control of sexual impulses and establishment of an acceptable code of morality; 3) establishment of a definitive and final sexual identity conforming to his or her biological sex role; and 4) making educational and vocational choices (Gardner, 1958).

Discussion of Developmental Differences Between the Sexes

Are there developmental differences between the sexes? Prior to the industrial revolution the psychological and educational development of all adolescents was primarily contained in a family setting. After

industrialization, sex-role differences were sharpened with the guardianship of the home, morality, and domestic life emphasized for girls. In the 20th century sex-role differences have become blurred as have the hierarchical structures of families, with school and the peer group exerting a greater influence on both sexes (Giovocchini, 1979).

Macoby and Jacklin (1974) tell of fairly well-established differences between the sexes including: 1) boys are more aggressive; 2) boys excel in visual, spatial and mathematical ability; 3) girls have greater verbal ability. However, the authors point out that some differences, such as "girls are more social and suggestible" or "girls have lower self-esteem and lack achievement motivation" are stereotypical differences that are not based on research findings.

Giovacchini (1979, p. 266) writes that adolescent boys differ from girls in that they are better able to handle sexual feelings through adaptation processes. Competitive behavior, aggression, and displacement are supported by society, but not without some ensuing psychological costs for boys. He speaks of a developmental lag in adolescence where the ego isn't yet able to integrate new sexual feelings. Consequently it must diminish their cathexis (concentration of psychic energy) in order not to be overwhelmed. He feels this lag is more marked in girls than in boys and that it is biologically, rather than culturally, rooted.

Clinical experience is showing that the current permissiveness for both genders has not lead to an easier integration of sexual impulses for either sex. Boys can no longer safely fantasize about their sexual prowess when society does not protect them with guidelines about the need for sexual restraint. Their self-esteem can be damaged when they are in situations where they feel pressured to perform sexually when they are not yet emotionally secure.

Giovacchini thinks that the removal of sexual barriers for girls means that they must often integrate biological urges relatively quickly into the ego system and self representation (Giovacchini, 1979, p. 266). Giovacchini thinks that the psyche can't keep up with the rapid physical changes and that some repression of impulses in the service of a developmental lag is particularly necessary for female development (pp. 265-266).

Blos (1962) feels that our culture puts a special pressure on males in their drive for autonomy, in that they are expected to repress their passivity. Passivity in females is more acceptable and therefore there are fewer societal pressures on the adolescent girl to individuate from the family. It is interesting that both Giovacchini and Blos point out the same developmental differences between the sexes. However, Giovacchini feels that societal acceptance of aggressiveness in boys makes adolescence easier for them. Blos, on the other-hand, feels societal acceptance of passivity in girls (but not boys) makes the individuation process more gradual and less pressured for girls.

Part of the impetus to separate from family has normally come from sexual impulses which have been restrained in the family context. With the changing, more relaxed, mores and increasing difficulty with employment of youth, there may be less of an urgency to complete the difficult tasks necessary for separation-individuation.

Anna Freud (1958, P. 169) feels that the essential difference between normal adolescence and pathology is whether the cathectic shifts occurring in adolescence are sudden or gradual; when detachment from parents is more gradual, the defenses (such as isolation, denial, rationalization) are transitory and not overly intense. The issue, then, is to help adolescents find the comfortable balance between a gradual separation from parents and development of a solid identity. The home and society must provide the necessary conditions for the adolescent so that he or she has the necessary drive to complete the task.

In summary, the psycho-dynamic and developmental perspectives would view the seriously disturbed adolescent as unable to translate daydreams into purposeful behavior and task mastery. He or she is: 1) unable to maintain object constancy, 2) fears loss of self, 3) has megalomaniac fantasy goals to restore self-love and defend against hopelessness, and 4) manifests a quasi-search for goals (Ekstein, 1968, p. 350). These adolescents are terrified of death and their struggle is for survival rather than purposeful behavior directed at task mastery. The inability

to maintain object ties is often precipitated by a "fear of loss of control over incestuous, homosexual or homicidal impulses" (Lidz, 1968, p. 326).

Section III: Family Systems Perspective On Adolescent Separation-Individuation

I shall begin this section with a brief socio-cultural overview of the American nuclear family. I will then discuss differences between the psychodynamic, behavioral and systemic conceptual models. Finally I will elaborate on basic systems concepts that are important to understanding the family systems perspective on adolescent separation-individuation issues.

The nuclear family, which is the middle class norm in American society today, is thought to be in a transitional period by many sociologists and family theorists. Since the 1970's there has been an increase in single parent families as well as increased numbers of families with both parents working outside the home.

Margaret Mead (1970) has written that in periods of very rapid change, the younger generation in some respects may be better informed about changing realities such as high technology, drug use, sexual mores, racism and popular music. Consequently, they may end up educating their parents about the new culture. Mead feels this can blur and confuse generational boundaries and the consistent transition that

is important for many aspects of psychological development (Mead, M.. 1979).

Bronfenbrenner, in his book Two Worlds of Childhood (1970), investigated the childhoods of Soviet and American children. He found that in the soviet system children had more structured environments in late childhood and adolescence than American youth. However, soviet youth had considerable indulgence and attachment experiences from adults in early childhood. His book expresses his concern for the looseness in the American environment where adult-child relationships are often inadequate and where our young people are usually more peer than adult oriented.

The generation gap that Mead alludes to is also seen by Minuchin, a family systems theorist, as one of the factors contributing to the "family relinquishing the socialization of children earlier and earlier." He also thinks that "the school, mass media, and the peer group are taking over the guidance and education of older children" (Minuchin, 1974, p. 50).

Minuchin speaks of the need to see the current American family in a sociological and anthropological context in order to understand both the family structure and the structural adaptations needed to adjust to the enormous changes in the larger sociocultural system. He cites the Masai society and the Israeli kibbutzim as examples of societies where the adolescent peer group cultures had (and have) specific functions.

In the Masai society the adolescent group was largely independent, but was delegated specific tasks under the supervision of the tribe's warriors. In the Israeli kibbutzim the youth group is similar in that it has clearly differentiated tasks with adult support and supervision, yet it functions relatively independently so as to begin the process of separating from the family. Minuchin states that Western "society has not developed adequate extrafamilial sources of socialization and support" and "does not have clearly differentiated functions for adolescents" (1974, p. 50).

From my experience as a school psychologist I agree that the schools are being delegated increasing responsibility for the care and guidance of adolescents. This is problematic because it seems to be happening in a laissez faire way without clear definition and agreement of the roles of school and family in the lives of adolescents. Often the school steps into a surrogate parent role in response to crisis situations that arise from the break-down of clear lines of authority, supervision and support.

The school and parents sometimes each feel that boundaries have been overstepped and responsibility misplaced. The adolescent is often in the position of acting out and waiting to see who cares enough to define clear expectations of role, function and behavior. If school is to become the extrafamilial source of socialization and support then there needs to be family-school consensus. Extensive philosophical

dialogue between home and school (or other social agency) on how this can be helpful is needed as well as additional resources provided for schools before this takes place. Clearly, the nuclear family in most cases will continue to be the primary influence on adolescents.

Minuchin, known for his structural approach to family interactional patterns, has written an important book titled Psychomatic Families (Minuchin et al., 1978) in which he describes psychodynamic "treatment of psychosomatic illness as progressing by the 1950's to a conceptual model that saw man as acting and reacting in an increasingly social context." This model is described as a funnel in which three major components—life stresses, emotions, and physiological disease—are linked in a linear, causal relationship to the "passive target of their effects" (p. 18).

Although current circumstances in the identified patient's life were recognized as precipitating factors in such illnesses as anorexia nervosa, the major treatment focus and search for etiological clues was with the individual patient alone.

Stierlin (1972), an adolescent psychiatrist and theoretician, is an example of a current writer and practitioner who bridges the gap between the psycho-dynamic and systemic approaches to the adolescent separation process. Stierlin (1972) has developed a model which tries to conceptualize the complexity of the separation process in adolescence by means of studying both the interpersonal conflicts involving parents and child

and the intra-psycho conflicts described in the psychoanalytic literature as they intermesh. He also believes that separating adolescents must be studied in the context of their family, school and peer life. Stierlin hopes that a widened perspective will "refine the theory and practice of adolescent psychiatry" (p. 312). He states:

Our understanding of adolescent conflicts increases when the separating adolescent and his parents are studied. Separation in adolescence presents itself then as a transactional process. In this process the contributions of parents and offspring become equally important, and the conflicts involve both generations (p. 299).

Minuchin describes the behavioral model as focusing attention on controlling contingencies around the disorder rather than on etiological factors. With anorexia this type of treatment met with success in a controlled hospital setting, but often was not sustained when the patient returned home to an unchanged, uncontrolled family environment (1978, p. 19).

Systems theory is the major focus for the author's work with adolescents in schools for several reasons. Systems theory and interventions apply to larger social systems as well as to families. Schools are generally non-stigmatizing arenas where families are accustomed to seeking help for their children.

However, there is generally a "complementary" nature to home-school relationships which assumes that school personnel have a "one-up" position with students and their parents. The "non-blaming" and "positive reframing" aspects that are integral to systemic thinking are

helpful in overcoming this. A symmetrical relationship with a balance of power is desirable to effectively promote change. Systemic theory allows the school psychologist or counselor a neutral position in regard to home/school problems from which s/he is able to enter the family system and help provide different frames of reference for remediation.

In a discussion of systems theory it is important to realize that different people equate different meanings to the word systems. Prior to 1970, the systems view was a minority view in family therapy and much of the work being done had a strong psychoanalytic theoretical base--particularly that of the Ackerman group in New York (Guerin, 1976).

Currently, Guerin identifies four kinds of systems orientations:

1) general systems, which refers to understanding human behavior in a broad social context, but where interventions are generally linear (cause and effect);

2) structural family therapy, typified by Minuchin's work which considers the characteristics of families, boundaries, and structural concepts like triangulation as well as communication patterns, symptom focus and paradox;

3) strategic family therapy is based on the work of such theorists as Bateson, Jay Haley and Milton Erickson and combines "a communication systems approach, the use of paradox, and the strategic wizardry of Milton Erickson...The focus is on the presenting symptoms; the reality of the problem is defined as narrowly as possible, and strategies of intervention are planned. A basic premise is that reality is defined as we choose to define it (with the hope) ...that intervention will bring

about an alteration and redefinition of "reality" in the form of a more functional solution" (p. 20);

4) Bowenian family systems theory and therapy which works within a three to four generation frame of reference and focuses on triangulation, marital fusion, differentiation from the family of origin, and learning to control emotional responsiveness so as to remain "workably objective in an intense emotional field" (Bowen, 1976, p. 53).

I will attempt to incorporate theoretical concepts from these four orientations with special focus on the structural approach since, as Guerin states, "He (Minuchin) may well end up by bridging the ideologies (of psycho-analytic and systems orientations) in such a way that it will allow therapists to move comfortably back and forth between them" (p. 20).

Premises of Systems Theory

- 1) A system (such as a family) is part of larger social systems as well as being comprised of many subsystems.
- 2) A system as a whole is greater than the sum of its parts.
- 3) A change in one person or relationship in a system affects the behavior and inner psychic processes of others in that system.
- 4) A system needs to create a balance between stability and change.
- 5) Individual behaviors are not entirely the result of internal processes and are best understood as being interactional patterns

governed by characteristics of the social system to which the individual must adapt (Minuchin, 1974, p. 9)

6) Systems possess self-regulatory ability through the process of feedback.

7) Feedback systems can simultaneously occur at several different systems levels. There is a wide field where interventions can occur including a variety of social contexts.

8) Change generally moves from larger units to smaller units (from society to the family) although the family is an open system constantly in transformation (Minuchin, 1974, p. 50).

Family therapists view emotional problems from an interactive point of view and consider the adolescent stage of children to be a particularly critical time in family life. At this time there are normally attendant crises as well as opportunities for growth. When any family member experiences a change in status in the family or any other threat to his or her basic security, the family shifts into an organizational structure whose purpose is directed at survival rather than at meeting the developmental growth needs of its members. This structure is termed homeostasis by family therapists (Terkelson, 1980, p. 22).

The focus in looking at the separation-individuation process from a family system perspective shifts to a closer examination of family transactional patterns. It treats the problems of the adolescent from an interpersonal rather than an intra-psychic level and takes into

account the social context of the problem so that interventions include not only the family, but the school and other involved social agencies. The symptomatic behavior is conceptualized as both influencing and being influenced by the rules and structure of the family. Minuchin (1974, p. 20) states:

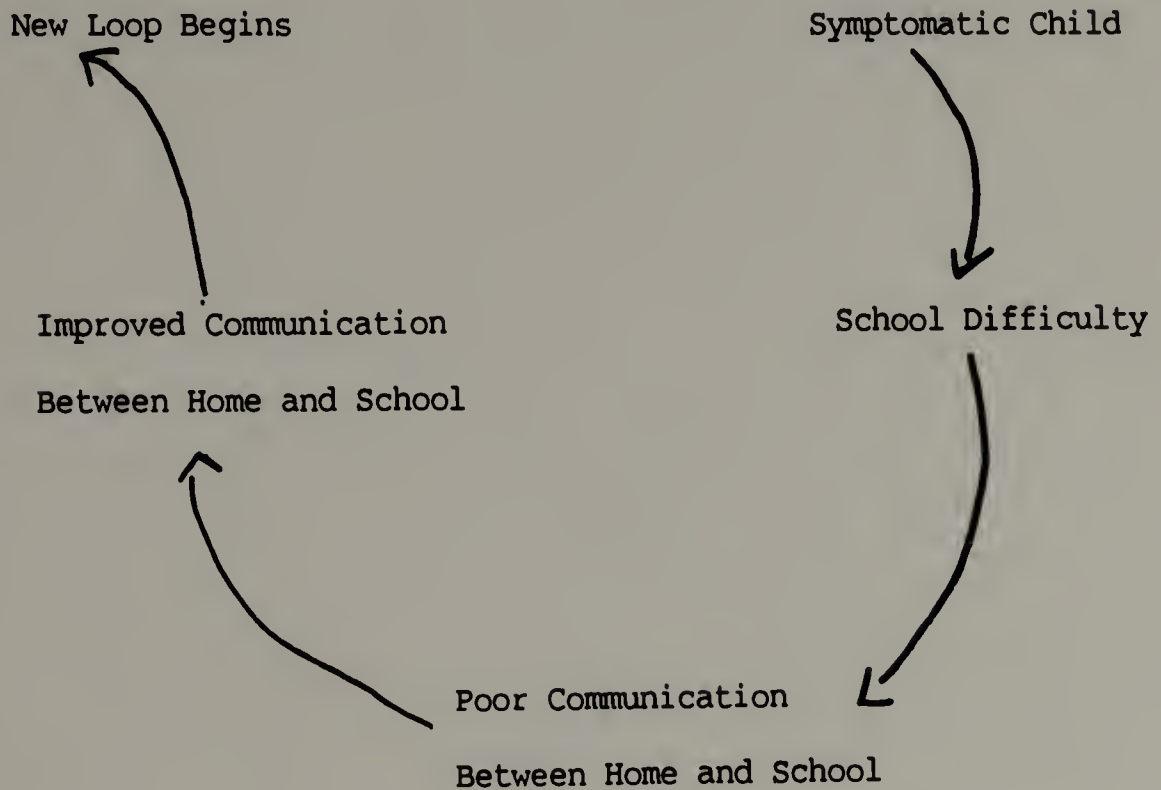
In the linear model, the behavior of the individual is seen as sparked by others. It presumes an action and a reaction, a stimulus and a response, or a cause and an effect. In the systems paradigm, every part of the system is seen as organizing and being organized by other parts. An individual behavior is simultaneously both caused and causative. A beginning or an end are defined only by arbitrary framing and punctuation. The action of one part is, simultaneously, the interrelationship of other parts of the system.

When looking at separation problems systematically, there is a circular causality rather than a linear causal view which assumes that two events are related in a limited cause and effect pattern. The term circular causality refers to negative feedback loops which correct error and help the system to maintain a balanced steady state (homeostasis) and positive feed-back loops where increasing any part of the "loop" will increase the next event in the circular sequence and change the steady state of the system so that change will occur. In systems theory it is through the regulation of both kinds of feed-back loops that healthy change in families can occur (Whiting, 1980, pp. 21-22).

An example of a positive feed-back loop that would change the homeostasis and create a new "loop" or change is a child experiencing a particular problem in school. The normal homeostatic pattern in this example is that an unhappy relationship exists between home and school

so that the child brings the problem home and the family reacts angrily to the problem, not communicating with the school and continuing both the problem and the homeostasis. If the family and school were to begin working together to solve the problem, then change would occur and a new "loop" would be created.

Feedback Loops (Figure 1)



Minuchin believes that it takes a "quantum leap" from the psycho-dynamic point of view to the systemic view because the psycho-dynamic view deals with transactions among people as introjects of the individual's experience. The systemic conception is that dependency,

symbiosis, and control of aggression are more than introjects—they are also interpersonal interactions in the here and now (1978, p. 21).

I stress the "also" because of a personal bias that family therapy is usually the treatment of choice for adolescent separation-individuation problems. However, this often should be done in combination with individual treatment for the adolescent to help support and strengthen autonomy and self-esteem. Therapists should have a solid base of theoretical knowledge of both intra-psychic and interpersonal phenomenon that underlie both normal and abnormal development.

When doing a structural analysis or "mapping" of family transactions, one conceptualizes a family as a system composed of subsystems. Minuchin states that it is the family's accommodation to the child's needs that delimit "areas of autonomy that he experiences as separateness" (1974, p.48). He further speaks of the family as the "matrix of identity where one gains both a sense of belonging and of being separate...Through participation in different family subsystems in different family contexts as well as in extrafamilial groups...a sense of separateness and individuation occurs" (pp.47-48).

Subsystems are formed on the basis of gender, generation, interests or any multitude of reasons. Each individual functions in different ways in each of the different subsystems to which s/he belongs and experiences different levels of power and develops different skills" (Minuchin, 1974, p. 52). All families have rules which are repetitive

interactional patterns which are characteristic of the family (Jackson, 1959). The set of rules defining subsystem participation are called boundaries which function so as to protect the differentiation of the larger family system.

Subsystem boundaries define who and how family members participate in interactions and refer to the nature of the "line" separating individuals. The clarity and nature of the subsystem boundaries is highly significant to healthy family functioning. All families conceptually fall somewhere on a continuum between disengagement and enmeshment depending on the nature of the boundaries. Determining the nature and degree of clarity of the boundaries is diagnostically and therapeutically useful in determining the nature of the interactions or transactional styles within systems and subsystems (Minuchin, 1974).

In the developmental life cycle of a family, subsystems are naturally formed beginning at marriage with the spouse subsystem and the addition of a sibling subsystem with the birth of children. The parent subsystem normally determines and enforces family rules and supports the development of responsibility and autonomy in the children. The sibling subsystem serves to protect children's autonomy from excessive parental and adult interference. Hierarchical levels exist within systems and subsystems. In a healthy system the parents have executive functioning and are in charge of providing the necessary balance of control and nurturance (Minuchin, 1978).

Structural mapping (Minuchin, 1978) uses a codified scheme to represent family interactions and is an aid to simplifying clinical descriptions of family dynamics or transactional styles (See Definition of Terms). In enmeshed families there is an unclear hierarchy and boundaries characterized as diffuse and lacking the clarity and differentiation needed for healthy functioning. Enmeshed family members give up autonomy for closeness and are very reactive to the stress of a family member. This often results in over-protectiveness and an overloaded system unable to adapt when under stress. In the middle of the continuum are clear families where boundaries are clear and members possess a sense of loyalty, but don't relinquish their individuality. There is a balance in these families of nurturance and effective control. At the opposite end of the continuum are disengaged families where boundaries are rigid and communication and protective functions are limited. Disengaged families are slow to react to the stress of a family member and often need severe crises to activate the systems to provide any support for family members. Most families have both enmeshed and disengaged subsystems and it is the extremes that can become problematic.

An example of this is an enmeshed mother-child subsystem and a disengaged father-child subsystem which can result in the exclusion of the father and an extreme mother-child dependency that undermines development of autonomy in the child (Minuchin, 1974).

Detouring is another interaction pattern included in structural mapping and is of diagnostic and therepeutic interest to systemic theorists. It is a conflict defusing pattern prevalent in rigid families whose tolerance for conflict is low. Problems are left unresolved through detouring direct conflict. Parental conflicts are submerged and parents sometimes present a united front around blaming or protecting a child who is defined as "the family problem." Consequently, there is no marital conflict resolution and the symptom bearer continues to regulate family stability (Minuchin, 1978, p. 32).

Triangulation is a conflict defusing interactional pattern where the spouses are in conflict and the child is pressured to side with one parent against the other. Other marital transactional patterns that cross generational boundaries and involve the children are also of importance in systems theory. Marital schism and marital skew have been found by Lidz et al. (1973) to be particularly prevalent in his studies of adolescent schizophrenic children. When marital schism is present the parents are still tied to their families of origin and each spouse denigrates the other to the children while competing for their children's loyalties. When marital skew is present, conflicts in the marriage are masked and the pathology of one of the parents is not acknowledged. Consequently, conflict in the environment is denied and reality is confused.

It is important to consider three generations, according to Murray Bowen, whose theory on differentiation of the self focuses on a

multigenerational relational system in which the lowest end of the differentiation scale is that of fusion, or the emotionally stuck together family whose intellects can not function separately from the emotional system (1976, p. 66). He speaks of a poorly differentiated person as being trapped in a feeling world and is consequently fearful of intimacy for fear of becoming too fused with others. These people direct all their energy into seeking love and approval with no energy for career goals. They often spend their lives fighting or avoiding the relationships from which they haven't experienced approval (called emotional cut-off) (p. 70).

Bowen believes that this process often is unresolved and impairs one or more children in a mother-father-child triadic relationship in which one child is over-protected and infantilized with intense fusion between the mother and child. In adolescence, when the child attempts to function on his or her own and prepares to leave home the relationship with one or both parents can become hostile and symptoms may develop. Bowen considers schizophrenia the product of an increasing severity of impairment over several generations (p. 83). Generally siblings with the lowest levels of differentiation and the least success in life skills are most impaired by what Bowen calls the "projection process" (p. 83).

The family life-stage concept is discussed by Jay Haley in his book about adolescence titled Leaving Home (1980). Haley says that the greatest change in any organization occurs when someone enters or leaves

it. Consequently, a young person's success or failure in the outside world as s/he attempts to disengage from the family is "inextricably part of the reorganization of a family as new hierarchical arrangements are made and new communication pathways develop" (p. 30).

Sometimes divorce or depression in one parent may coincide with a child leaving home in response to the organizational shift. The particular child in the system who prompts an extreme reaction—be it the first child, middle, or last child—depends on which child may have been "special" in some way. One example of "specialness" is when a particular child is triangulated, which means that the child serves a stabilizing function in a marriage (1980, p. 81).

A classic example of a triangle is when a parent crosses generational lines and sides with a child against the parent. This is similar to having blurred boundaries which occurs when generational lines are unclear and inconsistently enforced. The blurring of generational boundaries can involve the extended family as well as the nuclear family and can include the involvement of grandparents and other relatives in dysfunctional triangles (p. 81). When there are cross-generational coalitions such as a child and grandparent, the executive function of the parent sub-system is undermined and problems often arise.

Coalitions often are dyadic relationships that are over-involved (the responses of each person to the other are exaggerated). An example

is an over-involved mother and daughter whose relationship appears at times intensely affectionate and at other times mutually exasperating; their underlying coalition against the father results in an inappropriately diffuse generational boundary which excludes the father and results in conflict in the spouse subsystem and separation-individuation problems for the daughter.

In situations known in systems literature as double binds, both parents join a particular child in a coalition against the other parent so that the alliances become extremely covert and confusing to the child. Double bind communication patterns in families have been associated in family systems literature with schizophrenia—particularly in adolescence. Lidz et al. (1965, pp. 19-20) found that blurred generational lines are found in families with a schizophrenic adolescent and theorizes that dependency issues become confused with this blurring. Is the adolescent parent or child? What is his or her vision of maturity and what must he or she grow away from? When there are coalitions across generational lines there is a weakened enforcement against incestual fantasies; in fact, the fantasy becomes an imagined possibility that is encouraged by cross-generational coalitions so that there is a powerful threat to the adolescent ego (Lidz, 1965, p. 146).

If the late adolescent fails to disengage, s/he may continue to be the "child" who provides triangular stability to the mother and father's relationship for years. This, of course, is highly dysfunctional and allows the parents to continue to communicate through and about the

adolescent, even if the young person is psychiatrically hospitalized (1980). In family therapy the therapist substitutes self for the troubled adolescent so that the adolescent can be free of the triangulation. Care must then be taken so that a relapse doesn't occur when therapy ends or that a sibling does not replace the now normal adolescent in the triangulation (p. 82).

Often, as a troubled adolescent becomes more helpless and dysfunctional, s/he becomes more dominating in the family because the parents are divided and are unable to exert authority. The added threat of the adolescent leaving home is another strong deterrant to the parents exerting the authority that the young person needs and that is necessary to restore a healthy generational boundary. According to Haley, seriously disturbed young people exercise their authority in a "mad way" (such as schizophrenia) or by being anorectic or bulimic; at the same time they don't take age-appropriate responsibility. Haley states that the family hierarchy needs correction through therapeutic intervention (p. 111).

In summary, the family systems view of adolescent separation-individuation examines adolescent transition in a family context that involves at least three generations of family interactions as well as the larger social context which would include family school interactions. Problems are not seen as having linear causality, but rather circular causality with each person both influencing and being influenced by all other members of the system.

The clinical implications of a systemic research approach are that data must be gathered that will not only give information of the individual's thoughts and behavior patterns, but also of the family system's interactions. Such data as family closeness (cohesion and enmeshment) or distance (disengagement), clarity of generational boundaries, and openness or rigidity in regard to expressiveness and conflict resolution is important information for the systemic researcher. The family's structural hierarchy and ability to organize itself and establish appropriate generational boundaries are important dimensions to investigate. The family needs to be able to exert sufficient control, but allow for development of independence and autonomy.

Section IV: Current Research Relevant to Adolescent Separation-Individuation

In this section I will briefly discuss current research that relates to adolescent separation-individuation and contributes theoretically to the development of my research hypotheses.

Seligman and Foreman Research

Seligman and Foreman (1983) relate adolescent abuse to the family system and the parents' difficulties in dealing with their adolescents' attempts at becoming more independent. The article supports the hypothesis that developmental aspects of adolescents and their middle-aged parents can increase the potential for abuse.

Seligman and Foreman postulate that the separation-individuation stage in adolescence typically occurs at a time when parents are at a mid-life stage when some feel depressed. Causes of their depression can be related to decreasing energy, disappointment with and reassessment of their life course, death or illness of their parents, marital problems, or change of life and decreasing libido. Parents having a particularly difficult time at this stage have less tolerance for their adolescents who can "rub salt in the wounds" with their high energy, newly discovered sexuality and potential for accomplishment (1983, p. 19.). This author believes that the mid-life depression described by Seligman and Foreman is not "typical," but does sometimes occur with parents who either had their children in their mid to late 30's or have raised several children over a span of years.

Seligman and Foreman (1983) report that four general diagnostic categories of adolescent abuse have been isolated in a 1978 study conducted by Urban and Rural Systems Associates. The first category is similar to the classic child-abuse syndrome of disorganized, overwhelmed parents with a fragile or non-existent support network and a history of having themselves been abused as children. This type of abuse is

generally long-term and the children are usually in the court system because of retaliatory behavior.

The other three categories of adolescent abuse in the Seligman and Foreman article directly pertain to the separation/individuation process and are reported to be more linked to family dynamics and less linked to social class than is younger child abuse.

The second category of adolescent abuse occurs in families where parents have problems accepting both the adolescent's desire for increased independence and the eventual separation from the child. Often these parents also were abusive at the earlier separation-individuation stage (ages 2-3 years) and the abusive behavior only has occurred at these particular developmental stages.

The parents in the third category of adolescent abuse are generally rigid and controlling. When their control is challenged because of the adolescent's need for more autonomy, the parents respond by becoming even more rigid until they eventually lose control of themselves and are physically abusive.

The fourth category of abuse begins in adolescence and happens in families that are child-oriented and overly indulgent and infantilizing. The abusiveness occurs when teen-agers disrupt established family patterns before the parents are ready to face such changes. In this category the abuse is in response to a particular situation and is

sporadic in nature, yet the result can be accidental injury. It should be noted that adolescents often have the physical stature that makes retaliation possible and are sometimes punished as offenders rather than being treated as victims" (1983, p. 19).

Seligman and Foreman state that in categories two, three, and four the abuse patterns support the theory of I. S. Lourie (1979) that "developmental issues rather than specific characteristics of the child generally lead to abuse" (1983, p. 20).

A study by Libbey and Bybee (1979) on adolescent abuse (cited in Seligman and Foreman (1983) found that social service agencies were involved with most of the families of the abused adolescents in their study sample. The authors (1983) point out that merely providing support services without specifically addressing the abuse issue does not prevent abuse from occurring. Their article illustrates that the stresses on family systems during a child's adolescence from both the developmental process of separation-individuation and the parents' mid-life developmental crises can be overwhelming and result in abuse.

The keys to helping seem to be early identification of separation-individuation difficulties in general and recognition of abuse in particular. Treatment should focus away from blame and include intervention strategies that promote understanding of developmental issues and explore feelings around these issues. Parents and adolescents can then be taught new ways to deal with each other's needs.

The authors suggest ways that school counselors can identify and help adolescents cope with abuse and to learn skills that can help stop the abuse cycle (1983).

Palmer's Research on Acute Onset of Schizophrenia in Adolescents

In a research project titled Acute Onset of Schizophrenia in Adolescents by Emaline Palmer (1971), the family milieu of the schizophrenic adolescent was explored in an attempt to isolate family factors that contributed to their inability to successfully master the tasks of adolescence. Palmer quotes Blos, who says that it is in late adolescence that the adaptive failures finalize and emotional breakdown occurs (1971, p.42).

Palmer also quotes Erikson who refers to the psychotic break as a "totalistic solution" to a continuing conflict:

...many a sick or desperate late adolescent...would rather be nobody or somebody totally bad, or indeed dead...than be a not quite somebody...we have endeavored to describe...a human proclivity to a "totalistic" reorientation when, at critical stages of development, reintegration into relative "wholeness" seems impossible (Erikson, 1968, p.167).

With illness, there is a desperate attempt to postpone a solution to age-appropriate tasks because of an engulfing sense of impotence.

Rudolph Ekstein traces the schizophrenic adolescent's inability to work toward realistic goals to an inability to maintain self and object constancy (Ekstein, 1968).

Schizophrenia is examined from a family systems perspective in Schizophrenia and the Family, a twelve-year longitudinal study of schizophrenic families by Lidz, Fleck, Cornelison et al. The authors studied interactional patterns in terms of two major foci: 1) role taking in the family, and 2) the family as the transmitter of learning. The blurring of generational boundaries turned out to be common in schizophrenic families.

In adolescence it is especially important that generational boundaries are both clear and enforced because with pubescence, the Oedipal stage resurfaces and adolescents become capable of acting on sexual fantasies. This is highly threatening to adolescent egos. Adolescents who are encouraged to be "parental" or have not been forced to desexualize their primary object relations through normal development in the family are psychologically vulnerable (Lidz et al., 1973, p. 763).

Lidz et al. found two marital transactional patterns that were nearly always present in families with schizophrenic children: marital schism and marital skew. Both concepts were discussed in the systems theory section of this paper, but I want to reiterate that in marital schism spouses compete for their children's loyalties and in marital skew conflicts and pathology in the parent sub-system are masked or denied. This is similar to the conflict avoidance pattern in anorectic families, but is even more extreme.

A study by Alanen (cited in Palmer, 1971) of thirty schizophrenic families found fourteen to be schismatic (by the Lidz definition), seven skewed, six broken before the patient was twelve, and only three that could be characterized as "normal." Family climates that were characterized as either chaotic or rigid prevailed, with ten of the families considered chaotic, eleven rigid, six as both, and only three as neither rigid nor chaotic. The parents were not seen as rejecting; rather the children were the main outlets for the parents' emotional satisfaction. This is similar to the enmeshed and rigid family patterns with anorectics, but again, seemingly even more extreme.

Over-protectiveness and maternal domination of the schizophrenic child in comparison to other siblings has also been found in research on schizophrenia (Palmer, 1971, p. 59). Both anorectic and schizophrenic families display over-protectiveness and fear of the world outside the family. They each keep their "sick" offspring in the family system, as well. Since the primary task of the family with adolescents is to teach them to differentiate and separate, these families tend to fail at this task. Difficulty separating and individuating appears to be the primary developmental issue with both anorectics and adolescent schizophrenics.

How Adolescent Suicide Relates to Separation-Individuation Problems

Adolescent suicide has tripled since 1955 and is now the second greatest killer of thirteen to nineteen year olds in the United States according to Peter Giovacchini, M. D., a noted psychoanalyst who is an expert on adolescence. In his book, The Urge to Die, Why Young

People Commit Suicide, (1981), Giovacchini examines adolescent suicide psychodynamically and relates it to the enormous task of developing an independent, competent adult identity.

The anorectic child generally comes from an enmeshed family where "loyalty and protection take precedence over autonomy and self-realization" (Minuchin, Rosman & Baker, 1978, p. 59). Typically, the anorectic's over-involvement with family hampers the normal adolescent ability to see oneself as separate and to develop skills for interacting with peers. Anorectic families also have a tendency to focus on bodily functions and to be over-protective and fearful of the world outside the confines of the family (1978). This apparently interferes with the ability of the anorectic child to have comfortable peer relationships and leads to an unnatural self-absorption concerning the body.

Often there are weak boundaries between the family of origin (the adolescent's grand-parents) and the parents which interferes with the spouses' ability to resolve differences and form a separate family unit. Very frequently the anorectic child is drawn into coalitions across generational lines that serve to keep a comfortable distance between the parents. Family transactional patterns are conflict-avoiding (1978, p. 61). The family environment must be therapeutically challenged and the reality of the crisis situation reframed as one where the anorectic is not a sick child and the parents are not helpless; rather, they are all

in a struggle for control. With anorexia nervosa enmeshment, over-protection, rigidity and conflict-avoidance all need to be altered and individuation of all the family members supported (1978).

Allen's Eriksonian Based Research on identity Crisis in Adolescent Women

Jill Allen examined the relationship between identity crisis in late adolescent women and their relationships with their mothers from an Eriksonian perspective (1976). Forty-eight female college students and their mothers were the subjects for this study. Daughters were assigned to one of four identity statuses based on an Identity Status Interview: 1) identity achievement (adaptive), 2) moratorium (adaptive), 3) identity foreclosure (maladaptive), and 4) identity diffusion (maladaptive). It was hypothesized that an accurate perception of the daughter by the mother and minimal separation-impeding interactions were related to successful identity formation.

Although neither hypothesis was confirmed, this study does suggest that a "critical, distancing stance towards mother, disruption of identifications with her, and an awareness of areas of divergence of perception between oneself and mother characterize the moratorium phase of normal identity formation. The identity achievement phase seems to involve cessation of criticism and distancing and a re-establishment of identifications with the mother and continuous awareness of mother-daughter divergence. During both phases, the mother-daughter bond is never ruptured" (1976, p. 1423B).

Results of this study indicated that daughters with the maladaptive status of identity foreclosure could not risk criticizing their mothers. Mothers and daughters in the foreclosure group differed from the other three groups in that they perceived each other inaccurately. The mothers in the foreclosure group also were the only mothers who were more negative about the mother-daughter relationship than their daughters. Daughters with the maladaptive status of identity diffusion were unable to achieve rapprochement with their mothers because of too much distance (1976).

Daughters in the two adaptive groups were more sure of their mothers' affection for them than were the daughters in the two maladaptive groups. This factor along with incongruence between parent and child in perceiving each other appear to be factors that are related to impeding the separation process which need further investigation.

Hansburg's Adolescent Separation Anxiety Research and Test

Hansburg (1980) has done considerable research on adolescent separation-individuation and has developed a Separation Anxiety Test for Adolescents. This test is a projective device that has pictures which depict situations involving separation experiences which are used to elicit responses to different separation experiences on a continuum from mild to strong. An example of a mild separation experience is Picture 2 on the test which is of a child being transferred to another class in

school. An example of a strong separation experience is Picture 6 which shows the father leaving after an argument with the mother. The test is divided into two equal parts of strong and mild pictures. Analysis of response patterns and the relationship between strong and mild responses provides the data for test interpretation. An average response pattern is 60 percent responses to strong pictures and 40 percent responses to mild separation pictures. Differences in the 20 to 30 percent range and considered to indicate positive strong attachment to parents. When the differences of responses to strong pictures in relation to mild pictures rises above 30 this is considered indicative of more anxiously attached adolescents (Vol. II, 1980, p. 31).

Considerable research went into the design of the instrument, but the theoretical assumptions underlying the test and the research results connected with the use of the test are of more importance to this paper than the instrument itself. The Separation Anxiety Test (Hansburg, 1980) is largely a clinical instrument and lacks statistical and normative data at this time. The scoring is accomplished by percentages of responses from which interpretations can be made to predict future behavior in separation situations (Vol. I. 1980, p. 140).

Hansburg elaborates on the theoretical assumptions underlying his test in Volume I of his two volumes on Adolescent Separation Anxiety:

A strong percentage of attachment reactions coupled with a strong individuation pattern and a good attachment-individuation balance should be a prerequisite. But other patterns are necessary and desirable...Generally the protocol should show a capacity to take separation, tolerate pain, retain individuation, keep hostility to a minimum, feel a degree of stress to identity, deal with losses of

self-love and self-esteem, and show ability to use reality avoidance to reduce the stress (p. 138).

