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**CORRELATES OF
IDEALIZATION, DEIDEALIZATION, AND DENIGRATION
IN YOUNG ADULTS**

By

Lisa Pirsch Sackett

A DISSERTATION

**Submitted to
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ABSTRACT

CORRELATES OF IDEALIZATION, DEIDEALIZATION, AND DENIGRATION IN YOUNG ADULTS

By

Lisa Pirsch Sackett

Deidealization is the gradual, intrapsychic process through which adolescents replace aggrandized, immature and simplistic parental images with multidimensional, mature, and realistic parental images. Successful resolution of the deidealization process is one important part of adolescent separation and individuation.

The present research offered a new way to operationalize and measure deidealization in college students (ages 17 - 22), and sought to identify correlates that might be systematically associated with deidealization. Specifically, three goals were pursued. First, this research conceptualized and operationalized deidealization as a two-dimensional construct involving perception of parental fallibility, and empathy. Subjects were divided into six groups (representing degrees of parental deidealization, idealization, and denigration) based on their ability to acknowledge parental fallibility, as well as their ability to evaluate the parent in a psychologically sophisticated and empathic manner.

A second goal of this study was to examine whether deidealization status was associated with systematic differences in adolescents' development of conflictual independence (that is, freedom from fears about parental judgement, disapproval, retribution, or disappointment, and freedom from feelings of shame, guilt, or rage in relation to the parent). Somewhat suprisingly, the data revealed no significant relationships between deidealization status and the development of conflictual independence.

Finally, a third goal of this study was to investigate whether and to what degree family dysfunction was systematically associated with patterns of deidealization, denigration, or

idealization. Results indicated that a high level of marital conflict was associated with deidealization status in sons' and daughters' relationships with their fathers, but not their mothers. Paternal alcoholism was not associated with deidealization status for sons' or daughters' relationship with mothers or fathers.

The results of this study are discussed, and direction for future research is offered.

**This dissertation is dedicated to my husband,
for being a harbor when the seas were rough,
and a brisk wind when the sailing was smooth.**

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CHAPTER 1

Introduction to the Problem

Adolescence is a time of transition from childhood to adulthood, and usually involves some difficulty as teens navigate major physical, cognitive, emotional and social changes. Although theorists debate both the necessity and intensity of adolescent "storm and stress" (Douvan & Adelson, 1966; Erikson, 1956; Freud, 1958; Laufer, 1966; Offer & Offer, 1975) most agree that as psychological reorganization takes place, adolescents' interests, values and capabilities are transformed and adolescents gradually become ready to psychologically "leave home" (Haley, 1981). The core transformations that begin in early adolescence continue throughout the adolescent and early adult years, and are not expected to be fully resolved until the third decade of life. By the end of the 20s, psychologically healthy individuals are expected to have resolved several major developmental issues, including separation and individuation from parents, the establishment of new and meaningful relationships outside the family of origin, and identity consolidation.

Blos (1967) describes the separation/individuation process in detail, and stresses its centrality to adolescent development. According to Blos, the adolescent's primary struggle is to disengage from the parents and replace parental control with self-governance. Presumably, adolescents' narcissism, arrogance, rebellion, and challenges to parental authority speak to the intensity with which adolescents desire behavioral autonomy--that is, freedom from parental control and freedom to determine their own actions and behavior. However, the separation process does not merely facilitate behavioral autonomy and independence from parental dictates. The disengagement from childhood dependencies in adolescence takes place not only in relation to the parents, but also in relation to the adolescent's own internal beliefs about parent infallibility and omnipotence. By the time

they reach early adulthood, most children have relinquished immature parental representations, as well as their strongly held beliefs in parental perfection, and have begun to question their reliance on parental evaluations of their self-worth. These phenomena are more private and complex than the development of behavioral autonomy, and constitute the deidealization process.

Deidealization is first and foremost the process by which adolescents give up aggrandized views of their parents. In childhood, idealizing one's parents facilitates identification with parental interests, moral demands, prohibitions, and criticisms, and as such is necessary for superego development. However, according to classic psychoanalytic theory, by late adolescence, individuals have internalized parental standards and are able to apply these standards in evaluating the parents themselves. Thus, adolescents gradually become aware of parental faults and weaknesses, and they realize that their parents have multidimensional interests and lead lives separate from their parenting role. Successful resolution of the deidealization process is evident in adolescents' ability to sufficiently differentiate themselves from their parents so that they can assert themselves as autonomous persons, can accept realistic views of their parents that integrate both positive and negative characteristics, and can be free from feelings of guilt or shame in their relationship with their parents.

The deidealization process has been the subject of a number of empirical studies. To date, most researchers have relied on a questionnaire designed by Steinberg and Silverberg (1986) which operationalizes deidealization as a unidimensional construct: that is, whether and to what extent an adolescent recognizes the possibility of parental fallibility. As such, an adolescent who earns a "low" deidealization score describes his or her parents' opinions and values as always correct, reports that parents are perfect, and that parents' decisions and beliefs are infallible. In contrast, an adolescent who earns a "high" score acknowledges that his or her parent is capable of making mistakes, and that the parents' judgments and opinions are not always superior to the adolescent's attitudes and beliefs. However, studies that measure deidealization simply as parental fallibility provide mixed

(and at times confusing and contradictory) conclusions. For example, some researchers have argued that deidealization--operationalized as the adolescent's acknowledgment of parental fallibility--is an important component of healthy adolescent development, one that fosters self-reliance and emotional autonomy (Steinberg & Silverberg, 1986; Lamborn & Steinberg, 1990), while others have argued that it results in primarily negative outcomes, such as estrangement from parents, identity confusion, and a negative self-concept (Ryan & Lynch, 1989).

One explanation for these contradictory results is that by treating deidealization and perception of parental fallibility as equivalent constructs, researchers obtain an inadequate measure of deidealization. Although recognition of parental fallibility is one core component of the deidealization process, in isolation it may or may not signal deidealization: parental fallibility is a necessary but not sufficient condition for the evaluation of deidealization. A richer and more comprehensive definition of deidealization involves not only the ability to see one's parents as fallible, but also the ability to integrate a parent's positive and negative qualities, and see the parent as a multidimensional person with interests, goals, and motivations that are unrelated to the parenting role.

Steinberg and Silverberg (1986) attempted to integrate this component of deidealization into their questionnaire by including a subscale that measures the adolescent's "Perception of Parents as People". Although this subscale could potentially yield useful information about whether and to what extent adolescents have developed parental representations that are multidimensional and complex, the items on this subscale are worded in a pejorative and somewhat paranoid tone (e.g., "I have wondered how my parents act when I am not around."; "My parents probably talk about different things when I am around from what they talk about when I'm not."). As a result, researchers using Steinberg and Silverberg's (1986) questionnaire measure are unable to accurately evaluate the degree to which an adolescent has replaced unrealistic parental images with more mature, complex, and reality-based perceptions of the parent.

Deidealization is better conceptualized and operationalized as a two-dimensional construct, one that requires the traditional component of recognition of parental fallibility, as well as the added dimension of empathy. Empathy is the capacity to see another individual (in this case, the parent) as a whole person; it refers to the adolescent's ability to understand the parent as a complex person and to appreciate the parent's feelings and perspective even when the parent's feelings differ from the adolescent's own feelings and desires. By adding the empathy construct to the traditional operational definition of deidealization, we can explore adolescent deidealization in a more precise and useful way.

A primary goal of this research was to use a two-dimensional schema to evaluate adolescent deidealization. Using the two constructs of "perception of parental fallibility" and "empathy", adolescents can be grouped into one of four "cells": a) high perception of fallibility/high empathy, b) high perception of fallibility/low empathy, c) low perception of fallibility/low empathy, and d) low perception of fallibility/high empathy. This grouping procedure allows for a comparison of adolescents with similar scores on perception of parental fallibility, but who differ on empathy scores, as well as adolescents that have similar empathy scores but hold very different opinions about parental fallibility. Adolescents who continue to idealize their parents will be categorized as a "low perception of parental fallibility/low empathy" group, for they cling to a simplistic and unrealistic view of their parents as perfect. Adolescents who have engaged in the deidealization process will fall into the "high perception of parental fallibility/high empathy" cell, for they maintain a balanced view of their parents' strengths and weaknesses in lieu of an immature image of parental perfection. The "high perception of parental fallibility/low empathy" cell will be comprised of adolescents who recognize their parents' imperfections, but who cannot develop a realistic image of their parents' positive qualities: these adolescents hold "all-black", or unrealistically negative parental images, and can be identified as a denigrating group. The fourth cell, "low perception of parental fallibility/high empathy" may not meaningfully describe a group of adolescents, since it is unlikely that an adolescent who

maintains a complex and multidimensional view of the parent would not also endorse some degree of parental fallibility as well.

The major advantage to using this two-dimensional schema is that it allows us to discriminate between the adolescents who truly deidealize their parents (that is, adolescents who acknowledge parental fallibility, and who have developed complex, realistic views of their parents based on the integration of the parents' positive and negative qualities) from the adolescents who denigrate their parents (that is, those that acknowledge parental fallibility but who continue to see their parents in a unidimensional, unempathic way). When researchers only consider parental fallibility, these two very different groups appear identical, and the important qualitative differences between them are lost. Therefore, one major goal of this research is to use the constructs of perception of parental fallibility and empathy to differentiate and group adolescents who deidealize, denigrate, or continue to idealize their parent.

A second goal of this study was to examine whether deidealization, denigration, and/or idealization are associated with systematic differences in adolescents' development of "conflictual independence" (Hoffman, 1984). Hoffman argues that adolescents who successfully move through the separation/individuation process eventually attain conflictual independence: that is, freedom from fears about parental disapproval, retribution, or disappointment; freedom to determine their own behavior without excessive concern about parental judgments; and freedom from feelings of shame, guilt, or rage in relation to the parent, as well as adequate control of negative feelings when conflicts with parents arise. Theoretically, "conflictual independence" should only be evident in adolescents who have successfully deidealized their parents. These adolescents do not need to look to the parent to control or evaluate their behavior and standards; rather, they determine and evaluate their own behavior, and presumably feel relatively unconstrained by parents' disapproval. In contrast, adolescents who denigrate their parents are likely to experience intense and overwhelming negative feelings toward a parent. These feelings may result in an inability to control their behavior and emotions when confronted with tensions, difficult situations,

and conflicts with that parent. Moreover, denigration often masks underlying feelings of inferiority and shame that result from an adolescent's perceived failure to live up to parental expectations. Finally, adolescents who continue to idealize their parents are likely to be vulnerable to excessive guilt, inhibition, and anxiety, and may feel the most constrained by fears of parental disapproval. Therefore, by examining the implications of deidealization, denigration, and protracted idealization for the development of conflictual independence, the validity of the two-dimensional conceptual schema can be evaluated.

A third important goal of this research concerns the family environments that may be associated with deidealization, denigration and continued idealization of the parent. Most adolescent researchers acknowledge that the degree of health or pathology in one's family of origin can modify the normative processes of adolescence, including separation/individuation (Haley, 1980; Sessa & Steinberg, 1991; Stierlin, Levi & Savard, 1981), so it is reasonable to hypothesize that deviations in the deidealization process also may result from the degree of health or pathology in the adolescent's family of origin. Family dysfunction (such as the presence of marital conflict or parental psychopathology) may account for at least some of the systematic differences between adolescents who deidealize, denigrate, or continue to idealize their parents. Consequently, in addition to developing a two-dimensional model of deidealization, this study explored whether and to what degree family dysfunction is systematically associated with patterns of deidealization, denigration, or idealization of parents.

CHAPTER 2

Review of the Literature

Developmental Tasks of Adolescence

Adolescence is a time of transition from childhood to adulthood, and usually involves some difficulty as adolescents are confronted with myriad physical, cognitive, emotional and social changes. However, theorists disagree on how intense the "storm and stress" of adolescence is. Psychoanalytic theorists have described "normal" adolescence as a turbulent and conflicted stage of development (A. Freud, 1958), with significant emotional shifts, low frustration tolerance, narcissistic withdrawal, and weaknesses and immaturities of ego structure. In fact, A. Freud argues that the structural upheavals of adolescence are manifest in "symptom formation of the neurotic, psychotic or dissocial order, and merge ... into borderline states or fully-fledged forms of almost all the mental illnesses (p. 267)". Others within the analytic tradition describe adolescence as a period of identity moratorium and crisis (Erikson, 1956), or else, one of grief and depression during which adolescents separate emotionally from the parents and mourn their childhood (Laufer, 1966).

In contrast to this traditional view, which argues for the inevitability of turmoil during adolescence, current researchers propose that normal adolescents experience little, if any, of the intrapsychic upheaval ascribed to them in the analytic literature (Douvan and Adelson, 1966). Offer and Offer (1975) emphasize that parents and adolescents share a core of stable values and that adolescent rebellion generally occurs only over minor matters (for example, hairstyles, curfew, music, etc.). According to Offer, Ostrov and Howard (1981), adolescents usually maintain their psychological equilibrium while struggling with developmental tasks, demonstrate successful social and family adjustment, and evidence only mild or transient forms of distress such as depressed mood or anxiety.

Although it seems difficult to reconcile the classic description of adolescence with newer views, most theorists agree that the adolescent struggles with a strong desire to cling to the past and an equally compelling wish to get on with the future (Rutter, Graham, Chadwick & Yule, 1976). As psychological reorganization gradually takes place, adolescents and their parents gain a clearer understanding of the transformed interests, values and capabilities of the adolescent. Theoretically, by late adolescence or early adulthood, an individual is well on the way towards resolving several major developmental issues, including consolidation of an identity, the establishment of new and meaningful relationships outside the family of origin, and separation and individuation from parents.

Blos (1967) stresses that "the second individuation process" is a crucial task for normal adolescent development. The first individuation process, a concept articulated by Mahler (1963), is normally completed toward the end of toddlerhood, and is characterized by the attainment of object constancy and the child's ability to distinguish between self and other. The first individuation process helps children differentiate between themselves and their parents: it allows the child independence from the parent's physical presence because the parent figure becomes internalized. In the second individuation process, the adolescent reexamines and separates from internalized parental images as well as from the "real" parent. As a result of disengagement from parental control and from immature attachments to parental love objects, the second individuation process leads toward a more reality-based evaluation of the parents and aids in the process of self-definition and ego maturity.

Blos emphasizes that one important goal of the individuation process is separation from parental control and the development of self-governance. Adolescents' egocentrism, their arrogance, and their challenges to parental authority reflect the intensity with which teens desire freedom from parental control and freedom to determine their own actions and behavior. Varying degrees of alienation from parents can result as adolescents move away from parental control. Some adolescents temporarily turn toward the peer group to provide the kind of support that they sacrifice in separating from the family: personal acceptance, behavioral advice, emotional understanding and security (Elkin & Westley, 1955; Steinberg

& Silverberg, 1986). Even for the modal adolescent who continues to enjoy positive relationships with his or her parents (Grotevant & Cooper, 1986; Hill & Holmbeck, 1986; Rutter, et al., 1976), the peer group assists in the separation/individuation process. Peers help adolescents resolve internal conflicts within themselves, provide practical and personal guidance in social situations, and provide a source (outside of the family) for honest and critical evaluative feedback about a group member's behavior and personal attributes.

Eventually adolescents strike a psychological balance between their familial and extrafamilial investments, adopting peer-endorsed attitudes and behaviors that are often congruent with family-based values. By young adulthood, healthy individuals have resolved most of their ambivalence regarding the strong desire for adult freedom and independence on the one hand, and the residual wish for parental protection, security and guidance on the other hand. These individuals have successfully "shed... family dependencies...in order to become a member of the adult world" (Blos, 1967), and have moved forward to consolidate a new, mature, and self-governed behavioral repertoire (Hill & Holmbeck, 1986).

