

REGRESSIVE BEHAVIOR IN GIRLS AT THE END OF LATENCY :

A DEVELOPMENTAL CONSIDERATION

GABIE BERLINER

1983





REGRESSIVE BEHAVIOR IN GIRLS AT THE END OF LATENCY:  
A DEVELOPMENTAL CONSIDERATION

A dissertation submitted to the  
Institute for Clinical Social Work  
in partial fulfillment of the requirements  
for the degree of Doctor of Philosophy  
in Clinical Social Work

By

GABIE BERLINER

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INSTITUTE FOR CLINICAL SOCIAL WORK

We hereby approve the dissertation

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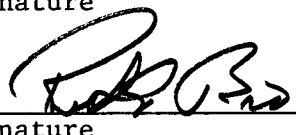
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## DEDICATION

To my father in memory of the seeds of  
knowledge he planted and  
To my mother in new mutual freedom  
and understanding.

## ACKNOWLEDGEMENTS

This has been an adventure in learning unmatched by anything I have ever experienced. I started a journey knowing which peak I wanted to climb. Soon I was faced with an entire, exciting mountain range. It became a baffling challenge of choices. Always there was the temptation to stray this way or that, to enjoy every vista.

Numerous people made the journey possible by their assistance, patience and loyalty. Some deserve special credit.

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I am grateful to my old friends, especially the Flat Earthers, who remained loyal while I went off on my long solo journey and brought me back to their warm hearths now and then. My family was immensely patient, supportive and caring.

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## ABSTRACT

This dissertation is an exploratory-descriptive case study which examines an aspect of child development hitherto inadequately recounted. The central question arose from the author's clinical practice in which she was treating three girls between 9½ and 10½ years of age. The presenting problems appeared to be similar: renewed dependency on their mothers; whining and crying, temper tantrums or physical upset upon separation; difficulty remaining in school; diminished peer relations. The research question then became: What factors would contribute to girls' renewed dependency in on their mothers at the end of latency?

A major portion of this project is the review of theoretical, clinical and research literature examining reactions of girls to the developmental stress of prepuberty which begins around the age of ten. The characteristic behavior described is in sharp contrast to the observations of the three girls cited in this study. The literature typically portrays prepubescent girls as oppositional and belittling in relation to their mothers.

Theorists who have studied adolescent development, such as Peter Blos, have found a close resemblance between the preadolescent and the preoedipal child. Other theorists, such as Anna Freud, have documented the occurrence of regression to earlier behaviors when a developmental push or transition is experienced. Several significant factors that influence the form of regression emerge from this review. The nature of the mother-daughter relationship during the first three years, the emotional availability of the father as a special person to the little girl in her second and third years, and a mutually caring, supportive, special relationship between mother and father during those first few

years are critical ingredients for the healthy progress from dependency to autonomy. If a little girl fails, for any combination of reasons, to make an adequate emotional separation from mother and attachment to father (or other adult) in the preoedipal period, she will likely experience a renewed dependency on mother during the developmental crisis of prepuberty.

The three cases, which initially appeared to illustrate dependency equally, upon closer examination demonstrated two different forms of dependency: passive and aggressive. Two of the cases, in which the mothers were over-invested and the fathers emotionally unavailable, exemplified passive dependent regression. The third, in which the mother was inadequate and the father very involved, demonstrated aggressive dependent regression. While not definitive, this study suggests the need for further examination, such as a larger scale survey or longitudinal study.

The project concludes with an exploration of suggestions for possible further research and ideas for the application of the information gathered herein in therapeutic and consultative practice. It is also proposed to label the developmental stage currently known as preadolescence with a title implying a separate identification from latency or adolescence. The term suggested and used in this study is Transitional Stage.

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## CHAPTER I

### INTRODUCTION

The seed of this project was planted two years ago when the author was treating three girls, all approximately 10 years old, with similar presenting problems: renewed or increased clingy, whiney, dependent behavior with their mothers. The research question germinated when she recalled some of her own feelings at that age. She began to wonder what contributed to such a pattern. Now in bloom, this project is intended to explore, describe and define some of the factors contributing to such dependent behavior in girls. It will also be shown why greater knowledge in this area has significance for the practice of social work.

The transition from latency to adolescence is a developmental stage that has been given little attention. One of the important questions about this phase that has not been adequately explained is: why would some girls regress to dependency on their mothers while others become oppositional, antagonistic and critical of their mothers at the end of latency (about age 10 to 11)? It is the latter description that is most commonly found in the literature which will be reviewed in the next chapter. Several sub-questions present themselves. (1) What are the characteristics of this behavior? (2) Are there different forms of regressive dependency? (3) What are the various factors that contribute to this behavior? (4) How can this behavior be understood developmentally?

### The Characteristic Behavior

The three girls who are the subject of this study varied in their behavior and personality traits, but they had one general characteristic in common. All three had severe reactions to separation from their mothers. Typical amongst them were tearfulness or temper tantrums when mother left the child at home (e.g. to go on a date or away for the weekend), homesickness and inability to remain away when the child herself went overnight to a relative or friend, and resistance to attending school, including somatic complaints to bring about staying at home. They all had increased investment of energy in their mothers with reduced involvement with peers.

While none of these girls had been extremely outgoing and independent throughout latency, they had achieved two significant and age-adequate objectives along the line of autonomy. First, they had established positive peer relations. They made and maintained friendships and experienced pleasure from those friendships. Second, they liked school, did well academically and socially, and, again, experienced pleasure from learning and producing. The dependent behavior at time of referral (ages 9 years 7 months, 10 years 3 months, and 10 years 5 months) represented a shift back to a greater level of dependency on their mothers than they had exhibited for the preceding several years. Prior to this referral they had not been identified by family members or outside observers as having any particular adjustment problems.

One of the subquestions raised at the outset was: what are the characteristics of the dependency behavior observed in the subjects of this investigation? While they had many similarities, such as somatic symptoms, whininess and upset at separation from mother, there was also a

significant difference. Two demonstrated passivity and the third showed marked aggressiveness. The passive dependent behavior consisted of depressed affect, crying, a weak babyish tone of voice, pleading to stay with mother and lack of effort to relate to peers. The aggressive dependent behavior consisted of screaming, angry affect, door-slamming and tantrums typical of a two-year-old.

The Propositions to be Explored -- The Forces  
That Come Together at End of Latency

The first issue to take into consideration is the significance of the child's chronological age: why do these psychological changes take place at this particular time after the relative quiescence of the latency period? The transition from latency to adolescence is a neglected subject in the literature. Few writers treat the subject of preadolescence as a stage separate from latency or adolescence. There has been a tendency to see girls as being in latency until the obvious, dramatic event of the onset of menarche and then consider them to be adolescents. This issue will be discussed in greater depth in the literature review. It is proposed that several forces come together at the end of latency (approximately age 10 for girls) that set psychological regression in motion: biological, socio-cultural, and the nature of object relationships at that stage of development.

There is extensive literature in the field of endocrinology that points to significant hormonal and bodily changes that begin in girls at about the age of 10 (Kestenberg 1980, Harley 1971, Beiser 1980). Because the biological changes at this age are for the most part internal and invisible it is easy to overlook their occurrence and impact.



Another force is socio-cultural. Girls at age 10 to 11 are likely to be in fifth grade. In many school systems this is the last year they are in elementary school before entering junior high. It can be proposed that the anticipation of leaving the familiar, close-to-home, protected school setting where they are in one class with one teacher for the less structured setting of multiple classes and teachers is frightening for many girls. Likewise, many mothers view their daughters' entry into junior high with apprehension, recognizing their lessened control in the environments and lives of their children. One may also wonder what effects current sociological trends, such as increased family disintegration and increased attention to changes in women's roles, have on the stresses that are experienced by girls in this stage. The effects of divorce and the effects of cultural stereotypes in the identity development of girls will be reviewed.

The other area to explore for understanding why regression occurs at this time is found in psychoanalytic theory. According to much of the literature (notably Blos, Deutsch, A. Freud), the characteristic behavior of prepubertal girls is quite the opposite of what was presented by the subjects in this study. Two themes are described in the psychoanalytic literature. One is that prepubertal children experience a pull back to the attachment with preoedipal mother. The other is that the oppositional behavior toward, and criticism of, mothers by daughters in this stage is normal defensive behavior against that regressive pull. At this time girls may turn more to their fathers or other objects of the opposite sex.

Developmental Theory - The Framework  
From Which to Explore

The theoretical framework that serves as the foundation for this study is object relations theory, particularly as it is expounded by Margaret Mahler in separation-individuation. Its roots are grounded in Freudian psychoanalytic theory, but the emphasis seems far more human and interpersonal and less biological, mechanical and impersonal. The predominant focus is on the psychological development of the infant and child as a result of her relationship with, and reactions to, the significant objects (parenting figures) in her world. One advantage of Mahler's perspective is that she integrates the physical and cognitive maturational processes as well as the interpersonal context into her developmental theory of separation-individuation. The author prefers this more humanistic, more inclusive approach over the classical Freudian emphasis on drives which seems impersonal, mechanistic and underemphasizes social relationships. The other reason is that she bases her theory on direct observation, much as Piaget did, rather than the method Freud developed of reconstruction from the unconscious.

However, separation-individuation as a level of theory is not divorced from classical psychoanalytic theory. The former does not disprove, dispute or reject the latter. Mahler's stages correlate with Freud's oral, anal, phallic, etc. She still believes in the "developmental process that culminates in a well-defined oedipus complex..." (Mahler 1979, Vol. II, p. 195). Mahler has continued the evolution of thought and knowledge where Freud left off.

To understand the psychological state of a girl at the end of latency, one must understand first the process and all its related components (internal and external) by which she proceeds from total

dependency and oneness with mother in infancy to an autonomous self. One must also understand the process by which she has moved from a dyadic relationship with mother to a triadic relationship (oedipal stage) and eventually to peers. Psychoanalytic object relations theory, as expounded by Mahler, provides such integrated knowledge. McDevitt (1980) refers to Mahler's label for her theory as a "general psychoanalytic theory of early development," (p. 145) not solely object relations. The book coverfly of Mahler's two-volume Selected Papers describes her frame of reference:

Dr. Mahler has integrated into our existing body of developmental knowledge detailed and systematic findings on the beginning enfoldment of object relations with their numerous variables. Her theoretical frame of reference was fundamentally and consistently psychoanalytic and, although her accent was on the genesis of the ego and of self-identity, she was ever aware of the reciprocal relationship between ego and drive development... Her findings on the early years of life have equal pertinence for the less severely pathological formations in that they not only shed light on the oedipal problems but, additionally, heighten our sensitivity to nuances of adaptation and defense, that is to character formation.

Anna Freud was an earlier pioneer in formulating a model for assessing normal development as well as identifying the kinds and degrees of derailments. However, she has continued to maintain a primary focus on drive activity. Mahler has moved further toward a primary focus on the interactions between a child (given its drives and constitutional make-up) and its human and physical environment. This focus is more in keeping with the traditional social work stance. Social work values and practices put forth by pioneer and leading social work theorists (Richmond 1922, Hamilton 1951, Perlman 1971, Hollis 1972) have repeatedly stated such values as understanding the individual in relation to others, his problems in terms of social maladjustment, and his symptoms as efforts at coping. The essence of social work practice is to fully

comprehend and then assist the individual to achieve a maximal utilization of all the intrapsychic, physical, social and environmental resources that have created and then impinge upon him.

### An Organizing Assumption

The organizing assumption of this exploration is that in early development, in the period of preoedipal and oedipal development and resolution, the girl was unable to make a fully successful separation from mother and attachment to father. This occurred either because father was remote or unavailable or because mother sabotaged such a relationship by overinvestment in the child. Later, under the stress of prepuberty which stimulates emotional regression, the girl will not have an already established, positive relationship with her father to fall back on in defense, the regressive pull will be more powerful than the defensive structure, or the consequence of resisting the regressive reunion with mother will be too threatening (e.g. if the mother is the only available parent).

At first consideration it appeared that the loss of the father by divorce was a key factor. However, similar regression was observed by the author in intact families, leading her to consider that the quality of the child-father and child-mother relationships may be more significant than the physical absence of the father. The "normal" (most commonly described) preoedipal process for girls is to shift away from mother to father as predominant love object. At prepuberty this shift is repeated with oppositional behavior toward mother and increased interest in, and need for, father. If in the pre- and oedipal stage this shift is incomplete, unsuccessful or impossible, and the girl retains her basic primary attachment to mother, then at prepuberty the normal regressive

pull reactivates and makes more overt the emotional attachment to mother with greater dependency behavior rather than oppositional behavior. Put another way, the key to the nature of a girl's relationship with her mother during preadolescence is the nature of her relationship with her father and mother prior to and during the oedipal stage. If one considers the concept of regression one must include the question "to what is regressed?" To merely say that the preadolescent child regresses to the preoedipal mother is not enough. One must take into account the nature of the preoedipal relationship and how the oedipal period was resolved in order to have a complete picture of that regression.

### The Question of Normality or Pathology

Although the author's interest in this topic was sparked by her experience with children brought to a clinic for therapy, she is not describing their behavior as pathological. Rather, this study explores their behavior as an aspect of development. It can be considered to lie in the range of normal behavior and is pathological only if it severely interferes in functioning, is disturbing to the family system, or blocks developmental progression. Degrees of normality or pathology will be discussed later in relation to the cases.

### Definition of Terms and Concepts

Before proceeding further, the meanings of central concepts, as they are being used in this study, need to be clarified.

Preoedipal and oedipal stages: These are familiar psychosexual stages in Freudian theory which have undergone much controversial alteration. For the purpose of definition at this point, the preoedipal stage represents



the time approximately following the resolution of separateness and individual control (the anal period) during which the child's primary relationship is still a dyadic but ambivalent one with the mother. The oedipal stage is the phase during which the child negotiates and resolves her competing and conflictual sexual feelings in relation to both parents.

Latency: This is a stage of psychological development, corresponding roughly with beginning school at age 5 or 6 to the beginning of puberty. It is characterized by a smooth relationship between child and parents, an even balance between attachment to family and peer group, predictability of behavior and mood, high interest in learning and accomplishment, low level of sexual and aggressive activity, and slow and even growth rate.

Puberty: This term refers to a period of biological, physiological, hormonal change covering roughly an age range of 9 to 13. While some hold to a simplistic definition that puberty is the attainment of fertility (onset of menarche in girls), others define it as a maturational process beginning with the first changes in level of hormonal secretion to attainment of fertility (Frank & Cohen 1979, Kestenberg 1980, Sklansky 1980).

Prepuberty: Still other writers (Tanner 1971, Gordon 1971) divide the entire puberty process into subphases, defining prepuberty as beginning with the first hormonal shifts that cause the start of a growth spurt in girls around the age of 10 and ending with the appearance of secondary sex characteristics (breast buds) at about age 11. From this point up to onset of menarche at about age 13 is puberty proper.

Late Latency/Preadolescence: This is the psychological stage that corresponds with the period of biological change in the prepuberty period as defined above. There is no agreement whether this transitional period is connected more with the end of latency or the beginning of adolescence. Those who see latency as a stage of diminished drive activity (A. Freud 1937, Blos 1970) are more likely to refer to this stage as preadolescence and apart from latency. Those who see latency as a period of defense against drive activity (Sarnoff 1976, Moore 1974) are more likely to refer to it as late or end of latency. Others (Deutsch 1944, Greenacre 1950, Spiegel 1958) avoid the issue by using the term prepuberty to describe the psychosocial and psychosexual as well as biological aspects of this phase.

The terms puberty and prepuberty will be used to describe the biological maturational process. Since a new and different name for the transition from latency to adolescence is not yet available, the terms late latency and preadolescence will be used interchangeably or hyphenated according to Sarnoff.

Autonomy vs. dependency: Autonomy is a state in which the "ego can maintain itself by its own resources" (Benedek 1956, p. 409) and does not require the direct presence, feeling or influence of a parental figure for that maintenance. It represents a psychological state of being that is relative according to age-adequate ego development. Dependency refers to the emotional state in which a child must have the presence (physical or in mind) of the parental figure to maintain self-identity and esteem. Neither of these concepts refer to presence or absence of physical independence which a child may be capable of while still being emotionally dependent on a parent. Murphy and Moriarty (1976) defined

autonomy as: "Freedom to act on one's own without seeking direction or reassurance when one feels competent and confident" (p. 390). Gardner and Moriarty (1968) defined ego autonomy as flexibility, cohesion and resistance to regression and disintegration in face of pressures from id forces and environmental forces. Inadequate autonomy from id pressures results in acting out; poor autonomy from environmental pressures results in constriction. Similarly, Harris (1959) stated that the well-adjusted, autonomous child responds to some degree of "normal" stress with adaptation, adjustment and growth rather than constriction or loss of control.

Regression vs. recapitulation: Some authors have differentiated between these terms (Winestine 1973) to signify a pathological move back to earlier behavior or coping patterns (regression) in contrast to normal repeating of earlier patterns under similar later conditions (recapitulation). However, some use the term regression to include a normal process that occurs in connection with important achievements and developmental progression (A. Freud 1966, Blos 1979). The term regression will be used in this study without implication of pathology.

### The Content of This Study

The remainder of this study consists of five chapters. Chapter II is an explanation of the methodology, including the design and procedure, justification, and limitations. Chapter III is a review of the literature, both theoretical and research. It is an undertaking of major proportion and is therefore a large section. The first part of the literature review chapter is a statement of the theoretical framework within which this study is constructed. Normally the literature review precedes the methodology. However, this researcher chose to reverse the

usual order to provide a smoother flow between the theoretical and case material. The data are presented in Chapter IV. The three case histories of Ann W., Bonnie Y. and Celia Z are described, focusing on history, development, childhood experiences and relationships, parents' histories and personalities, and the child's memories. Chapter V is a discussion of the findings, including the four themes of (1) the separation-individuation experience, (2) the mother-daughter relationship, (3) the father-daughter relationship, and (4) the evidence of prepubertal mood and behavior changes indicative of the transition from latency to adolescence. Chapter VI concludes this study with implications for further research and for clinical practice.

## CHAPTER II

### METHODOLOGY

Possibly the most basic reason for embarking on any research is the same that Sir Edmund Hilary gave for climbing Mt. Everest. "Because it is there." It would be a shame to make an observation and walk past it, leaving it unexplored. When a clinician makes an observation of a behavior that seems not to fit a usual pattern but contains elements of familiarity, it is all too tempting to want to explore, to look in depth and gain greater insight and understanding.

If the clinician-researcher failed to pursue the challenge, she would miss out and all of mankind would be deprived of the furtherment of knowledge and the betterment of its human and environmental condition. In conducting this investigation the goal is that both the individual challenge and the contribution to man's better understanding and well-being will be achieved.

One may then be inspired to embark on the adventure of exploring ideas. But one is soon faced with more earthly decisions such as what route to take up the mountain and what equipment one needs to negotiate the terrain. Hilary's success must have been related in large part to meticulous planning and attention to detail.

#### Scope of the Study

The first question faced by this researcher was whether to examine the frequency or prevalence of a behavior pattern in a large population

or to study the reasons why the behavior occurs. The choice was easy, since, as a clinician, the author was more interested in the question of why than how many. Therefore, this is an exploratory-descriptive, representative case study with a small sample. It can be considered a preliminary exploration which attempts to generate hypotheses that can be verified later with a quantitative, experimental, statistical method of larger scope.

### Type of Research

Numerous labels have been given to the general design of the research employed in this project. Most commonly it is referred to as exploratory, descriptive, or exploratory-descriptive (Tripodi et al 1969, Polansky 1975) and as single or representative case study (Glaser and Strauss 1967, Polansky 1975, Hersen and Barlow 1976, Tripodi et al 1969, Davitz and Davitz 1967). The characteristics of exploratory-descriptive research are that it develops and refines concepts and "articulates questions and hypotheses for subsequent investigation" (Tripodi et al 1969, p. 25). It uses qualitative data to a greater extent than quantitative data to describe a phenomena. The generation of new hypotheses can later be tested by quantitative, experimental research (Hersen and Barlow 1976). Glaser and Strauss (1967) refer to this as research that generates substantive theory, which is an empirical, experiential form of social inquiry in which categories and properties emerge and become related. This form of investigation can lead to formal theory.

A closely related type of research described by Isaac and Michael (1971) is causal-comparative research and by Kerlinger (1966) as ex post facto research. It investigates "the cause-and-effect relationships by

observing some existing consequence and searching back through data for plausible causal factors" and "is in contrast to the experimental method which collects data under controlled conditions in the present" (Isaac and Michael 1971, p. 22). It is ex post facto, seeking out data after the events have occurred. In other words, using this type of research to understand why some girls become increasingly dependent on their mothers at the age of about 10, a number of factors having to do with their early patterns of dependency and object choices are examined historically, "seeking out causes, relationships, and their meanings" (Isaac and Michael 1971, p. 22).

Another description of the type of research employed in this project is the single or representative case study (Glaser and Strauss 1967, Hersen and Barlow 1976, Polansky 1975, Tripodi and Epstein 1980) or case and field study research (Isaac and Michael 1971). Although Isaac and Michael list this as a research type different from the others (such as causal-comparative or descriptive), one can consider the case and field method compatible with exploratory-descriptive or causal-comparative. It is just as reflective of the population being studied as the method of research. Isaac and Michael's definition of the purpose of case and field research is "to study intensively the background, current status, and environmental interaction of a given social unit: an individual, group, institution, or community" (p. 20). The single, or representative, case study provides an intensive study of a social unit by means of "natural observation" rather than experimental manipulation (Davitz and Davitz 1967). The use of one or a few cases can provide an in-depth study that leads to insights, ideas and hypotheses that form the basis for later investigation and testing (Hersen and Barlow 1976,

Polansky 1975). Such studies are particularly relevant when there is a dearth of theoretical and conceptual explanations available for understanding the behaviors under study. Despite the extensive literature to be reviewed, none adequately explains the particular behaviors which are the focus of this study.

### Design and Procedure

#### Sample and Population

The sample (Appendix G) consisted of three girls, Anne W., Bonnie Y and Celia Z, who were referred to a mental health children's outpatient service at ages 10 years 3 months, 9 years 7 months, and 10 years 5 months respectively. They were all Caucasian, lived with their mothers and one sibling in a predominantly middle class, white, suburban community. Their parents were divorced, there was contact with their fathers living in the nearby area, and they attended public school.

These three cases were selected because of the similarity of their presenting symptoms, their similar ages and because they were seen by the researcher during an overlapping time span. It was the confluence of those three factors that stimulated the research question. The limitations and justifications for using a small sample are discussed at the end of this chapter.

#### Data Collection Methods

There were two sources of data. One was the material from the case records of the three families dating back 2½ to 3 years, including the therapists' observations and clinical experience with the three mothers, one father, and the three girls. The other source of data was from the additional interviews with the parents and children conducted for this



project. These interviews will be referred to as the post-clinic interviews. It should be noted that one entire family (the Z's) refused to participate in the post-clinic interviews, as did Bonnie's father, Mr. Y.

After pretesting the interview with a colleague, the post clinic interviews consisted of two parts: one with the individual parents and the other with the girls. First a semi-structured interview with the mothers was used to obtain more complete family background and developmental history. (See Appendix C, Part I.) Their own expectations and values for their children and marriages and their feelings of satisfaction or disappointment in relation to their daughters were explored. This questionnaire was devised by the researcher to flow from more specific, impersonal, less threatening demographic information to more general, personal, attitudinal information in order not to plunge too quickly into vulnerable areas. A structured list of behavioral descriptions in several age categories (Appendx C, Part III), devised by the researcher, was used to help them recall the disposition, behavior and style of relating of the subject child. These age categories correspond roughly with Mahler's developmental stages and include pairs of opposite behaviors or moods typical of each developmental stage. The fathers were interviewed using an abbreviated interview schedule (Appendix F), excluding family and developmental history. Special attention was given to each father's expectations and values regarding his daughter, his perception of her disposition and behavior, how she related to him, and his impressions of her relationship with the mother. The age span focused upon was from birth up to beginning school. The father's own family history was also obtained. These interviews were

done in several sessions and were taped for later review and analysis. The parents were requested to choose a convenient time and a place free of interruptions and distractions.

The purpose of these interviews was to gather information and to gain a picture of the child's relationships with her parents from infancy up to school age. This included obtaining data about family life and experiences such as the marital relationship, moves, parents' work history, siblings, the parents' expectations regarding their children at birth, and the course of development of the child. A second purpose was to trace the child's tendency toward peer and independent activity vs. need for parents and to determine if, when, and why there were changes.

The author decided to use semi-structured interviewing rather than questionnaires or structured interviews for several reasons. One was that interviewing permits more in-depth probing for information one can otherwise easily miss. Another reason was that the interviewer could be flexible in order to establish and maintain rapport and enable the subject to feel comfortable when sensitive information was asked for. A third reason was that the interviewer had greater knowledge of the mood of the subject during the interview than if a questionnaire was used with no or little interaction between investigator and subject. Finally, the interview provided the investigator the means for cross checking to assure effectiveness and accuracy (Isaac and Michael 1971).

In short, while interviewing may be subjective, it gives the investigator considerably more control over the amount and kind and detail of information than a structured interview (oral questionnaire) or written questionnaire. The latter has the risk of misinterpretation of questions by the subject and misinterpretation of responses by the

investigator. The interview also provides an internal means of comparing alternative explanations of the behaviors in question, thereby strengthening the inductive process.

The purpose of inquiring about the child's history of growth and development (Appendix C, Part II) was to evaluate if other areas of development followed a pattern which could shed light on the pattern of dependency (such as physical maturation, nonverbal and verbal communication, and feeding, weaning and toilet training experiences). In addition to maturational and developmental history during infancy, the mothers were asked about recent physical changes in the subject girls (e.g. growth spurts, breast budding, menstruation). These data were obtained to evaluate the total maturational pattern, and to estimate each girl's point in prepubertal-pubertal development at the time of referral and at the time of the post clinic interview.

The purpose for the checklist of descriptions (Appendix C, Part III) was two-fold. One reason was to provide a cross reference, a check against information obtained from the interviews (Kerlinger 1966), as with the use of the memory-rating scale. Second, it established a picture and baseline of the child's disposition from birth to determine if it was related to later patterns of dependency vs. autonomy. It provided a more specific picture of the child's style and pattern of object relations, including shifts from mother to father, clues to level of ego development and entry into latency, reaction to separation from mother, and adjustment to school and to peers.

The other part of the post clinic interviews was with the girls. Their interviews (Appendix D) focused on recalling their earliest memories in general and specifically about their parents. A Memory

Rating Scale (Appendix E), also devised by the researcher for this project, was administered. This unvalidated scale is patterned after suggestions in Tripodi and Epstein (1980) and in Kerlinger (1966). The same scale was given independently to the mothers to fill out as they thought their daughters would answer. During the interview with the child, she was asked if there were baby pictures and she and the interviewer looked at the albums together.

The use of the Memory Rating Scale also served the purpose of augmenting the information from the interviews. More important, by having the mother fill it out as she predicted the child would, it provided somewhat of a check of the reliability of memory, revealed discrepancies, and pointed out new information. Looking at baby albums pictorially revealed aspects of the child's early relationship with parents and developmental patterns. This provided a cross-check with the interviews and also revealed discrepancies. By using several techniques -- semi-structured interviews, structured checklists, rating scales, and observed behavior -- the risks of bias and subjectivity were reduced and reliability was increased. Each form of data gathering or measurement had weaknesses. By using several forms it was hoped that the weaknesses and biases could be controlled and cancelled out. The research studies of Harris (1959) and Sears et al (1965), which will be described and referred to later, are good examples of methodology using multiple techniques for data gathering and measuring.

#### Personality and Demographic Variables

Although this study does not propose to test hypotheses, it is a search for etiology and explanation. The phenomenon under study is

renewed dependent behavior in girls around age 10. The numerous, possible causal, variables or factors being sought are:

1. Moves, changes in living situation
2. Gains and losses of significant people
3. History of school attendance
4. Work history of parents
5. Marriage history of parents
6. Relationship between parents
7. Parent's values, attitudes, feelings, expectations of child before birth
8. Feelings of happiness or disappointment at and after birth
9. Differences/similarities between child and sibs
10. Developmental history
  - a. social interaction (smile, speech, play with other children)
  - b. locomotion
  - c. feeding/weaning
  - d. toilet training
  - e. illnesses
  - f. sexual maturation, identification
11. Separations, traumas, fears
12. Disposition at birth and through early development (pre-school)
13. Age-adequate autonomous activity (presence, absence, changes)
14. Child's preference for, seeking attention of either parent
15. Nature of child's relationship with each parent in early (pre-school) childhood and at time of referral.

#### Relevance of Research Tools to the Questions

To determine if the demonstrated behavior is indeed renewed dependency it was necessary to evaluate the patterns of object

relatedness, shifts in dependency/autonomy, and shifts in object throughout infancy and early childhood. To determine what factors contribute to dependency behavior it was necessary to know the living experiences and changes that occurred in the family (e.g., housing change, parents' job changes, marital history, other separations between child and parents, other changes in family composition, school experiences and changes). To determine the parents' contributions to the child's experience of dependency vs. autonomy it was necessary to gain insight into their own histories, personalities, expectations and attitudes toward each other and the child.

It was proposed in Chapter I that the key to a girl's relationship with her mother during preadolescence is the nature of her relationship with each of her parents during the preoedipal stage. It is further postulated that those earlier relationships are effected by the parents' relationships with each other and their values and expectations regarding their child, by the child's maturational pattern, by disruptions and changes in the child's environment and life pattern, by experiences of attachment, separation and loss. The literature review will further demonstrate the importance of these early relationships and experiences in determining the pattern of relationships and behavior in preadolescence.

There are four categories, or dimensions, that reflect the pertinent themes in the literature review and which contain the fifteen variables just listed. These dimensions will provide the basis of the data analysis in the next chapter and are as follows:

1. The separation-individuation experience, including constitutional and maturational patterns; family social

environment and the parents' relationship with each other; attachments, separations, disruptions and losses that can affect ego functioning in the area of autonomy/dependency.

2. The mother-daughter relationship, including how the mother's attitudes and expectations are communicated to, and internalized by, the child.
3. The father-daughter relationship including his attitudes and expectations, his availability and response to the child, and sex-role expectation.
4. Evidence of transition from latency to adolescence, including physiological, mood and behavior changes.

### Analysis and Interpretation of Data

A systematic approach will be used to analyze the data in Chapter V. First, in Chapter IV, each case will be described, presenting data from all the available sources. This will be done first without interpretation. In Chapter V each of the three cases will be analyzed for the frequent and prominent features and tendencies, and the cases will be compared for similarities and differences. Interpretations of the data will be made. Except for comments on the results of the Memory Rating Scale, the analysis will be qualitative rather than quantitative. The theory, which will be reviewed in Chapter III, will be applied to the interpretation and discussion of the findings in Chapter V. Because this is a theoretical, clinical study, the review of the existing theoretical literature is a major aspect of this research. The analysis of the data, therefore, will include an integration of the theoretical findings from the literature.

### Limitations

There are two general areas of weakness in this research design: the small number of the sample and the nature of ex post facto research

(Kerlinger 1966). The small N does not make it possible to establish many comparisons or correlations. Because of the small N there is also a lack of standardization of interview settings. The sample was further reduced because one of the original three families did not volunteer to participate in the post clinic interviewing. Differences between those who volunteer and those who do not can be assumed but not identified or measured in any systematic way. Not only is the sample small but it is self-selecting rather than randomly selected. Questions of bias on the part of the researcher who selected the cases as well as in the motivations of the subjects can be raised. Because of the small sample it is impossible to make generalizations to the population at large.

The nature of ex post facto research also contains weaknesses. One is the inability to control the independent variables as one can in experimental research. It is difficult, if not impossible, to determine which variables are cause and which effect. At the same time it is impossible to know if all relevant causative factors have been included.

Because of the use of unstandardized instruments and the uncontrolled nature of the interviewing (different settings, variations in the semi-structured interview questions), there is a question of reliability. Validity and reliability can be questioned in relying on the memory of the subjects and on the subjectivity of the reporter (the parent) in reporting the observed behavior and making inferences. When the parent reports the child's behavior or the child rates her memories, numerous biases are likely to be included. A halo effect (too high a rating) or error of severity (too low) can occur. The lapse in time between the clinic contact and the post clinic interviewing can have an effect on the reliability of the reporting. At least there is an



approximately similar time lag in all three cases. Another bias can result from the researcher's expectations leading to self-fulfilling prophecy, something easier to prevent in an experimental design and with a large, randomly selected sample. Such bias can also occur by using interviewing rather than a questionnaire or standardized test. The interviewer subjectively chooses the areas to pursue with in-depth questioning. However, skill, experience and awareness of the biasing tendencies on the part of the interviewer can help to prevent this from interfering with the results (Isaac and Michael 1971).

#### Justification

The specific cases that stirred the author's curiosity lend themselves to representative case study in the exploratory-descriptive mode of research. They are there, to paraphrase Sir Edmund Hilary, available for in-depth study. The author's interest lies more in the examination of qualitative data, a broad spectrum of variables and conditions that will shed light on the how and why questions and lead to suggestions that can be examined experimentally or with a controlled, quantitative approach later. In addition, the case study technique is more closely related to the author's clinical function and in turn is more applicable to it. It is by nature empirical and experiential (and therefore dynamic) rather than static and lifeless.

Kerlinger (1966) states that possibly half or more psychological studies are ex post facto and cites several examples of some well known research. One such example is the 1957 Sears, Maccoby and Levin study, Patterns of Child Rearing. Mothers of kindergarten children were interviewed to find the relationship between the mothers' "feelings and

attitudes toward self, husband, pregnancy, and child-rearing practices" as well as their children's behaviors (Kerlinger 1966, p. 367). This type of research lends itself better to the study of some variables that cannot be manipulated in experimental design, such as parental upbringing techniques, attitudes and values, and home background. Kerlinger also supports the use of interviewing technique for in-depth exploration, particularly if one begins with a broad, general question and funnels to more specific details.

There is a close relationship between the design used in this project and the theoretical framework upon which the research is based. Developmental theory has been built upon observation of developmental patterns, sequence, and time table, either retrospectively (A. Freud 1965), currently (Mahler, Pine and Bergman 1975), or longitudinally (Gardner and Moriarty 1968 and Murphy and Moriarty 1976). Clinical practice with children relies in part on obtaining history from the parents and their observations in order to understand and to put into perspective the child's current level of functioning and behavior patterns. The act of conducting therapy is in itself a manner of ex post facto or causal-comparative research method. It is a constant function of retrospective searching for the causal variables related to the current problem. In spite of individual differences, one can assume that there are basic human similarities and that understanding one person helps to understand many others.

Since this is clinical research using a clinic population it seems fitting to use interviewing rather than experimental method. Furthermore, the purpose of this project is to develop rather than to test hypotheses, to test the data against itself rather than to measure a

population at large, and to understand a developmental issue in-depth rather than to prove a specific phenomenon. As a clinician, this researcher is experienced in using interviewing to obtain in-depth, sensitive information, formulating hypotheses on the basis of this information, and trying and changing those hypotheses through interpretive techniques. Interviewing the subjects for the research, therefore, is a familiar process. The semi-structured, or funnel type of interviewing is a natural continuation for obtaining the additional information not gathered during the subject's clinical experience.

The interviewing was conducted in a controlled, unbiased, and nonleading manner to maximize the validity and give credence to the interpretations and conclusions.

### CHAPTER III

#### THEORETICAL FRAMEWORK AND THE REVIEW OF LITERATURE

There is a wealth of offerings in the literature representing numerous points of view about the psychological and social development of girls. It is far beyond the scope of this project to attempt to review and compare all these opinions. Some readers, therefore, will find certain contributors and perspectives missing that could lead to other conclusions about the subject in question.

The review of scientific literature will be divided into three general areas. The first is ego psychology and object relations theory within which several themes will be traced. The specific themes that will be reviewed are:

- a) the process of separation-individuation
- b) special problems of separation-individuation for girls and mothers, and
- c) the significance of the father-daughter relationship, including the impact of the parental relationship.

The second area to be reviewed is the specific literature about the transition from latency to adolescence. Few writers recognize that there is a stage separate from latency or adolescence or carefully divide latency into substages. There are also few who integrate the psychic, biological, cognitive, and socio-cultural elements of development. Prominent amongst those who have done so are Blos, Sarnoff, Gessell,

Kestenberg, and Mussen, Conger and Kagan. Probably the most thorough contemporary work on latency is that of Charles Sarnoff in his 1976 volume, Latency. He provides an excellent review and analysis of Freud's theory-building, a comparison of contemporary thought on psychosexual theory with Freud's, examination of biological and cognitive as well as psychic structural aspects of latency, and differentiation between early and late latency and the transition out of latency.

The third area will be a limited review of societal and cultural factors as external socialization influences on girls at this age in contemporary middle-class America. This will by no means be an extensive sociological study. The significant factors that will be included are changes in school setting, peer culture, divorce, and contemporary trends in women's roles. All of these influence the child's and parent's attitudes, expectations and fears and are intertwined with the child's psychic and physical development.

### Evolution of Theory

Since psychoanalytic theory essentially began with Freud it is incumbent upon us to look first at the seeds in his writings that grew into current theory and thinking. Fine has contributed an excellent review and analysis of Freud's writings in The Development of Freud's Thought (1973). Rapaport also provides an excellent, brief summary of the development of Freud's theory as well as what followed (Gill 1967). It would be a major undertaking, and far beyond the purpose and requirements of this project, to make an extensive review of Freudian theory. Others, notably Fine, have specialized in reviewing and analyzing all of Freud's writings.

Freud is typically viewed as believing that psychic development came only from internal, instinctual drives. Normality or disturbance resulted from the absence/presence or degree of conflict between drives, particularly libido (pleasure-seeking) and aggressive (destructive or death) instincts. His focus on instincts and drives gave rise to labeling his thought as id psychology (Fine 1973, Settlege 1980).

Freud was dissatisfied himself with the instinct theory and continuously reworked it. Little attention and credit has been given to the fact that he introduced the importance of "reality" and that after 1914, in what Fine calls the Ego Psychology period, it gained greater importance. While Freud maintained the importance of impulses, now contained in the id, he added the ego as that aspect of the psyche that handles reality (Fine 1973), accomplishing this with a variety of defenses. The superego, the third structure, is the conscience, the seat of values, standards and morals that results from the child's internalization of the images and values of, and identification with, his love objects.

In developing the concepts of ego and superego, Freud truly provided the foundation of what developed into ego psychology and object relations theory. In his early theorizing, Freud believed that anxiety was caused by libido and therefore was id-related. Later he shifted the source of anxiety to the ego. "Freud saw [anxiety] as a signal given by the ego to announce a danger. Investigation showed that the danger situations all embodied separation, and separation anxiety was henceforth seen as a basic type of anxiety.... The relationship between mother and child" gained greater attention (Fine 1973, p. 243).