Hansburg points out that a reasonable percentage of anxiety responses to separation situations is normal. Indeed, a low level of anxiety usually is representative of repression and difficulty in dealing with pain. It is the severe outbreaks of anxiety in an adolescent that result in such things as school phobia or severe outbursts of hostility that are representative of a strong vulnerability to pain at separation (1980).

How does attachment need or the need for intimate exchange with others relate to separation and individuation in adolescence? Understanding the strength of the attachment need is important to our understanding why the process of separating from primary attachment figures can be so traumatic. An example of this is the thousands of children in London during World War II, evacuated from the city because of heavy bombing, who returned to the area to find their parents and sleep with them in the tube stations. This phenomenon illustrates that attachment need is sometimes stronger than fear of death (Elliot, 1941).

Hansburg (1980) points out that even when adolescents are successful with peers, they still need adult contact and attachment. He thinks that the availability of contact is the important issue and states that: "contact availability with significant adults in early adolescence is better to have and not need than to need and not have."

When available and used at moments of crisis, "growth to maturity is facilitated" (p. 64). It is the balance between contact need which can be supplied by parents and/or surrogate parent figures and the need for increased privacy and self-sufficiency when facing separation that leads to healthy adaptations.

Hansburg's initial study on separation-individuation made use of his Adolescent Separation Anxiety Test which was given to adolescents in different life situations varying from intact families to group home living situations. His initial study demonstrated that "increased intensity of emotional reaction to separation reduces the capacity for adaptation and individuation and increases attachment need" (1980, p. 65).

One emotional response to separation anxiety is hostility. Bowlby (1969) states:

...externally directed aggression in separated children is common and often intense; Could it not be due simply and solely to the rupture of a key relationship and the consequent pain of yearning occurring in a young child ?

Hansburg says that many children who experience the loss of a parent through death or abandonment repress their resentments. They often act out in retaliation or displace their resentments on other people. They will sometimes try to change the past by unconsciously creating a repeat of a traumatic situation. Hansburg's individual case studies lead him to conclude that where hostility reactions to separation pictures were higher than attachment reactions, there was

usually emotional pathology. He found that: "...the dominant emphases in the hostility pattern were generally in the anger and intrapunitive areas with projection being third (p. 70). Hansburg also found that children in nuclear family situations showed less separation hostility than children in institutional settings.

Bronfenbrenner's research found that children who were stronger in peer relationships than with adult relationships showed more hostility and destructive behavior than children closer to adults (1970). Hansburg found that excessive self-sufficiency in adolescents and absense of adult availability is what produces anger and hostility (1969).

Hansburg's research lead him to select three measures of manifestations of painful tensions to separation: phobic reactions, generalized anxiety feelings, and somatic pain (p. 74). The ability to tolerate some degree of separation pain is seen by Hansburg as evidence of maturity and adequate adjustment. Pictures on the Separation Anxiety test that involved separation with a surrogate parent figure present were not as anxiety producing as pictures without surrogate figures (1980).

Adolescents will sometimes avoid painful separations through the defense of separation denial. This can be manifested through periods of isolation which can be helpful until adaptation to new situations starts to happen. Avoidance of reality through fantasy, dreams, or evasion of

feelings by covering up the need for relationships are commonly used forms of separation denial (1980).

Identity stress is another manifestation of fears around loss and a search for a more mature life-style. Hansburg included an identity stress response for each picture in the Separation Anxiety Test. An example of this response is: "He is worried that he won't be the same person anymore." The conclusions of Hansburg's study showed that the identity stress response was a frequent response (8.5%) and that there was a heightened frequency of this response to the strong stimulation pictures. It was closely related to reality avoidance responses which makes sense because identity confusion has been linked in the literature to a wish to avoid or temporarily withdraw from reality (Erikson, 1968).

The loss of self-esteem has been related by Hansburg to the "threat of deprivation of a love object" in his clinical experience with patients having separation experiences.

The fourth edition of the Psychiatric Dictionary edited by Hinsey, Leland and Campbell (1970) defines self-esteem as:

A state in which narcissistic supplies emanating from the superego are maintained so that the person does not fear punishment or abandonment by the superego. In other words, self esteem is a state of being on good terms with one's superego. Pathological loss of self esteem is characteristic of clinical depression.

Robert White (1963) developed a theory of self-esteem that related it to assertiveness experiences in the environment. From infancy self-esteem develops from a person's sense of power over obtaining environmental response to his or her assertion of desires. White concluded that:

Understanding self esteem means understanding the history of action and its consequences...(and) is then influenced by the evaluations received from others; through their acts and attitudes he learns how they perceive him and is influenced to perceive himself in the same way (pp. 134-136).

White makes a distinction between self love which is related to the structure of the superego and self esteem which he relates to a person's history. Separation experiences are hypothesized by Hansburg to produce a reduction in self-love which would be reflected in rejection and intrapunitive responses. In regard to self-esteem, traumatic separation experiences would produce an impairment in concentration or in capacity for sublimation (Hansburg, 1980, p. 96).

Hansburg's findings support the fact that adolescent separation experiences that are more psychological than geographical generally effect self-esteem more than self-love according to the degree of object constancy maintained during the separation-individuation process in infancy. This loss of self-esteem is often manifested by "considerable fluctuation in successes in schoolwork--as well as in social communication and general feelings of competency and effectiveness." It is adolescents who have had more early pathological separation

experiences who will have more problems with loss of self-love (1980, p. 100).

Michael's Study Comparing Mourning to Adolescent-Parental Separation

Michael's study titled "Death of Childhood: The Process of Adolescent-Parental Separation" (1977) compared the separation processes of 1) childhood mourning, 2) adult bereavement, and 3) termination of psychotherapy.

The comparisons revealed a consistent process of separation which can be divided into five stages: 1) Control of the impulse to remain attached; 2) Cognitive realization of the separation and of activities directed at proving to the self and others increasing independence from the lost object; 3) Affective responses to the separation such as working through the depression, ambivalence, anger and guilt; 4) Identification process (internalizing qualities of the parent which gave strength); and 5) Attenuation of attachment leading to a new, more equal relationship (Michael, 1977, p. 369-B).

Michael's used a case study approach to examine variables hypothesized to distinguish a developmentally healthy separation process from a pathological one. Some of the variables he examined were: 1) the adolescent's confidence level for independent living; 2) past experiences with separation including the first separation-individuation (18-36 months) developmental stage; 3) Ability of the parent-child relationship to deal with anger, ambivalence, guilt and individuality;

and 4) ability of the adolescent to accomodate to new situations involving separation; and 5) socio-cultural influences on the separation process including differences in societal expectations on the young adult from parental expectations, and the ability of the parents to provide a positive role model for the developing adult identity.

Michael's study suggests that prior to the separation-individuation stage the child would exhibit less independence, less ambivalence and less anger towards parents than at a later stage of separation. The adolescents who are most advanced in the process would exhibit more independence than the other two groups, and would have introjected positive attributes of the parents into their identities. Their relationships and communication patterns with parents would be more equal and comfortable than the other two groups and they would exhibit a high degree of independence.

Some of the theoretical questions Michael's used in his research will be incorporated in the design of my research. This investigator will attempt to separate adolescents who are advanced enough in the separation process to comfortably leave home from those who are in the early stages of separation. I shall investigate communication patterns and other variables to determine the hypothesized levels of adolescents who are, or are not, developmentally ready to separate.

Offer's Study on Adolescent Young Men in America

Daniel Offer's study on adolescence deserves mention because of his use of a large sample that is representative of young men in suburban, mid-western America (1969). His study supports his contention that adolescence need not inherently be more traumatic than any other important transitional stage. He feels that healthy ego development and help from parents in neutralizing the strong dependency bonds of childhood helped the "majority of the teen-agers in our sample cope with these tasks (of adolescence) successfully " (Offer, 1969. p. 184). It should be noted that the families in Offer's study were largely intact families.

School Related Research

Sullivan's Research on Leaving Home for College

Sullivan attempted to explore separation behavior between senior boys and their parents by means of separate questionnaires for parents and children. His hypotheses concerned areas that I am interested in exploring.

Sullivan (1978) investigated adolescent-parent separation from an ecological perspective and placed it in a life-span context of leaving home for college. Subjects included an experimental group of 104 senior boys leaving home to board at college and 51 mothers and 36 fathers of these boys. A control group of 138 college commuters and their parents was used. Subjects were tested twice--once during the senior year, and

once after they had begun college. There were separate questionnaires for parents and for the adolescents. The content areas explored included affection, communication, independence as well as perceptions of the parent/child relationship.

The hypotheses were that adolescents and their parents would respond to separation with increased attachment behavior in the form of increased affection, as well as with increased detachment behavior in the form of increased independence. The hypotheses were partially substantiated. Sullivan found no significant changes in the parent's perceptions of their relationships with each other, but felt that the effects of the adolescent separation on the relationship between spouses needed further investigation.

I think increased independence alone is an inadequate measure of detachment behavior and that Sullivan's beginning assumptions were valid but overly simplistic. I shall elaborate on his ideas in the measures I design for my field study in Chapter III.

Smith and Smith Research Relates Separation Anxiety to School Performance

Research by Smith and Smith (1976) titled "Attachment and Educational Investment of Adolescence" relates to the problem of high

school and college drop-outs. The authors speak of the need for the school to involve parents in counseling when withdrawal from investment in school related tasks occurs in adolescence. The adolescent sometimes feels incompetent and insecure about leaving home and feels alienated from a school program associated with increasing parental remoteness. School work is unconsciously sabotaged to maintain dependency. Often, when there is a severe withdrawal reaction it is manifested by school phobia and social isolation.

Schools sometimes react to dramatic drops in achievement level by recommending residential placement where there are often increased performance expectations because of fears of regression. The authors feel that the adolescent can then be subjected to feelings of lack of support by parents and school as well as possible peer scape-goating. Sometimes the situation escalates and results in suicide threats. When individual therapy is suggested, the adolescent often refuses to comply or to form an alliance with the therapist because of fears of being separated from parents (p. 354).

Smith et al. (1976) suggest that in cases where fears of separation-individuation impact on school achievement an interagency approach between family therapist, school, physician and family is effective. The therapist should try to increase the emotional bond between the child and parent so that the adolescent has an increased sense of security. This approach helps increase socially directed individuation activities such as school achievement. In the therapy,

separation from parents is downplayed and the therapist supports the parents in a socially desirable goal they set for their child. In this way they do not give in to regressive demands. With the school, therapist and parents cooperating, the school program is then understood to be an extension of parental involvement rather than a loss of caring (pp. 350-352).

Individuation, in this "transformational attachment" concept, is described as "a contiguous proliferation of controlling social experience by the child...so that growth-separation has psychological continuity with transformation attachment events and does not represent a break with resultant loss and grief of a lost attachment" (1976, pp. 352-353). The authors feel that a residential placement is perceived as a loss-separation by an insecure adolescent who will most likely re-enact immature attachment patterns in the new setting. If the parents can expect their child to continue both in school and therapy, the parents can both support achievement and increase security through attachment (p. 354).

The adolescent with impaired basic trust in attachment experience is postulated by Smith et al. (pp. 354-355) to be caused by experiences in the earlier separation-individuation stage when the child's needs were met by mother, but the child's sense of control over initiating gratification interactions wasn't facilitated. Consequently, the child now feels dependent through incompetency and has a poor self image about his or her current ability to control attachment experiences. The self

image needs restoring before school tasks can be emotionally invested in.

Smith et al. point to the need for children through adolescence to feel a sense of control over their lives. The child who is over-protected (and we should note that not all children will accept or foster over-protection) seems more at risk during the separation-individuation process. The need for the school to help increase the adolescent's sense of security by working with the parents and a therapist or counselor makes sense. With separation anxiety the parent-child bond must be increased before detachment and individuation can occur.

Whiting's Research on First Semester College Drop-outs

Richard Whiting (1980) has researched first semester college drop-outs from a family perspective and has examined the structure of the families of these drop-outs through a careful analysis of family therapy interviews.

Whiting's research looks at separation anxiety from a family systems point of view after the adolescent has left home and is in the first semester of freshman year. His research methodology has a small sample size and uses therepeutic interviews to gather data on the family struc-tures and transactions of a small number of college drop-outs. The theoretical data from Whiting's research is thoroughly reported and

useful to me in formulating research hypotheses for a larger sample size as they prepare to leave home senior year in high school. The major problem with Whiting's sample is that none of the fathers was present for the family interviews.

In preparation for his research, Whiting reviewed college attrition literature and found a lack of agreement on phenomena that are responsible for the drop-out behavior. Although Whiting states that several researchers reported that "family problems" had influence on the student's decision to drop out, only one study had contacted families of the drop-outs and researched the phenomenon.

Whiting (1980) cited the research of Dr. Edgar Levenson of the William Alanson White Institute of Psychiatry, Psychoanalysis, and Psychology who received a grant in 1962 from the National Institute of Mental Health to establish a clinic for college drop-outs where colleges could make referrals. Psychotherapy that was psycho-dynamic in theory was then offered to selected students. The typical course of therapy was one weekly 50 minute session over one year's duration. Although no families were treated conjointly, a parent discussion group was initiated after two years in response to parent requests (Levenson & Kohn, 1964).

Levenson et al. (1967) wrote that "No test pattern, diagnostic category, or pattern of study habits clearly differentiates drop-out from stay-in" (p. 138). The one trend that became apparent was the

importance of the drop-out behavior to the maintenance of the family system. Levinson (1964a) stated that it became:

Most useful to view the dropping out as homeostatic operation, its intent being to maintain the existing equilibrium of the family by reinforcing established roles and relationships...The dropout may be said to be a 'compassionate sacrifice' to the needs of his family (p. 3).

The parent discussion groups also disclosed common themes of parent-child interactions in which the child had been a buffer to the parents over many years. The communication pattern seemed rigid and suggested that these families had not been successful at negotiating change when it was required at transitional developmental stages in the family life cycles. It was found that when the attention in the family groups shifted to the couple interactions the stress level increased to a very high level and "the amount of brittleness in their marital relationships came into focus. Without the buffer of the child present they appear to have virtually no way of dealing with any confrontation with each other" (1964, p. 4).

Levenson and Kohn (1965) reported that the college dropouts in their project had long standing histories of problems functioning in the world outside the family. "Separation anxiety, school phobia, or a fear of teachers, or an inability to get along with peers...(which) were reported in the early elementary grades, again at the beginning of junior high school, and also during the last year of high school" (p. 419).

Levenson stated from an article in Teaching and Learning titled "Why do they drop out?" (1965): "The outstanding characteristic of these parents appeared to be a tendency to see their children not as separate people, but as pseudopodic extensions of themselves " (p. 4). In the same article Levenson writes that when the student returns to college after individual therapy "the parents often appear almost resentful; there will be more family rows, more depressions, a younger sister or brother may even start having trouble in school for the first time" (1965, p. 6).

Whiting notes that the Levenson and Kohn study has limitations in its research design because there were no control groups which makes it hard to assess how many of the students in the project would have returned to school without psychotherapy. Whiting also reports that although 235 students were screened and 90 treated over a five year period, that there was no summary report or follow up data (1980, pp. 51-52).

For more detailed description for the Dropout Clinic Project the reader is referred to the publications describing this project (Levenson, 1966, 1965, 1964a, 1964b; Levenson & Kohn, 1965, 1964; Levenson, Stockhamer & Feiner, 1967; Levenson, J. S., 1964).

In Whiting's research he conducted family interviews and did structural assessments of six families whose freshmen had dropped out of a particular college. The interviews took place in a college counseling

center. Whiting attempted to identify the transactional patterns of the families of freshmen drop-outs on a continuum from enmeshed families to disengaged families as defined earlier in this paper.

Observation and analysis of the videotaped interviews revealed that all six families had interactional patterns that were enmeshed. These families had diffuse boundaries with family members speaking for each other, speaking simultaneously, and intruding into each other's conversations. Whiting's dissertation states that "In the service of family loyalty and closeness, members had difficulty differentiating themselves from their families as they sacrificed their own autonomy" (Whiting, 1980, p. vii).

In Whiting's study five of the six families were single parent families and no fathers were present for the interviews. Whiting found conflict defusing behavior to be persistent in the families as was a low tolerance for open conflict. This is another characteristic of enmeshment that was often manifested by incomplete dyadic transactions (1980, p. viii).

Whiting found that dropping out of college served the purpose of maintaining the single parent family system. His findings also supported his hypothesis that dropping out of college was maintained by the family system in all six families, partially because they were unable to directly discuss concerns and thus develop other alternatives.

Dropping out of college was conceptualized by Whiting to be related to anxiety on the part of the freshmen around leaving the family system and also to the family's anxiety around having the homeostasis of the family disturbed. The return home of the freshman was seen as an attempt to maintain the equilibrium of the family (1980, p. 4). It is unfortunate that none of the fathers in Whiting's study participated in the family therapy, because it limits the generalizeability of his findings.

Whiting reports that private colleges are currently concerned about the declining pool of admissions which is projected by Harvard President Derek Bok (Private Colleges Cry Help!, 1979) to drop by 25% by 1991. There has been sparse comprehensive research on voluntary drop-outs freshman year. Since 129 of the 1,500 private colleges have closed for financial reasons in the past 10 years and as many as 300 more are predicted to close in the 1980's, college drop-outs are a serious problem not only for the students and their families, but for the economic survival of many colleges (1980, p. 2).

Both the Levenson et al. project and Whiting's research project provide support for the theoretical underpinnings of the design of the Transition Questionnaires for seniors and their parents and were instrumental in the selection of the two other evaluative measures for this research.

The author has examined separation-individuation in adolescence from different perspectives—intrapsychic as well as interpersonal (systemic). I have included theoretical literature and research from both perspectives that encompass family, school and peer life. Although the author recognizes that there are many reasons for the problems being discussed in this paper, I have kept the focus on separation-individuation issues.

One might think, logically, that adolescents from disturbed families that often cause emotional pain would be more eager to leave home than adolescents from healthy families that provide nurturance and support growth. This review substantiates that the opposite is more often true, for part of family pathology is the inability to separate and be one's own person. A paradox exists in the second separation-individuation process of late adolescence. Although loss of attachment to parents is a necessary part of building the self-confidence necessary for separation, this self-confidence cannot be achieved without first having secure parental attachments.

The complexity of the adolescent stage leaves one impressed by the vast majority of adolescents and their families who make the separation transition successfully. The author hopes to develop a conceptual model to identify "at risk" seniors in a school milieu and to eventually develop a program that will help school personnel work with "at risk" seniors and their parents to help better prepare seniors to leave home.

CHAPTER 3

PILOT STUDY

Organization of the Chapter

In Chapter 3 I will discuss the design and results of the pilot study which investigated separation-individuation issues on a senior year high school sample. The sample included thirteen seniors, thirteen mothers of the seniors and eight fathers.

In section 1, I will include a brief case study description of each senior in the sample. In Sections 2, 3, and 4 I will discuss the three instruments administered, the research questions being asked, and the analysis of the results from the respective instruments. In Section 2 I will discuss the Senior Transition Questionnaires; in Section 3 I will discuss the Moos Family Environment Scale; and in Section 4 I will discuss the Kinetic Family Drawings.

I selected a matched sample design with seven seniors selected for absense of symptomatology connected with manifestations of separation anxiety (non-symptomatic group) and six seniors selected because of manifestations of symptomatology (symptomatic group) associated with separation anxiety. A discussion of similarities and differences between the groups on the three measures will be included.

I designed this pilot study to ask questions about the separation-individuation process from the perspective of a high school senior and his or her parents as the student prepares to leave home. I hoped to gain information that included the family system and to pinpoint factors that would help distinguish developmentally normal seniors from seniors at risk for problems such as those discussed in Chapter 1. I selected and designed test instruments that would ask questions potentially useful in identifying seniors "at risk" for separation-individuation problems.

I chose two standardized measures that focused on family relationships [The Family Environment Scale (FES) and Kinetic Family Drawing (KFD)] and added an elaboration of the latter measure which I call the One-Year-Later Kinetic Family Drawing which is a picture of how the senior envisages his or her family a year after he or she has left home. I also developed two new instruments called Senior Transition Questionnaires (STQ) for parents and students.

Section 1: Case Study Description of Sample

Case #1 (non-symptomatic) was the oldest boy in an intact family with two girls ages 13 and 15. In 1978 his CTBS IQ estimate was: Language 117, Non-language 144, Total 128, placing him in the superior range of intellectual functioning. His IQ estimate in 1980 was 116 which is in the average range. SAT scores and school grades were high and it appeared that the 1978 scores were a more accurate reflection of his abilities. Both parents were college graduates. The father had an MA degree and was a teacher and the mother was employed as a clerk. The only living grandparent was the paternal grandmother, age 91.

This senior was a clean-cut, well-built young man who was very cooperative with the examiner but seemed somewhat nervous and intense. The family was described as close-knit and disciplined with a clear hierarchy in which father was at the top. This senior seemed compliant and eager to please adults and did not seem particularly concerned about independence or autonomy. He was openly pleased that he had been admitted to a college an hour from home so that there would be continued close family contact. He mentioned that this would lessen his mother's anxiety over his leaving. The family had clear boundary delineations and had discussed specific changes that would occur when he left, such as the next oldest sibling moving "up" in the family and using his room when he was away. This young man seemed to want to take his time growing up and planned to enter the military after completing college.

Case #2 (symptomatic) was also the oldest boy in his family, but both he and his 13 year old sister were adopted. His parents had been divorced for 5 years. In 1978 his CTBS IQ estimate was: Language 90, Non-language 88, Total 88 (low average range). His adoptive father was a university professor with a PhD and his adoptive mother was a book-keeper/secretary with a business college degree.

This young man was very tall and big-boned and had no secondary sex characteristics. He was friendly and cooperative, but showed signs of immaturity, distractibility and social awkwardness. Case 2 was intensely jealous of his younger sister whom he saw as more capable socially and academically and preferred by mother. This young man was also struggling with identity issues around his biological parents and feelings of having been abandoned. He was the only person in the sample who acknowledged that he was not ready to leave home and live independently. His mother concurred and was comfortable with this. This young man seemed very fearful of growing up and becoming autonomous and independent; he seemed to have poor self-esteem and to be markedly lacking age-appropriate interpersonal skills. He also appeared to be enmeshed with his mother and overly dependent on adults in his life (including teachers) and to have little clear sense of appropriate boundaries.

Case #3 (non-symptomatic) was the oldest girl in her family and had a younger brother, age 14, and an intact family. Her 1980 CTBS estimate of her abilities was: Language 129, Non-language 107, Total 120 which placed her in the superior range of intellectual functioning. Her

father was a physician and her mother had a PhD and was a social worker. All grand-parents were deceased except her 81 year old maternal grandfather.

This young woman was exceptionally articulate and confident and had given much thought to her post-graduation plans. She had been accepted to a prestigious college in Ohio, but was deferring admission and working at a philanthropic institute for a year before starting school. The family was seen as being very supportive of her unorthodox plans and she seemed unusually individuated for her age. She saw her family as hard-working, close, expressive of their feelings and supportive. Family members have many philanthropic, cultural and athletic interests. This young woman was a leader in several activist groups in the school.

Case #4 (symptomatic) was the oldest girl in an intact family with two younger boys ages 15 and 13; the 15 year old was mentally retarded and had been living in a foster family for the past two years. Her 1980 CTBS IQ estimate was: Language 81, Non-language 91, Total 86 which placed her in the low-average range of intellectual functioning. Her father had an MA degree and was a high school teacher and the mother had a PhD and was a university professor.

This young lady was sensitive and anxious about meeting expectations in a caring, serious family that valued intellectual accomplishment, religious commitment, and family loyalty. There appeared to have been emotional trauma and conflict around the care of

the retarded brother to whom this young woman felt particularly close. She was angry and upset when the difficult decision was made to place him in a foster home.

She manifested test anxiety in school and did not perform as well as the family anticipated on standardized tests. She also seemed immature and naive for her years and was fearful of many aspects of growing up including dating and independent living. Her plans following graduation were to live with a family abroad and be involved in an overseas educational experience for a year prior to entering college. Her family was also planning to be abroad in a near-by country and there were plans for family reunions and trips. The family seemed aware of their daughter's emotional issues and was trying to help her foster more independence.

Case #5 (Non-symptomatic) was the oldest female child and had a younger brother, age 9. The parents were separated at the time of the interviews and it was still undetermined whether they would reunite or divorce. This senior's CTBS estimate of intellectual functioning in 1980 was: Language 143, Non Language 129, total 143 placing her in the gifted range. The father was a college graduate and worked in industry and the mother started, but did not complete, college and worked as a school aide.

This senior was highly intelligent and ambitious and had been a superior student in a competitive school. She was developmentally age-appropriate and was involved in a romantic relationship which was problematic in part because of her ambivalence between dependency and autonomy needs. The family had been caring, close-knit and traditional with the mother not working until recently and invested in being a supportive wife and mother. The senior felt in a loyalty bind between her parents at times, although her primary loyalty was to her mother. She came across as having a well-developed ego; she was caring for her family and was occasionally angry and confrontive with her mother in part because of her need to go through the separation process at the same time her mother was emotionally dependent on her.

This young woman sought counseling help appropriately for two years when home and dating issues were troublesome, but she manifested no symptoms in school and was accepted to several prestigious colleges which were three to five hours from home.

Case #6 (symptomatic) was the second child and oldest girl in an intact family with four children (ages 20, 17, 12, and 6). The 1980 CTBS estimate of her intellectual functioning was: Language 130, Non-language 110, Total 123 placing her in the superior range. Both parents were college graduates and the father was a writer and the mother an insurance agent. This senior came from a close-knit family where family loyalty and high standards of personal conduct were considered very important. The paternal grand-parents were elderly (96 and 82) and the

family moved back to this area after the father experienced a business loss in order to be near these grand-parents. The family was religious and valued morality and intellectual accomplishment, placing additional emphasis on social propriety.

This senior was an attractive, intelligent, well dressed young woman who appeared shy and self-conscious. She had been socially withdrawn since jr. high when she began acting out sexually and was sent away to a private school with hopes that she would form more appropriate peer relationships. She was expelled from this school for further "acting out" and came back home for the 10th grade. This young woman was very concerned about what she saw as the deterioration of her family and their loss of social and financial status when she entered adolescence. She had incorporated family values, but seemed angry and rebellious that her father, in particular, had let the family down. Part of her angry, self-destructive acting out seemed aimed at breaking a social facade which she felt somehow kept her parents (and father, in particular) from becoming more functional. She was a highly dependent, insecure young woman whose main area of confidence was in her attractiveness to the opposite sex. Although she became the "black sheep" of the family to parents and siblings, she also felt intense loyalty and enjoyed buying them extravagant gifts with the money she earned from two part-time jobs.

She made several dramatic attempts to leave home her jr. year and finally did move in with another family her senior year and graduated

early so as to earn money to attend college 3,000 miles from home. Family relations improved after she moved out of the home, although the family was hurt and angered by this move and threatened to disown her. Both this senior and her parents experienced a great deal of pain during her adolescence as she struggled to separate and to have them accept her own unique identity. The parents struggled with their need to control and not relinquish important values. She needed special education support to function adequately throughout high school. This support was gradually decreased and by senior year she was given leadership roles which helped increase her self-esteem.

Case #7 (non-symptomatic) was the middle girl in an intact family with an older girl at college (age 19) and a younger brother, 16, who attended a boarding school. The 1980 CTBS estimate of her intellectual functioning was: Language 125, Non-language 106, Total 118, placing her in the above average range. Both parents were college graduates and were self-employed in the family business. All grand-parents were deceased except the maternal grand-mother who lived with the family. The family was described as being close and very involved in the extended family network of which cousins played an important part. There was a definite hierarchical structure in this family with clear generational boundaries. There was a focus on intellectual and cultural achievements although the parents seemed sensitive to individual differences in the children; the family did not seem to stress competitiveness.

This senior selected a college about 500 miles from home that was a large state university. She was eager for the experience of leaving home and seemed unconcerned about changes that would take place in the family. She expressed some rebelliousness towards authority figures and was anxious for more independence.

Case #8 (symptomatic) was the youngest boy in a family where parents divorced 6 years ago. He had a brother, age 23, who was in college and a sister, age 21. His 1980 CTBS estimate of his intellectual functioning was: Language 129, Non-language 112, Total 124 placing him in the superior range. His father had an MS degree and worked as a store manager and his mother is a registered nurse. All grand-parents were living except his paternal grand-father and had been unusually influential on the family.

The two older siblings had serious emotional problems during late adolescence which were in part due to their parents' traumatic, unresolved divorce issues. The children and their mother felt very rejected by the father and unclear about their relationship to him after the divorce. Both siblings had periods of time where they were unable to function at a job or in school and each needed intensive therapy.

Case #8 (symptomatic) had an out-going personality and tended to cover up problems and fears with clowning and attention seeking in humorous ways that sometimes had an angry, desperate "edge." Toward the end of his senior year he was a concern at home and school because he

was not completing assignments, had not completed college applications on time, and was in danger of not graduating.

His mother tended to become depressed and helpless when the children were having problems and the anger and desperation she felt when her husband left was reactivated. This leaves her unable to parent consistently or effectively. The family was close, but conflictual, with no clear rules or boundaries. This senior did graduate, but had to delay admission to college for a semester because of not meeting application dead-lines.

Case #9 (non-symptomatic) was the middle girl in a family where the mother was widowed (the father was tragically killed in an accident five years ago). She had an older sister, age 21, in college and a younger brother, age 16. Her CTBS estimate of intellectual functioning was: Language 122, Non-language 131, Total 130 which is in the very superior range. Her father had a PhD and was a professor and her mother had a CAGS and was a school counselor. All grand-parents were still living except the maternal grand-father and the extended family was extremely close and supportive.

This girl was quieter than her siblings and less openly expressive of her emotions. She had been a serious, high achieving student and had also played a responsible role in a lively, intellectually oriented household where there was much casual socializing involving the children. There were clear rules and expectations in this family and

the mother was in charge, although in a non-authoritarian way. Expressiveness of feelings was encouraged in this family.

This young woman selected a prestigious college an hour from home and was concerned about the effect her leaving would have on the functioning of the family. She seemed aware of her developmental needs and seemed mature about structuring her life away from home to meet these needs. She felt quite secure about her strengths and her position in the family as well as cognizant of potential problem areas--such as her shyness. She had arranged to live in a suite with two room-mates so that she would be more likely to meet more people.

Case #10 (symptomatic) was the youngest boy living with his mother, who had been divorced from his father for nine years. He had an older sister, age 22, who worked and was living at home. His 1978 CTBS scores estimated his intellectual functioning as: Language 104, Non-language 96, Total 100 which was in the average range. His mother completed high school and worked as a secretary and his father was disabled and not working. Both grand-fathers were deceased and both his grand-mothers were living. His maternal grand-mother was very influential on the family and provided some financial support.

This young man had been very close to his mother since he was a young child, possibly in part because he was hospitalized for a serious illness from which he suffered permanent hearing loss. There was always the sense that he was "damaged" and vulnerable relative to his older

sister. When he became an adolescent, he started having increasing difficulty in his relationship with his mother (which was overly close) and he had trouble forming appropriate peer relationships in school. He also became listless and unmotivated academically and started failing in school. At age 15 he ran away from home after a fight with his mother and was later found to be with the Moonies in New York. He had three months of indoctrination with them and was forcibly taken away against his will and put in a foster home by court order because he refused to return home.

He was placed in a special education program his last year in school and efforts were made to work therapeutically on his relationships with his estranged father and his mother to help him develop more age-appropriate independence skills.

He quit school precipitously as he neared his mother's goal for him of high school graduation, but then went on to earn an equivalency diploma. He was living in an apartment with a girlfriend and had recently moved back with his mother. Since all his efforts at leaving home were reactions against extreme dependency and over-closeness, his move back home could have pressaged the way for a more gradual and healthy progression towards independence which, incidently, his mother was still struggling to achieve from her mother.

Case #11 (non-symptomatic) was the youngest (and only) boy in an intact family having two older girls ages 20 and 21. The 1980 estimate

of his intellectual functioning was: Language 126, Non-language 132, Total 134 which placed him in the very superior range. His father had a PhD and was a professor and his mother had an MA degree and was a social worker. Both grand-mothers were living and both grand-fathers had died within the past four years. The two older sisters were seriously training in the arts: one at a fine music college, and the other studying dance with a reputed dance company.

This young man was also very talented musically, but as the youngest sibling, had seen how competitive careers in the arts were. His family was very close and supportive and fostered autonomy and independence in the children. It was hierarchical with clear boundaries between the generations and valued religion and service to others as well as cultural and intellectual pursuits. This youngest son was very aware of his place in the family and shared concerns about being the last child to leave home. He did not want to go to a school more than a few hours from home because he felt it caused unnecessary loneliness when so many excellent schools were closer to home.

He viewed his parents as being happy together and satisfied with their careers so was not deeply concerned about their ability to adjust to his leaving. He was self-assured and excited about the future, but was sensitive to all aspects of this transition. He expressed a sadness at this being his last year of living with his parents. He also was more antagonistic than usual with them earlier in the year when he was

struggling with college choices and conflicts between career goals which would be reflected in his decision.

Case #12 (symptomatic) was the youngest girl in an intact family with two older brothers (ages 26 and 22) who had both completed college educations. The 1678 CTBS estimate of her intellectual functioning was: Language 116, Non-language 129, Total 122 which placed her in the superior range. There was a notable decline on her 1980 scores (Total 109) which seem like a less accurate reflection of her potential, but were a reflection of the increased tension and acute anxiety this young woman began experiencing in her mid-teens. This anxiety was also reflected in her peer relationships and school performance. Her mother grew up in Europe and came to the U.S. when she married her service-man husband. She completed high school and owned a small restaurant. The father completed three years of college and worked as a real estate broker. All grand-parents were deceased with the exception of the maternal grandmother who lived in Europe. Consequently, there had been minimal grand-parental influence in this family.

This young woman was sensitive, attractive, and articulate about her feelings. She sought the services of the school psychologist her junior year in high school when she began experiencing severe anxiety attacks both in school and in circumstances when she was socializing away from home. These "attacks" were somewhat related to situations which caused her to feel nervous, such as when seeing romantic movies. She complained of fearing growing up and of valuing the love and

protection of her parents who were quite strict. They socialized mostly within the home and had strong moral values against the more relaxed sexual standards of today's youth.

As the youngest child and only daughter in a tight-knit, loving family with a stricter value system than the norm, she seemed panicked at leaving the protection of her parents and going to college, but also sad and frustrated at not having a serious, intimate boy-friend which part of her wanted. She was confused between her "wants," "needs" and "shoulds" and the conflict was heightened by some frightening experiences in jr. high when she first felt sexual stirrings. At this time she was part of a somewhat precocious group of friends and was with them when an episode with older boys occurred which resulted in police involvement. Although this young woman was sexually "innocent," her friends became sexually active and two developed serious emotional problems. Hence, boyfriends were seen as frightening and sex as leading to loss of control which could "ruin your life!" Consequently, when the healthy time came to experience romantic relationships and increased autonomy from parents, she grew increasingly fearful and dependent.

With counseling and family support, her anxiety attacks stopped and she applied and was accepted to a college a few hours from home. Since her problems were complex and deep-seated, she would probably need additional therapy to more fully resolve her issues.

Case #13 (non-symptomatic) was the youngest girl in an intact family with three siblings ages 24, 23, and 19. Her 1980 CTBS estimate of her intellectual functioning was: Language 130, Non-language 139, Total 141 placing her in the gifted range. Her mother had an MS degree and worked as a supervising nurse and her father had an MFA degree. He left a management position in industry to become an artist and a teacher, which resulted in a major change in the family life-style. The grand-parents (only the paternal grandfather was still living) did not approve of or support this life change and the paternal grandparents were seen by the mother as exerting a somewhat negative influence on the family. They did, however, provide financial support at necessary times. The maternal grandmother lived with the family after she was widowed for the two years before her death. Many of the parents' clearly thought out opinions on raising their own four children were a reaction against what they saw as shallow, materialistic values in their parents who were opinionated, superstitious, judgmental and overly protective, according to the mother. She felt that her mother tended to lay "guilt trips" and when she came to live with her family, the children were told that parents were in charge so that clear generational boundaries were in place.

This young woman seemed exceptionally bright, content and sure of herself. The older siblings have all pursued college or artistic careers, but have continued living at home. She chose to attend the local university partially for financial reasons, but also because she was very attached to her family while still feeling autonomous and

independent. The older siblings are now beginning to leave home in a very "comfortable" fashion. One is renting his own artist studio where he will live and another is engaged and will be living in Europe with her fiance. The parents sound proud of their children and of each other. Each parent was seen by this senior as still "developing"-(going on for more degrees and learning to drive, for example) and being part of the younger generation in that respect.

Section 2: Transition Questionnaires for Seniors and their Parents

Design of the Transition Questionnaires

Two "Senior Transition Questionnaires" based on the research were constructed, one for students and one for parent/s which asked parallel questions. It was hypothesized that when there was agreement between the particular senior and his or her parent/s the response was more valid than with disagreement. Sociometric data requested included three generational questions about the influence of grand-parents as well as parents on the senior in question.

The two transition questionnaires for seniors and parents of seniors were based on the research and were designed to tap three-generational responses to life-stage transitions with a particular focus on the late adolescent separation-individuation stage. There was an attempt to tap developmental data such as the senior's socialization history and his or her responses to separations from parents at critical developmental times. In addition to historical psycho-social data, the questionnaires were designed to identify current data theoretically linked to the adolescent separation-individuation process. Among these were family communication patterns, school performance, and socialization with peers.

Congruity of response between the senior and his or her parent/s was assessed because congruity of response is theorized to be an

important factor in distinguishing seniors who are comfortable handling this life-stage from seniors exhibiting symptoms of distress (Neale, 1978).

The questionnaires were designed to explore the relationships between adjustment variables of the senior and his or her parents relevant to previous life-stage transitions as well as adjustment variables relevant to the senior year transition. The attempt was to find associations between historical and current psycho-social data in order to predict seniors who might be "at risk."