There is a second aspect of the second individuation process that goes beyond facilitating behavioral autonomy and independence from parental dictates. The disengagement from childhood dependencies during adolescence takes place not only in relation to external objects (i.e., parent figures), but also in relation to the internalized love objects of childhood. Most young adults eventually relinquish immature parental representations, beliefs in parental infallibility, and overreliance on parental evaluations in assessing their self-worth. This intrapsychic evolution away from archaic, aggrandized parental representations and toward reality-based parental images has been referred to as deidealization.

The Deidealization Process

Deidealization can be understood from a psychoanalytic perspective as the final reworking of the Oedipal complex. As Jacobson (1964) writes:

The child's efforts to overcome his dangerous sexual and aggressive tendencies toward his parents find assistance in reactively intensified opposite strivings: his admiration and overestimation of his parents, and his magic belief in their omnipotence and high value. (p. 109)

Inflating parents' image, and believing that their only role is that of parent are key components of idealization; these phenomena simultaneously alleviate anxiety over frightening impulses and satisfy the child's dependency need for powerful parents. In addition, "the weak boundariesbetween self and object in the small child tend to cast the glorification and idealization back from the love object to the self." (Jacobson, p. 118, 1964). Consequently, childhood identifications with the powerful parent enhance the child's security, expand his/her self image, and raise his/her self esteem. At this developmental stage, children resist parental devaluation because it is equated with self-devaluation.

Children's tendency to aggrandize their parents--and hence themselves--facilitates identification with parental interests, moral demands, prohibitions, and criticisms which are necessary for superego development. Initially, a child's conscience merely echoes parents' moral judgments and expectations for the child's behavior, and a child's idealization of the parent facilitates adoption of important parental beliefs and values (Blos, 1967; Jacobson, 1964). Gradually, the adolescent adopts these values and standards as his or her own, and no longer relies on the parents to provide concrete representations of the abstract beliefs they espouse. As adolescents mature, they do not seek to idealize the parent per se, nor even idealize the abstract values that originated with the parent, but rather identify with values and morals that they will come to consider their own. Jacobson explains:

The child's earlier tendency to aggrandize and glorify the parents will be modified and transformed ... Gradually, he constructs moral and ethical codes and standards...Eventually, when superego formation has set in,

this idealization begins to be extended from the idealized persons to abstract values in general, to ideas, ideals, and ego ideal pursuits. From then on, [the child] no longer aims merely at likeness with external objects, but also at likeness with internalized standards. (pp. 110-112)

According to psychodynamic theorists, these changes take place primarily on an intrapsychic or emotional level. Although these shifts have important implications for the parent-child relationship and are often manifested in the overt interactions between a parent and a child, the fundamental impetus for change involves intrapsychic restructuring, namely, the adolescent must relinquish idealized parental images and deintensify emotional investments made in the parents.

It is important to recognize that changes in the image of the self and of parents during adolescence involve cognitive as well as intrapsychic factors. Piaget (1969) commented on the important cognitive changes and their impact on adolescent development. He states:

The great novelty that characterizes adolescent thought--that starts at the age of 11 or 12 but does not reach its point of equilibrium until the age of 14 or 15... consists in detaching the concrete logic from the objects themselves, so that it can function on verbal or symbolic statements without other support...The result consists in the possibility of manipulating ideas themselves...In a word, the adolescent is capable of building or understanding ideal concepts or theories. The child cannot. (p. 148)

According to Piagetian theory, as the child matures, s/he becomes able to consider and manipulate abstract concepts, and this cognitive shift can facilitate the adolescent's move away from idealization of the parents per se, and toward adoption of the parents' abstract values, standards, and ideals. Furthermore, in Piaget's view, the adolescent's capacity for formal-operational thought enables the adolescent to consider "the real" versus "the imagined" world. The adolescent becomes progressively more able to distinguish between what is real (or what is based on physical, objective, or external evidence) and what is imagined (or what is based on subjective, or internal needs or biases). In addition, the adolescent has developed the cognitive capacity for logical reasoning and perspective-taking, and therefore becomes able to objectively evaluate the correctness of his or her own

behavior and self-worth, as well as the behavior and lovability of important others (Kohlberg & Gilligan, 1971).

Taken together, the intrapsychic and cognitive shifts that take place in adolescence have important implications for the adolescent's evolving perceptions of their parent. Once adolescents have developed the cognitive and emotional capacity to grapple with their parents' abstract values and standards, and eventually internalize these values, they not only judge their own behavior against these standards, but become able to measure their parents against this same yardstick. Very often, when adolescents evaluate their parents with newly-internalized standards and values, the "reality parent" fails to match the old, imagined, idealized representation of the parent. Adolescents are confronted with the fact that, in actuality, their parents are not infallible and omnipotent beings exclusively devoted to the well-being of their children (as the child might have wished), and instead are ordinary, flawed people with their own hopes, dreams, and struggles. Adolescents must now surrender cherished images of their parent as perfect. As they relinquish fantasies of parental infallibility, adolescents rely less on their parents for behavioral guidance, and become freer to determine and evaluate their own behavior and standards. In sum, an adolescent's growing awareness of parental fallibility is both an impetus for as well as one core component of deidealization.

A second core component of deidealization is in many ways an outgrowth of the adolescent's success in grappling with and eventually accepting the parent's fallibility. This process also has a cognitive as well as an emotional base. As they become aware of parental faults and weaknesses, adolescents gain more realistic views of their parents. They relinquish immature images of their parents as perfect, and gradually develop more mature images of their parents as complex and multidimensional. They realize their parents fulfill life roles unrelated to the parent-adolescent relationship (i.e., employee, spouse, lover, friend) and have interests separate from parenting. Gradually, young adults come to understand the personal concerns, motivations, and needs of the person who is their parent. They can identify both the positive and negative characteristics that they

perceive in their parent, neither clinging to "all-white" nor "all-black" parental images. Beyond simply recognizing their parents' flaws, vulnerabilities, and unique strengths, they become able to integrate the positive and negative characteristics of the parent into a rich, comprehensive and insightful understanding of the parent. In short, the adolescent can view the parent with a newly-developed capacity for empathy. The development of empathy in relation to the parent is the second core component of deidealization.

It is important to emphasize that successful resolution of the deidealization process is demonstrated only when both of these aspects--recognition of parental fallibility and empathic understanding--are evident. Neither one without the other is sufficient to constitute deidealization. For example, an adolescent who recognizes parental fallibility but fails to view the parent as a multidimensional and complex individual has not yet attained a parental image that is entirely realistic. Similarly, although some adolescents may describe their parents as psychologically complex individuals, they may have difficulty acknowledging that their own ideas, standards, and values could be superior to those of their parents, or that their parents make mistakes. Successful resolution of the deidealization process is only demonstrated when the adolescent can acknowledge parental fallibility, and when he or she demonstrates an empathic understanding of the parent as a psychologically complex individual.

Implications of the Deidealization Process for Adolescent Adjustment

A number of studies report that adolescent separation/individuation is not normatively completed in adolescence: research indicates that most teenagers rely heavily on their parents for guidance, advice, and as referents for determining personal values and standards for conduct (Frank, et al., 1990; Hill & Holmbeck, 1986), and one study even suggests that children typically expect and rely on their parents for assistance through the third decade of life (Frank, Avery, & Laman, 1988). However, eventual successful completion of deidealization and the forward-moving process of separation/individuation has important implications for young adult adjustment. According to psychoanalytic theory, only adolescents who deintensify their idealized emotional investments in their

parents, and who successfully resolve the issues and conflicts raised by deidealization can become sufficiently differentiated from the parent to overcome exaggerated feelings of inferiority, concerns about parental approval, and resentments over parental constraints. They experience opportunities for greater separateness and self-direction (Hill & Holmbeck, 1986) and a greater ability to regulate self-esteem (Josselson, 1980) because their self-worth no longer depends on parental judgments about their actions, beliefs and life goals. Greater certainty about one's own personality characteristics develops, and identity development moves forward. This, in turn, facilitates greater success in the attainment of identifications, intimacies and loyalties outside the family of origin. In contrast, feelings of inadequacy, shame, and dependency may continue to affect those individuals who cannot loosen their emotional attachments to their parents, who cling to immature parental representations of perfection and power, and who feel constrained by parental values and standards. Failure in the process of deidealization and subsequent emotional disengagement interferes with the future task of finding extrafamilial attachments and impedes young adult movement toward self-governance and independence.

Psychoanalytic theory strongly emphasizes the impact that separation and individuation has on healthy adolescent adjustment (Blos, 1979), an assertion that is supported by both clinical and research-based literatures. Elson (1964) and Fulmer, Medalie, and Lord (1982) provide clinical data that supports the claims of analytic theory: they report that many students who seek college mental health services demonstrate symptomatic manifestations of the late adolescent struggle for separation and individuation. Haley (1980) argues that young people receiving psychological treatment often evidence fundamental tensions between leaving home and remaining within the family system. According to Haley (1980), failure to successfully disengage from the family is likely to result in serious maladjustment for these young adults. In addition, Teyber (1983) suggests that psychological separation from parents is associated with late adolescents' successful academic adjustment in college, and that college students who experience separation difficulties also demonstrate poorer grades, poorer social adjustment, and higher rates of dropping out.

These links between successful separation/individuation as a broad construct and adolescent adjustment are conclusions drawn largely from the clinical literature. However, there is almost no clinical literature examining the deidealization process per se (as distinct from other aspects of separation/individuation), or implications of the deidealization process for adolescent adjustment. Despite a relative paucity of clinical work on deidealization, there are a number of empirical studies that examine associations between the deidealization process and adolescent adjustment. However, the conclusions drawn by these studies often seem mixed, and at times, contradictory: for example, some researchers argue that deidealization is an important catalyst for healthy adolescent development, one that has a predominantly positive impact on adolescent adjustment (Frank & Burke, 1991; Frank, Pirsch & Wright, 1990; Lamborn & Steinberg, 1990; Steinberg and Silverberg, 1986); in contrast, others argue that deidealization is primarily associated with adjustment difficulties and strained parent-child relationships (Ryan & Lynch, 1989).

One possible explanation for the confusion and contradictions in the deidealization research--particularly with respect to the relationship between deidealization and adolescent adjustment-- is that virtually all deidealization research relies exclusively on Steinberg and Silverberg's (1986) Emotional Autonomy Questionnaire to assess adolescent deidealization, a measure that only evaluates one facet of the complex deidealization process. Steinberg and Silverberg (1986) developed their Emotional Autonomy Questionnaire in order to examine the relationship between emotional autonomy and early adolescents' vulnerability to peer pressure. These researchers defined "emotional autonomy" as the process by which adolescents relinquish childish dependencies on, and conceptions of, their parents; this definition is conceptually very similar to Douvan and Adelson's (1966) description of emotional autonomy as "the degree to which the adolescent has managed to cast off infantile ties to the family" (p. 130). It is obvious that these definitions of emotional autonomy also describe deidealization, and in fact, Steinberg and Silverberg treated deidealization and the achievement of emotional autonomy as virtually synonymous constructs. However, although they used a precise and comprehensive theoretical

conceptualization of "deidealization", the questionnaire they developed is neither precise nor comprehensive.

The Emotional Autonomy Questionnaire is a 20-item self-report questionnaire that includes a five-item Deidealization subscale. This subscale focuses on evaluating the adolescent's awareness (or lack of awareness) of parental fallibility (e.g., "Even when my mother and I disagree, my mother is always right (-)"; "I try to have the same opinions as my mother (-)"; "When I become a parent, I'm going to treat my children in exactly the same way that my mother has treated me (-)"; "My mother hardly ever makes mistakes (-)"; "There are things that I will do differently from my mother when I become a parent."). Respondents who endorse these items earn scores reflecting their continued belief in parental infallibility, and consequently, continued idealization in the parent-child relationship. However, none of the items evaluates the adolescent's capacity for empathy, which is the second core component of deidealization. As a result, researchers who use Steinberg and Silverberg's (1986) Emotional Autonomy Scale to evaluate deidealization cannot discriminate between adolescents who have genuinely deidealized their parents (high perception of parental fallibility/high empathy) from those who engage in parental denigration (high perception of parental fallibility/low empathy). The conclusions drawn by studies relying exclusively on Steinberg and Silverberg's (1986) Emotional Autonomy Scale are likely to be confusing and imprecise because adolescents who deidealize their parents, as well as those who denigrate their parents, will be grouped together.

In sum, measurement problems may be responsible for the lack of convergence in the deidealization research. Although a number of studies have explored the relationship between deidealization and adolescent adjustment, each study uses Steinberg and Silverberg's (1986) Emotional Autonomy Questionnaire, and therefore cannot differentiate between adolescents who deidealize their parents and those who denigrate their parents. Because the Emotional Autonomy Questionnaire does not distinguish deidealization from parental denigration, and because it is reasonable to assume that deidealization and parental denigration will have significantly different implications for adolescent adjustment, the

literature is likely to yield conflicting and imprecise conclusions about the true relationship between deidealization and adolescent adjustment.

A review of the deidealization research is necessary in order to examine the inconsistencies and contradictions in the various studies using Steinberg and Silverberg's (1986) questionnaire. In one of the earliest empirical studies of deidealization and adolescent adjustment, Steinberg and Silverberg (1986) examined the relationship between emotional autonomy (a construct closely identified with deidealization) and early adolescents' vulnerability to peer pressure. In a sample of fifth through ninth graders, Steinberg and Silverberg (1986) found that emotional autonomy was associated with less resistance to peer pressure and less self-reliance. They concluded that young adolescents may move through a transitional period in the progression toward autonomy. Initially, early adolescents develop a sense of emotional autonomy from their parents; they subsequently are easily influenced by peers who provide the support and feedback that once was supplied by parents. After this transitional period, in which adolescents are most vulnerable to peer pressure, adolescents become able to develop and defend their own opinions and decisions without undue influence from either peers or parents. Therefore, although emotional autonomy appears to be associated with poorer adjustment in this group of early adolescents, Steinberg and Silverberg (1986) commented that the progression away from parental influence, toward peer influence, and finally toward the development of self-reliance seems to be catalyzed by the development of emotional autonomy in early adolescence. As a catalyst, then, relinquishing childish representations of one's parents may result in some temporary vulnerabilities, but others hypothesize that the larger process is necessary for later positive adolescent adjustment.

Steinberg and Silverberg's (1986) conceptualization of emotional autonomy as a generally positive force was challenged by Ryan and Lynch's (1989) work. Ryan and Lynch (1989) carried out a series of studies indicating that emotional autonomy--at least as indexed by Steinberg and Silverberg's measure-- is inversely related to measures of family cohesion, parental acceptance, parental support, and the adolescent's self-perceived

lovability. Ryan and Lynch (1989) concluded that when adolescents deidealize their parents, they simultaneously lose feelings of connectedness and security within their families: "[t]he more "emotional autonomy" teenagers or young adults express, the less connected or secure they feel within the family, the less they experience their parents as conveying love and understanding, and the less they report willingness to draw upon parental resources" (p. 353). According to Ryan and Lynch, "emotional autonomy" is equivalent to emotional detachment from parents, and as such, it is likely to be "associated with an experienced lack of parental support and acceptance, which not only does not conduce to independence and autonomy but may actually interfere with the consolidation of identity and the formation of a positive self-concept" (p. 340). Ryan and Lynch argue strongly that their results are consistent with other studies reviewed by Hill and Holmbeck (1986), that find that gratifying attachments to parents should be positively related to indices of adolescent autonomy, and that emotional estrangement from parents is likely to compromise adolescent adjustment.

