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Separation Individuation in Adolescence

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SEPARATION INDIVIDUATION IN ADOLESCENCE

by

Glenn M McClanahan

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

March

1990

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VITA

The author, Glenn M McClanahan, is the son of Thomas McClanahan and Virginia (Hanmer) McClanahan. He was born December 20, 1959, in St. Paul, Minnesota.

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CHAPTER I

INTRODUCTION AND OVERVIEW

The aim of this study is to examine the construct validity of the Separation-Individuation Test of Adolescence (Levine, Green, & Millon, 1986) and of the "separation-individuation" process it purports to measure.

"Separation-Individuation" is the hypothesized developmental process, posited by Margaret Mahler (Mahler, Pine, & Bergman, 1975), in which an individual's emotional adjustment is dependent on his or her ability to psychologically separate from parents. This process, according to Mahler et al. (1975), includes a specific set of developmental stages, taking place during the first three years of life, which must be successfully negotiated in order for healthy individuation to occur. Peter Blos (1979) expanded on Mahler's notions, suggesting that a "second individuation" process occurs during adolescence. During this second individuation process, according to Blos, a psychic restructuring takes place which exerts a decisive influence on the adult personality (Blos, 1979).

Levine et al. (1986) attempted to empirically examine this separation-individuation notion. To do this, they developed The Separation-Individuation Test of Adolescence (SITA), an instrument which ostensibly measures resolution of Mahler's separation-individuation phases as they might

express themselves during adolescence.

While it is the purpose of this study to examine the validity of Levine et al.'s SITA, it is important to first review the theory of separation-individuation upon which it is based, and to understand how this theory fits into the more general study of human development.

A General Background to the Study of Human Development

The study of human development, the progressive and continuous change in humans from birth to death (Chaplin, 1985), has long been of central interest to researchers. Investigators have examined a wide range of areas, including perceptual, cognitive, linguistic, social, emotional, and personality development (Dixon, & Lerner, 1988). While early developmental work was predominately descriptive and normative in nature, more recent work has attended to theory formulation as well (Dixon & Lerner, 1988). Indeed, scientists today see the functions of data collection and theory formulation as interdependent processes, with the valid evaluation of one being possible only through consideration of the complimenting influence of the other (Dixon & Lerner, 1988; Kuhn, 1970). Accordingly, the present work will examine adolescent social and emotional adjustment, as empirically measured by various diagnostic instruments, within the context of principals outlined by psychodynamic theory.

Basic to psychodynamic theory is the notion that early

childhood experiences profoundly influence eventual psychological adjustment. This idea was first introduced by Freud at the turn of the century (Dixon, & Lerner, 1988) and has dominated developmental research since that time (Kagan, 1979; Sroufe, 1988; Stern, 1985). While developmental theorists have posited a number of explanatory paradigms delineating this relationship, many are based on a similar underlying concept.

This concept, in its most basic form, posits that human development universally involves a progressive change in the balance between one's desire and ability to be "dependent," on one hand, and "independent" on the other. This idea can be traced back, in its earliest form, to the Greek philosopher Empedocles, who noted the two great forces of the cosmos, "strife" and "love," or "independence" and "dependence" respectively (Russell, 1945; see McAdams, 1988). More recently, the archetypal distinction between the forces of "nature and nurture" can be seen as a recasting of this basic duality: with nature representing self-sufficiency and independence, and nurturance representing union or dependency on one's environment. Bakan (1966) makes a similar distinction when he differentiates between "agency" (separation) and "communion" (union).

Existential theorists posit a similar idea. For example, Yalom (1980) suggests that, in response to the

universally experienced "death anxiety," humans develop specific coping mechanisms. Two such coping strategies which he maintains are ubiquitous include 1) a belief in personal inviability, and 2) a belief in a personal savior. With a belief in personal inviability one over-emphasizes self-sufficiency and independence, whereas with the belief in the existence of a personal savior, one over-emphasizes dependency wishes. People tend to oscillate back and forth between these two, according to Yalom, in an effort to satisfy needs for separateness and autonomy on the one hand and the need for protection and merger on the other. This, then, is posited to be a life long dialectic which governs one's inner world.

This fundamental distinction is also commonly included in psychological theory. Note, for example, Freud's (1920: see Jones, 1957) classic distinction between the forces of "Thanatos" (i.e., independence, separation) and "Eros" (i.e., dependence, union). Similarly, Adler suggested that because humans are born into the world completely dependent, they inevitably feel "inferior," and develop "compensatory strivings" as a response (Mosak, 1984). Thus, according to this theory, the individual is continuously striving to go from feeling inferior to superior, from incompetent to competent, or from feeling "dependent" to "independent" (Dinkmeyer & Dinkmeyer, 1985). Thus, this distinction is found in a wide range of contexts, and appears to capture an

important aspect of human development and functioning.

The Notions of Mahler and Blos:

Separation-Individuation

From Infancy Through Adolescence

While this distinction is pervasive in philosophical and psychological theory, it is most explicitly addressed in Margaret Mahler's concept of "separation-individuation" (Mahler et al., 1975). Mahler's theory suggests that the physical birth and development of the human are not coincidental in time with psychological birth and development (Mahler et al., 1975). Rather, Mahler sees an incongruity between physical and psychological development which forms a pattern and interacts with the characteristics of the mother-infant relationship (Mahler et al., 1975). In this view, the individual's personal adjustment is critically dependent on his or her ability to psychologically separate from the parents and gain a sense of identity as a separate individual. Successful development is seen as movement from embeddedness within a "symbiotic mother-child matrix," to achievement of a stable individual identity "within a world of predictable and realistically perceived others" (Greenberg & Mitchell, 1983).

In describing this process, Mahler proposed that the infant goes through the following set of stages, beginning with breaking away from the oneness of the mother-infant

dyad, and ending with internalized self-representations as distinct from, but integrated with, internalized object representations (Mahler et al. 1975).

The Normal Autistic Phase

This phase takes place in the first several weeks of life. During this time the infant sleeps a great deal and is said to be oblivious to stimulation and to external reality. He or she exists in an "objectless world" (Greenberg & Mitchell, 1983) and can be characterized as a closed system. Interaction with the outside world is thought to be biologically reflexive in nature (e.g., crying, breathing, etc.), and gratification is suggested to come to the infant merely through hallucinatory wish fulfillment (i.e., whatever is needed or wished for is instantly presented as a hallucination, similar to an adult's dream state, which proves satisfying to the infant). At this stage of development, the infant has no notion of self or other.

The Normal Symbiotic Phase

This phase, which occurs between the first and sixth month of life, begins with the infant's first selective smile towards the caregiver. This may mark the beginning of Bowlby's "bonding" process (Bowlby, 1977) and indicates, due to physiological maturation, that the infant is able to be more responsive towards the external world. In this phase of development, the infant is thought to be in a "pre-

object" state (Mahler et al., 1975) in which there is no perceived difference between the mother and the child (Greenberg & Mitchell, 1983). The infant's relationship with the caregiver is characterized as a "dual unity," and he or she begins, with increased memory capacity, to form islands of "good" and "bad," or "pleasure" and "pain" memory traces. Though the infant may dimly appreciate need satisfaction as coming from some need satisfying part-object, he or she still perceives it as coming from within the "orbit of omnipotent symbiotic dual unity" (Mahler et al., 1975). Thus, while there is now some differentiation between "good" and "bad," there is still no discrimination between self and other.

The Phase of Separation-Individuation

This phase occurs between the fourth and the thirty-sixth month of life of the child and contains the following three subphases.

The Differentiation Subphase

During this subphase, which occurs between approximately the fourth and tenth month of life, the infant is more active, awake, alert, and focused, and is becoming vaguely aware of the world beyond the caregiver. The child's earlier preference to mold to the mother's body when being held changes to more active, self-determined positioning. Here the child begins to explore the mother, pulling her hair, glasses, clothing, etc., and comparing the

unfamiliar with the familiar (Mahler et al., 1975). Later in the subphase, he or she begins to scan the outside world, while intermittently checking back to the mother. During this period the child begins to differentiate between self and object, discriminating between internal (i.e., psychological) and external (i.e., physical) sensations. At about six months, the child may begin to distinguish "mother from other," and with this, to experience the first pangs of stranger anxiety. If "confident expectation" is developed during this stage, "basic trust" is said to be established, which should encourage more exploratory behavior later in development (Mahler et al., 1975, p. 4).

The Practicing Subphase

This subphase takes place between the eighth and eighteenth months of life and contains the following further subdivision:

Early practicing. This phase begins when the child starts to crawl or climb of its own volition. This volitional separation from the mother marks the beginning of ego functioning. The mother becomes a "home base" during this period from which the child makes excursions and to which the child periodically returns to emotionally "refuel." During this period the child becomes increasingly interested in the external world, and he or she begins to acquire special objects, such as blankets or teddy bears which Winnicott termed "transitional objects" (Greenberg &

Mitchell, 1983).

Practicing proper. This phase begins with the child's first independent step, which is, according to Mahler, the moment of "psychological birth," when the child escapes symbiotic embeddedness with the mother. During this period the child ignores or is unaware of dangers, and fearlessly and delightedly explores the environment. Indeed, Mahler characterized this as a period in which the child feels "the world is his or her oyster" (Mahler et al., 1975, p. 70). The child continues throughout this phase, however, to treat the mother as a "home base" for emotional "refueling." It is important, therefore, for the mother to allow and enjoy the child's increased independence. By doing this, she encourages individuality, instead of conformity to maternal preconceptions.

The Rapprochement Subphase

This subphase begins with the child's realization that his or her mother is separate, and will not always be available to help in dealing with the world. Thus, the child reacts to his or her own vulnerability, and begins to realize the world's dangers. The child loses the ideal sense of self, and, contrary to his or her previous feeling of narcissistic omnipotence, begins to feel small and defenseless. Typically separation anxiety reappears, and the child more frequently experiences frustration from failure. Because the child, at this time, is unable to

integrate positive and negative feelings felt towards, and from, the caretaker, "splitting" mechanisms allow for separate mental representations to be maintained. Thus, the same caretaker is psychologically conceptualized by the child as either a "good parent" or a "bad parent," but never as both simultaneously.

Between the ages of 18 to 24 the child enters into "the rapprochement crisis," a very difficult and painful time in which the child feels intense neediness alternating with defiant denial of such dependence. Here the child fears the loss of the mother's love due to separation, but also fears regressive re-engulfment into the symbiotic relationship. Resolution of this crisis, which indicates the child has integrated the positive with the negative mental representations of both self and other, is crucial, according to Mahler, to the child's achieving object permanence and to avoiding later psychopathology.

The Subphase of Consolidation of Individuality and the Beginnings of Emotional Object Constancy

This is an open ended subphase in which the child strives to achieve stable self and other concepts. Libidinal object constancy presupposes establishment of Piaget's "object permanence," and incorporates the unification of good and bad representations of objects. If the child successfully accomplishes the tasks of this subphase, he or she is said to be capable of maintaining

stable self-other relationships. In order to establish affective object constancy, the child must have already established "basic trust," and now must internalize a constant, positively cathected, inner image of his or her mother (Mahler et al., 1975, p. 4). This, then, is the final stage in Mahler's developmental theory of separation-individuation. To the extent that the child has successfully negotiated the psychological and physiological tasks of each stage, the child is said to be more likely to continue in life with better adjustment and a firmer sense of identity.

To Mahler, therefore, "separation" and "individuation" are two distinct but complimentary processes. Separation refers to the emergence of the child from symbiotic fusion with his or her mother, and thus, the internalization of self-representations which are distinct from, but integrated with, internalized object representations. With separation comes clear intrapsychic boundaries, or an ability to differentiate the thoughts and feelings attributed to oneself from those attributed to others. Individuation, on the other hand, is the process whereby the child becomes an individual, with a distinct and unique character and physique. Thus, the child develops his or her own perceptual abilities, his or her own thoughts, and his or her own memories. The process of separation, then, allows for differentiation between self and other, whereas the

process of individuation involves the development of who and what this "separated" self is (Mahler, et al. 1975).

The developmental pace of these two processes is complimentary, and modulated by fears of isolation and fusion. For example, if the child's physical ability to move away from the mother (individuation) exceeds his or her capacity for psychological autonomy (separation), then the child would likely experience fears of isolation. If, on the other hand, the child's capacity for psychological autonomy exceeds his or her physical ability to separate, fears of fusion or engulfment would likely occur. The processes of separation and of individuation, then, interact with the child's inevitable struggle with fusion versus isolation, and thereby become, for Mahler, the critical determinants of developmental outcome (Greenberg & Mitchell, 1983). While Mahler asserts that the separation-individuation process occurs during the first three years of one's life, she also contends that the underlying theme of this process, that is of fusion versus autonomy, is influential throughout life (Mahler et al., 1975).

Peter Blos expanded on Mahler's notions, suggesting that development during the child's early separation-individuation may be a precursor of later development, and that a "second individuation" process occurs during adolescence. The child's fundamental accomplishment during the first separation-individuation experience is, according

to Blois, to learn the distinction between "self and non-self" (Blois, 1962, p. 12), or, in other words, to gain a sense of existence (i.e., "I am"). The primary achievement of the second individuation process, on the other hand, is to acquire a sense of identity (i.e., "who am I?"). This sense of identity corresponds closely with Erikson's (1963) notions of the consolidating ego-identity.

