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Self-Consoling Appraisal
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Mary A. Newcomb

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SELF-CONSOLING APPRAISAL
AND INDIVIDUATION LEVEL

By

Mary A. Newcomb

A THESIS

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ABSTRACT

SELF-CONSOLING APPRAISAL AND INDIVIDUATION LEVEL

By

Mary A. Newcomb

Eighty-eight undergraduates (mean age 20.07 years) were administered instruments to measure their level of individuation, their use of self-consoling explanations for real and hypothetical stressful life events, their emotional reactions to the event, and their level of psychological well-being. Results, obtained through simple and multiple regressions, confirm the hypothesized relationship between level of individuation and psychological well-being. The hypothesis proposing a negative relationship between level of individuation and frequency of illness was not confirmed. The hypothesized positive relationship between level of individuation and use of self-consoling appraisal was not supported. Post-hoc analysis conducted using various subscales of the Separation-Individuation Test of Adolescence as indicators of problematic individuation produced mixed results and suggest areas for further research. Results are discussed in relation to the literature on individuation and cognition.

To Howard

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Introduction

The relationship between level of individuation and the capacity to cope through self-consolation will be explored in this study.

Low correlations between stress and illness have promoted the search for moderator variables which buffer the impact of a stressful life event. One moderator of interest to researchers is cognitive appraisal. This refers to the subjective set of perceptions of the stressor before, during, or after the encounter. The focus of this study will be post-event appraisal. The post-event appraisals thought to have the greatest impact on adjustment are those which offer causal explanations of the event (Seligman, 1979) and those which address the meaning of the event and implications for the future (Taylor, 1983). The degree to which these appraisals are comforting and hopeful has been associated by researchers with effective coping and positive adjustment. The term self-consoling appraisal will be used in this study to refer to these positive appraisals of an event.

While research has linked self-consoling appraisals to positive adjustment after exposure to a stressor, there has been no research into the question of how the capacity to

produce self-consoling appraisal develops. The question of what equips some people to take a positive perspective on a negative event remains unanswered.

Certain cognitive capacities implicit in self-consoling appraisal may shed light on this question. The first such capacity is awareness of one's own continuity in time. Second, is a recognition of and tolerance for complexity of the self and the life event. These capacities to recognize self continuity and complexity allow the person a third capacity - to place the stressful life event in a larger context. This context may be a vision of the self from past, present, or future. Or, it may be a life plan or the relatively greater difficulty of others troubles as perceived by the subject.

These cognitive capacities are theoretically dependent on successful resolution of separation-individuation tasks during infancy and adolescence. Writings by theorists concerned with separation-individuation can be extrapolated from to suggest a positive association between self-consolation and level of individuation.

This study sets out to establish with greater clarity the theoretical relatedness between the capacity for self-consolation and individuation level.

Descriptive Literature On Self-Consoling Appraisal

Several authors have described the benefits of a capacity to console oneself by evaluating life experiences in a positive way. Averill (1973) uses the term "cognitive control" to describe the ability to interpret, appraise, and incorporate stressful events into an ongoing life plan and, thereby, deactivate their jarring effect. Taylor (1983) describes the search for meaning, mastery, and control found among breast cancer patients as evidence of "cognitive flexibility." Kobasa (1979, p.4) found that cognitive flexibility was typical of highly stressed but well adjusted executives. She considers these individuals to have the trait of "hardiness," defined as a composite of strong commitment to self, vigorousness toward the environment, a sense of meaningfulness, and an internal locus of control.

Other theorists have more precisely described actual defense mechanisms which fit with the concept of self-consolation. These include 1) rationalizing (or, devaluing the stakes, Folkman, 1984, p. 844), 2) searching for alternative areas of mastery (Taylor, 1983) 3) highlighting the positive meaning of the event (Folkman, 1984; Taylor, 1983), 4) comparing one's situation favorably to another's (Taylor, 1983), 5) attributing the cause of an event to external, specific, and unstable factors (Seligman, 1979), and, 6) blaming one's behaviors rather than one's

character (respectively, changeable versus unchangeable) for causing the event (Janoff-Bulman, 1982).

The first of these defenses, rationalization, occurs when individuals convince themselves that the stressful event is of limited importance. An example of a rationalizing response would be: "Well I didn't get into Harvard. But I'll be more comfortable at the State University where all my friends are going anyway. "

When individuals find a way to take pride in their coping or in some outcome of the situation despite the fact that they failed to successfully resolve a problem or had no opportunity to do so they are demonstrating the second form of self-consoling appraisal identified above - a search for alternative sources of mastery. A feeling of mastery is possible by shifting one's focus away from the goal of problem resolution and toward one's own personal growth as a result of the hardship encountered. This modified vision is exemplified by reflections such as: "I have to accept this and it takes strength to accept this," "I have learned from this situation even though it did not turn out the way I wanted" and "I have grown from these experiences."

The third type of appraisal which offers self-consolation emphasizes the meaning and benefit found in the event. Researchers have found examples of the search for meaning within a distressing event to be prevalent among breast cancer patients (Taylor, 1983) and parents with

leukemic children (Friedman, S., Chodoff, P., Mason, J. & Hamburg, D., 1985). Kobasa's "hardy" executives are characterized as having an "unshakable sense of meaningfulness" (1979, p. 9). The hardy executive has:

the ability to evaluate the impact of (an employer-initiated) transfer in terms of a general life plan with its established priorities...the transfer may have been initiated in an office above him..., but he sees that the actual course it takes is dependent on how he handles it. For all these reasons he is not just a victim of a threatening change but an active determinant of consequences it brings about.

The hardy individual has a way of reframing a life event others see as stressful so that its benefits are kept in mind.

A fourth version of self-consolation is social comparison which means that an individual calls to mind others' worse circumstances and compares his or her situation favorably (Taylor, 1978). Taylor (1983) notes that individuals suffering from breast cancer boosted their own morale by comparing their ordeal with that of a patient who did not fare as well. Mechanic (1985) describes the "comforting cognitions" he found utilized among doctoral students preparing for qualifying exams. These included statements in which students compared themselves favorably to their peers and reflected positively on their competence to date.

A fifth type of self-consoling appraisal can be found in a person's attributions about the event. Attributions are the person's notion of what or who caused an event.

Seligman, Abramson, Semmel, and von Baeyer (1978) postulate three dimensions to attributional style. The internal-external dimension concerns respectively whether the individual blames themselves or something outside themselves for the stressor. The global-specific dimension addresses whether the cause identified for this event is going to influence many areas of life or will be limited to influencing this specific occurrence. The stable-unstable dimension concerns respectively whether the cause is perceived as chronic or transient.

Seligman et al. asked whether the attributions of depressed persons differ systematically from those of nondepressed persons. Attributional patterns were assessed by the Attributional Style Questionnaire which asked undergraduate subjects to envision themselves in various real-life stressful situations such as an unsuccessful job search. Subjects then rated each situation on the three dimensions of internality, globality, and stability. In contrast to depressed students, nondepressed students reported internal, stable, and global attributions for good outcomes, and external, unstable, specific attributions for bad outcomes. In other words, they gave themselves credit for good things which happened to them and blamed forces

outside themselves for bad outcomes. Further, the causes of good outcomes were viewed as stable (for example, associated with a personality feature) while bad outcomes were viewed as connected with a transient cause. The causes of bad outcomes were viewed as unique to the stressor (spécific) rather than extending to all areas of life (global).

The area of greatest debate in attributions research concerns the internal-external dimension of an attribution. While Seligman suggests that seeing the cause of negative events as outside oneself to be the most health-promoting type of attribution. Other authors have found that whether an external or internal attribution is correlated with positive adjustment depends on the nature of the event and on the nature of the internal characteristics blamed.

Janoff-Bulman (1977) does not think the important distinction in attributions is strictly between internal and external attributions. She investigated attributions directed at oneself as cause of an event in a study of paraplegic accident victims. She distinguished attributions which are harmful from those which are health promoting. Respectively, she labeled these characterological versus behavioral attributions. Behavioral attributions are the sixth, and final, self-consoling appraisal to be considered here.

Behavioral attributions are used when individuals persuade themselves that had they used other coping

responses the event would not have turned out badly. Characterological attributions occur when an individual reasons that a trait they have has interfered with their ability to successfully cope with a situation. Janoff-Bulman suggests that behavioral attributions are more hopeful cognitions because they imply room for change and control over that change. This is because our behaviors are by definition subject to volition more than are our traits. With this potential for control the future can be different. Janoff-Bulman reports that accident victims who manifested behavioral as opposed to characterological attributions made better adjustment to their disabilities.

Behavioral attribution is represented by statements such as "Well I lost that sale and it is my fault. If I had not tried to prepare my presentation at the last minute I might have done better. Next time I will have to pace myself better." In contrast, someone who tends toward characterological attribution will say, "I'm just phobic about public speaking. That's why I lost that sale." The first approach implies hopefulness that the future can be different while the second suggests resignation that the future will be the same.

Other authors delineate additional categories of attribution. Miller and Porter (1983) suggest that the effects of making characterological attributions may depend on whether the person attributes negative outcomes to a

trait that they like or dislike, that they want to maintain or change. Miller and Porter (1983,p.148) state:

Blaming negative outcomes on dispositional qualities, even undesirable ones, may not lead to depression or helplessness if these qualities are no longer seen to characterize the self. In fact, blaming the traits of a "former self" might even facilitate the adjustment process since this type of blame would have the advantage of both explaining the past and engendering optimism in the future.

Effectiveness of Self-Consolation

The literature discussed thus far has emphasized that self-consoling appraisals are ubiquitous coping mechanisms but has not considered whether these cognitions are, in fact, effective coping tools. Research addressing this point will be described below. This literature evaluates both experimentally induced and naturally occurring self-consolation.

Research Findings: Induced Self-Consolation

The literature on experimentally-induced appraisal suggests that self-consoling appraisals, depending on whether they are induced before or after the event, can have respectively a preventive or curative function. Positive results have been found in studies in which patients are encouraged to appraise medical procedures in a self-consoling manner. Langer, Janis, and Wolfer (1975) conducted a field experiment with surgical patients in which pre-op interviews were conducted by a psychologist.

Patients were instructed to remind themselves of compensatory features of their surgical procedures. These included improvement in health, extra care, attention, and a temporary vacation. Patients given this appraisal intervention obtained lower scores on nurse's blind ratings of pre-op stress.

In another study, Kendall, P., Williams, L., Pechacek, T.F., Graham, L.E., Shisslack, C. & Hertzoff, N. (unpublished, cited in Janis, 1983) found increased stress tolerance among cardiac catheterization patients taught to use appraisal. Positive self-talk was also found to be effective in reducing the frequency, duration, and intensity of muscle contraction headaches (Holyroyd, K.A. Andrasik, F. and Westbrook, T., 1977) and was found to be successful in managing chronic anxiety, anger, and pain (Meichenbaum, 1977; Turk, 1978).

Research Findings: Naturally Occurring Self-Consolations

The literature addressing naturally occurring self-consoling appraisal concurs with the conclusions of the literature on artificially induced appraisals. Several types of reactions to a stressful life event have been identified as important to positive adaptation: a search for meaning, mastery, and self enhancement (Taylor, 1978), a positive attitude toward change, and a strong commitment to self (Kobasa, 1978; Pearlin and Schooler, 1978), perceptions of high controllability (Janoff-Bulman, 1982; Taylor, 1978);

an ability to selectively ignore troubling stimuli in favor of more pleasant aspects of a situation, (Sullivan, 1954); a capacity to regulate mood states and anxiety levels through self-reinforcement, self-evaluation and self-monitoring (Rehm, 1978) an ability to diminish the importance of a disappointing or threatening occurrence and to soothe oneself with reassurances (Lazarus, 1985; Taylor, 1978).

Hill-Beuf and Porter (1984) found that children with impaired appearance as a result of vitiligo (a skin disease characterized by the occurrence of whitish nonpigmented areas surrounded by hyperpigmented borders) fared better in contending with the disorder when they developed other competencies which enhanced their self-esteem. Rather than dwell on the bad side of their situation these children found compensating sources of mastery. They behaved in a way consistent with the statement: "I cannot master this illness but I can use this time to learn new things. I have things out of my control that are discouraging but I also have things under my control that I can take pride in."

Taylor, Lichtman, and Wood (1984) found that what they called cognitive control (defined in their study as thinking about an aversive experience differently and positively which is synonymous with the definition for self-consoling appraisal used here) was more strongly associated with positive adjustment than behavioral control (taking direct action) for cancer patients. Those who reported the self-

consoling appraisal that they benefitted from their cancer experience by learning to take life more easily and to enjoy it more because of their cancer experience were found to be most well-adjusted.

Research in Self-Perceptions

Research in the area of self-perceptions also endorses the notion that self-consoling appraisal is a stress buffer. In such studies, typically, the self-perceptions of depressed and nondepressed subjects are compared. A particularly extensive area of research with implications for self-consolation is that of attribution research introduced above.