Lamborn and Steinberg's (1990) work offers and tests a series of theoretical assumptions that attempt reconciliation between Steinberg and Silverberg's (1986) and Ryan and Lynch's (1989) seemingly contradictory positions. First, Lamborn and Steinberg (1990) suggest that family context is an important variable that must be considered as potentially influencing the degree to which emotional autonomy is achieved. For example, they point out that Ryan and Lynch report that levels of emotional autonomy vary for adolescents describing differing attachment relationships with parents: avoidantly attached adolescents reported the highest levels of emotional autonomy, and secure adolescents reported the lowest. This indicates that links between emotional autonomy and adolescent adjustment depends at least in part on the broader emotional context of the parent-adolescent relationship. "For adolescents with healthy, close-knit relationships with their parents, continued reliance on them during adolescence may be appropriate and adaptive, as the parents provide healthy models for psychosocial development and competence. In contrast, for adolescents with a less-than-optimal relationship with parents, a more distant

emotional stance during adolescence may help the young person move away from a maladaptive relationship" (p. 5). Thus, Lamborn and Steinberg argue convincingly that one's family environment can influence the deidealization process, and that deidealization carries different implications for adolescents raised in different family environments.

Secondly, Lamborn and Steinberg (1990) hypothesize a curvilinear relationship between emotional autonomy and adolescent adjustment. They suggest that intermediate levels of emotional autonomy may be most closely associated with healthy adjustment: extreme deidealization may indicate unhealthy estrangement from parents (consistent with Ryan and Lynch's position), whereas continued idealization may reflect immature dependency and a lack of distance from childish parental images (consistent with Steinberg and Silverberg's position).

Lamborn and Steinberg's data support both assumptions. The family environment and the broad emotional climate of the parent-adolescent relationship are linked to variations in the achievement of emotional autonomy: avoidant adolescents report the highest levels of emotional autonomy, and secure adolescents report the lowest. Moreover, they find that the most positive adjustment profiles within the avoidant and anxious groups were demonstrated by adolescents scoring in the moderate to high range on the emotional autonomy measure, and the most positive profiles within the secure group were found among adolescents scoring in the moderate to low range. Lamborn and Steinberg acknowledge that their findings both support and complicate Ryan and Lynch's position. For the modal adolescents who enjoy secure and satisfactory relationships with their parents, high emotional autonomy scores may in fact indicate detachment, and compromise adolescent adjustment. But for the adolescents who experience conflicted or insecure relationships with their parents, some disengagement may be developmentally advantageous, as it is associated with better adjustment.

Frank, Pirsch and Wright (1990) sought to further clarify linkages between deidealization and other aspects of the adolescent-parent relationship, and perhaps shed further light on the conclusions drawn by Ryan and Lynch and Steinberg and Silverberg.

They constructed a theoretical model to test interrelationships among four variables: deidealization, the adolescent's feelings of relatedness to their parents, autonomy from their parents, and feelings of insecurity within the parent-adolescent relationship. In addition, they examined implications of these "relationship variables" for adolescent adjustment and ego identity status. Results of this study clearly indicate that by late adolescence, deidealization has predominantly positive implications: this group found that it was not deidealization per se that accounted for the apparent association between deidealization and insecurity (as Ryan and Lynch have argued), but rather, that deidealization was associated with decreased relatedness, which was in turn, associated with heightened feelings of insecurity. Additionally, they found that deidealization and decreased relatedness were linked to greater autonomy (i.e., self-directedness) in the parent-adolescent relationship, and both deidealization and autonomy had positive implications for the adolescents' psychological well-being and identity formation. These results certainly supports Steinberg and Silverberg's (1986) notion that deidealization is an important psychological task that sets in motion a series of transformations in the parent-adolescent relationship. Moreover, Frank et. al.'s data support a position closely aligned with Lamborn and Steinberg's conclusions: deidealization (and the ensuing decreased relatedness, and increased autonomy) are, in fact, associated with positive adolescent adjustment and ego identity development.

At the same time, Frank, Pirsch and Wright's (1990) study suggested that the changes brought about by deidealization are a "double-edged sword" in that they were also linked to some negative implications for adolescent adjustment. Deidealization predicts, in essence, greater adolescent disengagement (i.e., less relatedness) in relation to parents. One can argue that Ryan and Lynch's terms of "detachment" and "estrangement" are perhaps too strong, but adolescent disengagement from parents are, in fact, linked to feelings of anxiety and insecurity in the parent-adolescent relationship as well as to more autonomy. Moreover, adolescents' feelings of insecurity may compromise potential gains in autonomy. Furthermore, adolescents experiencing greater insecurity also were more likely

to make identity commitments without exploring alternatives beyond those suggested by their parents. In sum, Frank et al. (1990) demonstrate that deidealization may result in changes in parent-child relationships that indirectly compromise adolescent adjustment even though the direct effects are positive ones.

Frank and Burke (1992) conducted a subsequent study designed to replicate and extend these findings in two important ways: first, Frank et al. (1990) did not consider the potential significance of differences in relationships with mothers as opposed to fathers. Second, subjects were all from intact families, which precluded the generalizability of the findings to adolescents from divorced families. In order to address the first issue, Frank and Burke replicated the Frank et al. (1990) study but asked participants to respond to questions about their relationships with their "mothers" and "fathers" rather than "parents". Results replicated the relationships reported in Frank et al. for both mothers and fathers. In addition, deidealization was related to less insecurity in relation to fathers (and unrelated to insecurity in relation to mothers). And, while deidealization and greater autonomy were positively linked to identity formation and psychological well-being, they also were linked to higher levels of alcohol and drug use. This supports Frank et al.'s previous conclusion that disengagement from one's parents can have both positive and negative implications for adolescent adjustment.

In order to address the second issue, Frank and Burke (1992) tested their model on late adolescents whose parents had divorced within the past five years. As Lamborn and Steinberg (1990) concluded, family environment does appear to influence the deidealization process, and family environment also appears to alter the sequelae of deidealization for adolescent adjustment. Frank and Burke found that adolescents from divorced families experienced more deidealization, less relatedness and greater autonomy in relation to one or both parents than adolescents from intact families. In terms of adolescent adjustment, they again found that deidealization and autonomy facilitated identity formation. However, adolescents from divorced families demonstrated some unique negative consequences of

deidealization (for men) and autonomy (for women): these men and women evidenced a tendency to "dismiss" the importance of close attachments.

If the results of these important empirical studies are taken together, we can form several clear conclusions about deidealization, and also identify several clear areas of disagreement. First, we can conclude without doubt that deidealization appears to be affected by the family context in which it takes place: it is different in divorced families than intact families, and it is different in families where secure, avoidant, or anxious attachment styles are reported. Second, we know that deidealization acts as a catalyst that transforms other aspects of the parent-adolescent relationship: deidealization is associated with less relatedness, which is in turn linked to greater insecurity; but deidealization and decreased relatedness are also associated with greater autonomy.

The contradictions are most apparent when we examine the implications of deidealization for adolescent adjustment. As indexed by Steinberg and Silverberg's (1986) measure, deidealization has both positive and negative implications for adolescent adjustment, implications that are affected by the family context in which deidealization is taking place. It is also possible that some of these associations apply to the group of adolescents who have genuinely deidealized their parents, while other associations apply to the group of adolescents who denigrate their parents. For example, Frank et al. (1990) report that greater disengagement from one's parents may predict heightened insecurity, which compromises potential gains in autonomy and identity development, and it may also be associated with increased drug and alcohol use. These outcomes may actually be explained by adolescents who denigrate their parents, rather than the adolescents who deidealize their parents. In contrast, Frank et al. (1990) also find that greater disengagement from one's parents can allow for greater autonomy, foster psychological well-being, and promote identity formation. These positive outcomes are unlikely to be associated with denigrating adolescents, but could easily describe those young adults who have confronted and resolved the conflicts raised by the deidealization process. Regardless, whether or not

deidealization has predominantly positive or negative implications for adolescent adjustment cannot be determined until deidealization can be distinguished from denigration.

Deidealization and Conflictual Independence

One important aspect of adolescent adjustment--the development of what Hoffman (1984) terms "conflictual independence"-- is closely tied to deidealization, and is likely to be a useful indicator of the adolescent's success or failure in the deidealization process. Hoffman (1984) suggests that healthy personal adjustment is critically dependent on an adolescent's ability to psychologically separate from the parents: adolescents who continue to cling to immature images of their parents are likely to lack "functional independence" (the ability to manage and direct one's practical and personal affairs without the help of a parent), "attitudinal independence" (having one's own set of beliefs, values, and attitudes that are unique from one's parents' beliefs, values, and attitudes), "emotional independence" (freedom from an excessive need for closeness and emotional support from the parents), and "conflictual independence", or freedom from excessive guilt, anxiety, mistrust, responsibility, inhibition, resentment or anger in relation to the the parent.

Although functional independence, attitudinal independence, and emotional independence are related more to the development of behavioral autonomy than to the intrapsychic aspects of separation, the concept of conflictual independence is closely linked to the deidealization process. In fact, Hoffman's conceptualization of conflictual independence is virtually identical to what many theorists consider to be the outcome of successful deidealization. As the deidealization process moves forward, adolescents deintensify their idealized emotional investments in their parents, and become sufficiently differentiated from the parent to be relatively unconcerned about parental approval or disapproval. As a result, the young adult's self-esteem is more stable and self-determined (Josselson, 1980). Moreover, because young adults can assert themselves as independent persons and are the judges of their own self-worth, they are uninhibited by feelings of guilt or inferiority. In contrast, failure in the process of deidealization and subsequent emotional disengagement leaves the adolescent vulnerable to feelings of guilt, anxiety, inhibition or

anger that he or she may be unable to master. Using Hoffman's term, "conflictual independence" theoretically cannot develop unless the adolescent resolves the issues and conflicts raised by deidealization.

Protracted Idealization and Conflictual Independence

The theoretical link between protracted idealization and low conflictual independence is equally strong and compelling. Young adults who continue to idealize their parents theoretically remain vulnerable to feelings of insecurity, guilt and inferiority. They continue to depend on the parent for guidance and advice, use the parents' standards and values to govern their own behavior, and are constrained by fears of parental disapproval. They may perceive themselves as inadequate in everyday coping, and worry about their ability to be successful in the competitive adult world. They cling to their beliefs in parental omnipotence and infallibility, and have not yet developed a realistic, multidimensional image of the parent.

Adolescents who engage in protracted idealization, and who are unable to solve problems and make decisions without parental advice and guidance may experience compromised identity development as a result. Bourne (1978) suggests that identity formation cannot occur unless adolescents have sufficient freedom from early parental identifications to assimilate new images provided by teachers, employers, heroes, and other role models. Adolescents who continue to experience distress when their own goals deviate from the dictates of archaic parental images will be unable to successfully explore and eventually commit to interpersonal and ideological choices. Bourne (1978) concludes that adolescents must loosen their emotional ties to the parents, sever their "identificatory dependencies", and take over self-evaluatory functions previously handled by the parents in order for identity formation to proceed.

Essentially, Bourne argues that successful resolution of the deidealization process is one necessary precursor to identity development, and that individuals who continue to cling to idealized views of their parents may be too vulnerable to parental disapproval to attain a self-determined sense of who they are, and what they might become. Josselson (1980)

concurr. She argues that two developmental transformations are of primary importance during adolescence: the consolidation of autonomy through individuation, and the formation of the identity. She argues that these two phenomenon are recursive and interdependent: as individuation proceeds, autonomy grows, and various aspects of the self can be integrated into a coherent whole. At the same time, successful identity formation leads to further individuation: as the sense of self becomes more stable, the individual can establish firm interpersonal and intrapsychic boundaries. Without the intrapsychic boundaries that provide freedom from feelings of guilt, insecurity, and fears of parental disapproval or retribution, identity development cannot take place. These writers agree with Blos (1967) that "the shedding of family dependencies [and] the loosening of infantile object ties [are necessary] to become a member of . . . the adult world".

Consequently, we can hypothesize that prolonged parental idealization results in continued vulnerability to insecurity, guilt, and parental disapproval, which may compromise identity development, which in turn, promotes adolescents' feelings of insecurity about their ability to make important decisions without undue reliance on parents for support and advice, and further intensifies feelings of anxiety and helplessness. This cycle of adolescent dependency may generate overt manifestations of psychological distress, but it is important to remember that adolescents who continue to idealize their parents--and who experience low conflictual independence --might display less of the overt psychological distress and emotional upset commonly associated with adolescent development. Ego syntonic identification with one's parents could produce feelings of validation and approval through their felt acceptance within the parent-child relationship: because these adolescents idealize their parents, uphold their parents' standards and values, and report strong feelings of emotional closeness toward their parents, they may experience a subjective sense of congruence. These adolescents derive their beliefs, values and feelings of self-esteem from their firm loyalties to their parents, which may provide a sense of psychological well-being and confidence in themselves and their decisions. However, despite positive parent-adolescent interactions and ego-syntonic parental identification,

adolescents who continue to idealize their parents may experience more covert forms of psychological distress: they may be more vulnerable to shame, guilt, and feelings of inadequacy than adolescents who do not engage in protracted idealization. Because they have defensively circumvented the process by which differences and tensions are acknowledged and confronted, and because they continue to be vulnerable to feelings of shame, guilt, dependency, and inferiority, adolescents who continue to idealize their parents are less likely to demonstrate "conflictual independence".

Parental Denigration and Conflictual Independence

Parental denigration can be expected to significantly compromise adolescents' development of conflictual independence for several reasons. Adolescents who denigrate their parents are likely to demonstrate lower conflictual independence simply because they experience their parents as "all black". Strongly negative internal representations of one's parent probably stem from adverse family experiences--such as high levels of parental conflict and/or parental alcoholism--that in and of themselves promote poorer emotional control, and greater vulnerability to intense feelings of rage, shame, betrayal, and disappointment (Seilhamer & Jacob, 1989; Seixas, 1982; Wallerstein & Kelly, 1980). An adolescent who perceives a parent as a total failure may experience pronounced feelings of abandonment, insecurity and anxiety within the parent-child relationship, may develop behavioral autonomy prematurely, and may be unable or unwilling to rely on their parent for advice, guidance, or emotional support. These intensely negative feelings about the parent both result from and reinforce the adolescent's belief that the parent possesses only negative traits, and virtually guarantee not only continued adolescent disappointment and parental denigration, but also low conflictual independence: the adolescent remains exceptionally vulnerable to "excessive guilt, anxiety, mistrust, responsibility, inhibition, resentment or anger in relation to the parent" (Hoffman, 1984).

Second, a young adult who maintains an unequivocally negative view of the parent may be unable to develop conflictual independence because s/he may identify with the vulnerabilities and failures s/he sees in the parent, and adopt an equally denigrating and

destructive self-perception. Young adults who maintain undifferentiated negative evaluations of parents, and who believe themselves to be an extension of their parents may deprecate themselves, and subsequently experience unusually high levels of subjective distress. Powerful feelings of shame, betrayal and disappointment can be exceedingly difficult to master, and therefore influence interactions between the parent and the young adult. Adolescents' experience of intense and overwhelming negative feelings toward themselves and their parent may result in an inability to control their behavior and emotions when confronted with tensions, difficult situations, and conflicts with that parent. In sum, low conflictual independence may result not only from parental denigration, but also from the adolescent's feelings of shame that result from deprecation of the self.

The Family Environment and Deidealization

Both theory and research suggests that deidealization has important implications for adolescent development, and that difficulties moving forward in the deidealization process may be associated with poorer adolescent adjustment, and in particular, low levels of conflictual independence. Therefore, it becomes important to understand factors that can influence this developmental trajectory. Are there phenomena in a young person's life that are likely to facilitate deidealization? Are there phenomena that are systematically associated with protracted idealization, or parental denigration?

There is little doubt that adolescent deidealization can be dramatically affected by the family environment in which the adolescent is raised. Sessa and Steinberg (1991) and Lamborn and Steinberg (1990) argue convincingly that the family provides a context in which "healthy" or "unhealthy" development unfolds, and that nontraditional or dysfunctional family environments may be associated with deviations in adolescent development. Thus, it is reasonable to speculate that deviations in the deidealization process may occur as a result of one's experiences within the family of origin.