Freud's writings from 1914 were considered as his ego psychology period. Of particular importance were On Narcissism (1914), The Ego and the Id (1923), and Inhibitions, Symptoms and Anxiety (also referred to as The Problem of Anxiety) (1926). In the first he discussed the role of objects, object choice, and the transition from narcissism to object love. In the second he explored the concept of identification and developed the concept of the Oedipus complex more fully to include the bisexuality of children and their positive and negative feelings toward both parents. It is in the third that he revised his theory of anxiety to place it in the realm of the ego and introduced separation anxiety (in the progressive forms of fear of loss of mother, fear of castration, and fear of loss of mother's love). This led into his theory of defense mechanisms in which he proposed that the ego protects itself from the dangers that precipitate anxiety.

Before the end of Freud's life, in the late 1930's, several people began the expansion of his ideas into what became known as the second era of theory formation, ego psychology per se. Hartmann (and his collaborators Kris and Lowenstein), Anna Freud, Erikson and Rapaport were prominent contributors through the 1960's (Blanck and Blanck 1974). The focus is "on the nature and variety of ego capacities and defenses and superego attitudes and qualities, and on their emergence and development within the framework of the psychosexual stages" (Settlage 1980, p. 140). The ego becomes the all important psychic apparatus that processes and controls the drives. Of great importance, Hartmann (1958) developed the theory of the ego's autonomous development and functioning from the id, emphasized the importance of reality relations and stressed the role of social relationships. Erikson (1963) developed psychosocial stages that

paralleled the libidinal psychosexual stages of Freud. The focus during this theoretical era still was on the defensive functions of the ego in relation to reality experiences and social relationships, but with growing emphasis on the role of relationships.

The current era of object relations theory was built on the concept of the importance of interrelationships. Its central concern is the development of the ego and sense of an autonomous self resulting from the process of separation-individuation from early object relationships. Drives are not excluded but clearly take a back seat to parent-infant interaction as the force in forming psychic structure. "The id psychology conceptualization of the human object as serving to provide satisfaction and frustration of instinctual drives has been expanded to include the object as indispensable to the differentiation, development, and organization of psychic structure" (Settlage, 1980, p. 140).

Some of the leaders in this theory building of the past two decades have been Jacobson, Spitz, and Mahler. It is the latter who has been influential in advancing a theory of normal (in contrast to pathological) human development by using controlled direct observational methods. The characteristic of object relations theory is its developmental approach, forward-looking in contrast to the reconstructive approach of the genetic, id psychology.

This chapter will proceed with the following themes:

(1) separation-individuation theory, (2) the significance of the separation-individuation process between girls and mothers (including the special problems intrinsic to that relationship), (3) the role of father in separation-individuation and development of autonomy in girls (including the influence of the mother-father relationship), and (4) the



transition from latency to adolescence as a developmental stage (including physiological changes, theoretical explanations of the behavioral manifestations, and environmental issues). These four themes will also be the points of discussion of the three cases in Chapter V.

### Separation-Individuation and Autonomous Ego Development

An enormous number of theoretical articles, books and case studies have been written explaining and using Mahler's separation-individuation theory. All three phases will be briefly summarized with particular attention to the last, the phase of separation-individuation proper which includes the differentiation, practicing, rapprochement and objective constancy subphases. The purpose of reviewing this theory of early (the first three years) development is two-fold. First, it provides the theoretical basis for understanding how children develop autonomous ego functioning. Second, it establishes the nature of object relationships which are recapitulated, or regressed to, in the transitional phase from latency to adolescence. The theoretical explanations of this recapitulation and supporting research will be discussed in the last section of this chapter. First, an explanation of the methodology employed by Mahler and her group from which the theories evolved (Mahler, Pine, and Bergman 1975) is warranted.

In the 1950's Mahler first began developing the hypotheses regarding the normal separation-individuation process from an interest in infantile autism and psychosis. A study was begun in 1959 first to compare infantile psychotic and normal mother-infant pairs and continued separately from 1962 as a study of normal processes. Masters Children's Center in New York was the setting of this carefully planned study which

attempted to balance the need for controlled observation and standardization of data gathering with the need for a naturalistic setting to facilitate typical mother-infant interaction. It is the second group, studied from 1962 to 1968 from which most results come and upon which the monumental volume by Mahler, Pine and Bergman, The Psychological Birth of the Human Infant, is based. The average age at entry was 2½ months, the youngest being one week, and the children were studied through 36 months of age. The research center continues to operate and subsequent studies and reports have emerged (Abeline 1971, 1975). So far there is no report of any of the children being observed or studied longitudinally beyond the age of three years.

The details of the setting and methodology can be read elsewhere (Pine and Furer 1963, Mahler, Pine and Bergman 1975). Basically, the setting consisted of two rooms, well supplied with toys, each with one-way observation areas. One was for infants where the mothers sat in a partitioned area where they could see and be seen by their infants. Once the children graduated to a more active toddler stage they moved to the toddler room where the mothers had access but did not stay. The interaction (and noninteraction) of the mother-infant pairs were observed on a several day per week basis with less frequent visits to the homes where the involvement of other family members could be observed. The population was self-selecting; that is, parents heard about the setting and the research and volunteered. In general, it was an enlightened population of intact families in which mother did not work and could attend the center. The mother-infant pairs were observed according to fifty-eight categories of variables such as motor activity and maternal response-working behavior. More specifically, the children were observed

for ways they interacted with their human and inanimate environment, including behavior in the presence and absence of mother, and for the development, appearance and use of ego functions such as communication and locomotion.

Separation and individuation are seen as two tracks of development. Separation is the process by which the infant "hatches" from the symbiotic fusion with mother and achieves psychological, sensoriperceptual separateness. Individuation is the particular way in which the child develops her own individual, characteristic way of coping with her separateness. The latter is "the evolution of intrapsychic autonomy, perception, memory, cognition, reality testing; the [former is] distancing, boundary formation and disengagement from mother. All of these structuralization processes will eventually culminate in internalized self-representation, as distinct from internal object representation" (Mahler et al 1975 p. 63). The timing of these two tracks may vary; a child may be early in one and lag in the other; there may be progression and regression. But gradually, under "normal" conditions, the two are integrated.

#### The Phases

The first two developmental phases cover only the first four to five months and are characterized by an absence of differentiation between self and non-self. The normal autistic phase, from birth to about three to four weeks, is one in which the neonate responds only to internal tension states associated with hunger and other discomforts or to the relief of tension states by lapsing into sleep. It is a state of existence dominated by physiological rather than psychological processes. There is no awareness of a being outside itself and little responsiveness

to environmental stimuli. Gradually, as the central nervous system matures, the infant dimly recognizes the mother as a need-satisfying object but cannot yet differentiate between self and other. In the normal symbiotic phase, lasting from about age one month to four months, the infant begins to sense a difference between inside and outside, between pleasure and pain. Through the increased functioning of the sensoriperceptual equipment, the beginning of the rudimentary body representation and ego are laid down. How and when the mother ministers to the infant, holds, talks to, stimulates and does not respond to it, are crucial ingredients in the course the infant takes in developing its beginning sensation of inner self and recognition of, and dealing with, the external world. Even more than the conscious attitudes, the mother's unconscious attitudes, needs and conflicts effect the baby's development.

In the second half of the first year, certain sensorimotor patterns and autonomous developmental profiles unfold rapidly and in rich variation. They seem to reflect the basic general and leading individual themes of the mother's fantasies, unconscious and conscious expectations, predilections, anxieties, and idiosyncrasies. These seem to have acted upon the infant's equipmental endowments, and they influence both its inborn and its symbiotically acquired reaction patterns.

(Mahler, 1963, p. 311)

### Differentiation

It is the third phase with its four subphases that covers the period from 4 to 5 months to 36 months of age and contains the most significant development. Differentiation (4 to 5 months to 10 to 11 months) occurs when the infant's central nervous system, with the support of an optimal environment, matures to the point of being able to perceive (with all the senses) that mother is outside its own body. This is inferred from observing a baby alternately feeling her mother's and her own face with a studious gaze while pushed as far from her mother's body as possible.

The differentiation subphase is characterized by increased and often intense visual awareness of the surroundings, by the above-described pushing away from mother to get a better look, by the specific social smile, and a vigilant checking back to mother after scanning the surroundings and other human faces. It is the time of stranger reaction. According to Spock (1963), babies tend to wean themselves at this time of differentiation from mother, want to hold their own bottle, "evidences of the baby's drive to outgrow the symbiotic enveloped relationship at this age" (ibid, p. 362). It is also the time of peek-a-boo games and beginning use of transitional objects, indicators that the infant perceives a difference between self and other, inner and outer, and has a need to maintain continuity between self and other.

To have said that the important developments occur during these four subphases is somewhat misleading. It has been well established that the achievement of each phase depends on how adequately the previous one has been attained. Mahler (1975) describes and compares children who had difficulty achieving differentiation because of an unsatisfactory symbiotic phase. For example, a child whose mother was depressed and burdened with problems during his first few months was not given much personal attention and eye contact. He was very delayed in recognizing her as special. Others, whose mothers were ambivalent or intrusive during the symbiotic phase, differentiated early as if to gain comfort and security through greater distance from mother.

### Practicing

The practicing subphase starts at 10 to 11 months with the beginning of pushing and squirming away from mother and continues through crawling

and walking, up to about 16 to 18 months. This period is characterized by enthusiastic exploration of the world around, dampened somewhat by a "low-keyedness" when the toddler discovers her mother's absence. The "love affair with the world" (borrowed from Greenacre) takes precedence and the toddler seems more inclined to move away from mother than to be concerned by mother's distance or absence. The toddler is absorbed in herself and in discovering what her body can do.

### Rapprochement

Again the ever-maturing central nervous system, at about 16 to 18 months, propels the toddler into a new stage, the rapprochement subphase. It corresponds with Piaget's stage of cognitive development of object permanence, symbolic play and representational intelligence (language). The optimal completion of this critical and difficult subphase at about 24 to 25 months is crucial for healthy individuality and autonomy to occur. This period is characterized by the child's ongoing conflict between the "wish for reunion and fear of engulfment" demonstrated by shadowing and wooing on the one hand and darting away and resisting on the other. This back and forth behavior Mahler terms "ambitendency" and is the precursor of internalized, psychic ambivalence (Edward, Ruskin and Turrini 1981, Mahler 1963, 1975). Temper tantrums abound. Stress between mother and child is more marked than before. The mother experiences this phase as regression from more separateness back to the child's demand for more closeness. It may be difficult for the mother to cope with her child's confusing behavior, and it requires considerable patience, sensitivity and attunement for both mother and child to negotiate this period successfully.

One cannot emphasize too strongly the importance of the optimal emotional availability of the mother during this subphase. 'It is the mother's love of the toddler and the acceptance of his ambivalence that enable the toddler to cathect his self-representation with neutralized energy' (Mahler 1968). The specific additional importance of the father during this period has also been stressed by Loewald (1951), Greenacre (1966), and Abelin (1971).

(Mahler, Pine and Bergman, 1975, p. 77)

What causes this first crisis in the mother-child relationship is the child's increased cognitive awareness of her separateness when her improved mobility takes her greater distances. This awareness leads to increased anxiety over losing mother, even more so over losing mother's love, and the former sense of omnipotence and grandeur is replaced by vulnerability, helplessness, and frustration. The stranger anxiety of 5 to 8 months returns in the form of a more general separation anxiety. Not only does her former ideal sense of self and well-being from her "love affair with the world" practicing period give way, but so also her idealized view of mother as the all-gratifying object. As painful as this discovery is, it is a necessary step in the direction of internalizing an integrated representation of mother in which she is seen as both "good" and "bad", gratifying and frustrating (Mahler, 1975, 1980, McDevitt 1980). If the mother is not emotionally available to her child during that critical time, "... the more insistently and even desperately does the toddler attempt to woo her... this process drains so much of the child's available developmental energy that, as a result, not enough may be left for the evolution of the many ascending functions of his ego." (Mahler 1980 p. 11)

This period has been described as one in which "three basic anxieties of early childhood coincide: fear of object loss, more or less replaced by conspicuous fear of loss of love, and definite signs of

castration anxiety" (Winestine 1973 p. 138). The first, the fear of abandonment, is left from the differentiation stage and is kept alive by the beginning of internalization of parental demands. The second occurs with increased sensitivity to parental approval and disapproval. The third is precipitated by greater body awareness and the discovery of anatomical sex differences (Galenson and Roiphe 1976, Mahler 1980). Development of language during this time gives new and clearer ways of communicating besides motoric signals and aids immensely toward ego integration and resolution of this difficult period (Mahler 1963).

#### Emotional Object Constancy

The final subphase in Mahler's developmental model, from about 24 months to 36 months and beyond, is the beginning establishment of emotional object constancy, otherwise referred to as on-the-way-to-object constancy. Object permanence, in Piaget's sense, has already occurred by this time, namely the capacity to maintain a mental image of a thing or person in its absence. Emotional (or libidinal) object constancy implies the unification of good and bad into one whole representation of the object (the love object being first and foremost mother). By unifying the good and bad images, the libidinal and aggressive drives are also neutralized and fused. This increases the child's ability to tolerate frustration and delay, to cope with her own anger, need, and ambivalence (Mahler 1975, McDevitt 1971). If life between child and mother (and father) has progressed optimally through the preceeding phases, and especially during the rapprochement crisis, harmony once more returns. The child can tolerate her mother's absence, become actively, constructively involved in activities, and interact comfortably with others. On the other hand, if the earlier relationship with mother has



been excessively disappointing, or conflictual, the child cannot sustain a positive representation of mother through the anxiety of separation from her. The child then becomes low-keyed, sad or depressed, or upset and hyperkinetic. In either case, energy is not available for further ego development and progress toward autonomy is stunted. The effect of maintaining a split, good-bad, rather than integrated, whole representation of mother is that the child is also unable to maintain a stable self-representation and self-esteem (Sandler and Joffe 1965).

The principal conditions for mental health, so far as preoedipal development is concerned, hinge on the attained and continuing ability to the child to retain and restore his self-esteem in the context of relative libidinal object constancy. In the fourth open-ended subphase both inner structures--libidinal object constancy as well as a unified self-image based on true ego identification--should have their inception. However, we believe that both of these structures represent merely the beginning of the ongoing developmental process.

(Mahler, Pine and Bergman, 1975, p. 118)

#### Other Theoretical Contributions

Mahler's developmental model uses direct, relatively controlled observation. It has grown out of, and contributed to, the formulations of several leading developmental psychoanalytic theory builders, most notably, Hartmann, Spitz and Jacobson. These contributors are reviewed in more detail by Blanck and Blanck (1974).

#### Hartmann

Hartmann (1958) emphasized the importance of the "fitting together" of the mother-child relationship, the child's endowment, and the environment. A successful fitting together results in "the average expectable environment." He also developed the concept of primary autonomy, apparatuses that exist outside of conflict and become part of the later differentiated ego. The latter is important in understanding

behavior as basic, need-gratifying, and maturationally driven rather than only conflict-driven. He stressed the adaptive capacity of the infant. Secondary autonomy in ego development occurs when the forms of behavior which previously had defensive function become internalized as pleasurable functions in their own right (Blanck and Blanck 1974). The function of the behavior becomes an end rather than a means to an end. Applied to the problem being studied here, a girl will have attained secondary autonomy when her mother's presence is not needed for her to feel safe, complete or unanxious, but rather is a mutually satisfying, pleasurable relationship the girl can feel just as good about in her mother's absence as presence.

#### Spitz

Spitz (1965) emphasized the role of the mother in the development of the infant and did extensive studies that led to the observation of serious depression in infants deprived of mothering. He also pointed out the reciprocal relationship between infant and mother. Like Mahler, he observed similar stages of psychic organization as perceptual and cognitive apparatuses mature and mother responds with appropriate attunement. He also showed the circular effect that occurs when the baby gratifies the mother's conscious and unconscious needs.

#### Winnicott

Winnicott (1960, 1965), like Hartmann, Spitz and Mahler, also emphasized the importance of the mother's empathic response to the infant's signals. He introduced the concept of "good-enough mother."

The good-enough mother meets the omnipotence of the infant and to some extent makes sense of it. She does this repeatedly. A True Self begins to have life, through the strength given to the infant's

weak ego by the mother's implementation of the infant's expressions. (Winnicott, 1965, p. 145)

His concept of "True Self" and "False Self" are further explained.

Gestures (signals) expressed by the infant are spontaneous impulses. If the mother understands and responds appropriately to these gestures the True Self can take shape. However:

The mother who is not good enough is not able to implement the infant's omnipotence, and so she repeatedly fails to meet the infant gesture; instead she substitutes her own gesture which is to be given sense by the compliance of the infant. (Ibid, p. 145)

When the good-enough mother adapts to the infant's needs and gestures and does not clash with the infant's omnipotence, the infant can gradually mediate omnipotence with reality, and become comfortable and spontaneous in dealing with the world. The False Self develops as a defense when the infant must comply with, and adapt to, the not good enough mother's own needs and gestures. The compliant False Self protects the True Self (the core self, including healthy ego functions and self-esteem) from exploitation and annihilation. Winnicott found that irregularity (inconsistency) was most conducive to annihilation of the True Self. Deutsch's earlier (1942, published 1965) concept of "as if" personality and Kohut's later (1977) concept of self pathology have similar meaning.

#### Jacobson

Jacobson's (1964) contribution was her attention to the formation of mental representations, identification, and internalization. First, she differentiated self and object representations (from self and object in reality) as "endopsychic representations of the bodily and mental self in the system ego." (p. 19) This means it is more than an image but is a composite of the image and the pleasurable or unpleasurable qualities, feelings and experiences associated with the image. Through the

need-gratifying symbiotic merger and by introjection, the infant begins to form identifications with the mother that become more selective and complex. The child gives up wanting to be part of the objects (introjection) for being like them and loved by them. Beyond this is the process of internalization by which regulations previously provided by the external world (the love objects) come under inner control. This more advanced, superego function also regulates self-esteem, the ability to tolerate rejection, failure, disappointment, illness, etc. (Blanck and Blanck 1974). When a child reaches this capacity she is able to function emotionally more autonomously even if she is far from being physically independent. This would correspond with the achievement of emotional object (and self) constancy in Mahler's terms.

#### Kohut

These early object relations theories can be found in Kohut's more recent theory building leading to his "self psychology." This author takes issue with those who claim that Kohut's self psychology is a new paradigm. Like Hartmann, Spitz, Winnicott, and Jacobson, Kohut (1977) focused on the role of the parents' response to the child as crucial in how the child develops a healthy core self. The child develops a cohesive self via the interaction with the parents who mirror the child's omnipotence and accept the child's idealization.

#### Bowlby

Bowlby's (1973) theory of separation has a different focus. He is grounded in animal behavior and his focus of attention is on behavior with little attention to what intrapsychic meaning the behavior indicates. His emphasis is clearly on the impact of the social

environment. He concentrates primarily on the conflictual, destructive, anxiety-producing aspect of the infant's and young child's separation experience. Late in this volume he addresses the bearing that separation has on normal development and "growth of self-reliance" in contrast to an unstable and anxious personality. It rings a familiar note.

A well-founded self-reliance, it is clear, not only is compatible with a capacity to rely on others but grows out of and is complementary to it. Both, moreover, are alike products of a family that provides strong support for its offspring combined with respect for their personal aspirations, their sense of responsibility, and their ability to deal with the world.

(Bowlby 1973 pp. 361-362)

Bowlby warns against misusing the concepts of dependency and over-dependency and assuming that such attachment behavior is inappropriate. It is too easy to define behavior according to the standards and values of the observer, ignoring cultural determinants, physical illness, a life crisis. Specific research findings regarding anxious attachment and overdependency will be reviewed in a later chapter.

#### Anna Freud

A review of theory would not be complete without including Anna Freud's (1965) developmental profile. A contemporary of Mahler, she includes a broader spectrum of development in her model for diagnostic assessment. While Mahler focuses on ego development in the first three years through interaction with primary objects, Freud upholds the importance of drive development. Her prototype of developmental lines is "from dependency to emotional self-reliance and adult object relationships." The stages closely parallel Mahler's (and continue through latency, preadolescence, and adolescence) but are described in terms of the traditional structural, instinctual, psychosexual

terminology. Some of the conclusions have particular relevance to this study. Like Bowlby and others she finds that developmental progression does not occur without normal regressions taking place, either under certain circumstances (e.g., illness) or developmental transition points (e.g., preadolescence). The clinging behavior of toddlers is typical of "the ambivalent relationship of the preoedipal, anal-sadistic stage" (Mahler's rapprochement subphase) and not because of maternal oversolicitousness. It is this stage that is regressed to in preadolescence, a point that will be returned to later. The concepts of Freud's profile for assessing development will be employed in the case analyses, particularly an evaluation of drive and ego development and balance.

#### Special Problems of Separation-Individuation for Girls

Much is written in the psychoanalytic literature about the oedipus complex, and with much controversy. This author will not join the arguments over the passive/negative (feminine)--active/positive (masculine) dichotomy (Nagera 1975, Deutsch 1944) or whether the fusion of libidinal and aggressive drives determines the resolution of this phase (Rangell 1972). Neither will the switch of object attachment from mother to father in the traditional terms of penis envy or guilt, or anger at the disappointing, inadequate mother (Kestenberg 1975, Nagera 1975, Chassequet-Smirgel 1970) be discussed. What is important to point out is that greater attention has been given recently to the child's different relationship with, and feeling toward, mother and father at a much earlier age than when Freud (1905) developed his theory of the oedipus complex. One of Freud's contemporaries, Lampi de Groot, brought attention to the "preoedipal" mother-daughter relationship which caused

Freud to revise his thinking and recognize the early positive attachment of daughter to mother rather than the child seeing the mother as only depriving, rivalrous and hostile (Chodorow 1978). With the development of separation-individuation theory, growing attention is being given to what has been called the preoedipal stage (oral, anal and phallic in Freudian psychosexual terms). The distinction between preoedipal and oedipal is less clear. What may evolve is a change that defines the start of the oedipus complex as source of neurotic conflict much earlier (Settlage 1971). Mahler (1975) believes that intrapsychic, internalized conflict begins with the earliest experiences of differentiation and separation from the symbiotic tie with mother. Galenson and Roiphe (1976) make a strong case for genital awareness and castration reactions in girls after the 18 months that previously had been thought not to occur until the oedipal period, more or less after age three. Abelin (1980) describes the early triangulation, starting around 18 months, in typical oedipal terms in which the child identifies with father as rival for his/her desired object, mother. He believes that the oedipal triangulation is a recapitulation on a level of symbolic representation of the earlier triangulation. Parens et al (1976) consider the change to negative feelings and actions toward mother and affection for father during the rapprochement subphase as being well into the oedipus complex. Along with the change in timing, the oedipus complex may be redefined to deemphasize the sexual implications in the early attachment to parents as love objects, and to equalize more the experience for boys and girls. For the purposes of clarity and conformity with current definition, this author will refer to the first three years as preoedipal (Edward, Ruskin and Turrini 1981), as the period in which the child has real need and

direct attachment to both parents. This is compared to the oedipal period when the need for one parent and rejection of the other is expressed more symbolically. It is already widely agreed that the mother (or primary caregiver) is the first love object for both boy and girl infants and that both invest equal energy because they have equal needs for nurturance and gratification (Lewin 1978).

However, it is also widely agreed that there are some basic differences from birth between boy and girl infants, although opinions are divided between believing the differences are physiologically determined (Barglow and Schaefer 1976, Tanner 1971), culturally determined (Graham and Birns 1979) or a combination (Lynn 1974, Stoller 1976). Many studies show that males have greater biological predisposition toward aggressiveness than females. Lynn (1974) claims a four-way support for this occurrence: it is found in most cultures, in other primates, from birth, and is consistent with hormone studies. In turn, society reinforces aggressiveness/independence in males and passivity/dependency in females (Barglow and Schaefer 1976). Again, Lynn (1974) finds that in other primates the females stick together, female offspring staying with mothers (and grandmothers) longer than males. Graham and Birns (1979) found that up to age two differences were attributed to infants according to what sex the observer thought the infant. Crying babies were said to be afraid if thought to be girls and angry if thought to be boys. They and Lynn (1974) found that parents handled and treated boy and girl infants differently, although they disagree whether mothers handle boys or girls more. Generally speaking, the parents' interaction with infant sons is to encourage independence and support their motoric tendencies while their interaction with infant



daughters encourages docileness and cuddliness. Mahler (Edward et al 1981) and Chodorow (1978) found that girls will develop more motorically if the mother encourages it. Bowlby (1973) reviewed research and found that girls are more susceptible to fear, and as toddlers stay closer to mother than boys who explore away from her.

It can be seen that there is an inherent conflict for a girl between the developmental push for separation-individuation on the one hand, and her physiological tendency and society's prescription that she be passive/dependent on the other hand. Compounding this conflict is her primary attachment to mother, also female, with whom she identifies.

#### Aggression

Recently there has been a growing movement to look upon aggression not as a primary instinctual drive (implying destructive wishes) but as an expression of the normal growth process ((Mahler 1981), as a life-sustaining, self-preserving force. Parens (1980) refers to the upsurge in aggression that thrusts the child from the symbiotic phase into separation-individuation. Others (Settlage 1980, Block 1981) speak of "the thrust of the maturational progression and the tendency toward completion of development." (Settlage 1980 p. 151) This author joins those who do not see infants as having an innate need to destroy but rather that their active motility (e.g., rooting, sucking, flailing limbs, pushing and pulling, etc.) is that very thrust toward maturation, an instinct of self-preservation (Greenacre 1960). This drive may have to be redefined as assertiveness, reserving the term aggression for the destructive force (directed at self or object) that results when normal assertiveness is thwarted. Kohut (1977) also makes a strong point that

in normal development the aggressive drive in its traditional destructive meaning does not exist and only appears as a symptom.

During the separation-individuation process, when the child simultaneously is needing the fueling of mother's love, and to oppose her in order to progress in her own development, she is ripe for intrapsychic conflict to take shape. Mahler (1981) presents the case of Cathy to illustrate the extreme turmoil and difficulty some girls experience in this phase. Cathy was observed first at 11 to 12 months as a poised, self-assured, active, verbal child. At 15 months her father left on a prolonged business trip. Soon after (also prompted by discovering a boy playmate's penis and her lack of one and becoming angry at her mother for her anatomical shortcomings) Cathy began having temper tantrums and displaying hostile aggression. The already close mother-daughter relationship<sup>1</sup> became all-encompassing in father's absence. It was concluded that Cathy's extremely aggressive provocativeness was a defense against merger.

For Cathy, the regressive pull of symbiotic fusion was especially great because of her father's absence. Her aggression toward the love object, the mother, was obviously in the service of eliminating the dangerous primary or total identification with her, which was a threat to Cathy's self-identity. Cathy had to achieve the task of extricating her self-representation from the steady danger of merger into self-object representations which made the loss of her self-identity an always present imminent danger.

(Mahler 1981 p. 633)

Lerner, in Internal Prohibitions Against Female Anger (1980) found that research indicates that girls are socialized to inhibit anger and aggression which also inhibits competitiveness and self-assertion.

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<sup>1</sup> Cathy's mother overidealized her child and saw in her the realization of glamorous success she had failed to achieve.

Considering that children of both sexes experience anger at mother in the separation-individuation process, Lerner wondered why the cultural pressure against female expression of anger had been established and maintained. Inherent in the experience of anger is the ability to tolerate a sense of separateness and difference. A small child's anger at mother grows out of experiencing mother's restrictions of freedom, nongratifications, the image of mother as controlling, possessive, angry and destructive. If this is how the female (mother) is imagined and the little girl is female like her mother, then it is bad to be angry, destructive, etc. A boy is innately different from mother and can therefore afford to express anger and tolerate separateness because he knows he is different, he assimilates difference from mother, and mother encourages him to be different.

Chodorow (1978) contributes to the concept of aggression in girls toward mother by reviewing Deutsch and A. Balint.

Mothers feel ambivalent toward their daughters, and react to their daughters' ambivalence toward them... [which] creates anxiety in daughters and provokes attempts by these daughters to break away. (Chodorow, 1978, p. 135)

She reiterates Deutsch's point that both mother and daughter are convinced separation will bring disaster to both, contributing to the ambivalence felt by the girl. On the other hand, excessive tenderness keeps the child who would like to break away in "perpetual emotional slavery" and guilt and prevents her from discharging hostile feelings.

#### Identification

The theme of identification has progressed naturally from the theme of aggression. The point that was made by Lerner (1980) is echoed by

Chodorow (1978). A girl is mothered by a woman, experiences herself as less separate than a boy does and establishes a feminine self-definition. We might wonder if boys would have the same greater difficulty in separation-individuation if their primary love object and predominant nurturing caregiver were father. With the current trend toward greater participation of fathers in early parenting it may be possible to study this someday. But it would require that the father did the mothering from birth or soon after to compare it to the more typical situation in which the mother is primary caregiver from the beginning. It is more difficult for a girl to go through the struggle of separation-individuation with the same-sex parent than for the boy with the opposite-sex parent (Lerner 1980, Magreb 1979). The parent identifies more strongly, and with more conflict, with the same-sex child (Benedek 1970).

#### Mother's Projections

The issues of identification and projection can hardly be discussed separately since they are the two sides of one process. What makes the little girl's identification with mother more complicated is the (usually) unconscious projection of self from mother to child. Not only does the infant internalize images of the mother as identifications but the mother identifies with her child in the form of projecting her self-image onto the child and seeing the child as fulfilling needs in herself. This is normally characteristic of the period from birth through the symbiotic stage. The form of the projection may be a "bad" self-image which in extremes could lead to excessive punitive and abusive behavior toward the child. Or the parent may feel ungratified, not "given to" enough by the infant. Overidentification, projecting one's

aspirations, one's "good" self-image or elements of self one had wished for onto the infant can have deleterious effects also, and may be more typical of a mother-daughter situation. The outcome would likely be a protracted state of omnipotence with delayed and therefore more extreme deflation and bursting of the bubble of grandiosity. Mahler's case of Cathy (1981) could be interpreted this way. The mother overridealized Cathy whose fall from glory was then much more painful and anger-producing than if she had been getting small doses of mother's dissatisfaction all along.

Chodorow (1978), in discussing case examples described by Balin and Olden, illustrates both negative identification and over (positive) identification. In the former case, the mother could not see anything different in the child than what she projected of herself since she lacked empathy and could not give feedback (mirroring) to the child.

In the latter case, the mother was overly attached to the child whom she needed for gratifying her own narcissistic needs. Both had the same results: a child who felt empty inside and lacked identity of her own. Chodorow (1978) proposes (from case examples of Burlington and Sperling) that a girl lives out her mother's fantasy, drive or conflict as if she is the subject (the mother herself) while a boy does so as if he is the object of the mother's fantasy. She concludes:

The girl's preoedipal mother-love and preoccupation with preoedipal issues is prolonged in a way that they are not for a boy... The extent of... pathology varies (from preoccupation to mild neurosis to psychosis)... There is systematic variation in the form it takes depending on whether... we are talking about mother-daughter or mother-son relationships. In all cases the pathology reflects, in exaggerated form, differences in what are in fact normal tendencies.  
(Chodorow 1978 pp.108-109)

In discussing the life cycle of the mother-daughter relationship Magreb (1979) also found earlier, stronger, and longer dependency and greater

separation-individuation difficulty between mother and daughter than between mother and son. She found "the issues of control and power mark the ambivalence of the mother toward her daughter's emerging identity." (p. 118) She concluded that a girl has a better chance of becoming independent and competent later if during "preschool" (an undefined span of time) she experiences some rejection and distance from mother. What follows in "school age" is that the mother is threatened by the child's attachment to new role models. The child in turn feels anger at her mother for her criticism or intrusion. The mother is foremost in the child's thoughts, interfering in the continuing separation process. Rangell (1955), in discussing the parent's role in the oedipus complex (which he suspected existed at an earlier age than traditionally defined), pointed out that parents' impulses are aroused by their children, especially when the "children begin to emerge from adolescence and become more obvious and overt sexual objects" (p. 9). Since there is such strong evidence of this sexual emergence during infancy and toddlerhood (Kestenberg 1975), parents' conflicts that appear as anger, jealousy, etc. are likely to be acted out at that time.

The mother's need for the daughter and the resulting difficulty in separation-individuation is well described by Lerner (1980):

It is the daughter, in particular, who may unconsciously experience moves toward autonomy as dangerous, as if to be separate and complete without mother constitutes a disloyal betrayal of the relationship between them. When mother and daughter cannot negotiate an adequate degree of separation between them, the daughter may sacrifice her own growth and avoid autonomous functioning in order to preserve an unconscious tie with the mother, who is experienced as too possessive or fragile to tolerate the girl's developing autonomy.

(p. 141-142)

This author's conclusion, which is widely shared by those whose ideas and findings have just been discussed, is that the tie between

mother and daughter is more intense, more complex and ambivalent, and of longer duration than between mother and son. The old folk-saying, referred to by Lerner just before the preceding quotation, has poignant truth to it. "A son's a son till he gets a wife; a daughter's your daughter for the rest of her life."

### Supporting Research

There are several pieces of research that give evidence of the qualities of mothering and mother-daughter relationship that contribute to the progress or hindrance of the child's development of autonomy. Bowlby has specialized in the research on attachment and separation. However, his findings are rarely differentiated by sex and often not very specifically by age. A general conclusion from his findings is that children who are more inclined toward anxious attachment experienced frequent real or threatened separation, unstable substitute care, and parental discord. It was particularly significant in the 9 months to 3 years of age range. Sears et al (1965), cited by Bowlby, found that mother's irritable, impatient, scolding response to attention-getting, clinging behavior made the child act more dependent. This supports the notion of threatened separation. McDevitt (1971) found clinically that infants and toddlers whose mothers could not tolerate the child's expression of anger, because of their own ambivalence and guilt, showed excessive reactions to separation. And Settlage (1971) also remarked, based on clinical experience, that the quality of the relationship between mother and child has more impact than actual separations.

Two research contributions of relevance to this study are Harris' exploratory study, Normal Children and Mothers: Their Emotional

Opportunities and Obstacles (1959), and Brody and Axelrad's 10 year statistical investigation, Mothers, Fathers and Children (1978). Both employed a variety of methods, instruments and field observations which are described in detail in their respective works. The specifics of their criteria for sampling and definition of concepts will not be reviewed here. Harris' sample was 54 eight and nine year old children identified by schools as well adjusted, 42 of whom were followed up four years later to evaluate adjustment at puberty. The Brody and Axelrad research studied 121 (131 at the beginning) children from birth to age seven, recruited at a metropolitan hospital during the mother's last trimester of pregnancy. They used data from an earlier, larger investigation by Escalona and Leitch. Both these studies were grounded in psychoanalytic theory.

Harris (1959) found two maternal qualities, warm dependability (fulfilling child's needs) and understanding (sensitive to and gratifying child's autonomous needs). The best adjusted children in his latency sample had mothers who were both dependable and understanding, the mothers of the least adjusted were undependable and not understanding. If only one quality was present, understandingness (encouraging autonomy) was associated with better adjustment. Harris also classified mothers into three types according to their aspirations. The traditional mother was satisfied with her own upbringing, maintained the status quo, and the children's loyalty to her values were important. The rebellious mother was dissatisfied with the strictness and control (nonunderstanding) of her own mother and encouraged her children's individuality. The dependent mother was dissatisfied with her own mother's lack of love and attention (non-warm dependable) and gave undivided attention to her



children. In addition Harris found that the more the mother worked at overcoming her own mother's shortcomings the better the child's adjustment. The generally well adjusted children (Group A) in the latency sample had mothers who were warmly dependable and understanding and who were rebellious. The least adjusted (Group D) had traditional mothers. (They were insulated from the outside world which hindered their developmental tasks of learning about and adjusting to that world.) The findings were quite different at puberty and will be described and discussed further in the last section of this chapter. Group B, the socially adjusted (outside the family), had rebellious mothers who emphasized individuality and were not warmly dependable. The child was seen by the mother as a vehicle for realizing her own ambitions. There was lack of closeness between child and parents, conflict over control and infringement, and anger toward parents for not giving. The Group C children were adjusted in the family and were blocked in growth. They had traditional mothers who emphasized warm dependability and lacked understanding of the child's individual needs. The mothers idealized their own mothers and had avoided clashes. They inhibited in themselves as well as their children expression of "zestful instinctual life." The children were passive, colorless (as shown in their Rorschach responses), serious and inhibited (as shown in the absence of anxiety dreams). They rarely admitted to angry feelings toward their parents. There were few difficulties during the dependent (feeding) stage and no open struggles during toilet training, but lapses and accidents after completion of toilet training (particularly ages 2 to 4) were considered safer, passive-aggressive protests. There was little overt protest or anger

toward siblings. Harris' findings are not differentiated by sex of children.

The Brody and Axelrad (1978) study proposed two overall hypotheses: (1) that children whose mothering was adequate in the first year would be more advanced emotionally and socially by the time they entered latency than children of less adequate mothers, and (2) that whatever level of adequacy the mother demonstrated in the first year would be maintained during the succeeding years. The sample was classified into Group A (N=41), the adequate mothers and Group B (N=80), the less-adequate mothers. The classification was based on the feeding behavior observed during the first year. Three qualities were rated on a five point scale ranging from high to moderate to low: empathy (responsiveness to infants' needs, efforts to communicate), control (degree of domination to ensure own needs vs. passive detachment), and efficiency (adequacy of feeding technique, judgment of appropriate methods and amounts). For Group A the optimal ratings respectively for the three qualities were high, moderate (balanced) and high (smooth and pleasurable for both mother and infant). It is interesting that twice as many mothers were found to be Group B, the less adequate. The results supported the hypotheses. Except for the "oedipal" years of 4 and 5, when Group A and B children looked more similar, Group A children had significantly more signs of favorable development and fewer signs of disturbance. Both on the basis of mothers' reports and test results, Group A children showed "greater independence, confidence, more mature interests, and higher aspirations" (Brody and Axelrad 1978, p. 243). They were more content, resourceful, better able to occupy themselves alone and had better relationships with friends and others. Some results were unexpected.

According to mothers' descriptions, more Group A children at age 6 and 7 worried about separations from parents and Group B children worried about their mothers' anger. The researchers suggested a reason for the greater worry in Group A children was due to their mothers' noticing their sadness more, and the reaction in Group B children was the result of their parents being angry more often. Using the latter reasoning, could this mean that Group A parents left their children more? This author proposes another explanation. In view of Group A children's tolerance for aloneness and their good social attachments, their sadness over parental separation may reflect brief reaction to losing something they cherish but are not vitally dependent upon. (The fact that they also were made unhappy by separation from other relatives and friends supports this.) On the other hand, the Group B children's fear of mothers' anger may reflect worry over permanently losing her love, and they do not have other, inner resources as do the Group A children. The Hansburg (1972) research to be reviewed in the last section will further discuss the issue of separation anxiety and level of adjustment.