Lewinsohn, Mischel, Chaplin, and Barton (1980) found that nondepressed subjects are less accurate in their recall of low frequency negative feedback and that the realism of the self-perceptions (generally more realistic than controls) of depressed individuals decreased in the course of treatment. These authors concluded that to feel good about ourselves we may have to judge ourselves more kindly than we are judged. Nondepressed individuals are characterized as having a "halo" or "glow" that involves an illusory self-enhancement which allows them to see themselves more positively than others see them.

Alloy and Abramson (1979) found that nondepressed students, unlike depressed students, overestimated their

control over desirable outcomes and underestimated their control over undesirable outcomes. Alloy and Abramson (1982) note that depressed subjects do not behave in a manner consistent with egotism. They define egotism as the tendency to see one's environment, one's self, and one's interactions in a positive light even though this calls at times for illusions and biases.

Rehm (1982) suggests that negative self-evaluations by depressed individuals are due to overly stringent personal standards for performance and selective self-monitoring of negative information. This contrasts with the person who would selectively monitor positive information about the self and situation in an effort at self-consoling appraisal.

Nelson and Craighead (1977) found that depressed subjects recalled less positive and more negative feedback in laboratory tasks. In contrast, nondepressed subjects tended to underestimate the frequency of negative feedback. Depressed subjects were found to self-reinforce less frequently than control subjects.

Rizley (1978) found that depressed students view internal factors as more important in causing their failures on a number-guessing game than did nondepressed students. Klein, Fencil-Morse and Seligman (1976) reported that depressed students attribute failure on discrimination problems to internal factors unlike their nondepressed counterparts who attributed failure to external actors.

Kupier (1978) found that on word-association tasks depressed students' attributions for failure were more internal than nondepressed students' attributions for failure.

In a related area of research experiments have been done to induce objective self-awareness (the capacity to assess one's situation and behavior from the perspective of an outsider). Subjects under this self-observing condition were found to experience lowered self-esteem (Duval and Wickland, 1972) This finding is consistent with the conclusion above that the subjective assessment of self in nondepressed persons is kinder than that offered by an outsider. The lack of a kindly, subjective perspective is equated by Bach (1985) with a loss of "the existential self" and a loss of a sense of meaningfulness. Bach notes that the lack of a subjective perspective on the self to balance the objective perspective characterizes the narcissistic personality disorders.

Distinguishing Features of Self-Consoling Appraisals

It is important to consider the nature of self-consoling appraisals in greater focus to delineate them from other psychological constructs. The question of the intentionality of self-consoling appraisal bears discussion as does the relationship between the construct of self-consoling appraisal and that of denial and related defense mechanisms. An additional area requiring

clarification is the relationship between self-consoling appraisals and affective experience.

Intentionality of Self-Consoling Appraisal

The self-consoling appraisals of distressing events discussed above are not necessarily the product of conscious deliberation. As Lazarus notes cognitive activity does not imply anything about deliberate reflection, rationality, or awareness (Lazarus, 1982). He gives the example of a rabbit which must appraise and react to danger. Because of the immediacy of this reaction there is no time for deliberation which causes some theorists to conclude that the reaction is an emotional one antecedent to any cognitive activity. Lazarus argues that as a result of "neural inheritance and experience the rabbit already has cognitive schemata that signify danger instantly at the sound of a slight rustle in the grass or the sight of a dimly perceived shape." He extends the concept of schemata to humans with the qualification that "the schemata required in human social affairs are apt to be far more complex and symbolic," but nonetheless they are available so that "the appraisal of danger does not have to be deliberate." (1982, p.252) The concept of schemata appears to be applicable to post-event appraisals. A self-consoling appraisal or set of such appraisals may be an automatic coping response for some

persons whenever they are faced with trauma, disappointment, failure, or any other type of negative stressor.

The Role of Denial in Self-Consolation

Mental health researchers have traditionally equated positive mental functioning with reality testing. (Erikson, 1950; Haan, 1977; Jahoda, 1958, Maslow, 1954;, Menninger, 1963; Vaillant, 1977; Lazarus 1983 cited in Taylor, 1983, Lazarus, 1985). Given this viewpoint self-consoling appraisals frequently earn the pejorative labels "distortion," and "denial."

Other theorists believe that coping mechanisms should not be evaluated strictly on the basis of the reality testing criterion. Lazarus (1985) attempts to put the use of denial in broader perspective:

Herein lies the conceptual confusion. We treat a process of coping as a static state of mind rather than as a constant search for a way of comprehending what is happening, a way that seeks simultaneously to test reality and retain hope (p.62)...rarely does denial become so consolidated as a mode of coping that it is no longer subject to uncertainty, challenge or even dissolution in the face of evidence.(p. 61).(Lazarus, 1985)

Lazarus's statement makes two essential points. First, there are varying levels of denial in amount and rigidity in responses to stressors. The second point is that whatever distortion is used in a coping mechanism is essential to get the person from one point to another in the adjustment process. This argument involves cost-benefit reasoning.

The cost is utter clarity in perception of harsh realities. The benefit is hopefulness which theoretically fuels the tenacity to cope with life's problems. Self-consoling appraisals can be conceptualized as involving denial in a minimal and flexible way to facilitate coping.

In her study of cancer patients, Taylor (1983) concluded that individuals faced with uncontrollable adversity will console themselves by searching for etiological factors they can control in the future. When forthcoming events disprove these theories patients discard them and console themselves with alternative appraisals of etiology that again give them the feeling that the future is controllable and that they will be less vulnerable. Taylor cites (anonymous) colleagues who label this process of discarding successive hypotheses "learned haplessness." She herself calls it "cheerful ineptitude" (Taylor, 1983) (p.1169). Her choice of terminology does a disservice to the phenomenon to which she calls attention. A better term to convey what seems to be Taylor's own emphasis might be learned hopefulness.

Learned hopefulness was probably first conceptualized by Victor Frankl (1978) who put forth the notion that man needs a sense of meaningfulness and will generate it from within to allay despair. Toward this end persons experiencing a stressful life event may need to generate cognitions about the benefits of their hardships or about

the hopeful implications their experiences hold for the longer term. Conversely, a lack of hope has ominous consequences. A wave of teen suicides caused one mental health expert to note that opting for suicide was the result of a constrained vision of life's possibilities and of how to resolve one's problems (Chicago Tribune, March 24, 1987). The capacity to self-console theoretically allows for a broadening of this vision.

Affective Experience and Self-consoling Appraisal

Neither the argument that costs (lack of clarity in reality testing) are outweighed by benefits (hopefulness, tenacity) nor the argument that denial in the name of self-consolation efforts is used flexibly, temporarily, and minimally satisfy some critics (Taylor, 1983; Wortman, 1983). They see self-consoling appraisals as indicative of unrealistic optimism often termed "Pollyannishness." They claim that such appraisals trivialize life experience which does not serve adjustment well.

These concerns are understandable when one considers that self-consoling appraisals have been equated with the popularization of the "positive mental attitude" concept. This movement, represented by nonacademic authors who espouse the importance of "willing" oneself to be more positive and of learning to be kind to oneself. Psychologists, particularly those with psychodynamic

training, have looked askance at this popular literature. The professional view is that distressing affect is important to experience because it is a signal of needed change and a proven motivator (Tomkins, 1963) for necessary coping efforts.

Taylor reinforces this viewpoint when she states that the ability to see things in a positive light may "lead a person to accommodate to situations that are quite undesirable"..so that they "may have little motivation to take coping action that would improve their situation in the long run." (1983)

The self-consoling capacities referred to in this study differ markedly from those discussed in the positive mental attitude literature. This study will differentiate between a superficial adoption of a "positive mental attitude" (promoted by fear of experiencing affects or fear of reactions of others to these affects) and the type of self-consoling appraisal which occurs in conjunction with or subsequent to the experience of distress.

Summary: Literature on Self-Consoling Cognitions

The literature reviewed thus far supports the notion that self-consoling appraisals are frequent responses to stressful life events. In addition the research clearly supports the role of self-consoling appraisals in promoting adjustment to the stressor.

Developmental Antecedents to Self-Consoling Appraisal

Research has not addressed the developmental origins of the capacity to produce self-consoling appraisals. A close examination of the content of self-consoling appraisals suggests that specific advances in cognitive development underlie the capacity to use these appraisals. These developments include, first, the awareness of one's own continuity in time. Secondly, they include a recognition that one's self-definition is not comprised of how one performs or defines oneself during one life event. Finally, these developments involve an appreciation of the complexity of one's self and life events. The latter means that the individual can grasp positive and negative feelings about an event. Individuation encompasses these cognitive capacities (Levine, 1987) and is therefore conceptualized as a precursor to the ability to use self-consoling appraisal.

Individuation Defined

Individuation refers to both a developmental achievement and a process. The achievement is psychological autonomy. Psychological autonomy is defined as having one's own distinct intrapsychic structures (id, ego, superego) apart from the guidance offered by parental and other external figures. The process for achieving this autonomy is described as "disengaging from infantile objects" by Blos (1967, p.169). Infantile objects is a term from the object

relations literature referring to internal mental representations of significant caretakers. These representations help the growing individual regulate anxiety. If development proceeds optimally the individual will replace these representations of external figures with self-representations.

The Individuated State

The individuated person is able to maintain self-esteem in the face of day to day anxiety and larger stressors. A high level of individuation is evidenced by self-constancy in the face of environmental changes. Self-constancy is defined as the maintenance of "a continuous sense of self regardless of the state of drive activation or environmental press" (Bach, 1985, p.178)

Blos (1967, p.163) elaborates on the results of successful adolescent individuation:

Self and object representations acquire stability and firm boundaries, i.e., they become resistant to cathectic shifts. The oedipal superego-in contrast to the archaic superego-loses in the process some of its rigidity and power, while the narcissistic institution of the ego ideal acquires more pervasive prominence and influence. These structural changes establish constancy of self-esteem and of mood as increasingly independent from external sources or, at best, dependent on the external sources of one's own choosing.

The Individuation Process

The individuation process is gradual development of one's own distinct psychic structures (id, ego, superego,)

through disengagement from supporting psychic structures offered by parental figures throughout development. This includes disengagement externally through exploration of the physical world apart from the parent and internally through intrapsychic movement away from reliance on internalized representations of significant persons. The two steps are reflected in the term separation-individuation which is often interchangeable with the word individuation.

Fast (1985) labels the process of disentangling a self from the internalized representations of others as "self-other differentiation." She considers self-other differentiation the fundamental task of separation-individuation.

Developmental Phases of Separation-individuation

Research has shown that the key developmental points for individuation occur at eighteen months (Mahler, 1968) and then again at adolescence (Blos, 1967). Mahler (1968) outlined four subphases to the early separation-individuation process. These are differentiation, practicing, rapprochement, and on-the-way-to-object constancy. Differentiation as used by Mahler in this description involves the gradual separation of a distinct self from internalized object images. The term object as used here again comes from the object relations literature and refers to persons, not to inanimate objects.

The practicing subphase includes exploration of the wider world and experience of elation which is essential to self esteem and willingness to venture. Rapprochement is a subphase in which the child becomes anxious and returns to the primary caretaker for refueling. The last phase is an open ended one in which the child develops firmer internal images of self.

Blos calls adolescence the "second individuation" finding many parallels between the tasks of adolescence and the separation-individuation phase of infancy. What in infancy is a "hatching from the symbiotic membrane to become an individuated toddler" becomes in adolescence "the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large, or simply the adult world (p.163)."

As part of separation-individuation in infancy the child internalizes representations of others. During the second separation-individuation the adolescent disengages from these infantile objects (Blos, 1967) and replaces them with self-representations and with internal capacities to manage anxiety and regulate self-esteem.

Conditions Promoting Individuation

Not all individuals attain the same level of individuation in young adulthood. Several conditions must

be met to insure that the infant and adolescent can complete individuating tasks. Mahler has characterized the necessary conditions for infantile individuation as: the ascendancy of the aggressive drive, which includes the need to exercise developing functions; the increasing interest in the larger world, and, finally, the caretaker's ability to relinquish symbiosis with the child (Blanck and Blanck, 1986, p. 15)

Blos (1967) describes the conditions which are essential for adolescent individuation. First, the adolescent must be at a suitable level of maturation as evidenced by drive activation. Second, environmental conditions must support the internal restructuring represented by this second individuation. One necessary environmental condition is a moderate level of differentiation within the family system. A second condition is empathy on the part of the parents and is present only if the parents are well individuated themselves.

Failures in individuation occur where parental stability and empathy are not available or where the family system is either highly disengaged or enmeshed. In the disengaged family there are uncaring or expelling responses to the adolescents move toward individuation while in the enmeshed family there are anxious, clinging responses. Under any of these less than optimal conditions developmental arrest may occur. Even if the adolescent emerges into young adulthood appearing to be self sufficient it is

likely that under stress he or she will be less able than more individuated peers to function self sufficiently.

Individuation and Self-Consoling Appraisal

A major tenet of this study is that the more individuated the young adult is the more capable he or she is of self-consoling in the face of adversity. This is because, through the process of individuating, the individual has attained capacities which have theoretical relatedness to the ability to produce self-consoling appraisals. These capacities are first, the appreciation of one's own continuity or in other words the awareness of an enduring self, and, second, the awareness of the complexity of self and event and an appreciation for benefits as well as losses given a stressful life event. Through a combination of the recognition of continuity and complexity the individuated person has the ability to place a stressful life event in a context which, to paraphrase Averill (1973), minimizes the jarring effects of the stressor.