Several important theoretical and research-based papers support the notion that parental perceptions and expectations can create a family environment that powerfully influences the trajectory of the adolescent separation/individuation process. For example,

Stierlin and his colleagues (1981) argue that experiences within one's family of origin can be potentially "separation-inducing" or "separation-inhibiting". "Separation-inducing" parents convey confidence in the adolescent's capacity to grow and become autonomous, expect that the adolescent will be able to successfully shift emotional investments to friends and dating partners, and are unconcerned about abandonment as their child psychologically leaves home. In contrast, "separation-inhibiting" parents convey distrust and disbelief in the adolescent's capacity to be independent, expect their child to be unsuccessful in finding friends or sexual partners, and experience their child's leave-taking as destructive and disloyal.

The degree to which the separation/individuation process is encouraged in adolescents' families of origin is likely to be an important predictor of their success as they disentangle themselves from family loyalties and establish autonomy. In fact, Murphey et al. (1963) studied expectations in parents of successfully separating college students and contrasted these expectations with college students who had more trouble shedding family dependencies. They found that parents who regarded the separation/individuation process as a normal and necessary component of maturation, and who had positive expectations for their children's healthy adjustment raised autonomous, individuated adolescents. Parents who doubted their child's ability to successfully fulfill adult roles and responsibilities raised students who were substantially less autonomous, suggesting that these young adults were emotionally unprepared for separation.

Although Stierlin et. al. describe these two family styles as categorical variables, clinical literature suggests that a continuum exists between "separation-inducing" and "separation-inhibiting" family environments (Beavers, 1976; L'Abate, 1976; Olson, 1983). At one extreme lie enmeshed families who cling to their adolescents and sabotage any attempt at separation: these families encourage extreme parent-child closeness and loyalty at the expense of autonomy and individuation. At the other extreme lie families who demand excessive autonomy and individuation from their adolescents without providing a context of family closeness and support. In the middle lie families who exhibit balanced demands

for relatedness and autonomy, who encourage their children to individuate within the context of a strong and supportive family environment, and who are able to renegotiate family relationships such that they promote continuity and allow for change. This suggests a curvilinear relationship: theoretically, adolescents raised by parents who encourage autonomy within the context of relatedness ought to demonstrate healthy individuation, whereas adolescents raised within families that promote either premature separation or prolonged closeness would demonstrate problems in the deidealization process.

The research of Stierlin and his colleagues explores the links between the young adult's separation from his or her parents at an object-relational level, rather than an intrapsychic level. That is, they operationalize "separation/individuation" as the process through which emotional investments in parents are withdrawn, resulting in the adolescent taking over adaptive capabilities previously handled by the parents. Josselson (1980) describes this process as "separation from 'the reality parent'", which, according to her, is one critically important adolescent developmental task. However, the other major task of adolescence, according to Josselson (1980), is individuation from the introjected parents of childhood. Stierlin et al. fail to explore this intrapsychic aspect of separation-individuation: they do not consider the disengagement from archaic representations of the parents, internalized in early childhood, which profoundly influence the choices and affective responses of the adolescent.

Despite Stierlin et al.'s failure to explicitly consider the intrapsychic aspects of adolescent separation, it seems reasonable to apply their conclusions to intrapsychic processes, and offer some speculation about the impact of the family environment on deidealization. In particular, it seems likely that there may be a curvilinear relationship between family conflict or parental pathology and deidealization such that adolescents from families characterized by moderate degrees of parental conflict or parental dysfunction would be most likely to move successfully through the deidealization process. In contrast, adolescents from unusually harmonious families may not feel the need to move beyond idealized views of their parents, whereas adolescents from families characterized by serious

pathology and/or conflict, may be unable to temper feelings of rage, guilt and disappointment so as to adopt a more empathic view of the parent. The remainder of this review explores marital conflict and parental alcoholism as two family influences that may alter the trajectory of adolescent deidealization, and it focuses on the potentially curvilinear relationship between the presence of these family factors and protracted idealization, parental denigration, and healthy deidealization.

Protracted Idealization.

At least three different family contexts potentially can result in adolescents' continued idealization of the parent. First, "separation-inhibiting" families provide a context for protracted idealization: these parents actively (although perhaps unconsciously) sabotage their adolescent's attempts at individuation by conveying distrust and suspicion regarding their child's ability to be successful in the adult world. Second, families characterized by the virtual absence of conflict may create an environment that protects the adolescent from normative influences and conflicts that drive deidealization and separation/individuation. Third, prolonged idealization may occur if the adolescent feels too guilty, anxious or emotionally involved with a parent to deinvest in the relationship with that parent, or if the potential loss of a parent is perceived to be too devastating to the adolescent.

As reviewed above, Stierlin et al. describe "separation-inhibiting parents as threatened by their child's impending maturity, and as effectively undercutting their adolescent's attempts at separation. These efforts can be overt, such as verbal criticism or derogation, or implicit in a parent's attitudes or affective reactions to their child's decisions or behavior. Regardless, the adolescent receives the message that he or she is fundamentally unprepared for adult roles and responsibilities, and that individuation and the development of competence betrays family loyalty. Adolescents who do not develop behavioral autonomy, and who continue to rely on their parents for approval and advice, may feel too anxious and inadequate to easily deinvest in their relationships with their parents: they may attempt to derive security from their immature, idealized parental representations, rather than confront the conflicts and tensions inherent in the individuation process.

Protracted idealization may also be encouraged in adolescents raised in unusually harmonious families. Individuality, self-assertion, and separateness may be valued less than connectedness and agreement. If adolescents witness very little spousal disagreement, they may continue to view the parents as a unit, rather than differentiating their parents as individuals with separate needs, interests, and goals. Additionally, adolescents who do not experience normative levels of parent-adolescent conflict may perceive their parents as entirely supportive, trustworthy, and reliable in their provision of advice and assistance. Parental infallibility goes unquestioned. They are likely to report their parents to be exceptionally positive role models: for these adolescents, idealization is congruent with their subjective experience of the parent-child relationship. Consequently, these adolescents may not feel compelled to rework their archaic, immature representations of their parents, and may continue to place primary emotional investments in the parents and idealize them.

Other factors may be at work in families characterized by the virtual absence of conflict or tension. Some families described as relatively conflict-free might also be accurately described as conflict-avoidant. Maintaining staunchly positive marital relationships and strong family harmony may be associated with an inability to tolerate dissent among family members. Family members may be expected to accept and internalize parental values, beliefs and standards, rather than to develop their own values and ideas based on argument or experimentation. These families may discourage the pursuit of autonomy and individuation in their children, and instead, foster excessive relatedness and connection within the parent-adolescent relationship. Again, parental fallibility is disallowed.

It is unclear whether adolescents who are raised in a virtually conflict-free family environment would subjectively experience or describe this environment as limiting or restrictive. Some adolescents may chafe against parental standards, and desire a family environment that encouraged greater differentiation and self-discovery. However, other young adults may perceive themselves to be exceptionally secure in the parent-child relationship. These adolescents might be willing to sacrifice autonomy for continued warm

and emotionally close contacts with their parents (Haley, 1980; Stierlin, et al, 1981). We can speculate that in these families, young adults would describe their parents in uniformly positive and stereotyped, one-dimensional terms (i.e., mothers as unusually empathic and concerned, fathers as hard workers and good providers). Furthermore, they are likely to be concerned with earning their parents' approval, may rely heavily on their parents for guidance and support, and be unable to determine their own actions without excessive parental validation.

In contrast, the deidealization process may be equally derailed in families where high levels of parental conflict and/or parental pathology exist. For example, in families characterized by severe marital conflict, a young adult often participates in a relationship with one parent that transcends appropriate parent-child boundaries. This inappropriate "role reversal" found in conflict-ridden families is also typical of alcoholic families: a child's excessive sense of responsibility for the alcoholic parent (Wood, 1987) exemplifies the seriousness of the disruption in parent-child relationships. A parent may use a child as a confidante, encouraging the adolescent to act as a surrogate spouse and helpmate. Some adolescents may enjoy receiving a parent's confidences and perceive it as confirmation of new-found equality in the parent-adolescent relationship. Parental dependence may be gratifying to some young adults, yet in many respects it obstructs their ability to separate. The subjective experience of the relationship is one of mutual fulfillment and emotional closeness, but adolescents who perceive themselves as primarily responsible for providing parents with emotional support are unlikely to move forward in the separation/individuation process (Sessa & Steinberg, 1991), and equally unlikely to deidealize. A child who believes only s/he provides critical psychological maintenance for a parent is unlikely to separate from that parent without strong feelings of guilt and anxiety. The burden this places on some adolescents can abort the deidealization process in favor of maintaining an idealized relationship with a parent.

In a similar vein, protracted idealization may result from threatened (or actual) parental loss. In alcoholic families, the drinking parent may be emotionally unavailable to the child;

consequently the child may rely even more heavily on his/her other parent for nurturance and support. The deidealization of such a highly valued parent may be perceived as psychologically too costly (Freud, 1958), resulting in a rigidly and defensively idealized perception of the non-alcoholic parent. Adolescents who fear the loss of the emotional involvement of an over-valued parent may cling to intensified identifications with that parent. Laufer (1966) suggests that detachment from primary love objects may be greatly complicated by the threatened loss of the object, and that idealization may serve to protect the gratifications derived by the relationship with that object. Under these circumstances, protracted idealization serves as a defensive operation to prevent the normative deintensification of parent-child emotional investments, thus protecting the child's primary source of support.

Parental Denigration

Stierlin's (1981) work describes "separation-inhibiting" parents as threatened by their child's impending maturity, and as effectively sabotaging their adolescent's attempts at individuation. He argues that parents' derogation and verbal criticism of the child creates a family environment in which the adolescent cannot develop competence; furthermore, parental insistence on family loyalty may create an environment in which the adolescent feels too guilty or anxious to easily deinvest in their relationships with their parents. He posits that because "separation-inhibiting" parents hinder adolescents' development of behavioral competence and independent decision-making, the adolescents rely heavily on the perceived security provided by the parents, and are reluctant to move forward in the separation/individuation process.

However, Stierlin does not explore the possibility that some adolescents from "separation-inhibiting" families might also engage in parental denigration in a reactive attempt to break away from their parents. By largely focusing his work on the links between family functioning, adolescent competence, and adolescent separation/individuation, Stierlin does not consider the more psychodynamic, or intrapsychic aspects of separation/individuation. From a psychodynamic perspective,

parents who deliberately undercut their child's attempts at individuation may do so in reaction to their own feelings of inadequacy, powerlessness, failure, and defectiveness. Parents may project these feelings onto their children, essentially fostering the child's dependency on the parent such that the parent will appear strong and capable by comparison. Thus, the parents' core need to feel powerful is gratified. However, when the child reaches adolescence, challenges parental authority and questions images of parental omnipotence and infallibility, the parent may reactively intensify efforts to sabotage the adolescent's separation and individuation. A child who experiences this intense parental criticism, hostility, distrust, and expectations of failure has only two choices: s/he can gradually internalize the negative messages and develop self-hatred, or s/he can reject the parents and their dire predictions. Adolescents who refuse to accept the parents' projections of weakness, vulnerability, failure and inadequacy will reject the parents. In other words, these adolescents may eventually come to hate their parents as a way of defending against self-hatred. In this way, Stierlin's (1981) "separation-inhibiting" families may actually encourage parental deprecation and denigration instead of protracted idealization.

Parental denigration can be fostered by other kinds of family dysfunction and parental pathology as well. Wallerstein and Kelly's (1980) work with divorcing families indicates that serious marital conflict or other parent pathology can complicate family relationships and significantly alter developmental pathways in adolescence. According to these researchers, adolescents who are raised within a family characterized by severe parental conflict may experience a "drastically foreshortened childhood in which adolescent development is pushed forward at a greatly accelerated tempo" (1980, p. 83). Sessa and Steinberg (1991) maintain that although parental conflict can enhance some aspects of adolescent development, severe parental conflict can potentially disrupt adolescent development by fostering adolescents' premature and/or intense distancing from the parents. In families troubled by severe marital conflict or other forms of parent pathology, the deidealization process is likely to be transformed into parental denigration. Bitter and

agitated interactions between parents, substandard parenting, or inappropriate allocation of family responsibilities are commonly found in distressed families, which may provide a context for parental denigration to develop.

The very large research literature on divorce and marital conflict supports the notion that children raised in conflict-ridden environments suffer when a parent inadequately fulfills the parenting role. A "diminished capacity to parent" (Wallerstein & Kelly, 1980) occurs when parents are so preoccupied by their own distress that they become overwhelmed by the normal demands of their children. Children raised in homes characterized by severe parental discord witness parents in crisis who may not be able to fulfill parenting responsibilities effectively, who provide decreased affection, less control and less monitoring, less emotional responsiveness, and who ask their children to shoulder more responsibility for family work (such as housework, childcare, etc.). Adolescents may adapt to greater responsibilities by quickly developing behavioral autonomy and competence. However, adolescents who experience their parents as inadequate, preoccupied and overwhelmed may also perceive their parents to be pathetic, weak, and ineffective, and they may distance themselves from their parents by emphasizing the parents' inadequacies, failures, and negative characteristics.

Secondly, adolescents raised in families characterized by severe marital discord may denigrate their parents because they observe their parents mutually defame and denigrate one another. One parent's hostile, bitter and vindictive assaults on the other parent's character may leave adolescents confused and angry. These adolescents may believe the accusations leveled by one parent against the other, and find it impossible to reconcile idealized parental images with the slander and verbal abuse they hear. As a result, the adolescent may discard images of parental perfection and incorporate the derogation they hear into parental representations untempered by vestiges of love and respect. They may relinquish idealized parental images whether or not they have truly worked through the issues associated with deidealization, and replace them with extremely negative representations of their parents.

Although so far this discussion has been limited to severe marital conflict, parental discord is not the only type of family dysfunction that could result in substandard parenting, and therefore have deleterious effects on deidealization. Many of the difficulties associated with severe family conflict are also found in alcoholic families. As described in the clinical literature, alcoholic parents and their spouses may abdicate many of their parenting responsibilities, and in particular, relinquish behavioral control over their children (Woititz, 1978). As a result, some children of alcoholics experience diminished parenting, and develop premature self-reliance and a reluctance to depend on their parents to satisfy their practical or emotional needs. Children of alcoholics are often burdened with responsibility for making family decisions (Bogdaniak & Piercy, 1987), and are often precociously ready to face life's challenges with minimal parental input. The precocious development of autonomy and accelerated emotional distancing may transform deidealization into a process of parental denigration for children of alcoholics as it might for children raised in homes characterized by severe marital conflict.

The deep anger and betrayal the adolescent feels toward the alcoholic parent may also result in denigration of the parent. The adolescent who has experienced parental unavailability, narcissism, and unpredictability (Woititz, 1978) may also experience deep feelings of rage, abandonment and hatred. Adolescents who experience intense feelings of anger, shame and disappointment when confronted with an alcoholic parent's vulnerabilities may devalue that parent, and find it difficult to empathize with the parent's predicament. Almost certainly, that parent could not be seen as omnipotent and perfect: rather, the parent's failures and weaknesses are highlighted, and reinforced by the adolescent's repeated experiences of abandonment and disappointment as well as by the spouse's denigration. Adolescents who predominantly experience a parent's failures and shortcomings may contemptuously and unequivocally denigrate their internalized image of the alcoholic parent. In fact, they may reject their alcoholic parent so completely that they construct brittle, uniformly negative parental representations that would probably not hold up under an objective evaluation of the devalued parent. The "all-black" image of the hated

parent disallows acknowledgment of that parent's struggles, strengths, or personal needs, and rules out the development of a realistic, mature, and even-handed parental evaluation.