The mother-daughter relationship does not exist in a vacuum. It exists in relation to father. Even in the now common, single mother family where the father is not physically present, he is present in, and influential through, the mother's attitudes. The father's role in the girl's separation-individuation process will be reviewed next.

#### Significance of the Father-Daughter Relationship

One of the weaknesses of Mahler's developmental model, from this author's point of view, is the heavy emphasis on the mother-child relationship with relatively little attention to the father. This lack has been considerably remedied in the past decade thanks particularly to

the research of Abelin (1971, 1975) and Lynn (1974). Even yet, most of the reference to father is in the (specific, limited) purview of sexuality and femininity development in girls.

There are three pertinent issues regarding father-daughter relationship: (1) when does the father become a special person, (2) why does the little girl turn to her father, and (3) how does father's interaction (or lack of it) effect the development of autonomy. Additionally, the nature of the mother-father relationship and its effect on the daughter will be discussed.

#### Age at Which Father Becomes Special

There are actually two times that the father is recognized as a special person. As with most developmental models and stages, there is disagreement over the ages, especially of the first. Certainly fathers are likely to argue that their children noticed them much earlier! Whether an infant distinguishes father as different from mother as early as 2 months (Kaplan 1978) or as late as 10 to 12 months (Kleeman 1976) is not important for the purposes of this study. Most likely an infant will differentiate father as a familiar but different person than mother before six months. As early as eight months Kaplan (1978) and Abelin (1971) concur that many little girls respond to fathers with increased coyness and flirtatiousness. During the practicing subphase when motility is being discovered and perfected, father becomes associated with discovery and excitement while mother is turned to for comfort when tired or hurt.

It is the next stage of differentiation, occurring around 18 months (earlier for girls than boys--Abelin 1975, Kleeman 1976) during the rapprochement subphase, that is crucial in the father-daughter

relationship (Abeline 1971, 1975, Kaplan 1978, Kleeman 1976, Mahler 1975, 1981). "The infant seems to be ready for a relationship with a non-maternal parent long before the phallic-oedipal phase." (Abelin 1971 p. 229) At this time toddlers actively turn to father out of a need for him. A little girl's need for father and her reason for turning to him is particularly significant.

#### Why Father Becomes Special and Needed

There are basically three explanations for a little girl's attraction to father. The original, Freudian view was the innate sexual drive theory, that when a girl discovers she lacks a penis she becomes angry with mother, wishes to get rid of her, and get from father what her mother had: his penis and a baby by him. This theory assumes an instinctive sexuality that drives the little girl to her father in a change of object from mother. He becomes the idealized object. The mother, who before was the loved, idealized object, becomes the rival, the hated object (Chassequet-Smirgel 1970).

Another reason given for the child's attraction to father, commonly upheld by sociologists (Parsons and Bales 1955, Lynn 1974), is that he becomes special because he represents and brings the outside world into the child's life. The young child admires the father for his instrumental role, for being the doer in the family at the very point at which the child is learning to master her environment. Love for father is based on the reality principle (Balint 1949). He enters (some will say intrudes) into the blissful union of mother-child with rules and demands which the child obeys. This point of view assumes that the child has pure love for mother and love-hate for father. It also assumes that mothers have a totally passive role in the family rather than being

instrumental "doers" (in Parson's sense) as is often the situation in contemporary families.

Neither of these theories is adequate in view of current knowledge of personality development, especially from observations of the separation-individuation process. It has already been established that the child of both sexes in the rapprochement phase has an ambivalent, love-hate, push-pull relationship with mother. It is at this time that both boys and girls turn to father. It is concluded that the attraction to father is as an uncontaminated, safe, neutral object, who "was never one with the child" (Mahler 1981), who provides a haven from the conflicted, contaminated (by frustration of wishes and imposition of demands and limits) relationship with mother (Kaplan 1978, Abeline 1971, Mahler 1981). "The inner image of the father has never drawn to itself so much of the unneutralized drive cathexis as has the mother's, and therefore there is less discrepancy between the image of the father and the real father" (Abelin, quoting Mahler 1971 p. 231). The father is "the most available person who can help [the little girl] to get away from her mother" (Chodorow 1978 p.121).

If, as has been postulated, both boys and girls are conflicted in their ambivalence toward mother and turn to father for relief, why is his availability to the girl at this stage so crucial? The answer is in the nature of the mother-daughter relationship already summarized. The mother has all along allowed the little boy more distance, more difference from her while she has had a deeper and stronger identification with the little girl. "A girl's preoedipal experience of self, and of self in relation to mother, leads her to look for a symbol

of her own autonomy and independence, and a relationship which will help her to get this" (Chodorow 1978 p. 124).

For the purpose of mediating the mother-child conflict, the "other" available object need not be the father or even a male. In some cultures and, with the increase in divorce, in many American families, it may not be. But for a girl to progress in the process of separation-individuation from mother which already is more difficult than for boys, she needs a father to provide a new model for identification. In this way she can learn she can be like mother without being mother.

Regardless of what theory one supports regarding how girls develop gender or sex role identity, whatever version of the oedipus complex one believes, somehow this must be accomplished. Whether one likes or dislikes, agrees or disagrees with the cultural stereotyping of sex roles or sexual differences between male and female, they exist. Whatever one's model is for female identity, a girl must develop a sense of what it is to be female in a way that is successful for her in the world of objects she must relate to-- male and female. Chodorow (1978), in her chapter on the "Female Oedipal Configuration," has an extensive summary of the research findings and theoretical conclusions of a wide range of psychoanalytic and sociological writers. In referring to the contribution of Majorie Leonard she concludes that:

The father's role is crucial to his daughter's development during her oedipal period and during preadolescence and early adolescence (another period when heterosexual orientation is being negotiated). She gives clinical examples of ways a father can be not there enough, which leads a girl to idealize her father and men, or to endow them with immensely sadistic or punitive characteristics--or can be there too much (be too possessive, seductive, or identified with their daughter), requiring her to develop defensive measures against involvement with him and with men.

(Chodorow 1978, p. 118)

Again we are faced with what is "good-enough" or "average expectable" amount and kind of interaction from father that will encourage autonomy and healthy self-esteem in a girl. We have been looking at two sides of a triangle, mother-daughter and father-daughter.

... the father-child relationship is not a dyad: that is, it is not a relationship occurring in isolation between two people... A father's relationship with his children is influenced by the mother-father relationship....

(Lynn 1974, p. 111)

We could add that the mother's interaction with her children is influenced likewise. To complete the structure the significance of the mother-father relationship will be examined before reviewing the research findings that demonstrate the optimal traits or qualities in mother and father for development of autonomy in girls.

#### Mother-Father Relationship

Only two authors have been found who specifically addressed how the mother-father relationship influences the daughter's dependency or autonomy leanings. Both Harris (1959) and Lynn (1974) came to similar conclusions even though their designs and populations were different. If the mother loves and supports her husband, the daughter's positive attachment to father is made possible. The child, to maintain her loyalty to mother, takes over mother's attitudes toward father and men in general, either loving or depreciating. Rather than being jealous of her daughter's closeness to father, the mother who loves her husband actually enjoys her daughter's closeness to him. Harris' findings include the preceding generation, of which family systems theorists are well aware. The mother who admired and was close to her own father is not threatened by her daughter's disloyalty. This, of course, harks back to the issue of the mother's narcissism being fulfilled rather than needing her



daughter to feed it. The more deeply and gratifyingly attached the mother is to her husband, the less she needs to be narcissistically attached to her child. Harris cites numerous examples from his study of a child idealizing mother and depreciating father in similar fashion to the mother's remarks about her own father and her husband. Because the little girl is strongly attached to her mother from the beginning, her move toward father may be unsatisfactory or altogether prevented if the marital relationship of her parents is characterized by hostility and disparagement of mother toward her own father, transferred to her husband. Most likely it is expressed subtly. Often the child's mother idealization and father disparagement mask the guilt and anxiety associated with the anger felt toward mother who engulfed the child in her own web. The child switches negative feelings belonging to mother onto father and positive ones for father onto mother (Harris 1959), remaining safe in the family system but terribly void of essential object relations.

Abelin (1971, 1975), from his observational studies, points out that when a child is about 18 months of age she has the cognitive development that enables her to have a mental image of her love objects. The toddler images herself as she experiences being left out of the relationship between her parents, and Abelin postulates that this leads to "early triangulation," the awareness and internalization of her parents' relationship, and of herself as separate from that relationship. "The relationship between the parents is, in this regard, as important as the relationship of the toddler with each of them" (Abelin, 1975, p. 301). This timing coincides with the crucial rapprochement subphase discussed earlier, a time of considerable anxiety for children. It can be

hypothesized that if the parents have a good relationship with each other, marked by open communication, supportiveness and fondness, while this sharing of her love objects may be painful for a toddler, it is a necessary contribution to the budding internalization of positive self-image.

Jacobson (1964) describes this early triangulation leading to the formation of a self-image as "There must be an I, like him, who wants her." If the parents have a good relationship with each other and both are experienced positively by the toddler, it can be postulated that the objects of the above quote (him and her) are interchangeable. Also, if the parents demonstrate a strong positive relationship with each other excluding the child, the child learns that it is all right to be a separate individual from her parents.

It can be seen from the preceding that certain qualities in the parental relationship either encourage or inhibit the separation-individuation of daughter from mother. If the mother has a close, loving relationship with her husband, the little girl feels permission and freedom to attach to her father, without threat of disloyalty to, and loss of, love from mother. Riskin (1982), in his pilot study of nonlabeled families, hypothesized that amongst other traits, clear communication and friendliness between parents contributed to the members of a family being well-adjusted.

#### Supporting Research

Although there is a predominant focus in the literature on the mother-child relationship, some significant references can be found regarding the father's role in the child's development. It has been noted by Lamb (1979) that in the first year fathers interact with sons

and daughters equally, but by the second year there is a dramatic reduction in their involvement with daughters. This would intensify the mother-daughter relationship at the time the child is trying to pull away. Also, in this way, the father influences the socialization of the little girl by indirectly encouraging her to be closer to and like her mother. He found it less frequently reported that successful women had been encouraged by their fathers to be independent. Lamb concluded that fathers, directly or indirectly, have more influence on sex-role development in both boys and girls than mothers. Lynn (1974) came to the same conclusion.

Lynn (1974) also found that the best adjusted girls were unlike their feminine mother, feminine being described as subordinate, gentle, sociable, less self-confident and emotional. So somewhere along the line these girls identified with their fathers. To continue with Lynn's conclusions from his review of research, fathers had significant influence on the independence of daughters entering nursery school. A girl was likely to be independent in school if father expected practical independence (self-care) and mother expected assertive independence (insisting on doing things herself even if inconvenient to parent). Conversely, it was also found that fathers, more than mothers, rewarded dependence in their children. A further differentiation was found, that fathers' interest in their daughters was positively associated with independence, especially if combined by maternal rejection. Another finding associated paternal warmth with independence in girls.

Sears, Rau and Alpert (1965), summarized also by Lynn, researched nursery school age children and classified dependence into several different behaviors. Negative attention seeking (aggressive, defiant

behavior) in girls was associated with high-father and low-mother caretaking in infancy, severe separation from father, and with father's rewarding of dependence. Girls' reassurance-seeking (requesting help or permission) was associated with father setting high achievement standards and father's sex permissiveness creating anxiety in the girl. Positive attention-seeking (seeking praise, wanting to join the popular group) in girls was associated with low level of caretaking by mother and punishment by father for aggression toward parents. Touching and holding and being near (following, staying close to someone) were associated with low demands and restrictions, and absence of the father's masculine modeling in the girl's rearing. They also found that certain variables did not correlate with dependency, such as self-esteem (esteem or dis-esteem of the spouse was related) or disciplinary techniques. Their theoretical position is that for the first 12 to 18 months the child is passively dependent, "simply a recipient" of parental caretaking, a position that this author is not in agreement with. They tested the hypotheses that the instigators or reinforcers of dependent behavior were continuing permissiveness for sexual and dependent behavior and frustration through withholding of love and affection. They found that all the dependency measures were related to permissiveness and that positive attention seeking was related to frustration. They concluded that "dependency in girls seems to be acceptable or even desired, and mothers who encourage intimacy achieve their aims.... The same overt behavior may be interpreted as progressive in girls and regressive in boys" (Sears, Rau and Alpert 1965, p. 74).

Father absence is an area of research providing some findings of significance. The absence can occur in different forms. Mentioned

earlier was Mahler's case of Cathy whose father was away because of prolonged business needs. In the previously cited work by Lynn it was found that the loss of father because of his job led to greater mother-dependence in girls while loss due to divorce led to conduct problems. He also found that the earlier the loss the more detrimental the effect. Wallerstein and Kelly (1976, 1980) found in the one year follow-up after divorces that occurred at age five to six, girls more than boys were worse off. Even when the father-child relationship improved, the increased stress in the mother-child relationship was more influential in causing emotional deterioration in the already more vulnerable children.

Brody and Axelrad's (1978) findings regarding the fathers were that (1) they fell into the same group as their wives (that is, the more adequate fathers were married to the more adequate mothers, a finding the researchers relate to the quality of the marriage), (2) fathers showed significantly different behavior and attitudes toward sons (more favored) than daughters, and (3) in general they were more detached and uninvolved than the mothers.

It may well be asked why attention has been given to level of adjustment into and during latency if the concern of this project is the transition out of latency. Development, with its ups and downs, is a cumulative matter. Harris (1959) pointed out that continuity was clearly found; children had strengths and problems in latency similar to those the mothers recalled in their first few years. In discussing the characteristic regression in preadolescence, Blos (1970) remarked that "The psychological consequences of the pubescent drive pressures are determined by the level of ego differentiation and of autonomy attained during the latency period" (p. 9). Underdeveloped ego functions due to

too little ego autonomy (from the id) causes an incomplete latency and leads to a problematic adolescent development. It can be further agreed that the level of ego autonomy in latency is dependent on the psychological make-up and equipment the child brings into that stage. Because of the reduction of internal and external pressures during latency, a child may be able to function adequately, appearing to be what Harris (1959), Brody and Axelrad (1978), and others classify as well adjusted, with residues of ego vulnerability that will resurface only when pressures resume. It was Blos' (1970) view that "whenever insufficient ego autonomy is the result of the latency years, we observe a protracted dependency on object relations" (p. 12). He attributes independent, autonomous ego functioning to internalization. This author contends that internalization is well on its way before the child enters latency. The child's basic character structure in the area of ego functioning--whether autonomous or dependent--will be apparent before latency as a result of the combination of constitutional nature, parenting experience, and cultural influences.

#### The Transition from Latency to Adolescence As a Developmental Stage

##### Definitions and Descriptions of This Stage

Various terms are used and age spans referred to in describing end of latency or preadolescence. There may be less agreement about the timing and nature of the transition from latency to adolescence than any other stage of development save the oedipal period. That is fitting, since the two times (at least adolescence and the oedipal) are frequently compared. Amazingly, some notable theorists do not even recognize a transition from latency to adolescence. Erikson (1963) and Jacobson

(1964) view children as being in latency or childhood until puberty at which point they become adolescents. Others criticize the lack of attention to the transition from latency to adolescence in psychoanalytic literature (Harley 1971) and research (Frank and Cohen 1979). Only Edith Buxbaum (1951) was found to criticize the lack of attention to the latency period in the literature, and claiming there was a greater focus on prepuberty and puberty.

There are so many different bases for defining puberty used by those who address the issue of a transitional stage from latency to adolescence that it defies clear classification. Some base this stage on vague or abstract changes such as beginning of internal changes (Beiser 1980), "the prerevolutionary mood that prevails in the psyche" at the end of latency (Deutsch 1944, p. 3), the increase in instinctual energy and return to pregenitality (A. Freud 1937, Geleerd 1957, Blos 1967, 1979), or shift in fantasy content and cognitive development (Gardner and Moriarty 1968, Sarnoff 1976). Others define this stage on the basis of specific physical changes: a growth spurt (Dunbar 1962, Gordon 1971, Mussen, Conger and Kagan 1969), increase in hormone secretion (Kestenberg 1980, Clower 1975, Sklansky 1980, Frank and Cohen 1979), or appearance of secondary sex characteristics (Tanner 1971). Amongst the preceding some refer in general to the puberty period, usually assigning this period to early adolescence. Sklansky (1980) attributes puberty to ages 9 to 14. Gordon (1971) considers puberty beginning at age 11. Stone and Barker's (1970) study grouped girls as pre- and post-menarcheal. Others become more specific and divide this period into substages. Tanner's (1971) classification divides puberty in girls on the basis of breast development and pubic hair as follows: prepuberty = mean age 10.6, early

puberty (breast buds) = mean age 12.7, and late puberty = mean age 14.8 (Frank and Cohen 1979, Tanner 1971). Kestenberg (1980) defines prepuberty as 11 to 14 (same in boys and girls) beginning with breast budding in girls. But she includes the increase in hormones that initiates the "adolescent growth spurt" to age 9 to 10 in latency. Based on "the changing tenor and texture of the child's inner life" Harley (1971, p. 386) places the beginning of prepuberty at roughly age 9 to 10 and lasting until menarche. Beiser (1980) also notes beginning internal changes at 9 to 10 and considers ages 10 to 12 as "preadolescence." Deutsch (1944) and Frank and Cohen (1979) define prepuberty as age 10 to 12, Dunbar (1962) defines prepuberty as 9 to 12, and Sarnoff (1976) calls preadolescence ages 10 to 13 which overlaps with his definition of latency as ages 6 to 12. To add further confusion, Frank and Cohen (1979) consider prepuberty and early puberty as preadolescence.

One can see from the preceding review that summarizing the criteria for defining prepuberty or preadolescence by age is a formidable task. Still more distinctions can be made. Those who have a psychoanalytic, psychosexual point of view are more inclined to use the terms puberty and prepuberty and less so the term preadolescent (A. Freud 1937, Deutsch 1944, Clower 1975, Greenacre 1950, Kestenberg 1956, 1980, Harley 1971, Sarnoff 1976). They are more likely to see the changes that take place in pre- or early puberty as part of latency stage. Those who use the term preadolescence have a psychosocial orientation (Frank and Cohen 1979, Mussen, Conger and Kagan 1969, Beiser 1980, Gordon 1971) and are more likely to focus on object relations, developmental tasks, and environmental factors. An interesting exception is Blos (1970, 1979) who is clearly instinct-theory based and uses the term preadolescence. In



her later writings Anna Freud (1965) switched to preadolescence and, although she says little about it, gives it the importance of a developmental stage. Erikson has made a notable exception to his usual omission of a "pre" stage before adolescence: his 1951 research on "Sex Differences in the Play Configuration of Pre-Adolescence," which will be summarized later. The interchangeability of the terms prepuberty and preadolescence in the literature is confusing. This author suggests the use of the term "prepuberty" and its variations (prepubescent, prepubertal, etc.) to refer only to the physiological state or condition prior to puberty. The term "preadolescence" and its variations should refer to the social, emotional, behavioral condition during prepuberty.

#### Physiological Changes

Whether explicit or implicit, most agree that physiological changes begin to take place in girls around age 9 to 10. While some believe that children do not necessarily change psychologically when the hormonal and physical changes occur (Beiser 1980), others see a direct relationship between physical and psychological changes (Harley 1971, Kestenberg 1980, Sklansky 1980, Dunbar 1962, Clower 1975). Still others see a delay between the physiological changes occurring during prepuberty and mood and behavior changes occurring in later puberty (Frank and Cohen 1979, Gesell 1956). Considerable research has been done to measure hormone levels at all ages, showing when increases of which hormones occur as well as development of the uterus, ovaries and secondary sex characteristics. The specifics will not be summarized here; those who wish more details are referred to Kestenberg (1980) who charts the changes for boys and girls from prenatal to adulthood, and Clower (1975) and Sklansky (1980).

Lynn (1974) reviewed hormone studies (as already pointed out) and found a predisposition toward greater aggression in males due to hormones. Aggressiveness and passivity were found to be affected by prenatal hormone treatment of mothers.

Kestenberg (1980) reports that hormone secretion is steady during latency and becomes episodic and cyclical during prepuberty, which leads to a growth spurt, the stimulation of other hormones, and progressive sexual maturity. She believes that increased androgen (male hormone) in girls around 10 to 11, as well as estrogen, may account for increase in aggression. She refers to the first growth spurt of the reproductive system, preceding the appearance of secondary sex traits, as the "inner-genital phase." She defines prepuberty as a "psychobiological phase" having dynamic, somatic, cognitive and social aspects with "progressive changes in organization which proceed from diffusion to reintegration" (Kestenberg 1980, p. 229). This author supports her definition which points out the complexities that converge at this stage of development but disagrees with her exclusion of the beginning hormonal change from prepuberty and assigning it to latency. However, this classification is appropriate if one chooses to consider the prepuberty stage as associated more with latency development.

Before examining further these complex behavior and mood changes, the fact of earlier maturation is worthy of inclusion here. Several sources have pointed out that the age of menarche has been declining. Blos (1971) reported that onset of puberty has occurred 4 months earlier for every 10 years in the past 50 years. Tanner (1971) reported that in the past 40 years (by 1971) the onset of menarche had declined from age 15 to 13. As recently as April 1982, a newspaper article reported a

Harvard study with findings similar to Blos', with a leveling off in the United States in 1947 at age 12.8 (S.F. Examiner, 4/29/82, p. 2). With earlier maturation a girl may be even less psychologically ready to cope with the stresses than her counterpart who matures on the average 2 years later. One exception to the claim of earlier maturation is Mussen, Conger and Kagan (1969) who believe the difference comes from more accurate recording and controlled studies than actual decrease in age. The Harvard study would appear to invalidate their position. If one considers the fact of internal chemical and organ changes occurring in this developmental stage it is no wonder a child would feel disrupted, confused, disoriented and anxious.

#### Characteristic Behavior

Deutsch (1944) describes the pubescent child as "thrust into activity," the form and content differing for girls and boys. She sees this increased activity as adaptation to, and mastery of, reality and not aggression. In the research of Stone and Barker entitled "The Attitudes and Interests of Pre-menarcheal and Post-menarcheal Girls" (1970), it was found that the younger group favored strenuous activity. Others describe this increased activity as aggression (Freud 1937, Douvan 1966, Kestenberg 1975, Sarnoff 1976, Blos 1979). Girls who previously appeared calm, self-assured, unself-conscious, congenial often become self-doubting, awkward, fearful, socially withdrawn or belligerent and argumentative (Sarnoff 1976, Gesell 1956, Kestenberg 1980, Freud 1965). Not everyone agrees with this description. In an earlier article (1956) Kestenberg herself described the prepubertal girl as having increased self-reliance and narcissism. Another contrasting opinion is voiced by Gilligan (1982) who used a Kohlberg situation test to measure

self-concept and found the preadolescent girl "secure in a sense of herself, confident in the substance of her beliefs and sure of her ability to do something of value in the world" (p. 205-6). Harley (1971) describes the prepubertal girl as having increased independence, awareness of her own self forces, thrust into activity, turned toward reality, as well as having bewildering bodily sensations of which she is secretive. Wallerstein and Kelly (1980) found in their research (which was previously discussed) that children (no differentiation between boys and girls) in the age span of 9 to 12 years showed increase in poise and coping skills over 6- to 8-year-olds in response to divorce. Frank and Cohen (1979) found in their study of eight sets of twins that sensitivity, outbursts, and irritability were more characteristic of early puberty (mean age 12.3) rather than prepuberty or later. They concluded that even if hormone levels increased in prepuberty the psychological changes might be delayed because a build up of hormones would be necessary. This is in contrast to Kestenberg's (1980) view previously described.

Girls become hostile toward, and critical of, their mothers whom they previously considered trusted, close confidants (Douvan and Adelson 1966, Blos 1971, Gesell 1956). Freud (1965) even spoke of "delinquent leanings" in preadolescent girls. Girls in this stage often display confusing sexual behavior, simultaneously tomboyish and flirtatious with boys (Kaplan 1976, Harley 1971, Deutsch 1944, Blos 1970, 1979). Their sexual fantasies become more intense (Sarnoff 1976, Clower 1975). Girlfriends talk about sex as if they are interested while also expressing disgust. There is an increase in body preoccupation and somaticization (Sarnoff 1976, Beiser 1980). This increased body

awareness brings with it renewed feelings of inadequacy, shame, self-depreciation resembling the castration complex of the oedipal child (Kaplan 1976).

The research scientist may well ask where the preceding knowledge comes from, how is it known. Understanding of the shift in id-ego balance, return to preoedipal object relationship ties, and defensive actions taken against this regressive pull has largely come from the interpretive work of child analysts. Observation of children in analysis has yielded fantasies and preoccupations easily interpreted as pregenital (oral, anal and phallic) (Kestenberg 1980, Kaplan 1976). But the researcher may further ask if these observations would then be found only in disturbed children and not be characteristic of the "average," "normal" child. Some psychoanalytic writers have observed latency and prepubescent girls in "normal settings" (Kaplan 1976) and others have analyzed and interpreted examples from fiction (e.g. Dalsimer's 1979 analysis of The Member of the Wedding to be discussed in a later chapter).

## Research Findings

### Normal Population

Some large scale research using "normal" population could be found which, although not directly concerned with autonomy/dependency in preadolescent girls, is of interest and applicable. The work of Gesell et al (1946, 1956) is well known and often referred to for profiles of emotions, sense of self, interpersonal relationships, activities and interests, self-care and routines, action system (tension outlets), school, ethical sense (morals), and philosophical outlook. Information was obtained by interview, psychological tests, and physical examinations

from a sample of 165 children, some of whom were seen over several years. It is not the purpose of this project to analyze and critique other people's research but to use it as it applies in helping to understand the central questions we are examining. However, there is one criticism of the Gesell research that needs to be considered. All results are generalized by yearly age increments; that is, children are described as 10-year-olds or elevens, etc. They speak to this issue themselves in saying that their intent is "to bring into convenient view the directions of development and the relativities of age, maturity, and immaturity" (p. 22), "to gain a better understanding of the dynamic trends of the growth process operating over a period of time" (Gesell et al 1956, p. 24). However, this author believes it is oversimplified and therefore misleading to describe children by yearly ages. Added to this is the fact that they make very little differentiation between boys and girls during a period of development when there is a great disparity in development from one girl to another, let alone between girls and boys. Gesell and his co-workers did acknowledge that they found age 10 a turning point in the course of development. They found 10-year-olds poised and content with themselves. Considering Gesell's rigid division by one year age increments and considering the findings of earlier onset of puberty, it is not surprising that Gesell's description of 11-year-olds matches what others found in younger preadolescents. The characteristics of the elevens include increased activity of disorganized, "harum-scarum" nature; criticism of parents, especially mother; fears in girls of physical pain, something happening to mother (fear of loss and separation), and criticism from father. By contrast, Gesell et al describe 12-year-olds as beginning to smooth out and settle

down, find themselves, and become more organized and less extreme in emotions.

Hansburg (1972) researched the question of how adolescents develop separateness and individuality while at the same time maintaining family relationships and attachments by measuring "adolescent separation anxiety." He developed a Separation Anxiety Test which consists of twelve pictures depicting separation situations a child may experience (e.g., leaving house for school, being put to bed at night, a parent leaving house after argument, etc.). The subject chooses any of seventeen statements for each picture that describes the feelings of the child in the picture. There are separate forms for girls and boys. Over a three year period the test was given to a total of 250 youngsters in residential placement, outpatient clinics and public schools in a large Eastern city. Hansburg hypothesized that the common reactions to the threat of the loss of the love object and efforts to restore the attachment-individuation balance are hostility, painful tension, reality avoidance, loss of self-esteem, identity crises, and imbalances or impairment in intellectual functioning. He found that attachment needs were stronger in children of intact nuclear families and less so in children placed out of the home who had strong drives for self-sufficiency. Healthier children showed greater balance of attachment and individuation, and of self-love and self-esteem. Failures in self-love were demonstrated by high level of feelings of rejection and of intrapunitiveness. Failures in self-esteem were represented by difficulties in thought process, in impaired concentration, and sublimation.

It would appear that where children feel adequately loved, separation produces more concern with problems of self-esteem than

with problems of self-love, although both are involved and there is considerable overlap.

(Hansburg 1972, p. 138)

In other words, Hansburg's results indicate that adequately loved children who experience separation are more effected in the area of intellectual functioning, or self-esteem. "The capacity of the ego to function intellectually is highly dependent upon gratification of contact needs" (p. 138). The profile for healthy response to separation experiences (actual, threatened or fantasized) requires good attachment-individuation balance and includes:

An adequate amount of tension and hostility, minimal projection and intrapunitiveness, adequate identity stress, and satisfactory degrees of reality avoidance. Fantasy should be somewhat stronger than evasion. Self-esteem loss should be somewhat stronger than self-love loss. Generally the protocol should show a capacity to take separation, tolerate pain, retain individuation, keep hostility to a minimum, feel a degree of stress to identity, deal with losses of self-love and self-esteem, and show ability to use reality avoidance to reduce the stress.

(Hansburg 1972, p. 138)

Hansburg acknowledged that weakness in his study included inadequate differentiation for age and sex, among other factors. In addition, no comparisons were made between separation reaction at this age and earlier ages.

The research of Harris (1959) was discussed earlier. He found that while the children of rebellious mothers had the best adjustment in latency, they had the poorest adjustment at puberty. Those of dependent mothers had a slight edge in good adjustment over those of traditional mothers. This author proposes that at puberty children of dependent and traditional mothers are having their renewed dependency needs well met, alleviating some of the internal stress and turmoil and enabling them to better cope with the pressures and demands of this stage. However, it is questionable how well adjusted they would appear later when the



appropriate developmental direction would be away from parental and toward peer attachments. On the other hand, rebellious mothers may feed rather than calm the internal storm children experience preceding and through puberty. During latency, rebellious mothers encourage independence in their children which enables them to succeed in the developmental task of learning about, and adjust to, the outside world of school, neighborhood, and friends. Such mothers may have little tolerance and empathy for the push-pull ambivalence and internal sensitivities of children at puberty. Their push for children to fend for themselves may stir up considerable anxiety in children who are ambivalent about fending for themselves. Children of dependent and traditional mothers have their mothers' needs to push away from at the same time as knowing that their own dependency needs will be recognized.

Gardner and Moriarty (1968) studied a group of sixty children between age 9.6 and 13.4, volunteer subjects selected from a Midwestern community. Almost half the children had been part of earlier longitudinal research by Escalona. Their research focused on and measured cognitive functioning to explain preadolescent behavior. Standardized intelligence and projective tests were used (e.g., WISC, TAT, Rorschach, Haltzman Inkblot Test) to measure cognitive control structures and defense mechanisms. Little attention was paid to, and comparison made with, earlier development, except in the four case examples who were described longitudinally. The purpose appeared to be to relate cognitive structure and ego functioning (by means of defense mechanisms) to age, sex, religion, and socio-economic status to establish a profile of the preadolescent and has limited relevance to this study. A later study by Murphy and Moriarty (1976), using the same population

and data as the Gardner and Moriarty study (1968) and incorporating their findings, was considerably broader in scope and is more relevant. The second study is longitudinal and makes comparisons between functioning in infancy and prepuberty. Murphy and Moriarty (1976) concluded that, because of the many intervening experiences and environmental forces between infancy and prepuberty, one cannot predict later behavior on the basis of coping in infancy. Inhibited preschoolers, with increased mastery, can turn into spontaneous, responsive individuals in prepuberty. Likewise, a lively preschooler can become reserved and inhibited later. The adaptational style of the child is shaped by four factors:

(1) organic equipment and functioning, (2) psychological climate (stresses, demands stimulation, response from environment, particularly parenting response), (3) how the child uses resources in dealing with needs and environment (e.g., adapting tempo, motility, etc.), and (4) the effects of the coping efforts (e.g., if they relieve tension or increase stress).

Murphy and Moriarty (1976) found some factors in early development and behavior that were related to prepuberty behavior. Continuity of adaptational style was more predictable if early activity level and energy was balanced and stable. The less clash between the organic givens and the environment and the more consistent the environmental demands and values, the greater the stability and predictability from earlier to later coping. Early age of sitting, more so than walking, was associated with clear identity, social insight, preference for less structured than more structured situations, clear distinction between fantasy and reality, and intuitiveness. The prolonged state of being able to observe and take in the environment was assumed to stimulate

perceptual interest and cognitive activity, in spite of the state of dependency on having needs fulfilled. High level of reactivity to stimulation in infancy led to openness to new experiences and a wide range of areas of enjoyment in prepuberty. Physical robustness was not highly correlated. Infants who were free of gastrointestinal problems in infancy (when cognitive functions are rapidly developing and structuring) had strong cognitive coping capacity later. Finally, imbalance in mother's attention, acceptance and respect for the infant's autonomy--too much or too little--interfered later in ability to assert own needs, ability to organize and provide own structure, expressiveness (vs. rigidity), ability to translate ideas into action or to ask for help and resulted in repression, dependence or poor frustration tolerance. The mother's enjoyment in her infant and family unity and harmony are correlated with good coping later. The earlier Gardner and Moriarty (1968) study found no sex difference in cognitive controls and level of ego autonomy. Murphy and Moriarty (1976) found a difference in the defense mechanisms used by girls and boys. The girls showed more repression; the boys used more reaction formation, projection and isolation. These defenses fit with the slightly greater assertiveness (activity) in boys and passivity in girls. Their group on a whole tended toward overcontrol rather than acting out. They concluded that the "optimally adjusted child" would be slightly on the overcontrol side of the acting out-overcontrol scale but would be flexible according to the situation. Acting out was found to be associated with inhibition of speech in favor of motor development. Overcontrol was associated with prohibition of instinctual impulses and family values (e.g., religion, the culture of the community). Erikson's research on the sex differences

in the use of play materials and configurations of preadolescents (Erikson 1951, Hongik 1951) was done in the late 1920's. This was part of a longitudinal study beginning with 252 children selected at 21 months of age, 165 of whom participated also at age 10 to 12 years. What was found was that more boys used blocks and vehicles while more girls used furniture and family doll figures. The block structures of boys and girls were different and corresponded to sexual differences. Boys' structures emphasized high-low, tower configurations. Girls' structures emphasized open-closed, enclosed interior spaces. They concluded that the sex differences in the play content (greater energy output by boys, greater passivity in girls) was culturally determined and had little relationship to biological differences.

The research of Stone and Barker (1970) was previously mentioned in connection with premenarcheal girls favoring more strenuous activity. In addition to that result, they found that premenarcheal girls had more worries and fears, that post-menarcheal girls had more heterosexual interests and attitudes, and were more interested in body adornment (both of these findings support the views of Kaplan 1976, Harley 1971, and Deutsch 1944, earlier reviewed, that girls in this stage tend to be confusing regarding their sexual interests). Family adjustments were equally good in both groups. Each same-age group consisted for both pre- and post-menarcheal girls. They did not attempt to explain the causes of the differences but speculated that it was due to a combination of intrinsic (hormonal-physical) and extrinsic (cultural-societal) influences. The latter was exemplified by the "freedom and restrictions imposed by society on persons who have passed that milestone in development which historically has separated the child from the young

adult," (p. 215) but, again, no explanation is suggested for the changes between latency and preadolescence.

Harris' (1959) research was described earlier in terms of the relationship between patterns of mothering and the adjustment of children. He had some interesting findings regarding the prerequisites for good adjustment at puberty. Hypothesizing that sexual and aggressive impulses increase at puberty, the nature of those impulses at age 8 to 9 was investigated and compared with the level of adjustment at 12 to 13. The indicators for those impulses were sexual curiosity (questions about sex, etc.) and sibling rivalry (jealousy, quarrelsomeness), both of which were labelled as "lively impulses." He found that of those who showed both lively impulses at 8 and 9, 75% had good reports of adjustment at 12 and 13 compared to 58% who showed one or the other and 33% who had shown neither at 8 and 9. This certainly supports Sarnoff's contention that latency is not, or should not be, a period of quiescence, but rather a time when sexual and aggressive impulses have at least limited expression. In that way the child is prepared for the turmoil and confusion she will feel within herself and in relation to others. The profile of case #19 (p. 217-218) is a good example of a child whose aggression was extremely repressed, whose mother was inconsistent in her dependable warmth and impaired in understanding, and who had symptoms of shyness and distance from teacher in school.

### Divorce

Since divorce is a common experience for children, and one of loss and separation, it has significance for our problem. Research in the area of reaction to divorce could be considered a normal population because of the large number of children it affects. Two studies are

worth considering. Kalter and Rembar (1981) studied children referred to an outpatient clinic and the Wallerstein and Kelly work (1976, 1980), previously described, has as its sample families referred by the court.

Kalter and Rembar (1981) measured degree of disturbance, kinds of problems and age of child at time of divorce. They found there was no relationship between age and degree but there was a relationship between age and kind of disturbance. The age at divorce was classified as early (under 2.5), oedipal (3 to 5.5) and late (above 6). The sample was divided into two age groups for each sex, latency (7 to 11.5) and adolescent (12 to 17.5). Sixty-nine of the 144 children were girls, roughly half in each age group. Both boys and girls who experienced divorce preoedipally were affected similarly, showing dependency, non-aggression type problems.

The girls who experienced divorce during the oedipal stages (ages 3 to 5.5) showed increased aggression toward mother, aggression with peers and increased academic problems as adolescents. This is similar to Hansburg's (1972) findings that well loved children who experienced separation were adversely effected in intellectual functioning. Kalter and Rembar (1981) conclude that:

Perhaps boys who experience parental divorce during their oedipal years are prone to inhibiting aggression in the face of adolescent psychosexual changes. Revived fantasies of oedipal victory, accompanied by guilt and anxieties, may pressure more of these youngsters to keep a tighter rein on their aggressive impulses. But for girls the reverse seems to be true. They are more openly hostile than both their male counterparts and other adolescent girls who experienced the divorce process earlier or later than the oedipal phase. The absence of a similar finding among latency-age girls suggests that rage over the divorce with attendant psychological loss of the oedipal object (as opposed to the boys' 'victory' over the oedipal rival) could be dormant until adolescence. A 'time bomb' effect may occur, in which girls get along reasonably well with their mothers (the custodial parent in the vast majority of divorces) until sexual and competitive impulses are newly fueled by the changes of puberty. (p. 98)

Considering the characteristic behavior reviewed earlier, one can wonder from these results whether the divorce experience during the oedipal stage precipitates in girls an exaggerated level of a reaction they would otherwise have. Although in these conclusions the researchers did not consider adolescent girls as having significant problems if they experienced preoedipal divorce, it can be wondered if the non-aggressive, dependent reaction demonstrated by latency girls continued into adolescence.