The questionnaires on the pilot study contained closed questions, giving the respondent the choice of 3 responses rather than the traditional 5-7 responses of most Likert-type attitudinal scales. The reason for this construction is that I was looking more at categories of behavioral response than at attitudes. Descriptors were used on the questionnaires such as very, moderately, or minimally to elicit responses that would maximally distinguish between the groups with either group having the option of a neutral response. More subtle break-down of the ratings would not have been helpful since I was attempting to predict and isolate behavioral extremes.

Before finalizing the instrument I gave it to a small sample of high school students, their parents, and school personnel and asked for feed-back about content and wording. The most important information from students and their parents was that I had not asked about their

current communication. I then asked a small sample of seniors and their parents to give me descriptors of their communication patterns and used some of their words as well as descriptors from the literature in an attempt to typify both normal and disturbed communication patterns. The theoretical base of the Transition Questionnaires is discussed in more detail in Chapter 4.

Parents and students were asked for comments or suggestions about what the school could have done to help make the senior year year less stressful. They were also asked to check any questions they found overly intrusive or difficult to answer. This last section was added to gain more information about the issue being studied for help in improving the design of the questionnaire for the larger study to follow this pilot research.

Hypotheses for Questionnaires--Questions for Pilot Study

Questions 1 and 2

If grand-parents are seen as "moderately influential" on family decisions this is non-problematic. A higher percentage of non-symptomatic seniors and their parents will have this rating than their counterparts in the non-symptomatic group.

If grand-parents are rated "minimally influential" this is problematic because of the likelihood of emotional cut-off. A higher

percentage of symptomatic seniors and their parents will have this rating than their counterparts in the non-symptomatic group.

If grand-parents are seen as "very influential" on family decisions this is problematic because the separation/individuation process in the parent generation (parents separating from grand-parents) may not be resolved. A higher percentage of symptomatic seniors and their parents will be in this group.

If one set of grand-parents is rated more or less influential than the other set this is problematic. More symptomatic seniors' families will have this discrepancy.

Question 3

If seniors rate their influence on the family as "very" or "minimally" influential this is problematic and could negatively impact on the separation process. More symptomatic seniors will have this rating than their counterparts in the non-symptomatic group.

If parents and seniors rate influence of the senior as "moderately influential" this is non-problematic. A higher percentage of non-symptomatic seniors will have this rating. Separation is theorized to be easier if the senior has this rating because the separation process would appear to be underway, whereas a "very influential" rating could indicate over-involvement with the family and a "minimally influential" rating could indicate a premature emotional cut-off.

Question 4

If parents or seniors rate the senior as "more dependent" than other siblings this is problematic. More symptomatic seniors will have this rating than their counterparts in the non-symptomatic group.

Question 5

If a change of "increased feelings of dependency on the family" was noted in the last 3-6 months this is problematic. A higher percentage of symptomatic seniors will have this rating than their counterparts in the non-symptomatic group.

If "increased criticism of and need for more distance from parents" or "increased feeling of independence" is noted, this is non-problematic. A higher percentage of these responses will be in the non-symptomatic group than their counterparts in the non-symptomatic group.

Questions 6 and 7

If there is a history of being socially shy or withdrawn this is problematic.

If the senior has been noted by parents as recently evidencing "increasingly withdrawn" behavior this is particularly problematic. A higher percentage of these responses will be found in the symptomatic group. This is hypothesized to be an indicator of pathology at this life-stage.

Question 8

If the senior is rated as "generally compliant, but questions authority" this is non-problematic.

If the senior is rated as either "critical and non-compliant" or "usually compliant and non-questioning" this is problematic and is suggestive of fusion with parents. A higher percentage of symptomatic seniors will have these ratings than their counterparts in the non-symptomatic group.

Question 9

If communication between parent and child has become "worse" in the past three to six months, this can be problematic.

Question 10

If communication with parents is rated as "warm, close, or ambivalent" this is non-problematic. "Ambivalent feelings towards parents are a natural part of the separation process.

If communication with parents is rated as "careful, anxious, avoiding, or confused" this is problematic. "Anger" is a feeling that could be seen in either group in combination with other communication patterns. If recent communication with parents is rated the "same" and communication is rated as "warm and close" it is not problematic.

If recent communication is rated the "same" and current communication is rated "anxious, avoiding, careful or confused" it is problematic. The inability to clearly communicate feelings is viewed as more problematic than "change" in communication, which is normal at this time.

Question 11

If both parents "adjusted comfortably to moves or other life changes" this is non-problematic. It is theorized that parents who have, or are seen as having, problems with change will be less able to help their children adjust to change at this critical life-stage. More symptomatic seniors will have parents who do not adjust well to life changes. More parents of symptomatic seniors would also have had difficulty adjusting well to leaving home as young adults than their counterparts in the non-symptomatic group.

Question 12

If seniors showed "extreme distress at being left with sitters" (early separation anxiety) this is problematic. More symptomatic seniors will be in this group.

Question 13

If parents or the senior rank the senior's first attending school as "very stressful" this is problematic.

Question 14

If parent/s or senior rank the transition from elementary school to jr. high as "difficult" this is problematic. More symptomatic seniors will have this rating than their counterparts in the non-symptomatic group.

Question 15

If parent/s or senior rank the transition from jr. high to sr. high as "difficult" this is problematic.

Question 16

If seniors made plans to be away from home, this is non-problematic, although plans to stay home and attend the local college system or work is also non-problematic. Planfulness is the important element.

Question 17

If seniors and their parents were rated "confident" about the senior's ability to live independently this is non-problematic.

If either parent/s or the senior was "somewhat anxious" or "not confident" about independent living this is problematic. More symptomatic seniors will be in this group than their counterparts in the non-symptomatic group.

General Conclusions From Transition Questionnaires

Questions 1 and 2

Non-symptomatic seniors and their families valued the opinions of grand-parents whom six of the seven families rated as moderately to very influential. Only two non-symptomatic seniors and their parents rated grand-parents as minimally influential and one of these added "but close" and the other explained that since the grand-parent lived with them, the parents had drawn generational boundaries by telling the children that the parents were in charge of family rules.

Half of the non-symptomatic families rated maternal and paternal grand-parents as having the same influence; of the others, the paternal grand-parents were less influential. A possible hypothesis is that fathers are more clearly heads of their households in families where paternal grand-parents are less influential than maternal grand-parents. It is also interesting, from a sociological point of view, to conjecture that in our society the old adage: "A man is a son until he takes a wife; a daughter's a daughter the rest of her life" may still be viable.

Two thirds of symptomatic seniors and their parents said that grand-parents were minimally influential and one third were moderately to very influential. Of the symptomatic sample, two thirds of the maternal grand-parents were rated minimally influential and half the sample rated both sets of grand-parents as having the same influence. This is the only similarity between the non-symptomatic and symptomatic

groups. The minimally influential rating, hypothesized to be an indicator of three generational family stress around separation-individuation, confirmed the hypothesis. There were major differences between groups on this variable. Fewer symptomatic families rated grand-parental influence as moderately or very influential.

Question 3

In rating the influence of each senior on his/her family system, 43% of the non-symptomatic seniors rated themselves as very influential and more than half (57%) rated themselves moderately influential. Seventy-one percent (71%) of these parents rated their seniors as very influential. Half the symptomatic seniors rated themselves moderately influential and half very influential as did the parents. Four of the six parents and seniors (67%) agreed on the ratings. It appears as though the non-symptomatic seniors may have a tendency to down-play their importance in the family. No seniors or parents used the "minimally influential" rating, which was hypothesized to be an indicator of premature emotional cut-off.

Question 4

On the comparison ratings of independence with siblings, 57% of the non-symptomatic and 50% of the symptomatic seniors were rated more independent than siblings by parents. Two of the non-symptomatic and half the symptomatic seniors were rated less independent. The interesting aspect of this rating is that no seniors in either group rated themselves less independent than their siblings. Perhaps at this

stage, independence is a particularly sensitive topic and more defenses are needed.

Question 5

Six of the seven (86%), of the parents of the non-symptomatic seniors said their seniors had shown increased independence in the past 3-6 months and seniors agreed with parent ratings. The only reason this was not a 100% was because in case #9 the child didn't answer the question and the parent saw no change.

In the symptomatic group, five of the six parents and seniors (83%) saw increased independence (all except case #10). Families and seniors in both groups checked "increased criticism of and need for more distance from parents" (23% from non-symptomatic group; 33% from symptomatic group). The hypothesized difference between the two groups was not supported in this study.

Questions 6 and 7

On ratings of socialization, there was agreement between all non-symptomatic seniors and their parents that the seniors were moderately to very out-going socially. Of the symptomatic seniors, half the parents rated their seniors as socially withdrawn. Seventy-one percent (5 of 7) of the parents of non-symptomatic seniors rated their seniors as "more socially outgoing" in the last 3-6 months with one parent saying that her senior was "somewhat more withdrawn due to academic and college admission pressures."

One third of the symptomatic parents rated their seniors "more socially withdrawn" and half rated them as "more socially outgoing" the past 3-6 months.

There are notable differences in socialization between the groups with the symptomatic seniors being more socially withdrawn to begin with. Some of them became increasingly withdrawn while half showed improvement as they neared high school graduation. The fact that one third of this group became increasingly withdrawn while none of the non-symptomatic seniors were given that rating supports the hypothesis that becoming increasingly withdrawn senior year is a potential predictor of dysfunction.

Question 8

On questions about response to parental authority, all seven of the non-symptomatic seniors and their parents agreed on the rating: "generally compliant, but questions authority." In the symptomatic group there was agreement between seniors and their parents in 50% of the families that the senior was "generally compliant, but questions authority." Another 33% agreed that the senior was "critical and non-compliant" (parent questionnaire) or "usually questions rules and regulations" (student questionnaire). Half the seniors in the symptomatic group gave themselves the latter rating in contrast to none of the non-symptomatic group. This supports the hypothesis that adolescents who are particularly rebellious (or passive) are manifesting

signs of fusion and could be predicted to have difficulties with separation-individuation senior year.

Questions 9 and 10

When asked to describe changes in communication and check the word(s) that describe the senior's current communication with their parents, 43% of the non-symptomatic seniors and their parents agreed on the characterization of their communication as "warm" and "close." Senior #11 qualified this by writing that earlier in the year in the heat of decisions around college choices, the communication was tense and he would have checked "angry," "confused" and "ambivalent." In case #5 a marital separation had recently occurred and the mother used the adjectives "angry, ambivalent and warm" to characterize the communication and the senior used "angry, confused and ambivalent." Both respondents explained anecdotally that their relationship had always been "warm and close" but was under strain because of the stress of the probability that both father and senior would be leaving home.

In summary, with non-symptomatic families the descriptor "warm" was used ten times, "close" six times and "ambivalent" five times. "Careful" was used only once.

In the symptomatic families "careful" was used more often than in the non-symptomatic families (four parental usages and two senior usages (6) versus one usage). There was less use of "warm" (5) and "close" (3) and more use of "anxious" (4), "confused" (2) and "avoiding" (4). In

fact, "anxious" and "avoiding" were not used at all in the non-symptomatic group. "Ambivalence" was used dramatically more in the non-symptomatic group (five versus one) and suggests the shift in communication patterns referred to in the literature as normal with adolescents.

Clearly, the communication between parent and child in the non-symptomatic group was "warmer" and "closer" than in the symptomatic group. Two of the non-symptomatic group thought communication in the last three to six months was "worse" compared to one of the symptomatic group. More change for the better was indicated in the symptomatic group, while more of the non-symptomatic group had communication stay the same. This group self-rated communication as "warm" and "close" for the most part so that a rating of "same" is positive; a rating of "same" for the symptomatic group would have been more negative because of their more negative on-going communication patterns.

Question 11

The facility of parental ability to adjust comfortably to moves or other changes throughout life (parents were asked if, as a child, they remembered adjusting well to new situations) was hypothesized to have a positive effect on a parent helping a child to adjust to leaving home as well as at other stressful times.

All but one (Case #7) of the non-symptomatic seniors felt that their parents adjusted comfortably to moves or other life changes,

whereas 50% of the symptomatic seniors felt that one or more parent did not, which supports the hypothesis. Interestingly, 57% of the non-symptomatic parents rated one or both of themselves as not adjusting well to new situations as children while only one of the parents in the symptomatic group rated herself as not adjusting well as a child. The hypothesis was not supported.

One important distinction between the two groups is clear: the non-symptomatic seniors differ in their perceptions of their parents' comfort level in adjusting to changes in life. The parents of the symptomatic seniors were either less accurately perceived by their children or actually did have less difficulty adjusting to changes as children than their counterparts. One can also hypothesize that adjustment difficulties as a child can strengthen the adult and the process of learning to overcome difficulties may aid in helping your children adjust. Possibly if I had asked parents to rate their ease of adjustment as adults, results would have been different.

In answering the question "Was it difficult for you (or your child's other parent) when you first left home as a young adult?," 43% of the non-symptomatic seniors' parents both said "no" and 67% of the parents of the symptomatic group said "no." Of the non-symptomatic group, one of the parents of cases #7, 11, and 13 had difficulty and parent #5 didn't respond. Of the symptomatic group, the father of case #8 had a difficult time and both parents of #12 did. Since fewer of the parents of symptomatic seniors recalled having difficulty leaving home,

this sample does not bear out the hypothesis that children of parents who had problems in this area will be more inclined to echo the same problems as they prepare to leave.

The next section of the questionnaire deals with the senior's history of adjustment to separations from parents and transitions to different school milieu.

Question 12

Seniors were first asked if they remembered feeling very distressed when left with sitters and parents were asked if their senior showed: (1)" so much distress that you sometimes changed plans and stayed home" or (2) showed "little distress so that you rarely changed plans and stayed home?" These questions attempted to measure early manifestations of separation anxiety.

All the parents of the non-symptomatic seniors gave their children a (2) rating and none of the seniors remembered feeling "very distressed." None of the symptomatic seniors remember feeling "very distressed" and the parents of case #12 remarked that they had no sitters for this child. Only the parent/s of senior #6 ranked their child in the (1) category. The data from this small study suggests that either early separation anxiety does not have a bearing on the ease with which seniors prepare to leave home or the questions asked did not accurately describe early separation anxiety. It is also possible that it is difficult to remember back that far.

The next three questions relating to the three most difficult separation or transition stages in school (the first separation from home to attend school; the transition from elementary school to jr. high; and the transition from jr. high to sr. high) all picked up differences between the two groups.

Question 13

With the first separation to begin school, 29% (two of seven) non-symptomatic seniors and their parents (#3,#5) recalled it being stressful and one senior (#7) remembered "a bit" of stress. Of the symptomatic seniors and their parents, two sets of parents (#8, #10) recalled it being a difficult transition. Senior #10 recalled moderate difficulty, but #8 did not. Senior #4 recalled moderate difficulty, but the parents did not. There was more consensus between the non-symptomatic seniors and their parents. There is weak support for the hypothesis.

Question 14

The most dramatic differences started with the early adolescent transition from elementary to jr. high. In evaluating the transition from elementary to jr. high, all seven (100%) of the parents of the non-symptomatic seniors recalled no difficulty, while 83% (five of six) of the parents of symptomatic seniors recalled their children having difficulty with the transition (all but #10). This question picked up a marked difference between the two groups that strongly supports the hypothesis that onset of adjustment difficulties in early adolescence

have a critical bearing on senior year adjustment 6 years later. Interestingly, this difference was only picked up on the parent questionnaires. From student responses, 43% (three of seven) of the non-symptomatic seniors reported moderate difficulties during this adjustment and 33% (two of six) of the symptomatic seniors reported a difficult transition. Only senior #6 reported a "very difficult" transition.

Question 15

In ratings of the transition from jr. to sr. high, none of the non-symptomatic seniors reported any transition difficulties at all and one of the symptomatic group (#4) reported a "moderately difficult" transition and one (#6) a "very difficult" one. Only one parent in the non-symptomatic group (#5) reported a difficult transition, whereas all the parents of the symptomatic group reported difficulties. At this stage there are very divergent viewpoints between seniors and their parents in the symptomatic group and a high consensus of parent/child agreement on "no adjustment difficulties" in the non-symptomatic group. Either the defense of denial appears to be increasingly evident among the symptomatic seniors or their parents have not accurately perceived their children.

The questions about the seniors' plans to stay home or leave; the distance they are going from home; and the comfort level of the senior and his/her parent/s about the ability to adjust to independent living are next addressed.

Question 16

Two seniors in each group were planning on living within a 50 mile radius of home and, of these, one in the non-symptomatic group was intending to live at home and attend the local state university (as had her three other siblings). Two of the symptomatic group were intending to live at home and one had not applied to the local university on time, so was planning on working for a half year and then living on campus.

Question 17

The seniors were asked to rate the level of confidence they had in their ability to live on their own as: (1) "very confident;" (2) "moderately confident;" and (3) "somewhat anxious." Seventy one percent (five of seven) of non-symptomatic seniors rated themselves (2) "moderately confident" and 29% (two of seven) rated themselves (1) "very confident." One symptomatic senior (17%) rated himself (2) (this senior plans to stay home after graduation), one (#4) rated herself "somewhat anxious" (3), and the other four (67%) rated themselves (1) "very confident."

All the non-symptomatic seniors' parents thought their seniors were confident about living independently and all but one (#7) felt their children would adjust adequately and easily. Parent #7 felt the adjustment would be adequate, but not easy. Four (67%) of the symptomatic groups' parents thought their seniors would adjust adequately. Two (33%) didn't answer this question; none checked "easily;" and two (#4 and #6) wrote in "don't know" to the question

relating to ease of adjustment, thereby registering some question or concern.

Fifty-seven percent (four of seven) non-symptomatic seniors felt their parents were very confident about their ability to live on their own, and 43% (three of seven) felt their parents were moderately confident. Senior #10 remarked that although his father was moderately confident, his mother was not. In fact, his mother was one of the two parents who were not confident about their seniors' ability to adjust to independent living. Again, the non-symptomatic group showed markedly more congruity between parent and child perceptions.

Summary

There was a pattern of the symptomatic seniors rating themselves at a "higher" level than the non-symptomatic seniors and generally at higher comfort levels around transition and separation experiences than their parents rated them. Non-symptomatic seniors tended to rate their influence on their families as less influential than their parents rated them. This may help the separation process in that they may worry less about the impact of their leaving on their families.

There were notable differences between the two groups of seniors on grand-parent influence on family decisions. Minimal grand-parental influence (particularly maternal) is a possible indicator of three generational stress around the separation-individuation of family

members. More symptomatic seniors than non-symptomatic seniors were rated as socially withdrawn by their parents, with one-third of the symptomatic sample rated as increasingly withdrawn the latter half of the senior year. More symptomatic seniors were non-compliant and questioning of parental authority than non-symptomatic seniors with agreement on this factor by seniors and their parents. Communication descriptors of "careful," "anxious," "confused," and "avoiding" were used more frequently by symptomatic seniors and their parents to describe parent/child communication than by non-symptomatic seniors and their parents who used "warm," "close," and "ambivalent" more frequently to describe parent/child communication. Finally, most symptomatic seniors were rated by their parents as having difficult transitions to both the junior high school and the senior high school in marked contrast to parent ratings of the non-symptomatic seniors who had no difficulty with these transitions.

Section 3: Moos Family Environment Scale

The Moos Family Environment Scale (FES) was selected for my field research because most traditional instruments measure individual, rather than family system, factors. The FES is useful for both diagnostic purposes and outcome evaluation of family therapy treatment. I chose this particular instrument because of its sensitivity to parent-child differences in perceptions of the family on variables pertaining to the separation-individuation process and for its ability to discriminate between psychologically symptomatic and nonsymptomatic families. I used the 40 item Short Form (Form S) of the FES for the pilot study because of the shorter time to administer and had the intention of using the abbreviated version of the FES for the larger dissertation experimentation. For a more detailed discussion of the FES see Chapter 4.

Hypotheses for the Family Environment Scale (FES)

The hypotheses, based on the review of the literature on the FES, were:

- 1) Symptomatic families will score lower on Independence, Expressiveness, Cohesion, Intellectual-Cultural Orientation, and Active-Recreation Orientation than non-symptomatic families.

- 2) Symptomatic families will score higher on Conflict and Control than non-symptomatic families.

Group Analysis of Scores

The scores are presented with both an individual break-down of scores by Case (Table 4) and with family averaged scores by case. Grand Means of the family averaged scores are also presented (Table 5).

MOOS FAMILY ENVIRONMENT SCALE SCORES

(Table 1)

NON-SYMPTOMATIC SENIORS AND THEIR PARENTS

	Case 1 Oldest B Intact			Case 3 Oldest G Intact			Case 5 Oldest G Separated		Case 7 Middle G Intact			Case 9 Middle G F. dec		Case 11 Youngest B Intact			Case 13 Youngest G Intact		
	M	F	C	M	F	C	M	C	M	F	C	M	C	M	F	C	M	F	C
C	63	63	63	51	63	63	51	39	63	63	63	64	64	63	63	63	63	63	63
EX	22	22	71	59	59	59	59	59	59	35	47	74	67	71	59	47	47	59	59
CON	30	39	40	39	30	30	49	58	30	30	35	47	52	30	49	49	35	35	58
IND	40	27	40	53	53	66	53	53	66	66	53	53	61	53	66	53	66	66	66
AO	36	58	36	36	36	36	47	36	26	36	47	46	52	36	58	36	26	36	36
ICO	21	32	32	64	64	64	53	32	53	42	64	54	44	64	53	53	64	64	64
ARO	42	53	53	42	53	42	31	53	13	31	53	61	61	53	31	53	64	64	53
MRE	58	58	66	35	43	35	58	58	58	58	43	43	43	66	66	66	43	43	43
ORG	66	46	66	56	56	46	56	27	27	56	56	54	44	56	66	66	46	56	27
CTL	59	38	27	48	48	38	48	27	38	48	48	57	29	27	38	38	27	27	27

SYMPTOMATIC SENIORS AND THEIR PARENT(S)

	M	C	M	F	C	M	F	C	M	C	M	C	M	F	C
C	63	39	63	63	51	63	63	51	28	39	28	28	63	63	63
EX	71	22	47	47	71	35	71	22	59	47	35	35	71	59	71
CON	58	67	58	49	39	49	58	49	53	66	30	39	58	67	58
IND	53	40	40	27	27	53	40	47	69	69	53	53	27	40	40
AO	36	36	36	58	47	58	36	42	36	36	36	36	47	47	36
ICO	64	21	64	64	53	64	64	64	64	42	21	32	53	31	53
ARO	42	21	31	42	21	53	21	53	64	64	21	21	53	31	31
MRE	50	35	66	66	66	50	50	58	66	35	35	35	58	58	58
ORG	56	46	56	49	56	37	46	27	46	27	46	37	56	46	66
CTL	38	59	59	59	48	38	59	59	48	27	38	38	48	59	38

FAMILY AVERAGED SCORES ON MOOS FAMILY ENVIRONMENT SCALE
(Table 2, Grand Means)

Non-Symptomatic Seniors & Their Parents								Symptomatic Seniors & Their Parent							
Case #1	Case #3	Case #5	Case #7	Case #9	Case #11	Case #13	Grand Mean	Case #2	Case #4	Case #6	Case #8	Case #10	Case #12	Grand Mean	
C	63=	59	45	63=	64=	63=	63=	60	51	59	59	33.5	28=	63=	48.9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
EX	38.3	59=	59=	47	70.5	59	55	55.3	46.5	55	42.6	53	35=	67	49.8
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CON	36.3	33	53.5	31.6	49.5	42.6	42.6	41.3	62.5	48.6	52	59.5	34.5	61	53
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
IND	35.6	57.3	53=	61.6	57	57.3	66=	55.4	46.5	31.3	46.6	69=	53=	44.6	48.5
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AO	43.3	36=	41.5	36.3	49	43.3	32.6	41.3	36=	47	45.3	36=	36=	43.3	40.6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ICO	28.3	64=	42.5	53	49	56.6	64=	51.1	41.5	60.3	64=	53	26.5	45.6	48.6
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ARO	49.3	45.6	42	32.3	61=	45.6	60.3	48	31.5	31.3	42.3	64=	21=	38.3	38
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
MRE	60.6	37.6	58=	53	43=	66=	43=	51.6*	48	66=	52.6	50.5	35=	58=	51.7
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ORG	59.3	52.6	41.5	46.3	49	62.6	43	50.6*	51	53.6	36.6	36.5	41.5	56	45.9
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
CTL	41.3	44.6	37.5	44.6	43	34.3	27=	38.9	48.5	53.3	52	37.5	38=	48.3	46.3

* Extreme Variation

= Agreement; Identical Scores

Analyses of Pilot Study Scores on Moos Family Environment Scale

Cohesion

Non-Symptomatic Group. All the non-symptomatic seniors and their parents except one self-rated themselves high on this variable (60 to 70+) and five of the seven families had 100% agreement on ratings. Only Case #5 had a low rating and in this family the parents had recently separated. The grand mean score for the non-symptomatic group was 60, which was the highest score for any of the family environment variables.

Symptomatic Group. In the symptomatic group five of the six seniors rated Cohesion low to average (20 to 52) on the FES. Two of the six families had 100% agreement on ratings. The grand mean score for the symptomatic group was 48.9 with extreme variation between family scores. This supports the hypothesis that symptomatic families would score lower on Cohesion than non-symptomatic families (11.1 point difference).

Expressiveness

Non-Symptomatic Group. Expressiveness was generally rated average to high (50-70) with two families having 100% agreement on ratings. In Case #1 there was extreme discrepancy between the senior's score (71) and the parents identical scores (22). The grand mean score for the non-symptomatic group was 55.25.

Symptomatic Group. Expressiveness was generally rated either very high or very low on the FES with only one family in 100% agreement. There was extreme variation in the scores among family members (lack of congruence) and between families. The grand mean score for the symptomatic group was 49.8. Overall, the results support the hypothesis that Expressiveness will be lower in the symptomatic group than in the non-symptomatic group (5.45 point difference), even though several Expressiveness scores for the symptomatic group were high. Perhaps it is the combination of Expressiveness and one or more other variables that more clearly separates the groups.

Conflict

Non-Symptomatic Group. All the parents in the non-symptomatic group rated Conflict low or below average (20-49) on the FES. All the seniors rated Conflict low except for two cases (#5 and #13) who rated it in the high to average range (55-59). All but one family mean (#5) was in the low range and the grand mean score for the non-symptomatic group was 41.3.

Symptomatic Group. All the parents except one (#10) in this group rated Conflict in the average to high range on the FES. There was extreme variability between families. The grand mean score for the symptomatic group was 53. The results support the hypothesis that Conflict will be higher in symptomatic families than in non-symptomatic families (8.5 point difference).

Independence

Non-Symptomatic Group. All the families self-rated themselves in the above average to high range (53-70) on the Independence variable on the FES except Case #1 (oldest son). Two families have 100% agreement and there is relative agreement (congruence) in all the families with the exception of the father in Case #1 who ranked Independence very low. The grand mean score for the non-symptomatic group was 55.4.

Symptomatic Group. All the families self-rated themselves in the average to low range except for #8 who is the youngest of three children. This family had extreme difficulties with the two older children at this life-stage and the mother appeared to be highly supportive of independence with her last child. She and her senior had identical high Independence ratings. The grand mean score for the symptomatic group was 48.5. The results support the hypothesis that Independence will be lower in the symptomatic group than in the non-symptomatic group (7 point difference).

Achievement Orientation

Non-Symptomatic Group. Interestingly, all the families had low to low average scores on the achievement dimension on the FES. The school system from which the sample was drawn is considered to be highly achievement oriented. Two fathers gave Achievement Orientation a high average rating, but the mothers and seniors in both cases were in

agreement on low ratings (#1 and #11). The grand mean score for the non-symptomatic group was 40.28.

Symptomatic Group. The families in this group also had low ratings on this measure. Again, there were two isolated parents (#4 and #6) who rated AO high average (55-59), but other family members did not agree. Three families with low ratings had 100% agreement. The grand mean score for the symptomatic group was 40.6. This measure was not predicted to pick up differences between groups and didn't, as both groups had the same grand mean.

Intellectual Cultural Orientation

Non-symptomatic Group. All the families but one (#1) in this group self-rated themselves average to high on the FES with 100% agreement in two of the families. Family #1 was congruent in a low self-rating on this measure. The grand mean score for the non-symptomatic group was 51.15 (See Table 5).

Symptomatic Group. There was more variation among families in this group, with three families in the low range and three in the above average to high range. Only one family had 100% agreement. The grand mean score for the symptomatic group was 48.6. The results don't strongly support the hypothesis that Intellectual-Cultural Orientation will be lower in symptomatic families than in non-symptomatic families, although there was some support. The extremely low score of Case #1 in

the non-symptomatic group depressed the high scores given by four of the seven families (2.45 point difference between groups). In general, the non-symptomatic group clearly has a more uniform perception of the family's intellectual-cultural orientation.

Active Recreational Orientation

Non-Symptomatic Group. There was more disparity among family members on this measure than on most. One family with a high rating had 100% agreement. The grand mean score for the non-symptomatic group was 48.

Symptomatic Group. This measure generally had the lowest ratings of any measure on the FES except in Case #8 where there was 100% agreement on a high rating. The grand mean score for the symptomatic group was 38. The results support the hypothesis that Active-Recreational Orientation will be lower in the symptomatic group than in the non-symptomatic group (10 point difference).

Moral Religious Emphasis

Non-Symptomatic Group. This variable was not included in the hypothesized differences between the groups. The reason for this is that research has resulted in confusion as to how this variable relates to "healthy" or "distressed" family functioning. There was markedly more family congruence on this measure with both groups than on any other measure. Four of the non-symptomatic families and three

symptomatic families had 100% agreement. There were very few average scores (four families had high scores and three had low scores). The grand mean score for the non-symptomatic group was 51.6.

Symptomatic Group. Three families in this group had 100% agreement on this variable. There was more congruence among family members on this variable in the symptomatic group than on any other variable. Two families had highly disparate scores, however. The grand mean score for the symptomatic group was 51.68, just as it was for the non-symptomatic group. The Moral Religious Emphasis variable does not appear to measure differences between symptomatic and non-symptomatic families. It did, however, elicit more congruent responses among family members of both groups.

Organization

Non-Symptomatic Group. There was less congruence on this measure within families than on most of the other variables. In six families, one of the family members rated Organization below average or low while other members rated it high. There was no 100% agreement. The grand mean score for the non-symptomatic group was 50.6.

Symptomatic Group. There was extreme variation in the symptomatic group, with three families having very low ratings. In all these families the child's rating was the lowest, leading us to conjecture that either the senior is most bothered by the low organization, or the

parent/s are denying it as a family issue. No families had 100% agreement on this variable. The grand mean score for the symptomatic group was 45.86. Although the symptomatic group was nearly five points lower than the non-symptomatic group (4.74 point difference), there was no hypothesized difference on this measure.

Control

Non-Symptomatic Group. All the families in this group self-rated the Control variable as low on the FES. It had the lowest rating of all the measures of family environment for the non-symptomatic group. In general, seniors rated this variable even lower than did their parents. Family #13 had the lowest rating and 100% agreement. The father in Case #13 rated Control high, while mother and son rated it low. The grand mean score for the non-symptomatic group was 38.9.

Symptomatic Group. Half the seniors in this group rated Control in the average to high range on the FES and there was less congruence of response between parents and children than in the non-symptomatic group. The grand mean score for the symptomatic group was 46.26. The hypothesis that Control would be higher in the symptomatic group than in the non-symptomatic group was supported (7.36 point difference).

Summary

In conclusion, the hypotheses on the Moos Family Environment Scale that symptomatic families would score lower on Independence, Expressiveness, Cohesion, Intellectual-Cultural Orientation and Active-Recreation Orientation and higher on Conflict and Control were supported in the pilot study of a matched sample of high school seniors with symptoms of separation anxiety and their parents and high school seniors with an absence of symptomatic behavior and their parents.

The pilot study permitted a more in-depth analysis of families than would normally be obtained with a large sample size. In the non-symptomatic group, Case #1 had some scores that were atypical for the group and fit hypothesized characteristics of the symptomatic group (low Expressiveness, Independence and Intellectual Cultural Orientation). However, this family also had low Conflict and Control means and a high Cohesion mean which was not characteristic of the symptomatic group. Case #5 also was atypical of the non-symptomatic group in that Cohesion was lower than average and Conflict was higher, but the knowledge that this family was in the early stages of a divorce makes these scores a less stable measure of this family's normal environment. The hypotheses were supported despite known confounding variables. The small sample size and personal attention given some of the sample by the examiner because of her position as school psychologist may have influenced the outcome.

Section 3: Kinetic Family Drawings (KFD'S)

Kinetic Family Drawings (KFD's) were administered to all seniors in this sample. They were first asked to draw a picture of their families with everyone doing something. They were later asked to draw their families as they imagined they would be with everyone doing something one year later.

The rationale for using the KFD for this study was that it is a projective task that reveals how people view their families. It potentially reveals intra-psychic and interpersonal data such as a passive or active approach to life, coalitions within the family and possible boundary issues between subsystems in the family.

The KFD is a projective test similar to the Draw-A Person test (DAP) that asks the subject tested to simply draw a person. The DAP has been extensively used and researched and has well established norms. The KFD is a similar projective device that provides information about family functioning that is quickly obtainable. I wanted to get a relatively unbiased picture that would contrast the current family dynamics with what the senior imagined the family would be like after s/he left home. The task was thought to have the potential to reveal feelings that could inhibit the separation-individuation process.

The KFD is currently being researched from a family systems perspective at Philadelphia Child Guidance Clinic. An article in "The Family Therapy Networker" by Jay Lappin (May-June, 1982) draws attention to the usefulness of the KFD in family therapy and laments the lack of normed data. Molly Layton, a psychologist at the Philadelphia Child Guidance Clinic, is working on a research project there that will compare drawings from a clinic sample with drawings from a normative sample in an attempt to evolve a scoring system that will reflect family systems theory.

Lappin states a general rule in family drawings that is supported both by research and clinical experience: "While content may be informative, processes depicted in drawings often prove more useful" (1982, page 16). For example, in a picture of a family having a picnic, the picnic itself is not as important clinically as which family members are depicted actively involved in the preparation, which family members are working cooperatively, and which are peripheral or uninvolved.

Family drawings are a creative task the investigator thought would be interesting to a senior. The drawings would give relatively unbiased insight into how seniors viewed their respective families' functioning after senior year when most would have first separated from home. This researcher wanted a graphic portrayal of how the seniors imagined their families would function after their departure.

Indeed, this turned out to be a thought-provoking and challenging task for both groups. Since the one-year-later KFD was the last measure administered, seniors had begun the process of thinking about many aspects of separating from home and how this would effect both them and their families. Two seniors from the non-symptomatic group asked to take the drawings home so that they could think about it more before completing the "one year later" drawing.

Kinetic Family Drawing Scoring System and Results

Scoring System

Drawings were analyzed according to three themes or emphases which were thought to be theoretically correlated with variables on the Moos (1974) Family Environment Scale by the author. The three themes or emphases were:

- 1) Group Emphasis (hypothesized to correlate positively with Cohesion on the FES).

Drawings with group emphasis would picture family members doing a task or family activity together with no obvious separation of family members into separate smaller groups.

- 2) Subsystem Emphasis (hypothesized to correlate positively with Conflict and negatively with Cohesion on the FES).

Drawings with group emphasis would picture family members in separate factions (alliances or coalitions in family systems' terminology). For this rating there should be spatial separation of the different sub-systems.

- 3) Individual Emphasis (hypothesized to correlate positively with Independence on the FES).

Drawings with individual emphasis would picture family members doing separate activities with spatial separation of individuals and possible lines separating individuals.

Subthemes.

Each of the three main themes was also classified according to whether the drawing depicted the process subtheme of:

- a) Activity (hypothesized to correlate positively with Expressiveness, Active-Recreational Orientation, Intellectual-Cultural Orientation and Independence). The (a) Activity rating was used when a picture showed its subjects actively engaged in an activity, be it reading or mowing the lawn. There should be the sense of something "happening" that requires physical or mental exertion.
- b) Passitivity (hypothesized to correlate positively with Control and negatively with Independence). The (b) Passivity rating was used when a picture showed little or no activity (i.e. no mental or physical involvement in what was depicted).

"One Year Later" KFD Scoring System and Results

Scoring System

Analysis of the "one year later" drawings were based on the following rating scale:

A. No Change or Progression.

This rating was arrived at after first analyzing the thematic content in the first KFD where the instructions were simply to "draw a picture of your family with everyone doing something." If in the "one-year-later" drawing (where they were instructed to "draw a picture of

your family as you imagine they would be one year from now with everyone doing something") there was little or no change in thematic content or movement toward resolution of a depicted goal or conflict they were rated A.

B. Regression.

This rating was given if, in comparing the two drawings, the "one year later" drawing revealed signs of regression or possible deterioration in the pattern of family functioning shown in the first drawing. An example of a possible regression would be a current drawing that depicted the senior involved in an independent activity and the "later" drawing depicting the senior on a couch between the two parents watching television. Analysis of family drawings demands clinical evaluation and there is sparse normative data at this time.

C. Progression toward a goal.

This rating was given if, in comparing the two drawings, the "one year later" drawing revealed a resolution of a hypothesized conflict or some progression of family members towards a goal. A drawing showing more autonomy among family members would be an example of a "goal" at this life stage. An example of a possible progression towards a goal would be a current drawing depicting a senior studying (writing a paper) and a "later" drawing depicting the senior at college telephoning home.