Thus, in alcoholic families as well as families troubled by severe marital conflict, the deidealization process may result in parental denigration because of vindictive and agitated interaction between parents, defamation of one parent by the other, diminished parenting, or inappropriate allocation of family responsibilities. However, it is interesting to note that adolescents from highly conflicted or alcoholic homes may establish firm loyalties with one parent over the other (e.g., a "good" parent versus a "bad" parent). In situations characterized by such polarized splitting, the hated parent may be completely devalued, but the loved parent may continue to be idealized. Young adults who ally with one parent against the other could be expected to cling to immature, rigidly idealized, "all white" views of the favored parent: in these cases, the gradual evolution of a mutual relationship between parent and young adult may be arrested because the young adults feel too guilty, anxious, or emotionally involved to deinvest in the relationship with that parent. Moreover, the loved parent may promote this idealization as a substitute for what he or she is not getting from their estranged spouse. In contrast, the relationship with the other parent may be characterized by denigration: the adolescent's strong feelings of anger and betrayal may result in denigrated "all black" perceptions of the disfavored parent. Taken together, polarized parent-child relationships may compromise the deidealization process with respect to both parents, because mature and realistic representations of the parents are blocked by the adolescent's unidimensional and superficial perceptions.

Deidealization.

I have speculated that very low or very high levels of family conflict could result in protracted adolescent idealization of parents, and that very high levels of family conflict or serious parental pathology may result in parental denigration. What kind of family environment is likely to result in healthy deidealization?

Deidealization is most likely to occur within a family context that encourages "autonomous relatedness" (Murphey, et al. 1963). Parents who have clear values,

expectations, and standards for their children, but who simultaneously tolerate exploration, dissent and differentiation allow their adolescents freedom to separate without the loss of parental affirmation and support. Parents who tolerate conflict within the spousal relationship, and who are not afraid of conflicts within the parent-child relationship teach their children that disagreements are acceptable and not necessarily destructive. These families (labeled by Stierlin and his colleagues as "separation-inducing") encourage their children to view parents in a realistic and empathic way. They allow the increased psychological distance between parents and children necessary for adolescent gains in competence and independence. Yet, these parents continue to provide approval and guidance, which may minimize adolescents' feelings of insecurity that can accompany the loosening of familial ties. In brief, deidealization is most likely to successfully take place in families that experience enough conflict or tension to promote differentiation, but not so much that adolescents' security is jeopardized.

A moderate degree of family tension may be necessary to move past images of parental perfection. Parental conflict may increase an adolescent's awareness of his/her parents' mistakes and shortcomings. Statements made in anger, accusations, exaggerations and impulsive actions may be witnessed by an adolescent, and tarnish an idealized parental image. Adolescents may experience disappointment and shame in their parents' inability to resolve conflict more positively. The presence of some parental discord may highlight the occasionally immature or selfish behavior of one or both parents, and make it difficult for adolescents to retain parental images of omnipotence and perfection. Moreover, adolescents who maintain neutrality during parental disagreements must allocate blame fairly equally and as a result, both parents may be somewhat devalued by the adolescent. In short, a young adult's idealized parental representations are incongruent with his or her experience: the parents are more likely to be evaluated realistically than idealistically.

Adolescents who are raised in homes characterized by moderate parental conflict not only observe disagreements, anger, and occasional unreasonable parental behavior, but they also have an opportunity to understand the important needs and interests of their

parents, and see them as real people. These adolescents may be more likely to recognize that each parent has personal needs, desires, and goals that are worthy of pursuit despite the conflict they may create with the other parent. Adolescents who observe these kinds of individual as well as dyadic struggles may develop more sophisticated and complex views of their parents, rather than superficial conceptualizations. Consequently, the adolescent can relinquish the stereotyped parental images held since childhood, because he or she has developed a more realistic understanding of parents' genuine needs, capabilities and vulnerabilities.

Lastly, the presence of some marital conflict may encourage an adolescent to view his or her parents as separate and distinct authorities rather than as one unified parental system. The presence of a division within the parenting dyad may create mother-adolescent and father-adolescent relationships that are unusually distinct. Thus, adolescents who were raised within families characterized by moderate amounts of family tension may develop substantially more differentiated internal representations of their parents, and have a clearer understanding of the ways in which their parents differ. This too, may contribute to a less idealized, more realistic understanding of one's parents as human beings rather than simply as generic parent figures, and enable the adolescent to develop a greater capacity for empathic understanding of the parent as a person.

Summary

Psychoanalytic theorists have identified deidealization as a crucial adolescent developmental process that has important implications for successful separation/individuation. Deidealization occurs when a young adult relinquishes childish representations of the parent as perfect and all-powerful, can integrate a parent's strengths and weaknesses, and is not constrained by fears of parental disapproval or retribution. In this research, a two-dimensional schema will be used to evaluate the deidealization process and distinguish between adolescents who deidealize, denigrate, or continue to idealize their parents. The proposed research will also examine associations between adolescent deidealization, parental denigration, or protracted idealization of parents and the

development of conflictual independence. Finally, in addition to exploring the links between adolescent deidealization and conflictual independence, this research will examine family environments associated with deidealization: the presence of family pathology (such as parent conflict or paternal alcoholism) may disrupt parent-child relationships and the normal adolescent agenda such that adolescents either denigrate their parents, or in contrast, experience a protracted period of idealization.

CHAPTER 3

Research Hypotheses

1) It was expected that a comprehensive and precise assessment of adolescent deidealization can be determined by examining the interaction between the adolescents' recognition of parental fallibility and their capacity for empathy. It was hypothesized that the vast majority of subjects will fall into one of three groups: high perception of fallibility/high empathy ("deidealizing"), low perception of fallibility/low empathy ("idealizing"), and high perception of fallibility/low empathy ("denigrating"). The fourth group, low perception of fallibility/high empathy, is not a meaningful combination: therefore, it was hypothesized that very few subjects will fall in this group.

2) It was expected that each of these three groups would be systematically associated with differences in the adolescents' development of conflictual independence: Only adolescents in the "deidealizing" group were expected to evidence high levels of conflictual independence, whereas adolescents in the "idealizing" and "denigrating" groups were expected to evidence low levels of conflictual independence.

3) It was expected that each of these three groups would be systematically associated with differences in the adolescents' families of origin. Adolescents in the "deidealizing" group were expected to be associated with families that are characterized by moderate levels of marital conflict, and the absence of parental alcoholism. Adolescents in the "idealizing" group were expected to be associated with families that are characterized by little marital conflict and the absence of paternal alcoholism. Adolescents in the "denigrating" group will be associated with family dysfunction: high levels of marital conflict and/or parental alcoholism were expected to be found in the families of these adolescents.

CHAPTER 4

Method

Subjects

Data for this study was collected as part of a larger study entitled "Development During the College Years". Approximately 1300 undergraduate students enrolled in introductory psychology classes received research credit in exchange for their participation in the larger study, which examined many aspects of late adolescent development and parent-adolescent relationships. Criteria for inclusion mandated that participants were between the ages of 17 and 22 and that their parents were currently married. We excluded students from non-intact families because a child's contact with one or the other parent is often decreased following a divorce and because we decided to control for, rather than examine, the effects of marital status.

From this larger subject pool, a smaller number of students were selected to participate in a second phase of the research. This subgroup of 120 students constitutes the sample used for the proposed study. Sixty-one subjects (49% of the total sample) are male, and 63 subjects (51% of the total sample) are female. Sixty-four subjects (52% of the sample) are non-COA adolescents, whereas 60 subjects (48% of the sample) were raised in a family with an alcoholic father. Eighty-six percent of the sample (107 subjects) is Caucasian, 10% (12 subjects) is African American, and 4% (5 subjects) identified themselves as Asian, Hispanic, or Native American. Subjects ranged from 17 to 22 years of age: 2% of the subjects are 17 years old, 27% are 18 years old, 28% are 19 years old, 25% are 20 years old, 15% are 21 years old, and 4% are 22 years old.

Procedures

As indicated above, the study involved two phases of data collection. Originally, subjects in Phase I attended a two and a half hour testing session during which they completed an extensive battery of questionnaires. These questionnaires assessed various aspects of adolescents' relationship with their parents, family background, amount of parent conflict, their own and their parents' alcohol use, and adolescent adjustment and ego identity functioning. Eventually, procedures for Phase I were modified so that subjects initially completed a much smaller number of questionnaires, including reports of their parents' alcohol consumption and family socioeconomic status. Inclusion of parental drinking and family socioeconomic information in Phase I constituted a screening procedure by which subjects were selected for continued participation in Phase II. Subjects who were then selected for participation in Phase II completed all of the remaining questionnaires in the original battery during the second phase of the study.

Participants for Phase II were selected largely on the basis of their reports of their parents' alcohol consumption. Half of the Phase II participants were selected from among volunteers reporting in Phase I that their father had a serious drinking problem during their adolescence, and the other half were selected from among those reporting the absence of a drinking problem in either parent. Subjects in the comparison group were selected such that their fathers' educational and occupational status (Hollingshead, 1957), are roughly equivalent to those included in the experimental group. Trained undergraduates collected screening data, identified potential Phase II subjects, and roughly matched the comparison and experimental groups on socioeconomic status.

Graduate student interviewers who had no knowledge of any of the subjects' questionnaire responses contacted the potential Phase II subjects by telephone. During Phase II, subjects completed the questionnaires not administered in the screening phase, and were asked to participate in an extensive, semi-structured clinical interview about their relationship with each parent. Ordering of the interviews was counter-balanced such that approximately one half of the subjects were first given the mother interview and half were

first given the father interview. Interviews lasted approximately three hours; some participants were interviewed about both parents during one three-hour meeting, and others were interviewed on two separate occasions. Subjects received additional research credit for participation in this second phase of the experiment.

Measures

This study focuses on four constructs: parent alcoholism, parent conflict, adolescent deidealization, and adolescents' experiences of conflictual independence.

1. Parent Alcoholism. Subjects with an alcoholic father were identified via a student report measure, the Parent Alcohol Consumption Questionnaire (Appendix A), using criteria validated by O'Malley, Carey, and Maisto (1986). These investigators validated Schuckit's (1980) assumption that children's reports of their parents' major alcohol-related problems (e.g., marital separation or divorce, loss of employment, two or more arrests from drunk driving, etc.) can be used to identify a family history of alcoholism. In particular, O'Malley et al. found that a child's report of a parent's experience of at least one major alcohol-related problem identified true alcoholics better than reports of frequency and quantity of alcohol consumption. Moreover, O'Malley et al. found that they could identify non-alcoholic parents better if they disincluded parents who, according to the child, had experienced even minor alcohol-related problems (e.g., economic distress, family shame, accidents, etc.). Children's reports of the quantity and frequency of their parents' drinking were less reliable. Accordingly, in this study, children with an alcoholic parent were identified as those who report that their father has experienced one or more major life consequence as a result of drinking. Subjects were included in the comparison group if they reported that neither parent has experienced either major or minor problems due to parental drinking.

There are two exceptions to this inclusion criteria. First, O'Malley et al. considered "harm to health" a major drinking consequence, and hence, endorsing this item alone could place some families in our children of alcoholics (COA) group. Yet, some subjects in our sample did not indicate levels of quantity and frequency of alcohol consumption that reflect

excessive drinking, although they endorsed "harm to health" as a consequence of alcohol consumption. This may be due to a pre-existing health problem that necessitates alcohol restriction, such that even non-excessive amounts of alcohol consumption could constitute a health risk. Or, some subjects may believe that alcohol consumption is, in general, an unhealthy behavior and hence report that parent drinking harms their health regardless of the amount actually consumed by the parent. Including these subjects as children of alcoholics could result in a number of false positives. To address this potential problem, subjects who reported that harm to health is the only major consequence of paternal drinking were only included in the children of alcoholics group if, in addition, the average frequency and quantity of drinking meets typical standards for problem drinking (see Cahalan and Cisin, 1968). Problem drinking in these cases was defined as the consumption of five or more drinks on each of one or more occasions per week, or three or more drinks nearly every day. If other major consequences besides "harm to health" were endorsed by the adolescent, this alcohol consumption criterion was not applied.

Second, subjects were included in the COA group only if they reported that their fathers were actively drinking at least through the subjects' fourteenth year of age. Subjects whose alcoholic fathers stopped drinking before the subject was fifteen were excluded from both the experimental and control groups. This inclusion criteria ensures that problem drinking was present during at least part of the subject's adolescent years, and hence during a critical period for deidealization. Based on these inclusion criteria, 64 subjects (52% of the total sample) were identified as non-COA children (30 sons and 34 daughters), whereas 60 subjects (48% of the total sample) were identified as COA children (31 sons and 29 daughters).

2. Parent Conflict. A 14-item Positive Parent Conflict Resolution Scale (Frank, Burke, DeVet & Tatham, in progress) assessed the late adolescent's perceptions of their parents' marital conflict resolution skills ("My parents are able to discuss and resolve disagreements"), as well as the parents' ability to resolve marital disputes without involving the adolescent ("My father tries to get me to side with him when he fights with my mother"

(-)); $\alpha = .86$. This measure can be found in Appendix B. A validity study on a sample of 40 undergraduates and their mothers and fathers indicated that the correlation between students' scores on the PPCR and scores averaged across mothers and fathers on the Dyadic Adjustment Scale (Spanier & Cole, 1974) was .80. In the same study, the correlation between students' reports on the PPCR and parents' scores on a General Parenting Alliance Scale (Frank, Jacobson, and Hole, 1988) describing parents' ability to work together as parents, was .72. In this study, items on this questionnaire were reverse scored such that low scores on the PPCR indicate that marital conflict is mild, and disagreements are resolved easily without the involvement of the adolescent, and high scores indicate frequent and/or intense marital conflicts, and that parents are unable to resolve marital conflicts without triangulating their child. In this study, PPCR ranged from 1.00 to 3.42 (mean = 1.89, SD = .56).

3. Adolescent Deidealization Status. The degree to which subjects idealize, deidealize, or denigrate their parents is determined by their responses on the Deidealization subscale of Steinberg and Silverberg's (1986) Emotional Autonomy Scale, as well as their responses on the Young Adult/Parent Relationship Interview (Frank, Avery, and Laman, 1988). The Deidealization subscale provides an assessment of the adolescent's recognition of parental fallibility, and the interview provides information about the young adult's ability to empathically understand the parent.

Recognition of parental fallibility. Steinberg and Silverberg's Emotional Autonomy Scale (Appendix C) is a 20-item questionnaire comprised of four subscales: Individuation, Perception of Parents as People, Nondependency, and Deidealization. All items from all four subscales comprise an overall measure of emotional autonomy in the adolescent/parent relationship. Respondents rate items on a 4-point scale, indicating whether they strongly disagree, disagree, agree or strongly agree with each statement. This research uses only the Deidealization subscale of the Emotional Autonomy Scale to assess whether and to what degree respondents have relinquished childish perceptions of parental infallibility. Low scores on the Deidealization Scale indicate that the adolescent continues to cling to childish

perceptions of parental infallibility (e.g., "My parents hardly ever make mistakes"(-) ; "Even when my parents and I disagree, my parents are always right" (-)). Internal reliability for the Deidealization Scale is .62 as measured by Cronbach's alpha.

Empathy. The second core component of deidealization--adolescent empathy in relation to the parent--is determined by the adolescent's responses on one of the dimensions tapped by the Young Adult/Parent Relationship Interview (Frank, Avery, and Laman, 1988). This interview (found in Appendix D) was successfully used by its authors to differentiate young adult males' and females' (aged 22 to 32 years) relationships with their mothers and fathers on three relationship factors: connectedness, competence, and emotional autonomy. Subjects are asked questions concerning decision-making, mutual help-giving and support, frequency of contacts, conflicts between the subjects' and parents' needs, emotional tension and conflicts, depth of communication, feelings of closeness and concern, and the subjects' evaluations of the parents' strengths and weaknesses. Participants' responses are then coded on a 5-point scale (1 and 5 are indicative of low and high scores, respectively) on ten dimensions: closeness, communication, concern, empathy, respect, self-other responsibility, personal control, self-assertion, independence, and decision-making. Appendix E contains scoring criteria for each of these ten dimensions.