Awareness of Continuity in Time

The individuated young adult understands his or her continuity in time and has a core sense of self separate from life events. This means that they are unlikely to define themselves wholly by their performance on one occasion or by one life event's toll (for example, "I am,

and will always be, a victim") but instead can draw on other perceptions of self from both the past and future as buffers. Hence the basis for producing self-consoling appraisals of the sort Seligman addresses in his attributional research. To have unstable and specific causal explanations for an event whether the cause is viewed as one's self or something outside oneself, is to see the causes of a stressor as discontinuous relative to an enduring self. Stable and global attributions suggest that the self is continuously subject to outside forces. Unstable and specific attributions suggests that the self can transcend these forces, that this is one of many life events which can be put in perspective.

Blos (1967) views a continuous positive self-image as an outcome of successful separation-individuation. He notes that the individuated young adult has internalized a narcissistic balance. As Blos describes this balance it is synonymous with what Bach (1985) calls self-constancy. This term means the individual has a constant level of self regard despite stressors which might challenge that self regard.

The poorly individuated young adult is not as equipped to sort out a positive self-perception from a negative event because they lack narcissistic balance (Blos,1967). This means that they do not maintain a constant level of self-esteem but instead experience fluctuations in self-

esteem depending on the life situation they are in. Without self regard as a constant it follows that they are unlikely to have the capacity for self-consolation.

Recognition of Complexity

The content of self-consoling appraisals suggests a multifaceted grasp of a stressful life event. For example, while the doctoral students in Mechanic's study acknowledged self-doubt and anxiety as they prepared for orals they also acknowledged hopefulness based on a recognition of superior skills relative to peers. They were able to simultaneously process negative affect and cognitions about self and situation along with positive affect and cognitions about self and situation. This was also true of the breast cancer patients interviewed by Taylor (1983). They were able to state that their new view on the value of time with family and friends was a positive aspect of their cancer experience while still acknowledging that the experience was negative.

This appreciation of multiple aspects of self and situation is a developmental achievement associated with the self-other differentiation which Fast (1986) refers to as the fundamental task in separation-individuation. In theory these seemingly contradictory experiences of an event can only be grasped by one who views self and object as complex wholes. The developmental condition for grasping these contradictions is successful separation-individuation.



Thompson offers a description of an early stage of cognitive development which supports the hypothesized link between individuation and the cognitive capacities underlying self-consoling appraisals. She describes "centration" as a stage of cognitive development wherein one isolated feature of an objective situation captures a child's attention and determines their entire conceptualization of the situation. At this stage in development affect is viewed as "irreversible," meaning that:

While in one affect state the child cannot conceptualize his or her relationship to other affect states or to other evaluations of the object. . . . A hated object is a hateful object and cannot be evaluated independently. (p.161, Thompson). Emotions are viewed as caused by an external object. (The subject) tends not to reflect on contributions of the self to his or her current emotional evaluation of the object. Irreversibility of affect also leads to the inability of the child to understand the possibility of mixed or contradictory emotions. "Affectively complex views of the same object are not possible" (p.162).

It is the grasp of contradictory aspects of an event which is evident in the simultaneous experience of distress and hopefulness. Such mixed emotional states and contradictory perspectives on an event are evident in self-consoling appraisal.

Fast (1985) proposes an integration of Freudian and Piagetian theories to make a similar point about development. Like Thompson she considers the recognition of multiple aspects to self and events a hallmark of development. She is more definitive in linking these

recognitions precisely to the achievements of individuation. She finds the prototype for this recognition of complexity in how an infant experiences an object (in this description an inanimate object, a ring) (p.11).

In the simultaneous activation of the vision and grasp schemes self and other are differentiated out of the global action event and from each other. The integration of part-selves and part-objects into wholes is an aspect of the same process. The simultaneous occurrence of self as seer and as grasper which differentiates self from the vision and grasp schemes also represents the integration of part-selves into a larger whole as seer-grasper. The ring as a seeable-graspable not only differentiates the ring from global action schemes and from the self but begins its constitution as a whole object.

A positive experience with the exploration phase of individuation is theorized to underlie the capacity to see the complexity of both animate objects (persons) and inanimate objects (example: the ring). This study extrapolates that the same theories concerning cognitive approaches to persons and inanimate objects also can be applied to one's perception of life events and the self.

While the infant is learning about and reconciling multiple aspects of external objects (meaning inanimate objects and significant caretakers) through activation of simultaneous schemes as he or she interacts with caretakers, the adolescent is experiencing, through drive activation, rapidly changing and sometimes virtually simultaneous mood states. The adolescent is learning about multiple aspects of self and of events that evoke mood states.

The infant's struggle in individuation is to move toward stable object representation while taking in the complexity of the object. The adolescent's struggle in individuation is to move toward stable self-representation while taking in these complex views of self attained through experience of diverse mood states in relation to events.

The recognition and acceptance of this self-complexity can serve as a prototype for experience of stressful life events, allowing the individual to pull out positive and comforting views of the event alongside the more negative and distressing views of the event. The unindividuated person, by extrapolation is theorized to have attributions which are stable, internal, and global about a stressor while their individuated counterpart is likely to have a more enduring sense of self and an understanding of contradictory associations to an experience and therefore attributions which are unstable, external, and global.

On the other hand, failed individuation promotes development of defenses to eliminate contradictory reactions to an event or object. These include oversimplification, splitting, projecting. While these defenses reduce anxiety momentarily, in the long run they leave the individual experiencing a stressful life event little access to more hopeful reconceptualizations of this event. Unlike self-consoling appraisal which may involve subtle denial and

distortion, these defenses pose the threat of extreme losses in reality testing.

Summary: Connection Between Self-Consoling Appraisal and Individuation

Implicit in self-consoling appraisals is an awareness of the complexity of oneself and the event and a view of the self as continuous. The awareness of complexity is evident in the cognitions which make up self-consoling appraisal. Among these are cognitions which emphasize the positive meaning in a situation despite negative affect about it, cognitions about others in similar situations, and cognitions about personal growth through hardship. The awareness of self-continuity is evident in the view that the cause of the event is not chronic and is not comprehensive which leaves room for self-perceptions apart from the stressor and leaves hope for change.

Recognition of complexity and continuity affords the capacity to put a stressful life event into a larger context of other persons and events which theoretically diminishes its toll. For example, the hardy executive who is able to diminish the stressfulness of a corporate relocation puts it in the context of a life plan. He or she does so by recognizing the positive aspects to the move in the midst of acknowledging the distressing aspects, in other words, by appreciating its complexity. In addition, the executive, in

reminding him or herself of a life plan frames this as something he or she chooses in order to attain an overarching set of goals. Thus the executive reminds themselves of their continuity in time to facilitate their adjustment to a stressful life change.

Hypotheses

Successful individuation was hypothesized to be accompanied by a capacity to produce self-consoling appraisals without denial, and, in turn, by psychological and physical well-being despite exposure to a stressor.

The specific hypotheses tested were:

1. Level of Individuation as measured by the Separation-Individuation Test of Adolescence (SITA) will be positively associated with scores on the Psychological Well-being scale of the Mental Health Inventory (MHI).
2. Level of Individuation as measured by the Separation-Individuation Test of Adolescence (SITA) will be negatively associated with scores on the Psychological Distress scale of the MHI.
3. Level of Individuation will be negatively correlated with number of illnesses reported in response to the question, "How many times have you been physically ill in the last twelve months?"

4. Level of Individuation will be positively associated with the dimension of self-consoling appraisal which addresses the meaning of the event as measured by a "yes" response to the question "Were there any benefits or positive outcomes because of this event?"

5. Level of Individuation will be positively associated with a positive attributional style as measured by the Attributional Style Questionnaire.

6. Level of Individuation will be positively correlated with scores on the Negative Affect Scales of the DES IV in describing immediate reactions to the stressful life event.

7. Hypotheses 1 through 5 will be more strongly confirmed for subjects who report an average score of at least 3 on at least one of the Negative Affects assessed in the Differential Emotions Scale (DES-IV) than in those who score 2 or below on all negative affects.

These hypotheses were tested using Pearson Product Moment Correlation Coefficients. In the case of Hypothesis 7 subjects were divided into two groups - one low on negative affects and one high on negative affects - and the Pearson R's for each pair of independent and dependent variables from hypotheses 1 through 5 were transformed using

Fisher's Z. The appropriate test for significance was then performed.



Methodology

Sample

The sample consisted of 88 undergraduates, 51 females and 37 males. Mean age of subjects was 20.07. Average age of females was 19.8. Average age of males was 20.4. Subjects were recruited through a large undergraduate psychology course. Those participating did not receive course credit.

Administration of Measures

Subjects were asked to read and sign a consent form. They were then given a packet of materials to complete with a preassigned 4-digit subject number. The initial digit of the subject number, either a "1" or a "2" identified one of two orderings for the packet materials in order to later analyze for order effects. On a data sheet within the packet each subject recorded personal information.

Subjects were asked to provide a summary of a serious stressful life event which seemed unalterable to them. Along with their description of the event subjects were asked to answer four inquiries concerning attributions about the event modeled after items from the Attributional Style Questionnaire and to answer a question about benefits realized through the life event. Subjects were asked to

complete the Differential Emotions Scale (DES IV) in order to tap affective reactions to the Stressful Life Event.

They then completed the Attributional Style Questionnaire. Next subjects completed the Mental Health Inventory (MHI). They also responded to the Separation-Individuation Test of Adolescence (SITA).

Packets were given in two different orderings. Half of the subjects received packets asking for a Stressful Life Event followed by the other psychological indices. The other half received two of the psychological instruments - the Mental Healthy Inventory (MHI) and the Separation-Individuation Score of Adolescence (SITA) first and followed this by the Stressful Life Event Questionnaire along with the remaining psychological instruments, namely the Differential Emotions Scale and the Attributional Style Questionnaire. Materials distributed to subjects are found in the Appendix.

After packets were completed and returned to the experimenter subjects were given an explanation of the purpose of the experiment and an opportunity to learn about results and to discuss the experiment further if they wished.

Measures

Level of Individuation. The Separation-Individuation Test of Adolescence (Levine, Green & Millon, 1986) is based

on Mahler's descriptions of the child's psychological separation and individuation from the primary caretaker (Mahler, 1968; Mahler, Pine, & Bergman, 1975) as well as the descriptions of analogous schema in adolescent development (Blos, 1967). It is the first effort to develop an objective measure of dimensions of separation-individuation in adolescence.

Six basic dimensions of adolescent separation-individuation were delineated from the relevant literature. They are: nurturance-symbiosis (the enmeshment scale was created out of some of these items at a later date) ; engulfment anxiety; separation anxiety; need denial; self-centeredness; healthy separation; Loevinger's (1957) model is cited by Levine, Green and Millon as the basis for the validation process employed which utilized three steps: theoretical-substantive; internal-structural; and external-criterion validation.

Theoretical-substantive validation was achieved by having clinical graduate students and faculty review test items for agreement with relevant theoretical concepts. When six of eight raters agreed on an item it was considered to have adequate substantive validity.

Internal-structural validation was achieved through administration of the SITA to three samples of adolescents. Samples were comprised of 90 students in grades 9-11 at a

Northeastern High School, 140 College Freshmen, and 75 upper class students at a Southeastern University.

Items were factored by the method of principal components and then rotated to a Varimax criterion. Items were eliminated which did not meet both the criteria that they correlate at .35 with their scale and correlated with no other scale.

External criterion validation was provided through data collected on personality dimensions for 181 subjects completing the SITA and the Millon Adolescent Personality Inventory (MAPI) (Millon, Green, & Meagher, 1982). For each scale a significant difference was found among the scores of various personality groups identified by the MAPI. Significant differences were found, from less individuated to more individuated, respectively, between clinical and nonclinical populations.

As a result of a series of studies using the SITA the instrument's author, John Levine, has advocated for the use of a cluster of subscales as a more suitable measure of Individuation than the originally identified index - the Healthy Separation Subscale (Levine, 1987). Analyses on the variables of central concern to this study were conducted using both the single and the multiple scale methods.

Psychological Well Being and Distress. The Mental Health Inventory (MHI) was used to assess psychological functioning (Veit & Ware, 1983). The Mental Health

Inventory (MHI) is a 38-item measure of psychological distress and well-being, developed for use in general populations. Subjects are asked to rate, on a scale of 1 to 6, items describing various feeling states over the past month. Each item has its own scale anchors which refer to dimensions of frequency, quality, or intensity. This instrument was chosen for this study because it defines mental health on a continuum from distress to well-being thereby acknowledging an optimal state of mental health unlike other mental health indices. Well being as defined by this instrument encompasses feeling cheerful and taking an interest in life.

The MHI was piloted at six sites in the U.S. on a diverse sample (nonclinical population aged 13-69) of 5,089 respondents. Longitudinal data for a 1-year stability analysis was collected from a subsample at each site for a total N of 3525. The developers found support for their hypothesized distinction between mental and physical functioning items. The smallest difference in magnitude between an item's factor loadings on the physical and mental factors was about .30 indicating good discriminate validity for all of the items.