Wallerstein and Kelly (1980), in their five-year follow-up, found that good adjustment in girls between age 9 and 12 correlated highly with a good relationship with a "good-enough" mother (defined as "close, nurturant and dependable"). Contact with father was highly important to 9- to 12-year-old children (both boys and girls). The girls who had the poorest father-daughter relationships were most frequently in the 5- to 8-year-old range. In this research, children's behaviors or moods are looked at in terms of their reaction to the divorce, with no consideration given to the developmental issues or changes inherent in particular stages. In other words, children were evaluated according to what their relationships with parents were like before (e.g. at time of divorce) and at follow-up without consideration given to whether the developmental needs or tasks might be different at each of those times.

### Peer Culture

Typical moods and attitudes of preadolescents as expressed in their popular music preferences was researched by Marks (1979). She divided her sample of 467 into three age groups, the preadolescent group consisting of 117 fifth and sixth grade students ages 10 to 11. The early adolescent group were ninth and tenth graders ages 14 to 15, late

adolescents were 18 to 19. Their preferences (music, lyrics and performers) were classified into six categories: independence, heterosexuality, identity, social awareness, solutions, and emotionality. She did not differentiate between boys and girls in the results, claiming she found more similarity than difference in their concerns "despite considerable differences in the psychosexual tasks of males and females" (p. 339). Marks found a significant difference between pre- and early adolescents. Preadolescents were concerned with search for independence and "unresolved attachments to parental figures [which] make it difficult to break dependency ties" (Marks 1979, p. 340). "Mother and Child Reunion" by Paul Simon was one of the most popular songs in this age group while "Country Road" by James Taylor was preferred by the two older groups. Themes of leaving home and returning home were nearly equally preferred by the younger while leaving home (being free, paths to independence) far outweighed returning home themes in the older groups.

#### Psychosexual Explanation

The hallmark of latency is repression and redirection of sexual and aggressive impulses as a result of the oedipus resolution. It will not be part of this project to enter the debate over whether the diminished drive activity is biologically determined according to Freud [1965] or due to change in the way it is discharged according to Sarnoff [1976].) With the onset of prepubertal changes there is an upsurge and breakthrough of drive activity of a pregenital nature. During latency, gender identity is clear and children's interests are normally asexual. The physical changes push a girl toward renewed genital awareness and concerns about sexuality. However, she is not yet emotionally or socially ready for mature genitility. The id forces overcome the ego



capacity. The progressive push is met with regressive retreat exemplified by a return to a pregenital stance of bisexual, aggressive, phallic, ambivalent nature (Douvan 1966, Harley 1971, Kestenberg 1980, Kaplan 1976, Sarnoff 1976, Sklansky 1980, Ritvo 1976). The tomboy behavior combined with sexual curiosity and disgust and the simultaneous wanting mother and denegrating her are the results. Freud (1965) and Deutsch (1944) consider this period the prelude to the revolutionary mood of puberty and adolescence.

During latency the ego structure (which is the composite of its functions) is stable and its functions are strong. In a healthy, well-functioning child, reality testing is appropriate, intellectual activity is eagerly pursued and is expanding, and impulses are being controlled chiefly through the use of fantasy as defense against the painful disappointments of the oedipus situation (Sarnoff 1976). Prepuberty is seen as a "recapitulation of the infantile sexual period" (preoedipal stage, which is also separation-individuation phase), and they are similarly characterized by a strong id and weak ego, although the latter is stronger in prepuberty than it was in the preoedipal stage (A. Freud 1937). "The impression of health and rationality disappear again and the preadolescent seems to be less mature, less normal, and often appears to have delinquent leanings" (Freud 1965, p. 163). The balance between ego and id that existed in latency is upset (Blos 1970). The question of "regression" vs. "recapitulation" is discussed in more detail in a later section on regression and defenses.

#### Object Relations, Psychosocial Explanation

Another parallel is often made in the literature between end of latency/preadolescence and the separation-individuation phase (Sarnoff

1976, Beiser 1980). Sarnoff (1976) describes the similarity of psychic events thus:

In both phases there is an experience of separation from the mother, with increasing individuation manifested in the child's increasing executive functions. Problems of passivity coupled with fear and eagerness for fusion occur in both phases. Most striking is the fact that in both phases there are changes in the awareness of the body... The parallel between the two periods sets the stage for a regression in the adolescent that permits the utilization of defenses, i.e., denial and displacement, appropriate to the earlier period. (p. 326-327)

The issue of regression and defenses will be returned to shortly. For now, the separation-individuation similarities will be the focus of examination.

Beiser's (1980) comparison is more specifically with the differentiation subphase, possibly because of the initial separation anxiety. However, because of the degree of ambivalence, the feeling of vulnerability and more generalized anxiety, it might be better compared with the rapprochement subphase. Chodorow (1978) also compares the prepubertal and preoedipal stages, noting that the girl is "preoccupied with her attachment to her mother" and that her father is in the background whether he had previously been loved or rejected, a powerful or weak object in her life. Again there is room for disagreement. Since it is known that during the preoedipal, separation-individuation stage (even before the oedipal stage) the father becomes an important figure--an object the girl turns to in the heat of her ambivalent attachment with her mother--it follows that the prepubertal stage would be a recapitulation of the earlier triangulation. The characteristic criticalness of mother that Deutsch (1944) points out and the forceful turn toward heterosexual interests that Blos (1979) discusses, exemplify this phenomenon. "Female delinquency, which usually takes the form of

sexual acting out, is often precipitated by the strong regressive pull to the preoedipal mother and the panic surrender implies" (Blos 1979, p. 231).

The meaning and significance of the heterosexual turn described by Blos can be questioned. Female analysts have insights into prepubescent girls' sexual attitudes and interests that indicate what appears to be heterosexual interest is not yet really sexualized (Harley 1971, Beiser 1980). That step occurs in the next stage, during early- and mid-adolescence which is comparable to, and a recapitulation of, the oedipal stage. In his 1980 article Blos labelled it "(pseudo) heterosexuality," an "oedipal defense" occurring in "early adolescence." In other words, the prepubescent girl's interest in boys and men (father or other) serves as a turn away from merger with mother at a time when she is ambivalent about her femaleness and fearful of remerger with her primary love attachment. Since she needs to be unlike mother and still maintain primary identification with her, the other-than-mother figure may also be an idealized other adult woman or another girl her own age. Chodorow (1978), presenting Deutsch's view, points out that in this manner the girl, as she did earlier,

tries to solve her ambivalent dependence and sense of oneness by projection and by splitting the good and bad aspects of objects; her mother and home represent bad, the extrafamilial world, good. Alternatively, she may try in every way to be unlike her mother.... In this case her solution again involves defensive splitting, along with projection, introjection, and the creation of arbitrary boundaries by negative identification (I am what she is not). In both cases she has fled to intense identification-idealization-object loves, trying to merge herself with anyone other than her mother, all the while expressing her feelings of dependence on and primary identification with this mother. (Chodorow, 1978, p. 137)

Blos (1980) attributes the peak of reactivation of preoedipal ambivalence toward mother to mid- and late adolescence. This author disagrees, and

believes that if the mother has been empathic and understanding (in Harris' sense) the ambivalence will be subsiding into resolution, ushering in a more compatible relationship and comfort in feminine identity by late adolescence.<sup>1</sup>

Chodorow (1978) cites the research of Hetherington on the effect of father absence on adolescent girls, who found that such girls were slightly more dependent on adult women, although they related to women basically the same way as father-present girls. She also cites research by Johnson who believes the role father plays in emancipating a girl from her primary attachment to mother can be played by any secondary parenting figure no matter the gender. If the father socializes the girl in her feminine role, which includes passivity and dependency, and she is not exposed to this because of father's absence, why would she be more dependent on adult women, presumably including her mother?

Mussen, Conger and Kagan (1969) provide a clue in their findings. Preadolescent girls, who were unable to make a strong bond and identification with the same sex parent in the 3 to 6 year period turned more to their peer group. Those who had a strong tie to a nurturing mother will identify more with adults than peers and be anxious about violating her parents' standards. This would make her more dependent and less autonomous even without her father's influence. Again, there is evidence of the importance of the balance between the mother-child and father-child relationship. It might be concluded from this that preadolescent father-absent girls with more preoedipal separation from mother will be more independent from her whereas father-absent girls with

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<sup>1</sup> Blois, in his 1980 article, seems to be taking that position.

a strong early bond with mother will be more dependent on her in preadolescence. If the normal developmental pattern at preadolescence is for a girl to recapitulate her preoedipal relationships, her behavior at age 10 (more or less) would be similar to what was earlier described for her at age 2. If, in her preoedipal period and oedipal resolution, she was unable to make the shift from total attachment to mother toward attachment to father, then she will not have this relationship available to recapitulate during the preadolescent regressive pull back to the preoedipal mother. Ritvo (1976) makes the point that how the girl was responded to by her father in the oedipal period (more significantly, the preoedipal period) is significant for her later attempts to turn away from mother toward heterogeneous relationships.

#### Regression and Defenses

A great deal has been written about regression as a characteristic of preadolescence. It is discussed both in connection with the psychosexual and psychosocial explanations just reviewed. The hallmark of normal prepuberty or preadolescence, then, is a regressive pull to the preoedipal mother with the ambivalence about dependency and autonomy characteristic of the earlier separation-individuation (Blos 1970, Sarnoff 1976, A. Freud 1937, Chodorow 1978). Added is an ambivalence (in girls) about sexual identity and strivings which will be further elaborated upon in a later chapter. (It is difficult to discuss dependency in girls without including the issue of feminine identification that, in our culture, historically includes passivity and dependency.)

Analysts experienced in working with children and women have observed the signs of return to the strong and ambivalent attachment to

mother during prepuberty in fantasy, dreams and transference. Settlage (Winestine 1973) in his discussion of a paper by Speers, supports the use of the concept "recapitulation" to describe the normative process in contrast to "regression" for a pathological process. Recapitulation provides an opportunity to master unresolved issues from earlier stages. This occurs in preadolescence because prepuberty reawakens the preoedipal separation-individuation issues at a time when the child's ego capacities are better developed to cope with them.

Using the term regression to say the same thing, Blos (1979) states that normative, nondefensive regression always occurs during adolescence "in the service of development," allowing advanced ego faculties to be used in dealing with "childhood viscissitudes" which were incompletely resolved earlier. Kris used the concept of "regression in the service of the ego" to designate temporary, reversible shifts backward (Blanck and Blanck 1974). Anna Freud (1963) also discussed the normality of temporary ego and drive regressions as an attempt to adapt to some stress. Harris (1979) found that research supports the claim that regression is a "normal adaptive mechanism." Blos (1971) differentiates between the form of regression in boys and girls at this time, the former regressing more in behavior and the latter in her preoccupation with relationships. However, it was noted earlier that girls at this stage also become more physically active. This author agrees with the position that regression occurs "in the service of development" (Blos 1979) as an aspect of normal developmental progression and need not imply pathology. Therefore, it is not necessary to differentiate between recapitulation as normal and regression as pathological. It can also be argued that there is no true recapitulation since the regressed behavior of a preadolescent

occurs in the context of a more mature ego and is not an exact repetition of preoedipal behavior.

Dalsimer (1979) has analyzed "The Member of the Wedding" by Carson McCullers and pointed out themes and issues pertinent to this study. At the beginning of the summer that the young girl, Frankie, is 12 years old, she is aware and fearful of her physical growth and changes. Pending puberty and separation are particularly frightening to her because her birth (and therefore sexuality) was connected with the death--and loss--of her mother. Her self-esteem plummets as she engages in petty thefts and sees herself as a freak and a criminal. Her father is remote. Her older brother's pending marriage (again, related to dreaded sexuality) represents both loss and separation and an outlet for fantasy. She feels lonely and vulnerable, "like somebody has peeled all the skin off me" and she "had become an unjoined person." (p. 454) In the face of threats of loss of physical well-being and familiarity and of separation from childhood love objects, Frankie regresses. She identifies with a younger male cousin and projects her attachment needs onto him. She hangs around the kitchen and her mother-surrogate, Bernice, the housekeeper, wanting to sit on her lap. She merges in fantasy with her brother and bride in an undifferentiated symbiotic, asexual unity as she imagines going with them, in that way unconsciously rejoining her lost mother. Dalsimer has found and skillfully interpreted a piece of fiction which itself wonderfully illustrates the classic regressive pattern of a preadolescent girl that neither comes from statistical research nor a clinical case example.

It has been established that ego regression in prepuberty is normal. There are differences of opinion about whether the resulting behavior and

mood represent normal patterns or neurotic symptoms. The dividing line can be seen as one of degree. Deutsch (1944) sees neurotic behavior as representing "distortions or quantitative intensifications of the normal" (p. xi). She believes any element of personality can be used as a defense mechanism, for example, passivity as a defense against aggression. Similarly, Blos (1971) states:

The intensity of the regressive pull is proportional to the intensity with which 'independence and freedom' are sought or, conversely, to the severity of inhibition and docility. (p. 965)

Douvan and Adelson (1966) point out that the girl's need to retain the mother's love is likely to balance and soften the expression of rivalry and hatred that defend against the tempting and dangerous oral (dependency) longings. An extreme imbalance with the defense of aggression predominating will be seen as delinquent behavior (Deutsch 1944, Blos 1958), while an imbalance in the direction of the need for oral gratification will lead to extreme dependency, separation anxiety, fear of school (Deutsch 1944). Freud (1937) contends that the ego's defenses against the upsurge of pregenital id pressure result in neurotic symptoms and inhibitions. Brief, temporary regression Freud (1965) sees as adaptive in face of unbearable, new situations, pain, tiredness, frustration, and spontaneously reverses to age-appropriate behavior when the stressor ceases. If the regression persists and becomes permanent, it is pathological and further progressive development is impaired. Then it is a symptom of failed defenses. Dunbar (1962) and Beiser (1980) point out that whatever problems (symptoms) a child had as a preschooler that are buried during latency are likely to resurface in preadolescence. Sarnoff (1976) gives a clinical vignette of a girl who had difficulty separating from mother in nursery school, had no problems in making



friends and getting along in grades one to five. Beginning at age 10 she showed a "personality change" toward increased suspiciousness and guardedness and increased hostile behavior.

Dependency behavior in itself may be seen as either a defense or a symptom of failed defense. As a defense it is most likely a reaction formation against hostile feelings toward mother which, if expressed (by aggressive behavior), could result in rejection and loss of her love (A. Freud 1937). A retreat into a safe, protective environment is a natural defense against a real or fantasized danger. If the danger of loss of love is greater than the anxiety aroused by merger and loss of identity, the child will regress to dependency. "The greater the anxiety aroused by the object ties the more elementary and primitive is the defense activity employed by the adolescent ego to escape them" (Freud 1958).

Dependency can be symptomatic in several variations. Extreme separation anxiety, homesickness, or school phobia are usually associated with excessive aggressive, hostile (death) wishes. The child needs to remain close to protect the parent from her own destructive impulses (Freud 1965).<sup>1</sup>

Katan (1951), in a case of a girl in treatment from age 11 to 14½, sees agoraphobia as a symptom of failure of normal displacement of oedipal desires and impulses from the old (parental) objects to new, extrafamilial objects. Deutsch (1944) gives another view into dependency of girls on mothers, namely the mother's role, in comparing preoedipal and prepuberty stages.

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<sup>1</sup> Freud (1965) believes that the term separation anxiety should be reserved for infants whose distress at separation from mother is legitimate because of biological needs.

A corresponding process takes place in the mother: in both stages we are comparing, she wants to keep the child under her protection and yet she knows that she must lessen and in the end desist from this protection. How often are the young girl's fears of the dangers threatening her in the outside world intensified by similar fears on the part of her mother! In many a girl this fear becomes a conviction that the moment she is separated from her mother something 'terrible' will happen to either her or her mother.

(Deutsch 1944, p. 20)

Dependency behavior may be symptomatic of depression and defeated self-esteem (Benedek 1970, Edward et al 1981). Edward et al describe too abrupt deflation of the child's own, or her sense of her parent's, omnipotence during separation-individuation as causing loss of self-esteem, helplessness and a depressive affect. It follows that during prepuberty a girl will again lose the previous feeling of well-being and self-esteem. Sandler and Joffe (1965) consider passivity and dependency as behavioral manifestations of depression which represent the feeling of being unable to attain (or retain) an ideal and desired state of self.

The research findings of Harris (1959) support several points just made. First, he found evidence of continuity in children's problems from preschool forward. Second, he found that a "regressive cluster," a combination of two items that indicated regressive escape from problems (preferring to be a younger age and having pleasant wish dreams), were associated with poor adjustment at puberty.

The tasks of preadolescence are to disengage from parental ego support, to seek new identity in peers and other idealized adults, and to anticipate (without fearing) the future (Blos 1967, Dunbar 1962, Beiser 1980). A girl must also resolve her ambivalent and frightening feelings regarding sexuality. To accomplish this the youngster must be able to

resist the regressive pull toward the preoedipal mother. The social environment, both within and outside the family, will have considerable bearing on her success or difficulty in this effort.

### Environmental Stresses

There are some who believe that female psychology results from cultural conditioning and not biological, developmental or intrapsychic determinants (Barglow and Schaefer 1976). This author does not share such an either-or position but rather considers the total self-image, status, and roles of women as a combination of all those factors. Conger (1971) describes the social climate children currently are growing up in compared to the previous generation: (1) increased urbanization and geographic mobility, (2) decrease in family size and strength, (3) weakening of communication and relationship between family and other social institutions in the community, (4) rapid rate of change causing larger generation gap, (5) decline in adult authority resulting in society lacking shared values, and (6) rise of youth culture giving young adolescents an unstable model. In the past fifty years there has been an increase in premarital sex, an increase in the attitude that sex is recreation and not just for procreation, and a decrease in the patriarchal ethos and social system (Duberman 1975, Lewin 1978). Sex roles are in transition, the meaning of masculine and feminine is in flux, and men and women are confused about how to relate to each other. At a time when a girl is faced with disequilibrium from within, her preadolescent tasks are made more difficult by the confusing messages she receives from society. It is interesting to find that popularity of girls with their peers is not associated with passivity traditionally associated with femininity. Lynn (1974) found that the best-adjusted

girls, most liked by their peers, were not highly feminine (as traditionally defined) and were more like their unfeminine mothers. Duberman's (1975) findings that girls who were bold and daring, independent, competitive, and tomboyish at age 10 to 14, were more socially accepted than feminine boys and became highly intellectually functioning women (which does not necessarily mean they were emotionally independent). However, Lamb (1979) cites findings that indicate the most successful women had traditionally feminine mothers. In that research it was the father's role that was considered influential.

The issue of femininity/passivity and masculinity/activity and the presence of these qualities in preadolescent girls has particular significance in this era of the "women's movement." The women's movement has been highly visible and controversial since the early 1960's, undoubtedly in part growing out of the increased activity and independence of women in the job market and contributing to shifts in the traditional male and female roles. If the women's movement represents changing roles for women (and men), and we are in the midst of these changes and the search for new definitions (of tradition), it certainly must add to the anxiety experienced by girls and their mothers. Lynn's (1974) findings noted above may be a result of a new definition of femininity that is active rather than passive. Lynn further found that women who support the women's movement are curious, adventuresome, and analytical. They had fathers who were strong authorities in the family and gave a moderate amount of acceptance, affection, and considerable autonomy and had mothers who combined work and family. Women who oppose the women's movement are self-protective, fearful, rigid, resistant to change, and less logical and analytical. They had quiet, unassertive

fathers who were excessively affectionate and nurturing and mothers who did not work but were active in social and community activities.

Another cultural factor that contributes to a girl's developmental stress in prepuberty is our school system. According to Mussen et al (1969), the school phobias are more common in girls and represent fear of separation from mother who frequently is threatened by the loss of her child's dependency on her (and has unresolved separation problems with her own mother). Bowlby (1973) also found the most common cause was mother's anxiety regarding attachment figures. Because society accepts dependency in girls, their refusal to go to school may be more frequently allowed. Klein (1945), in a clinical study, reported 12 cases of school phobia, 5 girls and 7 boys, selected for illustrative purposes. This researcher observed the figures and wondered about their meaning. The numbers do not support the greater frequency of school phobia in girls observed above, but the ages may indicate that school phobia in girls is more clearly associated with the onset of preadolescence. The age range of the five girls was narrower (7 to 13) with the mean age 9.2. The boys' age range was  $5\frac{1}{2}$  to  $14\frac{1}{2}$ , the mean age being 11.

Our current public school system contributes to the problem by requiring a shift from neighborhood elementary schools to more distant junior high schools in sixth grade when girls are about 11 (Gordon 1971). Their last year in the more protected school environment is when they are 10 to 11 years old and are very likely already feeling the turmoil of preadolescence. Fortunately, the junior high schools are now more commonly referred to as middle schools. The former name tends to add pressures on children to act older, to identify with older adolescents. Mussen et al (1969) points out the discrepancy between social pressures

for independent behavior during late childhood and the cultural expectations of education and vocational training which requires prolonged dependence on parents (for food and shelter) and is a source of anxiety and conflict. They say, "Middle-class Americans begin independence training somewhat earlier than most primitive societies. However, they generally complete this training relatively late, requiring a high degree of continued dependence into adolescence." (p. 625)

Because of time constraints, a comparative study of the effects of other school systems was not made. It would be interesting to compare the presence or absence of preadolescent behavior patterns in girls in societies that have different school systems. For example, the British system involves changes, often leaving home for boarding school, at different ages than in the United States. Such a comparative study would help to identify if the timing of the school change contributes to the anxiety in preadolescence. Blos (1979) made an interesting proposal that boys and girls be separated into different schools during preadolescence because of their differing developmental needs and vulnerabilities. These issues will be further discussed in the chapter on implications for research and practice.

There are undoubtedly other environmental factors that can be included as contributing to the problem of dependency in preadolescent girls. These were chosen as illustrations and not as a definitive list.

### The Question of Terminology

In considering the issues and tasks of this developmental stage we return to the question if it is better described as the end of latency or the beginning of adolescence. This author believes that the phase between latency and adolescence is a neglected one. To label it

preadolescence is misleading since it is more characteristic of very early development than it is related to latency or a preview of adolescence. Sarnoff's use of both terms in hyphenated form is cumbersome. The issues revolve around regressive behavior and recapitulation of early, preoedipal relationships. It is a pulling-back reaction, a final, safe entrenchment before the push ahead into the frightening and exciting world of adolescence. It would be helpful to have a term that neither ties to latency (which it certainly is not) nor to adolescence. Two possibilities would be "pre-eruption" or "transitional" stage. This stage has already been referred to in this study as the transition from latency to adolescence. The author proposes to formally call it the Transitional Stage.

#### Summary of Literature Review

Several issues have emerged in reviewing the literature that have application to answering the central research question and its four subquestions posed in the beginning of this project. To repeat, the five questions were:

- (1) Why would some girls regress to dependency on, rather than opposition against, mother at around the age of 10?
- (2) What are the characteristics of this behavior?
- (3) Are there different forms of regressive dependency?
- (4) What are the factors that contribute to this behavior?
- (5) How can this behavior be understood developmentally?

The first was the primary question; the following four subquestions presented themselves as aspects of the primary question to be further explored.

### How The Behavior Can Be Understood Developmentally

To begin with the last question, it becomes clear in reviewing the literature that the prepuberty/preadolescence stage between latency and adolescence deserves the status of a developmental stage in its own right. There is sufficient evidence from biological and endocrinological studies that specific physiological changes occur in girls at this stage that are associated with mood and behavior changes. If latency is considered the psychological stage during which physical development and mood fluctuations are at a minimum, and adolescence is considered the stage during which sexual maturity has been reached and preoccupation with social relationships prevails, then the transitional stage between them is clearly different. Unlike latency, there is an upsurge of physical change and preoccupation. Unlike adolescence, the mood and attitudinal changes revert back to resemble prelatency, preoedipal characteristics, renewed attachment (or defense against it) to the preoedipal mother. There may be justification to continue using the term prepuberty to refer to the physiological state between latency and the onset of secondary sex characteristics. However, it is proposed to assign a label to the corresponding psychological stage that relates neither to latency nor adolescence, specifically the transitional stage.

The review of theoretical literature also reveals that separation-individuation theory provides a framework for understanding the normal process by which a child moves from a symbiotic matrix with mother to autonomous, individualistic self-hood. The vicissitudes of the separation-individuation process extend beyond the first three years and are especially apparent during the transitional (preadolescent) stage. At this stage there is a renewed pull to the old, preoedipal tie with the



mother, a renewed wish for dependency, closeness and protection. Typically, this pull toward renewed dependency necessitating giving up previously attained autonomy and individuation, is defended against by oppositional, critical, distancing behavior on the part of girls. Along with distancing from mother, girls will seek out father (or other adults or male peers) onto whom to shift their attachment longings. This has been described by some as recapitulation of the rapprochement subphase and by others as regression in the service of development.

#### The Forms and Characteristics of Regressive Dependency

There is evidence in the literature that regressive dependency can occur in two forms: passive and aggressive. Increased activity and aggression are typical behavior characteristics in girls during this stage. Also typical is the unpredictable moods that accompany the conflict between wanting increased closeness with mother and pushing her away with hostile, belligerent, and argumentative behavior. Confusion over sexual identity results in alternation between pseudo-sexual flirtatiousness and tomboy behavior. An optimally well-adjusted child who was able to adequately negotiate the preoedipal separation-individuation process will be more likely to resist the dependency pull, be somewhat oppositional against mother, and shift her attachment from mother to father or other adult. If she is unable to do this, her only alternative is to go with the regressive pull and re-establish the dependency with mother, whether that form of dependency occurs as passive or aggressive on the roles and relationships the parents had with the child during the first, significant, three years.

### Contributing Factors

The characteristics that contribute to autonomous, optimally, well-adjusted functioning in a girl include:

- (1) a mother who is balanced in empathic nurturing and encouragement of individuality without overidentification, overcontrol, or rejection.
- (2) a mother who has a warm, harmonious relationship with her own husband (the child's father) and positive feelings toward her own parents as well as a desire to make improvements over her own mother's parenting pattern.
- (3) the support and encouragement by the mother for the daughter to develop a close relationship with father during the preoedipal stage.

In contrast, the mother of a constricted, dependent child is likely to have overemphasized warm dependability and lacked in understanding of the child's needs and impulses, to have projected her needs onto the child, lacked closeness with her own father and idealized her own mother, inhibited her own feelings (negative and positive) toward her own parents (and husband) to avoid clashes, and had a distant or conflict-laden relationship with her husband. A passive dependent child is likely to be compliant, constricted, and inhibited in expressing instinctual life, as an infant showed a low level of reaction to stimulation from the environment, as a toddler expressed anger toward mother passively by lapses in toilet training rather than oppositionalism, to have shown little or no sibling rivalry, to be serious in or avoid school. She is generally adjusted within the family but not outside.

The father's emotional availability as an object for positive attachment is essential for a little girl between the ages of 1 and 3 years, and especially around 18 to 24 months. Qualities and traits in fathers that contribute to autonomous development in girls include:

- (1) encouragement of self-care, reward for independent behavior
- (2) warmth and attention
- (3) model of assertive strength, activeness, industriousness, without harsh and excessive standards of expectation
- (4) participation in infant care without substituting for, or being greater than, mother's care

There is evidence that our culture expects, rewards and perpetuates passive, dependent behavior in girls, although with the women's movement in the past two decades this picture may be changing. The cultural picture changes also with the increase in divorce, father absence and working mothers being less available to foster dependency. In this environment there may be greater incidence of aggressive dependency in which girls desperately manipulate to get attention through aggressive, defiant behavior.

The next chapter will describe the three case histories and analyze the data therein. The cases will illustrate and support the contention that the nature of the early relationships between mother-daughter, father-daughter, and mother-father set the tone for transitional stage behavior.

## CHAPTER IV

### THE DATA - THREE CASE HISTORIES

In this chapter, the three subjects of this exploratory investigation will first be factually described without interpretation.<sup>1</sup> Each case will be described according to the following factors: their presentation when first seen at the clinic, history, development, childhood experiences and relationships, school and peer relationships, parents' histories and personalities, child's memories, information from the photo albums, and results of the memory rating scale.

#### Anne W

Anne was 10 years 3 months when first seen in the clinic. Her mother's initial call 1½ months earlier requested help for both her children: Matt, age 7 years 1 month, because of constant tantrums; and Anne, because she had become upset and ill when Mrs. W planned to go away for the weekend with a friend. While Mrs. W viewed Matt as giving her more trouble, her call was precipitated by Anne's upset.

When Ann was first seen at the clinic she was a tall, slim, attractive, befreckled girl with long, straight blond hair. She was reticent and shy as she answered questions. In the first individual session she read two books from the shelf in the office: What's

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<sup>1</sup> See Appendix G, Table 1 for the comparative identifying information on all three cases.

Happening To Me (about puberty---she showed no reaction and said nothing about it) and A Terrible Thing Happened at My House (about the mother going back to work). About the latter book she registered surprise, assuming it would be about parents getting divorced. Her responses to being asked for three wishes was to help all the people who have no food or clothes, to travel in a trailer out of state, and to have more wishes because she couldn't think of anything. Mrs. W later reported that Anne had given those answers to put off the therapist because she thought the therapist expected her to say she wanted her parents back together. Although Anne always remained relatively reserved with the therapist, she opened up to the point of playing board games and darts, and she talked about school and her girls' league ball team. She eventually became quite expressive during game playing, showing appropriate reactions to winning and losing. One of the games she played on and off was Social Security, a noncompetitive game in which the players solve interpersonal problems and share feelings about things.

Soon after beginning therapy Anne was referred to a girls' activity therapy group. While she made very appropriate efforts to connect with the others and was liked and appreciated for her contributions to the group, she tended to be a loner, to avoid group attention. Similarly, Mrs. W reported that Anne was chosen to be the announcer for a school play but became ill the morning of the performance because she was so terrified. On the other hand, she was an active, valued member of her ball team.

Mrs. W was an attractive woman who dressed stylishly in sports clothes and wore numerous pieces of gold jewelry, though she never appeared inappropriate for the setting. She worked full time in the

travel business and sometimes came in her uniform. She was very verbal, often making sarcastically humorous comments and always describing things very factually. She frequently remarked that she could not understand why one of the children did something or understand the feelings that the therapist suggested the child might have. She was very supportive of the children's basic needs and activities, attending Anne's ball games, etc. At the time of referral both Mr. and Mrs. W were 38 years 10 months. Mr. W lived in a nearby community, and the children spent alternate weekends with him. Only recently had Anne been willing to stay overnight at his house (where he lived with his girlfriend), having gotten upset when he worked or slept during her stay there.

#### History

Anne was born after her parents (high school sweethearts) had been married over seven years. Having children was Mrs. W's wish and her husband only reluctantly cooperated. She was afraid to tell him she was pregnant until she began showing and was surprised that he was not angry. The pregnancy was smooth and easy. Labor was long and painful, ending in a forceps delivery. Mrs. W had dreaded pain and requested that she be given medication to block it. Mrs. W hoped to have a girl for their first child. She had been an only child with female cousins and felt most familiar dealing with girls. According to Mrs. W, Mr. W considered himself too old (at 30) to have a son who would need to be played with.

#### Development

Anne was an active, alert infant, did not like to be held, and was somewhat fussy about food. She was bottle fed because Mrs. W did not

want the pain of nursing. What gave Mrs. W particular pride and pleasure was Anne's precocious and quick learning. Her only source of disappointment was that Anne was not cuddly when held. A photo album containing pictures of Mrs. W holding Anne somewhat away from her body or over her shoulder, minimizing eye contact. In the second half of her first year she was happy, easy to comfort, content to play alone in a room although she would cry when her mother left her and was relaxed with strangers. According to the baby book that Mrs. W kept in detail, Anne's developmental milestones (smiling, crawling, walking, talking, etc.) were quite average. However, here again the photo album gives evidence of Anne walking well before one year. Her first word ("bird," not the typical "mama") was at 10 months. As a toddler (age 1 to 2½) Anne was easy to toilet train, easy to comfort, accepted limit-setting, and was shy and self-conscious about showing off her body although she was known to play with her genitalia.

As a preschooler (age 2½ to 5) Anne continued to be a contented youngster. She slept and ate well, was happy when left with people she knew but shy with strangers. She reacted to minor hurts (she also received stitches in the emergency room for a cut chin at age 2½) and sought comforting, but was easy to comfort. She was an active child who could also entertain herself with quiet activity for long periods. She asked questions about sex (during this time her brother was born) and sometimes played with her genitalia, but she was not flirtatious nor particularly self-conscious about her body. When Anne first began interacting with other children her age (about 2 to 3 years old), she was competitive for toys. When she entered nursery school at about age 3½ she was at first shy at meeting other children and only briefly concerned

about her mother leaving her. But she quickly became comfortable, played and shared toys easily with other children.

### Childhood Experiences and Relationships

The first major disruption in Anne's life was the birth of her brother when she was three weeks short of her third birthday. This was her first separation from her mother. She stayed with relatives she knew well and got "sick." Mrs. W assumed it was the flu but in retrospect thinks it may have been a similar reaction to separation from mother that occurred later and precipitated Mrs. W's call to the clinic. The timing of Matt's birth was carefully planned by Mrs. W. She wanted them three years apart so Anne would be out of diapers and would have made the move from the crib to the big-girl bed long enough before to not consider the crib hers anymore (she made the switch six months before). After his birth, Mrs. W included Anne in caring for the infant (e.g., "Get me a diaper") and letting her hold him. Mrs. W recalls that Anne did not seem to mind the new baby. In the photos of both of them together at ages 4 and 1 to 5 and 2, she appears to be happily attentive to him. Anne, somewhat to Mrs. W's disappointment, was not interested in playing with dolls. It was only after Matt's birth that she occasionally imitated her mother's care-giving with a doll. She enjoyed pushing a doll buggy and was more inclined to have nothing or a stuffed animal in it than a doll.

The pregnancy with Matt and his infancy were difficult. Mrs. W was sick and uncomfortable during the pregnancy. He was a colicky baby, cried all the time, and, although he cuddled when held, Mrs. W was frustrated and turned off by his fussiness.

This was a time of noticeable strain in the parents' relationship. Mrs. W described her husband as never having been very communicative, but



at this point they were hardly talking at all and began drifting apart. Prior to Anne's birth they had gone out socially several times a week. Until Anne was about age two Mr. W would not allow anyone but grandparents to babysit and Mrs. W resented that they rarely went out. Shortly she had a second, very difficult infant and was even more tied down and frustrated. A reason Mr. W had for not going out with the children from the time Matt was a baby through his preschool age was that the children might make noise or cry and embarrass him.

From Mrs. W's point of view, the marriage relationship improved for a while after Matt was about two, and he began settling down a bit. However, it remained strained, and she claimed to be surprised when he announced he was leaving. She wanted to work things out, but he did not want to discuss things. By this time in their marriage he had a second business and was working seven long days a week. The areas of disagreement were his not calling when he would be home late and not being affectionate in public (in fact, acting as if they were not together). Anne was age 6  $\frac{2}{3}$  when her father left.

Mrs. W insisted that her husband tell the children he was leaving. Anne remembers that he "explained" it to her. She cried but remembers him as "just talking." Anne's reaction to this event was to have a headache in school the next day and frequently for the first year. Her vision was checked with negative results.

The family had a stable residence for most of Anne's childhood. They moved to a larger apartment shortly after Matt's birth when Anne was  $3\frac{1}{2}$  and again to a house shortly after she turned four. They still live in that same house. From kindergarten on she attended the public schools to which the children from her neighborhood were assigned and bussed.

Anne reacted to two separations from her mother at ages 8  $\frac{3}{4}$  and 9  $\frac{1}{4}$  that Mrs. W did not recognize until later as the same symptomatic behavior that led to the referral. The first was when Anne was skiing with her best friend's family. She was fine the first day but by the second day was vomiting. The adults assumed she had the flu. The second occasion was when she was to spend a week with her aunt and cousins. She was too upset at missing her mother, and Mrs. W went there to fetch her. These were not the first times Anne stayed overnight with friends (beginning at age 4 she had overnighted at friends' in the neighborhood) or visited these relatives whom she knew well. Also, Mrs. W had returned to work (part time on weekends) when Anne was 7 $\frac{1}{2}$ .

Mrs. W left the children with her husband before the separation to take a vacation trip by herself (Mr. W would not take time off for a vacation). The next times Mrs. W left Anne was when she was about 10 and again a couple of months later when she called the clinic. Both those latter times Anne felt sick, was "emotional" and tearful but kept "her feelings to herself" rather than "expressing" them. The maternal grandmother stayed with the children, but there was not a good rapport between Anne and her.

The course of treatment was uneventful with Anne and frustrating with Mrs. W and demonstrated the withholding of feelings and emotional distance between themselves and others. Anne's style of creating distance and holding in feelings was to be quiet and reserved. Mrs. W, in contrast, was very talkative but superficial. Her only hint of affect was a tone of sarcasm. All efforts to explore how Anne (or a co-worker, her son, her mother, whoever was the focus) felt under the circumstance being discussed led to total inability to empathize. We even attempted

to role play a situation with a co-worker, and when a similar situation reoccurred, Mrs. W had no memory of the earlier discussion. The therapist felt there was no change in attitude after eight months of contact. Even Mrs. W reported, almost proudly, that she saw no change in herself.

Anne's individual therapy lasted for 23 sessions over six months and was overlapped by her participation in a girls' activity therapy group. In her individual sessions she gradually opened up and showed more exuberance (e.g. playing jacks, blockhead and board games). She also became more creative by drawing and making things. Midway in treatment she played Social Security and seemed comfortable responding to the questions and situations about feelings. She also began telling more about her school and social life, being proud of getting on the all-star ball team and being the announcer for a school play. In the same session she filled the doll house with nine children, a mother and father and grandparents. Frequently, however, these more expressive sessions were alternated by more closed, silent, withdrawn ones.

Anne was referred to the group after the eighth individual session and participated for a total of 32 sessions. She was initially quiet and participated on the fringe, somewhat watchfully. Within a very few sessions, she became more open in suggesting activities such as initiating and announcing a costume contest. Occasionally, she returned to her more withdrawn stance but overall became increasingly sociable. There was a change of format and group composition for the last 9 sessions during the summer program. Two new girls joined the group, and Anne was particularly attentive to them. She continued to alternate between active participation in play (e.g., doing flips and acrobatics)

one week and acting lady-like and detached the following week while the others played games.