Hypotheses For KFD'S

It was hypothesized that:

- 1) There would be a higher percentage of 1 and 3 ratings in the non-symptomatic group (Group Emphasis and Individual Emphasis) than in the symptomatic group.
- 2) There would be more 2 responses (Sub-system Emphasis) in the symptomatic group than in the non-symptomatic group.
- 3) There would be a higher percentage of b ratings (Passivity responses) in the symptomatic group than in the non-symptomatic group.
- 4) There would be a higher percentage of a ratings in the non-symptomatic group (Activity responses) than in the symptomatic group.
- 5) In the "One-Year-Later" KFD's there would continue to be more 1a and 3a responses in the non-symptomatic group.
- 6) There would be a higher percentage of C responses (Progression toward a goal or resolution of a conflict) in the non-symptomatic group than in the symptomatic group.
- 7) There would continue to be more 2 responses (Sub-system emphasis) and more b responses (Passivity responses) in the symptomatic group than in the non-symptomatic group.
- 8) There would be more A responses (No Change) and B responses (Regression) in the symptomatic group.

Inter-Rater Reliability

Inter-rater reliability was checked by having the same drawings blind-scored by two raters according to the rating scale designed by this researcher. Both raters were trained school psychologists who had previous experience administering and scoring KFD's and DAP's.

COMPARISON OF GROUPS ON KFD "NOW" AND KFD "ONE YEAR LATER"

Table 3

NON-SYMPTOMATIC GROUP

	Rater #1		Rater #2	
	KFD NOW	KFD 1 Year Later	KFD Now	KFD 1 Year Later
Case #1	1a	1a C	1a	1a C
Case #3	3a	3a C	3a	3a C
Case #5	2a	2a C	2a	2a C
Case #7	1b	1b A*	1b	1b A*
Case #9	1a	3a C	1a	1a C**
Case #11	3a	3a C	3a	3a C
Case #13	3a	3a C	3a	3a C

*Second drawing refused: senior insisted no change would occur.

**Subtheme.

SYMPTOMATIC GROUP

	Rater #1		Rater #2	
	KFD Now	KFD 1 Year Later	KFD Now	KFD 1 Year Later
Case #2	2a	2b B	2a	2b B
Case #4	1b	1b A	1b	1b A
Case #6	3a	3a C	3a	3a C
Case #8	1a	2b B	1a	2b B
Case #10	2b	3b C*	2b	3b C
Case #12	1a	1a A	1a	1a A

*= marginal

Summary

Inter-rater reliability was high for both groups using the formula

$$\frac{\text{number of agreements (A=25)}}{\text{number of agreements(A=25) + number of disagreements(D=1)}} \times 100 = 96\% \text{ agreement.}$$

Perhaps this high level of agreement in part reflected the similar theoretical orientation (family systems) of the raters.

The most important differences between groups were the a (activity) and b (passivity) ratings and the ratings quantifying change (A, B, and C) in the "one year later" drawings. The a rating was hypothesized to be positively correlated with Expressiveness, Active-Recreational Orientation and Intellectual-Cultural Orientation on the FES. The b rating was hypothesized to be positively correlated with the Control dimension and negatively correlated with Independence.

There were more a ratings in the non-symptomatic group on the "KFD Now" task (85.7% versus 66.7%) and an even greater difference between the groups on this variable on the "one-year-later" task (85.7% versus 33.3 %). The increased percentage of passivity (b) responses of the symptomatic group on the "one-year-later" KFD was unpredicted. One could conjecture that it showed some concern over the families' abilities to function after the senior had left. The findings picked up differences between the groups that were similar to the differences on

the FES. They suggest that the (a) activity and (b) passivity dimensions could possibly predict differences between a normative population of seniors and seniors with separation anxiety.

In comparing KFD's now to KFD's "one-year-later" the dimension of capacity and motivation for behavior change related to the senior year transition was investigated: A (no change), B (regressive change), and C (progression towards a goal). There were distinct differences between groups on this variable. Eighty-six percent of the non-symptomatic group had positive C responses in contrast to 33.3% of the symptomatic group. The only non-symptomatic senior without C responses did not do the year later drawing because she felt the family would be the same. In the symptomatic group there were fewer C responses (33.3%), 33.3% A (no change) responses and 33.3% B (regressive) responses. The lack of a sense of progression at a time when there is pressure from society for seniors to begin making the transition to independence and autonomy seemed to be an important indicator of separation anxiety.

Although the KFD's were used on a small sample and the scoring system is in the experimental stage, preliminary data indicates that more research on the use of the KFD as a measure of separation anxiety in adolescents could be fruitful. There were differences between the two groups that were readily observable. The non-symptomatic group had drawings that were more active than the symptomatic group. The administration of a "one-year-later" drawing was a new idea, but in this

small sample seemed a useful device for locating possible tendencies towards regression in seniors which could potentially be related to separation anxiety.

C H A P T E R 4

Design of the Study

This research continued work begun in the pilot study (see Chapter 3) which examined aspects of the separation-individuation process as they were manifested during the senior year in high school. For this research I collected information from both seniors and their parent(s) through a standardized instrument and questionnaires designed by the researcher to investigate variables relevant to leaving home.

Through teacher and school staff ratings I separated seniors with several behavioral manifestations of separation problems from seniors with minimal symptomatology. The responses of the two groups classified as symptomatic and asymptomatic were then compared to see if hypothesized differences between the groups existed on the dependent variables. This study had two purposes: The first was to examine questions that could be helpful in separating seniors at risk for separation problems from seniors who are not at risk; the second was to examine family systems theory and extend understanding of ways that separation-anxiety is manifested senior year.

This researcher investigated the separation-individuation process from a family systems point of view as it is manifested senior year in a high school setting. The sample included both seniors and their

parent(s) in a medium-sized New England town with a senior class size of 267. Family climate and three generational family transition patterns were explored through instruments which are both standardized (The Family Environment Scale—see Appendix C) and designed for this study by the researcher (Transition Questionnaires for Seniors and their Parents—see Appendix D).

Participating seniors were classified as either displaying behavioral signs hypothesized to be associated with separation anxiety (symptomatic) or as not evidencing hypothesized behavioral indicators of separation anxiety (asymptomatic). Classification of seniors was based on a Teacher Behavioral Observation List (TBOL) designed by the researcher which was distributed to thirty four selected teachers and school counselors who had observed seniors over their three years in high school. Comparisons were made between the symptomatic and asymptomatic groups on the variables under consideration.

The research findings are both theoretical and practical. It is hoped that the Senior Transition Questionnaires will be useful instruments for assessing seniors who need special programs to help resolve problems at this important transition time. It is also hoped that theoretical understanding of causative factors of separation anxiety senior year will be increased through this research. This would be helpful in both the designing and timing of preventive programs.

Research Hypotheses

This study was exploratory in nature because the literature did not report the use of similar instruments that assess risk for separation problems in late adolescence from both family system and developmental perspectives. The following hypotheses were investigated:

Hypotheses for Moos Family Environment Scale (FES)

1. Seniors manifesting behavioral symptoms of separation anxiety in the school setting will have lower scores on the Moos (1974) Family Environment Scale dimensions of Independence, Expressiveness, Cohesion, Intellectual-Cultural Orientation and Active-Recreation Orientation than seniors not manifesting behavioral changes hypothesized to be related to separation anxiety.

2. Seniors manifesting behavioral symptoms of separation anxiety in the school setting will have higher scores on the Moos (1974) Family Environment Scale dimensions of Conflict and Control than seniors not manifesting behavioral changes hypothesized to be related to separation anxiety.

Hypotheses for Senior Transition Questionnaires For Seniors and Parents

On the Senior Transition Questionnaires for students and their parents, sociometric and historical data hypothesized to relate to

transition stress were measured and the following hypotheses (underlined test) tested:

3. (Questions 1 and 2) If grand-parents are seen as "moderately to very influential" (1-3 ratings) on family decisions this is non-problematic. A higher percentage of non-symptomatic seniors and their parents will have a 1-3 rating range than their counterparts in the symptomatic group.

If grand-parents are rated "not at all influential" (4-5 ratings) this is problematic because of the likelihood of emotional cut-off. A higher percentage of parents of the symptomatic seniors will rate the influence of maternal and paternal grand-parents in the extreme category of noninfluence on the lives and decisions of their family (4-5) than their counterparts in the non-symptomatic group.

If one set of grand-parents is rated more or less influential than the other set this can be problematic, particularly if the paternal grandparents are rated "very influential" (1-2) and the maternal grandparents are rated "not at all influential" (4-5). More parents of symptomatic seniors than of asymptomatic seniors will rate the influence of paternal grand-parents on the lives of their families as greater than the influence of the maternal grand-parents. This is problematic because the separation-individuation process in the parent generation (parents separating from grand-parents) may not be resolved. In our

culture an adult over-involvement with parents appears to be more problematic for men than for women.

4. (Question 3) If seniors rate their influence on the family as "very" (1) or "not at all" (5) influential this is problematic and could negatively impact on the separation process. A higher percentage of symptomatic seniors will rate themselves at the extreme ends of the con-tinuum (1 and 5) regarding their influence on their families (1 = "very influential;" 5 = "not at all influential") than asymptomatic seniors. If parent(s) rate the senior as (1) "very Influential" on the family this is hypothesized to be nonproblematic unless the rating is coupled with the same senior rating.

Separation is theorized to be easier if the senior has a moderately influential rating because the separation process would appear to be underway, whereas a "very influential" rating (1) could indicate over-involvement with the family and a "minimally influential" (4-5) rating could indicate a premature emotional cut-off.

5. (Question 4) If parents rate the senior as "much less independent" (4-5 rating) than other siblings this is problematic. Symptomatic seniors will have more 4-5 ratings ("less independent than siblings while growing up) by parents than their counterparts in the asymptomatic group. This rating range is more likely to appear on the

Parent Questionnaires than on the Student Questionnaires.

6. (Question 5) If a change in feelings of "decreased independence" or "increased dependence" (4-5 rating) was noted for the senior in the last 3-6 months, this is problematic. Symptomatic seniors will have more 4-5 ratings (increased dependence on the family over the past 6-9 months) on parent and senior questionnaires than their counterparts in the asymptomatic group.

If feelings of "increased independence" (1-2) are noted, this is a positive indicator of movement towards a healthy separation. There will be more 1-2 ratings of the asymptomatic group than of their counterparts in the symptomatic group.

7. Questions 6. If there is a history of being socially shy or withdrawn this is problematic (4-5 rating). Symptomatic seniors will have more 4-5 ratings by their parents than asymptomatic seniors. A 1-3 rating is nonproblematic.

8. Question 7. If the senior has been noted by parents as recently being "less sociable with friends" (4-5 rating) this is particularly problematic. Symptomatic seniors will have more 4-5 ratings (less sociable with friends over the past 6-9 months) by their parents than

the asymptomatic group of seniors. This is hypothesized to be a potential indicator of pathology at this life-stage.

9. (Question 8). If the senior's attitude towards parental authority is rated in the 3-4 range this is nonproblematic. If the senior self-rates or is rated by parents as either "usually question(ing) rules" (1-2) or "usually accept(ing) rules" (5) this is problematic and is suggestive of fusion with parents which can be manifested by rebelliousness or passive-submissive behavior. A higher percentage of symptomatic seniors will have 1-2 or 5 ratings than their counterparts in the asymptomatic group.

10. (Question 9). If communication with parents is rated as "warm, close or ambivalent" this is nonproblematic. Ambivalent feelings towards parents are a natural part of the separation process. If communication with parents is rated as "careful, avoiding, critical or confused" this is problematic. A higher percentage of symptomatic seniors will have "careful, avoiding and confused" responses than asymptomatic seniors. "Angry" and "critical" communication patterns between parents and seniors could hypothetically be seen in either group in combination with other communication patterns.

11. (Question 10). The inability to clearly communicate feelings is viewed as more problematic than "change" in communication, which is normal at this time. If, however, the communication is rated as "much

worse" (4-5) this is hypothesized to be problematic and more likely to occur in the symptomatic group.

12. (Question 11). If both parents "adjusted comfortably to moves or other life changes" this is nonproblematic. It is theorized that parents who have, or are seen as having, problems with change will be less able to help their children adjust to change at this critical life-stage. More symptomatic seniors than asymptomatic seniors will have parents who do not adjust well to life changes (4-5 ratings).

13. (Question 12 (A)--Parent Questionnaire). More parents of symptomatic seniors would also have had difficulty adjusting well to leaving home as young adults (4-5 ratings) than their counterparts in the asymptomatic group. There will be more 4-5 ratings (difficult transitions from high school to college or independent living) on the Parent Questionnaires of the symptomatic group than on the Parent Questionnaires of the asymptomatic group of seniors.

(Question 12 (B)--Senior Questionnaire). Senior ratings of "easy" to moderate (1-3) adjustment to change or new situations are nonproblematic. "Difficult" (4-5) ratings of the senior's general adjustment to change or new situations will be more prevalent in the symptomatic group than in the asymptomatic group.

14. (Question 13). If seniors were "upset" (Senior Questionnaire) or showed "extreme distress" (Parent Questionnaire) at being left with sitters (1-2 rating) as young children (hypothesized to be an indicator of early separation anxiety), this could be problematic. It is not assumed that the seniors will remember this transition. Symptomatic seniors will have more 1-2 ratings by parents ("upset when left with sitters") than asymptomatic seniors.

15. (Question 14). If parent(s) or the senior rank the senior's first attending school as "extremely stressful" (1-2 rating) this is hypothesized to be problematic. It is not assumed that many seniors will remember this transition. Parents of symptomatic seniors will give their seniors more 1-2 ratings (stressful transitions to first go to school) than parents of the asymptomatic seniors.

16. (Question 15). If parent/s or seniors rank the transition from elementary school to jr. high as "very difficult to difficult" (1-2 range) this is hypothesized to be problematic. Because of the pilot study findings (see Chapter 3) the parent responses only will be analyzed on this variable. Parents of symptomatic seniors will give their children more 1-3 ratings (difficult transition from elementary school to Jr. High) than their counterparts in the asymptomatic group.

17. (Question 16). If parent/s or seniors rank the transition from Jr. high to Sr. high as "very difficult to difficult" (1-3 range) this

is hypothesized to be problematic. Again, based on the pilot study results, parent responses only will be statistically analyzed. More symptomatic seniors will have a difficult transition from Jr. High to Sr. High (1-3 rating range) according to parent responses than asymptomatic seniors.

18. (Question 17). If seniors and their parents feel the senior is handling the transition from high school to college or work well (1-3 range) this is hypothesized to be nonproblematic. More symptomatic seniors will have 4-5 ratings (not handling the transition from high school to college or work well) by parents than asymptomatic seniors.

19. (Question 18). If seniors made plans to be away from home, this is hypothesized to be nonproblematic, although plans to stay home and attend the local college system or work is also nonproblematic. Planfulness is the important element. Symptomatic seniors will have more "don't know" responses on senior and parent questionnaires than asymptomatic seniors.

20. (Questions 19). If seniors and their parents were rated "confident" (1-3 rating) about the senior's ability to live independently this is hypothesized to be nonproblematic. If either parent/s or the senior were "not confident" about independent living (4-5 rating) this is hypothesized to be problematic. Parents of symptomatic seniors will have more 4-5 ratings (lack of confidence in

their child's ability to adjust to leaving home) than their counterparts in the asymptomatic group.

21. (Question 20 (A). More symptomatic seniors will rate their parents as having marginal confidence in the senior's ability to live independently.

(Question 20 (B). More parents of symptomatic seniors will rate their seniors in the moderate to not confident (3-5) range about his or her ability to live independently.

Description of Sample Pool

The senior class in a regional high school which contained 267 members was the subject pool for this study. The school is located in a middle-class northeastern town with a population of 35,827 people. The town has a large state university with 26,000 students and two small liberal arts colleges within its boundaries and two other prestigious colleges within ten miles. Consequently education is the major industry in this town which attracts a more culturally diverse population than typical New England towns of similar size. There is a strong emphasis on education in the community and this particular high school has an excellent reputation in the area for academic excellence.

In the past five years 76% of the senior class attended college after high school graduation. Seventy-five percent of the sample pool continued their educations. The comprehensive curriculum of the school is varied ranging from courses in auto mechanics and secretarial courses to advanced level language courses that include Russian, Greek and Latin and college placement history and mathematics courses. Students also have the option of taking courses at nearby colleges for graduation credit if they have gone beyond the level of offerings at the high school. Most courses are offered at three levels of difficulty with the advanced level courses having the heaviest enrollments. The school has a guidance counselor for each class, a vocational counselor, a school psychologist and many special education services. These SPED services

include: 1) a comprehensive learning center with one special education teacher and one instructional aide for severe special needs; 2) an individualized program center with one special education teacher and one aide for tutorial and support service for moderate special needs; 3) a teacher and an aide for learning disabled students; 4) and a partial day alternative program housed in a separate building with two teachers and an instructional aide for severe special needs.

Participation in the research included sixty-seven seniors and/or their parent(s) who elected to participate after being informed of the study through information distributed to seniors in their homerooms in school and thirty-four teachers, guidance and health staff. Unfortunately, parents were not able to be contacted directly by name because of school regulations. Two subjects were deleted from the study because of insufficient information. Responses from 24% of the seniors and/or their parent/s were used in this study. Seventy-four percent of the sample later attended college which was educationally representative of the senior class.

Instrumentation

Based on the review of related literature, I selected or developed test instruments that would ask questions useful in identifying seniors who were "at risk" for separation-individuation problems. They were:

- 1) Senior Transition Questionnaire for Students and Senior Transition

Scale for Parents (Giglio); 2) Moos (1974) Family Environment Scale; and 3) Teacher Behavioral Observation List (Giglio).

One instrument entitled Senior Transition Questionnaires for parents and students was developed by this researcher. The second, the Family Environment Scale (Moos, 1974) is a published standardized measure that focuses on some dimensions of family relationships such as independence that are relevant to separation-individuation issues in adolescence. The third measure, The Teacher Behavioral Observation List (TBOL) is a behavioral observation checklist devised by the researcher to identify seniors with possible symptoms of separation anxiety. Through analysis of responses on these instruments I hoped to extend the understanding of the psychological and developmental differences between seniors manifesting no unusual signs of psychological stress and those seniors experiencing a high degree of psychological stress senior year that was related to the separation-individuation process.

Design of the Transition Questionnaires

The two transition questionnaires for seniors and parents of seniors are based on the research and were designed to tap three-generational responses to life-stage transitions with a particular focus on the late adolescent separation-individuation stage. The Senior Transition Questionnaires (see Appendix D) were designed so that Part 1 (Questions 1-12) assessed family factors relates to the senior year transition as

well as the senior's social development on factors relevant to separation-individuation. Part 2 (Questions 13-16) relates to the specific transition history of the senior; and Part 3 (Questions 17-20) specifically concerns details related to planfulness and confidence in the senior year transition from high school to college or work.

The questionnaires were designed to explore the relationships between adjustment variables of the senior and his or her parents relevant to previous life-stage transitions as well as adjustment variables relevant to the senior year transition. There was an attempt to tap developmental data such as the senior's socialization history and his or her responses to separations from parents at critical developmental times. In addition to historical psycho-social data, the questionnaires were designed to identify current data theoretically linked to the adolescent separation-individuation process. Among these are family communication patterns, sibling order and influence of the senior on the lives of the family, and level of sociability with peers.

The researcher attempted to find associations between historical and current psycho-social data in order to predict seniors who are "at risk" for separation problems. Questions such as #1 and #2 which ask for a rating of the influence of maternal and paternal grandparents on the lives and decisions of the family attempted to assess how successfully the senior's parent(s) have worked out an adult relationship with their parents (the senior's grand-parents). According to family systems

theory this may influence how the senior manages his or her separation. Other questions (#11 and #12) assessed the parental ease of adjustment to change and leaving home in late adolescence as well as the senior's self-rating of general adjustment to change.

The remaining questions were directed at the senior and his or her ease in dealing with prior transitions. Other factors such as sociability and independence that have a bearing on separation anxiety were also investigated. The pilot study results tentatively indicated that the questions asked were valid and distinguished between seniors who were highly anxious and symptomatic and those who were not. This larger study was designed to further test the validity of the questions being asked.

Congruity of responses between the senior and his or her parent/s were examined. Congruity of response was theorized to be an important factor in distinguishing seniors who handle this life-stage without exhibiting anxiety symptoms from seniors exhibiting such symptoms of stress (Neale, 1978). On the two Senior Transition Questionnaires parallel questions were asked. It was hypothesized that when there was agreement between the particular senior and his or her parent/s the response would be more valid than with disagreement. Also, on the pilot study there was evidence that parent responses about the senior's transition history correlated highly with symptomatology whereas

symptomatic senior responses often did not. There was more congruence of parent-senior responses with the non-symptomatic group of seniors. The first questionnaire designed for the pilot study (see Appendix A-1) contained closed questions giving the respondent 3 response choices rather than the traditional 5 to 7 responses of most Likert-type attitudinal scales. By using descriptors such as very, moderately, or minimally the researcher attempted to elicit responses that would maximally distinguish between two pre-selected comparison groups. Either group also had the option of a neutral response. The instruments appeared to effectively measure differences between the two groups pre-selected for manifestation of separation anxiety and for absence of symptomatology (See Chapter 3).

The questionnaires for this dissertation study (see Appendix D) were revised to a 5 response choice Likert-type format to enable more subtle response choices from a larger sample that was not matched and that was representative of seniors and their parents from the middle-class, northeastern town in which this study was conducted.

Two "Senior Transition Questionnaires" were constructed, one for students and one for parent/s which ask parallel questions. Each contains 20 closed questions to which the respondent is asked to respond on a 1-5 point scale. The questionnaire takes approximately 5-8 minutes to fill out. It was hypothesized that when there was agreement between the particular senior and his/her parent/s the response would be more

valid than with disagreement. Sociometric data requested included three generational questions about the influence of grand-parents as well as parents on the senior in question.

Theoretical Base of Questionnaires

Part 1

Questions 1-12 of the Questionnaires concern themselves with three-generational family relationships and the senior's social development in the context of the family. Bowen theory in family therapy literature (Guerin, 1976) discusses the effects of the degree of differentiation or fusion between intellectual and emotional functioning on mental health. At the lower end of the continuum (0-25% of people) people are unable to make long-term goals and grow up being dependent on their parents and eventually seek equally dependent relationships from others.

For Questions 1 and 2 ("The influence of maternal and paternal grandparents on the lives and decisions of your family") it was theorized that grand-parents rated "very influential" (having a strong influence on the lives and decisions of the family) by both seniors and their parent/s would be from less individuated families than grand-parents rated in the moderate range (3) of influence. The pilot study findings indicated that paternal grand-parents with a "very influential" rating appeared to be problematic while the same rating does not appear to be problematic with maternal grand-parents. This is possibly due to

socio-cultural factors in the U.S. It was further theorized that when grand-parental influence is minimal (not at all influential) that there could be "emotional cut-off" (1976, p. 70) which could either be a sign of problematic withdrawal from a fused family system or signal a family where extended family support was lacking due to distance or death.

It was theorized that parents having unresolved separation-individuation issues would be more prone to reactivate these issues when their children reached the developmental stage of leaving home (Haley, 1980). In families where there was wide disparity between the influence of maternal and paternal grand-parents it was theorized that there would be increased likelihood that the mother or father had issues around separation-individuation.

In Question 3 seniors and their parents were asked to rate the senior's influence on the family. It was theorized that a self-rating of "very influential" could be indicative of over-involvement in the family dynamics and a possible indicator of triangulation in the parent's marital relationship (Haley, 1980), that could make the separation from home difficult.

Ratings of the senior as "very influential" by the parent/s would be more benign and less apt to interfere with successful passage of the senior from the home when coupled with a child rating in the moderately influential range (3).

A moderately influential rating (3) was theorized to be the most conducive to a successful senior year passage from the home. A "not at all influential" rating was theorized to indicate poor self-esteem on the part of the senior as well as a perceived withdrawal of the senior from family involvement on the part of the parent/s. This rating would be indicative of "withdrawal or fighting the (fused) relationship system from which they (the senior) fail to win approval" (Guerin, 1976, p. 70). This could interfere with successful separation-individuation.

In Question 4 seniors and their parent/s were asked to compare the senior's independence with that of his or her siblings. It was theorized that less independent siblings would have more difficulty separating; it was further theorized that youngest children would more likely be rated "less independent" than oldest or middle children (Michaels, 1977).

In Question 5 seniors and their parent/s were asked if there were any changes in independence in the past 6-9 months because the research on adolescent individuation (Erikson, 1968; Michaels, 1977) suggests that there is often a regression to (5) "decreased independence" during this stage. At a later stage there is increased criticism of parents and a need for more distance from them and finally (1) "increased independence." It was hypothesized that the symptomatic seniors would be at a less advanced stage in the individuation process and more apt to be rated 4-5 than the non-symptomatic seniors.

In Questions 6 and 7 seniors were rated on their sociability and changes in it in the last 6-9 months. It was hypothesized that a "not at all out-going" senior (4-5) would have more difficulty leaving the security of the family than a moderately (3) to "very socially out-going" (1-2) senior. A change over the past 6-9 months to "increased sociability" would be positively correlated to successful separation-individuation and "decreased sociability" negatively correlated.

In Question 8 a rating on attitude towards parental authority was devised with the theoretical construct (Erikson, 1968; Hansburg, 1980; Bowlby, 1973) that passive adolescents who "usually accept(s) rules" (4-5) or rebellious adolescents who "usually question(s) rules" (1-2) would both have more difficulty during the adolescent separation-individuation phase than adolescents who are in the middle range (3). This measure also correlates with Bowen theory (Guerin, 1976) on manifestations of fusion. The rebellious stage in adolescence typically occurs in early adolescence and a measure of autonomy and comfort with parental expectations has usually been achieved by late adolescence. Both parents and teen-ager have usually developed conflict resolution skills and the ability to compromise by senior year. The overly submissive adolescent very likely has not yet been able to develop a merging separate identity from his or her parents because of excessive timidity or an overly symbiotic relationship which subverts the normal separation-individuation development.

In Question 9 which asks the senior and parent(s) to "check the word or words that best describe your current communication with your senior (or parent/s)" the communication patterns between adolescents and their parents were linked to the process of an adolescent preparing to leave home. Communication ratings were based on asking selected seniors to write the words that described their communication with their parents. A cross sample of seniors including 15 girls and 15 boys from symptomatic and non-symptomatic categories was used. The descriptors most commonly used were: warm, close, angry, confused, critical avoiding, careful.

"Warm" and "close" would be positive descriptions of parent/child relations. Anger at and criticism toward authority figures is mentioned in the literature as the part of the separation process that helps give the adolescent the necessary thrust to bear the pain that accompanies leaving the safety and nurturing environment of home. Anger is also sometimes experienced when non-authoritarian, overly permissive parents have not provided adequate parental guidelines for teen-ager behavior. This can result in a teen-ager feeling insecure about the strength of the parent-child bond which impedes the separation-individuation process. Thus anger can be a communication descriptor used by both symptomatic and non-symptomatic groups for different reasons. "Anxious," "avoiding" and "careful" were hypothesized to be more prevalent in the symptomatic group because they are words that would

interfere with communication and adaptation (Erikson, 1968, Sullivan, 1978).

In Question 10 of the Transition Questionnaires seniors and their parent/s were asked if communication between them in the past 6-9 months was "much better" (1-2), the same (3) or "much worse" (4-5) than in the past. It was hypothesized that the more difficult the separation process, the more communication changes for the better or worse there would be by the end of senior year as the senior worked toward a resolution or became increasingly dysfunctional. A 3 rating (no change) would be positive if earlier communication were rated positively or negative if the earlier rating were negative. In general, however, a change for the worse (4-5) late in the senior year is an indication of a problematic separation process.

Family therapy theorists say that people relive unresolved stresses experienced in their lives through succeeding generations (Bowen, 1976). Based on this, Questions 11 and 12 were formulated to ask parents and seniors to rate parental adjustment to change or new situations on a continuum from easy (1) to difficult (5). Parents were also asked to rate the level of difficulty of their transition from high school to college or independent living on the same continuum. It was hypothesized that the non-symptomatic seniors' parents would have more comfortable adjustment patterns to change than would the parents of symptomatic seniors and would also recall less difficulty leaving home.

Part 2

Part 2 of the Transition Questionnaire (Questions 13-16) concerned itself with the senior's adjustment in general and to specific nodal times of separation from parents and from school milieus. The focus was on early separation anxiety which occurs during the first separation-individuation stage at 18 months (Mahler, 1972) and on the difficult school transitions. These involve separating from mother to first enter school; separating from the one teacher milieu of elementary school to the larger milieu of jr. high with several teachers and new peer groups; and moving to the more adult expectations of sr. high. The difficulty experienced during the first separation-individuation stage was theorized to appear and be re-enacted at other nodal stages in the development of a person (Bowlby, 1969, Edward et al., 1981, White, 1963). The preliminary findings on the pilot study suggested that troubled transitions beginning in jr. high may have a more direct bearing on the senior year transition than earlier transitions (see Chapter 3).

Part 3

Finally, in Part 3 of the Transition Questionnaire (Questions 17-20), very direct questions were asked of the seniors and their parents about the issue at hand: leaving home. Seniors and their parent/s were asked to rate how they felt the seniors were handling the transition from high school to college or work on a scale ranging from "extremely well" (1) to "not well at all" (5).

Parents and seniors were then asked if the senior was planning on being away from home the year after graduation. The response choices were "yes", "don't know" or "no". Next, the confidence of both the senior and his or her parent/s in the senior's ability to adjust to leaving home and live independently was rated on a scale ranging from "extremely confident" (1) to "not at all confident" (5). It was hypothesized that there would be more 1-2 ratings in the non-symptomatic group and more 4-5 ratings in the symptomatic group.

The literature suggests that a gradual, "transformation attachment" (A. Freud, 1958; Giovacchini, 1979; Smith et al., 1976) where the adolescent feels secure and in control of dependency gratification during the separation stage produces less separation anxiety. There is also the likelihood that seniors with separation anxiety would tend to stay nearer home (hypothesized to be the symptomatic group) to decrease anxiety than seniors less anxious about leaving (hypothesized to be the non-symptomatic group). It was hypothesized that there would be more "yes" responses from the non-symptomatic group and more "no" and "don't know" responses from the symptomatic group. "Don't know" responses were an indicator of a lack of planfulness, since this study was conducted the second half of the senior year.

Although parents living together were asked to fill out this form together, the question was asked of those living separately if there were anything the other parent would disagree with if s/he were

answering the questionnaire. Although little disagreement was anticipated, the hypothesis was that there would be more disagreement among the parents of the symptomatic seniors despite the fact that questions involved perceptions of the child's developmental history and not values.

Parents and students were also asked for comments or suggestions about what the school could have done to help make the senior year less stressful. In the first pilot study they were also asked to check any questions they found overly intrusive or difficult to answer. This last section was added to gain more information about the issue being studied and for help in improving the design of the questionnaire.

The Family Environment Scale

The Moos (1974) Family Environment Scale was used to measure family climate and assess how particular dimensions of family climate related to the senior year preparation to separate from home, school and friends. The FES has 90 true-false questions that assess 10 areas of family functioning. The test takes approximately 10-15 minutes to complete.

Background of the FES

The FES is a self-rating measurement tool developed by Rudolf H. Moos at the Social Ecology Laboratory at Stanford University in 1974. It was based on the work of Henry A. Murray who studied environmental impact or "press" on human behavior. Murray's idea of environmental "press" (1964) was that environments can be classified according to degree and type of press (or influence), be it nourishing, injurious or restraining to the individual. Moos expanded Murray's ideas and identified nine important social climates and designed measurement scales for each of them. Among them were: family, work, group and classroom environmental scales.

The FES also incorporates Bronfenbrenner's concepts of major environmental systems that influence people. These systems are the microsystem, mesosystem and exosystem. Moos found Bronfenbrenner's (1979) concepts helpful in determining whether a client's problems arise more from personal factors, environmental factors, or from their interconnections (Moos, 1982). The microsystem refers to the person in interpersonal relationships; the mesosystem includes goal-directed activities that influence a person; and the exosystem includes the influence of the larger social sphere which defines roles and role expectations.

Moos has translated Bronfenbrenner's theoretical constructs into three domains which characterize a variety of settings:

- 1) the relationship domain (or dimension);
- 2) the personal growth or goal orientation dimension;
- 3) the system maintenance and system change dimension (Moos & Moos, 1983).

Moos designed his scales for use in assessing social-environmental patterns in specific contexts. They are to be used to provide the counselor "with a conceptual framework to help organize many disparate observations" (Fuhr, Moos, and Dishotsky, 1981, p. 25). The scales are intended for use in assessment of problematic aspects of specific settings to help change agents create more adaptive environments (1983). The nine Moos Social Climate Scales attempt to measure the characteristics of the microsystems (or social settings) in which people function such as home, classroom and work.

The Moos Family Environment Scale (FES) (1974) is one of the latest of the Moos environmental scales and was designed for use by clinicians in evaluating a person's perception of his or her family environment. It was intended for use in measuring current family functioning before therapeutic intervention and assessing change after therapeutic intervention. The FES originally assessed the family system on twelve dimensions of family functioning which were obtained by interviewing many people about their families. An initial pool of 200 items which

assessed three major domains were given to a diverse sample of 285 families. Three major domains are: 1) interpersonal relationships among family members; 2) directions of personal growth emphasized in the family; and 3) the basic organizational structure of the family. The initial version was reduced to a 90-item questionnaire with ten subscales covering the three areas of focus.

In the final version of the scale, the family members rate themselves on the following three dimensions composed of ten related subscales which have been found to maximally discriminate among families (Moos, 1974a):

- I) The first of the dimensions is the Relationship Dimension, which is composed of the subscales Cohesion, Expressiveness, and Conflict. This dimension measures the extent to which a person feels connected to his/her family (Cohesion). It also measures expression of feelings (Expressiveness) and conflictual communication patterns thought to characterize family interactions (Conflict).
- II) The second dimension is the Personal Growth Dimension, composed of the subscales Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis. This part of the scale measures the extent to which particular developmental processes are perceived as being fostered within the family.

III) The third dimension is the System Maintenance Dimension and is comprised of the subscales Organization and Control. This part of the scale measures the organization of the family structure and assesses the perceived degree of control used by family members on each other. Often two or more of the Moos environmental scales are used in attempting to assess what areas in a person's environment are contributing to a problem. The Family, Classroom and Work environmental scales are most commonly used for this type of assessment.

The FES was designed so that examination of scaled scores make it possible to plot where the family lies in relationship to the norm. Moos has used subsamples drawn randomly from a representative range of normal families from all areas of the country including various ethnic minority groups, single parent families and families of all age groups. Form R norms are based on these groups. Moos has separate norms for a subsample of distressed families drawn from clinic samples and correctional institutions which are included in his latest 1984 revised manual. It also allows the examiner to see the extent to which family members are in agreement on their perceptions of the family environment. Figure 1 lists the ten revised and finalized subscales of the FES with a short description of each scale (Moos, 1974 b).

MOOS FAMILY ENVIRONMENT SCALE SUBSCALE DESCRIPTIONS

Note. From Combined Preliminary Manual, Family Work & Group Environment Scales Manual, R. Moos, P. Insel, & B. Humphrey, 1974, Palo Alto, California, Consulting Psychologists Press, Inc., Copyright 1974 by Consulting Psychologists Press, Inc. Reprinted by permission.

Relationship Dimensions

1. Cohesion The extent to which family members are concerned and committed to the family and the degree to which family members are helpful and supportive of each other.
2. Expressiveness The extent to which family members are allowed and encouraged to act openly and to express their feelings directly.
3. Conflict The extent to which the open expression of anger and aggression and generally conflictual interactions are characteristic of the family.

Personal Growth Dimensions:

4. Independence The extent to which family members are encouraged to be assertive, self-sufficient, to make their own decisions and to think things out for themselves.
5. Achievement
Orientation The extent to which different types of activities (i.e. school and work) are cast into an achievement oriented or competitive framework.
6. Intellectual-
Cultural
Orientation The extent to which the family is concerned about political, social, intellectual and cultural activities.
7. Active
Recreational
Orientation The extent to which the family participates actively in various kinds of recreational and sporting activities.
8. Moral-
Religious
Emphasis The extent to which the family actively discusses and emphasizes ethical and religious issues and values.

System Maintenance Dimensions:

9. Organization Measures how important order and organization is in the family in terms of structuring the family

activities, financial planning, and explicitness and clarity in regard to family rules and responsibilities.

10. Control

Assesses the extent to which the family is organized in a hierarchical manner, the rigidity of family rules and procedures and the extent to which family members order each other around (Moos et al., 1974, p.4).

There is a Real, Ideal, and Expectation Form of the the FES as well as a Short Form. Moos calls the FES that measures the individual's perception of current family functioning Form R (Real) which is the form I used in this study. He also has an abbreviated version of Form R for use in testing with groups or large families (Form S) which is the form I used in the pilot study. The Ideal Family Form (Form I) is reworded so that family members can answer test items according to the type of family environment they would ideally like to have. This is useful in helping families set goals. There is also a Form E (Expectation Form) which rewords instructions so that items are answered in terms of what the subject expects a family climate to be like. This is useful in premarital counseling (1974b).

Moos has devised a formula which quantifies the amount of disagreement among family members and from which is devised a "Family Incongruence" score. To calculate this the ten subscale scores of each pair or family members are compared. The differences are summed over the ten subscales and the resulting score indicates the extent of disagreement between that particular pair. A similar incongruence score is obtained for each possible pair of family members and the average of these scores is the Family Incongruence Score. The mean Family Incongruence Score in the normative sample was 16.76 (S.D. = 5.38). Moos (1974b) hypothesizes that high incongruence in the family

environment may be associated with a disturbed family situation, although he gives no direct evidence to support this hypothesis.

Psychometric Test Construction Criteria

Psychometric test construction criteria were used for the FES (Moos et al., 1974b, pp. 5-8):

1) Internal consistencies of the subscales which were calculated using the Kuder-Richardson Formula 20 range from .64 to .79 and are all in the acceptable range (See Table 1).

2) Average subscale intercorrelations are low (.20) indicating that subscales measure distinct, though somewhat related, aspects of family environment with less than 20% of the subscale variance due to these intercorrelations.

3) Each of the subscales has an approximately equal number of items scored true and false to control for acquiescence response set.