Cross-validated and combined-sites analyses suggest that the MHI is a hierarchical factor model composed of a general underlying mental health factor, a higher order factor structure and a lower order factor structure. The

higher order factor structure is defined by two correlated factors - Psychological Distress which consists of all the items that describe negative mental health states, and Psychological Well-Being, which consists of all of the items describing positive mental health states. Both factors are unipolar in nature.

The reliability estimates for all scales range from .83 to .91 for scales based on the five lower order factors (Anxiety, Depression, Loss of Behavioral/Emotional Control, General Positive Affect and Emotional Ties) and from .92 to .96 for scales based on the two higher order factors. The stability coefficients are in the .56 to .64 range, indicating that a substantial proportion of the reliable variance in these scales is stable over a 1-year interval.

One-, two-, and five-factor solutions have been generated for these data all explaining significant portions of the variance. In this study the two factor solution will be used: The scales of Well Being comprised of General Positive Affect and Emotional Ties subscales and the Psychological Distress Scale comprised of Depression, Anxiety, and Loss of Behavioral/Emotional Control Subscales.

Physical Well-Being. Subjects were asked to record how many times they had been physically ill in the last twelve months.

Stressful Life Events. Stressful life events were the stimuli for the cognitions offered by subjects in this study. Because variations in types of life events can determine subjects' responses, the life events of interest in this study were rather narrowly defined. Subjects were asked to discuss a life event which had occurred in the past, were difficult to deal with, and, which, from their point of view, could not be altered despite their efforts.

Rather than focus on an exam-taking scenario, for example, the focus was on a situation such as one where the exams have been handed back and the individual has to deal with the unalterable fact of a failing grade. Other examples of these types of situations, of varying intensity, are: illness or death of a significant other, one's own severe illness and injuries, employer-initiated change of residence, loss of job, divorce, complication of pregnancy, experiences of war or natural disasters (Caplan, G., 1981, p. 413) accidents, handicaps, career setbacks.

Self - Consoling Appraisal: Causal Attributions

The Attributional Style Questionnaire (ASQ; Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982) is a self-report measure of patterns of "explanatory style" (Peterson & Seligman, 1984) which is the tendency to select certain causal explanations for good and bad events. The instrument taps three dimensions of attributions: their locus (internal versus external), their stability (stable

versus unstable), and their globality (global versus specific). In this study the self-consoling individual was defined as employing external, unstable, and specific causal explanations for negative life events.

The ASQ has been employed successfully with college students (Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman, 1982) clinically depressed individuals, (Raps, Peterson, Reinhard, Abramson, & Seligman, 1982) and people undergoing various stressful events (O'Hara, Rehm, Campbell, 1982; Manly, McMahon, Bradley, & Davidson, 1982). Two studies have addressed the internal consistency of the Locus, Stability, and Globality subscales. Peterson et al. (1982) reported that scales had quite modest reliabilities with Cronbach's (1951) alpha ranging from .44 to .69 in a sample of 100 undergraduates. The modest levels of internal consistency are considered common among scales with few items. Seligman and associates urge investigators to combine scale scores into composite scores which have higher levels of internal consistency (.75 for good events and .72 for bad events). The composite scores were the basis for regressions in this study.

Studies by Golin, Sweeney, Schaeffer (1981) and Peterson, Semmel, von Baeyer, Abramson, Metalsky, & Seligman (1982) demonstrate that in undergraduates attributional style is a stable aspect of personality functioning over a period of four to five weeks.



Peterson et al. followed a correlational approach to demonstrate the criterion validity of the ASQ. Correlations between spontaneously elicited causal explanations of events and the ASQ ranged from .19 to .41. Construct validity was demonstrated when the study replicated these findings with a patient population and found that ASQ scores correlated positively with scores on the Beck Depression Inventory.

Validity was further established using a criterion groups approach in studies by Eaves and Rush (1984) of female depressed psychiatric patients and in a study by Seligman, Abramson, Semmel, and von Baeyer (1979) comparing depressed and nondepressed college students.

Self-Consoling Appraisal: Cognitions about Meaning or Benefit

Since cognitions are considered self-consoling not only by how they explain the event but also by any meaning or benefit they suggest for the event one question to assess this dimension of meaning was included in the packet. Subjects were asked to indicate whether they perceived any benefits or positive outcomes to the stressful life event they recorded. This question follows from Taylor's (1984) work on appraisal.

Emotional Reactions as Measure of Lack of Denial

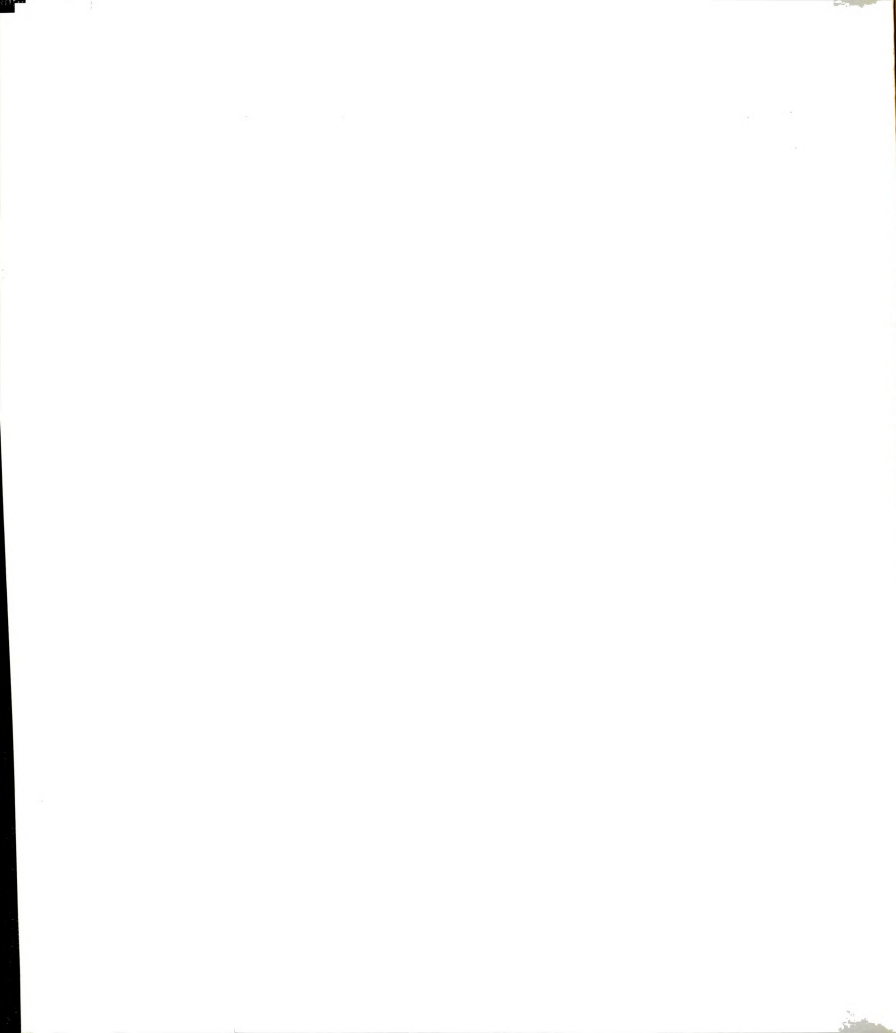
The Differential Emotion Scale is a 49-item pencil and paper, self-report measure developed by Carrol Izard to tap twelve distinct emotions which Izard's research shows to be

innately determined. These emotions are: anger, contempt, disgust, enjoyment, guilt, fear, inner-directed hostility, interest, sadness, shame, shyness, and surprise. Statements indicating each of these feelings comprise the scale.

Subjects are asked to endorse the self-statements which depicted their mood state immediately after exposure to the stressful life event. Their choices range from 0 (rarely or never) to 5 (very often).

Izard studied the twelve emotions comprising the DES items in cross cultural research which supported his view that certain expressive, subjective, and physical manifestations typified and distinguished each emotion. It is these indicators of the twelve emotions which provide the content for the scale items.

This version (IV) of the DES is identical to the DES III with the addition of subscales (two) designed to tap depression (Izard, 1972), Inner Hostility and Shame. Thus, the reliability and validity of the DES IV is supported by two sources: studies of the DES III and correlation of the DES IV with other instruments assessing depression. The DES III has been shown to possess reliability and validity in adolescents and in college students (Izard, Dougherty, Bloxom, and Kotsch, 1974; Kotsch, Gerbing, and, Schwartz, 1982). The DES IV has been shown to correlate positively with the Children's Depression Inventory (Blumberg and



Izard, 1985) and with the Depression subscale of the Mental Health Inventory (Nelson, 1985).

Results

In addition to addressing the study hypotheses this section provides information necessary for a more complete understanding of the sample. Means and standard deviations for all study variables are presented in Tables 1 and 2. These are shown with norms where available. Where norms are broken down by gender the means and standard deviations for this study are also broken down by gender. Gender differences are reported in Table 9.

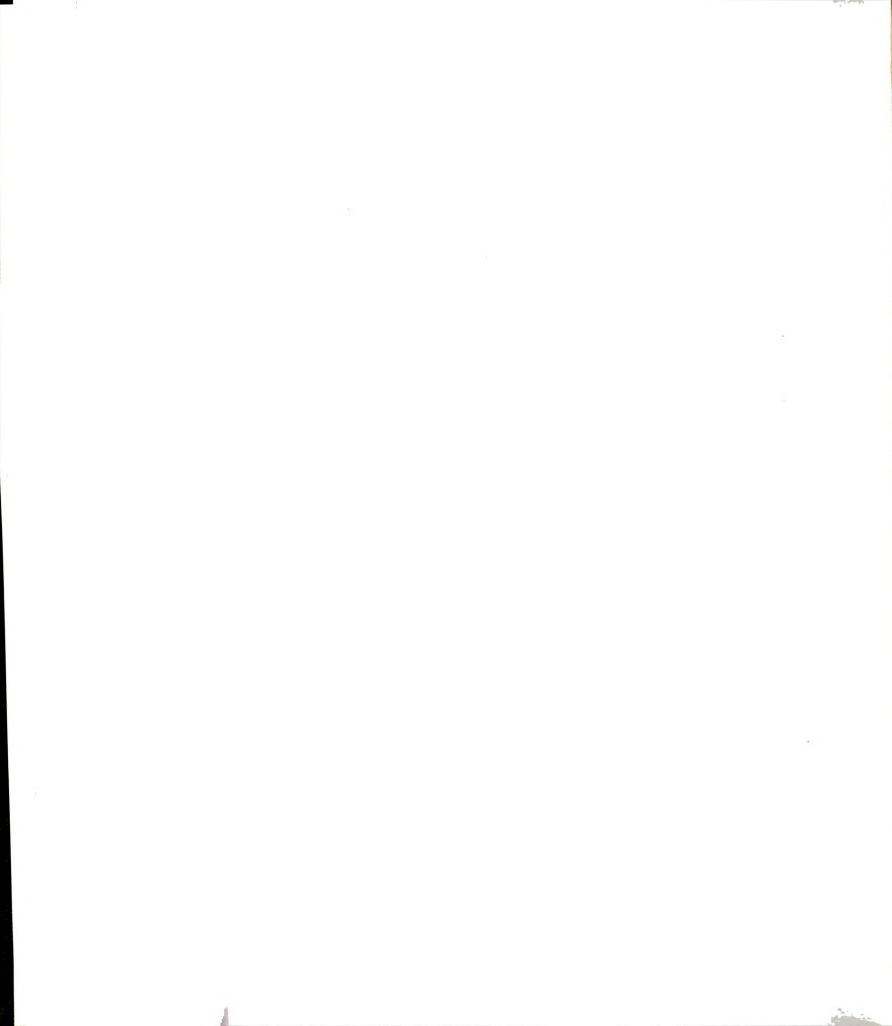


Table 1

MEANS AND STANDARD DEVIATIONS FOR DEPENDENT VARIABLES

Variable	Mean	Study Sample S.D.	Veit & Ware (1983) Mean	S.D.
<u>Mental Health</u>				
<u>Inventory</u>				
Well-Being	45.14	10.62	59.16	12.16
Distress	67.15	17.56	47.54	15.39
<u>DES-IV</u>				
Anger	3.43	.86		
Contempt	2.58	.87		
Disgust	2.53	1.07		
Fear	2.74	1.10		
Guilt	3.14	.98		
Inner Hostility	2.77	.96		
Sadness	3.57	.96		
Shame	2.69	.79		
<u>Self-consoling Appraisal - Causal Attributions</u>				
Composite				
Negative				
-Positive	2.52	2.24		
(CPCN)				
<u>Self-consoling Appraisal - Meaning or Benefit</u>				
Yes v. No	.54	.99		
<u>Frequency of Illness</u>				
Number of				
Illnesses	2.06	1.62		

Table 2
COMPARISON OF MEANS AND STANDARD DEVIATIONS (BROKEN DOWN BY
GENDER) FOR INDEPENDENT VARIABLES FROM THE SEPARATION-
INDIVIDUATION TEST OF ADOLESCENCE

Variable	Levine (1987)		Sample	
<u>SITA</u>				
<u>Males</u>	Mean	S.D.	Mean	S.D.
Enmeshment	26.80	4.32	28.15	5.65
Healthy Separation	33.67	5.09	38.16	4.16
Self Centeredness	28.57	4.38	33.98	5.20
Symbiosis	27.16	3.91	29.51	5.10
<u>Females</u>	Mean	S.D.	Mean	S.D.
Enmeshment	26.98	4.45	28.39	6.26
Healthy Separation	34.28	5.07	38.87	4.25
Self Centeredness	28.71	4.50	31.80	6.02
Symbiosis	28.60	4.17	30.48	4.88

Hypothesis 1: Level of Individuation as measured by the Separation-Individuation Test of Adolescence (SITA) will be positively associated with scores on the Psychological Well-being scale of the Mental Health Inventory (MHI).