Thus, while Blois does not see adolescence as a strict recapitulation of the original separation-individuation process (Hill & Holmbeck, 1986), he does see it as a period which offers an opportunity to "remodel," or rectify any defective or incomplete earlier developments (Blois, 1962, p. 10). During this second individuation process, then, a psychic restructuring takes place which exerts a decisive influence on the adult personality (Blois, 1979). Accordingly, the result of the adolescent individuation process is the formation of an adult sense of self, whether it be pathological or healthy (Blois, 1979, p. 370).

The Separation-Individuation Test of Adolescence (SITA)

Levine et al. (1986) designed the SITA to assess how well adolescents have managed to separate-individuate from their parents on the basis of how they function in interpersonal relationships. More precisely, they attempted to design an instrument to measure "resolutions of Mahler's separation-individuation phases as they might express themselves during later developmental periods" (Levine et

al., 1986, p. 124).

In order to do this, the authors perused the work of Blos (1967), Esman (1980), Weiner (1970, 1982), Erikson (1963), and others, and identified what they felt were seven "basic dimensions" of adolescent separation-individuation, including Engulfment Anxiety, Separation Anxiety, Need Denial, Self-Centeredness, Nurturance-Seeking (dependency on caretaker), Interpersonal Enmeshment (self-object fusing), and Healthy Separation. These dimensions are derived from the instrument's 103 Likert-type questions (each with a selection of five responses, ranging from "strongly agree" to "strongly disagree"). Levine et al. (1986) contend that these scales accurately reflect the residual aspects of Mahler's separation-individuation process as manifested in adolescence.

If Levine et al. (1986) are correct in this contention, and if Mahler's notion of the separation-individuation process is correct, the SITA scale scores should correlate predictably with other aspects of psychological adjustment, such as the presence or absence of depression, self-esteem, social support, loneliness, anxiety, physical complaints, relationship quality with parents, emotional autonomy, adjustment to college, and family cohesiveness. It is the purpose of this study to determine if such predictable correlations exist. In order to make such predictions, however, it is important to more thoroughly examine each of

the "basic dimensions" Levine et al. identified in creating the seven scales of the SITA.

The Seven Scales of The SITA

Nurturance-Seeking Scale

Originally Levine et al. (1986) included this scale, along with the "Enmeshment-Seeking" scale, within one scale titled "Nurturance-Symbiosis." While both scales ostensibly reflect manifestations of residual aspects of Mahler's symbiotic period, the authors concluded, after conducting some validation procedures, that the "dependency" and the "enmeshment" aspects of this period become "differentially manifest" during adolescence, and should therefore be targeted on separate scales. This scale, then, is designed to reflect the dependency aspects of the symbiosis period.

The symbiosis period, which is said to begin with the infant's first selective smile towards the caregiver, is characterized by a "pre-object" state in which there is no discrimination between self and other. The infant, during this phase, is said to experience strong dependency needs, and, because of the lack of differentiation between self and caretaker, is thought to anticipate gratification of these needs with positive feelings. These dependency needs are expressed by the infant in "incessant . . . attempts at reinforcement of the delusion of fusion" (Mahler, 1968; p. 5). During this phase the infant is said to behave and function "as though he and his mother were an omnipotent

system - a dual unity within one common boundary" (Mahler, 1968; p. 8).

Levine et al. (1986) maintain that residual manifestations of the symbiotic period should appear in adolescence as either "interpersonal intimacy" (i.e., enmeshment) or as "dependency on an admired and idealized other for security gratification" (p. 133). The authors designed this scale as a measure of the latter tendencies, and thus maintain that adolescents who exhibit a compliant, submissive, and dependent interpersonal style should score higher on this scale.

Such adolescents would not be expected to be socially isolative. In fact, according to Maccoby and Masters (1970; see Moelis, 1980), individuals exhibiting residual affects from the symbiotic period should be more likely to seek physical contact or proximity with others, to be attention and approval seekers, and to resist separation from important others. Sperling (1974) suggests that such adolescents may also be more likely to have physical complaints and to exhibit psychosomatic disorders.

Thus, if the Nurturance-Seeking of Levine et al.'s SITA is indeed an accurate measure of residual effects from the symbiotic phase experienced earlier in life, scores on this subscale should be related to scores on other outcome measures. Consequently, it is expected that individuals whose scores are elevated will also report more physical

symptoms, lower emotional autonomy, and unhealthy parental attachments. Further, subjects who score high on Nurturance-Seeking but low in social support will evidence lower self-esteem, greater loneliness, depression, and anxiety, and poor adjustment to college.

Enmeshment-Seeking Scale

As noted above, this scale was originally part of the "Nurturance-Symbiosis" scale, but was subsequently identified by the authors, through factor analysis, as an independent dimension. As its title suggests, this scale is designed to reflect the enmeshment characteristics of the symbiotic period of development. Security for such individuals, according to Levine et al. (1986) is frequently derived from feeling "inseparably bonded" with others, or, according to Pollock (1964; see Moelis, 1980), from feelings of "heightened mutual interdependence" with others. Thus, these individuals typically lack a clear intrapsychic boundary between self and other, and characteristically seek some form interpersonal merging or fusion (Levine et al., 1986).

While these people may exhibit a gregarious, engaging, and perhaps histrionic interpersonal style (Levine et al., 1986) they may also harbor self-devaluating thoughts and may exhibit masochistic tendencies (Mahler & Kaplan, 1977). Thus, this scale represents more serious manifestations of developmental problems, occasionally resulting in what

Mahler (1968, p. 5) describes as "seriously panic-stricken <feelings>."

Basically, such individuals are said to have difficulty establishing a separate and autonomous sense of self and personal identity (Moelis, 1980). When such feelings are strongest, the individual may not experience separation-anxiety, but rather the more disturbing and more overwhelming fear of annihilation (Angel, 1967). For this reason symbiosis is often viewed by researchers and theoreticians as a key concept in the understanding of various psychopathological disorders, including symbiotic psychosis of childhood (Mahler, 1968), schizophrenia in adults (Lidz & Lidz, 1952; Lyketsos, 1959; Shapiro, 1972), school phobias (Coolidge, Hahn, & Peck, 1957; Sperling, 1974) disorders of gender identity in males (Ehrenwald, 1960; Stoller, 1974) and borderline psychotic states (Grinker, Werble, & Drye, 1968).

Thus, if this scale is indeed an accurate measure of residual effects from the symbiotic phase experienced earlier in life as enmeshment and boundary diffusion, it is expected that, as with the Nurturance-Seeking scale, individuals with elevated scores will also report more physical symptoms, lower emotional autonomy, and unhealthy parental attachments. Further, again as with Nurturance-Seeking scale, the subjects who score high on Enmeshment-Seeking but low in social support will evidence

lower self-esteem, greater loneliness, depression, and anxiety, and poor adjustment to college.

Because this scale is thought to measure more serious developmental problems than is the Nurturance-Seeking scale, however, the above predicted adjustment problems will be greater for those with elevated scores on the Enmeshment-Seeking scale than they will for those with elevations on the Nurturance-Seeking scale.

Engulfment-Anxiety Scale

Levine et al. (1986) propose the Engulfment-Anxiety scale as a measure of residual effects from the "rapprochement" subphase of Mahler's scheme of separation-individuation (Mahler, et al., 1975). While the child is thought to fluctuate, during this subphase, between both fears of abandonment and fears of engulfment, Levine et al. (1986) designed this SITA scale to detect only the latter. Accordingly, the scale should represent the adolescent's reexperience of the intense engulfment anxiety associated with the rapprochement period.

The rapprochement subphase, which is said to begin with the first realization that one's caretaker (i.e., mother) is a separate person, is characterized phenomenologically by sensations of intense neediness alternated by feelings of defiant autonomy (Mahler et al., 1975). The new awareness of the distinction between caretaker and child is thought to introduce a host of painful feelings.

Mahler suggests that, as an attempt to struggle against reengulfment into the symbiotic unity, the child behaves oppositionally (1968). That is, because the child has barely started to individuate at this stage, and because the fear of reengulfment carries with it a "dread of dissolution of the self" (Mahler, 1968, p. 80), any differentiation must be defiantly defended. This, according to Mahler (1968), manifests as a "normal negativistic phase of the toddler" (p. 42).

Levine et al. (1986) likewise suggest such individuals may manifest an interpersonal style which is angry, antisocial, negativistic, distrustful, aggressive, and autonomous. Such individuals, then, would be expected to be fearful of close interpersonal relationships, feeling they threaten their precarious sense of self (Levine et al., 1986).

Accordingly, it is expected that subjects who obtain elevated scores on the Engulfment-Anxiety scale of the SITA will also exhibit elevations in anxiety, and emotional autonomy. Such individuals should also score lower in social support, and should report unhealthy parental attachments.

Separation-Anxiety Scale

As noted earlier, the rapprochement subphase of Mahler's scheme of separation-individuation (Mahler et al., 1975) includes fears of both abandonment and of engulfment.

This scale is designed to measure the residual affects from only the fears of abandonment.

According to Mahler (1975), it is during the "rapprochement" period that the child loses his or her sense of narcissistic omnipotence and begins to perceive the world as potentially "dangerous" for the first time. This results in strong feelings of vulnerability and defenselessness (Mahler et al., 1975). As a result of the intense anxiety the child experiences in connection with the awareness of separate functioning, Mahler suggests he or she may have difficulties with leave-taking - and may therefore display clinging behaviors, depressive mood, and anhedonia (Mahler et al., 1975, p. 99). The child may also employ denial in dealing with the fact of separateness (Mahler, 1968), may exhibit a resurgence of stranger reaction, which is similar to shyness (Mahler, 1975, p. 96), and may be hyperactive or restless "as an early defensive activity against awareness of the painful affect of sadness" (p 92). Finally, as a reaction to "the fear of the loss of the love of the object" the child may display a high sensitivity to parental approval and disapproval (Mahler, 1975, p. 107).

Fixation at the rapprochement level may be seen in adults, according to Mahler (1975), in neurotic symptoms of the narcissistic variety, in a borderline diagnosis, or in an uncertain sense of identity (p 230). Thus, the residual effects from this stage, as reexperienced during

adolescence, would be thought to include possible feelings of rejection, abandonment, anxiety, disapproval, vulnerability, defenselessness, fear of losing emotional or physical contact with significant others (i.e., worrying), and perhaps depression.

Examination of more recent work on separation anxiety yields similar descriptive terms. For example, in the DSM III-R (American Psychiatric Association, 1987) definition of "Separation Anxiety Disorder," the essential feature given is "excessive anxiety concerning separation from those to whom the child is attached" (p. 60). Other characteristics listed in the DSM III-R include: a persistent avoidance of being alone (including "clinging" to and "shadowing" major attachment figures), an unrealistic and persistent worry about possible harm befalling major attachment figures (or fear that they will leave and not return), and excessive distress in anticipation of separation from home or major attachment figures.

Similar terminology can be found in a book by Millon (1981) on personality disorders, in which he associates separation anxiety with "dependent personality." Individuals with a "dependent personality," according to Millon, are said to experience, as a result of their excessive separation anxiety, feelings of helplessness, guilt, self-condemnation, and depression, as well as an ever-present worry of being abandoned or left alone. These

people, according to Millon, work to counter their separation anxiety by avoiding actions that might result in disapproval or rejection. Likewise, Billington and Becker (1986) found, in a study examining the validity and reliability of the Bell Object Relations Inventory, that themes loading highly on their "Insecure Attachment" (IA) subscale, included items such as sensitivity to rejection, excessive worry, guilt, jealousy, and over sensitivity to signs of abandonment.

If the Separation Anxiety scale of Levine et al.'s SITA (1986) is indeed an accurate measure of residual effects from separation anxiety experienced earlier in life, elevated scores would be expected to correlate with elevations in anxiety, depression, and loneliness. Further, subjects with an elevation on this scale should score lower on emotional autonomy and self-esteem, and should report unhealthy attachments to parents. Finally, in subjects who also score low in social support, these characteristics should be magnified, and such subjects should report poor adjustment to college.

Dependency-Denial Scale

This scale is designed to measure the denial of need for others, which is hypothesized to result when a child's caretaker behaves mechanically, unpredictably, or "parasitically" during the symbiotic phase of development. Mahler (1968) asserts that when such cases are extreme,

"autism. . . <may be used as> a defense" (p. 2). She further relates, in some case material, that situations which involve "symbiotic-parasitic phases with a narcissistic mother" may result in adjustment problems for the child which include "schizoid features" and an incessant "search for identity" (p. 28). Similar "schizoid regressive" features seen in adult patients are likely, she maintains, to be traceable to "ego distortions" caused during this same developmental period (1968, p. 16).

These descriptions closely parallel characterizations made by Bowlby (1973) in talking about the avoidant attachment pattern: "Some children subjected to an unpredictable regime seem to despair. Instead of developing anxious attachment, they become more or less detached, apparently neither trusting nor caring for others. Often their behavior becomes aggressive and disobedient and they are quick to retaliate." (p. 225). According to Bowlby (1969), these avoidantly attached children may suppress intense emotions in a way which deleteriously affects development. For Bowlby, such avoidance serves to deactivate the attachment system. Thus, the avoidantly attached child would be expected to deny or minimize the importance of giving and receiving care (Bowlby, 1980). Cassidy & Kobak (1988) similarly identify such avoidant attachment as a defensive maneuver designed to mask negative affect. This behavior, they assert, protects attachment

relationships from "disintegration."