### School, Peer and Other Adult Relationships

Every start of the school year Anne was excited and looked forward to the first day. She did well academically and has been in a gifted program for most of her school life as well as tutoring other children. She also made friends easily. She had one very close friend since age 7 whose parents and grandparents include her as one of the children in their family. In fact, her friend's father spent much time and talked with Anne a great deal after the divorce. Another adult Anne was close to was her teacher of first to fourth grades. Mr. W has had a girlfriend since the divorce whom Anne likes now that Mrs. W no longer resents her. Mrs. W began dating a man when Anne was about 9 3/4 years old. Anne "tolerates" him.

In addition to liking and doing well in school, Anne is well coordinated and excels in sports. She was taught to swim before she was a year old. Swimming was the one activity her father enjoyed with her when she was little. She has been on a girls little league soccer team since fourth grade. She is not a leader or star but is popular and considered an important member of the team.

### Parents' Histories and Personalities

#### Mother

Mrs. W was an only child who recalls being spoiled and who "could do no wrong." When she was about eight she recalls her first negative reaction from her parents, a spanking by her father. The shock of the "bond of perfection" being broken was great. There is a 10-year-old

half-sister (from father's first marriage) with whom Mrs. W had no contact until they were adults when Mrs. W was pregnant with Anne and sought out her sister. Since then they only exchange Christmas cards. When Mrs. W was 9 or 10 an aunt and a 5-year-younger cousin lived with them for a few years. The aunt and cousin are the only people she can talk with about anything personal. Mrs. W's father died when she was 20, a year before she married. After that, she recalls, her mother stopped being loving. However, she also remembers that as a child, whenever she talked about anything personal or "a feeling thing" her mother's attention drifted off. She remembers her father as remote and uncommunicative.

Mrs. W, while very verbal, has difficulty being in touch with or expressing feelings. She is very matter-of-fact. Facts figure greatly in her values. For example, she hoped her babies would be born on certain dates because she liked those numbers (they were not, although she proudly figured out that the numbers in Anne's birthdate combined into the favored number). She found it particularly difficult to understand her daughter's emotional upsets or her son's frustrated rages. (He has been diagnosed as having learning disabilities and coordination problems.) There seems no doubt that Mrs. W understands her children's physical needs and wants and their developmental strivings. Her example of weaning Anne from the crib long before a new baby took it over indicates some limited degree of empathy. But much of the time she was focused on her own needs such as her frustration that she was not going out socially, her wish to travel on vacation, and her expectation that husband communicate to her. The photo of Anne's first birthday shows an elaborate party with several children of Mrs. W's friends and the

neighbors. This certainly would fit more with a mother's wishes than what a one-year-old would want, understand, or be able to cope with. Being on different wave lengths was characteristic of her relationship with both husband and children. She described that when Anne wanted to be cozy and friendly she didn't and vice versa, just like she and her husband.

### Father

Mr. W is described by Mrs. W as not liking to play or do things with the children although he would listen to them. This means they had little interaction with their father until they became quite adequate in verbal communication. Fortunately for Anne, this came early. Since she was generally a happy, easy baby and toddler and enjoyed swimming, father was more involved with her prior to Matt's birth, when he withdrew even more from the family. A photo in the album taken on Matt's first birthday shows father sitting in the background reading the newspaper while Matt unwraps a package.

Mr. W's own account is very similar. He described himself as very shy, that he did not open his mouth until he was 35. He acknowledged not being home much (working 16 to 18 hours a day) and not seeing much of the children. He did participate in infant care when necessary and enjoyed feeding them.

Of his relationship with his wife and family life when Anne was little, he said it was good, everyone got along. He acknowledged that when Anne was 3 to 4 he felt jealous and "would have liked more of a relationship with my wife, and she was having more of a relationship with my daughter." Both parents had similar values and expectations in teaching the children standards of behavior and disciplining. They

agreed without ever discussing it, were both honest and above-board. Anne was easy to discipline. ("Everyone should have a daughter as good as her.") He compared her good disposition to Matt who cried all the time which was disappointing, and he also admitted to not liking to take the family out until Matt was over 2. His expectations of what a girl should be like were to be quiet, take after mother, be closer to father. A boy should take after his father, be more aloof and not as responsible at a young age. He offered that maybe this was hindsight because that is how his children turned out, with Anne minding, respecting people.

He also described her shyness. Maybe when she first learned to walk she showed off, not boisterous show-off, which he thought normal. By 3 it stopped. Maybe she was shy because he was embarrassed if she got too much attention. But she got lots of attention as the "little doll" when visiting grandparents and others. She also could amuse herself and play with other children.

He has spent more time with them since the divorce, has gotten to know them better and appreciate them and they him. He did not believe their older age had anything to do with this. He has always gotten cooperation and obedience from Matt. Even when he lived there, when Matt was with him he was fine. As soon as Mrs. W appeared he'd start screaming for nothing. "He's still got her number. Maybe because of the attention she paid to Anne and not him when he was small. He makes her crazy, he knows he makes her crazy so he just keeps making her crazy." "Everyone thought he was a big dummy--he won't do anything he doesn't have to... I enjoy the hell out of him because he's really got a mind of his own." Even though direct comparisons were never made, he believes that Matt picked up on the unspoken message from the many praises Anne

got. His hope before their births were for a girl the first time and a boy for the second, even though he admitted that he did not want any children because he wasn't ready for that responsibility after "raising" his brothers and sister.

Mr. W "never had a childhood." He does not remember his father who left when he was 2. They moved a lot. When he was in the eighth grade he'd been in eight schools in three states. He had a 2-year-younger sister by the same father and two brothers by two different fathers, which were 7 and 15 years younger. His mother worked all the time to support them. He started working when he was 11 to 12 years old. Sometimes they lived with his maternal grandparents, and an uncle and his first stepfather were around for a while, but from ages 8 to 19 he felt responsible to "raise" his younger brothers (teach them right and wrong). He left home at 21 to get married and wanted to be free, no cares, no family to support.

No matter how tied down he felt after Anne was born, he would not allow babysitters until she was 3 to 4. "I didn't trust these kids to babysit. They wouldn't pay attention to the kid, they'd be on the phone, would have kids over to the house. If I had a baby, it was my responsibility to raise it, and I wasn't going to leave it with some 13- to 14-year-old kid to watch... Grandmother was fine." He described his mother as hard working and responsible, the teacher of values of right and wrong and attitudes toward school work. His stepfathers (and father) were drinkers and gamblers. In high school he was very involved--class president, yell leader, sports, in addition to working.

At this point, about two-thirds through the interview, Mr. W (who had been rubbing his temple) confessed that he was getting a migraine.



He denied the interview had anything to do with it and went into detail about the tests and treatments he has had since the migraines began four years ago. (He has had headaches all his life.) We returned to discussing Anne and how she reacts to upsets. She cries but never talks. He recounted the same occasion Mrs. W had described of Anne being away from home and needing to go back. He remembered this behavior happening only from about one year after the divorce. He guessed the reason was that she was afraid her mother wouldn't be there, that she felt "deserted or rejected." He recalled falling asleep during her visit with him and that she wanted to go home. "Maybe she felt rejected by me." No matter how desperately she missed her mother and wanted to go home, as soon as she arrived she'd be off playing with friends.

In response to the question about what her assets were that made her "so good," Mr. W talked of her wanting and trying hard to learn. She was never competitive before, would lose swimming races or games on purpose not to "embarras" the other person. Three years ago (age 10) she started playing on a team and now "she plays to win." Recently she called him to tell him she got her first straight A report card. He did not recall her sharing things she was proud of when she was little.

#### Child's Memories

Anne was an eager participant in the memory part of the research, in spite of having had a headache that day. She seemed to enjoy the task and was quite open and spontaneous from the beginning. At first she recalled some isolated incidents that she identified as occurring before age 4 when they still lived in the previous residence. They included cutting off the cat's whiskers while her mother was on the phone, going

out to get dinner on Sunday night at MacDonald's or something, the babysitter trying to figure out what was making the sound when the telephone was chiming. Anne was trying to tell her it was the phone, but her word for telephone was unrecognizable. This led her to tell the interviewer that her first word was "bird," but it is most likely her mother had mentioned this to her as they reviewed Anne's developmental history.

Anne's earliest recall that is likely to be a true memory dates to the age of approximately 2, judging by what she pictured. "I cried at night and my mom rocked me in a rocking chair." When asked what she pictured she continued: "My mom in the middle of the dark... she's probably wishing to go to bed... smiling if I was nice and quiet." With further probing she recalled hearing the tune "Rock-A-Bye-Baby" (from a musical stuffed toy, she thought) and visualized the arrangement of the bed (not a crib) and chair and wall. From this same time (and actually recounted before the above), she recalled, with scornful expression on her face, sharing a room with her brother and him crying during the night.

Anne continued with the same kind of flow of memories as in the beginning. "One time I tried on my mom's contacts and got into trouble for that. I always slept with stuffed animals... sometimes so many I had to sleep on the floor." The interviewer returned to the rocking chair memory and asked what might have caused her to cry during the night.

Maybe a bad dream. I remember a dream from I guess it was a long time ago... I guess in [the city where we first lived] and I was at a bus station and my mom wasn't with me and I started crying 'cause she was down at the store, down the block. Sometimes when you're dreaming you almost think it's real.

Then she described the real occurrences (that she can't tell apart from a dream) of being in a store with her mother and being able to find her mother by the sound of her keys on the key ring.

The interviewer reminded Anne of her earliest memory, of being rocked to go back to sleep at night and asked what she remembered her father being like. She didn't see much of him so "he's not in most of my memories." At this point in the interview she repeatedly commented on not remembering much. Then she remembered looking for her brother's lost diaper with her dad while her mother was out before they moved, the process of moving (just after age 4), and when her dad told her they were getting divorced (age 6). About the latter she recalled that he "explained" it to her and she was crying. She was asked to describe what he looked like and recalled that he was tall, big (not fat), his hair color, the kind of clothes he wore and did not like to wear. Then, with an exclamation of sudden surprise, she recalled how he used to take her swimming at their previous residence because her mother didn't swim and described the swim trunks he wore. The photo album in fact had several pictures of father and toddler-aged Anne playing in the pool. In the interview with Mr. W he recalled only the swimming as something he did especially with Anne. A child swimming as young as 1½ was novel to him. Anne recalled that she and her dad liked the water and that her brother and mom don't.

Other than recounting a few incidents--a bee on her finger and her mother telling her not to move, picking out her kitten (about age 3), and a talent show the people in their apartment building put on that she was going to do but she watched--Anne proceeded to recall people in her early childhood. Playing with two older girls who also babysat, a young man

upstairs who hung her upside down and tickled her feet, their good friends across the hall whose roof leaked, the landlord giving her a huge can of play-doh, neighbors who gave her a stuffed toy frog, and the like.

When asked what her mother was like before they moved (before 4), Anne said, "I can't really remember my parents talking to me." This is in interesting contradiction to Mr. W's comment that Mrs. W spent so much time with Anne that Anne did not have to seek her out. "From the time she could start teaching her how to look at a picture and spell and speak she was with her and working with her all the time."

Hereafter Anne's memories became sparse, and she said many times, "I can't remember much." She recalled a first spanking but not why. She told of a time they had a blackout and her lamp fell on the toy box and made a nick (she did not think that was what she was spanked about). She remembered her mom feeding Matt a bottle--actually she remembered seeing the bottles on the stove but nothing about her mom.

#### The Photo Albums

The following is a representative list of significant pictures at various ages in Anne's early childhood:

1. Her Christening party--her father holding her, look of "surprise" on face ("he doesn't like pictures taken of him")
2. Mother's Day (6 weeks old)--some with mother and some with grandmother. Father not in evidence
3. Five months old--laughing. Dad holding her and trying not to be in photo
4. Six months old--crawling and standing, happy
5. Seven months old--standing alone, dressed in Halloween tiger costume

6. First Christmas (9 months old)--several pictures reaching toward camera plaintively
7. New Years--dressed as Baby New Year
8. Visiting somewhere, standing holding onto chair, sad
9. First birthday party--large group of children
10. Swimming lesson (before 18 months) with a man (not father)
11. Eighteen months--playing happily in water, climbing on crib
12. Matt's first birthday (age 4)--helping him open package on floor, father reading newspaper in background next to them, also with father looking, expression of annoyance or boredom.

Anne had no reaction to or further recall from looking through the photo album.

#### Memory Rating Scale

Anne rated the most unhappy time of her life at 6 to 7 years of age after her parents' separation. Her happiest time was just after age 4 when they moved and she had her own room. She rated her present age, 13, as the next happiest. Mrs. W's ratings were identical to Anne's on items #1 and #3. The reader is reminded that the instructions to the mother were to rate the items as she thought her daughter would answer, not what her own opinion was.

In her ratings of her earliest memories of mother there are some slight contradictions. In paying attention (item #4) Anne rated her mother as slightly more attentive than half the time. In item #5 Anne rated her mother as choosing to be with someone else in the family slightly more than with her. (Her mother had to tend to her brother she pointed out matter-of-factly.) She rated her mother's mood as being slightly more on the happy side. She explained that, if her mother was

not happy, she was more likely to be angry at having to get up when she would have preferred to stay in bed. Mrs. W's ratings were identical on items #4 and #6. She differed by one point in #5, rating the response as mother choosing to be with all family members equally.

In the ratings of her earliest memories of father, Anne had more extreme responses and there are wider discrepancies between her and her mother's answers. They both gave the same rating on item #7, slightly more attention than usual being busy with something else, but less than the mid-point of sometimes attention and sometimes busy. Both rated father high on the scale of loving and caring. Anne rated him as being loving and caring most of the time, and Mrs. W gave a rating one step lower of usually being caring and loving. The only large difference between Anne's and her mother's ratings appeared on the last item, #9. In choosing to be with the child or others, Anne rated her father as slightly more likely to choose others while Mrs. W thought Anne's rating would be slightly more likely to choose Anne. Anne had first rated the item on the mid-point but changed it saying that he probably was with her mom a little more.

The Memory Rating Scale items and the resulting scores given by child and mother can be seen in Table 4 of Appendix G. To summarize the similarity between Anne's rating and how her mother thought she rated the 9 items, they were the same on 6 items, different by 1 point on 2 items, and different by 2 points on 1 item.

#### Bonnie Y.

Bonnie was 9 1/3 years old when referred to the clinic and was first seen a month later. Mrs. Y had called the clinic requesting help for Bonnie and Bonnie's 17-year-old half-sister, Nadine. Mrs. Y spoke calmly

and matter-of-factly but revealed a sense of helplessness to deal with both girls' behaviors. Nadine, according to Mrs. Y, was behaving in a belligerent way, staying out past the time set for her to be home, arguing and refusing to do what was expected of her, and picking on the younger sister. In contrast, Mrs. Y complained about Bonnie's clingingness and constant demand to be in her mother's presence. Bonnie was missing many days of school, either claiming to have headaches or stomachaches in order to stay home, or asking to be sent home from school because of not feeling well.

Bonnie presented herself in a grown-up manner, sitting erect, choosing to talk rather than play, verbalizing the problems clearly and explicitly, in spite of reluctance to come and to talk. However, in contrast to the mature content, her tone of voice was high pitched and slightly childish. Her physical appearance seemed pre-pubescent; tall and chubby, with fatty folds that resembled breasts. She was very compliant and agreeable with her mother, agreeing with Mrs. Y's representation of the problems. The admission summary contains the following description:

It was known in advance of my seeing Bonnie that she was reluctant to come and did not want to talk. She already had a supportive relationship with the school psychologist who had told her she would no longer be available as regularly. Bonnie is a tall, pudgy girl who looks much like her mother. She responded to the situation with appropriate reticence and shyness. She agreed to come one more time to decide whether there are issues she wants to work on or if she wants to continue seeing [the school psychologist] occasionally when possible. In the second session she was explicit about the problems - her father disappoints her and her sister bugs her - and chose to continue coming. However, the following two sessions she closed up into almost total silence after revealing while leaving that her mother suggested she tell me about the stomach and headaches and her wish to be with her mother all the time.

Bonnie's affect and mood seemed matter-of-fact, thinking and perception were appropriate but with a preoccupation about her father.

Mrs. Y spoke in a soft, sweet voice, frequently smiling, even when referring to the unreliability of, and problems with, her ex-husband. She exuded warm concern for her children. A striking feature was her persistent references to one or another family member needing or turning to her. Her verbal complaints commonly were accompanied by a pleasurable affect.

Bonnie and her mother were the only family members seen at the clinic and who participated in the post clinic research interviews. The researcher met, but did not interview, the sister Nadine during the post clinic phase. Mr. Y refused to participate, expressing concern that information he revealed might be used against him and jeopardize his rights to see his daughter. All information is from the mother, child, and the author's observations.

Bonnie's clinging behavior was vividly demonstrated during the brief treatment course. She was seen only seven times individually, and Mrs. Y was seen eleven times. Bonnie accompanied her mother to the clinic when Mrs. Y came for her own appointments in the evening rather than stay at home. In Bonnie's initial session, she was explicit about the problems that bothered her (father making promises and disappointing her and older sister bugging her) and then turned to drawing pictures of butterflies and cartoon-like elephants. When asked to draw her family she reluctantly drew four smiling stick figures differentiated only by their descending size. The following two sessions Bonnie was reluctant to talk, was unable to make any decision or choice of what she wanted to do, opened up when asked to describe her father and finally revealed that her mother suggested she talk about her stomachaches and not wanting to go to school. In the fourth session we explored the reasons for her silences,



and she claimed that her original two problems were no longer bothering her. She talked excitedly about her oldest sister's wedding plans, babies, a surprise party the sisters were planning for their mother's birthday, and what she was making for her mother. Therapy with both was discontinued, with Mrs. Y being referred to the adolescent unit for family therapy because of the acting out of the middle daughter, her strong ambivalent feelings about her ex-husband, and her role in keeping the children dependent. During these few weeks she did begin insisting that Bonnie get to, and remain in, school in spite of physical complaints and reported success. Bonnie also discontinued accompanying her mother when Mrs. Y came for her own appointments. It was felt that if Mrs. Y could work further on her own conflicts, that Bonnie would respond by becoming less dependent. However, Mrs. Y did not follow through. Instead, she moved to another community and during the post clinic interviewing reported that this made a big improvement in her own happiness and Bonnie's increased autonomy.

### History

Bonnie is her mother's youngest of three daughters and her father's youngest child and only daughter. Bonnie's half-sisters (each from mother's two previous marriages) are Nadine, 7 years 4 months older, and Olivia, 12 years older. There is a step-brother, Quentin (father's son by a previous marriage) the same age as Nadine. At the time of referral Mrs. Y was almost 38 and Mr. Y was 35½.

Bonnie was born fifteen months after her parents' marriage. According to Mrs. Y, she had been planned and wanted by both parents and was conceived after they had given up hope that Mrs. Y could become pregnant again. In spite of damage from the previous pregnancies and

deliveries which later required repair, Mrs. Y described the pregnancy with Bonnie as "real easy." The birth was also easy considering she was a large (10½ pounds) baby. At the time of Bonnie's birth, Mrs. Y characterized the marriage as very good, "everyone was happy," they lived in a nice home with a swimming pool. She claims that Mr. Y was happy Bonnie was a girl, (that he was partial to girls and was attentive and caring to the two older children) and that she was healthy, beautiful, and looked like the mother. Mrs. Y was disappointed not to have a boy since she was certain this would be her last child. But she was pleased that she was healthy and had blue eyes and looked like the father.

#### Development

Bonnie was large at birth, with enlarged breasts and a bloody discharge. Mrs. Y had "baby blues" for a couple of days after the delivery which she attributes to a low hormone level in herself and the fact that she had to return home less than 24 hours later and did not get a rest in the hospital. Also, Mrs. Y's own mother, trained in a child-care profession, stayed with them. That bothered Mrs. Y, who didn't want her mother telling her what to do (and had not had her help for the previous infants). Mr. Y was supportive, eager to hold and feed the baby but apprehensive and awkward, since he had not been involved with his son's care in infancy.

Mrs. Y chose to bottle feed because of the painful, and mutually unsatisfactory, breast-feeding experience with her first baby. For a few days, Bonnie cried a lot because she was not getting enough food (the instructions from the hospital were to feed her two ounces every 4 hours), and she was fine once her food was increased. She was a happy,

contented baby who cuddled when held and was alert to, and interested in, the people and things around her.

Bonnie's physical maturation was early. The interviewer consistently misidentified her age in baby pictures as older. At age 2 she is seen in a photo climbing on the side of her crib and has the elongated limbs and posture more typical of an agile 3-year-old. Her first birthday photo was mistaken as the second birthday. All ages were confirmed by dates and descriptions on the photo backs. The age confusion was based both on her physical and social appearance (style of dress, hair style, and more mature facial expressions bordering on coquettish smiles).

Mrs. Y reports that developmental milestones in the area of locomotion were early. Bonnie crawled at 6 months, 2 months before she sat unaided. She walked at 10 months. Her social milestones tended to be early also. While social smiling at both parents was appropriate at 3 months, first words were at 8 months, she spoke distinguishable phrases ("What's that?", "I love you") by 12 months, and began "playing with" other children her age at 9 months. Weaning and toilet training occurred smoothly at apparently age appropriate times. Bonnie initiated weaning at 9 months. Mrs. Y allowed her continuing self-feeding efforts. Toilet training began at 18 months. She was already dry at night by 12 months, during the day by 20 months and had bowel control by 2 years. There were no lapses.

Mrs. Y took greatest pleasure during Bonnie's infancy and toddler stage in her intelligence and quickness to pick up things. She had "learned" 23 nursery rhymes before the age of 3 and started picking out tunes on the piano at about 5 years. However, Mrs. Y describes that

Bonnie's early years were not all smoothness and pleasure. Starting at about 2 weeks, Bonnie demonstrated a "temper" when she did not like a change in her food. She stiffened her legs and arched her back. This surprised Mrs. Y who had never experienced such behavior in her two older children. Mrs. Y claims that she was amused at this early form of tantrum. As Bonnie got older, Mrs. Y tended to worry that Bonnie would hurt herself rather than be angry. The tempers were typically dealt with by being sent to bed and trying to reason with her.

Most of the time as a toddler (1-2½ years) and young preschooler (2½-3½) Bonnie continued to be a happy, cheerful, easy child. But she also continued to have a "short fuse" and "display her temper" when being made to do something she did not like or when something "had gone wrong." She was easy to comfort when physically hurt but hard to comfort when angry. She was always easier to comfort by mother but never showed a preference for either parent.

From the time she could get around herself (crawling at 6 months) she like to go off on her own to explore and was content to play alone. She was comfortable with strangers. Mrs. Y could not recall Bonnie reacting noticeably to being left by her mother (the first time at about 6 months). As a toddler Bonnie was flirtatious, enjoyed showing off her body and was known to sometimes play with her genitals which her mother considered natural. She was outgoing with strangers and showed more adventuresomeness than fear. Mrs. Y had difficulty recalling when Bonnie's flirtatiousness began to wear off. At first she thought it was about 3½. Later, she believed it was earlier, at about age 2. Mrs. Y spoke of outgoingness synonymously with flirtatiousness. What she recalled and associated with shyness was a specific reaction Bonnie had

to her paternal grandfather whom she'd known from infancy. At about age 2 she would hide behind mother (or even father) when grandfather appeared. Mrs. Y did not have any ideas about what may have precipitated the decline in flirtatiousness. Initially, she was more competitive with peers for toys but by 3½ played in a more sharing manner. She also tended to be more possessive in her own home and more sharing when in the other child's home. Around the age of 3 Bonnie's temper began to decrease and has been "under control" since.

As an older preschooler (3½-5) Bonnie continued to be active and outgoing even in meeting new people. She played well with peers. While she did not ask questions about, or show an interest in, sex, she continued to occasionally handle her genitals. Mrs. Y does not recall that Bonnie had any imaginary characters of either a friendly or fearful nature. She was a sound sleeper.

In terms of more recent physical maturation, at age 11½ Bonnie has not yet begun menstruation. However, her mother reports that she began showing underarm hair at age 10. Just as she was 2 years before, Bonnie is tall and pudgy, especially in the breast and hip areas.

#### Childhood Experiences and Relationships

When Bonnie was 3, the 3-year-old son of Mrs. Y's best friend (Bonnie's Godmother), Robby, lived with them while his mother recovered from an illness. The children were good friends and got along well. There were several photos of them laughing, playing, bathing together. Mrs. Y was asked how Bonnie reacted to Robby, the first male she had close involvement with (bathed together, etc.). Mrs. Y insisted that it was entirely a positive experience, that none of the decreased vivaciousness occurred in connection with this relationship. Mrs. Y did

not recall any jealousy and, as already reported, noted that Bonnie became more sharing and less competitive in her play with peers during this time.

Other than this, until Bonnie was 5, the family enjoyed a relatively stable, happy time. They lived in the same house. There were many family activities and outings, such as camping beginning after Bonnie's birth. Gathering from the photos, there were frequent parties attended by lots of family and friends of all ages. Bonnie enjoyed explaining who everyone was in the pictures.

A number of events occurred when Bonnie was 5 to 6 years old. The month before her fifth birthday, Mrs. Y had a hysterectomy and bowel repair for damage from the previous pregnancies. Mrs. Y claimed it did not bother her emotionally (she was relieved she did not have cancer), but it was frustrating to be in bed for the ten days hospitalization and three weeks bed rest at home. "I couldn't do for [the family] like you're supposed to do. I wasn't supposed to pick up the baby... She really wasn't a baby anymore." Mrs. Y got up to take her to her first day of kindergarten because "I wasn't going to miss her first day of school." Bonnie's reaction to her mother's hospitalization was to be worried until she saw her mother, even though they talked on the phone. Bonnie did not have any spontaneous recollection of this time.

Sometime soon after, Bonnie's parents had a brief separation. This is the earliest report of tension in their relationship, but Mrs. Y did not give further details.

The following spring when Bonnie was 5½, Mr. and Mrs. Y went on a one week vacation. It was the only time they went away without the children, but they went with another couple who were relatives. Olivia,

then 17, was left in charge. Mrs. Y recalled no particular reaction on Bonnie's part. Bonnie remembers this as an enjoyable time because Olivia dressed her up and took her to visit girlfriends. Bonnie considers herself close to Olivia because of the mother role she played.

That summer Mr. Y's then 11-year-old son Quentin came to live with them (because his mother didn't want him anymore) and remained about 8 months until the Y's separated the next spring. According to Mrs. Y, "Bonnie loved him" and "it must have bothered her how [her father] treated him, beat him up, treated him like dirt." Mrs. Y acknowledged that Quentin "had problems that the girls began to resent."

Bonnie's parents separated when she was 6½ years old and divorced six months later. Mrs. Y, Bonnie, Nadine, and Olivia continued living in the same house for two more years. Anticipating the breakup of the marriage, Mrs. Y went to work full-time (the first job since her marriage to Mr. Y) one month before the separation. She did not recall that her working bothered Bonnie in any way. A neighbor whom Bonnie had known all her life and whose son was a classmate was available when Bonnie came home from school. The maternal grandmother, who had been closely involved with the family all along, also helped with babysitting. But while Mrs. Y enjoyed the challenge of learning new skills for an interesting job, she "hated leaving the kids." "It was just as hard for me as it was for them" (although she described her working as not bothering Bonnie). She also tried several other jobs "trying to find what was right in life for me."

For a few months before Mr. Y left, they had been fighting. He was involved with another, very young woman. Finally, Mrs. Y could not tolerate his flip-flopping between proclaiming his love for her and

wanting to leave, she got "violently angry" and, "on impulse," told him to leave. During the months of fighting, Bonnie would frequently ask why they were fighting, and Mrs. Y tried to pretend nothing was wrong. When he left, Mrs. Y assumed Bonnie was prepared because he'd packed his bags so many times before. In explaining why it was hard to recall Bonnie's reaction to her father leaving, Mrs. Y said:

The first two years especially to me are just... there was just so much happening, so many feelings and hurts and everything that it's just kind of all... it's hard for me even when I sit down and try and separate things it's hard for me to do it.

She does remember that Bonnie withdrew to her room.

Another contributor to the marriage breakup, according to Mrs. Y, was her husband's involvement with drugs. He had been working as a skilled mechanic from Bonnie's birth until she was about four. Then he opened his own machine shop, began working seven days a week, late hours, and got into drugs. Before his own business, he would often come home for lunch and was home a lot. She did not think Bonnie reacted to her father's decreased presence at home because "she's always been very accepting." Mrs. Y dates the change in the marital relationship to Mr. Y's acquisition of his own business.

After the separation and divorce, Bonnie reacted noticeably. She became clingy and wanted to sleep with her mother. Mrs. Y explained that this was nothing new. When she was little (about 2) and was sick, her father had worried and brought her into their bed during the night. She got into the habit of getting up in the middle of the night and joining her parents in bed. Bonnie frequently said she wished he was still there. Another change occurred. Bonnie had loved her piano lessons and stopped taking them after the divorce. Probably the reason was that Mrs. Y was working and not available to take her to the lessons; she began



missing them and "got bored." However, Bonnie continued to play the piano in a very particular way. Mother had a large collection of music boxes, and Bonnie would play them over and over and then pick out the tunes on the piano. Also, after the divorce, the family's economic status decreased markedly.

Soon after the separation, a girlfriend of Olivia moved in with them for a few months and within the year Olivia left home. Mrs. Y believes her reason for leaving (at age 19½) was to have the freedom to take drugs.

Two years after the separation (Bonnie was 8½) Mrs. Y had to sell the house, and they moved to another part of the same city. Bonnie finished the school year in her old school. That summer (Bonnie was 8 years, 10 months) Mrs. Y renewed her child-day-care license. When her first two children were little and before her marriage to Mr. Y, she had done day-care work and loved it. To her surprise, Bonnie reacted with noticeable jealousy. (She had never been jealous before, not even when Bonnie's godmother's son Robby lived with them when she was 3.) Every time Mrs. Y was holding a baby, Bonnie wanted her attention for something. She was constantly wanting to show her mother what she could do. About this time Mrs. Y also began dating.

Bonnie experienced some changes in her relationship with her father during the year or two after the separation. For a short time he was consistent in seeing her and kept regular and attentive contact. But, according to Mrs. Y, he got heavier into drugs, lost his business, and began drifting from job to job. A year after the separation he went out of state for almost a year and was totally out of touch. For Mrs. Y this was a peaceful time when "things went well." But for Bonnie, his leaving

coincided with her sister leaving and his return was about the time they moved. Thereafter, she made frequent attempts to call him. He usually was not home, even at times he had told her to call and then would claim he had been home. She became increasingly obsessed with checking up on his whereabouts and became upset every time he let her down by not being available when promised and then "lying."

#### School Peer and Other Relationships

After the move Bonnie began the next school year (fourth grade) in a new school where she did not know anyone. Her emotional problems came into full bloom with her somatic complaints, school avoidance, withdrawal from friends and constant demand to be with her mother. This was in sharp contrast to all previous behavior in school.

Bonnie began nursery school at age 4. She attended only a few days a week, loved it so much she got upset on the days she did not go. Mrs. Y increased it to every day. From the outset she was outgoing and made friends easily. She also got along well with her teachers and especially loved her kindergarten teacher who had a reputation for being mean. Bonnie always like school and the learning activities and did very well academically. She continued to do well even during the two years (fourth and fifth grades) when she withdrew socially and stayed home frequently with physical complaints. It was also only these two years that she was apprehensive about starting school. Prior to and since fourth and fifth grade, Bonnie was healthy, had few illnesses or physical complaints. She also was very independent physically; that is, she enjoyed going places by herself and with friends such as bike riding and downtown to stores (even as young as 6). She is only recently regaining comfort in going away from home such as to school camp at the beginning of sixth grade

when she was again in a new school and did not know anyone. She went reluctantly and loved it. It was the first time she had been away from her mother for any length of time (at age 11). She also began being "mouthy," talking back to her mother. Other than piano lessons (which she resumed), Bonnie has not had any organized activities outside of school.

During the time when Bonnie became so dependent on her mother (fourth grade) the only other adult she was comfortable with, and would go to, was her maternal grandmother. They had contact several times a week because, after the move away from the old neighborhood, grandmother was the only babysitting resource. Bonnie's godmother is still a significant person in Bonnie's life (possibly because she is a significant friend of Mrs. Y) and sister Nadine, at 19, still lives at home.

### Parents' Histories and Personalities

#### Mother

Mrs. Y lost her own father (by death at age 37) when she was 9. She does not remember anything from age 10 to 13. Before that she remembers a very happy family life. They went to the country during the summer. She remembers her father as a big giant and both her parents as laughing, happy people. She admits that she remembers her father only in ideal ways. She remembers following him everywhere and always being with him. She has a sister 4 years older and brother 7 years younger (the same age differences as her own children she pointed out). She describes her sister as cold. When Mrs. Y was little and wanted to go with her sister, the latter would try to get rid of her. The sister (then 13) took their father's death very hard, blaming their mother and saying it should have

been their mother who died. Mrs. Y cannot remember anything about her brother for the first two years after his birth and laughingly considered that maybe she was jealous. Her father was thrilled to have a son after two girls.

About her mother, she says she is "still very close." She never felt the need to prove she doesn't need her mother. "I never felt the need to separate myself from (her)." This is in striking contradiction to her claim of not wanting her mother around when her babies were born to tell her what to do. The only fault she found in her mother was that she was "too easy," too lenient. This is a trait Mrs. Y has worked at changing with her own children. She follows through with discipline unlike her own mother who was too afraid of hurting or upsetting the children. Mrs. Y finds it difficult at times, also because it hurts to have to deprive her daughter of some pleasure, but she tries to follow through on warned disciplines. Mrs. Y admires her mother for her tolerance, for always being there without condemning or being sarcastic.

Mrs. Y married her first husband, Olivia's father, at almost 16, when she was pregnant. Mrs. Y's older sister had returned home with two babies and abandoned their care to Mrs. Y. Mrs. Y was fed up and decided she'd rather be married and taking care of her own children. She intentionally became pregnant, convinced that would be the only way her mother would let her marry. She did not finish high school. That first marriage lasted two years. Two years later she married Nadine's father, and Nadine was born 14 months later. They were divorced  $2\frac{1}{2}$  years later but then continued to live together  $4\frac{1}{2}$  more years. The second husband was a heavy drinker. She describes the first two marriages, especially the second, as very unpleasant environments for the children. She met

Mr. Y, a neighbor, while still living with Nadine's father. He was supportive and helpful to her when her husband was drunk and violent. Several months after she finally left her second husband the Y's were married. Their marriage lasted almost eight years. She remembers the first few years as the happiest. "Everything was right for the first time in my life." Mr. Y was a good father to her two older girls and considered them to be his children.

Of her children she remembers all the pregnancies as easy but the first delivery as difficult (probably, she thinks, because she was so young). That child (Olivia) she sees as the most easy-going but the worst student. During her third pregnancy she was the happiest, and that child (Bonnie) was the only one with a "bad temper." Overall, she sees Bonnie as the best adjusted of the three and the best student. It should be remembered that, during her pregnancy with Bonnie, Mrs. Y was hoping for a boy--"a rugged, rough and tough little guy I could dress in desert boots and levis." Little girls she sees as cute and curly and dressed cute as well as muddy from playing in the yard.

Nadine, according to Mrs. Y, does not remember anything before she was 5 when Mr. Y came into the picture. When Nadine was 3, Mrs. Y was in an accident and was hospitalized one week. After that Nadine hung on her all the time which irritated her, and she told Nadine not to. It was Mr. Y who encouraged Nadine to do things (e.g., climb trees) and instilled confidence that helped her blossom. But she is still clinging, has had heavy alcohol involvement, still lives at home (at 19) and runs home whenever something happens (like cutting her finger at work a few blocks away). Mrs. Y says of this that Nadine wants to be grown-up and separate, that she tries to break away, but "she's afraid to admit she

doesn't need me... it might be the fear of losing me." (Recall that, when Nadine was being rebellious at age 17, Mrs. Y sought therapy for her which Nadine refused to participate in.)

When her children were young, Mrs. Y saw herself as not able to make decisions or do things for herself, that she got confidence by talking to her husband. Looking back, she realized that she made many decisions. Her greatest satisfaction in life came from "doing for her family rather than myself." Her children came first, then her husband--family and home. When the researcher remarked about the many pictures in the albums of large groups of family and friends celebrating something, she responded, "It's nice to be close."

Mrs. Y maintained ties with Mr. Y for several years after the divorce. She used to (and still does, although less so) try to "white wash" and make excuses for what he did. He continued to woo her, especially whenever he saw her as getting along well without him and was dating another man. She would usually get involved with him sexually when he came around and acknowledged her ambivalent feelings of pleasure and anger toward him. Mrs. Y's life is full of people who make demands on her. Her day-care work means that she has several infants and toddlers all day. In addition, she is trying to get custody of her granddaughter, claiming that Olivia and her young husband live too unstable a life and are too involved in drugs to care for their toddler. She maintains an active social life and is never without a boyfriend. She wishes she could have a long vacation and get away and relax. "I never liked to be alone before, but now it doesn't bother me." During a post-clinic interview she remarked: "I got out for lunch yesterday after a big hoopdido before I managed to get out, and it was so nice. My

girlfriend and I went out to lunch, and it was so peaceful, no children tugging and whining and wanting this and that. But you can't imagine what we had to go through before we could get out to relax."

Some final remarks about togetherness and separateness. When the researcher arranged with Mrs. Y the best time and place for the interview to have a private environment free of distraction, she chose her house after dinner. We sat in the living room while Bonnie was in the dining room that was partially open to the living room. Because the TV that Bonnie was listening to was quite audible, the researcher wondered if Bonnie could hear the interview. Mrs. Y was quite certain she could not because she was "doing her homework." However, when the researcher suggested more privacy and quiet for the second interview, Bonnie again was in the kitchen along with Nadine, the granddaughter and eventually Mrs. Y's boyfriend. Bonnie was to be interviewed during the day when all the rooms in the house are needed for the day-care babies' naps (even Bonnie's own room). Mrs. Y suggested that we use a library nearby on their block, and the interviewer suggested that Bonnie go and check out if it would be possible to find a private, quiet place there. When the interviewer arrived, Mrs. Y had not mentioned that suggestion to Bonnie. We had to use the library, but it was neither private nor quiet.

### Father

Mrs. Y was the source of the following information because Mr. Y refused to participate in the post-clinic interviews and had not been seen during the earlier clinic period. Mr. Y was the oldest child in his family. His parents were divorced when he was around 6 to 7 years old, and both remarried. He has a full sister 3 years younger, and, on his father's side, two half-brothers who are about 12 and 23 years younger

(the youngest is about 3 years older than Bonnie) and a step-sister the same age as his full sister. (Mrs. Y hinted at some suspicion that she may be a half-sister.) Except for an unknown period of time with an aunt during this unhappy childhood, Mr. Y lived with his mother (who was very strict) until age 15. Then he went to live with his father who would let him do whatever he wanted. His father was an alcoholic (Mr. Y "is very much like his father"). They moved around a lot within the small town, and Mr. Y completed high school without any school changes. At age 18 he moved back to his mother's and got married to his first wife shortly thereafter. Although he has been on unfriendly terms with his father the past couple of years, the rest of Mr. Y's family sticks close together. In fact, Mrs. Y recalled that, during her marriage, they did many enjoyable things with Mr. Y's relatives.