This hypothesis was confirmed using a simple regression with Healthy Separation scores from the SITA as a predictor of Well-being. $R = .28$, $p = .008$. Results are illustrated in Table 3.

Hypothesis 2: Level of Individuation as measured by the SITA will be negatively associated with scores on the Psychological Distress scale of the MHI.

This hypothesis was confirmed as illustrated in Table 3. $R = -.27$, $p = .012$.

Hypothesis 3: Level of Individuation will be negatively correlated with number of illnesses reported in response to the question, "How many times have you been physically ill in the last twelve months?"

As illustrated in Table 4 this hypothesis was not confirmed.

Table 3

SIMPLE REGRESSION OF PSYCHOLOGICAL WELL BEING AND DISTRESS
ON HEALTHY SEPARATION
(N=87)

Variable	Standardized Coefficient	t	p
<u>Psychological Well-being</u>			
Healthy Separation	.28	2.71	.01
	R = .28	F = 7.32	
<u>Psychological Distress</u>			
Healthy Separation	-.27	-2.56	.01
	R = .27	F = 6.54	

Table 4

SIMPLE REGRESSION OF NUMBER OF ILLNESSES AND SUBJECTIVE
ASSESSMENT OF BENEFITS TO THE STRESSFUL LIFE EVENT ON
INDIVIDUATION AS MEASURED BY THE HEALTHY SEPARATION
SCALE OF THE SITA
(N=86)

Variable	Standardized Coefficient	t	p
<u>Number of Illnesses</u>			
Healthy Separation	-.15	-1.39	.16 (n.s.)
	R = .15	F = 1.92	
<u>Benefits to Stressful Life Event (Yes vs. No)</u>			
Healthy Separation	-.14	-1.34	.18 (n.s.)
	R = .14	F = 1.79	

Hypothesis 4: Level of Individuation will be positively associated with the dimension of self-consoling appraisal which addresses meaning as measured by a "yes" response to the question, "Were there any benefits or positive outcomes because of this event?"

This hypothesis was not confirmed. Data related to this hypothesis is found in Table 4.

Hypothesis 5: Level of Individuation will be positively associated with the dimension of self-consoling appraisal which addresses the cause of the event as measured by the Attributional Style Questionnaire.

This hypothesis was not confirmed using the Healthy Separation Subscale of the SITA as illustrated in Table 5. A combination of subscales were used from the SITA in post-hoc analysis. This second form of analysis was conducted because the SITA's author has recently noted that a cluster of scale scores is a better measure of Individuation. These results are found in Table 6. The overall R for this analysis was .329, $p = .023$. As in the simple regression, the Healthy Separation Scale is not significantly correlated with Self-Consoling Appraisal. The Self-Centeredness scale of the SITA is also not significantly correlated with Self-Consoling Appraisal. A final subscale, Enmeshment is

negatively correlated with Self-Consoling Appraisal with $R = -.243$, $p = .008$. Further Pos-hoc analysis was conducted to examine whether failure at individuation as measured by the Separation Anxiety subscale would correlate with Self-Consoling Appraisal. Separation Anxiety was significantly related to some types of self-consoling attributions. ($R = .35$, $p = .002$) as shown in Table 10. The implications of these results are considered in the Discussion Section.

Table 5

REGRESSION OF SELF-CONSOLING APPRAISAL (COMPOSITE POSITIVE -
 NEGATIVE SCORE FROM THE ASQ) ON INDIVIDUATION (HEALTHY
 SEPARATION FROM THE SITA)
 (N=88)

Variable	Standardized Coefficient	t	p
<u>Composite Positive</u>			
Healthy Separation	.05	.44	.66 (n.s.)
<u>Composite Negative</u>			
Healthy Separation	.02	.18	.86 (n.s.)
<u>Composite Positive-Composite Negative</u>			
Healthy Separation	.05	.37	.71 (n.s.)

Table 6

MULTIPLE REGRESSION OF SELF-CONSOLING APPRAISAL (COMPOSITE POSITIVE - NEGATIVE, ASQ) ON DIMENSIONS OF INDIVIDUATION (N=88)

Variable	Standardized Coefficient	t	p
<u>Composite Positive</u>			
Healthy Separation	.05	.36	.71 (n.s.)
Enmeshment	-.05	-.44	.66 (n.s.)
Self Centeredness	.07	.63	.53 (n.s.)
R=.10	F=.25	p=.86 (n.s.)	
<u>Composite Negative</u>			
Healthy Separation	-.05	-.42	.67 (n.s.)
Enmeshment	.22	1.86	.07 (n.s.)
Self Centeredness	-.08	-.70	.48 (n.s.)
R=.21	F=1.30	p=.28 (n.s.)	
<u>Composite Positive-Composite Negative</u>			
Healthy Separation	.12	.98	.33 (n.s.)
Enmeshment	-.32	-2.72	.01
Self Centeredness	.19	1.67	.09 (n.s.)
R=.33	F=3.35	p=.02 (n.s.)	

Hypothesis 6: Level of Individuation will be positively correlated with scores on the Negative Affect Scales of the Differential Emotion Scale (DES IV) in describing immediate reactions to the stressful life event.

This hypothesis was not confirmed. A significant relationship was noted between the negative affect Disgust as measured by the DES-IV and Level of Individuation (as measured by Healthy Separation) $R=.23$, $p = .035$. (Table 7) This correlation was not in the expected direction.

None of the other Negative Affect Scales - Anger, Contempt, Guilt, Fear, Inner Hostility, Sadness, or Shame - were found to be significantly related to Healthy Separation.

Hypothesis 7: Hypotheses 1 through 5 will be more strongly confirmed for subjects who report an average score of at least 3 on at least one of the Negative Affects tapped in the DES-IV than in those who score 2 or below on all negative affects.

This hypothesis was not confirmed. Table 8 shows these results.

Table 7

SIMPLE REGRESSION OF NEGATIVE AFFECTS (ANGER, CONTEMPT,
DISGUST, FEAR GUILT, INNER HOSTILITY, SADNESS, AND SHAME) ON
HEALTHY SEPARATION
(N=88)

Variable	Standardized Coefficient	t	p
<u>Anger</u>			
Healthy Separation	-.04	-.42	.68 (n.s.)
R=.05			
<u>Contempt</u>			
Healthy Separation	.07	.68	.50 (n.s.)
R=.07			
<u>Disgust</u>			
Healthy Separation	-.23	-2.14	.04
R=.23			
<u>Fear</u>			
Healthy Separation	.0	.08	.94 (n.s.)
R=.08			
<u>Guilt</u>			
Healthy Separation	.172	1.61	.11 (n.s.)
R=.17			

Table 7
(Continued)
SIMPLE REGRESSION OF NEGATIVE AFFECTS (ANGER, CONTEMPT,
DISGUST, FEAR GUILT, INNER HOSTILITY, SADNESS, AND SHAME) ON
HEALTHY SEPARATION
(N=88)

Variable	Standardized Coefficient	t	p
<u>Inner Hostility</u>			
Healthy Separation	-.10	.92	.36
		(n.s.)	
R=.10			
<u>Sadness</u>			
Healthy Separation	-.05	-.45	.65
		(n.s.)	
R=.05			
<u>Shame</u>			
Healthy Separation	.05	.46	.65
		(n.s.)	
R=.05			

Table 8

COMPARISON OF PEARSON R'S FOR HYPOTHESES 1 THROUGH 5
 WITH SAMPLE DIVIDED INTO GROUPS.
 GROUP 1 = ABOVE 75TH PERCENTILE
 ON ONE OR MORE NEGATIVE AFFECTS;
 GROUP 2 = BELOW 75TH PERCENTILE
 ON ALL NEGATIVE AFFECTS

	Standardized Correlation		P
	Group 1	Group 2	
<u>Mental Health Inventory</u>			
Psychological Well-being	.41	.16	1.00 (n.s.)
Psychological Distress	-.39	-.16	.95 (n.s.)
<u>Stress-Illness</u>			
Number of Illnesses	-.02	-.22	.82 (n.s.)
<u>Attributional Style</u>			
Perceived Benefit to Stressor	-.13	-.18	.21 (n.s.)
Composite Positive minus Composite Negative	.19	-.06	1.00 (n.s.)

Table 9

GENDER DIFFERENCES AMONG VARIABLES

Variable	Males (N=37)		Females (N=51)		p
	Mean	S.D.	Mean	S.D.	
<u>Mental Health Inventory</u>					
Well-Being	45.60	8.97	45.39	11.38	.93
Distress	68.14	15.16	68.67	18.08	.14
<u>Attributional Style Questionnaire</u>					
Composite					
Positive-	2.27	1.77	2.87	2.38	.21
Composite					
Negative					
(CPCN)					
<u>Separation-Individuation Measure</u>					
Enmeshment	26.80	4.32	26.98	4.45	.85
Healthy					
Separation	33.67	5.09	34.28	5.07	.56
Self-					
Centeredness	28.57	4.38	28.71	4.50	.89
Symbiosis	27.16	3.91	28.60	4.17	.11
<u>Stress-Illness</u>					
Number of					
Illnesses	2.20	3.91	1.96	1.83	.49
<u>DES-IV</u>					
Anger	9.86	2.67	10.70	2.48	.14
Contempt	8.11	2.46	7.44	2.70	.24
Disgust	7.78	3.38	7.36	3.15	.56
Fear	6.67	2.51	9.38	3.50	.00 (a)
Guilt	9.22	3.05	9.76	2.44	.41
Inner Hostility	19.06	6.83	19.86	6.87	.59
Sadness	13.81	4.12	14.86	3.70	.22
Shame	21.81	7.72	30.44	9.31	.39

(a) indicates significance

N.B. There were no pairs of regressed variables in which both were impacted by gender significantly

Table 10

REGRESSION OF SELF-CONSOLING APPRAISAL
ON SEPARATION ANXIETY

Variable	Standardized Coefficient	t	p
<u>Composite Positive</u>			
Separation Anxiety	.24	2.20	.03
<u>Composite Negative</u>			
Separation Anxiety	.35	3.22	.00
<u>Composite Positive - Composite Negative (ASQ)</u>			
Separation Anxiety	.03	-.26	.07 (n.s.)

Discussion

General Summary of Findings

The prediction that individuation would be significantly related to psychological well-being and negatively correlated with psychological distress was upheld. The prediction that individuation would be significantly correlated with frequency of illness was not upheld. The tenuous nature of the measure of illness frequency may be the reason for this and is elaborated upon below.

The key hypotheses of the study attempting to link individuation level with capacity to use self-consoling appraisal were not supported. Two dimensions of these appraisals were regressed on individuation. These were 1) perception of meaningfulness or benefit attached to the stressor and 2) causal explanations that are external or nonspecific or unstable.

The first dimension, meaning, was measured by direct questioning of subjects about any perceived benefit to a real life stressor they experienced. Their response to this question was not significantly related to individuation level.

The second dimension of self-consoling appraisal - causal explanations- was measured using the Attributional Style Questionnaire. It had been predicted that a self-

consoling style - synonymous with use of external, specific, and unstable explanations for a negative event - would be related to individuation level. This was not found to be the case.

Further analyses were conducted on this hypothesized relationship in line with Levine's recent recommendations that a constellation of scale scores depict the Individuated person better than do single scores from the Healthy Separation scale. He characterizes the person who is individuated as having elevations on Enmeshment, Healthy Separation, and Self Centeredness Scales. This signifies a capacity for intimacy, a capacity for independent endeavors, and healthy narcissism respectively.

It appears that the causal dimension of self-consoling appraisal is indeed related to some dimensions of the well individuated person as conceptualized by Levine and the authors (Mahler and Blos) whom he draws upon for his theories. Specifically Self Centeredness, reconceptualized after extensive research by Levine as a measure of healthy and appropriate narcissism in young adults, approaches significance as a predictor of self-consoling causal explanations. In the multiple regression, as in the simple regression Healthy Separation was not found to be significantly related to use of self-consoling causal explanations. Self Centeredness was also found to not be

significantly related to use of self-consoling causal explanations.

Levine states that the Enmeshment scale should correlate with the Self Centeredness scale to reflect the dual capacities of the well individuated person - 1) healthy amounts of self focus balanced by 2) the capacity to give up narcissism and become invested in personal relationships with others. The relationship between Enmeshment and Self-consoling Appraisal was indeed significant but not in the direction expected. Instead, Enmeshment was significantly negatively correlated with self-consoling appraisal. The more enmeshed the less likely the person would use self-consoling appraisal. This result suggests a need for a refining of concepts and of the scales within the SITA.