4) The item to subscale correlations discriminated among families on the variables being examined according to data reported by Rudolf and Bernice Moos in The Family Environment Scale Manual (1974; 1981). The correlations range from moderate (.45 for Independence) to substantial (.58 for Cohesion).

5) Eight week test re-test reliabilities are all acceptable, although the retesting was calculated on a smaller sample size than the rest of the normative data ($N = 47$). The reliabilities ranged from a high of .86 on Cohesion to a low of .68 on Achievement Orientation.

6) The original sample of 285 families with 814 members from which Form R evolved was sufficiently large to establish norms. The families used were mainly drawn from middle and upper middle socio-economic levels, with some from lower and lower middle levels. Although this is problematic and separate norms for different types of families are being established, the population used in my study is comparable (See Table 11).

7) The Means and Standard Deviations of the FES (Form S) Subscales (short form) are listed in Table 3. Each of the subscales for the short form has four items rather than the nine on Form R. The similarity of profiles between the two forms was investigated by calculating intra-class profile correlations between the 10 Form R and the 10 Form S standard scores for a sample of 11 families. Although the sample is small and the families were relatively large, preliminary data indicates that the family profiles on the two forms are highly similar with most of the correlations above .90.

8) The FES has been used with more than 1600 families in over 45 studies that focused on its construct validity, its relationship to other aspects of family functioning and its implications for treatment outcome (1981. p. 25).

Tables 4 and 5 on the following pages report statistical data collected by R. and B. Moos on both the Short Form (Form S) and 90 item Form R of the FES.

Form R Subscale Internal Consistencies, Corrected Average Item-Subscale Correlations, Test-Retest Reliabilities, and Stabilities

Table 4

Note. From Family Environment Scale Manual (p. 6) by R. H. Moos & B. S. Moos, 1984, Palo Alto, Ca., Consulting Psychologist Press, Inc., Copyright 1981 by Consulting Psy. Press, Inc. Reprinted by permission.

Subscales	Internal Consistency (N = 1067)	Corrected	2-Month Test-Retest Reliability (N = 47)	12-Month Subscale Stability (N = 241)
		Average Item-Subscale Correlations (N = 1067)		
Cohesion	.78	.44	.86	.63
Expressiveness	.69	.34	.73	.69
Conflict	.75	.43	.85	.76
Independence	.61	.27	.68	.52
Achievement Orientation	.64	.32	.74	.69
Intellectual-Cultural Orientation	.78	.44	.82	.79
Active-Recreational Orientation	.67	.33	.77	.72
Moral-Religious Emphasis	.78	.43	.80	.89
Organization	.78	.42	.76	.81
Control	.67	.34	.77	.79

Form R Subscale Means and Standard Deviations of FES
for Normal and Distressed Families

Table 5

Note. From Family Environment Scale Manual (p. 5) by R. H. Moos and B. S. Moos, 1981, Palo Alto, Ca., Consulting Psychologists Press, Inc., Copyright 1981 by Consulting Psy. Press, Inc. Reprinted by Permission.

Subscales*	NORMAL (N = 1125)		Distressed (N = 500)	
	Mean	S.D.	Mean	S.D.
Cohesion	6.61	1.36	5.03	1.98
Expressiveness	5.45	1.55	4.60	1.76
Conflict	3.31	1.85	4.28	1.93
Independence	6.61	1.19	5.89	1.24
Achievement Orientation	5.47	1.61	5.29	1.55
Intellectual-Cultural Orientation	5.63	1.72	4.55	1.84
Active-Recreational Orientation	5.35	1.87	4.29	1.82
Moral-Religious Emphasis	4.72	1.98	4.45	1.87
Organization	5.41	1.83	5.06	1.91
Control	4.34	1.81	4.84	1.87
Family Incongruence Score	15.34	5.20	17.16	5.67

*Each subscale has nine items

Means and Standard Deviations of FES
Short Form (Form S) Subscales
Table 3

Note. From Family Work & Group Environment Scales Manual (p. 9) by R. Moos, P. Insel, B. Humphrey, 1974, Palo Alto, Ca.: Consulting Psychologists Press, Inc., Copyright 1974 by Consulting Psychologists Press. Reprinted by permission.

<u>Subscales</u>	(N = 285 Families)	
	<u>Mean</u>	<u>S.D.</u>
Cohesion	2.91	0.86
Expressiveness	2.25	0.82
Conflict	2.15	1.09
Independence	2.76	0.77
Achievement Orientation	2.26	0.93
Intellectual-Cultural Orientation	2.71	0.94
Active-Recreational Orientation	2.74	0.93
Moral-Religions emphasis	1.94	1.30
Organization	2.37	1.02
Control	2.15	0.95

In summary, the FES purports to measure the social climates of a broad variety of families. The original form evolved from several preliminary forms and had 200 items. It was administered to a sample of 1000 individuals, coming from 285 families. The sample included three separate groups: Blacks and Mexican-Americans (I), "Clinic" families referred from both a psychiatrically-oriented family clinic and a probation and parole department (II), and families recruited from church and high school referrals (III). Each item on the original FES was chosen and worded so as to identify elements in the environment that would "exert a press" towards family Cohesion or some other press dimension. The data from the original samples was then used to develop the revised 90-item, ten subscale Form R of the FES. The ten subscales are well-researched and theoretically sound and provide objective measures of the variables under consideration.

The FES also approaches a level of reliability ranging from a low of .68 for Independence to a high of .86 for Cohesion that makes it a suitable instrument that consistently measures family environments. The internal consistencies are acceptably reliable, as are the item-to-subscale correlations (see Table 4).

The FES Form R has been applied to a number of studies that total over 1125 normal and 500 distressed families. Distressed families tended to be lower on Cohesion, Expressiveness, Independence, and

Intellectual and Recreational Orientation and higher on Conflict and Control when compared to normal families. These differences are evident when socio-economic and family characteristics such as number of children have been controlled for (Moos, Finney and Chan, 1981; Moos and Moos, 1981; Scoresby and Christensen, 1976).

Review of Research Studies Using the FES

The instrument is relatively new and related research to date is sparse. Moos and Fuhr (1982) used the Social Climate Scales to illustrate how this perspective can be useful in sensitizing clinicians to environmental factors that may go unrecognized. The Moos scales, combined with semi-structured interviews, were used in a clinical study to show that isolating environmental factors before beginning counseling was helpful in diagnosing and remediating problems.

The subject of this study was a 15-year-old girl (Beth) who was in individual counseling at her parents' insistence after dropping out of school. She complained of disliking teachers and of feeling lonely, isolated and unable to concentrate.

By using the FES and two other Moos social climate scales [both the Real and Ideal Classroom Environment Scales and the Work Environment Scale (used with her parents)], a clear picture of the adolescent's situation emerged. In this particular case, the parents' pressured work

settings indirectly influenced the morale and school performance of their adolescent daughter. Although the initial counseling of Beth was for school-related difficulties, the concentration on specific microsystems through the use of three social climate scales redirected the counseling to focus on the family environment. It was the stress Beth experienced from her parents' demands for academic success, coupled with their lack of family support, that was central to her school problems. By closer examination of the parents' work environments, it surfaced that the demands of the parents' jobs interfered with their abilities to relate supportively to their daughter.

"The Clinical Use of Social-Ecological Concepts: The Case of an Adolescent Girl" by Moos and Fuhr (1982) illustrates how the FES can help clarify a confusing clinical picture by a quick assessment of environmental factors prior to counseling. The family was enabled to work on modifying their work environments so that the family milieu could better support Beth. This exemplifies what I hope to accomplish on a larger scale with a specific focus on the separation-individuation process. With better understanding of variables impacting on the manifestation of adolescent separation anxiety in schools, preventive programs can subsequently be designed and implemented. The FES appears to be a promising diagnostic tool that could be useful prior to treatment programs. It also can be useful as a follow-up tool to assess changes in family environment following treatment.

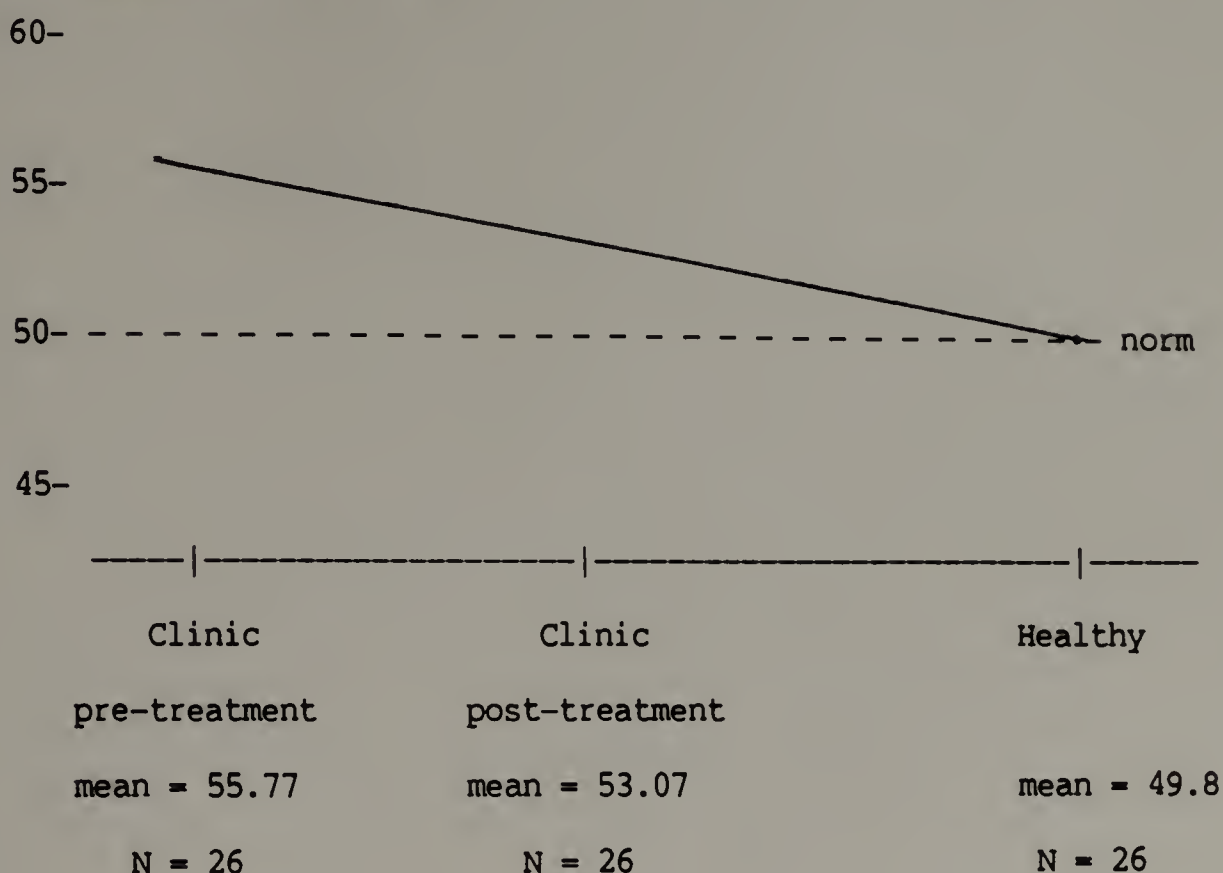
Linda J. Neale (1978) did a validation study on the Incongruence Score matching the scores of a sample of families receiving treatment at a community mental health clinic (26 families) with the scores from a group of "healthy" families. Secondly, the behavior of the target child (identified patient) in the clinic families was measured before and after treatment using the Walker Problem Behavior Identification Checklist (WPBIC). These scores were then compared with the Incongruence Scores on the FES for families of these children. Thirdly, therapists were asked to rate family dysfunction after treatment.

The focus of "A Validation Study of the Family Environment Scale: Family Incongruence Score" by Neale (1978) was to test the meaning and validity of family incongruence as measured by the Family Incongruence Score on the FES. Since family system's literature sees the symptomatic child as reflecting family pathology, the hypothesis was that high family incongruence scores would be associated with greater dysfunction on all three measures. The "healthy" or criterion group (26 families) was selected by church and school referrals on the basis that no-one in the family was under psychological or psychiatric care and none of the children were behavior problems in school or had been in a foster home or other institutional care. The sample was matched on other variables such as age and number of children.

Therapist ratings after treatment were not correlated with family incongruence scores at a significant level. The other two measures

supported the hypotheses at significant levels. The difference between the clinic pretreatment and healthy samples was significant at the $p < .01$ level ($t = 3.27$) and the difference between the clinic post-treatment and healthy samples was significant at the $p < .01$ level ($t = 2.66$). This study lends validity to the Incongruence Scale of the FES as a measure of family dysfunction.

Figure 2. Average family incongruence scores for "healthy" and clinic samples. (Neale, 1978, p. 24).



The FES has been used to assess the family environments of problem drinkers (Moos, Bromet, Tsu, and Moos, 1976). Families which had a larger number of illnesses and other negative life stresses also had a greater emphasis on Conflict and Control. Active-Recreational Orientation and Moral-Religious Emphasis had positive relationships to the functioning of the alcoholic member and poor functioning was related to high Conflict and Control and low Cohesion, Expressiveness, Independence and Organization.

James and Hesselbrock (1976) administered the FES to 24 children of schizophrenic parents and 26 children of normal parents. The children of schizophrenic parents rated their families significantly lower on Intellectual-Cultural and Active-Recreational Orientations. Teachers were then asked to assess the school adjustment of these children and the Independence subscale was the only one that correlated with school behavior. Students from families with high Independence scores were rated as higher in originality, reasoning ability, intellectual independence and verbal interactions and were seen as less anxious. Authors concluded that children raised in homes encouraging cognitive and social initiative are most competent.

Scoresby and Christensen (1976) matched families receiving treatment at a university counseling clinic with families not in counseling and revealed that the families in treatment scored significantly lower on Expressiveness, Cohesion and Organization and significantly higher on Conflict.

Reinhart (1977) conducted a study comparing one parent and two parent families using the FES and found that single parent families emphasized intellectual and recreational activities, independence and expressiveness of feelings, and were less well organized and religiously oriented. Members were also less cohesive and supportive of each other. However, the overall evidence indicated that one parent families

perceived themselves as potentially well-functioning and conducive to positive personal growth.

Steinback (1968) used the FES to compare adolescents who had run away from home with both adolescents who were in crisis yet hadn't run away, and with a control group. No significant differences were found in the parents' perceptions of the families, but the runaways noted less cohesion, independence, intellectual and recreational orientation and more conflict and control in their families than did either their parents or the control group. The conclusion was that parents of runaways had a tendency to deny conflict and blame their children (Moos and Moos, 1983).

A study by Forman and Forman (in press) examined the relationship between family environment and personality and found that families where the FES relationship dimensions were stressed generally had children relatively anxiety free. Families emphasizing independence and achievement had children who were assertive and self-sufficient whereas families emphasizing religious and ethical issues had children tending to be guilt-prone and insecure. Organization and control emphasis had children rated as relaxed on the High School Personality Questionnaire. In general, however, research findings link a rigid family structure (moderate or high organization and restrictive control) and moral religious emphasis to insecurity and guilt among adolescents (1983).

Summary Of FES Research

Although the focus of the proposed research is not problem drinking, it appears from research on the FES to date that high Conflict and Control scores may have a negative relationship to family functioning and are often present in families that are stressed. It would also appear as though low scores in Cohesion, Expressiveness, Independence and Organization can also be problematic to family functioning (1976).

The Steinback (1968) study is of particular interest to my research since adolescent runaways would seem to be prematurely separating from parents and would tend to epitomize a troubled separation/individuation process. The incongruence in viewpoints of family environment is notable as are the higher Conflict and Control ratings and lower Cohesion, Independence, and Intellectual and Recreation Orientation ratings by runaways. The disparity in viewpoints between parents and children could be a causal factor with runaways and needs further investigation. This same disparity, or incongruence, was noted in the Allen (1976) research in Chapter I among mothers and daughters in the maladaptive Identity Diffusion group of college females.

The FES was selected for my research because most traditional tools such as the MMPI, the Rorschach or the California Personality Inventory primarily measure individual rather than family system's factors. The

FES is useful for both diagnostic purposes and outcome evaluation of family therapy treatment. I chose this particular instrument because of its sensitivity to parent-child differences in perceptions of the family and for its ability to discriminate between psychologically symptomatic and matched "normal" families. It is also potentially useful in testing theoretical propositions concerning the interrelationships between personal and environmental factors. Most of the specific FES subscales pertain to family dimensions that relate to the separation-individuation process.

The Cohesion, Expressiveness, Independence, Conflict and Control factors are particularly sensitive indicators that I hypothesized from the research findings to distinguish between normal families and families with distressed adolescents who were manifesting symptoms of a problematic separation-individuation.

For my pilot study, I used the 40 item Short Form (Form S) of the FES which was developed to allow for relatively rapid assessment of groups of families. In my final design, however, I used the standard Form R which has 90 questions because most of the validation and reliability studies have used this form and the data confirms its validity and reliability. The FES has a simple true-false format scored quickly by placing a scoring template over the answer sheet and requiring no more than 5 minutes to score.

Behavioral Observation Checklist for Teachers and School Staff

A third evaluative instrument was designed for this study by the researcher, the Teacher Behavioral Observation List (TBOL). It was used with the teachers and school staff of the senior class for the purpose of evaluating seniors who had evidenced behavioral manifestations of separation-individuation anxiety (the symptomatic group) and seniors who had not manifested these hypothesized symptoms (the asymptomatic group).

Ten behavioral indicators hypothesized to relate to in-school manifestations of senior year separation stress were listed with a letter code for each behavior. An additional letter code (i) was added that indicated that no observable behavior changes were noted so that the researcher could identify the particular seniors the evaluating teachers had observed. Teachers were also asked to indicate by a number code which quarter of the senior year the behavior change was first noticeable.

The behaviors hypothesized to be connected to senior year separation stress were selected from the literature review, from results of the pilot study, from the researcher's eleven years of experience working with seniors, and from discussions with school counselors and staff. These behaviors are:

- a) Increase in comment appraisal forms sent to parents by teachers

- b) Drop in grades
- c) Increase in absences
- d) Increase in tardiness
- e) More withdrawn and socially isolated from peers
- f) Increase in apathy or lethargy in class
- g) Increase in hyperactivity or emotional outbursts in class
- h) Increase in expressions of anger towards rules and regulations
- i) None of the observable behavior changes noted
- j) Increase in visits to the health room (Health room evaluation)
- k) Delayed, late, or aborted college admission process (Guidance staff evaluation)

Relationships between seniors rated by teachers and staff as evidencing hypothesized behavioral manifestations of separation anxiety (symptomatic group) and performance by the seniors and their parent/s on the Moos (1974) Family Environment Scale and Senior Transition Questionnaires for Students and Parents were statistically analyzed. The mean scores of the symptomatic group were compared to mean scores of seniors who had evidenced few symptomatic behavior changes (asymptomatic group) on factors on the Family Environment Scale (FES) that were found to correlate with late adolescent separation anxiety in the research review and pilot study. Symptomatic and asymptomatic group scores were also cross-tabulated with categorical data on the Transition Questionnaires. Parent scores of participating seniors in the

symptomatic and asymptomatic groups were also compared on the FES and STQ measures.

Procedures for the Study

Data Collection

Materials for this study were distributed to all seniors at the participating regional high school in their morning homerooms the second half of the senior year. Materials were in large envelopes addressed to the senior by name and his or her parent(s). There was a brief verbal explanation of the research study given by each homeroom teacher (Appendix B).

An enclosed cover letter (Appendix A) explained that a research study was being conducted on the senior class regarding the senior year transition in hopes of gaining information that would be helpful in organizing a prevention program for senior stresses in future years at the high school. Instructions for completing the Questionnaires and Family Environment Scales were included in the envelope along with a parent (or student) consent form (depending on whether the student was over 18 years of age). Included in the consent form was permission for the researcher to collect information from the school relevant to the senior transition.

A stamped, addressed return envelope was included for the parent(s). Seniors were asked to return their materials in the cover envelope to the school guidance office where a labeled box was conspicuously placed near the guidance secretaries who were informed about the study.

Seniors were told that participation time should be no more than ten to fifteen minutes and that results of the study would be available to interested participants by June of 1986. Announcement of a future meeting to discuss the study and research related to the senior year transition as well as parent and senior experiences and suggestions was included in the cover letter (See Appendix A). Although it would have been preferable to mail the parent materials directly to parents to assure their receipt, access to parent names and addresses was not legally available for research purposes.

All reminders and announcements to seniors were made through homeroom teachers during the five minute homeroom period as requested by the school principal. Weekly reminders were given regarding participation in the study and seniors were told that extra materials would be available through the guidance secretaries if materials were misplaced or not received.

Personalized envelopes containing the study materials that were not picked up in homerooms due to chronic tardiness or illness were returned

to the secretarial staff in the principal's office who then called seniors to the office over the speaker system to distribute the envelopes. It was important that each senior receive the packet of materials and have the option of participation in the study for a representative sample.

A week prior to the discussion meeting for parents and seniors an announcement was personally distributed to seniors and their parents thanking those who had participated and inviting parents with questions or those who have not yet received the study materials to either call the researcher at home or pick up study materials in the guidance office at the high school (see Appendix E). It was hoped that some parents who were not reached with the first individualized hand-outs would be informed at this time. The meeting was not intended to be part of the research design, but was intended to be an informal format for seniors or their parents who felt constrained by the communication limitations of the research instruments and had questions for the researcher or statements they wished to make.

When the participants were known and had completed their materials, a letter with a brief explanation of the research was sent to 40 teachers and staff who were selected by the senior counseling staff as having had the most contact with seniors over the three years of high school.

Teachers were asked to note specified behavior changes they had observed in the participating seniors according to a letter code. They were also asked to indicate by number which of the four quarters of senior year the change(s) was first observed. If the change was first observed during the junior year the letter J should be put after the behavior code (Example: b1 or bJ). If none of the eight listed behaviors was observed, the letter i should be placed after the names. This would indicate which seniors the teachers had had the opportunity to observe.

Teachers and staff were asked to return their Teacher Behavioral Observation Lists (TBOL) to the senior guidance counselor from whom the researcher received them. It was assumed that teachers returning the TBOL's would constitute a representative sample of the school staff who had worked with the senior class since they represented the broad spectrum of classes and counseling services available to the student population. Thirty-four of the forty teachers and staff completed the observation lists.

Methods of Analyzing Data

From the school staff evaluations, participating seniors were selected for the symptomatic or asymptomatic groups. Statistical methods were used to support or disprove the hypotheses listed at the

beginning of Chapter 4. These hypotheses were generated from the literature review and pilot study findings.

Statistical analysis was conducted using the SPSS software. The analyses consisted of performing appropriate tests for significant differences between the symptomatic group (SG) and the asymptomatic group (AG) with regard to responses to each of the variables listed in the twenty hypotheses listed in Chapter 4. The independent variables have a range of 4-74 for scores on the Moos (1974) FES (group means will be compared) and 1 through 5 for responses to the parent and student questionnaires. A summary of the tests is provided in Table 7.

Statistical Tests Used in This Study

A directional two-sided Kaiser t-test (Ferguson, 1981, p. 177) was employed to test whether the means of the symptomatic and asymptomatic groups were different on the Moos (1974) Family Environment Scale (FES) variables after a preliminary examination of the data suggested that normal distribution could be assumed and parametric methods of analysis used. A greater than .05 level of confidence was used to reject or accept the hypotheses.

After generating frequencies and descriptives for mothers, fathers, and students from the data on the Senior Transition Questionnaires, the hypotheses listed in Table 7 were tested using the Chi Square statistic

which is appropriate for the comparison of sets of frequencies (Ferguson, 1981. pp. 199-218). The Chi Square was used to compare responses of the symptomatic group of seniors with responses of the asymptomatic group of seniors. Responses of the parents of the symptomatic seniors and asymptomatic seniors were also compared. The Chi Square was used because it is considered to be a robust measure with no underlying assumptions.

Theoretical Issues Examined in This Study

This study also investigated the following theoretical issues:

- 1) One of these is the relationship between aspects of family climate and the ease with which adolescents make the transition from high school to leaving home to attend college or live independently.
- 2) Another is how the parental ease with leaving home, maintaining ties with parents, and coping with change relates to helping one's adolescent children cope with major transitions.
- 3) A third theoretical issue investigated were the major developmental transitional times in childhood and the relationship each has to senior year transitional stress. By better pinpointing the transitions that influence the senior's ability to successfully graduate from high school and move on to independent living, school personnel and

therapists will increase their understanding of when it is best to begin preventive programs. Preventive programs may be destined to fail if parental support groups are not also offered. Family climate around issues of such things as control and independence would seem to have a direct bearing on senior year separation-individuation problems.

TABLE 7
Statistical Tests to be Performed

Hypotheses Set Number	Variable	Range	Hypothesis SG= Symptomatic Group AG= Asymptomatic Group
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Hypothesis sets 1 and 2 concern responses to the Moos FES.

		Scaled Scores	
1	Independance	4-69	SG<AG
	Expressiveness	14-74	SG<AG
	Cohesion	16-64	SG<AG
	Intellectual- cultural Orientation	19-64	SG<AG
	Active- recreational Orientation	13-67	SG<AG
2	Conflict	27-71	SG>AG
	Control	24-73	SG>AG

Hypothesis sets 3-20 all concern variables from the parent and student
Senior Transition Questionnaires.

3	Grandparent influence on family ("1"=most influential)	1-5	SG>AG
3	Grandparent influence differ- ential: Percent of cases where paternal grandparent influence is greater than maternal grandparent influence.	0-100%	SG>AG
4	Senior influence on family: Percent of "1"+"5" responses ("1"= most influential)	0-100%	SG>AG
5	Senior Independence ("1"= most independent)	1-5	SG>AG

6	Changes in independence ("1"= increased independence)	1-5	SG>AG
7	Senior's sociability ("1"= most outgoing)	1-5	SG>AG
8	Changes in sociability ("1"= more sociable)	1-5	SG>AG
9	Senior's attitude toward authority: Percent of "1"+"5" responses ("1"= most questioning of rules) ("5"= most accepting of rules)	1-100%	SG>AG
10	Senior and parent communication: Percent of "3"+"4"+"5" responses. ("3"= careful; "4"= confused; "5"= avoiding)	1-100%	SG>AG
11	Change in communication ("1"= most improved)	1-5	SG>AG
12	Parent adjustment to change ("1"= easiest; "5"= most difficult)	1-5	SG>AG
13	(P. Questionnaire) Parental adjust- ment to change ("1"= easiest)	1-5	SG>AG
	(S. Questionnaire) Senior adjust- ment to change ("1"= easiest)	1-5	SG>AG
14	Senior's distress when left as child ("1"= most distress)	1-5	SG<AG
15	Senior's stress when starting school ("1"= extreme stress)	1-5	SG<AG
16	Senior's transition to Jr. High ("1"= most difficult)	1-5	SG<AG
17	Senior's transition to Sr. High ("1"= most difficult)	1-5	SG<AG
18	Handling of current transition ("1"= extremely well)	1-5	SG>AG
19	Post graduation living plans: Percent of "Dont know" responses	1-100%	SG>AG
20	Confidence in independence skills ("1"= most confident)	1-5	SG>AG

Parent confidence	1-5	SG>AG
Parent/Senior Discrepancy	1-100%	SG>AG

total by the number of teachers. The teacher average was added to the number of symptoms observed by the Guidance Counselor plus a possibility of one additional symptom rating by the school nurse (j) and one rating by the college admission counselor (k). An adjustment was made if a student was not going to college or had not visited the health room. If no teacher rated the student, the guidance rating was adjusted. The teacher average, guidance counselor, college admission counselor and school nurse ratings were used to generate a composite score in which the total of each subscore was given equal weighting. If any subscales were missing, the composite score was adjusted proportionately.

The Teacher Behavior Observation Lists were filled out by 30 teachers who had the opportunity to observe the seniors from 10th through 12th grades. In addition to the 30 teacher observations there were four additional observations from (1) the class guidance counselor who had worked with the seniors for 4 years and the guidance counselor for seniors in a SPED program, (2) the nurse's aide who was in the Health Room for the seniors' 10th through 12th grades, and the college counselor who was only asked to rate college-bound seniors on the k variable (unusual stress or anxiety around the college admission process).

Teachers were asked to note changes in the behavior of the participating seniors by writing in the letter or letters corresponding to any of the nine behaviors related to the separation-individuation process and to note when each change occurred by using a designated

CHAPTER V

Results

Organization of the Chapter

This chapter is divided into four sections. Section 1 will describe the two groups being investigated in this study. One group served as a control group and was termed "asymptomatic;" the other group manifested symptoms of the problem under investigation (senior year separation-individuation problems) and was termed "symptomatic." Section 2 will be a presentation of the demographics of each group and how they compare. Section 3 will be a presentation of the data collected on the Moos Family Environment Scale. Section 4 will include results on the second instrument, the Senior Transition Questionnaires for Students and Parents, which was devised for this study by the researcher.

Section 1: Selection of Symptomatic and Control Groups

To determine which participating seniors were experiencing symptoms linked to senior year separation problems, teacher ratings on the Teacher Behavioral Observation Lists (TBOL) were averaged by counting the total number of symptoms observed by all teachers and dividing this

number code to indicate which quarter of the senior year the change was first observed (1,2,3,4) or the letter j to describe change which first occurred in the student's junior year. If none of the nine behaviors had changed, the teachers were asked to put the letter i by the student's name. This would indicate that although the teacher had observed the senior in grades 10 through 12, none of the nine behavior changes had been observed. The two additional behaviors (j and k) were only rated by the nurse's aide and the college counselor.

The ten variables on the Teacher Behavior Observation Lists were divided into two scales for analysis and comparison purposes. One scale included behaviors a (increase in comment appraisals sent home by teachers), b (drop in grades), c (increase in absences), and d (increase in tardiness) which were considered academic variables. The second scale included behaviors e (more withdrawn and socially isolated from peers), f (increase in apathy or lethargy in class), g (increase in hyperactivity or emotional outbursts in class), h (increase in expressions of anger towards rules and regulations), j (increase in visits to the health room), and k (unusual stress or anxiety around the college admission process) which were considered emotional variables (see pages 201-203).

The two scales were tested for comparability using Pearson's R formula (Ferguson, 1981, p. 135). It was found that academic factors (variables a,b,c,d) and emotional factors (variables e,f,g,h,j,k) were significantly correlated at the .0003 level (χ^2 (30, N = 65) = 63.79, p

= .0003), $r = .532$. The academic and emotional variables as assembled by the teacher were not independent of one another. Twenty-nine percent of the variance in Scale 1 overlapped with Scale 2. This suggests that a drop in grades and/or increase in absences and tardiness will very likely be related to emotional behaviors that are theoretically linked to separation anxiety in late adolescence.

Possible values on Scale 1 (academic factors-a,b,c,d) of the Teacher Behavior Observation Lists ranged from 0-8 while possible values on Scale 2 (emotional factors-e,f,g,h,j,k) ranged from 0-11. The combined scale range was 0-19 and the sample range was 0-10.29. On all variables, at least 32.3% of the total sample were not rated.

The following examples of teacher rating frequencies and proportions illustrate that teachers were being systematic in their ratings, were not rating all seniors the same, and were using judgment by giving a smaller percentage of ratings to more sensitive emotional indicators such as rating f. Absence of teacher ratings of observed changes in behavior of seniors in the sample ranged from 32.3% of the seniors on the i variable (none of the listed observable behavior changes noted) to 78.5% of the seniors on the g variable (increase in hyperactivity or emotional outbursts in class).

Further examples illustrating rating ranges were: 4.6% of the sample were given g (increase in hyperactivity or emotional outbursts in class) ratings by 50% of the teachers; 76.9% of the seniors in the

sample did not receive an a rating which would indicate an increase in Comment Appraisals. Since Comment Appraisals are usually sent to students and their parents by teachers when there is danger of either failing or receiving a poor grade in a course, this percentage is representative of the total student body. On the rating, increased apathy or lethargy in class (f), 38.5% of the students were not given this rating by any teachers, 15.4% of the sample were given the rating by 25% of the teachers and 6.2% of the sample were given the rating by all the teachers.

The range of ratings by the teachers for the total sample of students was 0-10.29 on the Teacher Behavioral Observation List. A cut-off point of 3.75 was selected to determine group placement, with 23 of the 65 seniors in the sample falling at this point or above. Teacher ratings in this group ranged from 3.75 teacher observed problems to 10.29, with most of the students in the group having problems noted on both behavioral and emotional factors. Thirty-three seniors had one or fewer problem behaviors and another large group clustered between two and three.

The researcher hypothesized that when the number of teacher observed behaviors reached four (3.63+) that this was sufficiently beyond the combined mean score for teacher observed behaviors (1.439) to indicate that these subjects were probably showing behaviors hypothesized to relate to separation stress. Approximately one-third of the sample were classified as symptomatic and two-thirds of the sample

were classified as asymptomatic of senior year separation-individuation stress. Some degree of maladaptive behavior was expected to be experienced by approximately one third of the seniors in the total sample, but dysfunctional levels would likely be less high than this.

Participating teachers and staff were asked to pinpoint the time of onset of the specific behavior changes on the Teacher Behavior Observation List (TBOL). They were asked to specify whether the behavior change was first noticed during the student's junior year or what quarter of the senior year it was first observed. The researcher hoped to gain information relevant to the ideal timing of intervention strategies.

The senior guidance counselor's TBOL ratings of seniors who participated in this study noted on the rating scale that behavior a (increase in comment appraisals) increased most frequently the 4th quarter senior year (12% of the sample), behavior b (drop in grades) increased most frequently 4th quarter (12% of the sample), and behavior h (increase in anger towards rules and regulations) was first observed 4th quarter in six of the seven seniors rated on this variable. Behaviors c (increase in absence), d (increase in tardiness), e (increase in social isolation), f (increase in apathy or lethargy) and g (increase in emotional outbursts) had roughly equivalent times of onset throughout the four quarters of the senior year. The senior guidance counselor noted more increase in behaviors related to separation-individuation problems the 4th quarter of senior year.

The health room staff indicated no increase in visits to the health room in 36 of the 65 participating seniors. Of the 29 seniors who had increased visits to the health room, the onset for 13 (20% of the sample) was junior year. The other 16 seniors had onset times throughout the senior year with no particular pattern of onset time.

The college counselor rated 9 of the 65 seniors as manifesting unusual stress and anxiety around the college admission process. Two-thirds of these seniors (6) had onset of behavior k 4th quarter senior year. Interventions at this time are usually crisis interventions that involve parents, the guidance counselor and the school psychologist.

Combined teacher frequencies of onset times of the behavior variables were evenly distributed throughout the senior year except for behavior b (drop in grades). The onset time for this behavior for 21.5% of the sample was 1st quarter senior year. For behavior c (increase in absence) the most frequent onset time was 2nd quarter senior year (17% of the sample); for behavior d (increase in tardiness) the most frequent onset time was 4th quarter (9% of the sample); and for behavior f (increase in apathy or lethargy) the most frequent onset time was 2nd quarter (23% of the sample) followed by 4th quarter (12% of the sample). Increase in emotional outbursts or hyperactivity in class (behavior g) had the highest percent of onset 4th quarter (6% of the sample) while behavior h (increase in anger towards rules and regulations) had the highest percent of onsets 2nd quarter (8% of the sample) and 4th quarter (6% of the total sample).

One third of the seniors participating in this study had an absence of any behavioral manifestations of separation problems according to teacher and staff ratings. Another third had few behavioral manifestations of separation problems according to the TBOL's. The pattern of ratings of both the behaviors themselves and onset times indicated that the participating teachers and staff were discriminating between seniors and were adjusting for "normal" expectancies of senior year behavior.

The most commonly noted behavior changes were behaviors b (drop in grades), c (increase in absence) and f (increase in apathy or lethargy). These behaviors appear to be the most highly correlated to the senior year separation-individuation process since approximately 50% of the seniors in the sample were observed by teachers to have an increase in these behaviors at some time during the senior year. Behavior b (drop in grades) had its most frequent onset the first quarter of senior year according to teacher ratings and the other behaviors were observed throughout the senior year. This is not a behavior that would be predicted to occur the first quarter of a school year. It is also a time when seniors are told that their grades are important for the college admission process. Possibly a drop in grades first quarter of the senior year is a behavior that would be good to target for group intervention since it appears to be related to the senior year separation-individuation process, occurs early enough for preventive programs to be effective and is a straight-forward academic manifestation of the problem under investigation.