The empathy dimension deserves further comment because it is the scale that provides the second core construct involved in adolescent deidealization. The empathy dimension refers to the adolescent's ability to understand the parent as a complex person and to appreciate the parent's feelings and perspective, even when these differ from those of the adolescent's own perspective. A low score of "1" indicates that the adolescent describes the parent primarily in extremely bad or extremely good terms, that the adolescent is either unable or unwilling to understand the parent's own issues and concerns, and cannot view the parent as having a life outside of the parent-child relationship. The adolescent can only provide simplistic, concrete and behavioral descriptions of the parent. A moderate score of "3" suggests that the young adult attempts to take the parent's perspective, although he or

she has difficulty seeing the parent as a complex and diverse person. The parent may be viewed as having both positive and negative traits, yet the adolescent is unable to integrate the parent's strengths and weaknesses. The adolescent has a fairly stereotyped notion of the parent outside the dyadic relationship. A high score of "5" indicates that the young adult views the parent as a person in his or her own right, and genuinely understands a parent in relationships outside the parent-adolescent dyad. The adolescent integrates the parent's positive and negative characteristics into a complex psychological portrait, and can identify the parent's motivations, conflicts, values and ideologies.

Whether an adolescent idealizes, deidealizes, or denigrates his or her parent is determined by the adolescent's scores on the Deidealization subscale of the Emotional Autonomy Questionnaire and the empathy dimension from the Young Adult/Parent Relationship Interview. A table using a 2 (low/high Deidealization scores) X 2 (low/high empathy scores) design can be constructed such that all subjects can be placed into one of four "cells" that reflects their beliefs about parental fallibility as well as their capacity for empathy (see Figure 1). The first "cell" was expected to include subjects with low scores on the Deidealization subscale as well as low scores on the empathy dimension of the adolescent/parent relationship interview: this group could be identified as "idealizing". This cell was expected to be comprised of adolescents who describe relationships in which the parent is believed to be infallible; furthermore, these adolescents disallow the possibility that their parent possesses any negative characteristics. Second, subjects with high scores on the Deidealization subscale and high scores on the empathy dimension of the adolescent/parent relationship interview were expected to be identified as "deidealized": they describe relationships in which the parent is described as fallible; but in addition, the adolescent describes the parents as possessing positive and negative characteristics. Third, subjects with high scores on the Deidealization subscale and low scores on the empathy dimension of the adolescent/parent relationship interview were expected to be identified as "denigrating": these adolescents not only describe the parent as fallible, but in fact, the adolescent virtually disallows the possibility that the parent may have any positive

Figure 1. Four groups based on deidealization and empathy scores.

		<u>Empathy Scores</u>	
		<u>Low</u>	<u>High</u>
<u>Deidealization Scores</u>	<u>Low</u>	Idealizing	-----
	<u>High</u>	Denigrating	Deidealizing

characteristics whatsoever. The fourth "cell" would include subjects with low scores on the Deidealization subscale and high scores on the empathy dimension of the interview: this seems not to be a meaningful combination, because such a group would include individuals who have complex and psychologically insightful understandings of their parents, but who also report their parents to be perfect. The fourth cell was expected to contain very few subjects, and if so, was to be disregarded in this research.

4. Conflictual independence. Conflictual independence is defined by Hoffman as "freedom from excessive guilt, anxiety, mistrust, responsibility, inhibition, resentment and anger in relation to the mother and father (Hoffman, 1984, p. 173). It was assessed by two dimensions from the Young Adult/Parent Relationship Interview (Frank, Avery & Laman, 1988): the personal control and self-assertion dimensions.

The personal control dimension reflect adolescents' experience of intense and overwhelming negative feelings toward the parent, as well as the adolescent's ability to control his or her behavior and emotions when confronted with difficult situations, anger, tensions, and conflicts with the parent. A low score of "1" indicates that the adolescent is unable to control intense feelings of anger or frustration with the parent, and overtly behaves inappropriately during conflicts (for example, yells, flees the scene, cries uncontrollably, etc.). A moderate score of "3" indicates that although the adolescent occasionally demonstrates mild negative feelings toward the parent, but he or she expresses these feelings with less intensity and more control. A high score of "5" indicates that the young adult has developed effective coping strategies for dealing with potentially tense interactions with the parent. As a result, the young adult demonstrates mastery of these negative feelings rather than vulnerability to them.

Scores on the self-assertion dimension assess the extent to which the adolescent is inhibited by feelings of shame or guilt, versus whether the adolescent is unconstrained by fears of the parent's disapproval, negative judgments, or retribution. A low score of "1" indicates that the adult is clearly inhibited by feelings of shame and guilt in the relationship with the parent, and vigilantly monitors his or her behavior in order to avoid the parents'

disapproval, contempt, or anger. A moderate score of "3" suggests that the young adult continues to desire parental approval in some areas, but that in other areas, he or she evaluates his or her own self-worth irrespective of the parents' judgments. A high score of "5" describes young adults who do not allow parental criticism or disapproval to detract from their own evaluations of self-worth: they determine their own behavior, and assertively expresses their own needs, values and interests to their parents.

Coding of the late adolescents' interview responses was done by four advanced clinical psychology graduate students. In order to maximize the independence of the dimensions, responses pertaining to each of the ten dimensions were printed on separate sheets of paper, so that coders read responses relevant only to the dimension they were coding. In addition, the coders were not informed of the drinking status of the subjects' parents, although this information could sometimes be determined by the subjects' responses during the course of the interview.

Coders were trained using interview responses from the Frank et al. (1988) study, which were coded by raters not involved in the current study. These protocols (which were obtained from subjects who ranged from 22 to 32 years of age) were used as the standard for evaluating reliability of coding. After reliability for a dimension was established on the older Frank et al. (1988) sample, reliability was established on a small sample from the current study. Twenty interviews from the current study were coded by one rater from the previous study and one graduate student rater. Disagreements were resolved by discussion and consensus. When reliability reached at least .80 for a dimension, the graduate student coder coded that dimension. Two graduate student raters coded two dimensions each, and two additional raters coded three dimensions each. Reliability spot checks were conducted on randomly selected protocols from each dimension to prevent rater drift. Reliabilities for empathy, personal control, and self-assertion were .97, .89, and .88, respectively.

Subjects' scores on the personal control and self-assertion dimensions of the Young Adult/Parent Relationship Interview are used to assess adolescents' experience of

conflictual independence. In this study, the mean for personal control with respect to mothers is 3.42 (SD = 1.23, range 1.00 - 5.00); with respect to fathers, the mean for personal control is 3.14 (SD = 1.33, range 1.00 - 5.00). The mean for self-assertion with respect to mothers is 2.68 (SD = 1.14, range 1.00 - 5.00); with respect to fathers, the mean for self-assertion is 2.58 (SD 1.13, range 1.00 - 5.00). With respect to mothers, subjects' personal control and self-assertion scores were highly correlated ($r = .54$, $p < .01$); with respect to fathers, subjects' personal control and self-assertion scores were also highly correlated ($r = .37$, $p < .01$). Correlations were similar for males and female subjects. When subjects' personal control and self assertion scores were averaged with respect to mothers, and with respect to fathers, conflictual independence scores were yielded. With respect to mothers, the mean for conflictual independence is 3.05, SD = 1.04; with respect to fathers, the mean for conflictual independence is 2.86, SD = 1.02.

CHAPTER 5

Results

Preliminary Analyses

As stated in the Methods section, in order to evaluate the three research hypotheses, four constructs are of interest: paternal alcoholism, marital conflict, deidealization status of the adolescent, and the adolescent's development of conflictual independence. Table 1 presents descriptive statistics for the variables used to operationalize these four constructs for males, females, and the total sample. T-tests revealed gender differences on only two of these variables: the two variables that were significantly different for sons versus daughters were empathy with respect to mothers, and empathy with respect to fathers; see Table 2 for the results of these T-tests. Table 3 presents correlations among the variables of interest for the total sample. Of particular importance was the moderate correlation between COA status and perceived marital conflict ($r = .50, p < .01$), which suggested the potential for confounded effects between these two variables. Consequently, it was decided that if subsequent analyses revealed significant associations between COA status and other variables of interest, it would be necessary to reexamine these associations while controlling for perceived marital conflict: this would determine whether identified relationships between COA status and other variables of interest remained significant when perceived marital conflict was controlled for.

Hypothesis One.

A primary goal of this research was to use a two-dimensional schema to place subjects into groups reflecting idealization, deidealization, or denigration of their mothers and their fathers. Using the two constructs of "perception of parental fallibility" and "empathy", adolescent subjects were to be grouped into one of four "cells": a) high perception of

Table 1. Descriptive statistics for variables of interest for males, females, and total sample.

	<u>Males</u>	<u>Females</u>	<u>Total Sample</u>
<u>Marital Conflict</u>			
Mean	1.90	1.87	1.89
SD	.56	.56	.56
Min.-Max.	1.00-3.30	1.00-3.42	1.00-3.42
<u>Deidealization-Mother</u>			
Mean	2.85	2.79	2.82
SD	.42	.47	.45
Min.-Max.	1.80-3.80	2.00-4.00	1.80-4.00
<u>Deidealization-Father</u>			
Mean	2.84	2.98	2.91
SD	.55	.51	.54
Min.-Max.	1.60-4.00	1.60-4.00	1.60-4.00
<u>Empathy-Mother</u>			
Mean	2.77	3.30	3.04
SD	1.19	1.12	1.18
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Empathy-Father</u>			
Mean	2.54	3.29	2.92
SD	1.21	.97	1.15
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Personal Control-Mother</u>			
Mean	3.21	3.62	3.42
SD	1.26	1.17	1.23
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Personal Control-Father</u>			
Mean	2.97	3.30	3.14
SD	1.39	1.25	1.33
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Self-Assertion-Mother</u>			
Mean	2.80	2.57	2.68
SD	1.25	1.03	1.14
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Self-Assertion-Father</u>			
Mean	2.71	2.46	2.58
SD	1.17	1.08	1.13
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Conflictual Indep.-Mother</u>			
Mean	3.01	3.10	3.05
SD	1.13	.95	1.04
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00
<u>Conflictual Indep.-Father</u>			
Mean	2.84	2.88	2.86
SD	1.11	.93	1.02
Min.-Max.	1.00-5.00	1.00-5.00	1.00-5.00

Table 2. Differences between males and females on variables of interest.

	<u>F-value</u>	<u>T-value</u>	<u>df</u>	<u>2-tailed probability</u>
Marital Conflict	1.02	.33	119	.74
Deidealization-Mother	1.25	.67	122	.50
Deidealization-Father	1.15	-1.50	120	.14
Empathy-Mother	1.13	-2.57	122	.01**
Empathy-Father	1.53	-3.79	122	.00***
Personal Control-Mother	1.17	-1.85	122	.07
Personal Control-Father	1.23	-1.41	122	.16
Self-Assertion-Mother	1.48	1.13	122	.26
Self-Assertion-Father	1.19	1.21	122	.23
Conflictual Indep.-Mother	1.43	-.46	122	.64
Conflictual Indep.-Father	1.41	-.24	122	.81

* = $p < .05$
 ** = $p < .01$
 *** = $p < .001$

Table 3. Pearson correlations among variables of interest for the total sample.

	Mar. Conf.	Deid.- Mo	Deid.- Fa	Emp.- Mo	Emp.- Fa	P.C.- Mo	P.C.- Fa	S-A Mo	S-A Fa	C.I. Mo	C.I. Fa
COA Status	.50 _b										
Mar. Conflict	1.0										
Deid.- Mother	.12	1.0									
Deid.- Father	.48 _b	.33 _b	1.0								
Emp.- Mother	.17	.09	.17	1.0							
Emp.- Father	.17	.06	.19 _a	.62 _b	1.0						
Pers. Cont. Mother	-.29 _b	-.15	-.07	.11	.07	1.0					
Pers. Cont. Father	-.47 _b	-.07	-.34 _b	.00	.08	.42 _b	1.0				
Self-Assert. Mother	-.19	-.03	.01	.01	.02	.54 _b	.24 _b	1.0			
Self-Assert. Father	-.09	-.15	-.02	.05	.12	.19 _a	.37 _b	.45 _b	1.0		
Confl. Indep.- Mother	-.27 _b	-.10	-.04	.07	.05	.89 _b	.38 _b	.87 _b	.34 _b	1.0	
Confl. Indep.- Father	-.36 _b	-.13	-.23 _a	.03	.12	.38 _b	.86 _b	.40 _b	.80 _b	.45 _b	1.0

a = $p < .05$ b = $p < .01$ c = $p < .001$

fallibility/high empathy, b) high perception of fallibility/low empathy, c) low perception of fallibility/high empathy, and d) low perception of fallibility/low empathy (see Figure 1). It was hoped that this grouping procedure would allow for a comparison of adolescents with similar scores on perception of parental fallibility, but who had different scores on empathy. Similarly, adolescents that have similar empathy scores, but who hold very different opinions about parental fallibility, could be compared. It was hypothesized that after this grouping procedure was completed, the "low perception of fallibility/high empathy" group would contain very few subjects, because it seemed unlikely that a subject could evidence a multifaceted, psychologically sophisticated view of the parent, yet also represent that parent as infallible.

To accomplish the grouping procedure, subjects were divided into "low" and "high" empathy groups based on their empathy scores on the Adolescent/Parent Relationship Interview (Frank, Avery & Laman, 1988). Subjects who earned empathy scores of 1, 2, or 3 were placed in the "low empathy" group, whereas subjects who earned scores of 4 or 5 were placed in the "high empathy" group. With respect to their relationships with their mothers, 65% of the total sample (N = 81) fell in the "low empathy" group, whereas 35% of the total sample (N = 43) fell in the "high empathy" group. With respect to their fathers, 69% of the total sample (N = 86) were classified in the "low empathy" group, whereas 31% of the total sample (N = 38) were classified in the "high empathy" group. It is notable that the majority of male and female subjects fell in the "low empathy" group, and only approximately one-third of subjects fell in the "high empathy" group: this is consistent with the age of the sample, and it could be expected that as subjects enter their late twenties and early thirties, a greater proportion of subjects would fall in the "high empathy" group, and fewer subjects would fall in the "low empathy" group.

Next, a mean split was considered in order to divide the subjects into "high" and "low" groups based on their Deidealization scores. However, deidealization scores tended to cluster around the mean ($x = 2.82$, $S.D. = .45$, range 1.60 to 4.00), and therefore, groups created by a mean split were unlikely to differ in meaningful ways from each other. (See

Table 4 for the frequency distribution of the deidealization variable.) A similar difficulty was noted if a median split were used. Consequently, subjects were divided into three groups based on their deidealization scores: these groups represented "low", "moderate", and "high" deidealization. With respect to their relationships with their mothers, subjects were placed in the "low" deidealization group if their scores were less than or equal to 2.40, into the "moderate" deidealization group if their scores were greater than 2.40 and less than or equal to 3.20, and into the "high" deidealization group if their scores were greater than 3.20. Based on these criteria, 25% of the sample (N = 31) fell in the "low" deidealization group, 64% of the sample (N = 79) fell in the "moderate" deidealization group, and 11% of the sample (N = 14) fell in the "high" deidealization group. With respect to their relationships with their fathers, subjects were divided according to the same cut-off scores. Accordingly, 21% of the sample (N = 23) fell in the "low" deidealization group, 54% of the sample (N = 67) fell in the "moderate" deidealization group, and 25% of the sample (N = 31) fell in the "high" deidealization group.

A table using a 3 (low/moderate/high Deidealization scores) X 2 (low/high empathy scores) design was constructed such that all subjects fall into one of six groups that reflected their beliefs about parental fallibility as well as their capacity for empathy (see Figure 2). The first group included subjects with low scores on the Deidealization subscale as well as low scores on the empathy dimension of the adolescent/parent relationship interview: this group could be identified as "highly idealizing". This group was comprised of adolescents who described relationships in which the parent was believed to be perfect and infallible; furthermore, these adolescents disallowed the possibility that their parent possessed any negative characteristics. Second, subjects with moderate scores on the Deidealization subscale and low scores on the empathy dimension of the adult/parent relationship interview could be identified as "moderately idealizing": they were somewhat more willing to acknowledge their parents' imperfections, although they still found it difficult to acknowledge that their parent possessed both positive and negative characteristics. Third, subjects with high scores on the Deidealization subscale and low scores on the

Table 4. Frequency distribution of "perception of fallibility" scores in the relationship with mother and father.