Psychological Well-Being and Individuation

Since Individuation is considered contrary to dysfunctional personality types (eg. Borderline) it is consistent that the measure of Individuation chosen for this study would correlate with a mental health measure of well-being. The importance of the positive correlation with this particular measure however is that the MHI Psychological Well-Being Scale does not restrict itself to a minimal definition of mental health with its usual emphasis on an absence of dysfunction. Instead the Well-Being scale is designed to encompass more optimal states of functioning including items that cover feeling cheerful and showing interest in and enjoyment in life. Therefore Individuation is associated not just with an absence of pathology but with a presence of a positive experience of daily living.

The confirmation of the hypothesis proposing a significant negative association between Individuation and Psychological Distress is consistent with previous studies (Levine, 1987) in which Individuation Scores differentiated Clinical from Nonclinical Groups. The MHI measure is distinct in tapping a wide range of psychological distress symptoms such as Loss of Behavioral and Emotional Control, Depression, and Anxiety.

Frequency of Illness and Individuation

As noted by stress researchers the relationship between stress and illnesses is a complex one with multiple

moderator variables involved. One possible moderator variable interfering with a connection between individuation and illness in this study is the youthfulness of this sample. Relative to older populations subjects in this sample are likely to have characteristics associated with youth such as strong immune systems and available social support both of which are known to buffer against illness.

An alternate explanation for the lack of a significant relationship between individuation and illness is that the measures in this study are not sufficiently refined to capture the hypothesized connection between level of illness and level of individuation. Subjects are asked to recall the number of times they have been ill in the last twelve months. A more appropriate measure might link illness incidence to the stressor the subject identified. For example, subjects would be asked to recall how often they were ill in the twelve months following their exposure to the stressor.

Another measurement problem might be that the method for obtaining illness frequency is retrospective and subjective. This leaves room for errors in recollection that results in misportrayal of illness frequency. A urinary tract infection, a common reaction to stress, may be counted by some subjects as one illness even if it eventually becomes a kidney infection. Similarly a cold that becomes pneumonia and involves several doctor visits

over a period of eight weeks should not be counted as one illness.

One way to capture more accurate health data would be to track records at a Student Health Center (with subject release forms an obvious prerequisite). In lieu of this, a subject diary, which would then be coded by the investigator and which would eliminate recollection biases, would provide better data.

In cases such as those described above, where illnesses may become more serious over time, level of individuation may well be a factor because the self-protectiveness and self-care which reduce the likelihood that a condition will worsen are theoretically linked to individuation.

Self-Consoling Appraisal: Perceived Benefit to the Stressor and Individuation

The cognitions which emphasize a benefit to a stressful life event are well documented by researchers such as Kobasa (1979) and Taylor (1984). A more extensive approach to the hypothesis linking these to individuation should be employed before the lack of confirmation in this study is considered definitive. The use of these cognitions about benefit to the stressor was assessed in a limited way - through the use of a single question. Asking this question in more and different ways could allow for

assessing positive cognitions akin to those specified by Taylor. Alternatively, an interview format could allow for probing of cognitions about the event to determine if the subject is resigned, cynical, bitter or feisty, reflective, hopeful. The major studies conducted by researchers such as Taylor, Janoff-Bulman, and Wortman have employed interview techniques which in their interactive nature allow for more flexibility.

In this study the stressor specified by the subject was not categorized by content. While an attempt was made to give homogeneity to the stressors considered by subjects by specifying that the events "should be over rather than in process and should be considered unchangeable and unwelcome (precluding desired changes like planned pregnancy, marriage, new job, or inheriting a large sum of money)" higher quality data could be forthcoming from an effort to categorize stressors more specifically by content. Data could be analyzed with attention to interactions between stressor type and cognitions. Stressor categories might include loss of loved one, failure experience, debilitating illnesses, and out of season death among others.

Post-hoc Analysis: Self-Centeredness and Self-Consoling Appraisal

The lack of a significant relationship between the Healthy Separation Scale of the Individuation Measure and Self-Consoling Appraisal as measured by the Attributional Style Questionnaire was not considered conclusive in light of the fact that Levine (1987) has recently advocated for the use of a cluster of scale scores as a more significant measure of the multiple dimensions of Individuation.

After noting weaknesses in the Healthy Separation Scale as a measure of Individuation the Instruments author John Levine, in recent publications (1987) and in personal communication (1988) with this study's author, proposes a better measure of individuation. He notes that two characteristics are associated in his recent studies with the highly individuated personality - a focus on the self and a capacity to form deep connections with others. In other words "healthy narcissism" along with the ability to give up narcissism to invest in relationships with others are seen as characterizing the well individuated person.

These findings have caused Levine to recommend that a combination of subscale scores from the SITA are a better index of individuation than is the scale labeled Healthy Separation. The specific scales Levine combines to measure individuation are Enmeshment, Symbiosis, Healthy Separation, and Self-Centeredness.

Levine notes that unfortunately terms like enmeshed and self-centered, used for the original scale labels, reflect a bias toward pathology when in fact in the amounts tapped by the instrument they reflect a capacity to experience attachment in balance with a healthy concern for self. He makes the case that the ability to move between a merged state with peers and significant others and a self-focused state is the logical and optimal outcome of Mahler's stages of separation-individuation in early childhood and Blos's stages of individuation in adolescence.

As a result of Levine's revised thinking on the scale scores reflecting Individuation, hierarchical multiple regression was employed so that the four scale scores (Enmeshment, Symbiosis, Healthy Separation, and Self-Centeredness) he specified were used to predict the chief variable of interest in this study, Self-Consoling Appraisal, as measured by the Attributional Style Questionnaire.

The conceptual linkage between Enmeshed and Symbiosis resulted in multicollinearity in the multiple regressions. Therefore the scale contributing the most to the regression was retained - Enmeshment.

Neither Self-Centeredness nor Healthy Separation were found to be significantly related to use of self-consoling causal explanations. The relationship between Enmeshment and Self-consoling Appraisal was indeed significant but not

in the direction expected. Instead, Enmeshment was significantly negatively correlated with self-consoling appraisal.

Post-hoc Analysis: Enmeshment and Self-Consoling Appraisal

Enmeshment level is a negative predictor of self-consoling appraisal. The more an individual has the tendency to involve themselves in deep personal relationships the more likely they are to use internal, stable, and global attributions for negative life events. These individuals do not use the same types of self-blaming attributions for positive life events. It is possible that internal, stable, global attributions are a method for coping when blaming others would suggest to the enmeshed person a possible disruption or conflict in a highly valued relationship. Therefore they opt for blaming the self to preserve the relationship. This approach to avoiding conflict may well be extreme and unhealthy. Or, this person may be sensitive to others as evidenced by their capacity of depth in relationships and also sensitive to and introspective about their role in events.

Self centeredness approaches significance as a positive predictor of self-consoling appraisal. The fact that self centeredness has this relationship to self-consoling appraisal could be explained by virtue of this scale being a measure of healthy narcissism and self-

consoling appraisal is theoretically a byproduct of the high self esteem associated with healthy narcissism. Or, more pessimistically, this may not be a person with a healthy level of narcissism at all as evidenced by the fact that enmeshment is a negative correlate. Instead this may be a person who does not self blame because they find others more convenient repositories for blame and because they generally have superficial rather than deep relationships with others which reinforces this tendency to not examine the self for fault.

Regardless of which of these explanations hold up in future research this data suggests that only some dimensions of individuation are related to self-consoling appraisal. This suggests that it is not individuation but narcissism or self regard or superficiality which correlates with self-consoling appraisal. The idea that individuation (as defined by the clustering of scale scores selected by Levine) is correlated with self consolation is not supported.

Post-hoc Analysis: Separation Anxiety and Self-consoling Appraisal

Further Post-hoc analysis was performed on this data set. The Separation Anxiety Scale from the SITA was regressed on the Self-consoling Appraisal Measure (The Attributional Style Questionnaire). This analysis was

undertaken because the previous regressions did not establish the hypothesized relationship between Individuation Level and Self-consoling Appraisal.

The author was concerned about the quality of the measure of Individuation used in this study and chose to examine whether there is a relationship between Self-Consoling Appraisal and the Separation Anxiety Subscale, a scale which should indicate problems with individuation (or, more precisely, the residual effects of struggles with individuation during the rapprochement subphase of infancy and adolescence). This analysis offers a different perspective from that used to test the formal study hypotheses. In contrast to the previous regression analyses which examined the relationship between success at individuation and Self-Consoling Appraisal this analysis was concerned with the relationship between problems at individuation and self-consoling appraisal.

The Separation Anxiety Scale scores were in fact positively correlated with the Self-consoling Appraisal Scores. Separation Anxiety Scores were significantly correlated with the Composite Positive Scale of the Attributional Style Questionnaire ($R = .24$, $p = .031$) and with the Composite Negative Scale ($R = .35$, $p = .002$.) These results are shown in Table 10.

As a result of being correlated with both composite scale scores the Separation Anxiety scores were not found to

be significantly correlated with the overall Composite Positive minus Composite Negative Score which measures use of internal, stable, and global attributions for positive life events in relation to use of these attributions for negative events. This result suggests that the cognitive style of these subjects is such that they cannot separate themselves out from an event regardless of the nature of the event.

Examination of the subscales which make up these composite scores reveals that the separation anxious individual uses stable and internal attributions. This means that given a particular negative or positive life scenario a separation anxious individual will see themselves as the cause of the event and will see this cause within themselves as continuing into the future. The data does not establish a relationship between separation anxiety and attributions which are global. This means that while separation anxious individuals attribute negative and positive occurrences to something permanent in themselves they do not see this trait or behavior pattern as necessarily influencing many situations in their life.

The question arises - why does Separation Anxiety correlate significantly with self-consoling appraisal when its conceptual opposite - Individuation - does not?

Levine has noted that the Healthy Separation Scale as a measure of Individuation is less validated than are the

"pathology" indices within the instrument, among them the Separation Anxiety scale. In other words, his instrument is capturing dysfunctional individuation far better than optimal individuation.

Negative Affects and Individuation

Only Disgust was found to be correlated with Individuation among the negative affects examined in this study and this correlation was not in the expected direction.

Negative Affects and Individuation and Psychological Well-Being, Psychological Distress, and Self-consoling Appraisal

This hypothesis was included to distinguish between trivial adoption of an outward positive stance in order to deny negative affect and the use of self-consoling appraisal alongside or subsequent to the experience of negative affect. Lack of denial was operationalized as experience of one or more negative affects at a moderate or high level.

The original plan to divide subjects into groups scoring three or above versus below three on the Negative Affects Scales was determined to be less sound (because it relied on an arbitrary scale point) than dividing the subjects into groups as determined by characteristic responses of this sample.

The analysis was performed using the criteria that all subjects scoring in the 75th percentile or above on one or more of the negative affects were placed in Group 1 (n=46) and all subjects scoring below the 75th percentile on all negative affects were placed in Group 2 (n=42). None of the relationships considered in Hypotheses 1 through 5 were more strongly confirmed when a tests for significance in the difference between the Pearson R's was performed.

Inappropriate operationalization of denial could be the reason for a lack of confirmation of the hypothesis in question. While the DES-IV is a well respected instrument for gauging affective reactions to events it may not be useful in the role of a measure of denial. It does not ask subjects explicitly about some feelings but gets at these indirectly. A measure of denial should perhaps ask a subject in an open ended manner to describe feelings associated with the event.

In addition to measurement problems there may be other explanations for the lack of confirmation of denial and individuation as respectively negative and positive predictors of self-consoling appraisal. The fact that subjects were given wide latitude in reporting an event of the recent or distant past could have effected results. Recollection of affective states for an event one month in the past is undoubtedly different than recollection for an event one year in the past. The variable of time in

relation to recollection of affective experience needs to be more tightly controlled in order to obtain meaningful data.

Limitations of the Study

A replication of components of the study using tighter measures of phenomenon of interest could be fruitful. In this area of research either interview data which allows the probing necessary for meaningful response or observer data which allows for the study of objective versus subjective perceptions would likely produce more meaningful results.

Finally measures should be created to address the major dependent and independent variables of this study in a more concise manner. A measure of self-consoling cognitions which is more expansive than that offered by the Attributional Style Questionnaire and which captures the variety of cognitions noted in Taylor's research would be useful. The creation and validation of such an instrument in itself could encompass a major research endeavor.

Further exploration of the concept of Individuation by creating more refined instruments and by using the fine scale developed by Levine is called for because this construct promises clinicians meaningful data in the future.

One such study could compare associations to projectives depicting scenes meaningful to separation-individuation processes, i.e., leaving home and compare coded responses to scores on the Individuation scales. It could be informative to study unconscious associations to separation-individuation



themes and compare these with the pencil and paper measures to learn more about the complicated phenomena known as individuation and self-consolation.

Areas for Further Research

The results of this study suggest that further research could be beneficial in distinguishing between so called "healthy" versus "pathological" narcissism. It would be important to know at what ages the elevations on narcissism scales are a good indicator of individuation versus at what ages they may indicate regression.