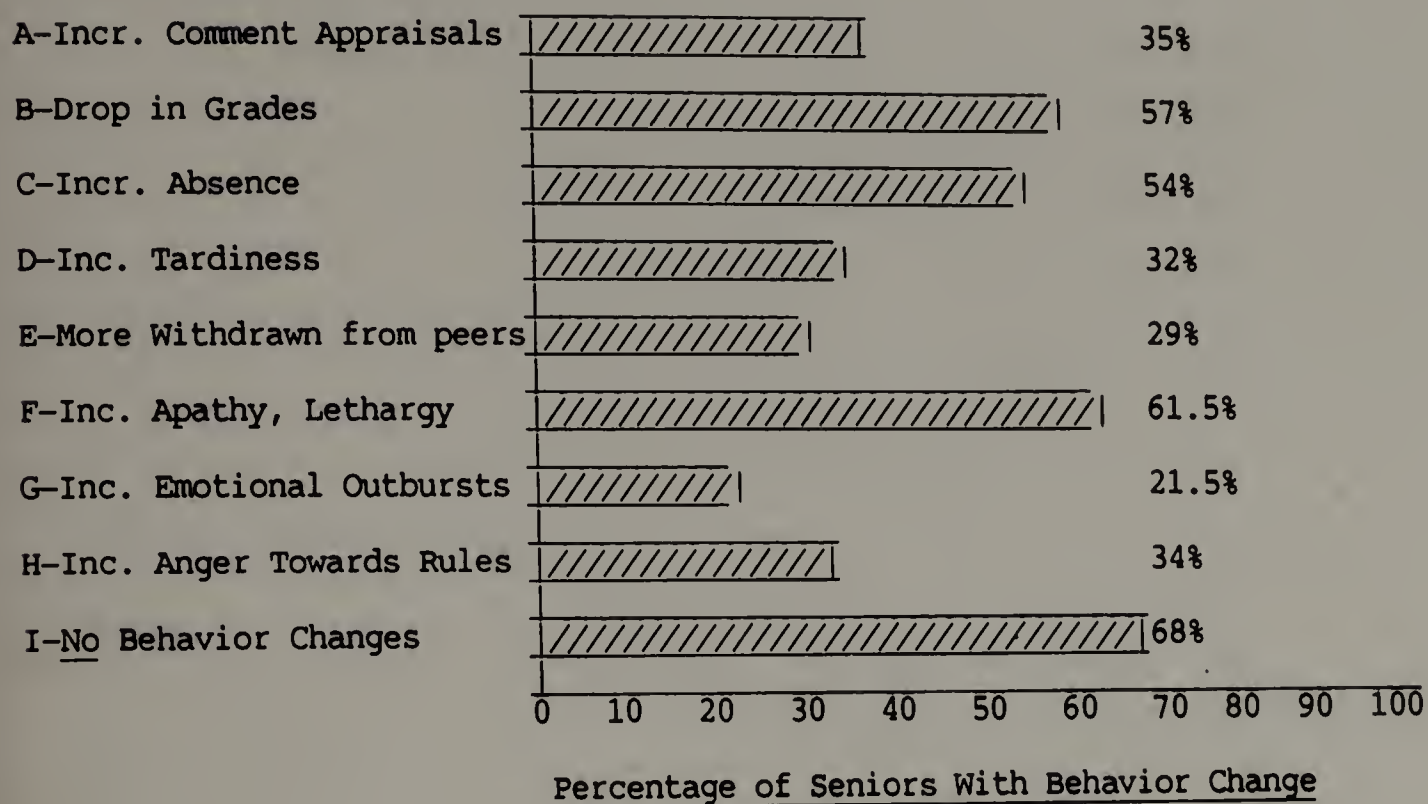
The only behavior that had the highest percentage (20%) of onsets junior year was behavior j (increase in visits to the health room). This study asked for no information on the presenting problem that prompted the health room visits; only an observation of an increase in visits. Two-thirds of the seniors who were rated by health room staff as increasing their visits to the health room were in the symptomatic group. Of the 7 males who were given j ratings, 100% were in the symptomatic group; of the 19 females given j ratings 63% were in the symptomatic group. As a rule, more female students visit the health room than male students. This may be an anomaly particular to the health room or student population in this study, but further investigation would be helpful. If replicated, this could be an ideal place and junior year an ideal time to select a population for small group intervention.

TEACHER RATINGS OF SYMPTOMATIC BEHAVIORS

Table 3

Scale 1=Academic Variables
(Behaviors A-D)

Scale 2=Emotional Variables
(Behaviors E-H)

Behaviors

Section 2 - Demographics of the Symptomatic and Asymptomatic Groups

This study differs from the Pilot Study where the sample was matched on several variables and selected from extreme ends of the continuum for either obvious behavioral symptomology or obvious lack of observable symptomology in a secondary school setting. In this larger study, the researcher sought to investigate senior year separation-individuation stress by examining a symptomatic group and asymptomatic group of seniors selected by the guidance staff through the Teacher Behavior Observation List (discussed in Section 1), an instrument that could be easily administered and scored. The symptomatic group contained seniors manifesting behavioral symptoms hypothesized to be associated with senior year separation-individuation problems and the asymptomatic control group contained seniors with few identified behaviors hypothesized to be associated with senior year separation-individuation problems.

It was hypothesized that variables that appeared to be predictors of senior year problems in the designated pilot sample would also be predictors in a random sample. These variables could then be used in the future to select seniors for school programs aimed at reducing separation-individuation stress.

Population of Groups

In the few cases where only the parent or senior completed the materials, the participant was included in the study and placed in a

group according to the teacher behavior ratings provided permission to participate was obtained. It was felt that important information could be lost otherwise.

The asymptomatic group contained 40 seniors and 35 parents. Thirty-three asymptomatic seniors and their parents participated. Two parents of seniors without symptoms of senior year separation-individuation stress participated, but their seniors did not. Seven asymptomatic seniors participated and their parents did not. The total number of asymptomatic seniors and/or parents was 42 (see Table 8).

The symptomatic group contained 22 parents and 20 seniors. Two parents of seniors with symptoms of senior year separation-individuation stress participated, but their seniors did not. One symptomatic senior participated, but his parents did not. The total number of symptomatic seniors and/or parents was 23. The 65 families in the sample volunteered from a sample pool of 274 seniors.

Of the total sample families 51% were intact, 45% were single-parent families, and 3% were foster families. In the total sample 31% of the seniors lived with their mothers, 17% with their fathers and 51% with both parents. There was a significant difference between the symptomatic and asymptomatic groups at the $p = .05$ level on this variable with 61% of the symptomatic seniors from homes where parents were separated or divorced compared to 35% of the asymptomatic group.

Demographic Data on Symptomatic and Asymptomatic Seniors

Table 9

Symptomatic Group			Asymptomatic Group		Total Group	
N= 20 srs.+ prnts.			N= 33 srs.+ prnts.		N= 53 srs.+ prnts.	
2 prnts. only			2 prnts. only		4 prnts. only	
1 sr. only			7 srs. only		8 srs. only	
Total= 23			Total= 42		Total= 65	
	Number	Percent	Number	Percent	Number	Percent
Males	10	43.5%	17	40.5%	27	41.5%
Females	13	56.5%	25	59.5%	38	58.5%
Oldest child	12	52.2%	15	35.7%	27	41.5%
Middle child	6	26.1%	10	23.8%	16	24.6%
Youngest child	5	21.7%	16	38.0%	21	32.3%
Plans for college	12	52.2%	35	83.3%	47	72.3%
Intact families	8	34.8%	28	66.7%	36	58.5%
Single parent f's	15	65.2%	13	31.0%	28	43.0%
Sr. with father	4	17.4%	6	14.3%	11	16.9%
Sr. with mother	11	47.8%	9	21.4%	20	30.8%
Educ. of father:						
Completed H.S.	1	4.3%	2	4.8%	3	4.6%
Completed B.A./S.	4	17.4%	7	16.7%	11	16.9%
Completed M.A./S.	2	8.7%	6	14.3%	8	12.3%
Completed Ph.D.	12	52.3%	16	38.0%	28	43.0%
Missing inform.	4	17.4%	11	26.2%	15	23.1%
Educ. of mother:						
Completed H.S.	0	0.0%	2	4.8%	2	3.0%
Completed B.A./S.	7	30.4%	8	19.0%	11	16.9%
Completed M.A./S.	7	30.4%	15	35.7%	22	33.8%
Completed Ph.D.	4	17.4%	3	7.0%	7	10.8%
Missing inform.	5	21.7%	14	33.3%	19	29.2%
Completed <u>S.T.Q.*</u>						
Seniors		87.0%		95.0%		
Parents		96.0%		83.0%		
Completed <u>F.E.S.*</u>						
Seniors		87.0%		95.0%		
Parents		78.0%		69.0%		

*S.T.Q.= Senior Transition Questionnaire

*F.E.S.= Family Environment Scale

Statistical Analysis of Differences Between Groups

There was no significant difference between groups on the ratio of male and female students; the total sample had 41.5% males and 58.5% females. The sample pool consisting of the combined symptomatic and asymptomatic groups contained 57% males and 43% females so that the sample was skewed with a higher percent of females.

There was no significant difference between the symptomatic and asymptomatic groups on birth order although a higher percent of the symptomatic group were oldest children (52.2% compared to 36.6% of asymptomatic children). Both groups had similar percentages of middle children (26% and 24%) and the asymptomatic group had a higher percentage of youngest children (39% compared to 22%). This study gives some support to the theoretical hypothesis that first-born children have a more difficult time leaving home than middle children, but rejects the hypothesis that youngest children have a particularly difficult time with this transition.

Of the total sample fathers responding, 2% had completed less than 12 grades of school, 4% had completed high school, 22% had completed four years of college, 16% had master's degrees, and 56% had doctoral degrees. Twenty-three percent of the sample fathers did not fill in this information. Of the total sample mothers responding, 2.2% had completed less than 12 grades, 2.2% had completed high school, 15% had completed four years of college, 47.8% had completed master's degrees,

and 32.6% had completed doctoral degrees. Twenty-nine percent did not fill in this information.

There was no statistical difference between the symptomatic and asymptomatic groups on the parent-education variable, but it's interesting that there were 24% more doctoral degrees among parents of the symptomatic seniors than parents of the asymptomatic seniors (38% of the asymptomatic fathers compared to 52% of the symptomatic fathers completed doctorates; 7% of the asymptomatic mothers compared to 17% of the symptomatic mothers completed doctoral degrees).

In contrast to the education levels of their parents, fewer symptomatic seniors were planning to attend college directly after high school (52% compared to 83% of the asymptomatic group). There was a significant difference between groups at the $p < .01$ level on this variable [$\chi^2 (1, N = 65) = 7.20, p = .007$].

Although the investigator did not control for academic achievement, the grade point averages (GPA) and decile class rank of each senior participating in the study were obtained. The mean GPA for the symptomatic group of seniors was 2.75 compared to a mean GPA score of 3.66 for the asymptomatic group. The mean decile class rank for the symptomatic seniors was 6.0 compared to a mean decile class rank of 3.6 for the asymptomatic group of seniors. The asymptomatic group as a whole had stronger academic records than the symptomatic group who had a mean decile class rank one decile below the class mean.

Of the symptomatic seniors 87% completed the Transition Questionnaires compared to 95% of the asymptomatic group of seniors. In contrast to the students, 96% of the parents of the symptomatic seniors completed the Transition Questionnaires compared to 83% of the parents of the asymptomatic group of seniors. Eighty-seven percent of the symptomatic seniors completed the Moos Family Environment Scale compared to 95% of the asymptomatic group. 78% of the parents of the symptomatic seniors completed the Moos FES compared to 69% of the parents of the asymptomatic group. In the asymptomatic group of parents, seven families had two parents completing separate Moos FES's. In the symptomatic group of parents five families had two parents completing separate Moos FES's.

Section 3: Analysis of Family Environment Scale Variables

Pilot Study Results on FES

The Moos (1974) Family Environment Scale (FES) was sensitive to differences between the symptomatic and asymptomatic groups in the matched sample pilot study on several hypothesized variables. Although not analyzed for statistical significance in the pilot study because of the small number, there were differences between groups (combined scores of asymptomatic seniors and their parents and of symptomatic seniors and their parents) on Cohesion (60 compared to 48.9). A scaled score of 60 corresponds to a raw score of 8 which is higher than the Moos (1984) averaged norms (6.44) for parents and adolescent children (see page 232). Scores were also higher for the asymptomatic seniors and their

parents than for the symptomatic seniors and their parents on Expressiveness (6.25 compared to 5.09), and Independence (7.3 compared to 6.6) and lower on Conflict (1.60 compared to 4.03), Achievement Orientation (3.9 compared to 6.60), and Control (2.4 compared to 4.92). Means on the other sub-scales were roughly equivalent.

The pilot study symptomatic seniors and their parents were lower than Moos (1984) parent-adolescent children averaged norms on Achievement Orientation (3.2 compared to 5.65), Active-Recreational Orientation (3.2 compared to 5.65), Organization (3.6 compared to 4.49), and Control (3.65 compared to 4.95) and similar on the other subscales.

The FES was sensitive to differences between the pilot study matched sample groups on several hypothesized variables. Although not analyzed for statistical significance because of the small number, there were differences between the symptomatic and nonsymptomatic groups. Combined scores of the symptomatic seniors and their parents in the pilot study were lower on Independence, Expressiveness, Cohesion, Intellectual-Cultural Orientation and Active-Recreation Orientation and higher on Conflict and Control than the combined scores of non-symptomatic seniors and their parents in the pilot study.

Random Sample Study Results on FES

There were fewer differences between groups on the larger, random sample study than on the pilot study although there were some

statistically significant differences and several differences in the hypothesized directions that didn't reach statistical significance.

Analysis of FES Conflict Results

The asymptomatic seniors were lower on Conflict than the symptomatic seniors (3.5 compared to 4.5) but not significantly ($t = -1.47$, $p = .152$). The symptomatic group was close to Moos (1984) adolescent norms on Conflict (4.30).

Parent Moos FES sub-test scores had more differences between symptomatic and asymptomatic groups than senior scores which did not have significant differences ($t = -1.47$, $p = .152$). The Conflict subscale, a marginal predictor of differences between groups on the senior scores, was a more powerful predictor of differences on the parent scores. The asymptomatic group of mothers had scores lower than Moos (1984) norms on Conflict and significantly lower than the mothers of the symptomatic seniors (2.1 compared to 3.76; $t = -2.79$, $p = .008$). Fathers of the asymptomatic seniors were also lower than Moos (1984) norms but not significantly lower than the fathers of the symptomatic group ($t = -1.94$, $p = .06$).

The combined asymptomatic and symptomatic parent scores were significantly different on the Conflict subscale with parents of asymptomatic seniors significantly lower than parents of symptomatic seniors ($t = -3.58$, $p = .001$). The combined senior-parent scores (family score) were also significantly different with the asymptomatic

families significantly lower at the $p < .001$ probability level than the symptomatic families ($t = -3.42$, $p = .001$). The Conflict scores of the asymptomatic group as a whole were lower than Moos (1984) norms and the Conflict scores of the symptomatic group were higher than Moos (1984) norms (see Table 10).

Conversion of Normative Data Raw Mean Scores to Scaled Mean Scores
Table 10

Family Environment Scale Raw and Scaled Means and Raw Standard Deviations
for Parents and Adolescent Children from the Same Families
(N=446 Families)

From Family Environment Scale Manual by Rudolf H. Moos and Bernice S. Moos, p. 38. Copyright 1981 by Consulting Psychologists Press, Inc. Adapted by permission.

<u>Subscales</u>	<u>PARENTS</u>			<u>CHILDREN</u>		
	<u>Raw Mean</u>	<u>SD</u>	<u>Scaled Mean</u>	<u>Raw Mean</u>	<u>SD</u>	<u>Scaled Mean</u>
Cohesion	6.80	2.02	51.4	6.09	2.11	46.5
Expressiveness	5.68	1.78	51.6	4.49	1.76	44.0
Conflict	3.76	2.32	52.5	4.30	2.27	55.2
Independence	6.84	1.31	49.8	6.37	1.49	48.1
Achievement Or.	5.60	1.79	47.6	5.82	1.64	51.9
Int-Cultural Or.	5.92	2.32	51.5	5.23	2.19	47.4
Active-Rec. Or.	5.55	2.06	51.2	5.75	2.02	52.0
Moral-Religious						
Emphasis	5.19	2.19	52.2	4.34	2.24	48.1
Organization	5.54	2.19	50.3	5.43	2.08	49.7
Control	4.97	1.89	53.9	4.87	2.10	53.1

Parent and Senior Scaled Family Environment Scale Scores
Symptomatic and Asymptomatic Seniors and their Parents in This Study
Table 11
(N=65 Families)

<u>Subscales</u>	<u>Parents of</u>		<u>Parents of</u>		<u>Symptomatic</u>		<u>Asymptomatic</u>	
	<u>Symp. Srs.</u>		<u>Asymp. Srs.</u>		<u>Seniors</u>		<u>Seniors</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Cohesion	63.8	18.7	67.7	15.4	38.8	20.4	47.3	19.6
Expressiveness	54.3	10.6	51.6	12.1	48.8	14.8	45.3	13.3
Conflict	55.6	9.8	44.4	11.2	56.5	13.3	50.9	12.9
Independence	56.4	10.5	53.4	13.2	52.9	9.7	49.9	12.4
Achievement Or.	48.1	8.1	42.5	11.7	45.3	11.4	48.7	12.6
Int-Cultural Or.	55.7	15.4	56.9	13.2	56.8	11.9	52.6	13.3
Active-Rec. Or.	54.1	8.2	56.3	10.5	56.4	11.3	56.3	8.5
Moral-Religious								
Emphasis	42.8	13.6	46.3	13.0	40.8	11.4	41.7	12.8
Organization	39.8	12.9	55.4	9.2	39.8	15.1	50.1	10.8
Control	49.2	10.6	48.3	12.4	44.1	11.9	48.1	12.4

Moos Form R Subscale Raw and Scaled Means and Standard Deviations
for Normal and Distressed Families

Table 12

From Family Environment Scale Manual by Rudolf H. Moos and Bernice S. Moos, p.5. Copyright 1981 by Consulting Psychologists Press, Inc. Adapted by permission.

Subscales*	NORMAL (N=1125)			DISTRESSED (N=500)		
	Raw Mean	SD	Scaled Mean	Raw Mean	SD	Scaled Mean
Cohesion	6.61	1.36	50.0	5.03	1.98	38.0
Expressiveness	5.45	1.55	49.7	5.03	1.76	44.6
Conflict	3.31	1.85	49.8	4.28	1.93	55.2
Independence	6.61	1.19	49.8	5.89	1.24	44.2
Achievement Or.	5.47	1.61	49.8	5.29	1.55	48.8
Int-Cult. Or.	5.63	1.72	49.75	4.55	1.84	43.3
Act-Rec. Or.	5.35	1.87	50.1	4.29	1.82	44.2
Moral-Rel. Emp.	4.72	1.98	50.0	4.45	1.87	48.7
Organization	5.41	1.83	49.6	5.06	1.91	48.2
Control	4.34	1.81	50.1	4.84	1.87	53.1
Incongruence	15.34	5.20		17.16	5.67	

FES Scaled Scores For Families with Symptomatic and Asymptomatic Seniors
In Study Reported Here

Table 13

<u>Families with Asymptomatic Srs.</u>			<u>Families with Symptomatic Srs.</u>	
<u>Subscales</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Cohesion	61.45	14.3	57.7	18.9
Expressiveness	48.45	12.7	51.55	12.0
Conflict	46.3	10.75	56.0	8.5
Independence	52.4	10.4	55.1	8.5
Achievement Or.	44.9	10.2	48.15	7.6
Int-Cult. Or.	56.15	12.4	56.0	14.1
Act-Rec. Or.	57.0	8.9	55.3	7.9
Moral-Relig. Emp.	45.5	12.75	42.8	13.0
Organization	51.6	9.7	39.8	13.6
Control	45.5	11.75	48.2	9.1

Analysis of FES Independence, Cohesion, Achievement Orientation and Control Results

The asymptomatic seniors were higher on the Cohesion subscale than the symptomatic seniors (6.15 compared to 5.10; $t = 1.46$, $p = .154$) and were similar to Moos norms for adolescents, while the symptomatic seniors were lower than the norm.

A puzzling finding was that mothers of the symptomatic seniors rated Independence higher than Moos (1984) norms for parents of adolescent children, higher than mothers of the asymptomatic seniors (7.9 compared to 7.0) at near statistical significance ($t = -1.94$, $p = .06$) and higher than fathers of the symptomatic seniors (7.9 compared to 6.9). Mother ratings were also higher than their senior ratings (7.9 compared to 7.0).

There was marginal support for the symptomatic group having lower Cohesion scores on both mother ($t = 1.24$; $p = .225$) and senior scores ($t = 1.46$; $p = .15$), but the differences did not reach statistical significance.

Another interesting trend was that symptomatic seniors had lower Achievement Orientation scores than the asymptomatic seniors (4.8 compared to 5.4) while their parents had higher Achievement Orientation scores than parents of the asymptomatic group (mothers: 5.3 compared to 4.4; $t = -1.77$, $p = .087$; fathers: 4.7 compared to 3.9; $t = -1.21$, $p = .243$; combined parent scores: 5.25 compared to 4.25; $t = -1.95$,

$p = .058$).

The mothers of the symptomatic seniors were higher on the Control subscale than mothers of the asymptomatic group, but this was contradicted by the fathers and seniors who had lower Control scores than their asymptomatic counterparts. As previously stated, mothers and fathers of the symptomatic seniors had similar contradictory perceptions on Independence; mothers rated Independence higher than fathers whose ratings were similar to their symptomatic seniors. There was more agreement between mothers and fathers in the asymptomatic group than in the symptomatic group.

Analysis of FES Incongruence Results

Although there was no statistically significant difference on Family Incongruence scores between the two groups, the Incongruence mean raw score for families with symptomatic seniors was higher than for families with asymptomatic seniors (17.03 compared to 15.29). Although there was no significant difference ($t = -.99$, $p = .329$), the Incongruence score of 17 was higher than Moos (1984) norms which for 2 member families is 13.83, for 3-4 member families averages 15.52 and for single-parent families is 15.76. The Incongruence score for the asymptomatic families is in the expected range for normal families ($M = 15.34$, $SD = 6.05$), but the symptomatic mean ($M = 17.03$, $SD = 5.01$) is similar to Moos (1984) norms for distressed families ($M = 17.16$, $SD = 5.67$); (see Table 12).

Summation of FES Results

Although there were differences between symptomatic and asymptomatic groups of seniors and their parents on the variables discussed thus far, the sample as a whole had some differences from Moos (1984) norms. The sample family means (including both the symptomatic and asymptomatic groups) were higher on Independence, Intellectual-Cultural Orientation, Active-Recreational Orientation and Cohesion and lower on Moral Religious Emphasis and Control than Moos (1984) norms. The Conflict mean score for the asymptomatic seniors was lower than Moos norms and for the symptomatic seniors was higher than Moos norms. The Achievement Orientation mean score for the asymptomatic seniors was lower than norms and the symptomatic mean was average (See Table 11).

Section 4: Results of Senior Transition Questionnaires for Students and Parents

Hypothesis 1

A higher percentage of parents of the symptomatic group of seniors will rate the influence of maternal and paternal grand-parents in the extreme category of non-influence on the lives and decisions of their family (5) than parents of the asymptomatic group of seniors.

Results.

The majority of seniors in both groups rated maternal grand-parents in the "not influential" (4-5) range. Although the symptomatic seniors

had a higher percent in the extreme (5) category of non-influence (45% compared to 30%) which supports the hypothesis, the difference was not significant. Since the underlying theory concerned the parents' relationships with their parents, only the parent responses were analyzed for statistical significance. The difference between groups was not significant but did move in the hypothesized direction (5) with more parents of symptomatic seniors than parents of asymptomatic seniors rating maternal grand-parents as "not at all influential on the lives and decisions of their families," ($\chi^2 (2, N = 56) = 5.41, p = .067$).

Hypothesis 2

A higher percentage of the parents of the symptomatic group of seniors will rate the influence of the paternal grand-parents on the lives of their families as greater than the influence of the maternal grand-parents.

Results.

As hypothesized, there was a reversal of grand-parental influence in the asymptomatic group of parents of whom 58.8% rated paternal grand-parents in the extreme category of non-influence (5) compared to 23.5% of maternal grand-parents. In the group of parents of the symptomatic seniors the extreme category of non-influence (5) remained constant between maternal and paternal grand-parents (50%).

The majority of seniors in both groups also rated paternal grand-parents in the "not influential" range. However, more symptomatic

seniors than asymptomatic seniors rated paternal grand-parents as (1)"very influential" (25% compared to 10%) and a smaller percent of symptomatic seniors than asymptomatic seniors (35% compared to 50%) rated paternal grand-parents in the extreme category (5) of non-influence. Although the differences between senior groups were not significant, the differences gave limited support to the hypothesized differences supported in the pilot study.

The parents of asymptomatic seniors rated paternal grand-parents as less influential than the parents of the symptomatic group (56.4% compared to 50%). There were not statistically significant differences between parent groups on paternal grand-parental influence, $\chi^2(2, N = 56) = 1.52, p = .46$.

Hypothesis 3

A higher percentage of symptomatic seniors will rate themselves at the extreme ends of the continuum (1 and 5) regarding their influence on their families (1 = "very influential"; 5 = "not at all influential" than asymptomatic seniors.

Results.

In rating the senior's influence on their respective families, there appeared to be a trend of more symptomatic seniors rating themselves as non-influential (4-5) on their families than the asymptomatic group (30% compared to 10%). It was hypothesized that a

higher percent of the symptomatic group would fall at either extreme of the continuum.

The hypothesis was not supported at the "very influential" (1) extreme but was minimally supported at the non-influential (4-5) end of the continuum. It appeared as though more asymptomatic seniors saw themselves as influential on their families (67.5% compared to 50%) which was marginally supported by parent responses to this question (79.4% compared to 68.2%). Differences between senior groups did not reach statistical significance on this variable ($\chi^2 (2, N = 60) = 1.85$, $p = .129$). More symptomatic seniors were seen by their families as being in the moderate to not influential (3-5) range (31.8% compared to 20.6%) although differences were not statistically significant ($\chi^2 (2, N = 56) = 1.25$, $p = .53$).

Hypothesis 4

Parents of symptomatic seniors will have a higher percentage of 4-5 ratings of their seniors ("less independent than siblings while growing up").

Results.

This question was not statistically analyzed for seniors since it was not expected that seniors would self-rate themselves as "less independent" than their siblings. In fact, no seniors from either group gave themselves a (5) "much less independent" than their brothers and sisters rating. On the parent questionnaires there was no significant

difference between groups on this variable ($\chi^2 (2, N = 53) = .621, p = .73$).

Hypothesis 5

A higher percentage of the symptomatic group of seniors and their parents will have 4-5 ratings (increased dependence of the senior on the family over the past 6-9 months) than the asymptomatic group of seniors and their parents.

Results.

Between 70% to 80% of both senior groups rated themselves as feeling "increased independence" from their families in the past 6-9 months with almost twice the symptomatic seniors at the extreme (1-2, "much more independent") end of the continuum (30% compared to 17.5%). There were no significant differences between either senior groups ($\chi^2 (2, N = 60) = 1.3, p = .516$) or parent groups ($\chi^2 (2, N = 57) = .27, p = .87$) on this variable.

Hypothesis 6

A higher percentage of the parents of the symptomatic group of seniors will rate the general sociability of their seniors as "not socially out-going" (4-5) than parents of the asymptomatic group of seniors.

Results.

There were no major differences between senior groups on this variable and none were hypothesized. The symptomatic group self-rated their level of sociability while growing up as more socially out-going than the asymptomatic group (60% 1-2 ratings compared to 42%). There were no statistically significant differences between parent groups on this variable. The parents of the symptomatic seniors rated their seniors as generally outgoing (64% 1-2), although 23% were not socially outgoing compared to 14% of the asymptomatic group. There was a trend in the hypothesized direction although the difference between groups was not significant ($\chi^2 (2, N = 57) = 3.10, p = .21$).

Hypothesis 7

More parents of symptomatic seniors will rate change in the sociability of their seniors over the past 6-9 months in the moderate to decreased sociability range (3-5) than parents of asymptomatic seniors.

Results.

The senior questionnaire was not analyzed for statistical significance since it was not hypothesized that seniors would self-rate themselves as being less socially out-going over the last 6-9 months. Approximately 70% of the seniors in each group self-rated themselves as more sociable with friends during senior year, while 20% of the symptomatic and 10% of the asymptomatic seniors were less sociable with friends. There was a trend towards more members of the symptomatic

group becoming less sociable in their senior year than members of the asymptomatic group.

On the parent questionnaires 45.5% of the parents of symptomatic seniors rated their seniors in the 3-5 range of moderate to decreased sociability over the past 6-9 months compared to 37.1% of the parents of asymptomatic seniors. There was no statistical significance between groups, $\chi^2(2, N = 57) = .418, p = .81$. Sociability level does not appear to be a reliable predictor of senior year separation-individuation stress.

Hypothesis 8

Symptomatic seniors and their parents will have a higher percentage of rebellious ratings (1-2) of the senior's attitude towards parental authority (rules) than asymptomatic seniors and their parents.

Results.

Symptomatic seniors were hypothesized to be more rebellious than the norm and to fall at the extreme (1-2) end of the continuum. The symptomatic group in the study self-rated themselves as more questioning of rules (55% compared to 25%) than the asymptomatic seniors. There was a statistically significant difference ($p < .05$) between senior groups at the "usually question rules" (1-2) end of the continuum ($\chi^2(2, N = 60) = 6.16, p = .046$).

On the parent questionnaires the same differences were found with statistical significance at the $p = .02$ level, ($\chi^2(2, N = 57) = 7.49$) at the same end of the continuum. There was a consensus between symptomatic seniors and their parents that the seniors in this group were more questioning of parental rules and regulations than the asymptomatic seniors (45.5% compared to 28.6%). These results confirm the results on the pilot study. A senior's rebellion against parental authority appears to be related to the senior who also displays maladaptive behavior prior to high school graduation.

Hypothesis 9

The symptomatic group will have a higher percentage of "careful," "confused," and "avoiding" responses than the asymptomatic group on both senior and parent questionnaires.

Results.

On the parent questionnaires there was a significant difference between groups on "careful" communication at the $p < .01$ level. The parents of the symptomatic seniors had significantly more "careful" communication patterns with their seniors, $\chi^2(1, N = 57) = 6.35$, $p = .01$. There were no significant differences on the student questionnaires on this variable, $\chi^2(1, N = 60) = .14$, $p = .70$.

On the "confused" description of parent-child communication, the difference between groups on the parent questionnaires approached significance ($\chi^2(1, N = 57) = 3.5$, $p = .059$). On the student

questionnaires there was a significant difference between groups at the $p < .05$ level. More symptomatic seniors rated their current communication with parents as "confused" than asymptomatic seniors, $\chi^2(1, N = 60) = 5.17$; $p = .02$.

On the "avoiding" description of current parent-child communication there was a significant difference between the symptomatic and asymptomatic parents at the $p < .05$ level with parents of symptomatic seniors having more "avoiding" ratings of parent/senior communication patterns, $\chi^2(1, N = 57) = 5.046$, $p = .025$. The differences between senior groups were in the same direction as parent differences, but were not statistically significant, $\chi^2(1, N = 60) = 2.72$, $p = .099$.

One communication pattern that was hypothesized to be related to the separation-individuation process in late adolescence was that of seniors being especially critical of their parents at this time. Although there were no significant differences between parent groups on this variable, there were significant differences in the responses between the symptomatic and asymptomatic groups of seniors at the $p < .05$ level. The symptomatic seniors had significantly more (35% compared to 12.5%) "critical" current communication with their parents than the asymptomatic seniors, $\chi^2(1, N = 60) = 5.17$, $p = .04$.

To summarize, the descriptor variables of current parent-senior communication patterns hypothesized to be related to problems in the separation-individuation process of late adolescence were largely

substantiated in this study. Some, however, were only substantiated by responses on either the senior or parent questionnaires.

On the parent questionnaires, the communication descriptors of "careful" and "avoiding" were used significantly more often by parents of the symptomatic seniors. On the senior questionnaires, "confused" and "critical" were used significantly more often with the symptomatic group than the asymptomatic group. These communication variables appear to predict symptomology in seniors around the issue of graduating from high school and leaving home.

Hypothesis 10

A higher percentage of symptomatic seniors and their parents will rate current parent-senior communication during senior year as being worse than in the past (4-5).

Results.

The hypothesis that symptomatic seniors would have more problems communicating with parents than asymptomatic seniors during the senior year than in the past was not statistically substantiated although there was a trend in this direction (25% compared to 10%; $\chi^2 (2, N = 60) = 2.99, p = .22$). The responses on the parent questionnaires, however, confirmed the hypothesis with statistical significance. On the parents of symptomatic seniors responses 33.3% had 4-5 (worse to much worse current communication between parent/s and senior) ratings compared to

5.9% of the parents of asymptomatic seniors ($\chi^2 (2, N = 55) = 9.67, p = .0079$).

Hypothesis 11

A higher percentage of mothers and/or fathers of symptomatic seniors will be rated by their seniors and selves as having more difficulty (4-5) in making adjustments to change or new situations than mothers and/or fathers of the asymptomatic group.

Results.

The hypothesis that at least one of the parents of symptomatic seniors would be rated by seniors as having a difficult time adjusting to change or new situations was not statistically significant, although there was a trend in that direction in mother ratings (45% compared to 25%), $\chi^2(2, N = 60) = 2.46, p = .29$. The asymptomatic seniors rated mothers and fathers almost identically, whereas the symptomatic seniors rated more mothers as having a difficult general adjustment to change or new situations than fathers (45% compared to 35%). There were more single parents in the symptomatic group of seniors which may have some bearing on this finding.

On the parent questionnaires responses revealed that 45% of the mothers in both groups either self-rated or were rated by their spouses as having an easy adjustment to change. More parents of the symptomatic seniors rated fathers as having a difficult adjustment to change than parents of asymptomatic seniors (27% compared to 18%). There were no

significant differences on this variable, but it is an interesting trend that the symptomatic seniors rated their mothers as having more difficult adjustments to change than their mothers either self-rated themselves or were rated by their spouses.

Hypothesis 12 (A) (Hypothesis on Parent Questionnaires)

A higher percentage of parents of symptomatic seniors will have had difficult transitions from high school to college or independent living (4-5 ratings).

Hypothesis 12 (B) (Hypothesis on Senior Transition Questionnaires)

A higher percentage of symptomatic seniors will rate their general adjustment to change in the difficult range (4-5).

(A) Results.

On the parent questionnaires the hypothesis that parents of symptomatic seniors would self-rate as having a more difficult transition from high school to college or independent living was not statistically supported. More fathers than mothers in both groups were rated by self or spouse as having a moderate to difficult transition from high school to independent living: 37% (father ratings averaged) compared to 26% (father ratings averaged). It is interesting that a higher percentage of mothers of symptomatic seniors than mothers of asymptomatic seniors self-rated as having an extremely easy (1) transition from high school to college or independent living (39% compared to 28%). The hypothesis that these mothers would have had a

similar transition history to their children on their spouse or self-rating was rejected.

(B) Results.

There were no significant differences between seniors on their self-ratings of their "general adjustment to change or new situations."

Interestingly, both fathers and mothers of symptomatic seniors were rated by their seniors as having a more difficult general adjustment to change or new situations than the fathers and mothers of the asymptomatic seniors on Question 11. Forty-five percent of the symptomatic seniors rated their mothers in the category of having a difficult adjustment to change compared to 25% of their mother's self or spouse ratings on this variable. These questions serve to illustrate that there was more disagreement on parent-child perceptions in the symptomatic group of seniors and their parents than in the asymptomatic groups. The possibility of denial of problems being a characteristic of the symptomatic seniors and their mothers also exists. However, the transition history of the parent on a self-rating instrument does not appear to be a good predictor of senior year transition problems in their children.

Hypothesis 13

Parent responses will have a higher percentage of parents of the symptomatic group of seniors rating their seniors as showing distress (1-2) when left with sitters as a young child.

Results.

It was not hypothesized that seniors would remember how they felt when left with sitters although 20% of the symptomatic group reported feeling "upset" (1-2) compared to 13% of the asymptomatic group. On the parent questionnaires there were no significant differences between groups on this variable, $\chi^2(2, N = 56) = 1.32, p = .52$. The early transition history as remembered by the seniors did not appear to relate to senior year transition stress in this study.

Hypothesis 14

Parents of the symptomatic seniors will have a higher percentage of responses (1-2) indicating that their seniors had a stressful transition when they first went to school.

Results.

The hypothesis that parents of symptomatic seniors would report more stressful transitions when first going to school was not accepted. There was negligible difference between the groups on this variable, $\chi^2(2, N = 57) = .94, p = .62$. The parent report of the first schooling transition history of the senior to attend nursery school or kindergarten was not correlated to senior year transition stress.

Hypothesis 15

Parents of the symptomatic seniors will report more moderate to difficult transitions of their seniors from elementary school to jr. high.

Results.

The hypothesis that parents of symptomatic seniors would report more moderate to difficult (1-3) transitions to Jr. High for their son or daughter than parents of asymptomatic seniors was not statistically supported although there was a trend in that direction, ($\chi^2 (1, N = 59) = 1.44, p = .23$). Forty percent of the symptomatic seniors had moderate to very difficult transitions (1-3) compared to 26% of the asymptomatic seniors. In contrast, 82% of the asymptomatic seniors had no difficulty with this transition. The results on this variable only weakly confirm the extreme contrast between groups found on the smaller pilot study. It is possible that this variable only correlates with dysfunctional levels of separation-individuation stress. More research is needed, since results from this study are inconclusive on this variable.

Hypothesis 16

A higher percentage of parents of symptomatic seniors will rate their senior's transition from Jr. High to Sr. High as difficult (1-2).

Results.

The hypothesis that parents of symptomatic seniors would report more difficult transitions from Jr. High to Sr. High for their son or daughter was not statistically supported. In fact the two groups had very similar parent ratings. Although there were marked differences between groups on the pilot study on this variable, this variable received no support on this study and is apparently not related to senior year transition stress.

Hypothesis 17

A higher percentage of parents of symptomatic seniors than parents of asymptomatic seniors will report that their senior is not handling the transition from high school to college or work well (4-5).

Results.

The hypothesis that more parents of symptomatic seniors than parents of asymptomatic seniors would rate their seniors as not handling the transition from high school to college or work well (4-5) was supported with statistical significance, $\chi^2(1, N = 55) = 3.77, p = .05$.

Hypothesis 18

A higher percentage of symptomatic seniors will be uncertain about post-graduation living plans

Results.

Similar percentages of both groups of seniors were uncertain about being away from home following graduation. The hypothesis that the symptomatic seniors would be less planful was not supported. The asymptomatic seniors had a similar percentage of seniors planning on leaving home following high school graduation (78% compared to 75%). Only one senior was definitely not planning on leaving home in this group according to the senior responses. On the parent questionnaires there was a very high correlation between groups with 73.5% of the asymptomatic seniors rated as planning on being away from home next year compared to 71.5% of the symptomatic seniors.

Hypothesis 19

Parents of symptomatic seniors will have a higher percentage of non-confidence (4-5) ratings in their child's ability to adjust to leaving home.