Mr. Y learned his trade from his father and uncles. Before Bonnie's birth and again after the divorce, Mr. Y "drifted through lots of jobs." His only stable job history was when he was working for someone from the time before Bonnie was born until he got his own business.

#### Child's Memories

Bonnie had a hard time recalling any memories, and, except for one memory about her nursery school, all seemed to be after the age of 5. Most of her recollections had the quality of having been told (a screen memory). Also in evidence was a need to please the interviewer. She talked about "going to nursery school... a green building... a real tall man... and I hated having to take naps and I liked recess and the high swings and we got juice before our naps and one time I slept through recess." The interviewer remarked that she liked the playtime better than the quiet time. She continued with a memory of reading books.



Her first spontaneous memories, before the interviewer attempted any probing, were of visiting a favorite aunt whom she liked very much, a tiny dog she picked out as her pet and riding her bike around the yard with the dog in the basket. (The bike riding was recalled later when she was asked what she could remember being allowed or encouraged to do on her own.)

When asked what she remembered of her parents, she described them in positive, complimentary ways. Dad took them places (she did not remember ever doing anything with him alone without the rest of the family): to see her mom in the hospital, to his shop where he let her make something. He was a good mechanic. She could not describe what he looked like. Her mother took good care of her, bought her nice things, and cooked well. While she acknowledged that she would go to her mom first to ask for something, she claimed they were equally giving and caring. She did not remember ever being disappointed or frustrated when she was little but she knew she had temper tantrums when she did not get what she wanted. She could not remember any bad times before the divorce. She recalled her parents bringing her candy from their vacation trip. She also remembered staying overnight at a friend's house, was upset at first and then had fun. "I had to be pretty old... maybe 6 or 7."

#### The Photo Albums

As already mentioned, the photographs from Bonnie's first few years were revealing in several ways. Her physical maturity was striking. At age one she appeared like a two-year-old, etc. Her frilly dresses and beribboned hair contributed to the older appearance. Mrs. Y suggested that Bonnie's older appearance was part of the problem; that her mannerisms were older and more was (and still is) expected of her.

(Bonnie's physical posture and mannerisms are in sharp contrast to her childish voice.)

The large social gatherings are evident in many photos. Pictures of Bonnie with either parent or individual family members are rare. Furthermore, the social gatherings indicate considerable playfulness on the part of the parents. Mr. Y is often seen in adolescent poses, and both are frequently in costume. This gives evidence of both the happiness that characterized the family life during Bonnie's first few years as well as the social carefreeness and possible immaturity of the parents.

#### Memory Rating Scale

Bonnie's ratings reflected her need to please and her need to see her parents, especially her mother, in very positive light. All scores ranged from an average to better on the positive end. She rated her life now as happy most of the time (actually a half point, a shade lower which was not allowed for scoring purposes). Her happiest time was when she was 10 (because she went to Disneyland for the first time.) Her unhappiest time was age 7 to 9 "when my parents got divorced." Her mother's ratings on these three items were interesting. She agreed on #1, Bonnie's current happiness, and was off by one point on #3, rating her unhappiest time as 8 to 10 years old. On #2 Mrs. Y seemed to be stating her own happiest time by rating all the years from birth through age 6.

On the earliest memories of her mother, Bonnie rated her mother as always paying attention (her mother's rating was a little lower). Both Bonnie and Mrs. Y rated mother as equally choosing to be with her as

others in the family. They also concurred on rating mother's mood as usually happy.

In rating her earliest memories of her father, Bonnie rated him as equal in paying and not paying attention (Mrs. Y rated higher at usually paying attention). Both Bonnie and Mrs. Y concurred on rating items #8 and #9, father being loving and caring most of the time and in choosing equally to be with Bonnie and the rest of the family (the same rating they both gave in recalling mother on that scale.)

In summary, Bonnie and her mother gave identical ratings on five items, they were different by one point on one item, and were different by two or more points on three items. The results are shown in Appendix G, Table 4.

### Celia Z

Before reviewing this case history it is important to repeat that neither Mrs. Z nor Mr. Z agreed to participate in the post-clinic interviewing. Therefore, there is much less information on Celia and the family, and it is not comparable to the cases of Anne W and Bonnie Y. Since this is not an experimental, statistical research in which subjects must be equally matched for comparison purposes, the case of Celia is being included. One can only speculate why the Z's refused participation. They had been active, responsive clients during the clinic phase. When Mrs. Z was contacted, her response was, "Everything is going so well, I don't want to rock the boat." The implication is that there are problems to stir up, too close to the surface to risk. At the time that Celia was in therapy, she was easily considered to have the poorest adjustment of the three. The family's fear of stirring things up

supports the premise that they had the most to fear from the research exploration.

Mrs. Z called the clinic at a friend's suggestion when Celia was 10 years 5 months. When Celia was seen, she was an extremely small, slight child with thick straight black hair closely cut around her face and combed to cover a small balding spot on the top of her head. Her large dark eyes gave her a waifish appearance. Mrs. Z was very petite, and she reported that Mr. Z is also small.

Celia was very compliant, concerned with doing what was right or expected and was reluctant to explore the open toy shelves or closed cupboard unless the therapist helped (pulling out drawers, picking up toys, etc.). Other than her high-pitched, babyish tone of voice and immature and dependent behavior, her intellectual functioning, orientation and emotional responses appeared appropriate. In contrast, Mrs. Z spoke in a very low voice, sometimes very softly, and frequently seemed to be choking back tears. She seemed mildly depressed, but otherwise her intellectual functioning was appropriate. Mr. Z, likewise, showed appropriate affect and mental functioning. Both parents and Celia were appropriately, if stylishly, dressed and always well-groomed.

The problems that prompted Mrs. Z to seek help were Celia's difficulties adjusting to her parents' separation (16 months earlier) and divorce which had become final within the month. Celia was preoccupied with the wish for her parents to reunite and had extremely angry outbursts to prevent each from pursuing any social life of their own. She was beginning to lose her hair, which the pediatrician diagnosed as the nervous condition alopecia areata, and had frequent somatic

complaints of stomach and headaches. The following is an excerpt from the clinic admission summary:

A striking demonstration of Celia's problem occurred in the first conjoint session. Her mother hesitatingly mentioned that Celia gets upset at any reference to ever marrying again. Celia's sweet expression suddenly turned into a scowl and piercing look of the eyes and she sharply said to her mother, "You'll never marry again!" It was obvious that mother dreaded this reaction and in turn tried to pacify Celia by saying that she doesn't have that plan now.

Mrs. Z reported feeling quite tyrannized by Celia. She was dating a man but had to be careful never to mention him or see him in Celia's presence to avoid Celia's rages. Celia would also refuse to attend anything with her mother and boyfriend (such as a work picnic), would threaten her mother with "Don't you dare" type remarks, and would get sick to prevent her mother from going. Celia was behaving similarly with her father whom she saw one night a week, every other weekend and talked with daily. He had a girlfriend whom Celia treated with extreme hostility, belittlement and cruelty when she was present and would be sweet and smiling as soon as the girlfriend left. Descriptions from both parents brought to mind The Bad Seed (the story of the sweet, innocent young girl whose powers wrought havoc and death) and other such stories. While the affect being expressed toward the mother (and father's girlfriend) was hostile and the behavior manipulative, the purpose of her behavior appeared to be to prevent mother from being happy and independent and separate from Celia. A letter from the pediatrician stated, "She has always been a sensitive child and easily frightened. She is very shy and had a tendency to cling to her mother."

Celia was living with her mother, age 32, and younger sister Patti, age 6 years 10 months, in a house in an upper middle-class community. Mrs. Z worked full-time as a clerk/bookkeeper. Mr. Z lived in an

apartment complex in a nearby community inhabited largely by single working people. His occupation was hairstylist/barber. In addition to both parents being small, they were both attractive with similar features and dark hair and eyes. Celia bore close resemblance to both parents who bore close resemblance to each other.

After one month of seeing Mrs. Z and Celia, Mr. Z was contacted by the therapist and was eager to participate. Each of the three was seen individually until a Divorced Parents Group was started in the third month, and both parents attended (the only "couple" in the group of 5 to 6 and Mr. Z the only man).

#### History

Celia was born when her mother was 21½ and her father probably the same age. It was not known when they married or if either or both planned the pregnancy. Three months after beginning therapy and participation in a Divorced Parents Group they expressed some guilt over having had a child. The pregnancy and birth were said to be uneventful and normal.

#### Development

Most of the developmental history was obtained from Mr. Z early in the course of therapy. He recalled that, as an infant, Celia was fed on schedule (unknown if breast or bottle) and was easy and relaxed. According to Mrs. Z, Celia was weaned at 7 to 9 months and began talking at 7 months, with phrases by 12 months. The pediatrician stated that developmental milestones were normal and both he and Mrs. Z reported that Celia walked unaided at 12 months. Urinary toilet training was begun at 9 months and completed at 12 months, bowel training began at 12 months

and completed at 18 months. Mrs. Z reported potty training as being difficult. Mr. Z confirmed this, describing how Celia, who did not mind being put on the potty, would hide in a corner to make her BM in her pants. He thought the bowel training was not completed until after 24 months. He volunteered that Celia and the parents all enjoyed her new motility. The doctor reported a history of eating and sleeping problems but did not indicate if these occurred in infancy, early childhood or in the two years preceding referral. Mrs. Z reported no sleep problems, no fears of the dark or nightmares.

The parents differed slightly in their account of Celia's disposition early in life. Mrs. Z recalled that Celia was always moody. Mr. Z thought that conflict between mother and daughter began noticeably when the younger sister was 6 to 12 months old. Neither discounts the other as both may have been accurate. What seemed significant was that Celia, her parents' first child and her four grandparents' first grandchild, was doted upon, spoiled, and given constant attention. There was evidence that Mrs. Z was somewhat tense and apprehensive about doing everything right, well and enough. There is no information on history of, or reaction to, separation from mother in Celia's first three years. Celia had been healthy other than complaining of stomachaches, and had never been hospitalized.

#### Childhood Experiences and Relationships

Both Celia's parents came from large, close, intact families. Celia received a great deal of attention from many relatives on a frequent basis. It was thought by both parents that Celia was particularly "spoiled" by the maternal grandmother. The grandmother claimed that when

her parents were intensely involved with each other, Celia was closer to the grandparents than her parents.

Celia was 3 years 8 months when her sister Patti was born. According to the maternal grandmother, the tension between Mrs. Z and Celia became prominent during the last trimester of that pregnancy. Mrs. Z remembered Celia as becoming extremely jealous and "hard to get along with" after Patti was born. Mr. Z recalled the conflict and believed it increased because the mother showed preference to the younger, more easy-going child.

Mr. and Mrs. Z were separated when Celia was 9 years 11 months. For one year before, they "were not getting along" but did not openly fight. According to Mrs. Z, Celia's moodiness and sensitivity increased noticeably during that year. Mr. Z left suddenly, with no verbal preparation or warning to the children (or supposedly his wife). Mrs. Z said that Celia seemed to adjust well at first and for the first year after the separation. However, Mrs. Z's own upset was severe, and her perception of other's feelings at that time questionable.

The family had lived in the same home (in the community where father currently lived and described earlier) for Celia's first seven years. They moved to another community, also upper-middle class but slightly more family-oriented. After the separation Mrs. Z and the children moved again to a similar community, and Mrs. Z moved back to the first area. It is not known what, if any, reactions Celia had to the moves, nor why the moves were made.

During the course of Celia's therapy, which lasted seven months (23 sessions), there were two revealing themes. The first stage was dominated by two opposite behaviors: compliance (asking for help,



needing to avoid messing, to conform, to please the therapist) and defiance (annoyance if the therapist made suggestions during a game, a declaration that "coming here won't do any good. I won't change my mind [about the divorce]"). The latter statement was made in the sixth session after both parents reported feeling better and improvement in getting along with Celia. Also, early during this first period of about nine sessions, Celia chose to play Social Security. She suddenly became tired of it and stopped after getting stuck on naming three ways to be able to be by oneself more. During the second phase of about seven sessions, she was creative and began relaxing in her need to conform and produce her art work according to some standard she thought was expected. For example, she no longer needed to make a model look like the picture on the box. She also acknowledged being happier.

The last seven sessions revealed the other theme. She played exclusively with the dollhouse, continuing from week to week a running play-family world. (In her first session, when she saw the dollhouse dolls, Celia scowled and said, "I hate dolls. I used to cut their hair off.") She created a world in which two large families lived in neighboring houses, each having a farm with many varied animals. These families consisted of three generations, many children, lots of visiting back and forth for socializing and helping, everyone living happily and cooperatively. All the people and pet figures were named and she wrote them down to insure we would remember from one week to the next. Her dialogues were more mature in content and voice tone, evidencing that she was quite cognizant of, and skilled in, appropriately positive interpersonal relations. Implications of this theme will be further discussed later.

While extreme jealousy was said to have characterized Celia's early relationship with her sister, by the time of the clinic contact this did not seem so prevalent. On one vacation day Mr. Z did not attend the Parents group because he had the children. He brought them by the end of the group session because Patti wanted to meet the therapist. Rather than being possessive, Celia stood by proudly smiling. Then the three (father and girls) went outside where Mr. Z played exuberantly with them. He was seen tossing 7-year-old Patti in the air, but it was not observed if he did this also with Celia. But both girls appeared equally happy.

#### School and Peers

According to Mr. Z, Celia began nursery school around three--whatever was the minimum age--and was one of the youngest in kindergarten (in addition to being in the lowest 10 percentile in size). Mrs. Z did not respond to the question on the intake questionnaire about Celia's reaction to starting school. However, Mrs. Z claimed that Celia had no problems in school and did not report any particular strengths. Because Celia was not having difficulties in school, her teacher was not contacted. Therefore, there is no further information in that area.

According to Mrs. Z, making friends was not particularly easy for Celia, but she had friends. Her hobbies tended to be more solo (reading, tennis) and she had never been involved in organized group activities such as Scouts, sports, etc. Celia's social life seemed to be dominated by her time with her grandparents.

#### Parents' Histories and Personalities

As mentioned before, both Mr. and Mrs. Z came from large families that are old-world and strongly religious. Theirs was the first divorce

in both families, a fact that Mr. Z tearfully expressed considerable shame over.

Mrs. Z is the fourth of six children and the first girl. Her three older brothers are each two years apart, her next brother is three years younger and her sister is seven years younger. One of her brothers is retarded and lives with her parents. Mrs. Z compared herself to her own mother who was very protective of her when she was little (as she was protective and overly attentive to Celia). Mrs. Z was still very close to her parents. At the end of the course of therapy Mrs. Z's mother was diagnosed as having a potentially terminal disease. The task of coping with the potential loss of her mother took the forefront of her attention.

It was interesting to note that in the initial session with Mr. Z he described his ex-wife's family history in detail and gave none of his own.

In the next chapter the three cases will be discussed and compared.

## CHAPTER V

### DISCUSSION

#### How the Methodology Worked Out Operationally

Before exploring the meaning of these data it is useful to discuss what worked and did not work in this project--the strengths and the short-comings.

It was not surprising, in view of Harris' (1959) experience, that only two of the three families agreed to participate in the research interviews, and, of those, only one father was willing. Therefore, the data base is very inconsistent from one subject to another. The data on Celia is not comparable to that of Anne and Bonnie.

The interviews with the mothers (Appendix C, Part I) went well. The interview was pretested with a colleague who reported it stressful enough to develop a headache. As a result, the investigator used a more open-ended, less specific mode of asking questions. Both mothers reported feeling quite comfortable with the two sessions of interviewing. Mrs. Y in fact commented that reviewing the family history made her feel good about the changes she had made. One topic should have been included in the parent interview guide and did become part of the fathers' interview guide (Appendix F), which was devised after the interviews with the mothers were begun: what the parent's childhood family was like. This provided added information about the parent's own socializing experiences and values and expectations of his/her children.

Part III of the Parent Interview (Appendix C) did not work smoothly because the descriptors were randomly mixed. It was subsequently revised for use with intakes in the clinic, as indicated in Appendix C(a) by listing the descriptors in pairs of opposites. The item regarding body/sex play was added into the fourth age group ( $2\frac{1}{2}$  to  $3\frac{1}{2}$ ).

The Memory Rating Scale (Appendix E) warrants one revision, namely to word item #8 the same as #6. It was an intriguing tool to use. Perhaps its most beneficial result was to point out the degree of unconscious conformity or distance between child and mother. Anne and Mrs. W had the closest conformity of responses: the same rating on six out of nine items, a difference of one point on two items and a difference of two or more points on one item. Bonnie and Mrs. Y were less similar. They had identical scores on five items, a difference of one point on one item, and a difference of two or more points on three items. The Memory Rating Scale appears to be useful in measuring a dimension of the parent-child relationship not otherwise tapped by other measures, namely the level of conformity and identification between child and parent.

It would have been helpful to have other tools that tapped the unconscious attitudes of the parent. These would be particularly valuable to balance the conscious material obtained from the interviews. The attitudes that are of particular importance to measure are dependency vs. autonomy of the child (e.g., when was the child allowed or encouraged to do certain things herself) and priorities of relationships for the mother (husband, child, job, home, self, other).

This research has led to three basic concepts: (1) that there is a transitional stage between latency and adolescence worthy of separate

identification; (2) that, from the review of the literature and data in this study, it appears that there may be more than one pattern of behavior among girls in this stage; and (3) the pattern of behavior in girls during this stage will reflect the nature of the preoedipal relationships between the child and each parent.

### Discussion of the Cases

#### Anne

#### Separation-Individuation Experience

##### Constitutional and Maturational Factors

Anne was described as initially an alert, active infant who was not cuddly, did not like being held and was fussy about food. By the second half of her first year (the differentiation subphase and beginning practicing subphase) she was happy, easy to comfort, content to be alone and not particularly uncomfortable with strangers. Although unclear, there is evidence that she walked well before one year and also began speaking at about 10 months. Her mother was impressed with and encouraged her quick learning. During the late practicing and rapprochement subphases she was easy to toilet train and began to demonstrate shyness about her body. After the age of 3 she was described as inquisitive about sex, neither flirtatious nor shy, both active and content to play quietly alone. It appears that Anne was an intelligent, constitutionally alert but not highly motoric child whose differentiation process may have occurred early. While she showed no extreme stranger reaction she was somewhat shy with strangers. Her strong and quick ego development (cognition, language, controlled locomotion) helped balance her early physical distancing from mother but not enough to avoid

vulnerability to separation, possibly because of her mother's emotional distance.

#### Family Environment and Early Socialization

The family social environment during Anne's infancy and separation-individuation was relatively stable. Before age 3 there were no unusual separations, mother was at home, father steadily employed. Other than leaving her to go out in the evening (rarely) or shopping and visiting friends in the day, Anne was not separated from her mother until her brother was born when she was 3. She showed no strong reaction to this displacement by a stranger. Her brother was a difficult infant who immediately required a great deal of attention which was met by increased resentment by both parents. This demonstration of rejection of demandingness may have contributed to Anne's continued and increased passive and shy style of relating rather than to develop further her original assertiveness.

Shortly after age 3 the family moved for the first of two times. However, it should be noted that considerable emotional separation between mother and child had been occurring all along. Mother was resentful of being tied down at home. There was little empathic tuning-in demonstrated by the emphasis on intellectual functioning and unawareness of emotional states or needs. Mother remembers that Anne did not like to be held but photos give clues that she did not encourage cuddling positions and minimized eye contact. There is evidence that Mrs. W thought of her own needs ahead of her infants, for example, the careful timing of the second child and training of the first for her convenience. The mother fits into the type Harris (1959) described as dependable but not understanding. Mrs. W is so lacking in understanding

that she described Anne in contradictory terms. At referral to the clinic Anne was viewed as "super emotional." In the interview Mrs. W said (with sarcasm) Anne is "good at not showing her feelings." Mrs. W is much like her description of her own mother--closed off from expressing feelings. Mrs. W enforced independence to an extreme through her desire to be away from the children (her distancing posture in the photos and her frustration at not being able to go out for adult socializing as much because her husband did not want babysitters). At the time of referral she was clearly annoyed at any clingy, whiney behavior or needing of her on an emotional level by her children. She expected her children to feel okay without her. She rewarded advanced independent functioning and punished dependency behavior as shown by her constant annoyance toward her son. Rather than show zestfulness and assertion associated with the rebellious mother, both children are clingy in different ways. Encouraging physical independence but inhibiting emotional self-expression resulted in the same passive behavior as the children of the traditional mother described by Harris (1959). Anne was described by her father as so uncompetitive that she would choose to lose games and races. Likewise, Mrs. W seems to fit into the Brody and Axelrad (1978) category of mothers who were less adequate based on lack of empathy, high need to control during infancy. Mr. W was also a remote, shy (by his own report) and uncommunicative man who conveyed resentment at having family responsibility rather than freedom.

The parental relationship was poor. On the surface there was some compatibility. But there was considerable tension and noncommunication starting before Anne's birth and worsening during her oedipal resolution stage because of resentment over her baby brother. Therefore, Anne did



not experience her parents as having a close, loving attachment to each other. This state of affairs influenced her relationship with each of her parents as will now be discussed.

### Mother-Daughter Relationship

It has been impossible not to include some aspects of the mother-daughter relationship in the preceding discussion of separation-individuation. This section will examine more specifically the themes of aggression, identification and projection.

#### Aggression

Anne's lack of overt aggression from early on and its absence in her sibling relationship is remarkable. It can in part be attributed to her quiet temperament. While not a highly motoric infant, she was nevertheless active in exploring her environment. She was not described by either parent as very passive: content yes, but passive no. The usual issues around which babies assert their individuality are feeding and toilet training, and in both these areas Anne was compliant. The only clue to early resistance, and a passive one at that, was in her stiffening posture when held. It can only be speculated that Anne's early normal assertive strivings (e.g. food, fussiness) were quickly suppressed. One can then wonder if the emotional nonempathy of mother and remoteness of father combined to give this already quiet-natured child the notion that open aggression would be futile. After age 3 she could observe the rejection of her brother's aggressive efforts at getting his needs understood and met. That may have confirmed this view and set more solidly a pattern of shyness and suppressed assertiveness (e.g., intentionally losing games and swimming races). The father's role

in establishing this pattern will be discussed later.

### Identification and Projection

Anne's mother had a strong need to be emotionally controlled and to have her world well-organized and under control. Her elegant orderly home spoke to that. Even though she was very talkative, the level of communication was superficial and intellectual, and she was unable to communicate at a feeling level, as she described had been true of her own mother. Anne's late latency emotional tearfulness at times of distress were not understood by her mother. Significantly, Mrs. W was incapable of asking Anne, and Anne was incapable of communicating that something distressed her by means other than tears and wanting to be near mother. It was apparent that Mrs. W maintained the emotional distance she had experienced with her own mother and Anne ensured her mother's love by complying with her mother's stance.

It is also significant that Anne was not as much the emotionally void, intellectualizing person as her mother, that she experienced and showed intense feeling on occasion. Mrs. W is an example of the type mother Harris (1959) described who feels some dissatisfaction with her own mother's way of handling things and makes an effort to change. It was she who had wanted to "talk" to try to work out the marriage. The fact that she came for counseling (though she made little change) can be seen as an effort, at some level, to change. So it is not surprising that Anne broke the mold slightly. It is also quite possible that Anne showed emotion as an outlet for her mother's expression of feeling that she could not communicate directly.

The identification and lack of autonomy between Anne and her mother can be seen in other ways. Anne was a greatly desired baby. In

addition, Mrs. W valued her alertness and precocious maturation and development. One can wonder if Mrs. W had a strong need for a baby daughter to provide her with self-esteem and therefore made an abundant emotional investment in seeing that the baby fulfilled her needs. Even Mrs. W, while not being very tuned into her child's emotional state, was extremely attentive to her learning and development. In turn, the child quickly tuned into the mother's expectations to maximize gratification from her. By having constitutional endowments that her mother appreciated and valued, the tuning-in process and conforming to mother's needs and expectations were enhanced. Had her constitution been very different from what pleased her mother and the mother experienced this as a blow to her self-esteem, a less dependent and more rebellious relationship may have ensued. Likewise, it can be hypothesized that a mother whose self-esteem is strong and who does not need her infant as an object to ensure it, will facilitate healthy autonomous development. The likelihood of a mother using a daughter to fulfill her own depleted self-esteem is much greater than with a son because of the stronger identification mother has in her same sex child. The more the mother sees herself in her child, the more the child becomes an extension of herself; and the child, in order to be gratified by the mother, complies by staying close and taking on the mother's values. Mahler's (1963) observations of the effects (beneficial or detrimental) of the mother's conscious and unconscious attitudes on the infant's development were described earlier. She presented several cases of infants, some who were "motor-minded" (including girls) and some who were passive (including boys) to illustrate their adaptations to their mother's expectations within the context of their in-born temperaments. Based on Mahler's

observations it can be supposed that Anne, both precocious in locomotion and advanced in learning, fulfilled her mother's unconscious value that she be physically independent and intellectually and emotionally dependent on her mother who enjoyed teaching her. This fostered her early physical activity and eagerness to explore her environments (including socially--she was reported to be comfortable with strangers) on one hand. But it also stifled her future ego development in the area of autonomous problem-solving and self-esteem. She relied on her mother's presence for a sense of well-being and had not fully internalized an integrated representation of the mother. Libidinal object constancy was not optimally achieved. The fact that they are similar in physical appearance, both having tall, lean body types, most certainly contributes to the projection-identification process.

#### Father-Daughter Relationship

Fortunately for Anne, her father was available to her during the span of 18 to 24 months of age described earlier as so crucial. This was possibly the only time in her life (until after age 10 years) that she had a special relationship with her father centered around swimming. Mr. W participated in some of the early infant care when he "had to," and then without much pleasure (except feeding). But Anne was taught to swim sometime between and 12 and 18 months of age and from then until possible 30 to 36 months he got great pleasure from swimming with her. This was an exclusive father-daughter activity since Mrs. W was a nonswimmer.) In the interview with Mr. W it was clear that his toddler daughter's swimming was primarily an enhancement of his own narcissism. He made the point that it was special (for him) to have a child who could swim at that age. Being a bright and sensitive child, Anne undoubtedly got the

message that her father needed her attention for his self-esteem which may have made it less gratifying to her needs.

Mr. W withdrew even more from the family after her brother's birth when she was 3 and even more so when Matt was about 1 and Anne was 4, because of Matt's fussy, demanding, and difficult behavior. Anne continued to lose her father in more ways--to his job and then by divorce at age 6 2/3, when he immediately went into a relationship with another woman whom Anne liked but whom she knew her mother resented. This state of affairs would have placed Anne in the uncomfortable position of having to split her loyalty between parents, much as she must have had to do when she was little and her parents were at odds. After that her visits to him were unhappy because he was working or sleeping and she sought solace by returning home to her mother. It seems that she admired her father (from her swimming days) and may have longed for him. Was her not remembering anything about her father after age 4 a defense against the hurt of what she perceived as his rebuff? It is questionable that early triangulation described by Abelin (1975) occurred because Mr. and Mrs. W had a severely strained, noncommunicating relationship from the time Anne was born. Furthermore, because of her mother's increased irritation with her husband from the time Anne was 3 to 4 it was not safe and permissible to have a positive attachment to her father through the oedipal resolution and again at preadolescence. Anne was left with a father void that could only be filled by remaining attached to her mother. Later, at the time of preadolescent recapitulation of the preoedipal attachments and oedipal resolution, she did not have her father to turn to. Not even a fantasied good father-relationship in his physical absence was available for her to use to avoid being pulled into the increased

attachment to mother because she had been disappointed by him at the very time she needed him.

Mr. W contributed to Anne's positive (feminine) identification with her mother through his expectations that "a girl should be quiet, take after her mother, be closer to her father." Had he encouraged both (being like mother and being closer to father) with active, positive involvement with her (beyond the swimming which he apparently did not continue), she would have had more of an opportunity to develop her autonomous ego functioning. Mr. W also implied that Anne identified with him in her shyness, that he also was shy and did not like to get a lot of attention. In contrast to the sociological view of Sears et al (1957) that the mother is the receptive, feeling parent and the father the instrumental, active parent, the W family seems to have somewhat reversed roles. Mr. W was the shy parent who did not like attention, Mrs. W was the outgoing parent who liked to socialize. From her manner of dress one can assume she likes attention. But neither parent was expressive (the mother was communicative about impersonal matters), so Anne had little opportunity to develop that potential. When she was seen as a 10-year-old she was in a gifted program in school but was unable to participate in any activity (e.g., a play) in which she had to speak alone before a group.

One more point is worth making. Mr. W did not want children, that after "raising" his brothers he wanted freedom. In his interview he made several references to having had enough responsibility of raising children. He also remarked that once Anne was born he did not trust her care to anyone other than his wife or the grandparents. One can speculate that he had very hostile feelings toward his younger sibs for

having been burdened with responsibility. (He also began working by the age of 12.) He may have been fearful of his own aggressive feelings toward his sibs transferred to his children which he dealt with by withdrawal from the family into his work life. His withdrawal became more profound after his difficult and demanding son was born.

### Transitional Stage Profile

#### Physiological Evidence

Anne is a tall, slender girl with a mature, freckled face but a prepubescent body shape. When seen at 10½ she had not yet had a noticeable growth spurt, but did have a spurt between 11½ and 12½ when breast budding and hip broadening also began. She had just turned 13 when interviewed for this project and had had her first menstruation a couple of weeks before her birthday. It can be assumed that at age 10 an increase and shift in hormone levels may have begun, approximately 1 to 2 years before visible anatomical evidence. A clue to hidden body changes taking place can be found in Anne's increased body concerns shown in her somaticization (headaches, etc.).

Like fictional Frankie in Member of the Wedding by Carson McCuller (Dalsimer 1979), Anne seemed to have some vague sense that she was changing. In her first therapy session she chose to read some books. That she wanted to read was clearly a way to distance and protect herself from the therapist. But her choice of books was most significant. The first was one about body changes as one develops into adolescence. Had she not been interested and concerned about this issue she undoubtedly would have selected a different book. Of the broad choice of books in the office, this one was probably the most mature in theme and reflected her developmental stage.

### Level of Activity

Prior to referral, Anne had become interested and active in a competitive team sport for the first time, and one that required considerable physical exertion. The literature review found increased physical activity characteristic of prepuberty.

### Mood and Behavior Changes

Although Anne had had a couple of homesick episodes earlier in her latency, her tearful upsets had increased in severity prior to referral to the clinic. Mrs. W was more bothered by her son's chronic behavior, but it was Anne's severe somatic symptoms that occurred when Mrs. W went away for a weekend that precipitated her call to the clinic. Anne was also unable to remain overnight at her father's or with her best friend.

Anne's upset and insecurity seemed specific to her relationship with her mother. In other areas of her life (sports and friendships) she was functioning well, if not with considerable poise and self-assurance. (An exception was her upset when having to perform in front of an audience in school.) A significant change had occurred preceding Anne's renewed and increased separation upset. Her mother had begun dating. One can propose that Anne felt a threatened loss of her mother's love at a point when she was developmentally vulnerable. This may have been a repetition of her rapprochement experience. It may be recalled that Mrs. W resented being housebound and was eager to go out with friends, leaving Anne in her father's care. Except for the swimming, Mr. W had little interest in caring for his children. At age 10, just as when she was a toddler, her father was an unreliable source of caring attention in her mother's absence since he was inclined to be working or sleeping when Anne visited him. So it would be understandable that Anne would feel vulnerable and



threatened when her mother began dating.

#### Defense Against Aggression

There are some clues that Anne was defending against her hostile feelings. One interpretation of Anne's new interest in competitive sports is as a displacement of her aggressive feelings toward her parents. This, according to the literature review, would be a normal outlet.

Anne's defenses against aggression were demonstrated in her early therapy sessions. For example, her altruistic response to being asked three wishes was to help all unfortunate people. She later admitted to her mother that she intentionally put off the therapist who would have expected her to wish her parents were back together. In this way she transferred some of her hostility toward mother onto the therapist. Otherwise, she was very reticent and constricted. Her anger about her parents' divorce was further demonstrated by her choice of reading the book, A Terrible Thing Happened at My House, thinking it was about divorce. In general, Anne gave support to the typical prepubertal picture of a girl regressed to the pregenital stance of bisexuality, phallic aggression (sports competition) and ambivalence. Although interested in sex, she had not turned to an interest in boys. She was not openly critical of mother because of her strong need to ensure her mother's love in the face of threatened loss.

#### Level of Ego Autonomy

Anne certainly demonstrated some regression to part object need as Freud describes is typical in preadolescence. She could function very

well academically and moderately well socially (she tended to isolate herself in the girls activity group). She was age appropriately mature in her interests in the therapy sessions and soon became more responsive, demonstrating pleasure and humor in games. Her secondary-process functioning remained strong and her ego control over drive activity was strong to the point of constriction. There seemed to be adequate balance between attachment and individuation according to Hansburg's findings (1972), since Anne did not lose a great deal of self-esteem or self-love in spite of the vulnerability she was experiencing. And, in spite of some degree of pulling into herself, she was able to maintain social relationships with peers.

Anne was certainly a child who would have been considered in the normal range and reasonably well-adjusted according to the research findings. Only her mother was concerned with her symptomatic behavior. She would not have been described as a child with problems outside her family. Her recovery from the stressful time at age 10 gives support to her general good adjustment. At about age 11½ she went on a brief trip with her teacher and a small group of classmates and did not get homesick. At 13 she is very poised, although she maintains her characteristic reserve. She accepts and tolerates her mother's boyfriend and has a better, more sharing relationship with her father. She has frequent arguments with her brother and also shares fun times with him. Anne's good endowment, the strengths and caring of both her parents in spite of their weaknesses, her own push toward maturation and the unknown effects of her brief involvement in therapy all contributed to her current good functioning.

Bonnie Y.

### Separation-Individuation Experience

#### Constitutional and Maturational Factors

Bonnie was physically large and well developed at birth. She was a happy, content infant who cuddled and was alert to her surroundings. Her development continued to be precocious, and Mrs. Y took great pleasure in her quickness to learn. However, it is significant that in the area of feeding, Bonnie's resistance to mother's control and her attempts at self-assertion were considered as temper tantrums that required squelching (with the exception of self-weaning which was accepted). This was marked during the rapprochement period when she "displayed her temper" whenever something did not go her way. She was punished (by having water splashed in her face) for her assertion of individuality while reinforced for the behavior mother appreciated, especially learning what mother wanted to teach her and coming for comforting.

Bonnie's very precocious physical development, very advanced ego functions (controlled locomotion, speech), and early socializing were in healthy balance and should have led to her having satisfactory separation-individuation and strong sense of autonomy. She showed no particular anxiety over early (six months) separation from her mother or discomfort with strangers. In her first three years she demonstrated "zestful instinctual life," and an outgoing nature. Two factors seem to have interfered: the lack of individual recognition in the family, and the mother's strong unconscious need to be depended upon. The latter will be discussed further in the next section.

## Family Environment and Early Socialization

Bonnie's early family life was also stable. There were no moves, mother was at home, father worked. Bonnie was the youngest in the sibship and her father's only biological daughter. One might think she would have been the center of attention, but in this family there was little special attention for any one individual. If she experienced sibling rivalry as the displaced child, it would have been at age 3 when the little boy her age, Robby, lived with them for six months. Bonnie became more subdued, less lively and competitive at the age of 3, at the time that the little boy her age, Robby, lived with them. The traditional psychosexual explanation of penis envy seems to fit this situation well. Assuming she had not seen her father's genitals, Bonnie was most accustomed to the female body. She had most likely seen little boys' penises prior when mothers toileted and changed their toddlers in group play situations. But suddenly she was intensely exposed to the anatomical difference of an intruder into her family as they lived, bathed and played together. This may have been a big blow to her omnipotence--her mother's attention to this older child who possessed valued equipment she lacked.

Mrs. Y was an experienced, confident mother. On a conscious level she expressed her pleasure in watching her children develop, grow up. Unconsciously, she clearly gives the message that they cannot grow away, she needs them to remain dependent on her. She was high in warm reliability, low in understanding, although she gave conflicting messages in that area. She most closely fits Harris' category of dependent (criticizing her mother for being "too lenient") although she also gives indications of the traditional mother who needs to maintain the status

quo and loyalty to her. Mrs. Y was explicit in her encouragement of Bonnie's independent ventures (e.g., going to stores before age 6), but there is a very mixed message. Mrs. Y also clearly conveys to all her children (and ex-husband) that she expects them to stay close or to keep coming back. She keeps the rapprochement subphase going by not giving the child permission or encouragement to become emotionally independent of her, just as she maintains her ambivalent attachment to her own mother. Mrs. Y keeps her oldest daughter attached via the granddaughter by insisting that only she can properly care for the toddler. The middle one still lives at home and runs home to mother from work with a small injury. The ex-husband comes back to woo her whenever he gets the signal that Mrs. Y has found a replacement. In Mrs. Y's case, clearly, staying home is equated with happiness and leaving home with unhappiness. She was happy before her father died and when her husband was home a lot before he changed jobs. She was unhappy that Olivia left home at 19 (to take drugs). Mr. Y, from reports, seems to have weak, undeveloped autonomy himself, considering his unstable job history and involvement in drugs. From what is known, the mother-father relationship during Bonnie's first 4 to 5 years was good. Mrs. Y considered it the happiest time in her life. However, it lacked the exclusive quality of early triangulation that Abeline (1975) discussed as so important to internalization and individuation because they never did anything as a couple without the children or large groups of family and friends. Considering also that they had a brief separation when Bonnie was 5, the marriage could not have been as harmonious and happy as Mrs. Y recalled.

## Mother-Daughter Relationship

### Aggression

Bonnie's assertiveness was openly demonstrated from early infancy. Her mother consciously relished Bonnie's autonomous development. But she seems to have had a strong unconscious need for her child to have to come back to her, possibly more than the child needed and wanted. The temper tantrums up to about age 3½ may be a clue to this imbalance. Bonnie, then, learned to identify with her mother's dependency needs by subduing her assertiveness and complying with mother rather than risk withdrawal of her love if she became too independent.

The introduction of sibling rivalry with Robby and the likelihood of penis envy at the very same time that Bonnie shifted toward greater submission (age 3 to 3½) cannot be considered coincidental. Ensuring her mother's love would have been a powerful impetus to comply with mother's expectations rather than rebel with increased aggressive behavior.