Relationship with Mother

<u>Raw Score</u>	<u>Frequency</u>	<u>Percent</u>
1.80	1	0.8
2.00	6	4.8
2.20	12	9.7
2.40	12	9.7
2.50	1	0.8
2.60	11	8.9
2.80	23	18.5
3.00	31	25.0
3.20	13	10.5
3.40	6	4.8
3.60	3	2.4
3.80	4	3.2
4.00	1	0.8

Relationship with Father

<u>Raw Score</u>	<u>Frequency</u>	<u>Percent</u>
1.60	3	2.5
1.80	1	0.8
2.00	4	3.2
2.20	6	4.8
2.40	12	9.7
2.60	14	11.3
2.80	18	14.5
3.00	28	22.6
3.20	7	5.6
3.40	14	11.3
3.60	4	3.2
3.80	5	4.0
4.00	6	4.8

Figure 2. Six groups based on deidealization and empathy scores.

		<u>Empathy Scores</u>	
		<u>Low</u>	<u>High</u>
<u>Deidealization Scores</u>	<u>Low</u>	<u>Group 1</u> Highly Idealizing	<u>Group 4</u> -----
	<u>Moderate</u>	<u>Group 2</u> Moderately Idealizing	<u>Group 5</u> Moderately Deidealizing
	<u>High</u>	<u>Group 3</u> Denigrating	<u>Group 6</u> Highly Deidealizing

empathy dimension of the adolescent/parent relationship interview could be identified as "denigrating": these adolescents not only described the parent as fallible, but in fact, the adolescent virtually disallowed the possibility that the parent may have had any positive characteristics whatsoever. The fourth group is comprised of subjects with low scores on the Deidealization subscale and high scores on the empathy dimension of the young adult/parent relationship interview: this was not expected to be a meaningful category, because such a group would be comprised of individuals who had complex and psychologically insightful understandings of their parents, but who simultaneously reported their parents to be perfect. Consequently, this cell was expected to contain very few subjects, and if so, was to be disregarded in this research. Fifth, subjects with moderate scores on the Deidealization subscale and high scores on the empathy dimension of the adult/parent relationship interview could be identified as "moderately deidealized": they described relationships in which the parent was described as fallible and imperfect; in addition the adolescent described the parent as possessing positive and negative characteristics. Subjects in the sixth group, with high scores on the Deidealization subscale and high scores on the empathy dimension of the adolescent/parent relationship interview, could be identified as "highly deidealized", for they clearly described their parents as fallible, and as possessing positive and negative characteristics.

Table 5 provides information about the distribution of male and female subjects into these six groups with regards to the subjects' relationships with their mothers and their fathers. Chi-square analysis indicated that there were no significant gender differences in group distributions for subjects' relationships with their mothers ($X^2(5,124) = 7.19, p = .21, n. s.$) or fathers ($X^2(5,124) = 8.54, p = .13, n. s.$).

In addition to using a two-dimensional model of deidealization, it was hypothesized that very few subjects would fall into the fourth cell, which includes those subjects who demonstrated high empathy, yet also evidenced low perception of parental fallibility: the likelihood that subjects could evidence sophisticated and complex views of their parents, yet still describe them to be infallible, seemed remote. Consequently, it was anticipated that

Table 5. Group membership of male and female subjects in relationships with mothers and fathers.

	<u>Mothers</u>		<u>Fathers</u>	
	<u>Males</u> (N = 61)	<u>Females</u> (N = 63)	<u>Males</u> (N = 61)	<u>Females</u> (N = 63)
Group 1 Hi. Ideal.	15% (N = 9)	17% (N = 11)	25% (N = 15)	10% (N = 6)
Group 2 Mod. Ideal.	49% (N = 30)	36% (N = 23)	39% (N = 24)	38% (N = 24)
Group 3 Denigr.	10% (N = 6)	3% (N = 2)	15% (N = 9)	10% (N = 6)
Group 4	7% (N = 4)	11% (N = 7)	3% (N = 2)	5% (N = 3)
Group 5 Mod. Deid.	18% (N = 11)	24% (N = 15)	11% (N = 7)	19% (N = 12)
Group 6 Hi. Deid.	2% (N = 1)	8% (N = 5)	7% (N = 4)	16% (N = 10)

For mothers, $X^2(5, 124) = 7.19$, $p = .21$, n. s.

For fathers, $X^2(5, 124) = 8.54$, $p = .13$, n.s.

the fourth cell would contain very few subjects, which would support the relative meaninglessness of the category. As expected, with respect to fathers, the fourth group included the smallest number of sons ($N = 2$) and daughters ($N = 3$) of the six groups. However, somewhat surprisingly, four sons and seven daughters fell into the fourth cell with respect to mothers. While these are not large cell sizes, more daughters (11%) fell in the fourth group than in the third (2%) or sixth (8%) group with respect to mothers; more sons (7%) fell in the fourth group than in the sixth (2%) group with respect to mothers. This suggests that, at least with respect to mothers, the fourth group may represent the possibility that idealization of the parent may continue as the adolescent's capacity for empathy increases. Because of the possibility that the fourth group could be a meaningful one, it seemed important to include the fourth group in the remainder of the analyses, and to determine which, if any, associations existed between this group and the other variables of interest. Further discussion of the meaningfulness of this cell will be elaborated in the next chapter.

Hypothesis Two. The second research hypothesis proposed that each of the six groups would be systematically associated with differences in the adolescents' development of conflictual independence. It was expected that only adolescents in the deidealizing groups would evidence high levels of conflictual independence, whereas adolescents in the idealizing and denigrating groups would evidence low levels of conflictual independence. An ANOVA was performed in which group membership was the independent variable and conflictual independence was the dependent variable (see Table 6). This analysis demonstrates that there were no significant associations among adolescents who idealize, deidealize, or denigrate their mothers and their attainment of conflictual independence in their relationships with their mothers ($F = 1.18, p < .32, n. s.$). Because there were no identified differences between sons and daughters, Table 7 presents means and standard deviations for the total sample with respect to conflictual independence among the six groups vis-a-vis the relationship with mothers.

Table 6. Analysis of variance of conflictual independence by group membership in subjects' relationship with mothers.

	<u>Sum of Squares</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Significance</u>
Group Membership	6.35	5	1.27	1.18	.32

* = $p < .05$
** = $p < .01$
*** = $p < .001$

Table 7. Means and standard deviations for conflictual independence by group membership in subjects' relationship with mothers.

	<u>Total Sample</u>		
	<u>Mean</u>	<u>SD</u>	<u>N</u>
Group 1 Hi. Ideal.	3.47	.91	20
Group 2 Mod. Ideal.	2.93	1.10	53
Group 3 Denigr.	2.94	1.02	8
Group 4	2.91	1.01	11
Group 5 Mod. Deid.	3.17	1.05	26
Group 6 Hi. Deid.	2.58	.74	6

Results were different when this association was examined in the adolescent-father relationship (see Table 8). An ANOVA was again performed in which group membership was the independent variable and conflictual independence was the dependent variable. A significant main effect was revealed ($F = 2.38, p < .04$), indicating that in the relationship with fathers, there were significant differences in conflictual independence that were systematically associated with whether the adolescent idealized, denigrated, or deidealized the father. However, as demonstrated in Table 9, due to the negative correlation between perceived marital conflict and conflictual independence from fathers ($r = -.36, p < .01$), this relationship required reevaluation while controlling for perceived marital conflict. When perceived marital conflict was controlled for, the relationship between conflictual independence and group distribution was weakened substantially ($F = 1.21, p < .31$) and was reduced to statistical nonsignificance. This indicated that the apparent association between group membership and conflictual independence in the father-adolescent relationship was spurious, and could be accounted for by the effects of perceived marital conflict on conflictual independence. Because there were no identified differences between sons and daughters, Table 10 presents means and standard deviations for the total sample with respect to conflictual independence among the six groups vis-a-vis the relationship with fathers.

The correlation between perceived marital conflict and conflictual independence vis-a-vis the relationship with fathers deserves a final comment. Although perceived marital conflict is correlated with conflictual independence with respect to fathers, inspection of the correlation matrix reveals that marital conflict was considerably more strongly correlated with one of the variables comprising independence than the other. Specifically, perceived marital conflict and personal control with respect to fathers yielded a -0.47 correlation ($p < 0.01$), whereas the correlation between perceived marital conflict and self-assertion with respect to fathers was only -0.09 ($p < n.s.$). Therefore, it was necessary to breakdown the aggregated variable of conflictual independence into its two component parts in order to

Table 8. Analysis of variance of conflictual independence by group membership in relationship with fathers.

	<u>Sum of Squares</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Signif.</u>
Group Membership	11.7	5	.23	2.38	.04*

* = $p < .05$
 ** = $p < .01$
 *** = $p < .001$

Table 9. Analysis of variance (controlling for marital conflict) of conflictual independence by group membership in relationship with fathers.

	<u>Sum of Squares</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Signif.</u>
Covariate: Marital Conflict	17.21	1	17.21	20.18	.000***
Group Membership	5.15	5	1.03	1.21	.31

* = $p < .05$
 ** = $p < .01$
 *** = $p < .001$

Table 10. Means and standard deviations for conflictual independence by group membership in subjects' relationship with fathers.

	<u>Total Sample</u>		
	<u>Mean</u>	<u>SD</u>	<u>N</u>
Group 1 Hi. Ideal.	2.90	.96	21
Group 2 Mod. Ideal.	2.88	1.03	48
Group 3 Denigr.	2.45	1.00	15
Group 4	3.90	.55	5
Group 5 Mod. Deid.	3.16	.91	19
Group 6 Hi. Deid.	2.46	1.06	14

determine whether or not any associations exist between group distribution and either self-assertion or personal control.

Consequently, one ANOVA was performed in which group membership was the independent variable and self-assertion was the dependent variable. The association between these two variables was nonsignificant ($S=0.99$, $p<0.43$). Another ANOVA was performed in which group membership was the independent variable and personal control was the dependent variable. A significant main effect was revealed ($S=3.55$, $p<0.01$); however, when perceived marital conflict was controlled for, the relationship between personal control and group distribution was reduced to statistical nonsignificance ($S=1.32$, $p<0.26$). In sum, breaking down the aggregated variable of conflictual independence into its two component parts did not shed any further light on the relationship between group distribution and conflictual independence in the relationship with fathers.

Hypothesis Three. The third hypothesis proposed that the distribution of subjects into the six groups would be systematically associated with differences in the adolescents' families of origin. Specifically, a) perceived marital conflict, and b) paternal alcoholism were expected to affect group distribution.

A 2 (gender: male, female) x 6 (group membership: six groups) ANOVA was performed to assess differences in perceived marital conflict among the different deidealization groups identified for sons and daughters in relation to mother, and a second ANOVA was performed to assess differences in perceived marital conflict among the different deidealization groups identified for sons and daughters in relation to father. The data in Table 11 indicates that no significant main effects of gender ($F = .12$, $p < .73$, n.s.) or group membership ($F = .79$, $p < .56$, n.s.) were found, and the interaction between gender and group membership was also not significant ($F = 1.64$, $p < .15$, n. s.) for subjects in their relationships with their mothers. For the relationship with mothers, means and standard deviations for perceived marital conflict among the six deidealization groups can be found in Table 12.

Table 11. Analysis of variance for perceived marital conflict by group membership for subjects in relation to mothers.

	<u>Sum of Squares</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Significance</u>
Gender	.04	1	.21	.12	.73
Group Membership	2.29	5	.24	.79	.56
Gender X Group Interaction	2.49	5	.50	1.64	.15

* = $p < .05$
 ** = $p < .01$
 *** = $p < .001$

Table 12. Means and standard deviations for perceived marital conflict by group membership in subjects' relationship with mothers.

	<u>Total Sample</u>		
	<u>Mean</u>	<u>SD</u>	<u>N</u>
Group 1 Hi. Ideal.	1.67	.42	19
Group 2 Mod. Ideal.	1.91	.47	52
Group 3 Denigr.	2.09	.58	8
Group 4	1.98	.92	11
Group 5 Mod. Deid.	1.87	.53	25
Group 6 Hi. Deid.	1.98	.79	6

Different results were found in the ANOVA performed to evaluate the effects of perceived marital conflict in subjects' relationship with fathers. A main effect for gender could be identified as a trend ($F = 3.51, p < .06$), and a significant main effect for group membership was present ($F = 7.46, p < .00$); see Table 13. Moreover, the gender by group membership interaction was significant ($F = 2.43, p < .04$); consequently, data for sons and daughters were examined separately. Separate analysis of the associations for sons and daughters in their relationships with their fathers revealed a significant main effect for perceived marital conflict on group membership for sons ($F = 7.62, p < .00$) and for daughters ($F = 2.64, p < .03$): this indicates that the differences in marital conflict were greater for sons than they were for daughters. The means and standard deviations presented in Table 14 indicated that for sons, perceived marital conflict was highest in the moderately- and highly- deidealized groups, as well as the denigrating group. For daughters, perceived marital conflict was highest in the denigrating, highly-deidealized, and moderately-idealized groups. Oneway ANOVAs using Duncan comparison tests were performed separately for sons and for daughters to identify which of the six cells were significantly different from the others in relation to perceived marital conflict: for sons, the moderately-deidealized, highly deidealized, and denigrating groups were significantly different from the three other groups. For daughters, the highly deidealized and the denigrating groups were significantly different from the "nonsense" group, and the denigrating group was significantly different from the moderately deidealized group.

The second family factor that was expected to influence group distribution was paternal alcoholism. A chi-square analysis was used to test the association between group status and problem drinking in subjects' family of origin, because in this study parent alcoholism was a categorical variable coded as "present" or "absent". Table 15 presents data regarding differences between non-COA daughters and COA daughters with respect to their relationships with their mothers, which indicated that there were no significant differences in group membership ($\chi^2(5,63) = 3.03, p = .69, n. s.$); consequently, paternal alcoholism did not seem to affect whether adolescent daughters idealized, deidealized, or denigrated

Table 13. Analysis of variance of marital conflict by gender and group membership in relationship with fathers.

	<u>Sum of Squares</u>	<u>df</u>	<u>MS</u>	<u>F</u>	<u>Signif.</u>
Gender	.82	1	.82	3.51	.06 (t)
Group Membership	8.75	5	1.75	7.46	.00***
Gender X Group Interaction	2.85	5	.57	2.43	.04*

(t) = $p < .06$
 * = $p < .05$
 ** = $p < .01$
 *** = $p < .001$

Table 14. Means and standard deviations for marital conflict by gender and by group membership in relationship with fathers.

	<u>Males</u>			<u>Females</u>		
	<u>Mean</u>	<u>SD</u>	<u>N</u>	<u>Mean</u>	<u>SD</u>	<u>N</u>
Group 1 Hi. Ideal.	1.61 _a	.43	15	1.60 _a	.51	5
Group 2 Mod. Ideal.	1.75 _a	.45	23	1.92 _a	.43	24
Group 3 Denigr.	2.30 _b	.40	9	2.27 _b	.76	6
Group 4	1.42 _a	.27	2	1.28 _a	.29	3
Group 5 Mod. Deid.	2.26 _b	.57	7	1.70 _a	.33	12
Group 6 Hi. Deid.	2.90 _b	.36	3	2.15 _b	.74	10

Note: Group means with the same superscripts do not differ significantly ($p < .05$).

Table 15. Relationship between COA status and deidealization group for daughters in relation to mothers.