Results.

There was not a statistical difference between groups on the senior questionnaires which asked seniors to rate their confidence in thier ability to adjust to leaving home. On the parent questionnaires the parents were asked to rate their confidence in their child's ability to adjust to leaving home. Thirty-five percent of the parents of symptomatic seniors were marginally to "not at all confident" (3-5) compared to 11% of the asymptomatic parents. The differences neared statistical significance in the hypothesized direction, $\chi^2(2, N = 45) = 5.05, p = .079$.

Hypothesis 20 (A)

More symptomatic seniors will rate their parents as having marginal to no confidence in their ability to live independently.

Hypothesis 20 (B): More parents of symptomatic seniors will rate their seniors in the moderate to not confident (3-5) range about his or her ability to live independently.

Results (A).

This question asked parents to rate the confidence of their senior about his or her ability to live independently and seniors to rate the

confidence of their parents in their ability to live independently. Although the hypothesis that symptomatic seniors would rate their parents as having less confidence in their ability to live independently was not supported statistically, there was a trend in that direction (44.4% of the symptomatic seniors in the 3-5 range compared to 25% of asymptomatic seniors).

Results (B).

On the parent questionnaires, the hypothesis that more parents of symptomatic seniors would rate their seniors in the 3-5 range of moderate to low confidence in their ability to live independently than parents of asymptomatic seniors was supported statistically, $\chi^2(2, N = 53) = 7.31, p = .046$.

Agreement Analysis Between Seniors and Parents in Both Groups

In general there was slightly more disagreement between symptomatic seniors and their parents than between asymptomatic seniors and their parents on the Senior Transition Questionnaires. All questions except #12 and #20 where parent and seniors were asked different questions were cross-tabulated for percent of agreement and disagreement. Because of the range of five possible answers on all variables except for Question #9 where any of seven variables could be selected, 100% agreement would be rare. Consequently congruence of parent-senior responses was analyzed for trends and differences between groups.

There was more agreement between symptomatic seniors and their parents than asymptomatic seniors and their parents on six questions. On Question #1 (influence of maternal grand-parents on the family) there was 9% more agreement; on Question #8 (senior's attitude towards parental authority) there was 6.6% more agreement; on Question #9 ("warm") there was 18% more agreement; on Question #13 (senior's reaction as a young child to being left with sitters) there was 17% more agreement; on Question #14 (senior's reaction to first leaving home to attend school) 11.8% more agreement; and on Question #15 (senior's transition to Jr. High) there was 14% more agreement. Only Questions #8 regarding the senior's attitude towards parental authority and #15 regarding the senior's transition to Jr. High proved to be highly relevant to the problem under investigation.

There was similar agreement between symptomatic seniors and their parents and asymptomatic seniors and their parents on Questions #3, #4, #6, #7, #9 ("close"), #16, and #19. These questions were concerned with the level of influence of the seniors on the lives of their families, the level of independence of the seniors compared to their siblings, sociability of the seniors while growing up, difficulty level of the seniors' transitions from jr. high to sr. high and seniors' confidence level in their ability to adjust to leaving home. These questions were all directly related to the seniors' developmental history and did not attempt to measure any recent changes in their behaviors.

There was more disagreement among symptomatic seniors and their parents on ten variables: Question #21 (paternal grand-parent influence on the family), questions #5 (current changes in independence of senior), #9 ("careful"), #9 ("confused"), #9 ("avoiding"), #9 ("critical"), #9 ("angry"), #11 (adjustment of the mother and father of the senior to change), and question #17 (senior's handling of the current transition). These variables are related to perspectives on the seniors' family history and current responses to the senior year transition.

The higher disagreement between the symptomatic seniors and their parents was on items relating to current problems around feelings of dependence or independence from the family, problematic communication styles between seniors and their parents (which fewer asymptomatic seniors and their parents observed), and the senior's handling of the current transition which had more problematic ratings by both symptomatic seniors and their parents. There was also higher disagreement on parent-senior ratings of the mother's and father's "general adjustment to change or new situations." There was a particularly high agreement (91.3%) on the father's general adjustment to change in this group.

Question #20 rates the confidence of the parents in the senior's "ability to live independently" by the senior and the "confidence of the senior in his or her ability to live independently" by the parent. There was 75% disagreement on this rating between parents and seniors in

the symptomatic group compared to 43% disagreement in the asymptomatic group.

There was more agreement between symptomatic seniors and their parents than asymptomatic seniors and their parents on the psycho-social developmental history of the senior regarding response to important transitions than between asymptomatic seniors and their parents. There was more disagreement between symptomatic seniors and their parents than asymptomatic seniors and their parents on communication descriptors, parental responses to change and current changes in independence and the handling of the transition from high school to independent living.

The average percent agreement for all items except #9 for both groups of seniors and their parents was 42%. On Question #9 and its seven communication variables the percent agreement was much higher (75%).

Summary

The Moos (1974) Family Environment Scale was particularly sensitive to differences between the seniors manifesting behavioral symptoms of separation-individuation stress and the seniors who were asymptomatic of separation-individuation stress on the Conflict variable and the Family Incongruence variable. The profile suggested seniors who were both rebellious and had lower Achievement Orientation scores than their parents.

The mothers of the symptomatic seniors had higher Control and Independence scores than the mothers of the asymptomatic seniors, while the father and senior scores were lower than their asymptomatic counterparts on these variables. The incongruity of the mother-father and mother-senior responses on these factors which seem particularly relevant to the separation-individuation process in late adolescence appears related to symptomology in seniors.

The Senior Transition Questionnaires also had more disagreement in responses between the symptomatic group of seniors and their parents than the asymptomatic seniors and their parents. There were significant differences between the senior groups and the parent groups on the attitude toward parental rules with the symptomatic seniors being more questioning of parental rules. There were significantly more confused, careful, critical and avoiding communication patterns between the symptomatic group of seniors and their parents than between the

asymptomatic group of seniors and their parents. Communication patterns between the symptomatic seniors and their parents were rated by parents as having worsened senior year significantly more than the asymptomatic control group (hypothesis #10).

The symptomatic group of seniors had a more difficult transition from elementary school to jr. high than the asymptomatic group (hypothesis #15) and were not handling the transition from high school to college as well as the asymptomatic group of seniors (hypothesis #17) according to parent ratings. Significantly more parents of symptomatic seniors rated their seniors as having only moderate to low confidence in their own abilities to live independently. Both the Moos (1974) Family Environment Scale and the Senior Transition Questionnaires appear to correlate to the senior year transition from high school to college or independent living. The most salient differences between the symptomatic and asymptomatic groups on both measures was the degree of conflict in the parent-child relationship and rebellion against parental authority as the senior moves towards separation.

CHAPTER VI

SUMMARY AND IMPLICATIONS

The purpose of this study was to investigate maladaptive behaviors of high school seniors which have been labeled separation-individuation problems by means of the Moos Family Environment Scale (FES) and the Senior Transition Questionnaires for Parents and Students. Two groups of high school seniors from a regional public high school—those who had manifested behaviors associated with separation-individuation problems during the senior year and those who had not shown such behaviors—and their parents were compared in this study.

Late adolescence has been the subject of extensive research and discussion the last decade because of the increase in adolescent suicide, high school and college drop-outs, somatic disorders such as anorexia nervosa and bulimia, teen-age run-aways and adolescent onset of serious psychological disturbances such as schizophrenia. These problems are at least partially linked to anxiety related to the separation-individuation process.

There have been no clear-cut explanations of the college drop-out phenomenon from studying such straight-forward variables as study habits or test patterns. Examination of family interactions of the drop-out using a family systems frame of reference (Levenson and Kohn, 1965;

Whiting, 1980) has been particularly successful in helping colleges understand what differentiates drop-outs from stay-ins. Therepeutic intervention with the drop-out and his or her family shows promise of helping to remediate this problem.

In the study reported here, the researcher incorporated both the current family environment and the developmental history of the senior in a family context. The aim was to investigate whether instruments that were easily administered could discriminate between seniors at risk for separation-individuation problems and seniors not at risk. Seniors and their parents were given corresponding instruments because the researcher was testing congruity of responses as well as independent parent and/or senior responses to variables theoretically linked to the problem under investigation.

It was expected that the research findings from the random sample study (reported in Chapter 4) would be somewhat different than the matched sample pilot study findings (reported in Chapter 3) because of the necessary constraints of a larger voluntary study self-selected from an entire senior class. Eliciting the participation of the highly symptomatic seniors who were experiencing dysfunctional levels of separation-individuation stress and selecing extremes on the continuum of symptomology or lack of it was less likely than on the smaller pilot study. On the small pilot study the researcher was able to personally invite students pre-selected for extremes of symptomology or lack of it and their parents to participate. Both random sampling constraints and

concern for the privacy of participants in a public school setting very likely influenced the outcomes of the second study which may more accurately reflect the population at large, but may exclude a proportionate number of highly symptomatic seniors.

Teacher Behavioral Observation List (TBOL) Discussion and Implications

The variables on the Teacher Behavioral Observation List picked up differences between seniors with behaviors identified as being associated with senior year separation-individuation problems and seniors with an absence of these behaviors. Hansburg's (1980) research discussed in Chapter 1 (p. 73) found that severe outbursts of separation anxiety in an adolescent resulted in such things as school phobia and outbursts of hostility.

Hansburg's (1980) research was incorporated into the design of the Teacher Behavioral Observation Lists through variables related to school attendance, visits to the health room and signs of unusual stress and anxiety over the college admission process (behaviors c, d, e, j, and k). His finding that separation stress caused impaired concentration that resulted in fluctuations with schoolwork was included in variables a (increase in comment appraisals), b (drop in grades), and f (increase in apathy or lethargy in class). The Bowlby (1969) and Hansburg (1980) research were also the theoretical underpinnings of behavior h, "increase in expressions of anger towards rules and regulations" which

Bowlby and Hansburg identified as a behavioral manifestation of separation-individuation stress.

Excessive self-sufficiency and lack of adult availability during the adolescent separation-individuation stage were found by Bronfenbrenner (1979) and Hansburg (1980) to produce hostility and anger. Hansburg also found that phobic reactions, generalized anxiety and somatic pain were manifestations of painful tensions related to separation from families in adolescents. These research findings are supported by the data from the research study reported here that found high school seniors in the group having behavioral symptoms of separation-individuation stress to increase their visits to the health room their junior year (behavior j) and to be significantly different from the asymptomatic group of seniors on variables related to anger and hostility (behavior h on the TBOL, higher Conflict and Incongruence scores on the Moos (1974) FES, and Senior Transition Questionnaires with more "critical" parent-child communication patterns that have worsened during the child's senior year).

Whether the increase in anger is related to a lack of parental availability needs further investigation. There is the possibility that the higher educational status of the symptomatic seniors' parents could have a bearing on the career responsibilities of these parents. It is possible that these parents could have more demanding work schedules which could result in less accessibility to their adolescent children. Also, it is this researcher's opinion that most parents of high school

seniors are confused by the conflicting messages they receive from their children at this stage. The increased parent-child conflict as the adolescent struggles with independence issues causes many parents to retreat at a time when it is crucial that they maintain their availability to their seniors. Both increased career pressures and reactivity to confusing ambivalence on the part of their seniors may contribute to behavioral manifestations of separation anxiety among high school seniors.

If seniors at risk for problems linked to the separation-individuation process could be identified they would then be invited to participate in senior year programs. These programs would be instructive and targeted for preparing seniors for the developmental step of leaving the support networks of home and school and entering new environments.

Possibly a drop in grades (behavior b on the Teacher Behavioral Observation List) first quarter of senior year is the behavior that would be best to target for group intervention since it correlates highly with senior year separation-individuation problems, appears to occur early enough for preventive programs to be effective, and is a straight-forward academic manifestation of the problem under investigation. Since this behavior was noted in approximately 50% of the seniors in this study, it is not a likely predictor of severe separation stress, but appears to be generally related to the senior year process.

The j rating (increase in visits to the health room) was hypothesized to be an indicator or somatic symptoms of stress. Since this rating did not correlate with the other teacher and guidance staff ratings, it is difficult to draw conclusions. The health room could conceivably serve different functions to different students depending on the health-room staff response to the presenting problem. It is conceivable that some schools could have health room staff sensitive to problems that are not clearly medical while other schools could more strictly limit health room accessibility.

Either an increase in visits to the health room jr. year is highly correlated to the senior year separation process or this finding was peculiar to the setting of this study. Although the increased visits to the health room junior and senior year (especially with male students) could be a predictor of separation-individuation stress, more research is needed in different settings before any conclusions can be drawn. If the findings of this study were replicated, the health room could be an excellent source of referral for groups to help students with problems associated with the separation-individuation process in adolescence.

It was reasoned that it would be better to include marginally symptomatic seniors in the proposed programs than to not identify them since the programs would be educational rather than clinical and helpful for any senior. The groups would also serve to identify seniors who needed more clinical intervention. Consequently, as stated earlier, the researcher took a conservative approach to the cut-off point between

groups because of the probable treatment plan for the "symptomatic" seniors. Future research could be designed with a higher cut-off point where more severely symptomatic seniors would likely fall. This researcher suspects the differences between groups would be more apt to correspond with pilot study results which had more significant differences between symptomatic and nonsymptomatic seniors.

The Teacher Behavioral Observation Lists seemed to be a valid instrument for identifying seniors with maladaptive behaviors related to the senior year transition process. They were easily administered and appeared to reliably discriminate between those seniors with maladaptive behaviors and those with an absence of maladaptive behaviors. Since the results on the academic behaviors closely compared to the results on the emotional behaviors it is highly likely that using only the academic behaviors would identify seniors with maladaptive behaviors related to senior year separation-individuation problems. Teachers might be more comfortable only rating students on the academic variables.

Family Environment Scale (FES) Discussion

The Moos (1974) Family Environment Scale was a useful instrument for comparison of family environments of seniors manifesting behaviors suggestive of late adolescent separation-individuation problems and seniors not manifesting symptomatic behaviors. The Active-Recreation Orientation variable appeared to measure the extent to which family

environment is conducive to the adolescent need for what Erikson (1965) described as "active locomotion" or physical movement in the development of a strong identity. The pilot study results (see Chapter 2) indicated that seniors with behavioral symptoms of separation-individuation problems, which Erikson (1968) calls "identity confusion," had lower Active-Recreation scores than seniors with no symptomology. Although results on the larger random study were inconclusive on this variable, it is an area needing further research.

The Achievement Orientation variable on the Moos (1974) FES picked up differences between symptomatic and asymptomatic seniors. The discrepancy between high Achievement Orientation parent scores and significantly lower senior Achievement Orientation scores in the symptomatic group would seem to relate to the Erikson (1965) literature stating that some repudiation of the past is necessary in the first steps towards identity formation. When adolescents experience problems at this developmental stage there is a fear of fusion from intimate relationships. Consequently troubled adolescents can't give loyalty to family values until this conflict is resolved. The repudiation of family values when carried to the extreme can be self-destructive and result in behaviors that sabotage school achievement and high school graduation. When the FES is administered to both parents and their seniors the Achievement Orientation variable appears to be a measure that is related to this problem.

It is interesting that Achievement Orientation in both symptomatic and asymptomatic groups of seniors and their parents was lower than Moos (1974) FES norms for adolescents and their parents. The community of the sample is oriented toward academic achievement as seen in the demographical information. Perhaps families were rating their respective emphases on achievement against the norm of their locale which may be different from the national norm.

In communities where achievement is closely equated with academic accomplishment, such as the particular community where this study was done, a repudiation or rebellion against family pressures and expectations will likely happen in school. This researcher has found after twelve years as a high school psychologist that adolescents have an unerring ability to select the area of rebellion that is most unacceptable to their parents in their desperate search for a unique identity. It is so frequently the case that subjects failed are in the parents' areas of expertise as to not be entirely coincidental!

Minuchin (1978) found that avoidance of conflict and conflict resolution was a characteristic of families where adolescents were manifesting separation-individuation and other problems through anorexia nervosa. A limitation of this study was that although it measured the perceived level of conflict in the family environment, it did not attempt to measure the family capacity for conflict resolution. It has, however, been my experience that many of the families I have worked with where the senior was experiencing separation-individuation problems have

been unable to handle conflict resolution throughout the child's adolescent years. Sometime's interventions focused on resolving a current conflict that has reached crisis proportions can enable a family to begin to respond more appropriately to the adolescent's need for support as they move toward increased independence and autonomy.

The study by Allen (1976), Identity Crisis in Adolescent Women, discussed in Chapter 1 (p. 72) pointed to incongruence between the parent and child in perceiving each other as a factor related to an impeded separation process. The higher FES Incongruence score of the symptomatic seniors and their parents supports the Allen research.

Erikson (1968) pointed out that "all disturbed youth have difficulty accepting their histories" (p. 34). Challenging all past and present parental premises in late adolescence interferes with a senior's ability to invest trust in the future (1965). Eriksonian theory is consistent with the lower Cohesion scores of the symptomatic seniors and their mothers in comparison to the asymptomatic seniors and their mothers. The data from this study suggesting that symptomatic seniors and their parents have significantly higher Conflict and Incongruence scores than the asymptomatic seniors and parents is consistent with Erikson's theory.

It is this author's opinion that conflict between seniors and their parents usually centers around the senior demanding more freedom and autonomy than the parents feel the senior can handle. When seniors are

having problems separating and individuating from home their maladaptive behavior is often regressive and provokes responses from the parents that are infantilizing and equally maladaptive. While both senior and parents speak of wanting independence from each other, their behaviors speak to the inability of either the senior or the parents to tolerate the impending separation.

The Independence variable on the Moos (1974) FES does not appear to be a valid predictor of senior year separation problems, yet this study's finding that mothers of seniors having separation problems have an inflated sense of fostering independence in their children would be interesting to explore with further research. Clinical implications could be that mothers whose children have difficulty leaving home are unaware of the conflicting messages they are giving their adolescent children.

In my position as a school psychologist in a senior high school I often hear mothers telling their seniors that they are enthusiastically counting the days in anticipation of the senior leaving the home. At the same time the mother may be engaged in increasingly infantilizing activities that give the senior the unspoken message that the mother does not feel the child is ready for adult independence. Counseling to help parent and teen-ager disengage and prepare for a healthy individuation first involves helping the family to become aware of the mixed messages they are giving each other. The teen-ager may respond by saying that s/he wants to move out immediately and can't stand another

minute of parental intrusiveness at the same time failing a simple physical education class that will thwart high school graduation. A healthy separation usually will not occur until both the parents and the child feel the other is ready for it.

The reversal of parent-child perspectives on the family's Achievement Orientation is another area of possible future research. It is possible that children of high achieving parents have a more difficult time developing confidence in their ability to succeed on their own and are more prone to senior year separation stress than children of less high achieving parents. Seniors are also working on developing autonomous identities. It is conceivable that seniors with parents whose success is in the academic realm may be seeking other avenues of accomplishment at this life-stage because of frustration at not being able to match parental success in the academic realm. At the late-adolescent stage of psycho-social development there often is a temporary rejection of parental values (Erikson, 1968). It is possible that seniors in the symptomatic group have either recently entered this developmental stage or are having a more difficult time resolving identity conflicts and moving on to a more independent identity that incorporates parental values than seniors in the asymptomatic group.

Haley (1980), Lidz (1965), and Stierlin (1972) all speak of the need to study both the separating adolescent and his or her parents since the separation process is interactional with each person influencing and being influenced by the other.

The Seligman and Foreman (1983) research on adolescent abuse related to the Control variable on the Moos (1974) FES. Too high a Control score can be indicative of rigidity and over-control which was noted (1983) as a causal factor in adolescent abuse when adolescents begin to question parental authority. Family rigidity has also been linked to schizophrenic adolescents in the Alanen study (cited in Palmer, 1971) discussed in Chapter 1 (p. 68).

Although the Control factor on the Moos (1974) FES was a predictor of differences between the symptomatic and nonsymptomatic seniors on the pilot study (see page 132), it was not a predictor of differences between the symptomatic and asymptomatic groups of seniors in the random sample study. On the pilot study (see page 134) the symptomatic mean score on the Control subscale was higher (46.3 compared to 38.9) than the nonsymptomatic group mean score, but this difference between groups was not replicated on the larger random sample study. The Control variable may only be a predictor of separation-individuation problems at the more dysfunctional end of the continuum of separation-individuation problems. Further investigation of the relevance of the part parental control plays in separation-individuation problems in late adolescence is needed. How adolescent-perceived control relates to senior rebellion against parental rules and regulations also needs further investigation.

The literature suggests that high family incongruence is associated with more problems in the family. The Moos (1974) FES profile of the family environments of the symptomatic seniors who participated in this

study were characterized by high conflict, low cohesion, low moral religious emphasis, high intellectual-cultural orientation, high independence and a lower senior appraisal of the family's achievement orientation than the parents'. The profile sounds suggestive of adolescents who are rebellious and somewhat rejecting of parental values, which the high incongruence also suggests.

Although the Moos (1974) FES supported some of the research hypotheses, in general it was not a strong predictive instrument for the problem under investigation. The Conflict subscale and the family Incongruence scores were the most strongly correlated with separation-individuation problems of high school seniors and their parents in this study.

Senior Transition Questionnaire Summary

Clearly the education level of parents in this sample was higher than the norm which is explained by the fact that there are several institutions of higher learning in the locale of the participating high school. The researcher had assumed that the education level of parents in the sample would not necessarily correlate with the behavior or emotions of graduating seniors. The higher percentage of doctoral degrees among both fathers and mothers of the symptomatic seniors was an interesting trend. It may indicate that because more importance was placed on education among this group of parents, the passage of their children to college was given greater emphasis and parental expectations of the seniors' academic accomplishments were higher.

The fact that 12% more asymptomatic seniors completed the voluntary procedures than their symptomatic counterparts may illustrate similar differences in completion of school related tasks. The reverse trend with the parents may be an indication that the parents of symptomatic seniors were more invested in a study concerned with senior year problems than parents whose seniors were not having problems.

The apparent rejection of parental values by symptomatic seniors is also reflected in the demographical data. This research showed that significantly fewer symptomatic seniors planned to attend college after graduation than the asymptomatic seniors, although more parents of the

symptomatic seniors had advanced degrees. Since there was no attempt to control for ability levels with the two groups there is the possibility that the symptomatic seniors were simply not as intelligent as the asymptomatic seniors. Given the advanced levels of education achieved by parents of both senior groups this seems unlikely although the grade point averages (GPA) and class ranks of the symptomatic seniors were lower than those of the asymptomatic seniors.

The challenges facing a high school senior often contain all the elements described by Erikson (1965) that can cause "identity confusion" if the adolescent has a weak identity. According to Erikson the simultaneous exposure to the need for commitment to intimacy, occupational choice, competition and self-definition when there have been traumas connected with earlier separations from home can result in a weak identity. More in-depth analysis of the symptomatic seniors would be needed to assess the identity strength of the symptomatic seniors compared to the asymptomatic seniors to determine whether the symptomatic seniors have "identity confusion." It may be safe to assume that some symptomatic seniors at the extreme end of the continuum who exhibit most of the maladaptive behavior changes on the TBOL in school fit Erikson's description of "identity confusion."

Questions on the Transition Questionnaires filled out by the seniors and their parents during the 4th quarter of the senior year about level of stress experienced by the senior at significant transition times revealed no significant differences between the seniors

on the random sample except during the current senior year transition. Differences between symptomatic and asymptomatic groups on the pilot study were extreme at the transitions to both junior high school (7th grade) and senior high school (10th grade). Further research is needed to test the relation of difficulty with earlier transitions to senior year separation stress. The senior year is the transition that most closely approximates the multitude of stresses described by Erikson (1968) that can provoke "identity confusion." The results of this study suggest that differences between adolescents with symptoms of separation-individuation stress and adolescents lacking these symptoms may be most obvious during the senior year.

An area this researcher regrets not including in this study is an attempt to assess the roles of mother and father in the family to determine which parent is seen as dominant or "in charge" at home. Erikson found that when adolescents experienced "identity confusion" the fathers of the adolescents were often weak and under-functioning and the mothers were controlling and intrusive. Family intrusiveness and weak boundary definition were noted in family systems research on adolescent separation-individuation problems (Whiting, 1980; Levenson et al., 1967) although not specifically with mothers. It should be noted, however, that the Whiting research had no participating fathers so that the enmeshment noted in his study was between mothers and the college drop-out.

The data from this study suggests that although more mothers of seniors who manifest maladaptive behaviors associated with the separation-individuation process than mothers of the asymptomatic seniors perceive the family environment to be very supportive of independence, their senior's do not share this perception. Father FES (Moos, 1974) Independence ratings of the level of support for independence in the family environment were lower than the mother ratings and more comparable to the symptomatic senior ratings.

While the data from this study indicates that the mothers of seniors with maladaptive behaviors may not be as fostering of independence skills in their children as they believe themselves to be, it is not clear whether this factor is related to enmeshed or controlling behavior. Since the mothers of the symptomatic group of seniors had a similar rating disparity on the Control factor on the FES (mothers had lower ratings than the fathers and seniors) the likelihood is increased that mothers of the symptomatic seniors may unwittingly be more controlling of their seniors than the mothers of the asymptomatic group.

The data also indicated that seniors manifesting separation problems were more likely than seniors not manifesting separation problems to have mothers whose parents have negligible influence on the families. Whether this is related to mothers who tend to have diffuse boundaries with their adolescent offspring needs further investigation.

Murray Bowen's (1978) work on emotional "cut-offs" (p. 57) in the family therapy literature revealed that people who were emotionally "cut-off" from their parents often were trapped in a "feeling" world and had a poor sense of separate identity. They tended to spend their lives fighting or avoiding relationships from which they had not experienced approval. Parents such as this would have a difficult time with issues related to the independence and identity of their adolescent offspring when they, themselves, have poorly developed identities.

Since there were significantly more single-parents in the symptomatic groups it is possible that more mothers in this group had such emotional "cut-offs" from their parents and that the support networks for some of the mothers were inadequate. Consequently, the adolescent children were more likely to serve multiple roles as child, friend, and "parentified" child. Parent-child boundaries in such families would be diffuse and the adolescent could be both over-protected by the mother and over-protective of her in such a system. Intense family loyalty where individual autonomy is sacrificed can also be found in such families when problems arise for a family member.

It is also possible that in our culture fathers whose parents have a high degree of influence on the family decisions would tend to be under-functioning in their nuclear families. This would impact on the separation-individuation process of their adolescent children because family systems theorists have found that when one parent under-functions the other parent tends to over-function. An over-functioning parent

often does not give the senior opportunities to develop confidence in his or her ability to function independently.

While Whiting (1980) found interactional patterns characteristic of diffuse (enmeshed) parent-child boundaries in all the families he interviewed, the communication descriptors used in the study reported here were, unfortunately, unable to adequately detect the enmeshed interactional patterns reported in the Whiting study. They were, however, helpful in assessing differences in perceived parent-child interactional patterns between seniors with maladaptive behaviors related to separation stress and seniors with an absence of maladaptive behaviors. It appears as though these differences in communication patterns could be extremely helpful both in the initial assessment of problems and in the determination of when the problems have improved.

Minuchin's (1978) research on families of anorectics (an extreme manifestation of separation-individuation and other problems) found that weak boundaries between the grand-parents of an adolescent and the parents interfered with the parents' ability to resolve differences and to form a separate family unit. Few families in this study, however, had grand-parents who were "very influential" on the lives and decisions of the seniors' families which was a hypothesized indicator of weak grand-parent/parent boundaries.

Further research is needed to clarify the extent to which grand-parental involvement influences the separation-individuation of

adolescent family members. Both the pilot study and random sample study reported by this researcher had findings linking grand-parental influence on the family to the separation-individuation process in late adolescence. This researcher is of the opinion that careful distinction must be made between geographical distance and emotional distance when examining this variable since career and financial considerations are making the physical proximity of the extended family less common. Although emotional "cut-offs" are more easily obscured when there is geographical distance, grand-parent closeness and influence on the family should be assessable no matter what the geographical distance. Further investigation of how the combined factors of parent marital status and grand-parental influence on the family of high school seniors effect the separation-individuation process of the seniors is also needed.

Allen's (1976) research on the four identity statuses in Erikson's theory concerning the development of an autonomous identity in adolescence was discussed in Chapter 1 (p. 70). The results of the author's study suggested that seniors having separation-individuation problems may be at "moratorium phase 2" where there is a disruption of identity with parents. Subsequently the parent-child communication is characterized as distancing and critical. The communication patterns of the symptomatic seniors and their parents in this study were significantly more critical, careful, confused and avoiding than those of the asymptomatic seniors and their parents. The asymptomatic group

appeared to be at a more advanced level in the development of autonomous identity on the Erikson continuum.

According to Bowlby's (1969) work which was discussed in Chapter 1 (p. 74), hostility is a common response to separation anxiety. Resentments about loss and separation can be displaced on others or repressed. Hansburg's (1980) research also showed that anger and intrapunitive hostility patterns were the most dominant adolescent responses to separation anxiety. The results of this study corroborate the Bowlby and Hansburg research. Conflict and rebellion against parental authority were more prevalent with symptomatic seniors and their parents than with the asymptomatic seniors and parents.

It is this researcher's opinion that the intrapunitive hostility referred to by Hansburg (1980) contributes to the increase in depression and suicidal thinking so prevalent in this age group when anger over past historical events can't be resolved. These seniors become immobilized and unable to function successfully in school or in their social group. This unresolved anger, often directed at a particular parent, must be re-examined and tempered before the senior can move on to separation and independence.

Michael's (1977) research discussed in Chapter 1 (p. 78) suggested that prior to the separation-individuation stage in adolescence the child would exhibit less independence, ambivalence and anger towards parents than at a later stage of separation. Adolescents at the most

advanced stage would exhibit more independence than ambivalence and anger. The findings of this study support Michael's findings. The symptomatic seniors had more critical, confused, avoiding and careful communication patterns with parents, higher FES Conflict scores and higher FES Incongruence scores than the asymptomatic seniors. This suggests that the asymptomatic seniors were at a more advanced stage in the separation-individuation process than the seniors with maladaptive behaviors symptomatic of separation stress.

Hansburg's (1980) finding that the defense of denial was manifested through periods of isolation and loss of self esteem was incorporated into Question 7 on the Senior Transition Questionnaires for students and parents which asked the seniors and their parents to rate changes in the senior's sociability in the past six to nine months. The transition questionnaires attempted to measure early pathological experiences with separations which, according to Hansburg, would cause adolescents to respond to late adolescent separation anxiety with a reduction in self-love. This would be reacted to by the adolescent with feelings of rejection and intrapunitive responses.

The study reported here did not find significantly different early childhood experiences with separations between the symptomatic and asymptomatic seniors. However the pilot study, which used two homogeneous groups selected for extremes of behavioral symptomology and absence of symptomology, found that the symptomatic seniors had notably more problems than the nonsymptomatic seniors with separation

experiences at the transition from elementary school to junior high and the transition from junior high to senior high. The random sample study only weakly supported more transition stress with the separation experiences at the transition from elementary school to junior high.

The Levenson and Kohn (1965) study discussed in Chapter 1 (p. 84) found that college drop-outs had a history of early separation anxiety, school phobia, poor sociability with peers and adjustment problems at the beginning of both junior high school and senior year of high school. The findings of the pilot study support the Levenson and Kohn results, but the larger random sample study only provides weak support. The manifestation of problems during senior year of high school was substantiated as being significantly more prevalent in the symptomatic group of seniors than in the asymptomatic group according to parent ratings in both studies.

It is the opinion of this researcher that the pilot study results more strongly replicated the extremely maladaptive behaviors of college drop-outs and adolescents with "identity confusion" (Erikson, 1965) than did the random sample study results. This, most likely, was because the seniors selected for the pilot study had clearly diagnosed behavioral symptoms of separation anxiety, while the seniors in the random sample study were self-selected and therefore probably contained mostly seniors with less serious separation issues. It is likely that the seniors who had multiple maladaptive behaviors reported by several teachers would closely resemble the symptomatic seniors in the pilot study and would

also have more difficulty than asymptomatic seniors with earlier transitions--particularly the transition from elementary school to junior high.

The Levenson and Kohn (1965) finding that the central element distinguishing college drop-outs from stay-ins was that adolescents dropping out were found to be buffers to the parent dyad over the years would be important to incorporate both in preventive programs and in clinical treatment of the college drop-out. The return home of these adolescents re-established the family equilibrium. In the Whiting (1980) study the college drop-out was found to have an enmeshed interactional pattern with the family and the drop-out behavior seemed aimed at re-establishing family equilibrium for the most part in single parent families.

A limitation of this researcher's study was the difficulty assessing family dynamics without the availability of a clinical interview. The researcher attempted to assess whether the separating senior was either overly important in maintaining the family equilibrium or was under-involved in the family with Question 3 on the Senior Transition Questionnaires which asked the senior and his or her parent to rate the influence of the senior on the family.

The symptomatic seniors were seen by themselves and their parents as less influential on the lives of their families than the asymptomatic seniors. This suggested that seniors who were having trouble separating

denied their pain by isolating or distancing themselves from their families senior year. It also suggested that seniors who did not feel important and influential on the lives of their families might be less confident of their place in the family system and more insecure about leaving. The Smith and Smith (1976) research discussed in Chapter 1 (p. 81) found that school phobia and social withdrawal and isolation were common manifestations of separation anxiety. It is likely that increased isolation from the family could also be a manifestation of separation anxiety. While Question 3 does not adequately assess the potential role of the senior as a buffer in maintaining family equilibrium, it does give some support to research findings that the role of the separating adolescent in the family is linked to the separation process.

Whiting's (1980) research on freshmen college drop-outs discussed earlier related the drop-out behavior to a maladaptive separation-individuation process in a family systems context by examining family interaction patterns rather than to any specific problems in handling the college milieu such as poor study habits or test-taking patterns. Whiting found that the interactional patterns of drop-outs were enmeshed. Family members spoke for each other and intruded into each other's conversations. These families had a low tolerance for conflict and used conflict defusing behavior as they sacrificed their autonomy for closeness in the family.

The symptomatic seniors and their parents in the author's research rated their family environments higher in conflict than the asymptomatic seniors and parents. This higher conflict rating would either have resulted from a heightened sensitivity to conflict, an inability to resolve conflict, or more openly expressed conflict. That family response to conflict is closely related to the separation-individuation process was substantiated by this study and other current research findings. It appears as though it is the inability to resolve conflict that particularly interferes with a healthy separation-individuation process.

The Whiting (1980) and Levenson et al. (1967) studies found that a young person's dropping out of college was maintained by their families because family members were unable to discuss concerns and develop alternative solutions. The findings of this author's study concluded that the parent-child communication patterns of seniors with maladaptive behaviors related to separation-individuation problems in late adolescence were more critical, careful, confused and avoiding than parent-child communication patterns of the asymptomatic seniors and their parents. This finding leads me to conclude that conflict resolution would be much more difficult in the families of the symptomatic seniors.

Research Implications

The goal of this research was to develop a conceptual model to identify "at risk" seniors in a school milieu so that school programs could be developed to help "at risk" seniors prepare to successfully leave home and school. Parents were involved in the study because the research of Bowlby (1969), Erikson (1965), Hansburg (1980), Bowen (1978), Minuchin (1978) and others showed that the self-confidence needed for a healthy separation could not be achieved without first having secure parental attachments. The Smith and Smith (1976) research (p. 81) found that schoolwork could be unconsciously sabotaged to maintain parental dependency. The delaying or aborting of high school graduation appears to be an ideal arena for manifesting fear of separation-individuation in late adolescence.

Five of the symptomatic seniors in this study had k ratings on the TBOL (delayed, late, or aborted college admission process) by the college counselor and five of the participating symptomatic seniors did not graduate with their class. Another three of the symptomatic seniors needed special consideration by school staff in order to complete graduation requirements. These seniors did additional assignments or stayed in school after the other seniors had left to make up incomplete work that would otherwise have been failures. Only two asymptomatic seniors had k ratings and they ended up in post graduate programs at private schools.

The data from this research suggest that the typical senior with separation-individuation problems is apt to be an oldest child from a single-parent family with highly educated parents. Although the male gender will be used in this description, the gender of this senior could as likely be female as male. Despite the high education level of the parents, this senior is less likely to attend college following high school graduation than his friends from intact families who have less highly educated parents. The grade point average and decile rank of this senior is lower than the class average and lower than would be expected given the educational background of the parents. This senior is as apt to be male as female (although more females participated in this study). The FES profile of this senior would show his mother viewing the family environment as exerting more control over the children and being more supportive of the children's independence than would either the father or the senior.

Actually, the senior and his father think their family environment exerts less control and is less fostering of independence than the senior's friends and their fathers who are not having the same separation problems. This senior views his family as less achievement oriented than do his more functional peers not having separation-individuation problems. His parents, however, think their family environment is more highly achievement oriented than do the parents of the more functional peers. This senior and his parents view the conflict in their family environment as higher than the senior's peers and their parents view conflict in their families. This senior and his

parents disagree on more aspects of their family environment than do this senior's friends and their parents.

This senior has more confused, careful, critical and avoiding communication patterns with his parents and the communication problems have worsened during the senior year. This senior questions most parental rules and regulations and is not thought by the parents to be handling the current transition from high school to college or work well. The parents of this senior don't think that he has much confidence in his ability to live on his own and feel that he had problems handling the earlier transition from elementary school to the larger junior high school. This senior does not agree that he had problems handling earlier transitions and is reasonably confident about handling independent living. He feels less confident than his friends who aren't having separation problems about his parents' confidence in his ability to function successfully on his own. This senior agrees with his parents that their parent/child communication has become worse the past few months of his senior year. He sees himself as not as influential on his family as his friends (who are not having problems in school) are on their families .