A number of researchers have studied maltreated and high-risk infants and have consistently found disordered attachments between them and their caregivers (Egeland & Sroufe, 1981; Lamb, Gaensbauer, Malkin & Schultz, 1985; Lyons-Ruth, Connell, Zoll & Stahl, 1987; see Norton, 1980). Gaensbauer & Sands (1979; see Norton, 1988) analyzed the communication style such avoidantly attached infants exhibited with their mothers. They identified a number of "affective distortions" in these children, including withdrawal, anhedonia, inconsistency, shallowness, and negative communication. There is also some evidence that such attachment patterns are related to later adjustment outcomes. For example, Norton (1988) found evidence that adolescents who reported being maltreated as children also had significantly elevated scores on the Need Denial scale, as well as the Engulfment- and Separation-Anxiety scales of the SITA. Main & Goldwyn (1984; see Norton, 1988) suggest that such failures to resolve basic developmental tasks will likely be detectable during adolescence and adulthood, and may eventually contribute to future disordered marital relationships and parent-child attachments.

Elevated scores on the Dependency-Denial scale of the SITA, therefore, are expected to correlate with lower self-esteem, social support, loneliness, and family cohesiveness. Such respondents would also be expected to report unhealthy

parental attachments, and higher scores for depression and emotional autonomy.

Self-Centeredness Scale

This scale ostensibly assesses the residual effects of the practicing phase of separation-individuation (as well as the attainment of narcissistic reserves during earlier phases of separation-individuation). According to Mahler, this phase marks the beginning of ego functioning, or psychological birth, as the child allegedly "escapes" from symbiotic embeddedness. Greenacre (1957) describes this as a period in which the child is having a "love affair with the world," and is therefore experiencing a mood of "elation" and "grandeur" (Mahler et al., 1975; p. 213). At this time the child is said to be at the height of both narcissism and object love (Mahler et al., 1975), and is focused on expanding his or her abilities (Greenberg & Mitchell, 1980, p. 276).

Similar descriptions can be found in literature about narcissistic personality in adults. For example, in the DSM-III-R (American Psychiatric Association, 1987, pp. 349-351) the narcissistic personality is described as a person who manifests a sense of self-importance with and exhibitionistic need for attention and admiration, feelings of entitlement, lack of empathy for others, and interpersonal exploitiveness. Chessick (1985) adds to this description the notion that such people "do not enjoy life"

and "are bored and restless" (p. 8) if they are not either seeking tribute from others, or immersing themselves in grandiose fantasies. Elevated scores on this SITA scale would therefore be expected to also score high in self-esteem and emotional autonomy, and low in loneliness and depression. Such respondents who also score low in social support, however, should score higher in depression.

Healthy-Separation Scale

This scale is designed to describe individuals who have progressed successfully through the consolidation phase of separation-individuation (Levine et al., 1986). This means the child's internal representations of self and other are distinct and "positively cathected," indicating he or she has achieved intrapsychic separateness and an ability to unify good and bad representations of self and other. This indicates, according to Mahler et al. (1975), he or she can be accepting of both dependency and autonomy needs, can adequately function in the absence of the "significant other," and is therefore capable of participating in healthy and stable self-other relationships (Greenberg & Mitchell, 1983).

Accordingly, it is expected that scores on this scale will correlate with higher scores in self-esteem, social support, family cohesiveness, and emotional autonomy, and lower scores in depression, loneliness, and anxiety. Such scale scores should also correlate with healthy parental

attachment and adequate adjustment to school.

A Summary of Hypothesized SITA Scale Predictions

The Nurturance-Seeking Scale of the SITA

If this scale is elevated, then the subject will also tend to report more physical symptoms, lower emotional autonomy, and unhealthy parental attachments. If it is elevated in subjects who also report low social support, then greater loneliness, depression, and anxiety is expected, as well as lower self-esteem and poor adjustment to college.

The Enmeshment-Seeking Scale of the SITA

Individuals with elevated scores will report more physical symptoms, lower emotional autonomy, and unhealthy parental attachments. Further, subjects who score high on this scale, but low in social support, will also evidence lower self-esteem, greater loneliness, depression, and anxiety, and poor adjustment to college. These features will be more pronounced than they are for subjects with elevated scores on the Nurturance-Seeking scale.

Engulfment-Anxiety Scale

Subjects who obtain elevated scores on the Engulfment-Anxiety scale will also exhibit elevations in anxiety, and emotional autonomy. Such individuals should also score lower in social support, and should report unhealthy parental attachments.

Separation-Anxiety Scale

Elevated scores on this scale are expected to correlate with elevations in anxiety, depression, and loneliness. Further, subjects with an elevation on this scale should report unhealthy parental attachments, and will tend to score lower on emotional autonomy and self-esteem. Finally, in subjects who also score low in social support, these characteristics will be magnified, and such subjects will also report poor adjustment to college.

Dependency-Denial Scale

Elevated scores on this scale are expected to correlate with lower self-esteem, social support, loneliness, and family cohesiveness. Such respondents are also expected to report unhealthy parental attachments, and to have higher scores for depression and emotional autonomy.

Self-Centeredness Scale

Elevated scores on this SITA scale are expected to correlate with greater self-esteem and emotional autonomy, and lower scores in loneliness and depression. Such respondents who also score low in social support, however, should score higher in depression.

Healthy-Separation Scale

Elevated scores on this scale will correlate with higher scores in self-esteem, social support, family cohesiveness, and emotional autonomy, and lower scores in depression, loneliness, and anxiety. Such scale scores

should also correlate with healthy parental attachment and adequate adjustment to school.

CHAPTER II

METHOD

Subjects

Subjects were 454 students at Temple University in Philadelphia (272 females, 182 males; 74% white, 16% black, 10% Asian or Hispanic). The full range of socioeconomic status was represented ($M=50.45$, $SD=26.86$ on a scale from 5 to 95; Duncan, 1970). They received course credit for their participation.

Procedure

The procedure for data collection involved the completion of a series of self-report questionnaires. The average time taken to complete the questionnaires was 90 minutes. Subjects read and signed an informed consent form which outlined the purpose and procedures of the study before filling out the questionnaires. After completing the packet of questionnaires subjects were given a written description of the study. Identification numbers instead of proper names were used on all forms to insure confidentiality.

Materials

Materials included a battery of self-report instruments, each of which is described below.

The Separation-Individuation Test of Adolescence (SITA; Levine et al., 1986) as described earlier, is an instrument

which ostensibly measures resolution of Mahler's separation-individuation phases as they might express themselves during adolescence. The instrument assesses seven dimensions of the separation-individuation process: Nurturance-Seeking, Enmeshment-Seeking, Engulfment Anxiety, Dependency Denial, Separation Anxiety, Self-Centeredness, and Healthy Separation. It contains 103 Likert-type questions, each with a selection of five responses, ranging from "strongly agree" or "always true" to "strongly disagree" or "never true."

Reliability information has not been previously reported for this instrument. However, the authors did offer support for the internal structural validity of the SITA by making apriori predictions of factor loadings for the theoretically-derived scales. They likewise offered support for the external criterion validity of the SITA scales by making differential predictions with personality typologies derived from the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meahger, 1982: see Levine et al., 1986).

Looking at the performance of the SITA scales in this study lends support to their reliability. The alpha coefficient on the Separation-Anxiety scale alpha was .66; on the Engulfment-Anxiety scale it was .75; on the Enmeshment-Seeking scale it was .73; on the Nurturance-Seeking scale it was .64; on the Self-Centeredness scale it

was .77; on the Dependency-Denial scale it was .77; and finally, on the Healthy-Separation scale the alpha coefficient was .67. Overall, then, the alpha coefficients for the seven scales of the SITA were reasonably good.

Also part of the battery of self-report instruments used in this study was the Rosenberg-Simmons Self-Esteem Scale (Simmons, Rosenberg, & Rosenberg, 1973). This is a 6-item Guttman scale designed to assess self-esteem by asking questions such as "How happy are you with the kind of person you are? Are you. . . Very happy with the kind of person you are? Pretty happy? A little happy? or Not at all happy?" According to Rosenberg (1979) this instrument has a Coefficient of Reproducibility of 90 percent, and a Coefficient of Scalability of 65 percent. The alpha coefficient for reliability in this study was .88.

Another instrument included in this battery of self-report measures was the Interpersonal Support Evaluation List (ISEL; Cohen, Mermelstein, Kamarck, & Hoberman, 1985). This instrument consists of a list of 48 statements concerning the respondent's perception of social support resources. Respondents are required to indicate whether each statement is "probably true" or "probably false" about themselves. The instrument is scored by counting the number of items indicating the existence of social support.

Cohen et al. (1985) report that adequate internal reliability and test-retest scores have been found for this

instrument. More specifically, they report that internal reliability for the student ISEL has ranged from alpha coefficients of .77 to .86. The alpha coefficient obtained by the instrument in this study was .80, and thus was commensurate with the earlier research. On studies of test-retest reliability Cohen et al. (1985) report a correlation of .87 for the test given twice over a period of four weeks.

To assess feelings of loneliness the UCLA Loneliness Scale (ULS-20; Russell, Peplan, & Ferguson, 1978) was used. This instrument contains 20 self-statements such as "I lack companionship," or "There is no one I can turn to," to which subjects are asked to respond how often they feel that way. Possible responses to each of these 20 self-statements includes "Never," "Rarely," "Sometimes," and "Often." Response categories are then summed to derive a measure of perceived loneliness. This instrument is fairly widely used, with well established validity and reliability. In this study, the ULS-20 obtained an alpha coefficient of .89 for reliability.

To assess the possible presence of depression within respondents the Beck Depression Inventory (BDI; Beck, 1967) was utilized. This 21-item scale measures the presence and severity of affective, cognitive, motivational, vegetative, and psychomotor components of depression, with each item relating to a particular symptom of depression (respondents indicate on a scale from 0 to 3 the severity of their

current state of each symptom). The item scores are then summed, with higher scores reflecting greater severity of depression.

According to Corcoran and Fischer (1987) the BDI has good to excellent reliability and validity. They report that split-half reliabilities for the BDI have ranged from .78 to .93, and test-retest reliabilities have ranged from .48 (for psychiatric patients after three weeks) to .74 (for undergraduate students after three months). In this study the BDI obtained an alpha coefficient of .87 for reliability. Corcoran and Fischer (1987) also report that the BDI correlates significantly with a number of other depression measures including clinicians' ratings of depression.

In the interest of assessing each subject's capacity to adapt to life changes, Holmbeck's (1989) Adaptability to Change (ATC) self-report instrument was used. This instrument contains 31 statements or descriptions of possible life changes, such as "Moving to a new city," or "Meeting a stranger." Subjects are asked to assess how difficult each of these situations would be (or has been) for them to handle and then to respond by circling one of four possible responses: "Very Difficult," "Moderately Difficult," "Moderately Easy," and "Very Easy." The instrument is scored by summing each of the four categories. Reliability and validity information has not been previously

reported for this instrument. In this study the instrument's alpha coefficient was .79.

Anxiety was assessed by using Spielberger's State-Trait Anxiety Inventory (STAI; 1983). This self-report instrument contains scales for both state and trait anxiety. Each scale consists of twenty statements, with the state anxiety scale assessing how respondents feel "right now," and the trait anxiety scale assessing how people feel "generally."

Spielberger provides ample evidence for the STAI's validity and its reliability (1983). The validity of this instrument is supported by research on contrasted groups, correlations with other measures of anxiety, and correlations with other measures of personality and psychological adjustment. Reliability is supported by the fact that Spielberger obtained median alpha coefficients which ranged between .87 and .92 for the state-anxiety scale, and .89 and .90 for the trait anxiety scale (Spielberger, 1983). In this study the STAI obtained an alpha coefficient of .90 for the state anxiety scale and .86 for the trait anxiety scale.

To assess the respondent's level of somatic symptoms Wahler's Physical Symptoms Inventory (WPSI; 1969) was used. This is a list of 42 physical troubles, such as "Nausea" or "Difficulty sleeping," for which respondents circle whether they experience them "Almost Never," "About Once a Year," "About Once a Month," "About Once a Week," "About Twice a

Week," or "Nearly Every Day." Scores are summed, with higher scores indicating more physical symptomatology.

According to Wahler (1973), this instrument is quite reliable, with "Kuder-Richardson formula 20" values ranging from .88 to .94, and "very high" test-retest correlations (over a period from one day to a week). In this study, the WPSI obtained an alpha coefficient of .91 for reliability.

Wahler (1973) likewise asserts that the instrument's validity is quite good, noting the concurrence between scores on the WPSI and apriori expectations for pre-selected groups (such as healthy adults versus people undergoing rehabilitation for physical injuries). He also notes the relatively high correlations between the WPSI and the MMPI hypochondriasis and hysteria scales and suggests that this offers further evidence for its validity.

In addition to the above measures this study included several family measures. To assess the quality of each respondent's attachment to his or her parents, for example, the Parental Relationship Questionnaire (a measure of attachment; Kenny, 1987) was used. This instrument contains two 55-item questionnaires, one for each parent, along with one 15-item questionnaire inquiring into the respondent's adjustment to college. Subjects were asked to respond to the items by choosing a number on a 5-point Likert-type scale that best described their parents, their relationship with their parents, and their feelings and experiences.