The relationship between individuation, narcissism, and self-consoling forms of cognition should be explored further. This study raises the question of whether those individuals who have a healthy amount of narcissism but can abandon narcissistic self concern to invest in generative and intimate relationships with others would also be able to employ self-consoling appraisal to buffer themselves against taking in a harsh, depressing picture of a stressful life event and its implications as can their counterparts who do not invest in interpersonal relationships. Or, is their sensitivity to relationship with others such that they cannot be insensitive to any detail in their environment which gives them more data for cynicism ultimately rather than the illusions which bolster hopefulness that the self-consoler has at their disposal.

APPENDIX

INFORMED CONSENT FORM
STRESSFUL LIFE EVENT STUDY

Thank you for agreeing to participate in this study.

After you have completed the informed consent form, please answer the questionnaires in the order that they appear in. Record your answer on one of the two computer scoring sheets. Remember to complete the forms in the order they appear in.

When you are finished hand in your packet to the experimenter. At that time you will be given a sheet explaining the nature and purpose of the study and where to go to learn more about this research if you are interested. If you have any questions while completing the questionnaires raise your hand and someone will come to your desk. Otherwise, you may begin.

INFORMED CONSENT

I freely consent to participate in the study entitled: Stressful Life Events. I understand that I will be asked to complete several questionnaires about my reactions to a stressful life event and about my current feelings and thoughts in general and about the event. The study questionnaires will take approximately 40 minutes to complete.

I understand that my answers are kept completely confidential and that I will remain anonymous. My answers will be identified only by my subject number. I understand that the results of this study will be made available to me if I so wish but that I will not be personally identified with these results. I also understand that, at any time during the experiment I may discontinue my involvement. After I complete and return the forms used for this study I will receive a sheet explaining the purpose of this study. I understand that if I have any questions I may contact Mary Newcomb (312) 328-6002 or Bert Karon, Ph.D. 353-2159.

Signature _____

Date _____

RECENT STRESSFUL LIFE EVENT QUESTION:

Please describe an event that has occurred in your life that was difficult for you to deal with. The type of event we would like to hear about should be one that you felt you could not do anything to change. Some examples of this type of event would be: a close friend moved far away, you broke up with a girlfriend or boyfriend, your parents divorced, or you or someone close to you was in an accident.

After telling us what happened on the lines below, answer the questions beginning on the next page about this event. Record your answers on the computer scoring sheet.

MHI

THESE NEXT QUESTIONS ARE ABOUT HOW YOU FEEL, AND HOW THINGS HAVE BEEN WITH YOU MOSTLY WITHIN THE PAST MONTH.

FOR EACH QUESTION, PLEASE FILL IN THE SPACE ON YOUR ANSWER SHEET WITH THE NUMBER FOR THE ONE ANSWER THAT COMES CLOSEST TO THE WAY YOU HAVE BEEN FEELING.

1. How happy, satisfied, or pleased have you been with your personal life during the past month?
 1. Extremely happy, could not have been more satisfied or pleased.
 2. Very happy most of the time
 3. Generally satisfied, pleased
 4. Sometimes fairly satisfied, sometimes fairly unhappy.
 5. Generally dissatisfied, unhappy
 6. Very dissatisfied, unhappy most of the time
2. How much of the time have you felt lonely during the past month?
 1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
3. How often do you become nervous or jumpy when faced with excitement or unexpected situations during the past month?
 1. Always
 2. Very often
 3. Fairly often

4. Sometimes
 5. Almost never
 6. Never
4. During the past month, how much of the time have you felt that the future looks hopeful and promising?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
5. How often do you eat too much?
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
6. How much of the time, during the past month, has your daily life been full of things that were interesting to you?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time

7. How much of the time, during the past month, did you feel relaxed and free of tension?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
8. During the past month, how much of the time have you generally enjoyed the things you do?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
9. During the past month, have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory?
1. No, not at all
 2. Maybe a little
 3. Yes, but not enough to be concerned or worried about it
 4. Yes, and I am a little concerned
 5. Yes, and I am quite concerned
 6. Yes, and I am very much concerned about it

10. In general would you say your morals have been above reproach?
 1. Yes, definitely
 2. Yes, probably
 3. I don't know
 4. Probably not
 5. Definitely not
11. Did you feel depressed during the past month?
 1. Yes, to the point that I did not care about anything for days at a time
 2. Yes, very depressed almost every day
 3. Yes, quite depressed several times
 4. Yes, a little depressed now and then
 5. No, never felt depressed at all
12. During the past month, how much of the time have you felt loved and wanted?
 1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
13. How much of the time, during the past month, have you been a very nervous person?
 1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time

5. A little of the time
 6. None of the time
14. When you got up in the morning, this past month, about how often did you expect to have an interesting day?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
15. How often have there been times in your life when you felt you acted like a coward?
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
16. During the past month, how much of the time have you felt tense or "high-strung"?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
17. During the past month have you been in firm control of your behavior, thoughts, emotions, feelings?
1. Yes, very definitely

2. Yes, for the most part
 3. Yes, I guess so
 4. No, not too well
 5. No, and I am somewhat disturbed
 6. No, and I am very disturbed
18. During the past month, how often did your hands shake when you tried to do something?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
19. During the past month, how often did you feel that you had nothing to look forward to?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
20. Would you say you give every penny you can to charity?
1. Yes, definitely
 2. Yes, for the most part
 3. Yes, I try
 4. No

21. How much of the time, during the past month, have you felt calm and peaceful?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

22. How much of the time during the past month have you felt emotionally stable?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

23. How much of the time, during the past month, have you felt downhearted and blue?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

24. How often have you felt like crying, during the past month?

1. Always
2. Very often

3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
25. In choosing your friends, how important to you are things like their race, their religion, or their political beliefs?
1. Always very important
 2. Almost always important
 3. Usually important
 4. Not too important
 5. Hardly ever important
 6. Not important at all
26. During the past month, how often did you feel that others would be better off if you were dead?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
27. How much of the time, during the past month, were you able to relax without difficulty?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time

6. None of the time
-
28. During the past month, how much of the time did you feel that your love relationships, loving and being loved, were full and complete?
 1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
-
29. How often, during the past month, did you feel that nothing turned out for you the way you wanted it to?
 1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
-
30. How much have you been bothered by nervousness, or your "nerves", during the past month?
 1. Extremely so, to the point where I could not take care of things
 2. Very much bothered
 3. Bothered quite a bit by nerves
 4. Bothered some, enough to notice
 5. Bothered just a little by nerves
 6. Not bothered at all by this

31. During the past month, how much of the time has living been a wonderful adventure for you?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
32. If it is more convenient for you to do so, how often will you tell a lie?
1. Very often tell a lie
 2. Fairly often
 3. Sometimes tell a lie
 4. Almost never
 5. Never tell a lie
33. How often, during the past month, have you felt so down in the dumps that nothing could cheer you up?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
34. During the past month, did you ever think about taking your own life?
1. Yes, very often
 2. Yes, fairly often
 3. Yes, a couple of times



4. Yes, at one time
 5. Never
35. During the past month, how much of the time have you felt restless, fidgety, or impatient?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
36. How often have you done anything of a sexual nature that society does not approve of?
1. Very often
 2. Fairly often
 3. Sometimes
 4. Almost never
 5. Never
37. During the past month, how much of the time have you been moody or brooded about things?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
38. How much of the time, during the past month, have you felt cheerful, light-hearted?
1. All of the time

2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
39. During the past month, how often did you get rattled, upset, or flustered?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
40. Are your table manners at home just as good as they are when you are invited out to dinner?
1. Yes, always just as good
 2. Yes, with rare exceptions
 3. Yes, usually just as good
 4. No, usually worse at home
 5. No, quite a bit worse at home
 6. No, very bad at home
41. During the past month, have you been anxious or worried?
1. Yes, extremely so, to the point of being sick or almost sick
 2. Yes, very much so
 3. Yes, quite a bit
 4. Yes, some, enough to bother me

5. Yes, a little bit
 6. No, not at all
42. During the past month, how much of the time were you a happy person?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
43. How often during the past month did you find yourself having difficulty trying to calm down?
1. Always
 2. Very often
 3. Fairly often
 4. Sometimes
 5. Almost never
 6. Never
44. During the past month, how much of the time have you been in low or very low spirits?
1. All of the time
 2. Most of the time
 3. A good bit of the time
 4. Some of the time
 5. A little of the time
 6. None of the time
45. How often, during the past month, have you been waking up feeling fresh and rested?

1. Always, every day
 2. Almost every day
 3. Most days
 4. Some days, but usually not
 5. Hardly ever
 6. Never wake up feeling rested
46. During the past month, have you been under or felt you were under any strain, stress, or pressure?
1. Yes, almost more than I could stand or bear
 2. Yes, quite a bit of pressure
 3. Yes, some, more than usual
 4. Yes, some, but about normal
 5. Yes, a little bit
 6. No, not at all

SITA

Listed below are a number of statements which describe various feelings, attitudes, and behaviors that people have. Read each statement and then mark on your answer sheet.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

Please answer all of the questions. If you have difficulty answering a particular question, choose the response which is closest to your feelings on that item, even though you may not feel strongly one way or another.

In marking your choices, be sure the number of the statement you have just read is the same number you are marking on the answer sheet.

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NOTE: BEGIN WITH NUMBER 47 ON YOUR ANSWER SHEET

- 47. Sometimes my parents are so overprotective I feel smothered.
- 48. I sometimes feel so powerful that it seems like there is no feat which is too difficult for me to conquer.
- 49. Being alone is a very scary idea for me
- 50. Often I don't understand what people want out of a close relationship with me.
- 51. I enjoy being by myself and with others approximately the same.

(0) if the statement is always true for you or you strongly agree with it,

(1) if the statement is usually true for you or you generally agree with it ,

(2) if the statement is sometimes true for you or you slightly agree with it,

(3) if the statement is hardly ever true for you or you generally disagree with it,

(4) if the statement is never true for you or you strongly disagree with it.

52. I can't wait for the day that I can live on my own and am free from my parents.

53. Sometimes it seems that people really want to hurt me.

54. I worry about death a lot.

55. Most parents are overcontrolling and don't really want their children to grow up.

56. Sometimes I think how nice it was to be a young child when someone else took care of my needs.

57. I am friendly with several different types of people.

58. I don't see the point of most warm, affectionate relationships.

59. I particularly enjoy looking at my own body in the mirror.

60. One of my parents knows me so well they almost always know what I'm thinking

61. If I told someone about the troubles I have, they would probably not understand.

62. I do best when I'm by myself and don't have other people around to bother me.

63. Even when I'm very close to another person, I feel I can be myself.

64. Usually when I'm doing something with my friends I act like a leader.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

- 65. I feel lonely when I'm away from my parents for any extended period of time.
- 66. During the past 10 years I have not slept more than 3 hours per night at any time.
- 67. Most people are basically worried about their own good and don't care about helping other people.
- 68. I feel so comfortable with one of my friends that I can tell him/her anything I feel.
- 69. I frequently worry about being rejected by my friends.
- 70. My friends and I have some common interests and some differences.
- 71. I don't feel that love has much of a place in my life.
- 72. I frequently worry about breaking up with my girlfriend/boyfriend.
- 73. My parents seem much more concerned about their own plans than they do about mine.
- 74. Even with my good friends I couldn't count on them to be there if I really needed them.
- 75. I feel that other people interfere with my ability "to do my own thing"
- 76. Being close to someone else is uncomfortable.
- 77. Although my best friend does things I do not like, I still care about him/her a great deal.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

- 78. Considering most of the people I know, I find myself comparatively better off.
- 79. I often feel rebellious toward things my parents tell me to do.
- 80. I am comfortable with some degree of conflict in my close relationships.
- 81. Sometimes I feel very sad about having to say goodbye to a teacher I really like.
- 82. Sometimes I amaze myself with my own capabilities and talents.
- 83. I think about some of my friends when I'm alone because I miss them.
- 84. My life is fulfilled without having best friends.
- 85. Although I'm like my close friends in some ways, we're also different from each other in other ways.
- 86. I am quite worried that there might be a nuclear war in the next decade that would destroy much of this world.
- 87. My friendships tend to be of the "best-friend" kind.
- 88. I feel dominated by my boyfriend/girlfriend.
- 89. I feel that other people admire and look up to me.
- 90. One of my friends knows me so well I feel he/she can practically read my mind.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

- 91. Friendship isn't worth the effort it takes.
- 92. While I like to get along well with my friends, if I disagree with something they're doing, I usually feel free to say so.
- 93. I have a habit of switching from one close relationship to another.
- 94. The teacher's opinion of me as a person is very important to me.
- 95. My parents seem very uninterested in what's going on with me.
- 96. I know some of my friends so well, it seems like I can read their minds.
- 97. I feel overpowered or controlled by people around me.
- 98. When I'm with a group of friends, I sometimes act like the leader and at other times more like a follower.
- 99. I think it is silly when people cry at the end of an emotional movie.
- 100. With my favorite teacher, I can share some of my most personal fears and concerns.
- 101. I believe that God looks over and protects me from danger.
- 102. It sometimes seems that my parents wish they hadn't ever had me.
- 103. I don't really need anyone.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

104. It's quite a struggle for me to be a person independent from my parents.

105. I had many fears of monsters and/or ghosts when I was younger.

106. I'm quite worried about the possibility of one of my parents dying.

107. When I think of the people that are most important to me I wish I could be with them more and be closer to them emotionally.