### Identification and Projection

The projection-identification bond between Bonnie and her mother is very strong and strikingly apparent when the two are observed together. Their physical resemblance is noticeable, both having soft, rounded body types. They speak in the same soft voice (although Mrs. Y's is deep, and Bonnie's has a childlike high pitch). When Bonnie interrupted the interview with her mother to ask if anyone wanted coffee, it was the interviewer's impression that she was identifying with her mother as care-giver and nurturer. It was also likely that she needed to maintain connection with her mother by means of the intrusion into the interview. In this respect, Mrs. Y had projected that need ("You need me to be close to you") by choosing the location of the interview across a partition.

There are more clues to the mutual emotional dependency between Bonnie and her mother. Bonnie ceased taking piano lessons (which she had enjoyed) because Mrs. Y was not there to encourage her practicing and take her to the lessons. Another example is that Mrs. Y did not ask Bonnie to check if the library was usable for our interview, even though she had agreed that it was an appropriate expectation. Quite a contrast to the 6-year-old Bonnie whom mother claimed enjoyed going with her friends to the shopping center. That was at a time when Mrs. Y was preoccupied with her failing marriage, possibly withdrawing attention from Bonnie, unconsciously communicating to Bonnie to fend for herself. Fortunately, Bonnie had the physical, social and intellectual attributes, as well as the need to please mother, to enable her to be independent and enjoy it. There is a clue in the memory rating scale discrepancies between mother's and daughter's responses that Bonnie unconsciously wishes greater autonomy from, and less symbiosis with, her mother. In short, Bonnie got a good start along the track of separation but was blocked on the track of individuation which appears in a degree of physical independence but continued need for mother's presence to cope with conflictual situations.

Mrs. Y's continuing attachment to her own mother, including its ambivalent aspect, gives evidence of her need to maintain a dependent relationship. Her choice of husbands (the first an alcoholic, the second a drug-abuser) is additional evidence. Mrs. Y has identified with her mother as care-giver. Bonnie has identified with her father as the care-receiver and ensures her mother's love by maintaining that role. A generational pattern is striking and illustrates the point Harris (1959) made about the influence that the mother's relationship with her own

parents has upon the child. Mrs. Y identifies with her mother, a professional care-giver, and remembers her father as a big, happy man. He died when Bonnie was 9 after at least a couple years of illness. It can be assumed that Mrs. Y's mother transferred much of her attention to the father who must have become increasingly dependent before his death. Mrs. Y remembers happy times with her husband who began becoming unstable and drug dependent when Bonnie was about the same age as her mother had been when her grandfather became ill. One can only wonder what subtle (or direct) communications have kept this pattern going from generation to generation. It can be predicted that Bonnie, as an adult, will continue the pattern by choosing a mate who needs her to take care of, thereby maintaining her own dependency needs as her mother has.

The discussion of Anne's good intellectual endowment being valued by her mother is applicable to Bonnie and Mrs. Y as well. It is quite apparent that Mrs. Y's self-esteem is tied to having her own dependency needs fulfilled by her daughter. Just as with Anne, Bonnie was encouraged to be physically independent (going downtown by herself at age 6) but intellectually and emotionally dependent on her mother who enjoyed teaching her. It was all right to grow up but not to grow away. One clue to Mrs. Y's need to see Bonnie as an extension of herself may be the post-partum depression, although hormonal imbalance may also have played a large part. Birth is the beginning of the loss process for the mother, proof of her helplessness to maintain perfection in union. The infant's resistance to her ministrations "punctures her narcissistically invested image of the ideal child as well as her image of herself as a competent mother" (Mahler, Pine and Bergman 1970, p. 261).



### Father-Daughter Relationship

Bonnie's father seems to have been physically present and available to her in her infancy and toddler years, but there is some question as to the nature of his emotional investment. On the positive side, he seemed, according to Mrs. Y, to have been quite attentive to 7-year-old Nadine who "blossomed" (according to Mrs. Y) from his involvement and encouragement. It should be recalled that he had an unstable work history before the marriage and Bonnie's birth and again later. His stability during Bonnie's first five years may have been due largely to his dependency needs being met by his wife. His inclination toward pleasure and away from reality was apparent in the family picture album full of photos of parties. There was an adolescent quality to his (as well as Mrs. Y's) appearance, playful poses, sometimes in costume. It was also known that he had abandoned responsibility for his son of a previous marriage. Later, when Bonnie was 5, Mr. Y took Quentin in with the expectation that his wife would handle him and cure him of his behavior problems. When this failed, he again abandoned Quentin, turned to a relationship with another woman, and the marriage failed. All of these characteristics are indicative of a narcissistically functioning man who was likely to have viewed his daughter, like his wife, as needed to enhance his self-esteem. It would be small wonder that Bonnie would learn to idealize her father who apparently could not maintain mature self-esteem. But lacking a mature sense of self, Mr. Y would have been unable to provide adequate modeling and encouragement for Bonnie's development of self-esteem and emotional autonomy.

Bonnie did experience significant gratification from her father in her preoedipal stage, particularly at the age of 1½. At that time Bonnie

had a bad cold, Mr. Y "worried about her" and brought her into the parents' bed. It was unclear when, why or how Bonnie discontinued getting into bed with her parents during the night, but it continued for some time. She resumed this habit with her mother after the divorce. What can be assumed is that this intimacy with her parents was overstimulating and overgratifying. In addition to the sexual implications, this experience emphasized for Bonnie that her parents did not have an exclusive relationship with each other, interfering with early triangulation, identification and individuation. Also, her father was not one she could have a special relationship with that was not overstimulating. He was not the "knight in shining armor" she could turn to for respite from the ambivalent and conflictual relationship with mother since there was so much togetherness and little individuality in the family.

Bonnie's idealized remembrance of her pre-divorce relationship with her father is not surprising. For one, it repeats her mother's recollection of her own father before his death. Also, since Mr. Y was more interested in pleasure than reality, Bonnie was exposed to that value system. Everything associated with father before the divorce was pleasure.

### Transitional Stage Profile

#### Physiological Evidence

When first seen at 9 years 4 months, Bonnie clearly appeared to be prepubescent, with typical pudginess. Early physical maturation is not surprising in Bonnie who, from toddlerhood, looked a year older than her chronological age. Her mother reported in the post-clinic interview that Bonnie began showing underarm hair at age 10, an indication of hormone

changes. Bonnie had begun having numerous somatic complaints which she used to manipulate staying close to her mother. The increased body preoccupation is characteristic of this period. She had been a healthy child, not inclined toward physical symptoms.

#### Level of Activity

At the time of referral as well as in the follow-up interviews there was little evidence of increase in activity level described in the literature as characteristic of prepuberty. This is likely due to her defensive use of passivity to be discussed shortly.

#### Mood and Behavior Changes

Bonnie's clinginess was a marked change from her early latency behavior and an indication of regression to her preoedipal and early oedipal subduedness. Bonnie's initial reaction to her father's leaving, from what Mrs. Y vaguely recalled, was to withdraw into the solitude of her room. It was not until Mrs. Y was beyond her own denial phase (the first two years after the separation during which she accepted Mr. Y's frequent returns and maintained a sexual relationship) and more openly critical of her ex-husband that Bonnie became more desperate. That was about six months before the clinical referral. Bonnie then suffered a number of significant losses, enough to shake the security and self-esteem of most any child. Prior to starting fourth grade her mother had to sell the house she'd lived in all her life, requiring a move away from her familiar neighborhood and friends. Whatever hopes and fantasies she could cling to of her father she lost because he moved away and became very unreliable about his contacts. And that summer Mrs. Y began

her child-care work, arousing in Bonnie noticeable jealousy and fear of loss of mother's love.

But Bonnie's regressive rather than aggressive coping with these events is notable. Rather than turn more forcefully into peer relationships and activities, she returned more forcefully to her mother for comforting.

#### Defense Against Aggression

It would be small wonder that a child would fear the loss of love (if not person) of the remaining parent after losing one parent by divorce. In Bonnie's case the pattern had been clearly set: that to keep mother's love required staying dependent. Physical separation had been successfully accomplished, but emotional well-being had always needed mother's presence. With the destruction of the ideal mother-father-family unit and the threatened loss of mother's love, Bonnie had stronger need to protect mother's love by staying close. (Mrs. Y's dating undoubtedly exacerbated Bonnie's fears.) It is also very likely that Bonnie was mirroring her mother's fear of assertiveness/aggression. Although Mrs. Y claimed to enjoy Bonnie's early assertiveness, her "amusement" at the temper tantrums may well have been disguised anger. The fact that Bonnie's flirtatiousness wore off may also have been in response to Mrs. Y's opposition to Bonnie's outgoing assertiveness. It can be added that in her current role of providing child care Mrs. Y keeps tight control over the activities of toddlers by having them in playpens, high chairs and cribs much of the time. There was no evidence that she provided much free, explorative play.

It is also very probable that Bonnie felt anger at her mother for the real and threatened losses she experienced. As is the case in most

school-phobic or resistant children, her need to stay home may have been to protect the mother from her own hostile destructive fantasies and wishes. It was not until the family moved to another area that Mrs. Y. had a new, seemingly successful, intimate relationship with a boyfriend and was more content in her own life, that Bonnie's self-esteem improved, and she stopped having "mommyitis." At the time of the project interview, when Bonnie was 11½, Mrs. Y reported that Bonnie had started getting "mouthy" toward her. Apparently, she was beginning to demonstrate more typical resistance to re-merger with mother.

#### Level of Ego Autonomy

Bonnie was demonstrating considerable regression, mostly to an oral dependent state, with some anal sadism apparent in her manipulation of, and clingingness to, her mother. This can be attributed to a combination of her early experience in relation to her mother that blocked adequate development of individuation, current environmental conflicts that her weak autonomous ego capacity was unable to cope with, and the vulnerability caused by her maturational push. Bonnie's psychic energies seemed to be drained by the struggle to keep her mother's love. Although she missed considerable schooling, her good intellectual capacities enabled her to maintain adequate functioning there. She was void of almost all peer relationships at a point in her development when peer relations are normally paramount. Obviously, she was unable to maintain age-appropriate self-esteem independent of her mother's presence and input. To the degree that Bonnie's dependency was ego-syntonic for Mrs. Y, Bonnie was content to be passive and dependent. But her impoverished ego autonomy left her severely handicapped in dealing with the external conflicts and forced her into greater dependency than her mother could

tolerate. The further threat of loss of mother's love when she was too dependent became a secondary interference in ego growth and achievement. It is significant that Mrs. Y needed to experience improvement in her own self-esteem before Bonnie could resume a forward course.

Celia Z.

### Separation-Individuation Experience

#### Constitutional and Maturational Factors

Celia's constitutional make-up at birth is unclear but indications are that she was relatively relaxed. Her small size is hereditary, but she seems to have been quite average in her physical maturation and early ego development. It is apparent that Mrs. Z's insecurity led her to need to control (e.g., scheduled feedings). The rapprochement subphase was particularly stressful with prolonged resistance and rebellion exhibited by Celia. From this time on she provides a picture of negative attention-seeking as described by Sears, et al (1965). Her prolonged bowel training is characteristic of the poorly adjusted, type D children described by Harris (1959).

Because of the highly stressful relationship, the normal process of fusing the good and bad images of mother and neutralizing libidinal and aggressive energies was interfered with. Celia's good-bad mother representation was, in fact, the mother-father unit. In the first three years she seems to have received good mothering from one (father) and poor mothering from the other (mother). The usual integration of good and bad representations would have required integrating the father and mother representations. Her extreme reaction to their divorce is indicative of her inability to separate her mother and father in her "mother representation" and her desperate effort to maintain that

representation as whole. This is reminiscent of Dalsimer's interpretation of The Member of the Wedding in which Frankie sees her "idealized-brother-and-his-bride" as a unit undifferentiated from herself. Her doll-play also revealed the importance to her of maintaining a large, three generational family together. While all the family members in her play had traditionally socially appropriate roles (grandmother, mother and older sisters cooked, while grandfather, father and uncles went to town to buy farm supplies and the children played with the animals), it was apparent that no one could exist without the others, no one was ever alone.

McDevitt (1971) presents an analysis of the case of Becky demonstrating the preoedipal determinants of the phobic symptoms that brought her into treatment at age 3. There are significant parallels between his Becky and Celia:

Becky's more consistent and stimulating 'uncontaminated' (with aggression) preoedipal relationship to the father, as contrasted with the unsatisfying mother-child interaction, most likely influenced the time of onset, the configuration, and the intensity of the conflicts of the phallic-oedipal phase. (p. 212)

He continues to point out that "disturbance in stable identity formation and in identifying with the mother as a female... most likely made it difficult for Becky to accept her sexual identity" (p. 213). It would be interesting to know how Becky coped with later developmental stages, in particular preadolescence. McDevitt pinpoints Becky's vulnerabilities to "disturbance in the development of self-object representations, especially the development of libidinal object constancy, and the problem of the mastery of anxiety, particularly separation anxiety " (p. 213). We might speculate that she, like Celia, would experience a high degree of anxiety in preadolescence when hormonal/biological shifts stir up

early libidinal needs for, and attachment to, mother which had been, and is again, inconsistently ungratifying, creating renewed separation anxiety.

#### Family Environment and Early Socialization

Celia's family life during her first three years was stable in the sense of family constellation, living situation, and parent occupations. Mother was at home and father worked steadily. Remarkable for this family was the degree of involvement and stimulation from extended family members. Differentiation and separation-individuation must have been difficult for a child who experienced tremendous anxiety and tension with her primary nurturing figure and tremendous stimulation from so many other "mothers." There is evidence that Mr. Z did considerable care-giving. It is of interest that Sears et al (1965) found a correlation between negative attention seeking in girls and low mother, high father caretaking in infancy. It can be assumed that in Celia's case the low and high would not refer to amount as much as quality of nurturing. There is also evidence that in Celia's infancy and toddlerhood the parents, being young and somewhat ambivalent about parenthood, were intensely involved with each other. It was then that the maternal grandmother rescued Celia with her overindulgence. This may have hampered rather than helped the internalization of parental identifications during the early triangulation.

Celia reacted to the birth of her younger sister when she was 3 years 7 months with intense jealousy. In fact, her hostility toward her mother began before the birth, indicating that Mrs. Z withdrew even more from Celia during the latter part of her pregnancy. Probably because of



the existing pattern in which Mrs. Z felt helpless in the face of Celia's aggressive self-assertion, the intense sibling rivalry was further stimulated by the mother's inability to help Celia cope with it and by the mother's preference for the easy-going second child. The fact that Celia had such a strong rivalrous reaction at  $3\frac{1}{2}$  is an indication that the rapprochement subphase had not been resolved. The typical pattern of Celia's relationship with her mother was that of the rapprochement crisis in which she wants her mother to fulfill all her needs and wishes on demand, at the same time wanting distance. Dramatic fights and battles of wills resulted. An example was noted in the therapy. In the early sessions, Celia pleaded for help in craft projects and games and then quickly became irritated with the therapist if she made suggestions. Since Mrs. Z was so insecure and anxious, it is likely that she fueled the battle of wills and was not emotionally patient and available. Therefore, Celia's autonomous ego could not attain its optimal functioning capacity (Mahler 1980). What one sees then is excessive shadowing of mother with great unhappiness and little pleasure. According to McDevitt (1971), the nature of the conflictual mother-child interaction is a greater source of anxiety than actual separations.

### Mother-Daughter Relationship

#### Aggression

It is apparent that Mrs. Z felt and acted ineffectively in relation to a demanding, assertive toddler. There is little evidence that Celia was a particularly active neonate. Celia's aggressiveness in relation to her mother may have been a desperate attempt to seek out strength and control in her mother. It may also have been a symptom of her own ego's effort, albeit ineffectual, to cope with the overstimulation she had from

the many relatives. Harris (1959), in describing the type D children who were poorly adjusted both within and outside the family, noted that prolonged, delayed bowel training was typical. Mahler (1975) states that fixation during the rapprochement period will appear as continued separation anxiety characterized by narcissistic rages and temper tantrums.

### Identification and Projection

In Celia's case there was clear conflict between Mrs. Z's expectations and values and Celia's response. Young, anxious, insecure, and still dependent on her own mother, Mrs. Z seems to have needed a child who would take care of her needs by being compliant. Instead, Celia identified with her mother's anxiety, demonstrating her own anxiety with her aggressive, negative behavior. Mrs. Z was likely overprotective and infantilizing because of Celia's small size and the demands and hovering attention of the grandparents.

McDevitt<sup>1</sup> made the point that overly anxious, intrusive, protective mothers caused heightened anger in the infant. Mahler (1980) states that "in infants with overprotective and infantilizing mothers individuation may develop well ahead, and may result in a lag of boundary formation and a lag in readiness to function as a separate individual without undue anxiety" (p. 5). It is very likely that the high degree of anxiety and conflict in the mother-infant relationship interfered with Celia's differentiation process and internalization of positive as well as negative self and maternal images. In identifying with her mother she failed to attain the capacity to soothe herself and continued to be an

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<sup>1</sup> Unpublished, given in a 1981 lecture.

anxious child who would respond angrily to threats to her security (for example, the birth of her sister and her parent's divorce).

Celia seems to fit most closely Harris' least adjusted, Group D children who had traditional mothers. Mrs. Z not only expressed no dissatisfaction with her own mother's parenting but was still closely attached to her. Mrs. Z was very lacking in understanding and weak in dependability. All of this left Celia ill-equipped to deal with the world outside the family as well as within. According to Brody and Axelrad's (1978) classification, Mrs. Z was probably low in empathy (she had a controlled feeding schedule), high in control and moderately central in efficiency although maybe tending toward low because of her uncertainties. This would place Celia in the less-adjusted group in which her mother's anger was frequently experienced and was feared by Celia. The fact that Celia's problematic behavior and symptoms occurred after the divorce is undoubtedly related to fear of loss of love. Her mother was unprepared for the separation, deeply hurt and preoccupied with herself. Both her parents had begun dating and Celia's temper tantrums and hostility were mostly directed at driving away these intruders, much like her reaction to her sister's entry into her already insecure world.

#### Father-Daughter Relationship

Very little is actually known about the father's role and relationship during Celia's infancy and preoedipal period. There is contradictory evidence that he was uninvolved because of his young age and unreadiness for parenthood and that he was very involved, to the point of knowing Celia's developmental history in considerable detail. If his very loving attention when Celia was 10 was an indication of his

early relationship with her, it is possible that he was as overstimulating and seductive as her mother was rejecting. He may have been overly idealized just as her mother was devalued by Celia as a toddler, again interfering with the necessary fusion process of good and bad parental images.

If one considers early triangulation, the potential for successfully experiencing it was there. Father was available as a special person and the two parents reportedly had a loving relationship with each other. It can be supposed that the immensely conflictual relationship with mother absorbed all of Celia's attention and energy. However, there is evidence that Mr. Z had considerable influence on Celia's socialization and identifications. Celia seems to have identified with the "feminine" (nurturing) qualities of her mother and grandmother as exemplified in her dollhouse play as well as taking on the anxious qualities of her mother. But her identification with her father appeared in one of her symptoms. Her father was a barber and Celia was losing her hair at the time of referral! In this way she may have been punishing him in such a subtle way as to not risk losing him further in contrast to the more tyrannical punishment of mother. Another clue to Celia's identification with her father was her reference during her first clinic interview to cutting off the hair of her dolls. It is unknown if Mr. Z rewarded and encouraged Celia's dependency in her preoedipal years, as Sears et al (1965) found related to negative attention seeking.

#### Transitional Stage Profile

When Celia was seen at age 10½ she was clearly regressed in the areas of drive and ego defense functioning. Her small size gave her the appearance of a child at least two to three years younger. Her behavior

and interests matched her appearance, if not more typical of an even younger child. It is questionable whether she had adequately reached phase dominance prior to referral to the clinic. She seemed quite stuck in the anal sadistic, rapprochement stage as indicated by her temper tantrums and manipulative clinging. Although ego structures and functions were intact (memory, secondary thought process, perception, speech, reality-testing), her defensive organization was clearly inadequate and primitive. She favored pleasure over reality. Like a toddler, her energies were narcissistically invested; the world had to revolve around her and meet her needs. Frustration tolerance was poor, aggressive and libidinal energies were inadequately neutralized. Aggression predominated and was directed both at herself (her somatic symptoms) and her object world. Mahler's (1963) point fits Celia well; if the mother does not respond to the toddler's approach behavior and seeking of emotional gratification from her, all the child's energies go into desperately trying to gain attention and little energy is left for further ego development. This certainly left her very impoverished in autonomous ego functioning. She desperately, and negatively, needed her mother's and father's exclusive attention to maintain her sense of self, that sense being considerably negative esteem.

The fact that Celia was not more seriously disturbed is due in part to her own adequate ego equipment (she appeared to have very quick intelligence although she had average performance in school) and the more stable, relaxed nurturing of her maternal grandmother and her father. Additionally, Mrs. Z was not totally ineffectual, and probably became more self-assured and assertive in her mothering role as time went along.

However, Mrs. Z's underlying insecurity was still apparent when she sought counseling and appeared as distraught, helpless and victimized.

Celia's capacity for more age adequate, positive object relations was evident in the dollhouse play in the last phase of therapy. When Mrs. Z was contacted about participating in the research she claimed that things were going smoothly with Celia. One can presume that this may have been rather superficial and tentative improvement since Mrs. Z refused participation in order not to "stir things up." Probably what most helped Celia to settle down was that her parents (mostly her mother) belatedly became more assertive in setting limits and being in control. This change undoubtedly gave Celia the increased security from which to progress again toward appropriate ego autonomy.

### Comparisons

Several elements in the data appear to be similar and give rise to consideration of significant patterns. Two similarities can be seen in all three cases: parental divorce with resumption of dating by the mother and signs of prepubertal regression. Several similarities exist with Anne and Bonnie. The differences presented by Celia help to emphasize the patterns apparent in Anne and Bonnie. The former exemplifies aggressive dependency while the latter illustrate passive dependency.

### Early Separation/Late Differentiation

Both Anne and Bonnie showed signs of early ego development in the areas of perception, cognition and motility. Their mothers valued and stimulated their intellectual development. They were sensitive to their environment, explored it early and felt comfortable in their separation

from mother. Their mothers encouraged physical independence and exploration, indicated by the early swimming lessons for Anne and the solo venturing downtown as a 6-year-old by Bonnie. However, signs (such as compliance in toilet training and absence of stranger anxiety) point to delayed individuation--a lag between the two tracks of separation-individuation rather than simultaneous process.

Good ego endowment of perception and cognition could be used to perceive mother as separate to internalize mental representations of mother. Something interfered in the process of individuation, the process of internalizing self-representations that enable the child to cope with the separateness from mother and expand her autonomous ego functions. McDevitt's (1971) case of Beck similarly illustrated precocious development of the ego functions of cognition, perception and language, giving her early heightened sensitivity, and a lag in libidinal object constancy and mastery of anxiety. He concluded that the disturbance in mother-child interaction (mother's emotional unavailability) was more significant than the mother's brief physical absences in producing anxiety in the child. One can suppose that early development of ego functions that lead to separation awareness in the child without adequate, empathic support by the mother for development of the child's sense of individuation is likely to lead to passive dependency as a defense against anxiety.

#### Overinvestment of Mother/Underinvestment of Father

This author suggests that the mother's overinvestment in the child and overidentification between the child and mother, coupled with unavailability of a strong and predictable bond with father, played a major part. Both Mrs. W and Mrs. Y were strongly invested in the

learning process of their daughters through their first three years. Although the two women were quite different in their levels of warmth and attunement, they were similar in their expectation that their daughters conform to their unconscious values. It can be assumed that the greater the pressure from the mother that the daughter be like her, please her by conforming, and be an extension of her own narcissism, the more the child's individuation process is blocked. The Murphy and Moriarty research (1976) found that imbalance of mother's attention, to, acceptance and respect for the infant's autonomy interfered in the child's ability later to assert her own needs, provide her own structure, do her own problem-solving.

In Anne's case there was evidence of too little understanding of, and attention to, emotional autonomy and too much expectation of physical autonomy. In Bonnie's case the mother may have understood her child's autonomous needs intellectually but could not accept them emotionally. For both girls, striving for autonomy was linked to rejection by mother and threat of loss of love. Ironically, when the girls become "clingy" at the end of latency (when the mothers wanted lives of their own), that behavior, rather than autonomy, met with mother's ire and rejection. What the mothers valued or expected in their toddlers was established into a behavior pattern which resurfaced in the transitional stage from latency, even though at that point the mothers consciously resented that behavior. The overinvestment of the mother in the child produced in that child the need for mother's continued emotional availability as previously experienced.

It can be suggested that a balance between emotional detachment and consistent caring attention by the mother will promote greater autonomous



functioning in the daughter while greater emotional attachment will evoke greater passive dependency. The greater the insecurity and inconsistency in caring attention along with emotional distance, the more likely the child's anxiety will be exhibited in aggressive dependency. Furthermore, it can be noted that a mother whose maintenance of self-esteem is not dependent on her daughter's attachment to her will encourage her child's individuation and ego autonomy during the preoedipal period.<sup>1</sup>

The strong investment of the mothers in itself would not create this pattern without the corresponding distance of the father. The evidence in the histories of Anne and Bonnie vary somewhat. Mr. W was clearly distant from his children except for the brief period he shared the swimming activities with Anne. There was also clear evidence of distance and poor communication between the parents from Anne's birth onward. In Bonnie's case the picture was somewhat blurred. Mrs. Y had high acclaim for her husband's family involvement and her relationship with him in the early years of the marriage. However, if his behavior after the divorce was indicative, his contact with Bonnie was unpredictably on his terms, when it pleased him. There was also evidence that, while there was a feeling of love between husband and wife, something was missing to make it a strong bond. They never did anything together as a couple. The literature gives evidence that some degree of exclusivity in the husband-wife relationship, excluding the child, encourages the child to

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<sup>1</sup> See Appendix G, Table 2 and 3 for comparisons of parents' relationships according to Harris' (1959) formulation and of the quality of mother-child relationship.

develop and internalize concepts of self and proceed in individuation. Evidence indicates that neither Anne nor Bonnie experienced such exclusion.

Another suggestion can be made: Strong narcissistic investment of the mother in the daughter, coupled with weak father involvement during the preoedipal period, led to passive dependency on mother under the stress of transition from latency to adolescence. It was found in the literature, and supported by the cases of Anne and Bonnie, that when the mother was overly symbiotically invested (met her own needs through the child) and the father was physically or emotionally unavailable, the child could not adequately turn to her father to alleviate the tension in the relationship with her mother. In contrast, it appears that the greater the degree of emotional distance between mother and daughter during the preoedipal stage and the greater the degree of positive attachment to the father, the less likely it would be for the girl to become passive and the more likely she would demonstrate aggressiveness. Aggressive dependency could be seen in the extreme in Celia's case. Anne, the best adjusted of the three in terms of maintaining superior school functioning, adequate peer relations and independent activities, had a special experience with her father and some rejection from her mother. This was probably in better balance than Bonnie, the next best adjusted, whose attachment with her mother was stronger and whose relationship with her father was more diluted. It is interesting to note that the parents' willingness to participate in the research seemed to correspond to the level of healthy adjustment exhibited by the girls: Both of Anne's parents agreed, only Bonnie's mother participated, and

neither of Celia's parents were willing to participate in the post clinic research.

#### Rapprochement Resolution and Oedipal Experience via Sibling Rivalry

Anne's and Bonnie's histories have two other common elements. Both resolved the rapprochement subphase with compliance as demonstrated by the ease of toilet training, and both experienced rivalry with a male "sibling" shortly after at the age of 3. Both were described as becoming increasingly shy around the time of the rivalry experience. In Anne's case the birth of her brother represented the first real separation from her mother, in addition to her mother's attention to this male newcomer. In Bonnie's case, it was the entry into her life of her age-mate Robby, a male rival for her mother's attention. (Her sisters were enough older than she that they may not have represented as much of a threat to her mother's attention as the little boy, especially since Mrs. Y had wished for a boy when Bonnie was born.) In contrast, Celia's sibling rivalry began a few months later in connection with the birth of a sister and before she had resolved the rapprochement crisis. From these data one can speculate that resolution of the rapprochement crisis, before experiencing sibling rivalry, likely to lead to passivity in these girls; furthermore, sibling rivalry with a male apparently led to passive dependence rather than aggression.

#### New Threat of Loss of Mother's Love

All three of the girls in this study showed much stronger reaction when their mothers later began dating other men than when their parents first separated. In fact, Anne's and Celia's emotional reaction of

renewed dependency and the resulting intrusion and constriction that the mothers felt in their lives precipitated the referrals to the clinic. In Bonnie's case this was a factor but not as clearly a precipitant to referral.

Although all three of the children in this study experienced divorce, the timings were different in relation to the onset of the referring problems, giving little support for a direct relationship between the two occurrences.

The literature and research (particularly Abelin 1975) gave support to the positive contribution of a close relationship between mother and father to the autonomous ego functioning of the daughter. If the mother resumes a love relationship with a man after divorcing the father, one might suppose this would help the girl to progress in her individuation in the prepubertal period. Mother's new relationship would give permission to the girl to distance herself from mother in her defense against merger.

However, the opposite occurred in these cases: increased attachment rather than resistance to the mother attachment and increased peer socialization which would have furthered the separation-individuation process. The mothers' efforts to establish new intimate relationships seemed to have created more of a threat of loss of love from mother. It is likely that the previous unsatisfactory relationship with the father was aroused in the girls. This researcher suggests that if the girl did not have a close relationship with her father and had not experienced a close relationship between mother and father in the preoedipal years, her mother's intimate relationship with a new man would be outside her realm of coping during prepuberty. She would experience it as rejection and

threat of loss of love from her mother. This would represent a threat greater than the anxiety aroused by merger with the mother leading to passive dependency on mother.

#### Reappearance of Preoedipal Patterns During Transition From Latency to Adolescence

Several factors appeared in the three cases to illustrate the tendency for the end of latency to be a recapitulation of behaviors, moods and relationship patterns typical of the preoedipal period. Preoccupation over body function was evident in the somatic concerns and symptoms of all three girls. Although not clearly anal in nature, Celia's loss of hair could be interpreted as corresponding to her willful depositing of stools in places other than the toilet as a toddler. Anne's and Bonnie's headaches and stomachaches were probable signs of reactivated concern about the mysterious internal structures, functions and "goings-on" that they may have felt as 3-year-olds and currently.

Increased anxiety about separation from mother represented a recapitulation of the rapprochement subphase. All three girls demonstrated the shadowing behavior typical of the rapprochement toddler. To be sure, Anne and Bonnie were more passive and subtle (staying home from school, tearfully requesting to return home or objecting to mother going away) while Celia was more aggressively manipulative. From this evidence one can speculate that the pattern of the child-mother interaction during the transition from latency to adolescence would be a recapitulation of the preoedipal rapprochement mother-child relationship. The level of emotional dependency or autonomy, passive compliance or rebellious aggression, would reflect what existed in the mother-child

relationship during the preoedipal period. There would be very close resemblance between the girl of 9 to 11 and 2 to 4 years of age.

#### Relationship Between Early Infancy Level of Activity and Later Autonomy

Neither the literature nor the case evidence supports a relationship between level of passivity or activity during early infancy and the level of passive dependence or autonomy later. The level of activity, alertness, and exploration of the environment during infancy is not predictive of level of passivity or autonomy in later childhood. The mother's supportive response to the child's strivings toward individuation has greater influence on the development of autonomy than does a high level of physical activity. Therefore, a girl may become physically active and independent but remain emotionally dependent.

#### A Profile of a Healthy Girl in the Transitional Stage

In conclusion, a constellation of traits can be constructed that would most likely result in a girl with optimal preoedipal separation-individuation and ego autonomy as she leaves latency:

- (1) A mother who tolerates the child's ambivalence and supports her strivings for individuation.
- (2) A mother whose own self-esteem is maintained by sources other than her child and is not heavily dependent on her identification with her child.
- (3) A father who is emotionally available and caring.
- (4) Parents who have a positive bond with each other.

If this has occurred in the first three years of the girl's life, she will not feel threatened by loss of love from mother when the pull toward remerger with the mother occurs. Separateness from mother will be

tolerable because positive self-representations and healthy self-esteem have been established. She will be able to maintain a healthy degree of ego autonomy as she enters the stressful period of prepuberty. She will reexperience ambivalence, moodiness and unpredictability that were characteristic of the rapprochement phase. But with the same support and balance between encouragement for autonomy and emotional availability by the mother, the girl will recoup her strengths and resume her track toward the identity consolidation tasks of adolescence.

### Summary

The cases of Anne and Bonnie demonstrate regression to passive dependency on the mother during the transitional stage between latency and adolescence. Celia exemplifies renewed aggressive dependency. There is evidence from their physical development that all three were prepubescent at referral, although this was not confirmed medically.

The importance of a positive mother-father relationship during a girl's preoedipal years, and the effects in its absence, is supported by all three cases. The early triangulation experience was clearly lacking in both Anne's and Bonnie's cases and unclear in Celia's case. In addition, both Anne and Bonnie had mothers who fostered emotional dependency on them during the preoedipal period which discouraged positive attachment to the fathers. As a consequence, both girls developed a tendency toward passive dependency prior to latency. Because of their superior intelligence and early socialization experiences with peers, Anne and Bonnie progressed through latency with good school performance and peer relationships. Both Anne and Bonnie experienced parental divorce in early latency. However, divorce in itself does not appear to have direct bearing on renewed dependency, since the "symptoms"

did not present themselves to the point of causing parental concern until three to four years later. Fear of loss of mother's love as a result of the mother's resumption of dating seems to have had a significant role in precipitating renewed dependency during the transitional stage between latency and adolescence. Bonnie, who demonstrated more "clinginess" (e.g., school resistance), had a mother who was more symbiotically attached than did Anne, whose mother demonstrated more aloofness and rejection during her first few years.

Although there is less data on Celia, what is known presents a contrast to Anne and Bonnie that supports the existence of two different forms of regressed dependency behavior. Unlike Anne and Bonnie, Celia's father was more involved with her during her early years (as well as at the time of referral) and her mother was more rejecting. At both stages, preoedipal and transitional (preadolescent), Celia demonstrated aggressive, manipulative behavior aimed at pulling mother to her or keeping her nearby, albeit in a hostile, negative atmosphere.

Finally, these cases support the existence of a specific stage, commonly called preadolescence, that is unique for girls. Because of both the cultural expectation of passivity in girls and the stronger identification and subsequent attachment between mother and daughter, achievement of healthy, assertive autonomy may be particularly difficult for girls. Differences between boys and girls were not studied in this project. Because of the small sample and unequal pattern of sibling sex differences, this factor in the literature could not be supported by the data.

The final chapter will explore implications for further research and clinical social work practice.



## CHAPTER VI

### IMPLICATIONS

Having explored certain relationships and patterns from which some hypotheses have emerged, the stage is set for further research. As was earlier described, the nature of this research was exploratory-descriptive and made use of the case study method. It led to the generation of questions and issues bear further exploration.

#### Issues for Further Research

This researcher sees several areas of interest for further exploration to test the notions and hypotheses that have been raised by this investigation. The first is to measure the degree of, and balance between, emotional availability/support and distance/rejection of the mother and the father to the child and within the marital relationship. While mother-child observation is commonly reported, observational studies of father-daughter relationships were noticeably lacking in the literature (Lamb et al 1979).

The second, and more specific area of investigation, is to compare intact and divorced families with good and poor parent-child and mother-father relationships in each. Do girls in fatherless homes show different regressive tendencies than girls in two-parent families? Is there an age at which the loss of father is significant for transitional stage reaction? Is there a difference in transitional stage behavior

between girls who lose their father through divorce, death or chronic physical or mental illness? Likewise, is there a difference in how the mother relates to her daughter according to the circumstances of the loss of the husband/father figure? It would also help to clarify if the quality of relationship has more bearing on the girl's development of ego autonomy than does presence or absence of a parent. Also, girls whose mothers were at home during the first three years could be compared with those whose mothers worked.

A third area which can be explored is a comparison of girls and boys, only vs. multi-sib girls, and girls in different ordinal position. This would help to determine if girls have a particular vulnerability compared to boys, and whether socio-cultural predeterminants or parental personalities and interpersonal relationships have primary influence on the ego autonomy development of a girl. It would be very interesting to find out if a similar phenomenon occurs with boys, if they regress in similar ways and under the same pressures of hormonal changes.

Fourth, there is the issue of "normal" vs. "pathological" levels of dependency. It was proposed in this project that the three cases demonstrated varying degrees of ego autonomy. To attempt to measure and define the range of normal behavior has always been controversial. Freud in Normality and Pathology (1965) was certainly vague about where one state ends and the other begins. Harris (1959) discussed the issue without coming to clear conclusions. Related to this, an interesting question arises. If the three girls in this project had not been referred to a mental health clinic, by what standard of measure could the behavior of each be described as normal or pathological? This author chose not to focus on the question of measuring normal and pathological

in this project. Of interest, and related to the preceding issue, is the question of what types of families or individual mothers or fathers are more likely to seek help for, or tolerate, certain behaviors (clingy, whiney, passive dependence; aggressive, manipulative behavior; or independence from the family). Regressive behavior at the end of latency/preadolescence has been observed, described and theoretically explained. While anxiety during preadolescence was measured (Hansburg 1972) regressive behavior has not been measured and statistically demonstrated.

This research suggests that certain causative factors lead to the creation of emotional dependency in girls and particularly the renewal of dependent behavior in transition between latency and adolescence. However, there is a question of the frequency or commonness in the general population as well as the primacy of certain causative factors, as already discussed.

The author suggests two types of research be undertaken. One is a study with a large number of subjects, preferably taken from both "normal" (schools, etc.) and clinic populations. This will answer the question of prevalence. Any or all of the remaining questions can be compared and tested in such a research model.

Another form of research which this author recommends is a longitudinal study comparing the same families when the children are ages 0 to 3 and again at 9 to 12 years of age. This will avoid the problem of relying on memory of events that occurred and attitudes that existed 6 to 12 years prior to the questions being asked the subjects. Included in this type of study can be direct observation of the mother-child and father-child relationships. By studying the same families over time one

can more clearly identify what factors lead to what results. In selecting the subjects for such a project one cannot predict what varying life events will occur (divorce, death, changes in sibship patterns with subsequent births, moves, etc.). Therefore, again, a large sample is necessary.

A fifth area of further study and comparison deals with unanswered questions of cultural influence. Do girls in different school systems fare better or worse? Does a change in school at, or just before, the vulnerable prepubertal stage have a detrimental effect compared to remaining in a stable school setting over that period? Can types of transitional stage regression be found and compared in peer culture games, music, language and fads? Do girls in different cultures or subcultures demonstrate similar or different behavior during the transitional stage?