Content areas that this instrument assesses includes perceived parental availability, understanding, acceptance, respect for individuality, and facilitation of independence; as well as the respondent's interest in interaction with parents, affect towards parents, help-seeking behavior in situations of stress, satisfaction with help obtained from parents, and adjustment to separation.

Kenny (1983) offers support for the reliability of this instrument by using the internal consistency method, which yielded Cronbach alphas ranging from .93 to .95. Alpha coefficients obtained in this study were not quite this high, but still were quite good, with an alpha of .83 on the mother scale, and of .82 on the father scale.

Kenny also offers support for the instrument's validity by noting that, when given to a group of first-year college students, results were consistent with other empirical studies of normal high-school and college students and with research indicating a positive relationship between family closeness and social competence during late adolescence.

Another family measure included in the battery of self-report instruments was Steinberg and Silverberg's Emotional Autonomy Scale (1986). This instrument contains two 20-item questionnaires, one referring to each parent. The items, which are presented as declarative statements, concern both cognitive and affective components of emotional autonomy. Respondents were asked to indicate their degree of agreement

with each item on a four-point scale ranging from "strongly agree" to "strongly disagree." Steinberg and Silverberg report an internal consistency for this instrument, as determined by Cronbach's alpha, of .75. Alpha coefficients for reliability obtained in this study were .79 for the mother scale, and .82 for the father scale.

The last family measure included in the battery of self-report instruments was the Family Adaptability and Cohesion Scales (FACES-III) devised by Olson, McCubbin, Barnes, Larsen, Muxen, and Wilson (1982). This questionnaire requires subjects to respond to 20 descriptive statements about one's family, such as "Family members ask each other for help," by writing 1; "Almost Never," 2; "Once in a while," 3; "Sometimes," 4; "Frequently," or 5; "Almost always."

The instrument was created to assess a family's adaptability and cohesion as conceptualized in the "Circumplex Model" developed by Olson, Candyce, Russell, and Sprenkle (1979). "Family cohesion" is defined by these authors to mean the emotional bonding that family members have toward one another. "Family adaptability," on the other hand, is said to be the ability of a marital or family system to change in response to situational and developmental stress.

The authors report these scales to be good in terms of reliability, internal consistency ($\bar{r}=.68$), test-retest

reliability (.83 for cohesion, and .80 for adaptability), face validity, and content validity (Olson et al., 1982). The alpha coefficient for the cohesion scale in this study was .87, for the adaptability scale it was .71.

In addition to these instruments, subjects filled out a basic demographics questionnaire which included questions about age, sex, race, living circumstances, education level, family background, and social circumstances. Subjects also read and signed informed consent forms.

CHAPTER III

RESULTS

Correlational Analysis

As hypothesized earlier, SITA scale scores should correlate predictably with other aspects of psychological adjustment. To investigate this, Pearson product-moment correlations were calculated between each of the seven SITA scales and measures of psychological adjustment. Where predictions included anticipated interaction between two or more variables, analysis of variance (ANOVA) was conducted. In addition, to investigate the possibility that different scales on the SITA conceptually overlap, correlations were calculated between all seven scales on the SITA. These correlations, along with their significance levels, are given for each SITA scale below. Tables 1-4 summarize these findings (the number of subjects for all correlations were 452, unless otherwise indicated).

Nurturance-Seeking Scale of the SITA

This scale was predicted to be elevated in adolescents who exhibit a compliant, submissive, and dependent interpersonal style. It was anticipated that such subjects would also tend to report more physical symptoms, lower emotional autonomy, and lower scores for healthy parental attachments. If it was elevated in subjects who also reported low social support, greater loneliness, depression,

Table 1

Correlations Between SITA Scale Scores and Measures
of Family Functioning

MEASURES OF FAMILY FUNCTIONING++

SITA+	EAF	EAM	HAF	HAM	FAC	FAA
NS	-.113**	-.281***	.165***	.208***	.305***	-.017
ES	-.062	-.082*	.153***	.062	.140***	.070
EA	.247***	.379***	-.276***	-.481***	-.127**	-.243***
SA	-.050	-.013	.041	-.069	.070	-.068
DD	.101*	.070	-.219***	-.174***	-.173***	.002
SC	-.118**	-.105*	.149***	.090*	.178***	.092*
HS	.032	.017	.149***	.051	.130**	.106*

Note. The number of subjects for all correlations is 452.

+ NS = NURTURANCE SEEKING, ES = ENMESHMENT SEEKING,
EA = ENGULFMENT ANXIETY, SA = SEPARATION ANXIETY,
DD = DEPENDENCY DENIAL, SC = SELF CENTEREDNESS,
HS = HEALTHY SEPARATION

++ EAF = EMOTIONAL AUTONOMY-FATHER, EAM = EMOTIONAL
AUTONOMY-MOTHER, HAF = HEALTHY ATTACHMENT-FATHER,
HAM = HEALTHY ATTACHMENT-MOTHER, FAC = FAMILY
COHESION, FAA = FAMILY ADAPTABILITY

* $P < .05$, ** $P < .01$, *** $P < .001$

Table 2

Correlations Between SITA Scale Scores and Measures
of Positive Adjustment

MEASURES OF POSITIVE ADJUSTMENT			
SITA+	SELF-ESTEEM	SOCIAL-SUPPORT	COLLEGE ADJ++
NS	-.009	.048	-.218***
ES	.146***	.248***	.045
EA	-.210***	-.148***	-.176***
SA	-.290***	-.082*	-.249***
DD	-.232***	-.431***	-.111**
SC	.478***	.281***	.204***
HS	.282***	.307***	.204***

Note. The number of subjects for all correlations is 452.

+ NS = NURTURANCE SEEKING, ES = ENMESHMENT SEEKING, EA = ENGULFMENT ANXIETY, SA = SEPARATION ANXIETY, DD = DEPENDENCY DENIAL, SC = SELF CENTEREDNESS, HS = HEALTHY SEPARATION

++ COLLEGE ADJ = COLLEGE ADJUSTMENT

* $P < .05$, ** $P < .01$, *** $P < .001$

Table 3

Correlations Between SITA Scale Scores and Measures
of Maladaptive Adjustment

MEASURES OF MALADAPTIVE FUNCTIONING++

SITA+	DEPR	LONE	ANX-S	ANX-T	PHYS
NS	.072	-.066	.027	.064	.059
ES	-.013	-.329***	-.081*	-.057	.077*
EA	.238***	.148***	.138**	.215***	.140***
SA	.270***	.129**	.270***	.332***	.279***
DD	.250***	.463***	.228***	.204***	.044
SC	-.183***	-.340***	-.160***	-.227***	-.104*
HS	-.145***	-.404***	-.200***	-.172***	.009

Note. The number of subjects for all correlations is 452.

+ NS = NURTURANCE SEEKING, ES = ENMESHMENT SEEKING,
EA = ENGULFMENT ANXIETY, SA = SEPARATION ANXIETY,
DD = DEPENDENCY DENIAL, SC = SELF CENTEREDNESS,
HS = HEALTHY SEPARATION

++ DEPR = DEPRESSION, LONE = LONELINESS, ANX-S = STATE-
ANXIETY, ANX-T = TRAIT-ANXIETY, PHYS = PHYSICAL
SYMPTOMS, FAA = FAMILY ADAPTABILITY

* $P < .05$, ** $P < .01$, *** $P < .001$

Table 4

Inter-Correlations Between the Seven SITA Scales

SITA+	NS	ES	EA	SA	DD	SC	HS
NS	-----	---	---	---	---	---	---
ES	.185***	---	---	---	---	---	---
EA	.037	.061	---	---	---	---	---
SA	.372***	.323***	.237***	---	---	---	---
DD	-.053	-.298***	.100*	-.060	---	---	---
SC	.182***	.301***	.028	.027	-.022	---	---
HS	.012	.442***	.057	-.009	-.280***	.301***	---

Note. The number of subjects for all correlations is 452.

+ NS = NURTURANCE SEEKING, ES = ENMESHMENT SEEKING,
 EA = ENGULFMENT ANXIETY, SA = SEPARATION ANXIETY,
 DD = DEPENDENCY DENIAL, SC = SELF CENTEREDNESS,
 HS = HEALTHY SEPARATION

* $P < .05$, ** $P < .01$, *** $P < .001$

and anxiety was expected, as well as lower self-esteem and poor adjustment to college.

As Table 1 indicates, elevations on this scale were significantly correlated, as predicted, with decreased levels of emotional autonomy from both mother ($\underline{r}=-.28$, $p<.001$) and father ($\underline{r}=-.11$, $p<.01$). However, contrary to predictions, this scale was significantly and positively correlated with healthy attachment to both mother ($\underline{r}=.21$, $p<.001$) and to father ($\underline{r}=.17$, $p<.001$).

Other significant correlations included a positive correlation between this scale and family cohesiveness ($\underline{r}=.31$, $p<.001$; see Table 1) and a negative correlation with college adjustment ($\underline{r}=-.22$, $p<.001$; see Table 2). No significant interaction effects were found between scores on this scale and scores on social support.

Enmeshment-Seeking Scale of the SITA

Adolescents who exhibit elevations on this scale were expected to manifest the same associated characteristics as those for the Nurturance-Seeking scale, but the strength of these correlations were expected to be greater.

This was only true for correlations with reports of physical symptoms ($\underline{r}=.08$, $p=.05$; see Table 3). While elevations in this scale were also significantly correlated with decreased levels of emotional autonomy from mother ($\underline{r}=-.08$, $p<.05$; see Table 1), the strength of the correlation was weaker than that found for the Nurturance-Seeking scale,

and thus contrary to prediction.

As with the Nurturance-Seeking scale, correlations between this scale and quality of attachment to father were significant ($r=.15$, $p=.001$; see Table 1), but were in a positive rather than the predicted negative direction.

Other significant findings included negative correlations between this scale and reported loneliness ($r=-.33$, $p<.001$; see Table 3), and state-anxiety ($r=-.08$, $p<.05$; see Table 3); and positive correlations between this scale and family cohesiveness ($r=.14$, $p<.001$; see Table 1), self-esteem ($r=.15$, $p<.001$; see Table 2), and social support ($r=.25$, $p<.001$; see Table 2).

No interaction effects were found between scores on this scale and level of social support.

Engulfment-Anxiety Scale of the SITA

As noted earlier, this scale was predicted to be elevated in individuals who manifest an interpersonal style which is antisocial, negativistic, distrustful, aggressive, and autonomous. Such individuals are also thought to be fearful of close interpersonal relationships. Consequently, subjects who obtain elevated scores on this scale were expected to exhibit elevations in anxiety and emotional autonomy, lower scores on a measure of social support, and scores indicative of unhealthy parental attachments.

As indicated in Tables 1-3, all predicted correlations were statistically significant and in the predicted

directions. Thus, the scale was positively correlated with state-anxiety ($\underline{r}=.14$, $\underline{p}<.005$; see Table 3), trait-anxiety ($\underline{r}=.22$, $\underline{p}<.001$; see Table 3), and with emotional autonomy from both mother ($\underline{r}=.38$, $\underline{p}<.001$; see Table 1) and father ($\underline{r}=.25$, $\underline{p}<.001$; see Table 1). The scale was negatively correlated with measures of the healthiness of attachment to mother ($\underline{r}=-.48$, $\underline{p}<.001$) and to father ($\underline{r}=-.28$, $\underline{p}<.001$; see Table 1), and with measures of social support ($\underline{r}=-.15$, $\underline{p}<.001$; see Table 2).

Other significant findings included negative correlations with self-esteem ($\underline{r}=-.21$, $\underline{p}<.001$; see Table 2), adjustment to college ($\underline{r}=-.18$, $\underline{p}<.001$; see Table 2), family cohesiveness ($\underline{r}=-.13$, $\underline{p}<.01$; see Table 1), and family adaptability ($\underline{r}=-.24$, $\underline{p}<.001$; see Table 1); and positive correlations with depression ($\underline{r}=.24$, $\underline{p}<.001$; see Table 3), loneliness ($\underline{r}=.15$, $\underline{p}<.001$; see Table 3), and reports of physical symptoms ($\underline{r}=.14$, $\underline{p}<.001$; see Table 3).

Separation-Anxiety Scale of the SITA

This scale was designed to measure the residual affects from the fears of abandonment that occur during the rapprochement subphase of Mahler's scheme of separation-individuation. Thus, subjects with an elevation on this scale were expected to report unhealthy parental attachments and score lower on emotional autonomy and self-esteem. Further, such subjects were expected to exhibit elevations in anxiety, depression, and loneliness. In subjects who

also score low in social support, there was expected to be an exacerbation of these characteristics, as well as evidence of more difficulty adjusting to college.

As predicted, elevations on this score correlated positively and significantly with elevations in depression ($\underline{r}=.27$, $p<.001$; see Table 3), loneliness ($\underline{r}=.13$, $p<.005$; see Table 3), and both state anxiety ($\underline{r}=.27$, $p<.001$; see Table 3) and trait anxiety ($\underline{r}=.33$, $p<.001$; see Table 3). Also as predicted elevations on this scale correlated negatively and significantly with measures of self-esteem ($\underline{r}=-.29$, $p<.001$; see Table 2). Further, subjects who scored high on this scale but low in social support, tended to have increased scores for depression, $F(1, 450) = 5.477$, $p<.05$, and state-anxiety $F(1, 450) = 4.329$, $p<.05$.