The findings of this research suggest that school psychologists and guidance counselors should quickly involve parents of high school age students when problems arise. By doing so the school program would be seen by the adolescent as an extension of parental involvement when separation anxiety is present. Too often parents of late adolescent

children have minimal involvement with the school. When separation-individuation problems are present, the parent-child bond must be increased so that the adolescent can develop feelings of control over attachment experiences in order to feel comfortable with the detachment and independence necessary for leaving home.

The instruments used in this study contain variables that appear to be useful for distinguishing seniors "at risk" for separation-individuation problems from seniors not "at risk." The involvement of parents in gathering background information about a student's psychosocial development has been shown to be essential to this study. Had the researcher only involved seniors or only the parents of seniors, the data collected would have missed vital information relevant to the problem under investigation. The hypotheses were frequently directed at the parent response on the Senior Transition Questionnaires and the incongruence of parent and senior responses significantly distinguished between symptomatic and asymptomatic seniors on the Moos (1974) Family Environment Scale.

The instruments used in this study, when given to both seniors and their parents, could be useful both as vehicles for group discussion of senior year issues related to the separation-individuation process and as assessment tools. Examples of this would be discussions of the seniors' past difficulties in handling transitions and separations from both the parent and senior perspectives; or discussions of the seniors'

influence on their families which could be elaborated to include discussions of what will happen when that influence is no longer there.

By beginning to plan for the changes that will occur when the senior leaves home the equilibrium of the family can more gradually shift and accommodate to the necessary changes that will take place. Discussions of changes in parent-child communication patterns could be helpful in increasing awareness of the initial need for increased distance to prepare for a healthy separation. However, it could also bring to awareness dysfunctional communication patterns that impede conflict resolution and autonomy. Discussion of parental experiences with first leaving home could be meaningful and help bring to the surface awareness of fears that parents may unwittingly be passing on to their seniors that are based on parental experiences of failure or pain.

The separation-individuation stage in late adolescence is a time to achieve a "historical" perspective and to correct past family myths. The inclusion in the Senior Transition Questionnaires of the grand-parent influence on the lives of the family would seem to be an important part of the adolescents' histories to include in discussions. If the grand-parents have had little or no influence on the family this could be an important time to discuss why this has happened. Parents could possibly fear that when their children become independent, they may be shut out of their children's lives.

The Moos (1974) Family Environment Scale would also serve as a resource from which the seniors and their parents could discuss their perspectives on the family and problems around family attitudes about conflict, independence, cohesion or achievement expectations. Since the symptomatic seniors were lower achievers than the asymptomatic seniors according to their GPA's, class ranks, and viewed their family environments as low in achievement orientation (according to AO scores on the Moos FES), discussion and mediation of parent-child conflict over achievement expectations could be especially helpful in preventing self-destructive rebellion.

The Kinetic Family Drawings (KFD's) discussed in Chapter 2 proved to be valuable diagnostically when the standardized KFD was compared to the One-Year-Later KFD. Because clinical interpretation of the KFD requires competence and training in the area of projective testing, it was not included in the larger random study. This researcher found it a helpful test for assessing the senior's view of self in the family dynamics. By asking the senior to draw him or herself both currently and a year after leaving home evoked concerns that could then be discussed and resolved.

More research is needed to improve scoring criteria and normative data when comparing the two KFD's, but tentative results of this research indicate that the before and after drawings could be useful in college counseling centers with freshmen students having separation problems. The "before" and "after" leaving home KFD's have the

potential to provide clinical projective data about the student's perceived place in the family system.

Implications of this research for parents of adolescents are that family environments that have the following characteristics tend to have adolescent children who are able to face leaving home without observable behavioral symptoms of separation-individuation problems:

- 1) foster active-recreational outlets;
- 2) resolve conflicts so that the conflict level in the family does not stay high;
- 3) have moderate achievement orientations for their children even if the parents are highly educated and high achieving;
- 4) members share a common perception of the family environment.

Furthermore, families where adolescents are usually accepting of rules, where parent-child communication is not overly careful, avoiding, critical, angry or confused, but is characterized as warm and close tend to have seniors without separation anxiety. Seniors from these families have higher grades and a higher percentage of expectations for college enrollment following graduation than seniors with behavioral manifestations of senior year separation-individuation stress.

It is the opinion of this researcher that school counselors and psychologists should view separation-individuation problems in adolescence from a family systems perspective. The data from this research study suggest that therepeutic interventions aimed at improving

parent-child communication patterns, conflict resolution, achievement expectations, and clarifying the family role of the senior preparing to leave home so that the senior feels loved and secure, yet comfortable about the family's ability to function in his or her absence, would be helpful.

The Moos (1974) Family Environment Scale was able to discriminate between seniors with maladaptive behaviors related to separation-individuation problems and seniors with few of these behaviors on the Conflict and Incongruence variables. The Senior Transition Questionnaires for students and parents designed by this researcher discriminated between seniors with behavioral symptoms of separation-individuation problems and seniors with an absence of symptomology on several variables. Questions related to changes in communication between parent and senior, the senior's attitude towards parental authority and the senior's handling of the current transition from high school to college or independent living significantly discriminated between the two groups. The Kinetic Family Drawing also was effective when used in conjunction with the "One-Year-Later" KFD in distinguishing between seniors with separation-individuation stress and seniors without symptomatology.

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APPENDIX

APPENDIX A

Explanatory Letter To Seniors and Parents With Consent Form

May 9, 1985

Dear :

As school psychologist at Amherst Regional High School for the past ten years I have been concerned about the stress that is experienced senior year by students as well as their families. Senior year is a time when students are concerned not only about preparation for their futures, but about leaving the security of the family. Families are concerned about their senior's readiness to live independently and are sometimes sad about the "loss" of the child and the changes that will take place in the family when he or she leaves; sometimes they even look forward to these changes!

Each year, students handle the stress of graduating and leaving home and friends in a variety of ways. Doing poorly senior year, delaying college admission, or dropping out of college are some of the many problems connected with difficulties at this transition time. Even for the many seniors who handle transition pressures well, preparing to leave home is a particularly interesting and challenging time in life.

I am currently on sabbatical leave and am studying the students at ARHS who began their senior year in September, 1984. I am attempting to gather data to increase our understanding of how to best help seniors and their parents through this stressful time. I would appreciate your participating in a research study that hopefully will be helpful in my organizing a preventive approach to senior transition problems in future years at ARHS.

Seniors should use the manilla envelope to return their completed questionnaires to the Guidance Office by May 22nd. Parents should use the enclosed stamped envelope to return by mail the consent form and completed questionnaires by May 22nd. The information collected will be used anonymously in the research report to protect your privacy and the privacy of your child and will not be part of any school records.

The Parent Questionnaire should be filled out cooperatively by both parents in two parent households, if time allows. If at all possible, the Family Environment Scale should be filled out separately by the senior and each parent in two parent households. Time involved should be no more than 10 to 15 minutes. The questions are thought provoking at this time in your lives and I believe the experience will be interesting for you.

Thanks in advance for your participation! A meeting to discuss these instruments, your experiences and suggestions, and research related to making the transition from high school to college more successful will

be held for interested seniors and their parents prior to graduation. Results of this study will be available by December '85 to interested participants who contact me at Amherst High School.

Sincerely,

Sally Giglio

My son/daughter _____ has my consent to participate in a study of the senior year transition conducted by Sally Giglio.

Date: _____ Parent Signature

SENIOR TRANSITION QUESTIONNAIRE FOR STUDENTS (Pilot Study Version)

Name: _____ Date of Birth: _____

Length of time living in Amherst area? _____

Year of Graduation: _____

Marital status of parent(s)? _____

Do you live with your mother ____ father ____ both ____?

Number and ages of brothers and sisters: _____

Are you the oldest ____, middle ____, youngest ____, other ____ child?

1. Please rate the level of influence your mother's parents have had on you and your family:

1) Very influential (Have a strong interest in and influence on family decisions) _____

2) Moderately influential (Have some influence, but only when asked for) _____

3) Minimally influential (Have little or no influence on decisions or lives of family) _____

2. Please rate the level of influence of your father's parents on you and your family:

1) Very influential _____

2) Moderately influential _____

3) Minimally influential _____

3. Describe your influence on your family:

1) Very influential _____

2) Moderately influential _____

3) Minimally influential _____

4. Would you describe yourself as more _____, less _____, or equally _____ independent, as compared with your siblings?

5. Have you noticed any changes in the last three to six months?

1) Increased feelings of dependency on family _____

2) Increased criticism of and need for more distance from parents _____

3) Increased feelings of independence _____

4) Other _____

6. Would you describe yourself as

1) Socially outgoing _____

2) Moderately outgoing _____

3) Socially shy _____

7. In the last three to six months, have you noticed any changes in your

sociability?

1) More socially outgoing _____

2) More socially withdrawn _____

3) No changes _____

8. How would you describe your attitude towards parental authority?

1) Usually question rules and regulations _____

2) Occasionally question rules and regulations _____

3) Almost never question rules and regulations _____

9. In the last three to six months, have you found your ability to communicate with your parent(s)

1) better _____

2) the same _____

3) worse _____ than in the past?

10. Check the word(s) that describe your current communication with parent(s):

warm _____, angry _____, confused _____, avoiding _____, careful _____,

ambivalent _____, close _____

11. Do you feel your parents adjust comfortably to moves or other life changes?

Mother: Yes _____ No _____

Father: Yes _____ No _____

12. As a small child, do you remember adjusting well to new situations?

Yes _____ No _____

a) Do you remember feeling very distressed when your parents left you with sitters? Yes _____ No _____

13. Do you remember your first leaving home to go to school being

1) Very stressful _____

2) Moderately stressful _____

3) Not stressful _____

14. Was the transition between elementary school and Jr. High difficult for you? Yes _____ No _____

a) Were you in the Learning Community or at a middle school?

Yes _____ No _____

15. Was the transition from Jr. High to Sr. High difficult for you?

1) Very difficult _____

2) Moderately difficult _____

3) Not difficult at all _____

Do you have any suggestions for making this transition easier for students?

16. Do you plan to attend college after graduation? Yes _____ No _____

a) Do you plan to go to a vocational school after graduation?

Yes _____ No _____

b) Do you plan to work full time after graduation? Yes _____ No _____

c) Are you planning on living away from home next year? Yes _____ No _____

Within a 50 mile radius from home? Yes _____ No _____

17. How confident are your parents about your ability to live on your own?

1) Very confident _____

2) Moderately confident _____

3) Somewhat anxious _____

b) How confident do you feel about your ability to live on your own?

1) Very confident _____

2) Moderately confident _____

3) Somewhat anxious _____

Do you have any suggestions about what the school could have done to help make your senior year less stressful?

Has this questionnaire omitted questions that you feel have an impact on senior year transitional stress? If so, please note them here or on the back of this page.

Would you please check any questions that you found overly intrusive or difficult to answer? Thank you so very much for your cooperation!

SENIOR TRANSITION QUESTIONNAIRE FOR PARENTS (Pilot Study Version)

Name : _____

Date of Birth: _____

Born in U.S.?

Marital Status:

If parents no longer living together, date of separation:

Senior lives with mother____, father____, both

Years of Education of Parents:

Mother

Father

Less than 12

Less than 12

More than 12

More than 12

Finished college

Finished college

Highest degree earned _____

Highest degree earned _____

Occupation _____

Occupation _____

Grandparents:

Age of grandparents if living: _____, _____, _____, _____
maternal g.m. g.f. paternal g.m. g.f.

Birthdates and ages at death if deceased: _____, _____, _____, _____

1. Level of grandparental influence on your family of your parents:

- 1) Very influential (Have a strong interest in and influence on family decisions) _____
- 2) Moderately influential (Have some influence, but only when asked for) _____
- 3) Minimally influential (Have little or no influence on decisions or lives of family) _____

2. Are the parents of your spouse

- 1) significantly more influential _____
- 2) as influential _____
- 3) less influential _____ than your parents on your family?

Your Senior:

Number and ages of children: _____

Sibling order of senior: Oldest ____, Middle ____, Youngest ____, Other ____

To which parent is this child closest? Mother ____ Father ____ Neither ____

3. Describe this child's influence on the family:

- 1) Very influential _____
- 2) Moderately influential _____
- 3) Minimally influential _____

4. Would you describe this child as having been more ____ or less ____

dependent than other siblings?

5. Have you noticed any changes in the last three to six months?

1) Increased dependence _____

2) Increased criticism and distance from parents _____

3) Increased independence _____

6. Would you describe your senior as

1) Socially outgoing _____

2) Moderately outgoing _____

3) Socially withdrawn _____?

7. In the last three to six months, have you noticed any changes in your senior's sociability?

1) More socially outgoing _____

2) More socially withdrawn _____

8. How would you describe this child's attitude towards parents?

1) Critical, non-compliant _____

2) Generally compliant, but questions authority _____

3) Usually compliant and non-questioning _____

9. In the last three to six months, have you found your ability to communi-

cate with and guide your child

1) better _____

2) the same _____

3) worse _____ than in the past?

10. Check the word(s) that describe your current communication with your senior:

warm _____, angry _____, confused _____, avoiding _____, careful _____,
close _____, ambivalent _____.

11. As a child, do you remember adjusting well to new situations?

Yes _____ No _____

a) Was it difficult for you when you first left home as a young adult?

Yes _____ No _____

b) Was this experience difficult for your child's other parent?

Yes _____ No _____

12. When first left with sitters, did your senior

1) Show so much distress that you sometimes changed plans and stayed home _____?

2) Show little distress so that you rarely changed plans and stayed home _____?

13. Was your senior's transition to first go to school difficult?

Yes _____ No _____

14. Was the transition between elementary school and Jr. High difficult?

Yes _____ No _____

15. Was the transition between Jr. High and Sr. High difficult?

Yes _____ No _____

16. Is your senior planning on being away from home next year? Yes _____

No _____

17. a) If so, do you think your child will be able to adjust to his/her
living experience adequately? Yes _____ No _____

Easily? Yes _____ No _____

b) Do you feel your senior is confident about his/her ability to
live independently? Yes _____ No _____

c) If the other parent were filling out this questionnaire, is there
anything he/she would disagree with? (Please feel free to elaborate)

Do you have any comments or suggestions about what the school could have
done to help make your child's senior year transitional state less
stressful?

Has this questionnaire omitted questions that you feel have an impact on
senior year transitional stress? If so, please note them here or on the
back of this page.

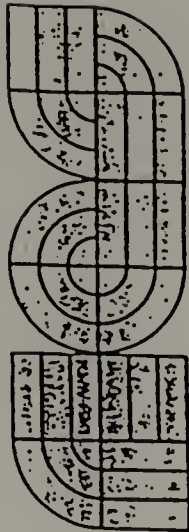
Would you please check any questions that you found overly intrusive or
difficult to answer? Thank you very much for your cooperation!

APPENDIX C

Family Environment Scale

FAMILY ENVIRONMENT SCALE FORM B

RUDOLF H. MOOS



INSTRUCTIONS

There are 90 statements in this booklet. They are statements about families. You are to decide which of these statements are true of your family and which are false. Make all your marks on the separate answer sheets. If you think the statement is *True* or mostly *True* of your family, make an X in the box labeled T (true). If you think the statement is *False* or mostly *False* of your family, make an X in the box labeled F (false).

You may feel that some of the statements are true for some family members and false for others. Mark T if the statement is true for most members. Mark F if the statement is false for most members. If the members are evenly divided, decide what is the stronger overall impression and answer accordingly.

Remember, we would like to know what your family seems like to you. So do not try to figure out how other members see your family, but do give us your general impression of your family for each statement.



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577 College Ave., Palo Alto, California 94306

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68. In our family each person has different ideas about what is right and wrong.
69. Each person's duties are clearly defined in our family.
70. We can do whatever we want to in our family.
71. We really get along well with each other.
72. We are usually careful about what we say to each other.
73. Family members often try to one-up or out-do each other.
74. It's hard to be by yourself without hurting someone's feelings in our household.
75. "Work before play" is the rule in our family.
76. Watching T.V. is more important than reading in our family.
77. Family members go out a lot.
78. The Bible is a very important book in our home.
79. Money is not handled very carefully in our family.
80. Rules are pretty inflexible in our household.
81. There is plenty of time and attention for everyone in our family.
82. There are a lot of spontaneous discussions in our family.
83. In our family, we believe you don't ever get anywhere by raising your voice.
84. We are not really encouraged to speak up for ourselves in our family.
85. Family members are often compared with others as to how well they are doing at work or school.
86. Family members really like music, art and literature.
87. Our main form of entertainment is watching T.V. or listening to the radio.
88. Family members believe that if you sin you will be punished.
89. Dishes are usually done immediately after eating.
90. You can't get away with much in our family.

1. Family members really help and support one another.
2. Family members often keep their feelings to themselves.
3. We fight a lot in our family.
4. We don't do things on our own very often in our family.
5. We feel it is important to be the best at whatever you do.
6. We often talk about political and social problems.
7. We spend most weekends and evenings at home.
8. Family members attend church, synagogue, or Sunday School fairly often.
9. Activities in our family are pretty carefully planned.
10. Family members are rarely ordered around.
11. We often seem to be killing time at home.
12. We say anything we want to around home.
13. Family members rarely become openly angry.
14. In our family, we are strongly encouraged to be independent.
15. Getting ahead in life is very important in our family.
16. We rarely go to lectures, plays or concerts.
17. Friends often come over for dinner or to visit.
18. We don't say prayers in our family.
19. We are generally very neat and orderly.
20. There are very few rules to follow in our family.
21. We put a lot of energy into what we do at home.
22. It's hard to "blow off steam" at home without upsetting somebody.
23. Family members sometimes get so angry they throw things.
24. We think things out for ourselves in our family.
25. How much money a person makes is not very important to us.
26. Learning about new and different things is very important in our family.
27. Nobody in our family is active in sports, Little League, bowling, etc.
28. We often talk about the religious meaning of Christmas, Passover, or other holidays.
29. It's often hard to find things when you need them in our household.
30. There is one family member who makes most of the decisions.
31. There is a feeling of togetherness in our family.
32. We tell each other about our personal problems.
33. Family members hardly ever lose their tempers.
34. We come and go as we want to in our family.
35. We believe in competition and "may the best man win."
36. We are not that interested in cultural activities.
37. We often go to movies, sports events, camping, etc.
38. We don't believe in heaven or hell.
39. Being on time is very important in our family.
40. There are set ways of doing things at home.
41. We rarely volunteer when something has to be done at home.
42. If we feel like doing something on the spur of the moment we often just pick up and go.
43. Family members often criticize each other.
44. There is very little privacy in our family.
45. We always strive to do things just a little better the next time.
46. We rarely have intellectual discussions.
47. Everyone in our family has a hobby or two.
48. Family members have strict ideas about what is right and wrong.
49. People change their minds often in our family.
50. There is a strong emphasis on following rules in our family.
51. Family members really back each other up.
52. Someone usually gets upset if you complain in our family.
53. Family members sometimes hit each other.
54. Family members almost always rely on themselves when a problem comes up.
55. Family members rarely worry about job promotions, school grades, etc.
56. Someone in our family plays a musical instrument.
57. Family members are not very involved in recreation activities outside work or school.
58. We believe there are some things you just have to take on faith.
59. Family members make sure their rooms are neat.
60. Everyone has an equal say in family decisions.
61. There is very little group spirit in our family.
62. Money and paying bills is openly talked about in our family.
63. If there's a disagreement in our family, we try hard to smooth things over and keep the peace.
64. Family members strongly encourage each other to step up for their rights.
65. In our family, we don't try that hard to succeed.
66. Family members often go to the library.
67. Family members sometimes attend courses or take lessons for some hobby or interest (outside of school).

APPENDIX D

Transition Questionnaires For Seniors and Their Parents

SENIOR TRANSITION QUESTIONNAIRE FOR PARENTS

The purpose of this questionnaire is to learn more about the transition from high school to college or independent living. It is not a test and there are no right or wrong answers. Your honest answers will help me provide better programs to prepare seniors and their parents for this important transition in the future. Your answers will be held in strictest confidence and information collected will be used anonymously to protect your privacy and will not be part of any school records or research report.

This questionnaire is being filled out by: Mother____, Father____, Both____

Mother's name: _____ Born in U.S.? Yes____, No____

Father's name: _____ Born in U.S.? Yes____, No____

Marital Status: Married____, Separated____, Divorced____, Widowed____

If parents no longer living together, date of separation: _____

Senior predominantly lives with mother____, father____, both____

Years of Education of Parents:

Mother

Father

Less than 12 _____

Less than 12 _____

High school graduate _____

High school graduate _____

Attended college _____

Attended college -----

Finished college _____

Finished college _____

Highest degree earned _____

Highest degree earned _____

Occupation _____

Occupation _____

M a t e r n a l		P a t e r n a l
grandmother		grandfather
grandmother		grandfather

Are grandparents living? Yes__ No__, Yes__ No__,		Yes__ No__, Yes__ No__
--	--	------------------------

If deceased, year of death: _____,		_____, _____
------------------------------------	--	--------------

Sibling order of your senior: Oldest____, Middle____, Youngest____, Other____

INSTRUCTIONS

In this questionnaire you will be asked to give a judgment concerning 20 statements relating to your senior's transition history. Each question is followed by an answer scale made up of two adjectives which are opposite in meaning. Each judgment consists of deciding whether the statement is better described by the adjective at the left end of the scale or the one at the right end of the scale. If you feel strongly about your judgment check 1 or 5 depending on whether the adjective to the left or right best describes your opinion. Check 2 or 4 if you feel less strongly about your judgment and 3 if your response represents intermediate feelings.

Please rate the following statements or questions by putting an x over the number that most closely describes your judgment or impression.

Example: Today's weather is:

Cold : : : X : Hot
 1 2 3 4 5

If today's weather is warm, but not hot, you would put an x over 4.

1. The influence of maternal grandparents on the lives and decisions of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

2. The influence of paternal grandparents on the lives and decisions of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

3. The influence of your senior on the lives of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

4. The level of independence of your senior while growing up compared to your other children:

Much more independent : : : : Much less independent
 1 2 3 4 5

5. Changes in your senior's independence in the past 6 to 9 months:

Increased independence ____: ____: ____: ____: ____ Decreased independence
 1 2 3 4 5

6. The general sociability level of your senior:

Very socially out-going ____: ____: ____: ____: ____ Not at all out-going
 1 2 3 4 5

7. Changes in your senior's sociability in the last 6 to 9 months:

Increased sociability ____: ____: ____: ____: ____ Decreased sociability
 1 2 3 4 5

8. Your senior's attitude towards parental authority:

Usually questions rules ____: ____: ____: ____: ____ Usually accepts rules
 1 2 3 4 5

9. Check the word or words that best describe your current communication with your senior:

warm__: close__: careful__: confused__: avoiding__: critical__: angry__

10. Your current communication with your senior in the last 6 to 9 months compared to general communication in the past:

Much better ____: ____: ____: ____: ____ Much worse
 1 2 3 4 5

11. Parental adjustment to change or new situations:

Mother: Easy ____: ____: ____: ____: ____ Difficult
 1 2 3 4 5

Father: Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

12. Rate the level of difficulty of your transition from high school to college or independent living:

Mother: Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

Father: Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

13. Level of distress shown by your senior when left with sitters as a young child:

Extreme distress _____ : _____ : _____ : _____ : _____ No distress
 1 2 3 4 5

14. Difficulty of your senior's transition to first go to school:

Extremely stressful _____ : _____ : _____ : _____ : _____ Not stressful at all
 1 2 3 4 5

15. Difficulty of your senior's transition from elementary school to Jr. High:

Very difficult _____ : _____ : _____ : _____ : _____ Not difficult at all
 1 2 3 4 5

16. Difficulty of your senior's transition from Jr. High to Sr. High:

Very difficult _____ : _____ : _____ : _____ : _____ Not difficult at all
 1 2 3 4 5

17. How do you feel your senior is handling the transition from high school to college or work?

Extremely well ____: ____: ____: ____: ____ Not well at all
 1 2 3 4 5

18. Is your senior planning on being away from home next year?

Yes ____ Don't know ____ No ____

19. If yes to question 18, how confident are you about your child's ability to adjust to leaving home?

Extremely confident ____: ____: ____: ____: ____ Not at all confident
 1 2 3 4 5

20) How confident is your senior about his or her ability to live independently?

Extremely confident ____: ____: ____: ____: ____ Not at all confident
 1 2 3 4 5

If the other parent was not involved in filling out this questionnaire, is there anything he or she would disagree with? (Please feel free to elaborate)

Yes ____ Don't know ____ No ____

Do you have any comments or suggestions about what the school could have done to help make your child's senior year transition less stressful?

Thank you very much for your cooperation! Please return the consent form, Transition Questionnaire for Parents, and Family Environment Scale with answer sheet or sheets (in two parent households) in the enclosed stamped envelope by May 22nd.

Mail to: Sally Giglio
Guidance Office
Amherst-Pelham Regional High School
21 Mattoon Street
Amherst, Massachusetts 01002

SENIOR TRANSITION QUESTIONNAIRE FOR STUDENTS

The purpose of this questionnaire is to learn more about the transition from high school to college or independent living. It is not a test and there are no right or wrong answers. Your honest answers will help me provide better programs to prepare seniors and their parents for this important transition in the future. Your answers will be held in strictest confidence and information collected will be used anonymously to protect your privacy and will not be part of any school records or research report. Initial below if you agree to participate in this study. Your cooperation is voluntary, but greatly appreciated! Total time required is 10-15 minutes.

This questionnaire is to be filled out by seniors enrolled September, 1984.

Senior's name: _____ Age: _____

Length of time living in Amherst area? _____ Enrolled in school? Yes__ No__

Year of Graduation: June, 1985_____ January or June, 1986_____ Not sure_____

Marital status of parents: Married____, Separated____, Divorced____, Widowed____

Do you mainly live with your mother _____ father _____ both _____?

Number of brothers and sisters: _____

Are you the oldest _____, middle _____, youngest _____, other _____ child?

INSTRUCTIONS

In this questionnaire you will be asked to give a judgment concerning 20 statements relating to your transition history. Each question is followed by an answer scale made up of two adjectives which are opposite in meaning.

Each judgment consists of deciding whether the statement is better described by the adjective at the left end of the scale or the one at the right end of the scale. If you feel strongly about your judgment check 1 or 5 depending on whether the adjective to the left or right best describes your opinion. Check 2 or 4 if you feel less strongly about your judgment and 3 if your response represents intermediate feelings or something you can't remember.

_____ (initials)

Please rate the following statements or questions by putting an X over the number that most closely describes your judgment or memory.

Example: Today's weather is:

Cold ____: ____: ____: X: ____ Hot
 1 2 3 4 5

If today's weather is warm, but not hot, you would put an x over 4.

1. The influence of your mother's parents on the lives and decisions of your family:

Very influential ____: ____: ____: ____: ____ Not at all influential
 1 2 3 4 5

2. The influence of your father's parents on the lives and decisions of your family:

Very influential ____: ____: ____: ____: ____ Not at all influential
 1 2 3 4 5

3. Your influence on the lives of your family:

Very influential ____: ____: ____: ____: ____ Not at all influential
 1 2 3 4 5

4. Your level of independence while growing up compared to your brothers and sisters:

Much more independent ____: ____: ____: ____: ____ Much less independent
 1 2 3 4 5

5. Changes in feelings of dependence on family in the past 6 to 9 months:

Increased independence ____: ____: ____: ____: ____ Increased dependence
 1 2 3 4 5

6. Describe your general level of sociability while growing up:

Very socially out-going ____: ____: ____: ____: ____ Not at all out-going
 1 2 3 4 5

7. Describe changes in your sociability in the last 6 to 9 months:

More sociable with friends ____: ____: ____: ____: ____ Less sociable with friends
 1 2 3 4 5

8. Describe your attitude towards parental authority:

Usually question rules ____: ____: ____: ____: ____ Usually accept rules
 1 2 3 4 5

9. Check the word or words that best describe your current communication with your parent/s:

warm__: close__: careful__: confused__: avoiding__: critical__: angry__

10. Your current communication with your parents in the last 6 to 9 months compared to general communication in the past is:

Much better ____: ____: ____: ____: ____ Much worse
 1 2 3 4 5

11. Your parent's general adjustment to change or new situations:

Mother: Easy ____: ____: ____: ____: ____ Difficult
 1 2 3 4 5

Father: Easy : : : : Difficult
 1 2 3 4 5

12) Rate your general adjustment to change or new situations:

Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

13. How did you feel when left with sitters as a young child?

Upset _____ : _____ : _____ : _____ : _____ Not at all upset
 1 2 3 4 5

14. How stressful was it when you first left home to go to school?

Extremely stressful _____: _____: _____: _____: _____ Not stressful at all
 1 2 3 4 5

15. Difficulty of your transition from elementary school to Jr. High:

Very difficult _____: _____: _____: _____: _____ Not difficult at all
 1 2 3 4 5

16. Difficulty of your transition from Jr. High to Sr. High:

[illegible]

17. How do you feel you are handling the transition from high school to college or work?

Extremely well ____: ____: ____: ____: ____ Not well at all
 1 2 3 4 5

18. Are you planning on being away from home next year?

Yes ____ Don't know ____ No ____

19. If yes to Question 18, how confident are you about your ability to adjust to leaving home?

Extremely confident ____: ____: ____: ____: ____ Not at all confident
 1 2 3 4 5

20) How confident are your parents of your ability to live independently?

Extremely confident ____: ____: ____: ____: ____ Not at all confident
 1 2 3 4 5

Do you have any comments or suggestions about what the school could have done to help make your senior year transition less stressful?

If you left school earlier this year, what were your reasons?

Bored with school ____, Administratively withdrawn ____, Wanted to work ____,
 Wanted to live independently ____, Wouldn't have graduated ____.

Would you please check any questions that you found overly intrusive or

difficult to answer? Thank you so very much for your cooperation! Please return this completed Questionnaire and the completed Family Environment Scale to the Guidance Office where there will be a box for them by May 22.

Best of luck next year and in your future!

Sally Giglio

SENIOR TRANSITION QUESTIONNAIRE FOR STUDENTS

The purpose of this questionnaire is to learn more about the transition from high school to college or independent living. It is not a test and there are no right or wrong answers. Your honest answers will help me provide better programs to prepare seniors and their parents for this important transition in the future. Your answers will be held in strictest confidence and information collected will be used anonymously to protect your privacy and will not be part of any school records or research report. Initial below if you agree to participate in this study. Your cooperation is voluntary, but greatly appreciated! Total time required is 10-15 minutes.

This questionnaire is to be filled out by seniors enrolled September, 1984.

Senior's name: _____ Age: _____

Length of time living in Amherst area? _____ Enrolled in school? Yes__ No__

Year of Graduation: June, 1985____ January or June, 1986____ Not sure____

Marital status of parents: Married____, Separated____, Divorced____, Widowed____

Do you mainly live with your mother ____ father ____ both ____?

Number of brothers and sisters: _____

Are you the oldest ____, middle ____, youngest ____, other ____ child?

INSTRUCTIONS

In this questionnaire you will be asked to give a judgment concerning 20 statements relating to your transition history. Each question is followed by an answer scale made up of two adjectives which are opposite in meaning. Each judgment consists of deciding whether the statement is better described

by the adjective at the left end of the scale or the one at the right end of the scale. If you feel strongly about your judgment check 1 or 5 depending on whether the adjective to the left or right best describes your opinion. Check 2 or 4 if you feel less strongly about your judgment and 3 if your response represents intermediate feelings or something you can't remember.

_____ (initials)

Please rate the following statements or questions by putting an X over the number that most closely describes your judgment or memory.

Example: Today's weather is:

Cold : : : X : Hot
 1 2 3 4 5

If today's weather is warm, but not hot, you would put an x over 4.

1. The influence of your mother's parents on the lives and decisions of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

2. The influence of your father's parents on the lives and decisions of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

3. Your influence on the lives of your family:

Very influential : : : : Not at all influential
 1 2 3 4 5

4. Your level of independence while growing up compared to your brothers and sisters:

Much more independent : : : : Much less independent
 1 2 3 4 5

5. Changes in feelings of dependence on family in the past 6 to 9 months:

Increased independence _____ : _____ : _____ : _____ : _____ Increased dependence
 1 2 3 4 5

6. Describe your general level of sociability while growing up:

[illegible]

7. Describe changes in your sociability in the last 6 to 9 months:

More sociable with friends ___: ___: ___: ___: ___ Less sociable with friends
1 2 3 4 5

8. Describe your attitude towards parental authority:

Usually question rules _____ : _____ : _____ : _____ : _____ Usually accept rules

 1 2 3 4 5

9. Check the word or words that best describe your current communication with your parent/s:

warm : close : careful : confused : avoiding : critical : angry

10. Your current communication with your parents in the last 6 to 9 months compared to general communication in the past is:

Much better _____ : _____ : _____ : _____ : _____ : Much worse
 1 2 3 4 5

11. Your parent's general adjustment to change or new situations:

Mother: Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

Father: Easy ____ : ____ : ____ : ____ : ____ Difficult
 1 2 3 4 5

12) Rate your general adjustment to change or new situations:

Easy _____ : _____ : _____ : _____ : _____ Difficult
 1 2 3 4 5

13. How did you feel when left with sitters as a young child?

Upset _____: _____: _____: _____: _____ Not at all upset
 1 2 3 4 5

14. How stressful was it when you first left home to go to school?

Extremely stressful _____ : _____ : _____ : _____ : _____ Not stressful at all
 1 2 3 4 5

15. Difficulty of your transition from elementary school to Jr. High:

Very difficult : : : : Not difficult at all

1 2 3 4 5

16. Difficulty of your transition from Jr. High to Sr. High:

[illegible]

17. How do you feel you are handling the transition from high school to college or work?

Extremely well ____ : ____ : ____ : ____ : ____ Not well at all
 1 2 3 4 5

18. Are you planning on being away from home next year?

Yes ____ Don't know ____ No ____

19. If yes to Question 18, how confident are you about your ability to adjust to leaving home?

Extremely confident ____ : ____ : ____ : ____ : ____ Not at all confident
 1 2 3 4 5

20) How confident are your parents of your ability to live independently?

Extremely confident ____ : ____ : ____ : ____ : ____ Not at all confident
 1 2 3 4 5

Do you have any comments or suggestions about what the school could have done to help make your senior year transition less stressful?

If you left school earlier this year, what were your reasons?

Bored with school ____, Administratively withdrawn ____, Wanted to work ____,
 Wanted to live independently ____, Wouldn't have graduated ____.

Would you please check any questions that you found overly intrusive or difficult to answer? Thank you so very much for your cooperation! Please return this completed Questionnaire and the completed Family Environment Scale to the Guidance Office where there will be a box for them by May 22.

Best of luck next year and in your future!

Sally Giglio

APPENDIX E
Follow-Up Letters

May 24, 1985

Dear

I have not yet received your completed questionnaires for the research study on the senior year transition. If you have any questions regarding the study or have not yet received your questionnaires, please ask for them in Guidance or contact me at the number below:

253-9433.

A meeting for interested parents and and seniors to discuss your experiences and suggestions and research related to making the senior year transition to college or work more successful will be held Wed., May 29th at 7pm in the High School cafeteria.

Completing questionnaires should take only 10-15 minutes. Thanks for your cooperation at this hectic time of year!

Sincerely,

Homeroom Announcement

M E M O R A N D U M

DATE: Wednesday, May 29th

Senior Homeroom Teachers: Please read the following announcement:

"Any seniors willing to participate in the Senior Study should go to Guidance during a free period today, Thursday or Friday. The Questionnaires for this study are just check-lists and take only 10-15 minutes to complete. Refreshments will be served to ease the pain. Try to remember to bring your questionnaires to school. If they are lost, new forms will be available. Mrs. Giglio thanks you for your help!"

And thank you for helping me by reading this!

Sally Giglio

Final Homeroom Follow-Up Reminder to Seniors

M E M O R A N D U M

DATE: June 5, 1985

Senior Homeroom Teachers: Please read this final reminder to seniors in your homerooms:

Seniors: Here is your last chance to participate in a study that will help future senior classes at Amherst! Seniors who have participated have said it takes less than 10 minutes. If willing, get your study packets from your lockers and book bags, fill them in and drop them off at Guidance. Many parents have not yet received their materials. Please bring the parent portion home to them. New packets are available in Guidance if you lost your first one.

My thanks to all of you and happy graduation!!

Sally Giglio

APPENDIX F

Teacher Behavioral Observation List and Directions to Teachers and Staff

Dear

During my leave I have been studying about separation anxiety in late adolescence and believe it is related to some of the stresses students experience senior year. I have been conducting a research study on this year's seniors in the hope that what I learn from them will help ARHS provide even better support to seniors and their parents during this difficult transition. School administrators have given approval to the study and the seniors and their parent(s) listed on the following pages have participated and given consent for me to collect information about the senior related to this transition from the school.

I am asking teachers and school personnel who have taught or worked with seniors if they have observed any of the following letter coded behavior changes in the seniors on this list. If so, please put the letter or letters corresponding to the change(s) after the senior's name or an "i" if there has been no observable change. Please also note the quarter of this year when the change was first noticeable by the number 1, 2, 3, or 4. If first observed junior year, please put the letter J. The information collected will be used anonymously in a research report to protect the privacy of participants.

I hope you will be willing to help me with this study by noting any of

the behaviors on the checklist that pertain to the seniors you have come in contact with this year. Please return your lists to Mary Seppala in the envelope.

Thanks so much for your help this hectic time of year!

Sincerely,

Sally Giglio

OBSERVED BEHAVIOR CHANGES OVER THE PAST 10 MONTHS

- a) Increase in comment appraisals
- b) Drop in grades
- c) Increase in absences
- d) Increase in tardiness
- e) More withdrawn and socially isolated from peers
- f) Increase in apathy or lethargy in class
- g) Increase in hyperactivity or emotional outbursts in class
- h) Increase in expressions of anger towards rules and regulations
- i) None of the observable behavior changes noted above
- J) Increase in visits to the health room

Name of Senior	Letter Code of Behavior Changes Plus Quarter When Changes Were Observed-1,2,3,4,J
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Example: Jane Doe _____ a2, b3, fJ