108. I feel particularly comfortable when I'm doing things with a group of friends together rather than by myself.

109. It's hard for me to really trust anyone.

110. One of my favorite teachers is amazingly similar to me in personality.

111. Even when they don't say it, I can sometimes tell that people admire me by the look in their eyes.

112. I don't really love anyone.

113. My parents keep close tabs on my whereabouts.

114. In school, I have a special relationship with one teacher that goes further than the average teacher-student bond.

115. I feel my parents' rules restrict my freedom too much.

116. I have not seen the sun shine for over a year now.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

- 117. People sometimes seem amazed by my own abilities
- 118. When I am truly friendly with someone, it's usually the case that they know both my good parts and my bad parts.
- 119. Eating delicious food is one of the greatest pleasures in my life
- 120. I feel that the degree to which I satisfy the needs of my friends and they satisfy my needs is approximately equal
- 121. There's a certain sense of oneness that I feel with other people
- 122. I see dependency as a sign of weakness.
- 123. When I hope somebody will do something for me, I often find myself disappointed.
- 124. No one seems to understand me
- 125. Before I go to sleep at night, I sometimes feel lonely and wish there were someone around to talk to or just to be with.
- 126. If I let myself get close to someone else I would probably get burned.
- 127. There is a sense of interconnectedness that links people of all kinds together
- 128. God knows my life - I will go where he leads me.
- 129. Other people are easily impressed by me.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

- 130. Sometimes it seems my parents really hate me.
- 131. I have no living relatives on this earth at the present time.
- 132. As long as I don't depend on anyone I can't get hurt.
- 133. Knowing that other people find my physical appearance attractive is very pleasing to me.
- 134. I often sense admiration from those around me.
- 135. At home, I seem to be "in the way" a lot.
- 136. The idea of going to a large party where I would not know anyone is a scary one for me.
- 137. I feel special, compared to other people.
- 138. In my group of friends I am often the center of attention
- 139. I preferred the younger years of life when I could rely more on my parents for guidance to get along.
- 140. I usually get positive "vibes" from other people regarding how they feel about me.
- 141. I don't have much of a need for close friendships with others.
- 142. I worry about being disapproved of by my teachers.
- 143. Other people seem to be impressed by my capabilities.

- (0) if the statement is always true for you or you strongly agree with it,
- (1) if the statement is usually true for you or you generally agree with it,
- (2) if the statement is sometimes true for you or you slightly agree with it,
- (3) if the statement is hardly ever true for you or you generally disagree with it,
- (4) if the statement is never true for you or you strongly disagree with it.

144. I would like to always live in the same town as my parents and siblings so we could spend a lot of time together.

145. My teachers give me advice about my social life.

146. I like parties best when my close friends are there and there is an intimate atmosphere.

147. My personal plans are more important than my relationships.

148. I am greatly looking forward to getting out from under the rule of my parents.

149. I would get upset if I found out my teacher was mad at me or disappointed in me.



DES-IV

Take a minute to think about how you felt right after you became aware of the stressful situation you just mentioned. In the first day or so after the stressful event, please indicate how often you would:

- (1) Rarely or Never
- (2) Hardly Ever
- (3) Sometimes
- (4) Often
- (5) Very Often

1. Feel regret, sorry about something you did
2. Feel sheepish, like you do not want to be seen
3. Feel glad about something
4. Feel like something stinks, puts a bad taste in your mouth
5. Feel you can't stand yourself
6. Feel embarrassed when anybody sees you make a mistake
7. Feel unhappy, blue, downhearted
8. Feel surprised, like when something suddenly happens you had no idea would happen
9. Feel like you are blushing
10. Feel like somebody is a low-life, not worth the time of day
11. Feel like you are not worth anything
12. Feel shy, like you want to hide
13. Feel like what you're doing or watching is interesting
14. Feel scared, uneasy, like something might harm you
15. Feel mad at somebody

DES-IV Page 2

Respondent # _____

In the first day or so after the stressful event, how often did you:

- (1) Rarely or Never
- (2) Hardly Ever
- (3) Sometimes
- (4) Often
- (5) Very Often

- 16. Feel mad at yourself
- 17. Feel ashamed because you do not know what to do
- 18. Feel happy
- 19. Feel like somebody is a "good-for-nothing"
- 20. Feel you are a "good-for-nothing"
- 21. Feel like someone made you look like a fool
- 22. Feel so interested in what you're doing that you're caught up in it
- 23. Feel amazed, like you can't believe what's happened, it was so unusual
- 24. Feel fearful, like you're in danger, very tense
- 25. Feel like you are dumb
- 26. Feel like screaming at somebody or banging on something
- 27. Feel sad and gloomy, almost like crying
- 28. Feel like you did something wrong
- 29. Feel bashful, embarrassed
- 30. Feel disgusted, like something is sickening
- 31. Feel joyful, like everything is going your way, everything is rosy
- 32. Feel like people laugh at you

DES-IV Page 3

Respondent # _____

In the first day or so after the stressful event, how often did you:

- (1) Rarely or Never
- (2) Hardly Ever
- (3) Sometimes
- (4) Often
- (5) Very Often

33. Feel like things are so rotten they could make you sick

34. Feel sick about yourself

35. Feel worried about the way you look

36. Feel like you are better than somebody

37. Feel you are no good, a nobody

38. Feel like you ought to be blamed for something

39. Feel like whatever you do will not be very good

40. Feel the way you do when something unexpected happens

41. Feel alert, curious, kind of excited about something

42. Feel angry, irritated, annoyed with somebody

43. Feel angry and annoyed with yourself

44. Feel like you cannot say what you want to say as well as
others

45. Feel discouraged, like you can't make it, nothing's
going right

46. Feel ashamed, like you want to disappear

47. Feel afraid

48. Feel like people always look at you when anything goes
wrong

49. Feel lonely

50. Rate how difficult this event was for you by filling in the correct number

(0). not too difficult to deal with

(1). pretty difficult to deal with

(2). extremely difficult to deal with

(3). the most difficult kind of event to deal with

51. How much time has gone by since this event occurred?

up to 1 month, answer 0

(0) more than 1 month and up to 3 months

(1) more than 3 months and up to 6 months

(2) more than 6 months and up to 1 year

(3) more than 1 year and up to 2 years

(4) more than 2 years and up to 3 years

(5) more than 3 years and up to 4 years

(6) more than 4 years and up to five years

(7) more than 5 years

What was the one major cause of this event?

Answer here:

Answer questions below on the computer sheet

to other people 1 2 3 4 5 6 7 to me

again be 1 2 3 4 5 6 7 be present
present

[illegible]

if yes, please explain here:

(56) How many times have you been physically ill in the last twelve months (only consider illnesses that made you change your normal routine of activities)? For zero to eight times fill in the circle that matches your answer, for any number over eight illnesses fill in space 9 on your answer sheet.

ASQ

DIRECTIONS: 1) Read each situation and vividly imagine it happening to you. 2) Decide what you believe would be the major cause of the situation if it happened to you 3) Write this cause in the blank provided 4) Answer three questions about the cause, filling in one space per question. Choose from spaces 1 - 7. Do not fill in 0,8, or 9. 5) Go on to the next situation 6) Write on the answer sheet only. Please do not write on this questionnaire

SITUATIONS:

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE

Write down the one major cause.

57) Is the cause of your friends compliment due to something about yourself or something about other people or circumstances?

record your answer on the computer sheet

Totally due								Totally due
to other people	1	2	3	4	5	6	7	to me
or circumstances								

58) In the future when you are with your friend, will this cause again be present?

record your answer on the computer sheet

Will never							Will always
again be	1	2	3	4	5	6	7
be present							be present

59) Is the cause something that just affects interacting with friends or does it also influence other areas of your life?

record your answer on the computer sheet

Influences just							Influences
this particular	1	2	3	4	5	6	7
situation							all situations
							in my life

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

Write down the one major cause.

60) Is the cause of your unsuccessful job search due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	Totally due 7 to me
--	---	---	---	---	---	---	------------------------

61) In the future when looking for a job, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	Will always 7 be present
--------------------------------------	---	---	---	---	---	---	-----------------------------

62) Is the cause something that just influences looking for a job or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	Influences 7 all situations in my life
---	---	---	---	---	---	---	--

YOU BECOME VERY RICH.
Write down the one major cause.

63) Is the cause of your becoming rich due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	Totally due 7 to me
--	---	---	---	---	---	---	------------------------

64) In your financial future, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	Will always 7 be present
--------------------------------------	---	---	---	---	---	---	-----------------------------

65) Is the cause something that just affects obtaining money or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	Influences 7 all situations in my life
---	---	---	---	---	---	---	--

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP THEM.
Write down the one major cause.

66) Is the cause of your not helping your friend due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	Totally due to me
--	---	---	---	---	---	---	----------------------

67) In the future when a friend comes to you with a problem, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

68) Is the cause something that just affects what happens when a friend comes to you with a problem or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY.

Write down the one major cause.

69) Is the cause of the audience reacting negatively due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

70) In the future when giving talks, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

71) Is the cause something that just influences giving talks or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU DO A PROJECT WHICH IS HIGHLY PRAISED
Write down the one major cause.

72) Is the cause of being praised due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

73) In the future when doing a project, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

74) Is the cause something that just affects doing projects or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARDS YOU.
Write down the one major cause.

75) Is the cause of your friend acting hostile due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

76) In the future when interacting with friends, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

77) Is the cause something that just influences interacting with friends or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU.
Write down the one major cause.

78) Is the cause of your not getting the work done due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

79) In the future when doing the work that others expect, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

80) Is the cause something that just affects doing work that others expect of you or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

Write down the one major cause.

81) Is the cause of your spouse (girlfriend/boyfriend) treating you more lovingly due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

82) In the future interactions with your spouse (boyfriend/girlfriend) will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

83) Is the cause something that just affects how your spouse (boyfriend/girlfriend) treats you or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (EG. IMPORTANT JOB, GRADUATE SCHOOL ADMISSION, ETC.) AND YOU GET IT.

Write down the one major cause.

84) Is the cause of your getting the position due to something about yourself or something about other people or circumstances?

Totally due to other people or circumstances	1	2	3	4	5	6	7	Totally due to me
--	---	---	---	---	---	---	---	----------------------

85) In the future when applying for a position, will this cause again be present?

Will never again be be present	1	2	3	4	5	6	7	Will always be present
--------------------------------------	---	---	---	---	---	---	---	---------------------------

86) Is the cause something that just influences applying for a position or does it also influence other areas of your life?

Influences just this particular situation	1	2	3	4	5	6	7	Influences all situations in my life
---	---	---	---	---	---	---	---	--

YOU GO OUT ON A DATE AND IT GOES BADLY.
Write down the one major cause.

Influences
7 all situations
in my life

IDENTIFICATION FORM

So that your answers can be compared with others we need information about your sex, age, and educational level. In order to preserve your confidentiality do not place your name on this form.

93. Sex (Fill in "0" for female and "1" for male on the answer sheet)

94. Age (Fill in the number on the answer sheet that matches the ages listed below)

(0) age 17 (1) age 18 (2) age 19 (3) 20 (4) 21

(5) 22 (6) 22 (7) 23 (8) 24 (9) 25 or older

95. What is your educational level

- (0) freshman
- (1) sophomore
- (2) junior
- (3) senior
- (4) all others

96. What is your current living situation? Please check the answer below that applies to you

- (0) I live at home with my family (fill in 0)
- (1) I live with roommates in a dorm or an apartment (fill in 1)
- (2) Other

97-99. In spaces 97-99 on the answer sheet fill in your subject number. It is written on the top of your packet.

If your subject number is "100" for example you would fill in "1" in space 97, and "0" in spaces 98 and 99.

NATURE AND PURPOSE OF THE STRESSFUL LIFE EVENT STUDY

People cope in many different ways with stressful life events. One way of coping, of interest in this study, is by coming up with positive ways of interpreting the event after it is over. For the purpose of this study looking at an event in such a positive way is labeled self-consoling appraisal.

Self-consoling appraisal has been shown to be an effective way to cope. It is often found to be positively associated with good mental and physical health. In other words those people who are able to look at events positively, show more positive adjustment after a stressful life event. Those who do not use self consoling appraisal are thought to suffer more physical and emotional distress after the event is over.

Researchers have not looked into how the capacity to use self-consoling appraisal as a coping strategy develops in the individual. The author of this study thinks that the content of these appraisals provides some clues to their developmental origins. The types of statements people make to themselves about the stressful life event when they use self-consoling appraisals suggest that the person must have achieved successful individuation. Individuation is a process undergone in infancy and adolescence which brings about certain emotional and mental capacities in the individual.

The study you participated in examined subjects' level of individuation and evaluated the relationship between this and use of self consoling appraisal, physical health, and mental health.

If you are interested in the results of the study after the data has been analyzed and summarized you may contact Mary Newcomb at (312) 328-6002 or by writing her at:

838 1/2 Judson Apt. 2-B
Evanston, IL. 60202

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