Other significant findings included a positive correlation with reports of physical symptoms ($\underline{r}=.28$, $p<.001$; see Table 3), and negative correlations with social support ($\underline{r}=-.08$, $p<.05$; see Table 2) and college adjustment ($\underline{r}=-.25$, $p<.001$; see Table 2).

Dependency-Denial Scale of the SITA

This scale was designed to measure the denial of need for others. Consequently, elevations on this scale were expected to correlate with lower self-esteem, social support, loneliness, and family cohesiveness. Such respondents were also expected to report unhealthy parental attachments, and to have higher scores for depression and

emotional autonomy.

As predicted, elevations on this scale correlated negatively and significantly with scores on self-esteem ($r = -.23$, $p < .001$; see Table 2), social support ($r = -.43$, $p < .001$; see Table 2), family cohesiveness ($r = -.17$, $p < .001$; see Table 1), and healthiness of attachment to mother ($r = -.17$, $p < .001$; see Table 1) and father ($r = -.22$, $p < .001$; see Table 1). Elevations on this scale correlated positively and significantly, as predicted, with elevations in depression ($r = .25$, $p < .001$; see Table 3), and emotional autonomy from father ($r = .10$, $p < .05$; see Table 1).

One finding which was contrary to predictions was the significant positive correlation between elevations on this scale and scores for loneliness ($r = .46$, $p < .001$; see Table 3).

Other significant findings included a negative correlation between this scale and college adjustment ($r = -.11$, $p < .01$; see Table 2), and positive correlations with state-anxiety ($r = .23$, $p < .001$; see Table 3), and trait-anxiety ($r = .20$, $p < .001$; see Table 3).

Self-Centeredness Scale of the SITA

This scale was designed to assess the residual effects of the practicing phase of separation-individuation (as well as the attainment of narcissistic reserves during earlier phases of separation-individuation). Elevated scores on this SITA scale were expected to correlate with greater

self-esteem and emotional autonomy, and lower scores in loneliness and depression. Such respondents who also score low in social support, however, were expected to score higher in depression.

Elevations on this scale significantly correlated, as predicted, with reports of greater self-esteem ($r=.48$, $p=.001$; see Table 2), lower depression ($r=-.18$, $p=.001$; see Table 3), and lower scores for loneliness ($r=-.34$, $p<.001$; see Table 3). However, contrary to predictions, elevations on this scale negatively correlated with emotional autonomy from father ($r=-.12$, $p<.005$; see Table 1) and from mother ($r=-.11$, $p<.05$; see Table 1).

Other significant findings included positive correlations with measures of social support ($r=.28$, $p<.001$; see Table 2), college adjustment ($r=.20$, $p<.001$; see Table 2), healthy attachment to father ($r=.15$, $p<.001$; see Table 1), healthy attachment to mother ($r=.09$, $p<.05$); see Table 1, family cohesiveness ($r=.18$, $p<.001$; see Table 1), and family adaptability ($r=.09$, $p<.05$); see Table 1); and negative correlations with state-anxiety ($r=-.16$, $p<.001$; see Table 3), trait-anxiety ($r=-.23$, $p<.001$; see Table 3), and reports of physical symptoms ($r=-.10$, $p<.05$; see Table 3).

No interaction effects were found between scores on this scale and level of social support.

Healthy-Separation Scale of the SITA

This scale was designed to describe individuals who have progressed successfully through the consolidation phase of separation-individuation. Therefore, it was expected that such individuals would be accepting of both dependency and autonomy needs within themselves and others, and would be able to function adequately in the absence of the "significant other." Elevated scores on this scale were therefore expected to correlate with higher scores on measures of self-esteem, social support, family cohesiveness, and emotional autonomy, and lower scores in depression, loneliness, and anxiety. Such scale scores were also expected to correlate with healthy parental attachment and adequate adjustment to school.

Results that were in accord with predictions included positive correlations with self-esteem ($r=.28$, $p<.001$; see Table 2), social support ($r=.31$, $p<.001$; see Table 2), adjustment to school ($r=.20$, $p<.001$; see Table 2), healthy attachment to father ($r=.15$, $p=.001$; see Table 1), family cohesiveness ($r=.13$, $p<.01$; see Table 1), and negative correlations with depression ($r=-.15$, $p=.001$; see Table 3), loneliness ($r=-.40$, $p<.001$; see Table 3), state anxiety ($r=-.20$, $p<.001$; see Table 3), and trait anxiety ($r=-.17$, $p<.001$; see Table 3). One other significant finding was a positive correlation between elevations on this scale and scores for family adaptability ($r=.11$, $p<.05$; see Table 1).

Inter-Correlations Between the Seven Scales of the SITA

As shown in Table 4, several scales of the SITA were inter-correlated and thus conceptually overlapped to some degree. The enmeshment-seeking scale, for example, was found to be significantly positively correlated with the nurturance-seeking scale ($\underline{r}=.19$, $p<.001$). Likewise, the separation-anxiety scale was found to positively correlate with nurturance-seeking ($\underline{r}=.37$, $p<.001$), enmeshment-seeking ($\underline{r}=.32$, $p<.001$), and engulfment-anxiety ($\underline{r}=.24$, $p<.001$). The dependency-denial scale was significantly positively correlated with the engulfment-anxiety scale ($\underline{r}=.10$, $p<.05$), but negatively correlated with the enmeshment-seeking scale ($\underline{r}=-.30$, $p<.001$). The self-centeredness scale was significantly positively correlated with the nurturance-seeking scale ($\underline{r}=.18$, $p<.001$) and the enmeshment-seeking scale ($\underline{r}=.30$, $p<.001$). Finally, the healthy-separation scale was found to be significantly positively correlated with enmeshment-seeking ($\underline{r}=.44$, $p<.001$), and self-centeredness ($\underline{r}=.30$, $p<.001$), but negatively correlated with dependency-denial ($\underline{r}=-.28$, $p<.001$).

Cluster Analysis

To ascertain whether the 454 subjects formed distinct homogenous groups on these measures, a cluster analysis was performed (Aldenderfer & Blashfield, 1984). Variance within clusters was minimized using Ward's agglomerative method (Ward, 1963), which proceeds by a successively combining or

"fusing" similar subjects into groups. More specifically, Ward's method calculates the total sum of squared deviations of every subject from the mean of the cluster to which he or she belongs. Then, in a step-by-step procedure, all potential pairs of clusters are considered for possible fusion. Clusters are combined if their fusion results in the minimum increase in the error sum of squares (Everitt, 1980).

To determine the best number of clusters to use in this analysis a procedure outlined by Aldenderfer and Blashfield (1984) was used. This method involves scanning the fusion coefficients of the cluster analysis to find any significant "jump" in value. Such a "jump" is thought to represent a place at which two relatively dissimilar clusters have been merged. Utilizing this method yielded a four-cluster grouping as the best solution. Characteristics of these four groups are outlined in Figures 1-7 and discussed below.

Cluster 1

Cluster 1, which contained 96 subjects, appeared to be the least "healthy" of the four groups. It had a SITA profile, as outlined in Figure 1, with high-points on engulfment anxiety (mean \bar{z} -score of .46), separation anxiety (mean \bar{z} -score of .40), and dependency-denial (mean \bar{z} -score of .55); and low points on self-centeredness (mean \bar{z} -score of -.53), and healthy-separation (mean \bar{z} -score of -.53).

On measures of family functioning (Figure 5), Cluster 1

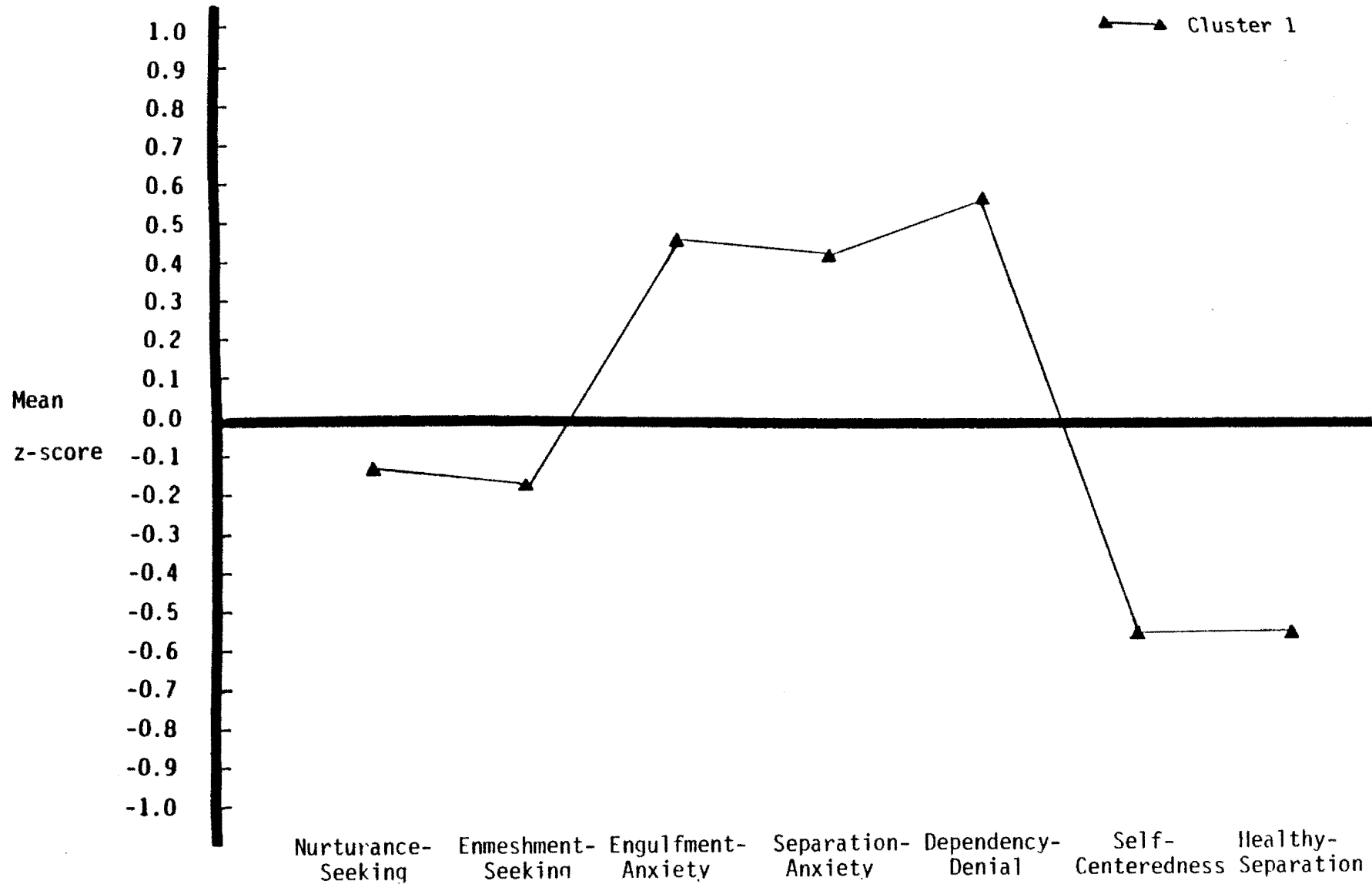


Figure 1. Mean z-scores on SITA scales for Cluster 1.