Finally, there are questions that can be researched regarding treatment. What treatment techniques or interventions are best suited in cases of incomplete separation-individuation that leads to regressive dependency in preadolescence? Several can be compared: short-term educational approach with the mother (and father), family therapy, and insight-oriented therapy with the mother (and father) simultaneous with individual therapy with the child. What prognosis is there for completing the separation-individuation process in late latency/preadolescence if regressive dependency is the result of failures in that process during the preoedipal years?

These questions also have bearing on the implications for clinical social work practice to be discussed next.

### Implications for Clinical Social Work Practice

Clinical social workers commonly function in two capacities: as a therapist (whether in private practice or an agency) and as a consultant or administrator who can influence organization and program. The impact that the knowledge and findings explored in this project has on both these functions will be examined in the following section.

The clinical social worker historically, more than any other mental health professional, has been trained to integrate multiple factors in understanding problems and promoting change and growth. This project demonstrates how the multiple factors of interpersonal relationships, intrapsychic conflict, biology and socio-cultural pressures are all involved in understanding and dealing with the clinical issue of regressive behavior in late latency girls. As the training, skill and prestige of social workers as clinical practitioners has increased, so has the level of responsibility. Clinical social workers in agency settings no longer are seen as the family history takers, the resource finders and the assistants to the doctors who provide the therapy. Instead, they are therapists who deal with all the problems and all the family members, and who determine the treatment plan from intake to termination. In fact, they frequently serve as the teachers of aspiring trainees of all disciplines, including psychiatry. Increasing numbers of social workers have become independent practitioners in private practice. Bringing with them the traditional social work value of a broad, multi-faceted, integrated view of the nature of human problems, the social worker is particularly sensitive to, and skilled in, helping people attain change and better functioning. Thus, the social worker is also well suited to provide therapeutic services independently. It is

therefore incumbent upon all clinical social workers to become increasingly sensitive to the complexities of human growth, personality development and conflict. The central problem of this research is such an example.

### Therapeutic Function

The first and foremost impact of this project is to confront clinicians with the need for greater knowledge and differentiation of developmental stages. With this greater sensitivity, clinicians will be more effective both in their direct work with children and in helping parents better understand and cope with their children's behavior and moods. Nine to eleven-year-old girls may exhibit mood and behavior changes long before visible pubertal signs. These mood and behavior changes may have no understandable precipitator. There may not have been a clear trauma such as a recent loss of parent, a move, or a school change. If such a child is referred for therapy, she is unlikely to be able to communicate her concerns since she is unaware of why she is anxious, confused or unhappy. The therapist can begin to verbalize some of the common concerns about the body and the conflict between the wish for independence and the fears of growing up that draw her into a close bond with mother. The therapist skilled in recognizing transference can provide a model for the child to work through unresolved separation-individuation issues. By not responding with the same irritation and rejection that the mother does, the child can relate to the clinician with her regressed behavior without the added threat of being rejected because of that behavior. With increased security in the therapeutic relationship, the girl can begin to resume her individuation process.

Therapeutic work with parents is a crucial adjunct to the work with children. If the clinician is more sensitive to the reasons for, and the appropriateness of, regressive behavior in this age and the forms it can take, parents can be better helped to understand and cope. Mothers who have had difficulty because of their own upbringing, conflict, guilt, etc. in providing an optimal balance of support and distancing can be helped to understand the need for both at this age.

Valuable preventive work can be done with parents of preschool and early school age children by helping them to assist their child through a healthy separation-individuation process. Day-care and preschool children are in that first crucial phase of resolving rapprochement, consolidating self and object integration and readying themselves for the autonomous tasks of latency. Consultation to parent groups in such settings would enable more parents to help their children achieve these developmental tasks successfully. It can be assumed, therefore, that the girls who receive such optimal parenting would negotiate the transition phase with adequate defenses against the regressive pull and would experience minimal turmoil.

This project has illustrated the significant impact of the parents' relationship with each other on the development of autonomy or dependency in three girls. It is all too easy for a child therapist to focus on the parent-child relationship. The importance of helping the parents to see the connection that their hostility, conflicts over values and control, and lack of communication has with the child's relationship difficulties (overdependence, passivity, aggression) is now seen to have greater significance. Working with parents of any age child on understanding the effect of the family system on the later adjustment of their child can be

better accomplished. With the rapid rise of the divorce rate, child therapists will be faced with this issue frequently. Understanding of the apparent importance of the father-daughter relationship in promoting autonomy in girls will be beneficial in working with divorcing parents.

As a result of this research, therapists can help their adult clients to better understand and work through unresolved separation-individuation issues stemming from early childhood. With greater insight into the nature of their early relationships with parental figures and into their parents' relationship with each other, the adult is less likely to repeat the same pattern with her or his children.

#### Consultation-Education Function

Clinical social workers within agencies are increasingly attaining administrative roles and can influence the structure and programming of the agency. Often the staff of a Child Guidance Clinic or Mental Health Clinic is divided into separate units to work with either children or adolescents. In such settings no effort is made to understand when and how a child transits from one category to the other. Often clinicians are asked to define their specialization with little cognizance of why one works well or dislikes working with one age or sex child versus another. With the more specific understanding this project has provided, the clinician can influence more effective use of personnel in clinics. Instead of a fixed chronological age or school grade determining whether a child is evaluated and/or treated by a therapist in the children's unit or adolescent unit, the developmental stage and needs of the child and expertise of the staff on an integrated child/youth team should be the determining factor.



Increasingly, as the clinical social work profession gains recognition, clinicians have opportunity and responsibility for consultation to community agencies. With the increased knowledge and sensitivity derived from this project, the clinical social worker consultant can influence policies in several areas that can benefit the adjustment and quality of life for countless children and families. One such area is the school system. Some school districts have three levels of schools. The first is primary or elementary school going through fifth grade or approximately age 11. Children then transfer to "junior high" school for grades six through nine (ages 11 to 14) and then go to high school for grades ten through twelve, or ages 15 to 18. This research points to the possibility of a greater vulnerability in girls around age 10 to 11, the very time when they are anticipating a change in school. Clinicians consulting to school systems may now be able to help school administrators reevaluate grade division between schools. One possibility would be to have primary schools include grades K-3, elementary schools 4-7 or 8, and high school 8 or 9-12. Such a division would enable late latency/preadolescents to remain in one setting until, presumably, the preadolescent turmoil is passed and the children are ready for the tasks of shifting social attachments (to heterosexual ones) and tackling identity consolidation. Pushing the adolescent peer culture pressures and expectations down into the pre and early adolescent age group by having a junior high school system can cause added hardship to children already in conflict that is developmentally determined. By grouping 13-year-olds with 9-year-olds it can be predicted that some of the preadolescent turmoil will be reduced because of the association with younger rather than older children. Blos (1979) goes as far as

recommending that boys and girls be separated in school during the preadolescent years.

Another area in which clinical social workers have frequent consultative function is in children's social service agencies. Foster home placements can be made more successfully when considering the needs of children in various developmental stages. Since some foster homes are headed singly by women, the advisability of placing a child younger than 3 to 4 or even 4 to 5 in a fatherless home should be questioned. The significance of the father-daughter relationship in the first three years should be considered in determining contacts with parents if the child has been placed out of her family. Early use of substitute father figures can be encouraged, such as using the Big Brother concept for very young girls as well as older latency boys. Similar issues are involved in consultation to the courts and divorce mediators. The question of custody and visitation has additional significance in light of the findings of this research. Again, the importance of the father-daughter relationship must be considered and all efforts made to maintain that contact without hostile interference from the mother.

The clinical social worker is not limited to consultation to programs dealing with problem situations (such as child placement and custody). Community programs such as the Scouts, YMCA, and recreation departments may be open to and welcome consultation. Of particular value would be to educate recreation leaders and camp counselors about the changes that occur in mood and behavior in late latency/preadolescent children who are commonly in such programs. Since a prepubescent girl may have somatic complaints and preoccupations and homesickness that were previously uncharacteristic, she will benefit immensely by having a

counselor who is sensitized to understand these symptoms. In addition to having knowledge about normal development, recreation and camp counselors could be advised to obtain enough family history to know if the child has had relationship crises. The recreation worker can be encouraged to incorporate empathic skills to help an unhappy child gain enough comfort and security in her setting to be able to participate in, and make use of, the recreation program the counselor is conducting. A few understanding words to a homesick youngster based on knowledge of the significance of separation, fear and anxiety does not turn a camp counselor into a therapist and can make the difference between the child succeeding or failing to gain from the camp experience.

With the advent of doctoral programs in Clinical Social Work, social workers will have increasing recognition as contributors to theory, practice and organizational leadership. This project, with its focus on girls' experience of the developmental transition from latency to adolescence, is one specific example of such a contribution and will hopefully inspire other social workers to carry it further.

## EPILOGUE

The mountain has been climbed. The author/explorer herewith delivers the journal of the expedition. While one peak has been conquered, the author acknowledges that a whole range remains to be explored. Many challenges lie ahead.

Since this project was an investigation of dependency in girls, the author wishes to acknowledge her own growth in the direction of self-awareness and autonomy as a result of its pursuit. Colette Dowling (1981) went through a similar process and described it as follows:

Through writing, with the writing, I had begun to come into my own. To write demands the solitary use of one's mind and emotions. There is no one to cheer you on as you lay down paragraph after paragraph, no one to say, 'Good girl, you're on the right track.' You alone decide, and the decisions are endless. There are many ways in which one can come to know and accept oneself. There are many ways to begin to engage straightforwardly with life. Writing happened to be the way that process began for me. (p. 171)

It seems fitting to close with this description and hope that, increasingly, little girls can get an earlier start in the direction of a healthy balance between emotional autonomy and loving relationships.

## Appendix A

## INSTITUTE FOR CLINICAL SOCIAL WORK

## Informed Consent Form

I, \_\_\_\_\_, hereby willingly consent to  
(name of subject)  
participate in the Early Parent-Child Experience research project  
of Gabie Berliner of ICSW.

I understand the procedures to be as follows:<sup>1</sup>

I am aware of the following potential risks involved in the study:<sup>1</sup>

I understand that I may withdraw from the study at any time without penalty. I understand that this study may be published and my anonymity will be protected unless I give my written consent to such disclosure.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

WITNESS:

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

---

<sup>1</sup> These sections were completed by the mother in her own words.

## Appendix B

## PARENT INTERVIEW GUIDELINE

Introduction

1. When phoning to make arrangements for first interview ask parent to choose a place (e.g., a room in own home) that is quiet and free of distractions and interruptions.
2. At beginning of first interview explain nature of research and risks involved.
  - a. The purpose is to gain understanding about the relationship between some girls and their mothers. It is not the purpose of this research to seek out problems, symptoms or emotional disturbance.
  - b. The information to be obtained is in two areas. The course of development of the child and family during the child's early years and the typical ways the child and each parent interacted during her early development.
  - c. The methods to be used will be interviews with the parents to obtain family history and the developmental history of the child and a checklist of descriptions of children's behaviors during various stages of development. Interviews with the girls will consist of having her recall and describe her earliest memories (of events, people, places, etc.) and more specifically her description of what she remembers each parent being like when she was little. In order for no fact to be overlooked or misunderstood, the interviews will be tape-recorded. The tapes will be erased after all the necessary information has been copied from them. Names and other identifying information will be disguised to protect anonymity.
  - d. The risk involved for the parent is that the recalling of some of the early family history may arouse old, painful feelings. There is little risk of painful feelings being aroused for the child because she will not be asked specific events to recall. However, it is possible that in the process of recalling her earliest memories of what each of her parents was like, she will be reminded of old feelings of disappointment, frustration, sadness or anger as well as happy times. In each case that painful feelings are aroused all efforts will be made to alleviate them before ending the research.
3. If parent agrees to participate, have her/him sign a consent form. Test tape recorder. Proceed with Interview Part I.

4. At completion of Part I, go over Part II and leave with parent to complete. Arrange time for next session to go over Part II, do Part III, and conclude interview.

## Appendix C

## PARENT INTERVIEW

## Part I - Social History of Family

## A. Current information (at time of referral)

1. Significant people in child's life (names, relationships, ages)
  - a. Those lives with (including non-family, boarders, etc.)
  - b. Those has significant contact with who live elsewhere (visits, phone or mail contacts, talks alot about)  
  
[Probe for frequency and form of contact.]
  - c. Those who had significant relationship with in past but no longer (who, when, why contact ended; child's reactions)  
  
[Probe for both adult and peer figures.]
2. Current living situation
  - a. Type of housing
  - b. Type of neighborhood (other children own age, older, younger, etc.)
3. School
  - a. Grade placement, name
  - b. Type of school (public, private, parochial)
  - c. Proximity to residence, how gets to school
4. Any organized activities outside school and home
  - a. Peer group (Girl Scouts, etc.)
  - b. Individual (music lessons, etc.)  
  
[Probe for how much time spent in those activities.]

## B. History of Residences

Starting with where family living when child born, get information for each residence as follows:

1. Age of child when moved



2. Type of housing, neighborhood, relationship to school
3. Reason for move, if considered positive or negative by mother, father

C. School History

Starting with first pre-school experience get information for each school attended as follows:

1. Age, point in school year when entered
2. Type of school (public, private, etc.)
3. Reaction to that school/teacher/children
4. Any particular problems or strengths in learning

D. Work History of each parent and/or parent substitute

1. If working at time of birth of child:
  - a. What occupation
  - b. Full- or part-time
  - c. Liked or disliked job
2. If returned to work after birth of child:
  - a. Age of child
  - b. How many hours
  - c. Liked or disliked working
3. Age of child at each change in working status or type of job
4. Childcare arrangements, child's reaction

E. Marriage History of each parent and/or parent substitute

1. For each obtain following information:
  - a. Date of first marriage (or cohabitation)
  - b. Dates of subsequent separations, divorces, remarriages (or cohabitations), death of spouse
2. If separations occurred:
  - a. Who moved out of household, how far away
  - b. If contact continued between other parent and child

- c. Circumstances (sudden, planned, if child told, if open disagreements/hostility preceded)
  - d. Child's reaction
- F. Separations from child by each parent and/or parent substitute other than because of work or marital separation
  - 1. Age of child and duration of physical separation for any reason
    - a. Serious illness at home or hospitalization (nature)
    - b. Vacation, business travel
    - c. Family emergency such as death or illness of other family member (who, what reason)
    - d. Child's reactions
  - 2. Other traumas  
(what, when, duration, child's reactions)
  - 3. If parent at home and upset or worried, duration of emotional separation
- G. Changes in family membership/structure

List those not already given in previous sections (A, E) who:

  - 1. Moved in with family  
date, duration, relationship to family  
(e.g., paying boarder, distant relative, friend, lover, live-in housekeeper, etc.)
  - 2. Left the household  
(date, reason)
  - 3. Reaction of child in each case
- H. Attitudes and feelings before and after birth of child
  - 1. If pregnancy planned or unplanned
    - by mother
    - by father
  - 2. If pregnancy without or with medical complications (nature)
  - 3. If birth without or with complications (nature)
  - 4. Nature of marriage relationship
    - a. During pregnancy

- b. During first few months
  - c. If it changed at any time during child's life - when (child's age), how
5. After child's birth, each parent's feeling of happiness or disappointment in her
- (e.g., because of sex, appearance, disposition, change in previous lifestyle, likeness to either parent, etc.)
6. What were times and ways as a baby and child she gave each parent feeling of pleasure or pride
7. What were times and ways as a baby and child she gave each parent feeling of frustration or disappointment

I. Siblings

- 1. Ways in which each sibling different from and similar to child
- 2. Ways each parent's feelings toward siblings are different, such as regarding:
  - a. Planned or unplanned
  - b. Favored or disfavored (for what reasons, such as in H5)
  - c. More or less like mother, father
  - d. Closer bond to, or more distant from, each parent
- 3. Child's reaction to birth of, relationship with, siblings

Part II Growth and Development of Child

## Instructions:

Give age to closest year and month of following events. If you do not know when something occurred, explain at end.

First smiled at mother \_\_\_\_\_, at father \_\_\_\_\_.

Sat unaided \_\_\_\_\_ crawled \_\_\_\_\_, walked  
unaided \_\_\_\_\_.

Spoke first understandable words \_\_\_\_\_. What words? \_\_\_\_\_

\_\_\_\_\_

If breast-fed, when weaned from breast to other feeding method \_\_\_\_\_  
\_\_\_\_\_, what form \_\_\_\_\_  
(e.g., bottle, cup, other)

When stopped using bottle \_\_\_\_\_.

When spoke phrases or sentences \_\_\_\_\_. What common phrases,  
sentences \_\_\_\_\_

\_\_\_\_\_

Began playing with other children of close age \_\_\_\_\_.

Who? \_\_\_\_\_  
(e.g., sibling, neighbor, cousin, etc.)

When first left by mother during day? \_\_\_\_\_;  
overnight \_\_\_\_\_.

Began toilet training \_\_\_\_\_, dry days \_\_\_\_\_,  
dry nights \_\_\_\_\_, bowel training completed  
\_\_\_\_\_.

If lapses occurred, when wet bed \_\_\_\_\_,  
wet pants \_\_\_\_\_, soiled \_\_\_\_\_.

List major illnesses, accidents:

What \_\_\_\_\_, age \_\_\_\_\_, how long \_\_\_\_\_, at home \_\_\_\_\_  
or hospital \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List ordinary illnesses, typical childhood diseases:

What \_\_\_\_\_, age \_\_\_\_\_, how long \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments, explanations, additional information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Part III Descriptions of Child

Instructions to parent:

READ CAREFULLY - Check (✓) all the phrases that best describe your child most of the time in each section. There is no right or wrong answer. All descriptions can be typical at any age depending on a variety of circumstances.

A. As a young infant (birth to 6 months) my child:

- ☐ was calm and quiet when awake
- ☐ paid little attention to toys and other objects around
- ☐ slept a great deal
- ☐ was fussy about food
- ☐ cuddled when held
- ☐ moved a lot, was restless
- ☐ took notice of people around her
- ☐ cried a lot when awake
- ☐ reached for, grasped, was interested in toys
- ☐ did not like to be held
- ☐ was a good, hearty eater
- ☐ paid little attention to people around when awake

B. As an older infant (6 months to walking) she:

- \_\_\_\_\_ was easy to comfort when upset
- \_\_\_\_\_ liked and was relaxed with strangers
- \_\_\_\_\_ was cranky much of time
- \_\_\_\_\_ responded better to father's comforting when upset
- \_\_\_\_\_ played easily when alone in room
- \_\_\_\_\_ wanted mother (or parenting person) close, cried when  
separated from her
- \_\_\_\_\_ was hard to comfort when upset
- \_\_\_\_\_ was happy, cheerful
- \_\_\_\_\_ was a fussy eater
- \_\_\_\_\_ wanted to explore, to be left alone
- \_\_\_\_\_ responded better to mother's comforting when upset
- \_\_\_\_\_ avoided, was frightened of strangers
- \_\_\_\_\_ was a good eater
- \_\_\_\_\_ unhappy when alone in a room
- \_\_\_\_\_ showed preference for mother when both parents available
- \_\_\_\_\_ showed preference for father when both parents available

C. As a toddler (walking to about 2½ years) she:

- \_\_\_\_\_ was fussy about foods
- \_\_\_\_\_ was easy to toilet train
- \_\_\_\_\_ was difficult to comfort when upset
- \_\_\_\_\_ stayed near mother (or parenting person) most of time
- \_\_\_\_\_ flirted, enjoyed showing off her body
- \_\_\_\_\_ was cranky, fussy
- \_\_\_\_\_ responded better to mother's comforting when upset
- \_\_\_\_\_ liked to explore away from mother (or parenting person)
- \_\_\_\_\_ was never seen playing with sex parts of own body
- \_\_\_\_\_ was difficult to toilet train
- \_\_\_\_\_ was easy to comfort when upset
- \_\_\_\_\_ accepted restrictions, was cooperative and obedient
- \_\_\_\_\_ was shy and self-conscious about showing her body
- \_\_\_\_\_ accepted new and different foods
- \_\_\_\_\_ responded better to father's comforting when upset
- \_\_\_\_\_ was easy-going, relaxed
- \_\_\_\_\_ was sometimes seen playing with sex parts of own body
- \_\_\_\_\_ was stubborn, rebellious
- \_\_\_\_\_ showed preference for mother when both parents available
- \_\_\_\_\_ showed preference for father when both parents available



D. As a young pre-schooler (about 2½ to 3½ years) she:

- \_\_\_\_\_ was easy to comfort when upset
- \_\_\_\_\_ played easily with other children, shared toys
- \_\_\_\_\_ reacted to minor injuries, wanted comforting
- \_\_\_\_\_ was a sound sleeper
- \_\_\_\_\_ responded better to father's comforting when upset
- \_\_\_\_\_ was competitive with other children for possession of toys
- \_\_\_\_\_ feared imaginary monsters
- \_\_\_\_\_ was upset when left by mother (or parenting person) with people she knew
- \_\_\_\_\_ was a light, restless sleeper, had nightmares
- \_\_\_\_\_ showed little concern for, or attention to, minor injuries
- \_\_\_\_\_ had fear of real animals
- \_\_\_\_\_ responded better to mother's comforting when upset
- \_\_\_\_\_ was outgoing with strangers
- \_\_\_\_\_ was hard to comfort when upset
- \_\_\_\_\_ was happy when left with people she knew
- \_\_\_\_\_ was fearless, brave, adventuresome
- \_\_\_\_\_ was shy, worried when meeting strangers
- \_\_\_\_\_ showed preference for mother when both parents available
- \_\_\_\_\_ showed preference for father when both parents available

E. As an older pre-schooler (3½ to 5 years) she:

- \_\_\_\_\_ was active, ran around a lot
- \_\_\_\_\_ was shy and self-conscious about showing her body
- \_\_\_\_\_ was excited about or fearful of imaginary monsters
- \_\_\_\_\_ asked questions about sex
- \_\_\_\_\_ had no imaginary characters of fearful or exciting nature
- \_\_\_\_\_ was quiet, stayed in one place with one activity for long time
- \_\_\_\_\_ flirted, enjoyed showing off her body
- \_\_\_\_\_ was shy when first meeting children close to her own age
- \_\_\_\_\_ responded better to mother's comforting when upset
- \_\_\_\_\_ was never seen playing with sex parts of own body
- \_\_\_\_\_ competed with other children for toys
- \_\_\_\_\_ was easy to comfort when upset
- \_\_\_\_\_ showed no interest in facts of life, sex
- \_\_\_\_\_ responded better to father's comforting when upset
- \_\_\_\_\_ was outgoing when first meeting children close to her own age
- \_\_\_\_\_ was sometimes seen playing with sex parts of own body
- \_\_\_\_\_ was hard to comfort when upset
- \_\_\_\_\_ played and shared toys easily with other children
- \_\_\_\_\_ showed preference for mother when both parents available
- \_\_\_\_\_ showed preference for father when both parents available

## F. School-age

Instructions: This is a wide age range. Check (✓) each item in every column it applies. If any item changed extremely within one school year, mark (\*) and explain on attached sheet, specifying the item number and time (month if possible) of year in the grade it occurred.

	KINDER- GARTEN	1ST GRADE	2ND GRADE	3RD GRADE	4TH GRADE	5TH GRADE
1. excited, happy to start school						
2. worried, unhappy to start school						
3. made friends easily, eager to play with friends outside school						
4. when wanted comforting or help more likely to go to mother than father						
5. upset when left by mother						
6. interested in learning activities in school						
7. preferred playing by self						
8. went to overnight camp and was happy, enjoyed it						
9. separated easily from mother						
10. was not interested in learning activities in school						
11. when wanted comforting or help more likely to go to father than mother						
12. often stayed home from school with physical complaints						

	KINDER- GARTEN	1ST GRADE	2ND GRADE	3RD GRADE	4TH GRADE	5TH GRADE
13. preferred playing with friends than being at home with family						
14. went to overnight camp and was unhappy, home-sick						
15. preferred being with parent than alone or with friends (which parent)						
16 healthy, few illness or physical complaints						

## Appendix C(a)

## REVISED PARENT INTERVIEW, PART III

Part III Descriptions of Child

## Instructions to parent:

READ CAREFULLY - Check (✓) the phrase in each pair that best describes your child most of the time. There is no right or wrong answer. All descriptions can be typical at any age depending on a variety of circumstances.

## A. As a young infant (birth to 6 months) my child:

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | was calm and quiet when awake                          |
| <input type="checkbox"/> | cried a lot when awake                                 |
| <input type="checkbox"/> | paid little attention to toys and other objects around |
| <input type="checkbox"/> | reached for, grasped, was interested in toys           |
| <input type="checkbox"/> | slept a great deal                                     |
| <input type="checkbox"/> | moved a lot, was restless                              |
| <input type="checkbox"/> | was fussy about food                                   |
| <input type="checkbox"/> | was a good, hearty eater                               |
| <input type="checkbox"/> | cuddled when held                                      |
| <input type="checkbox"/> | did not like to be held                                |
| <input type="checkbox"/> | took notice of people around her                       |
| <input type="checkbox"/> | paid little attention to people around when awake      |

B. As an older infant (6 months to walking) she:

\_\_\_\_\_ liked and was relaxed with strangers  
\_\_\_\_\_ was frightened of strangers

\_\_\_\_\_ was easy to comfort when upset  
\_\_\_\_\_ was hard to comfort when upset

\_\_\_\_\_ was cranky much of time  
\_\_\_\_\_ was happy, cheerful

\_\_\_\_\_ unhappy when alone in a room  
\_\_\_\_\_ played easily when alone in room

\_\_\_\_\_ was a fussy eater  
\_\_\_\_\_ was a good eater

\_\_\_\_\_ wanted to explore, to be left alone  
\_\_\_\_\_ wanted mother (or parenting person) close, cried when  
separated from her

\_\_\_\_\_ responded better to father's comforting when upset  
\_\_\_\_\_ responded better to mother's comforting when upset

\_\_\_\_\_ showed preference for mother when both parents available  
\_\_\_\_\_ showed preference for father when both parents available

C. As a toddler (walking to about 3 years) she:

- ☐ was easy to comfort when upset
- ☐ was hard to comfort when upset
- ☐ played easily with other children, shared toys
- ☐ was competitive with other children for possession of toys
- ☐ was a light, restless sleeper
- ☐ was a sound sleeper
- ☐ got upset with minor injuries
- ☐ showed little concern for, or attention to, minor injuries
- ☐ was outgoing with strangers
- ☐ was shy, worried when meeting strangers
- ☐ was sometimes seen playing with sex parts of own body
- ☐ was never seen playing with sex parts of own body
- ☐ was fearless, brave, adventuresome
- ☐ had fears of real animals, things or situations
- ☐ was excited about or feared imaginary monsters
- ☐ had no imaginary characters of fearful or exciting nature
- ☐ enjoyed showing off own body
- ☐ was shy and self-conscious about showing own body
- ☐ was hard to toilet train
- ☐ was easy to toilet train
- ☐ was upset when left by mother (or parenting person) with people she knew
- ☐ was happy when left with people she knew
- ☐ was stubborn, rebellious
- ☐ accepted restrictions, was cooperative
- ☐ was a fussy eater
- ☐ accepted new and different foods
- ☐ was easy-going, relaxed
- ☐ was cranky and fussy
- ☐ asked questions about sex
- ☐ showed no interest in facts of life, sex
- ☐ responded better to father's comforting when upset
- ☐ responded better to mother's comforting when upset
- ☐ showed preference for mother when both parents available
- ☐ showed preference for father when both parents available

D. As a pre-schooler (3 to 5 years) she:

- \_\_\_\_\_ was quiet, stayed in one place with one activity for long time  
 \_\_\_\_\_ was active, ran around a lot
- \_\_\_\_\_ flirted, enjoyed showing off her body  
 \_\_\_\_\_ was shy and self-conscious about showing her body
- \_\_\_\_\_ was excited about, or fearful of, imaginary monsters  
 \_\_\_\_\_ had no imaginary characters of fearful or exciting nature
- \_\_\_\_\_ showed no interest in facts of life, sex  
 \_\_\_\_\_ asked questions about facts of life, sex
- \_\_\_\_\_ was shy when first meeting children close to her own age  
 \_\_\_\_\_ was outgoing when first meeting children close to her own age
- \_\_\_\_\_ was easy to comfort when upset  
 \_\_\_\_\_ was hard to comfort when upset
- \_\_\_\_\_ was never seen playing with sex parts of own body  
 \_\_\_\_\_ was sometimes seen playing with sex parts of own body
- \_\_\_\_\_ competed, fought with other children for toys  
 \_\_\_\_\_ played and shared toys easily with other children
- \_\_\_\_\_ was a good eater  
 \_\_\_\_\_ was a fussy eater
- \_\_\_\_\_ liked playing alone  
 \_\_\_\_\_ unhappy if alone
- \_\_\_\_\_ was a sound sleeper  
 \_\_\_\_\_ was a light, restless sleeper
- \_\_\_\_\_ got upset by minor injuries  
 \_\_\_\_\_ showed no concern for minor injuries
- \_\_\_\_\_ responded better to mother's comforting when upset  
 \_\_\_\_\_ responded better to father's comforting when upset
- \_\_\_\_\_ showed preference for mother when both parents available  
 \_\_\_\_\_ showed preference for father when both parents available



## E. School-age

Instructions: Check (✓) each item for each grade it occurred most of that year. Put an X in any itme box if your child changed during that year.

	KINDER- GARTEN	1ST GRADE	2ND GRADE	3RD GRADE	4TH GRADE	5TH GRADE
1. excited, happy to start school (first day)						
2. worried, unhappy to start school (first day)						
3. separated easily from mother						
4. upset when left by mother						
5. preferred being with parent than alone or with friends (which parent)						
6. made friends easily, eager to play with friends outside school						
7. interested in learning activities in school						
8. was not interested in learning activities in school						
9. preferred playing by self						
10. preferred playing with friends than being at home with family						
11. went to overnight camp and was unhappy, home-sick						
12. went to overnight camp and was happy, enjoyed it						
13. healthy, few illnesses or physical complaints						

14. often stayed home from school with physical complaints
15. when wanted comforting or help more likely to go to mother than father
16. when wanted comforting or help more likely to go to father than mother

KINDER- GARTEN	1ST GRADE	2ND GRADE	3RD GRADE	4TH GRADE	5TH GRADE

## Appendix D

## INTERVIEW WITH CHILD

1. First spend a little time getting reacquainted, inquire about what school she is attending now, any activities she is particularly involved in currently. Ask if her mother told her anything about what I was meeting with her about. Explain taping.
2. Explain her participation in the research, that it is about her earliest memories from when she was a little girl. What she tells me will be confidential. I will also give her a very short questionnaire at the beginning and end. Her mother will be getting the same questionnaire so I can compare both their memories. I won't tell either the other's answers. Administer Memory-Rating Scale. Proceed with interview as follows:
3. Ask her: "When you remember something in the past, how do you remember? Do you have a picture in your head?" (If yes, is it in color or black and white? Is it a still picture or like a movie?) "Do you get a feeling in your body?" (If yes, where? throat, arms and legs, etc.)

[Explore if has different reaction or memory forms depending upon if happy or unhappy.]

4. "Now, think yourself back as far as you can remember. If it helps, close your eyes. Start describing to me your earliest memory." (Use child's terminology of memory from, e.g., picturing, feeling, etc.)

Probe for: Where were you?  
How old were you?  
Who was there?  
What was happening?  
How were you feeling?

5. "Now that you are in the mood of remembering back to when you were a little girl, think about what your father was like. Pretend you are \_\_\_\_\_ years old" (the age she gave of her earliest memory time) "and you are telling a new friend what your Daddy is like."
6. Do same as #5 for mother.

## Appendix E

### Memory Rating Scale

Put an X under the one (1) number that fits best.

1. Life for me these days is:

1	2	3	4	5	6	7	8	9
terrible	unhappy most of time		O.K., nothing special		happy most of time		wonderful	

Put an X on one (1) number or several numbers in a row if they are equal.

2. The happiest time in my life was when I was:

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

(years of age)

3. The unhappiest time in my life was when I was:

1	2	3	4	5	6	7	8	9	10	11	12	13
---	---	---	---	---	---	---	---	---	----	----	----	----

(years of age)

# Memory Rating Scale

Put an X under the one (1) number that fits best.

4. In my earliest memory of my mother, when I wanted her attention she:

1	2	3	4	5	6	7	8	9
was always busy with something else		was usually busy with something else		sometimes paid attention to me and sometimes was busy with other things		usually paid attention to me		always paid attention to me

5. In my earliest memory of my mother, when she wanted to be with someone in the family she:

1	2	3	4	5	6	7	8	9
always chose others and never me		usually chose others and sometimes me		chose me as much as others		usually chose me and some- times others		always chose me and never others

6. In my earliest memory of my mother she was:

1	2	3	4	5	6	7	8	9
always in a sad or angry mood		usually in a sad or angry mood		sometimes sad or angry and sometimes happy		usually in a happy mood		always in a happy mood

7. In my earliest memory of my father, when I wanted his attention he:

1	2	3	4	5	6	7	8	9
was always busy with something else	was usually busy with something else			sometimes paid attention to me and sometimes was busy with other things		usually paid attention to me		always paid attention to me

8. In my earliest memory of my father, when he wanted to be with someone in the family he:

1	2	3	4	5	6	7	8	9
always chose others and never me		usually chose others and sometimes me		chose me as much as others		usually chose me and some- times others		always chose me and never others

9. In my earliest memory of my father he was:

1	2	3	4	5	6	7	8	9
always in a sad or angry mood		usually in a sad or angry mood		sometimes sad or angry and sometimes happy		usually in a happy mood		always in a happy mood

## Appendix F

## INTERVIEW GUIDE FOR FATHERS

1. Before their baby is born, all parents have some ideas, hopes and worries.
  - a) What were you thinking before X was born?
  - b) What did you like and dislike after she was born?
  - c) How did you feel about her being a girl?
  - d) What did you expect a girl to be like? A boy?
  - e) How did you feel when she cried? When she needed frequent feeding? When she needed changing?
2. Parents have different reactions to ages or stages their children go through.
  - a) What age did you like best? Why?
  - b) What age did you like least? Why?
  - c) What did you like or not like to do with her?
  - d) What parts of her care when she was a baby did you help with? How much? Did you enjoy or dislike it?
3. What was it like in the family when X was 2 to 4?
4. Girls often change the way they act toward their mothers and fathers when they are little.
  - a) Did X go through a stage of wanting only her mother? If so, when? How was that for you? How did her mother react?
  - b) Did X go through a stage of wanting your attention? If so, when, how much, what was that like for you?
5. How was X taught rules of behavior?  
(e.g., table manner, using the bathroom, putting toys away)
  - a) Was she always obedient or was she sometimes obstinate or rebellious? Explain; and when?
  - b) What role did each parent have in teaching, disciplining? Do you agree, disagree (on what)?

6. What was X like about doing things on her own or wanting help from a parent?
  - a) Did she like playing by herself? With other children?
  - b) What was it like after she knew how to walk and get into things?
  - c) What sort of things did she want attention for  
from mother?  
from father?
7. When the family went somewhere to visit (like grandparents) what did X do?
  - a) Did she stay around the adults or play away from them?
  - b) Who did she prefer to be around?
8. Most children go through a phase of being curious about sex and sex differences. What was it like with X?
  - a) Did she get curious about her parents' body differences?  
If so, how did each parent react?
  - b) What about showing off her body, flirting?
9. Before X was born
  - a) How did you feel about being a father?
  - b) How do you think her mother felt about being a mother?
10. After X was born
  - a) How did you feel about your life? yourself?
  - b) How do you think her mother felt about herself? life?
11. How did X and (name of sibling) get along
  - a) After (sibling) was born? (if sibling younger)
  - b) when (sibling) was older (2 to 3)? (if sibling younger)
12. What were some differences about (sibling)?
  - a) How you felt about a second child? (if sibling younger)
  - b) Your expectations, hopes, worries?
  - c) What you liked, didn't like after (sibling) was born?



- d) About having a boy/another girl?
13. What was your childhood like? How did your childhood family compare with the family you made?
- a) size of family - ages and sexes of sibs
  - b) what own parents like, their roles

Appendix G

TABLE 1

IDENTIFYING INFORMATION ON THE THREE FAMILIES

Family Member	Age at time of Clinic Referral	Age of Parent When First Child Born	Age of Parent When Subject Child Born	Age of Subject at Parent Separation
The W Family Mr. W Mrs. W <u>ANNE</u> Matt	38 yrs. 10 mos. 38 yrs. 10 mos. 10 yrs. 1 mo. 7 yrs. 1 mo.	28 yrs. 9 mos. 28 yrs. 9 mos.	28 yrs. 9 mos. 28 yrs. 9 mos.	6 yrs. 8 mos.
The Y Family Mr. Y Mrs. Y Olivia (half) Nadine (half) Quentin (half) <u>BONNIE</u>	35 yrs. 7 mos. 37 yrs. 9 mos. 21 yrs. 4 mos. 17 yrs 17 yrs. 9 yrs. 4 mos.	18 - 19 yrs. 16 yrs. 5 mos.	26 yrs. 5 mos. 28 yrs. 5 mos.	6 yrs. 6 mos.
The Z Family Mr. Z Mrs. Z <u>CELIA</u> Patti	(early 30's) 32 yrs. 1 mo. 10 yrs. 6 mos. 6 yrs. 10 mos.	(early 20's) 21 yrs. 6 mos.	(early 20's) 21 yrs. 6 mos.	9 yrs. 11 mos.

TABLE 2IMPRESSION OF MOTHER'S RELATIONSHIPS WITH OWN PARENTS AND HUSBAND <sup>1</sup>

	mother's relationship with own mother			mother's relationship with own father			mother's relationship with husband after child's birth		
	very good	ambiva- lent	nega- tive	very good	ambiva- lent	nega- tive	very good	ambiva- lent	nega- tive
Anne			X		X			X	
Bonnie		X		X			X		
Celia	X?			X?			X		

TABLE 3

IMPRESSION OF QUALITY OF MOTHER-CHILD RELATIONSHIP

	passive-dependent	hostile-dependent
Anne	X	
Bonnie	X	
Celia		X

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<sup>1</sup> Following Harris (1959)

TABLE 4

COMPARISON OF CHILD'S AND MOTHER'S RESPONSES  
ON MEMORY RATING SCALE<sup>1</sup>

	Item 1	2	3	4	5	6	7	8	9
Anne	6	4	6	6	4	6	4	8	4
Mrs. W	6	4-5	6	6	5	6	4	7	6
Bonnie	7	10	7-8	9	5	7	5	7	5
Mrs. Y	7	0-6	8-9	7	5	7	7	7	5

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<sup>1</sup> See Appendix E for description of items.

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