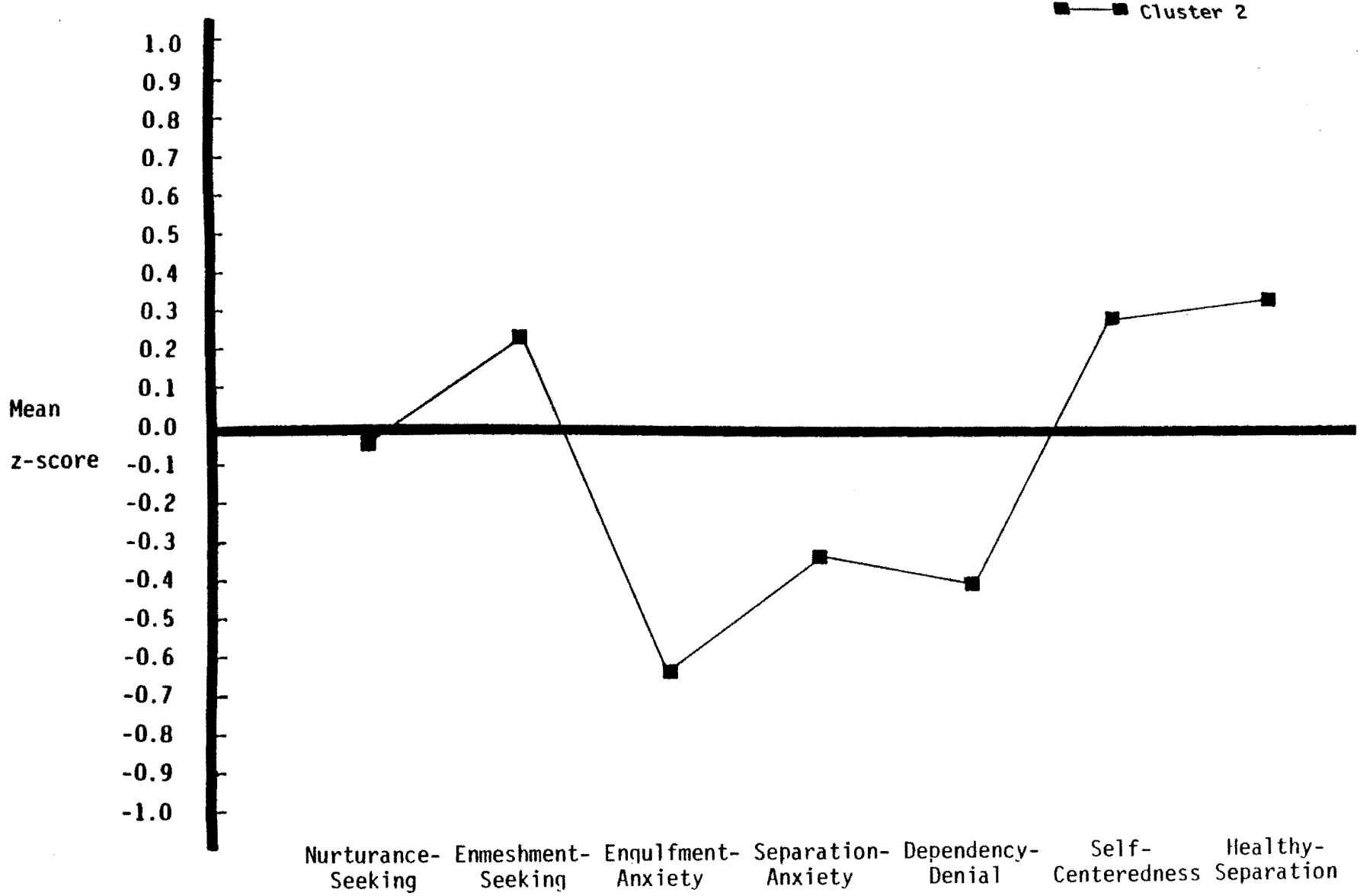


Figure 2. Mean z-scores on SITA scales for Cluster 2.

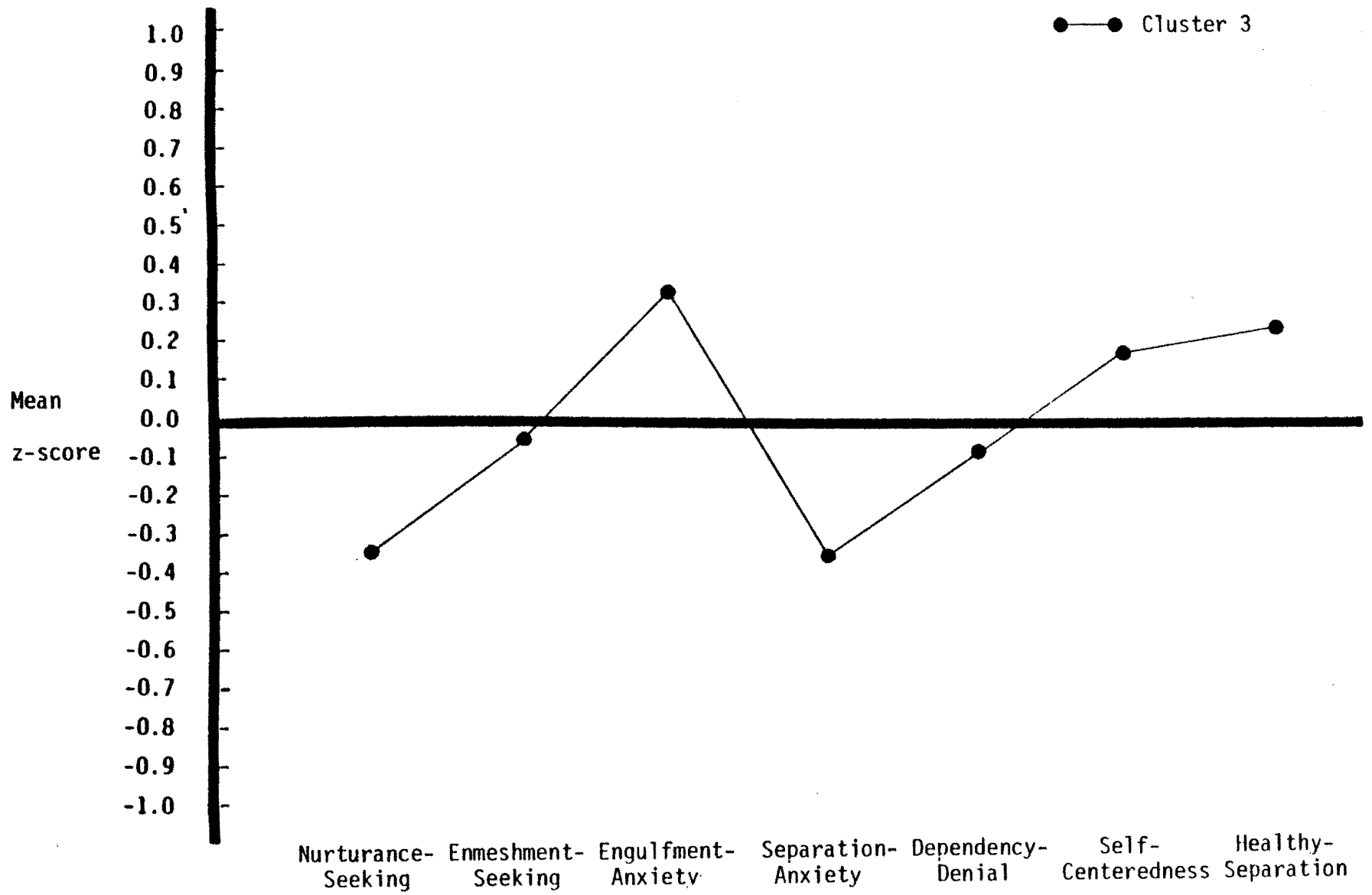


Figure 3. Mean z-scores on SITA scales for Cluster 3.

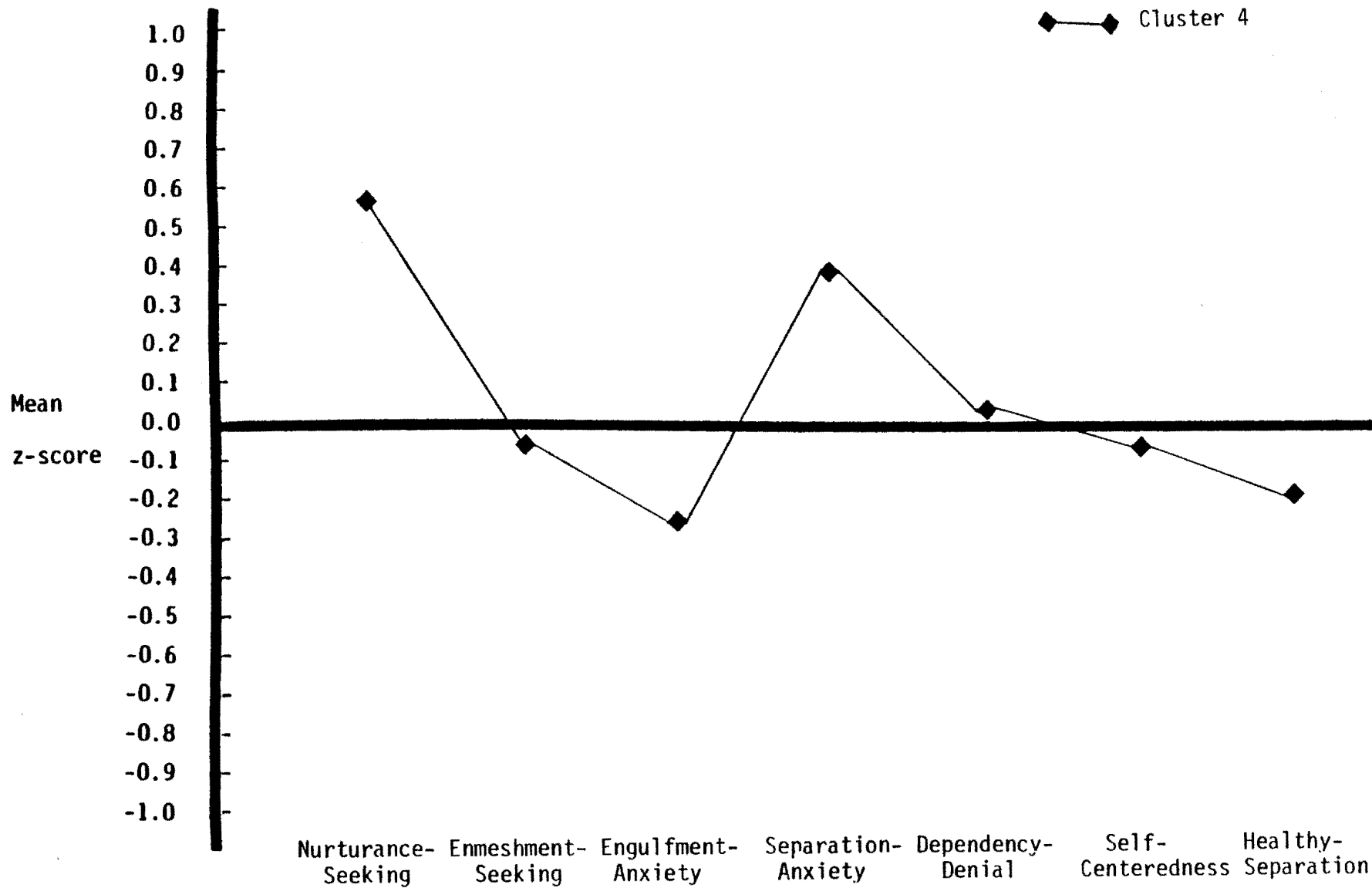


Figure 4. Mean z-scores on SITA scales for Cluster 4.

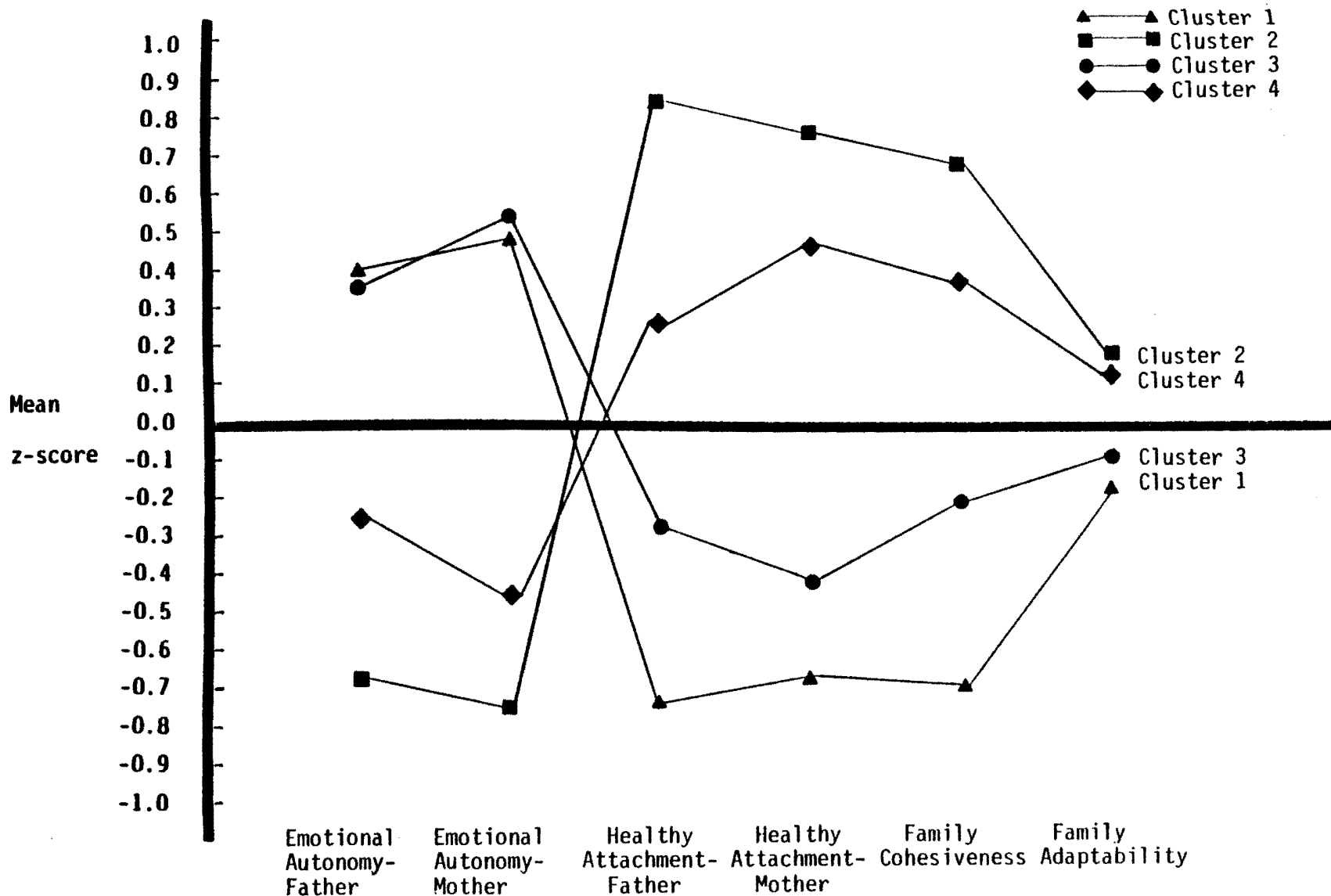


Figure 5. Mean z-scores for clusters 1-4 on measures of family functioning.

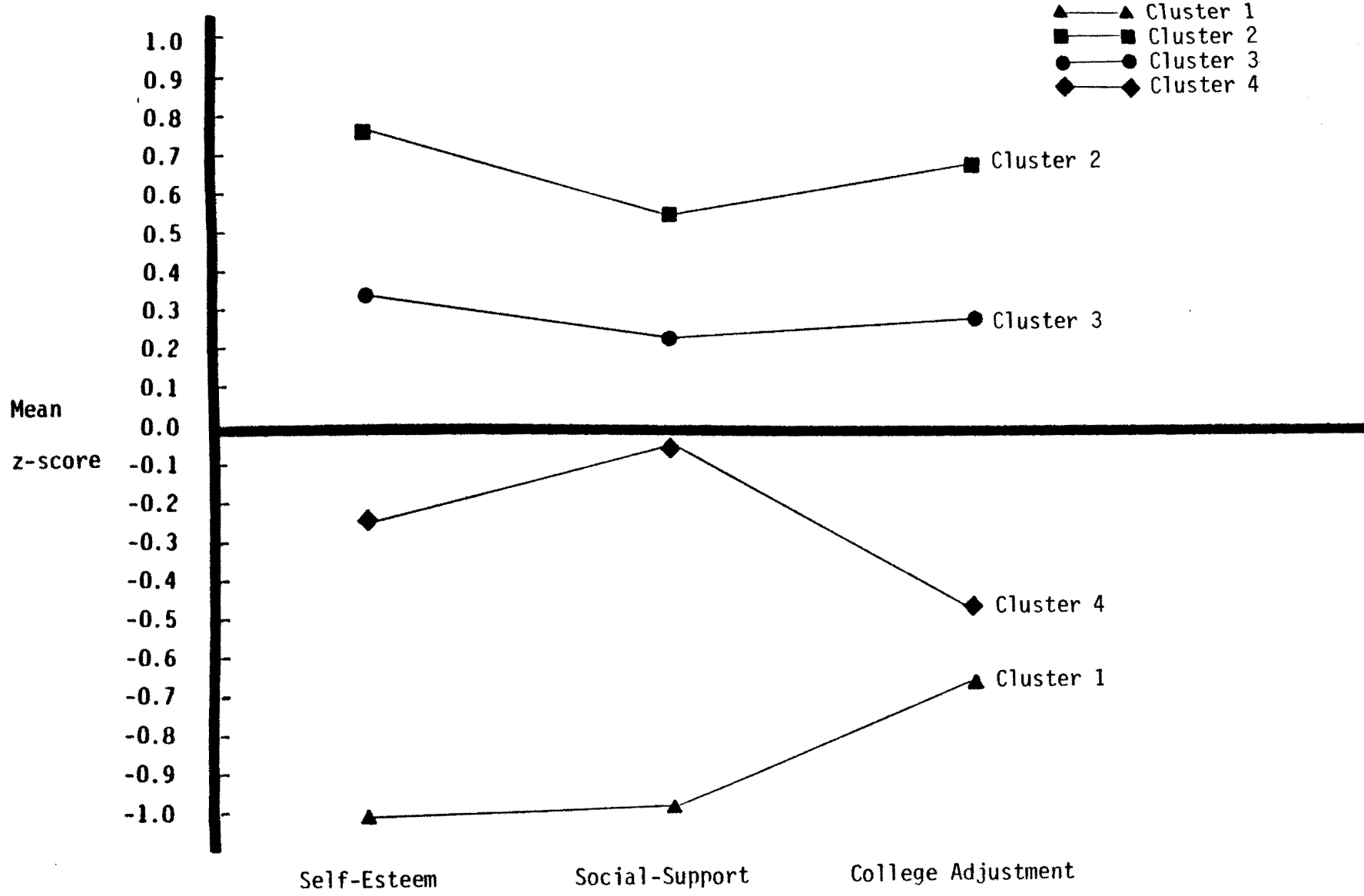


Figure 6. Mean z-scores for clusters 1-4 on measures of positive adjustment.

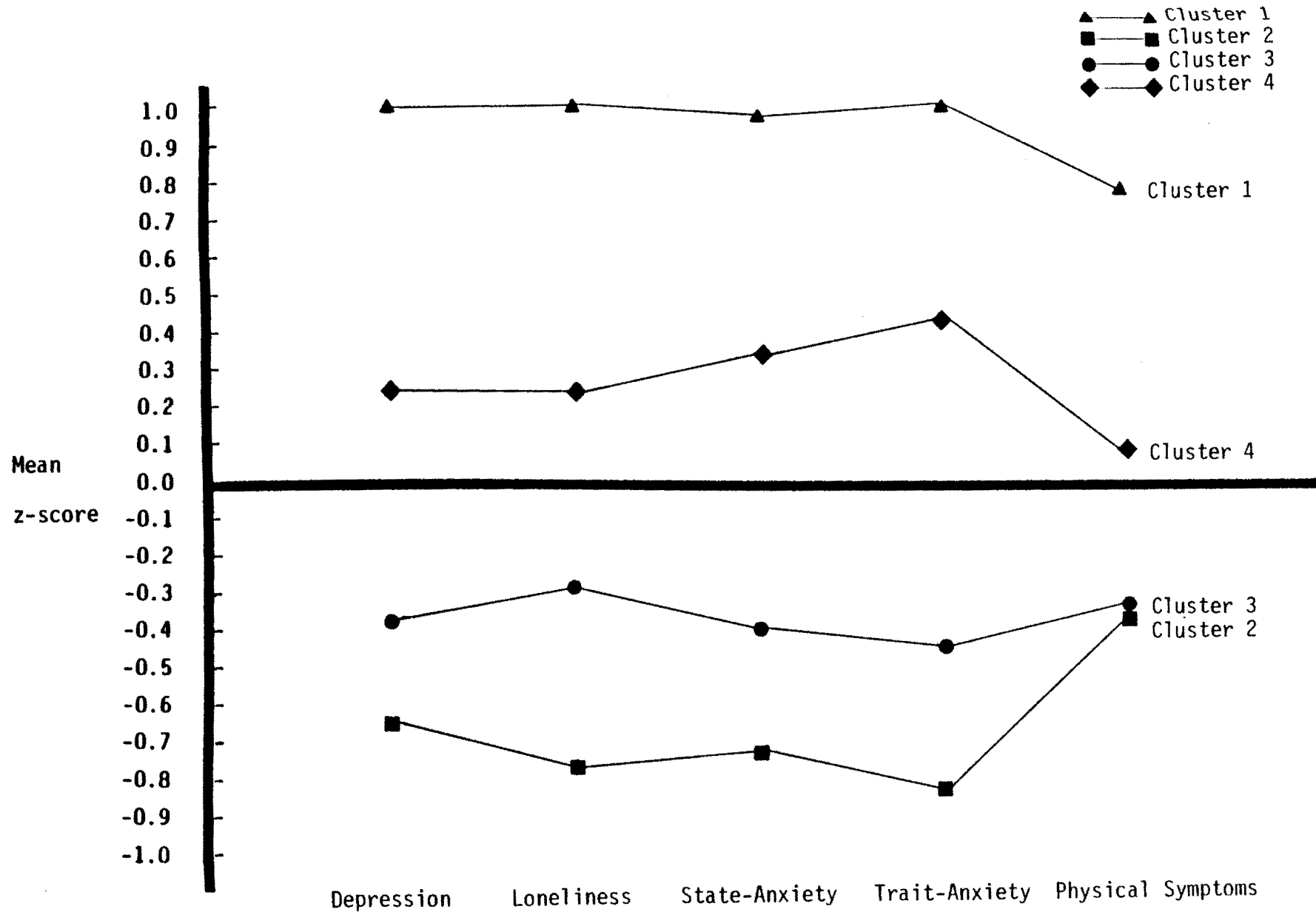


Figure 7. Mean z-scores for clusters 1-4 on measures of maladaptive adjustment.

was high on emotional autonomy from father (mean \underline{z} -score of .39) and emotional autonomy from mother (mean \underline{z} -score of .49), and low on healthy-attachment to father (mean \underline{z} -score of -.71), healthy-attachment to mother (mean \underline{z} -score of -.66), and family cohesiveness (mean \underline{z} -score of -.68).

On measures of positive adjustment (Figure 6), Cluster 1 showed low scores on self-esteem (mean \underline{z} -score of -1.03), social-support (mean \underline{z} -score of -1.00), and college adjustment (mean \underline{z} -score of -.63).

Finally, on measures of maladaptive adjustment, as indicated in Figure 7, Cluster 1 showed elevations on depression (mean \underline{z} -score of 1.01), loneliness (mean \underline{z} -score of 1.00), state-anxiety (mean \underline{z} -score of .97), trait-anxiety (mean \underline{z} -score of 1.00), and physical symptoms (mean \underline{z} -score of .79).

Cluster 2

Cluster 2, which also contained 96 subjects, appeared to be the healthiest of the four groups. It had a SITA profile, as outlined in Figure 2, with high-points on enmeshment seeking (mean \underline{z} -score of .24), self-centeredness (mean \underline{z} -score of .29), and healthy-separation (mean \underline{z} -score of .31); and low points on engulfment-anxiety (mean \underline{z} -score of -.64), separation-anxiety (mean \underline{z} -score of -.31), and dependency-denial (mean \underline{z} -score of -.40).

On measures of family functioning (Figure 5), Cluster 2 was high on healthy-attachment to father (mean \underline{z} -score of

.84), healthy-attachment to mother (mean z-score of .77), family cohesiveness (mean z-score of .67), and family adaptability (mean z-score of .20), and low on emotional autonomy from mother (mean z-score of -.73), and emotional autonomy from father (mean z-score of -.69).

In measures of positive adjustment (Figure 6), Cluster 2 showed high scores on self-esteem (mean z-score of .77), social-support (mean z-score of .63), and college adjustment (mean z-score of .67).

Finally, on measures of maladaptive adjustment, as indicated in Figure 7, Cluster 2 was low on depression (mean z-score of -.64), loneliness (mean z-score of -.79), state-anxiety (mean z-score of -.71), trait-anxiety (mean z-score of -.81), and physical symptoms (mean z-score of -.35).

Cluster 3

Cluster 3 was the largest of the four groups, containing 153 subjects. It had a SITA profile, as outlined in Figure 3, with high-points on engulfment-anxiety (mean z-score of .31), self-centeredness (mean z-score of .19), and healthy-separation (mean z-score of .26); and low points on nurturance-seeking (mean z-score of -.31), and separation-anxiety (mean z-score of -.33).

On measures of family functioning (Figure 5), Cluster 3 was moderately low on healthy-attachment to father (mean z-score of -.28), healthy-attachment to mother (mean z-score

of $-.41$), family cohesiveness (mean z -score of $-.21$), and family adaptability (mean z -score of $-.10$), and high on emotional autonomy from mother (mean z -score of $.51$), and emotional autonomy from father (mean z -score of $.37$).

In measures of positive adjustment (Figure 6), Cluster 3 showed moderately high scores on self-esteem (mean z -score of $.32$), social-support (mean z -score of $.23$), and college adjustment (mean z -score of $.29$).

Finally, on measures of maladaptive adjustment, as indicated in Figure 7, Cluster 3 was moderately low on depression (mean z -score of $-.38$), loneliness (mean z -score of $-.29$), state-anxiety (mean z -score of $-.40$), trait anxiety (mean z -score of $-.42$), and physical symptoms (mean z -score of $-.34$).

Cluster 4

Cluster 4 contained 109 subjects. It had a SITA profile, as outlined in Figure 4, with high-points on nurturance-seeking (mean z -score of $.54$), and separation anxiety (mean z -score of $.38$), and low points on engulfment-anxiety (mean z -score of $-.28$), and healthy-separation (mean z -score of $-.18$).

On measures of family functioning (Figure 5), Cluster 4 was moderately high on healthy-attachment to father (mean z -score of $.28$), healthy-attachment to mother (mean z -score of $.48$), family cohesiveness (mean z -score of $.31$), and family adaptability (mean z -score of $.13$), and moderately low on

emotional autonomy from mother (mean \underline{z} -score of $-.49$), and emotional autonomy from father (mean \underline{z} -score of $-.26$).

In measures of positive adjustment (Figure 6), Cluster 4 showed moderately low scores on self-esteem (mean \underline{z} -score of $-.23$) and college adjustment (mean \underline{z} -score of $-.45$).

Finally, on measures of maladaptive adjustment, as indicated in Figure 7, Cluster 4 was moderately high on depression (mean \underline{z} -score of $.21$), loneliness (mean \underline{z} -score of $.22$), state-anxiety (mean \underline{z} -score of $.33$), trait-anxiety (mean \underline{z} -score of $.42$), and physical symptoms (mean \underline{z} -score of $.09$).

CHAPTER IV

DISCUSSION

SITA Correlations

As indicated in Table 4, there seems to be some overlapping between the seven SITA scales. However, this overlap, when looked at in detail, makes conceptual sense, and does not detract significantly from the over-all value of the SITA. In general, then, it appears that the correlational analyses offer support for both the value of the SITA as a psychodiagnostic instrument and of separation-individuation as a developmental theory.

To look more closely for a minute at the inter-correlations found in Table 4, it is apparent that, as stated earlier, most of these inter-correlations make intuitive and conceptual sense. For example, it is no surprise that nurturance-seeking and enmeshment-seeking are inter-correlated, because both of these scales measure, after all, a subject's tendencies to "seek out" others for nurturance and support. Likewise, it is not surprising to find that the separation-anxiety scale is correlated with the nurturance-seeking and enmeshment-seeking scales. One who is anxious about separation is likely to seek to be nurtured or enmeshed.

More surprising, perhaps, is the fact that the separation-anxiety scale is correlated with the engulfment-anxiety scale. Still, this makes sense because both scales tap into anxiety as it relates to interpersonal situations. If one is anxious about people in general, it would be expected that he or she may feel anxious both in their presence or in their absence. This combination of both separation and engulfment anxiety is found, as noted earlier, in Mahler et al.'s (1975) "rapprochement crisis," and may reflect feelings of neediness alternating with defiant denial of such dependence.

Inter-correlations with the dependency-denial scale certainly make intuitive sense. This scale is negatively correlated with enmeshment-seeking, and positively correlated with engulfment-anxiety. People who deny dependency needs are not likely to seek to be enmeshed with others, and indeed may feel anxious when others come too close.

The positive correlations between the self-centeredness scale and the nurturance- and enmeshment-seeking scales is somewhat more difficult to understand. Perhaps self-centered people have some narcissistic qualities, and thereby need to feel appreciated by others in order to affirm their sense of self-importance and value.

The positive correlations between the healthy-separation scale and the enmeshment-seeking and self-centeredness scales are also hard to explain, but may reflect, to some degree, the notion that healthy people value themselves and value the affirmation of this sense of self from other people. This hypothesis is supported by the negative correlation between healthy-separation and dependency denial. Apparently, being "healthy" is not equivalent to being completely independent. Rather, it may indicate an ability and willingness to recognize and accept human dependencies.

Thus, although the seven SITA scales show reasonably high inter-correlations with one another, this conceptual overlap is not at odds with the underlying theoretical literature from which they were derived. Further, these inter-correlations do not detract from the overall value of the SITA as a diagnostic instrument. Indeed, the value of this instrument, as will be discussed below, is supported by the fact that each of the seven SITA scales correlates reasonably well with the expected outcomes on other measures of psychological adjustment.

Looking first at the Nurturance-Seeking scale, it seems that while adolescents who exhibit elevations on this scale appear to have healthy attachments to their parents, they also seem to have difficulty adjusting to

college. This may be because these adolescents tend to come from cohesive family systems in which independent functioning may not be given priority.

Similarly, adolescents with elevations on the Enmeshment-Seeking scale are not emotionally autonomous from their mothers and also tend to come from cohesive family systems. However, surprisingly, these individuals appear healthier than those with elevations on the Nurturance-Seeking scale. Although they report more physical symptoms, they also tend to be less lonely, less anxious, and to have greater social support and self-esteem.

In comparing the items on these two scales, however, this difference becomes more understandable. Whereas items on the Nurturance-Seeking scale have a nostalgic, passive, and lonely quality to them (e.g., "I feel lonely when I'm away from my parents for any extended period of time," or "I preferred the younger years of life when I could rely on my parents for guidance to get along"), items on the Enmeshment-Seeking scale allude to positive (although enmeshed) feelings in the present (e.g., "I feel so comfortable with one of my friends that I can tell him/her anything," or "there's a certain sense of oneness that I feel with other people"). Thus, although the Enmeshment-Seeking scale may indeed indicate

individuals with compliant, submissive, and dependent characteristics, as it is supposed to, it does not seem to be effective in differentiating individuals who manifest these traits to an excessive and pathological degree.

The Engulfment-Anxiety and Separation-Anxiety scales both were found to be elevated in individuals who also exhibited elevations on measures of maladaptive adjustment (see Table 3) and who presented low scores on measures of positive adjustment (see Table 2). Thus, such individuals have a greater likelihood of suffering from depression, loneliness, anxiety, physical symptoms, low self-esteem, poor social support, and difficulty adjusting to college.

Interestingly, while these two scales (Engulfment- and Separation-Anxiety) were similar in their correlations with measures of adaptive and maladaptive adjustment, they were quite distinct from each other on measures of family functioning (see Table 1). While Engulfment-Anxiety correlated significantly (and in an unhealthy direction) with measures of emotional-autonomy, parental attachment, and family cohesion and adaptability, Separation-Anxiety significantly correlated with none of these.

This distinction makes sense, however, when one considers that individuals who suffer from inordinate

engulfment-anxiety are more likely to have a history of avoiding and rejecting emotional nourishment from family members - nourishment which could be important in developing an ability to function independently- whereas individuals who exhibit separation-anxiety would be thought to seek out such nourishment to an excessive degree.

As expected, adolescents with elevations on the Dependency-Denial Scale tended to be poorly adjusted. They were lonely, anxious, depressed, low in self-esteem, and low in social support. Such adolescents also tended to come from family systems low in cohesiveness and to have difficulty adjusting to college. These adolescents apparently utilize defenses (e.g., denial) which are ineffective in helping them maintain a sense of composure and security. Thus, although they are struggling to maintain autonomy, this effort is insufficient, leaving them vulnerable to the pain of maladjustment. Their denial of dependency needs, then, seems to be the least adaptive of the separation-individuation approaches.

Adolescents with elevations on both the Self-Centeredness and the Healthy-Separation scales, on the other hand, tended to be rather healthy. They reported greater self-esteem and social support, and lower anxiety and loneliness. These adolescents tended to

come from healthy family systems, which were higher in both adaptability and cohesiveness.

Two significant differences between these two scales, however, were that adolescents who scored high on Self-Centeredness tended not to be emotionally detached from their parents, and tended to score higher on measures of healthy-attachment to their mothers. While these would generally be seen as healthy indications, they were not found in the scores of adolescents who scored high in Healthy-Separation. Thus, although adolescents who are high in Self-Centeredness may be seen to exhibit a healthy attachment to parental figures, this attachment may simultaneously indicate an inability to maintain a healthy disposition without parental support. Adolescents who are high in Healthy-Separation, on the other hand, have apparently internalized enough of their parent's supportive operations to enable them to function autonomously, yet not become emotionally detached.

Thus, from this correlational analysis of the seven SITA scales, it is apparent that the SITA is valuable a psychodiagnostic tool. Moreover, because these correlational relationships concur reasonably well with apriori predictions, they also support the theoretical foundation from which the SITA scales were

derived, and thereby offer at least partial support for the "real world" manifestation of the separation-individuation stages in adolescence, and for separation-individuation as an underlying developmental theory.

Cluster Analysis

More evidence for the SITA as a diagnostic instrument, and for separation-individuation as a developmental theory, was provided by cluster analysis. Here the relationship between an individual's particular SITA profile - which reflects his or her resolution of separation-individuation issues - can be related to other measures of general psychological well-being.

Cluster 1: Anxious Deniers

Looking at the SITA profile of Cluster 1 (Figure 1), this group can be seen to be the least well-adjusted of the four clusters. While these subjects appear to be quite anxious, they are also unable or unwilling to act in a way which may alleviate such disturbing feelings.

These subjects apparently have not yet developed a clear sense of psychological boundary between self and other. Consequently, they experience great anxiety both when separated from loved ones and when close to them. At the same time, they deny any need for loved

ones and are reluctant to seek them out. This leaves them in a chronic state of anxiety - unable to negotiate a comfortable interpersonal distance with others, yet paralyzed to do anything to improve their situation.

As would be expected, subjects with such poorly resolved separation-individuation issues also tend to come from family systems low in both cohesiveness and adaptability. Consequently, these subjects face the world feeling lonely, depressed, anxious, and low in self-esteem, but do not appear to have the family or social support which may alleviate such distress.

Cluster 2: Healthy Separators

Subjects in Cluster 2, on the other hand, appear to be the best adjusted of the four clusters. Apparently having progressed appropriately through the stages of separation-individuation, these subjects seem to have acquired a healthy sense of interpersonal boundaries. When in need of interpersonal support they are willing and able to seek out others in an open, self-secure manner.

Not surprisingly, these subjects tend to come from cohesive, adaptive families systems. They appear to be able to draw support from those around them when needed, but not at the expense of personal autonomy or self-esteem.

Of course it must also be recognized that all the instruments used in this study were self-report measures. Thus, such a "healthy" profile for this cluster may be the result of subjects who are "faking good."

Cluster 3: Peaceful Detachers

Whereas members of Cluster 2 are comfortable with both interpersonal distance and interpersonal closeness, members of Cluster 3 are comfortable with only the former (Figure 3). Thus, they tend to feel anxious with too much interpersonal intimacy. However, while this may reflect a somewhat less healthy resolution of separation-individuation issues than Cluster 2, these subjects are at least able to alleviate some of their anxiety by distancing themselves from others. Because they can take such action without bringing on depression or loneliness, this group appears somewhat healthier than members of Clusters 1 and 4.

It is interesting to note that while Cluster 3 is closer to Cluster 1 (the least healthy group) on measures of family functioning, it is closer to Cluster 2 (the healthiest group) on measures of positive adjustment and maladaptive adjustment. The reverse is true for Cluster 4. That is, Cluster 4 is closer to the healthy group on measures of family functioning,

yet closer to the least healthy group on measures of positive and negative adjustment. The question arises, then, how can a group of subjects who are apparently from a healthier family system (such as Cluster 4) simultaneously look less healthy on measures of positive adjustment and maladaptive adjustment than a group from an apparently less healthy family system (such as Cluster 3)? After examining the respective measures of family functioning (Figure 5) and the individual SITA profiles (Figures 3 and 4) for these two clusters, this apparent anomaly can be understood.

Looking at Figure 5 it is apparent that members of Cluster 3 not only tend to be from less cohesive and adaptive family systems than members of Cluster 4, but also tend to be less attached to parental figures. While this might intuitively suggest that members of Cluster 3 should therefore be less healthy on other measures of psychological adjustment than members of Cluster 4, examination of Figures 3 and 4 highlight why this is not the case.

Looking at Figure 3, it is apparent that members of Cluster 3 do not seek much nurturance from others, and do not suffer from much separation anxiety. Indeed, as indicated by their high scores on Engulfment-Anxiety, these subjects are more comfortable with interpersonal distance. Thus, although they are

not particularly "attached" to their parents, they are also not particularly anxious about the implied emotional distance. This cannot be said for members of Cluster 4, who, upon examination of Figure 4, apparently do seek nurturance and do suffer anxiety when separated from loved ones. Thus, it would be expected that these subjects (Cluster 4), who are away from family while attending college, would suffer more adjustment problems than members of Cluster 3, who, while also away from family members to attend college, are more comfortable with such interpersonal distance.

Cluster 4: Succorance Seekers

Cluster 4 contains subjects who tend to feel, like members of Cluster 2, appreciative of support from their families and friends. However, as noted in the previous paragraph, this appreciation and need for support may come at the expense of emotional autonomy. Consequently these subjects appear to be overly attached to their families, seeking nurturance to an excessive degree and feeling anxious when separated.

It seems understandable then, that, having been separated from their families when they left for college, these adolescents tend to manifest increased feelings of depression, loneliness, and anxiety, and decreased self-esteem. These symptoms are somewhat less severe than they are in Cluster 1, however,

because members of Cluster 4 appear to be more comfortable with interpersonal closeness. Thus, while they may tend to be overly dependent, they are, unlike members of Cluster 1, at least able to turn to others for support when they need it.

Thus, through cluster analysis, four distinct sub-groups of subjects were identified within the total subject pool. These sub-groups appear to represent four characteristic patterns of behaving and feeling in the world, as reflected in the relationship between SITA profiles and measures of family functioning, positive functioning, and maladaptive functioning.

To the extent, then, that these SITA profiles seem to relate, in a coherent and sensible fashion, to other psychological indices, the value of the SITA as a diagnostic tool, and of the separation-individuation theory from which it was derived, is further supported.

It is important to note, however, that because this study utilized a large number of subjects, some of the significant correlations found actually accounted for only a small amount of the variance (less than one percent in some cases).

Further, although these results offer support for the SITA as a psychodiagnostic tool, and for separation-individuation as a developmental theory, more work is necessary in this area. It would be

helpful, for example, to look at longitudinal data, to see if observed developmental patterns correspond with those theoretically predicted. Likewise, it would be interesting to see if the distinctive clusters identified in this study may generalize to other populations, and thus represent more pervasive personality patterns within our society.

SUMMARY

By administering the SITA along with a battery of psychological tests to 454 undergraduate college students, and analyzing the results (using correlational and cluster analysis) with respect to predictions derived from the underlying theoretical literature, this study offers partial support for the construct validity of the Separation-Individuation Test of Adolescence (Levine et al., 1986) and for the "separation-individuation" process it purports to measure. It was noted, however, that while these results offer support for the SITA as a psychodiagnostic tool, and for separation-individuation as a developmental theory, more work is needed in this area, particularly longitudinal and cross-validating research.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

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

4/17/90
Date


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