	<u>Non-COA Daughters</u> (N = 34)	<u>COA Daughters</u> (N = 29)
Group 1 Hi. Ideal.	21% (N = 7)	14% (N = 4)
Group 2 Mod Ideal.	35% (N = 12)	38% (N = 11)
Group 3 Denigr.	3% (N = 1)	3% (N = 1)
Group 4	12% (N = 4)	10% (N = 3)
Group 5 Mod. Deid.	26% (N = 9)	21% (N = 6)
Group 6 Hi. Deid.	3% (N = 1)	14% (N = 4)

$\chi^2(5, 63) = 3.03$ $p = .69$, n.s.

their mothers. More surprisingly, paternal alcoholism also did not influence whether adolescent daughters idealized, deidealized, or denigrated their fathers, either: Table 16 presents data indicating that there were no significant differences in group membership ($X^2(5,61) = 7.54, p = .18, n.s.$) between non-COA daughters and COA daughters in their relationships with their fathers.

Results were different for sons with respect to their relationships with their mothers as well as their fathers. Table 17 presents data pertaining to differences in group membership between non-COA and COA sons regarding their relationships with their mothers: non-COA sons differed significantly from COA sons in their relationships with their mothers ($X^2(5, 61) = 11.31, p < .05$). Almost twice as many non-COA sons fell in the highly- and moderately-idealizing groups than did COA sons; five times as many COA sons fell in the denigrating group than did non-COA sons; and more than four times as many COA sons fell in the moderately- and highly-deidealized groups than did non-COA sons.

Table 18 presents data pertaining to the significant differences between non-COA sons and COA sons in their relationships with their fathers ($X^2(5, 61) = 11.67, p < .04$). Four times as many non-COA sons fell in the highly idealizing group than did COA sons; twice as many COA sons fell in the moderately-deidealized group than did non-COA sons; and four times as many COA sons fell in the highly-deidealized group than did non-COA sons. Twice as many COA sons denigrated their fathers than did non-COA sons.

Although the associations between COA status and group distribution appeared significant for sons with respect to their mothers and fathers, the correlation between COA status and perceived marital conflict necessitated an investigation of whether the relationship between COA status and group distribution remained significant when marital conflict was controlled for. Therefore, chi-square analyses were performed in order to reexamine the associations between group distribution and COA group in the mother-son and father-son relationship, while controlling for perceived marital conflict. For sons in relationship to mothers, when controlling for perceived marital conflict, there were no significant differences between COA sons and non-COA sons in group distribution when

Table 16 Relationship between COA status and deidealization group for daughters in relation to fathers.

	<u>Non-COA Daughters</u> (N = 33)	<u>COA Daughters</u> (N = 28)
Group 1 Hi. Ideal.	12% (N = 4)	7% (N = 2)
Group 2 Mod. Ideal.	33% (N = 11)	46% (N = 13)
Group 3 Denigr.	6% (N = 2)	14% (N = 4)
Group 4	9% (N = 3)	---
Group 5 Mod. Deid.	27% (N = 9)	11% (N = 3)
Group 6 Hi. Deid.	12% (N = 4)	21% (N = 6)

$\chi^2(5,61) = 7.54$ $p = .18$, n. s.

Table 17. Relationship between COA status and deidealization group for sons in relation to mothers.

	<u>Non-COA Sons</u> (N = 30)	<u>COA Sons</u> (N = 31)
Group 1 Hi. Ideal.	20% (N = 6)	10% (N = 3)
Group 2 Mod. Ideal.	60% (N = 18)	39% (N = 12)
Group 3 Denigr.	3% (N = 1)	16% (N = 5)
Group 4	10% (N = 3)	3% (N = 1)
Group 5 Mod. Deid.	7% (N = 2)	29% (N = 9)
Group 6 Hi. Deid.	--	3% (N = 1)

$\chi^2(5, 61) = 11.31 \quad p = .05$

Cells with expected frequency < 5 = 8 out of 12 (66.7 %)

Table 18. Relationship between COA status and deidealization group for sons in relation to fathers.

	<u>Non-COA Sons</u> (N = 30)	<u>COA Sons</u> (N = 31)
Group 1 Hi. Ideal.	40% (N = 12)	10% (N = 3)
Group 2 Mod. Ideal.	40% (N = 12)	40% (N = 12)
Group 3 Denigr.	10% (N = 3)	19% (N = 6)
Group 4	3% (N = 1)	3% (N = 1)
Group 5 Mod. Deid.	7% (N = 2)	16% (N = 5)
Group 6 Hi. Deid.	--	13% (N = 4)

$X^2(5, 61) = 11.67 \quad p = .04$

Cells with expected frequency < 5 = 8 out of 12 (66.7%)

perceived marital conflict was low ($X^2(5,29) = 9.71, p < .08, n.s.$), nor when perceived marital conflict was high ($X^2(4,30) = 4.52, p < .34, n.s.$). Similar results were found in relation to fathers: chi-square analysis indicated that, when controlling for perceived marital conflict, there were no significant differences between COA sons and non-COA sons in group distribution when perceived marital conflict was either low ($X^2(4,29) = 7.31, p = .12, n. s.$), or high ($X^2(4,30) = 6.16, p < .19, n.s.$). These data are presented for mothers and for fathers in Table 19 and Table 20, respectively. The results indicate that in sons' relationships with mothers and fathers, when perceived marital conflict is controlled for, the apparent associations between group distribution and COA status drop out.

These results appear to suggest that differences in group distribution are not attributable to COA status, but rather, to perceived marital conflict. However, the correlation between these two variables ($r=0.50, p<0.01$) indicates that COA status and perceived marital conflict are confounded variables, and without cell sizes than this study utilizes, it becomes exceedingly difficult to separate whether the identified associations are due to the effects of perceived marital conflict, or to the effects of paternal alcoholism. This study can only conclude that there is significant overlap in the effects of these two family variables. Future research with larger cell sizes could further examine the separate effects of each of these variables.

One final set of analyses were performed in order to evaluate whether the nonsignificant chi-square analyses reflected inadequate power (due to small cell size) or the absence of effects of COA status on group distribution after controlling for perceived marital conflict. Consequently, the six deidealization groups were collapsed into two groups: the first group was comprised of subjects in the denigrating and highly-deidealized groups, because these subjects represent the "extremes" of deidealization; and the second group was comprised of all other subjects. Chi-square analyses were reevaluated for sons in relation to their mothers, and in relation to their fathers. For sons in relation to mothers, with collapsed deidealization groups, and when controlling for perceived marital conflict, there

Table 19. Relationship between COA status and deidealization group (controlling for perceived marital conflict) for sons in relation to mothers.

	<u>Perceived Marital Conflict-Low</u>		<u>Perceived Marital Conflict-High</u>	
	<u>Non-COA</u> N = 19	<u>COA</u> N = 10	<u>Non-COA</u> N = 10	<u>COA</u> N = 20
Group 1 Hi Ideal.	32% (N = 6)	20% (N = 2)	0% (N = 0)	5% (N = 1)
Group 2 Mod. Ideal.	53% (N = 10)	40% (N = 4)	70% (N = 7)	40% (N = 8)
Group 3 Denigr.	5% (N = 1)	0% (N = 0)	0% (N = 0)	25% (N = 5)
Group 4	11% (N = 2)	0% (N = 0)	10% (N = 1)	5% (N = 1)
Group 5 Mod. Deid.	0% (N = 0)	30% (N = 3)	20% (N = 2)	25% (N = 5)
Group 6 Hi. Deid.	0% (N = 0)	10% (N = 1)	0% (N = 0)	0% (N = 0)

$\chi^2 (5, 29) = 9.71, p < .08, n.s.$

$\chi^2 (4,30) = 4.52, p < .34, n.s.$

Table 20. Relationship between COA status and deidealization group (controlling for perceived marital conflict) for sons in relation to fathers.

	<u>Perceived Marital Conflict-Low</u>		<u>Perceived Marital Conflict-High</u>	
	<u>Non-COA</u> N = 19	<u>COA</u> N = 10	<u>Non-COA</u> N = 10	<u>COA</u> N = 20
Group 1 Hi Ideal.	47% (N = 9)	10% (N = 1)	30% (N = 3)	10% (N = 2)
Group 2 Mod. Ideal.	37% (N = 7)	70% (N = 7)	40% (N = 4)	25% (N = 5)
Group 3 Denigr.	0% (N = 0)	10% (N = 1)	30% (N = 3)	25% (N = 5)
Group 4	5% (N = 1)	10% (N = 1)	0% (N = 0)	0% (N = 0)
Group 5 Mod. Deid.	11% (N = 2)	0% (N = 0)	0% (N = 0)	25% (N = 5)
Group 6 Hi. Deid.	0% (N = 0)	0% (N = 0)	0% (N = 0)	15% (N = 3)

$\chi^2(4,29) = 7.31, p < .12, n.s.$

$\chi^2(4,30) = 6.16, p < .19, n.s.$

were no significant differences between COA sons and non-COA sons in group distribution when perceived marital conflict was low ($\chi^2(1, 29) = .23, p < .63, n.s.$), nor when perceived marital conflict was high ($\chi^2(1, 30) = 3.00, p < .08, n.s.$). Similar results were found in relation to fathers: chi-square analysis indicated that, with collapsed deidealization groups, and when controlling for perceived marital conflict, there were no significant differences between COA sons and non-COA sons in group distribution when perceived marital conflict was either low ($\chi^2(1, 29) = 1.97, p = .16, n. s.$), or high ($\chi^2(1, 30) = .29, p < .59, n.s.$). These results are presented in Tables 21 and 22, for the mother-son and father-son relationship, respectively.

Table 21. Relationship between COA status and collapsed deidealization groups (controlling for perceived marital conflict) for sons in relation to mothers.

	<u>Perceived Marital Conflict-Low</u>		<u>Perceived Marital Conflict-High</u>	
	<u>Non-COA</u> N = 19	<u>COA</u> N = 10	<u>Non-COA</u> N = 10	<u>COA</u> N = 20
Group 1 Denigr./ Hi. Deid.	5% (N = 1)	10% (N = 1)	0% (N = 0)	5% (N = 25)
Group 2 Other Groups	95% (N = 18)	90% (N = 9)	100% (N = 10)	75% (N = 15)

$X^2(1, 29) = .23, p < .63, n.s.$

$X^2(1, 30) = 3.00, p < .08, n.s.$

Table 22. Relationship between COA status and collapsed deidealization groups (controlling for perceived marital conflict) for sons in relation to fathers.

	<u>Perceived Marital Conflict-Low</u>		<u>Perceived Marital Conflict-High</u>	
	<u>Non-COA</u> N = 19	<u>COA</u> N = 10	<u>Non-COA</u> N = 10	<u>COA</u> N = 20
Group 1 Denigr./ Hi. Deid.	0% (N = 0)	10% (N = 1)	30% (N = 3)	40% (N = 8)
Group 2 Other Groups	100% (N = 19)	90% (N = 9)	70% (N = 7)	60% (N = 12)

$X^2(1, 29) = 1.97, p < .16, n.s.$

$X^2(1, 30) = .29, p < .59, n.s.$

CHAPTER 6

Discussion

The deidealization process has been the subject of a number of theoretical papers and empirical studies that focus primarily on two questions: first, what outcomes can be associated with healthy deidealization; and second, what kinds of environmental or family factors might influence the deidealization process? To date, most researchers have relied on a questionnaire designed by Steinberg and Silverberg (1986) which operationalizes deidealization as a unidimensional construct: that is, whether and to what extent an adolescent recognizes the possibility of parental fallibility. This study was undertaken to explore the utility of using a two-dimensional schema to evaluate adolescent deidealization. In this study, deidealization was operationalized as a) the adolescent's perception of their parent's fallibility, as well as b) the adolescent's ability to demonstrate an empathic understanding of their parent as a complex, multidimensional individual. It was hoped that by creating a more complete conceptualization of deidealization, adolescents who deidealize, denigrate, or continue to idealize their parent could be better differentiated and grouped. In turn, with improved differentiation between deidealization, denigration, and idealization, it was hoped that these groups would be systematically associated with differences in adolescents' development of conflictual independence, as well as with varying degrees of pathology in the family of origin (e.g., paternal alcoholism and/or perceived marital conflict).

Hypothesis One. It was originally expected that subjects would be grouped into one of four "cells". However, scores indicating subjects' perception of their parents' fallibility were distributed such that a "low", "moderate", and "high" differentiation proved to be more meaningful, and a six-"cell" model was created. The major advantage of using a

four-"cell" model---allowing differentiation between adolescents who denigrate their parent from adolescents who deidealize their parent---was preserved when the six-"cell" model was used. Once this grouping procedure was completed, it had been hypothesized that very few subjects would fall into the cell characterized by low perception of fallibility scores and high empathy scores. This group had been described as a relatively meaningless category because it seemed incongruous that an adolescent could evidence a psychologically sophisticated, multidimensional view of the parent, and yet still describe that parent as infallible.

Surprisingly, four sons and seven daughters fell into this category with respect to mothers, and two sons and three daughters fell into this category with respect to fathers, which were more than were expected. There are several possible ways to understand these subjects' responses. One potential explanation is that perhaps these adolescents were unusually sensitive to the social desirability of their responses, and endorsed items that appeared to signify "good parenting", as well as a general deference to one's parents' values and opinions (e.g., "When my parent and I disagree, my parent is always right"). This could account for the adolescents' favorable presentation of the self (e.g., as insightful and able to view the parent as complex and multidimensional) and an equally favorable presentation of the parent (e.g., as immune to errors in judgment, poor decisions, etc.). However, this explanation seems flawed: social desirability may have affected subjects' questionnaire scores, but in order to earn a high empathy score, the subjects had to have demonstrated an advanced cognitive and emotional understanding of the parent in an interview situation, and it seems unlikely that this could have resulted from the influences of social desirability. An alternate explanation is that perhaps adolescents in this cell had, at one time or another, experienced greater conflict with their parents' goals, ideals, and values, but that at the time of the study, they had resolved these issues, and subsequently adopted values and life goals that were quite similar to their parents'. This would allow these adolescents a) to demonstrate the introspective, sophisticated thinking characteristic of high levels of empathy, and yet b) to endorse items such as "My parents hardly ever make

mistakes". Another explanation that might account for this group is that perhaps these adolescents were fortunate enough to be raised by exemplary parents, who, even after a sophisticated and thoughtful evaluation, were assessed to be unusually superior in their decisions, life-style, and parenting skill. A final explanation might be that, particularly in relation to mothers, adolescents continue to idealize their parent while they develop an increased capacity for empathy. Although cross-sectional data cannot speak to the "order" in which these capacities develop, most theorists and researchers agree that the separation-individuation process involves a great deal of shifting and overlapping occurs when new ways of relating with and conceptualizing one's parents are being developed, and immature views are being relinquished. The data in the present study suggest that some adolescents may continue to maintain idealized images of their parents, even as the parental image is becoming more sophisticated and complex, and one could speculate that at a later point developmentally, these young adults might have completed the transformation from the idealized images of their parents into fully deidealized images.

Further investigation of the breakdown of subjects into cells revealed that subjects' gender was not systematically associated with group distribution, suggesting that young men and young women are fairly similar in their ability to resolve conflicts and issues raised by deidealization. The lack of gender effects in the present study is consistent with the results of several other investigations that report no systematic differences in adolescent boys' and girls' development of emotional autonomy. Silverberg and Steinberg (1987) measured emotional autonomy in adolescents between ages 10 and 15, and the authors report identical scores for sons and daughters. In their study, Youniss and Ketterlinus (1987) hypothesized that an adolescent's emotional autonomy could be operationalized as "how much the adolescent cares about how the parent perceives them", a variable that seems to be equivalent to the self-assertion subscale in the present study. Youniss and Ketterlinus (1987) report that no gender differences were found, and that the majority of sons and daughters (ages 13 to 17) "cared a great deal" about their parents' evaluations of them. Ryan and Lynch (1989) report no gender differences in emotional autonomy, as

measured by Steinberg and Silverberg's (1986) questionnaire. Similarly, Frank, Pirsch, and Wright (1990) report no gender differences in late adolescents' reports of deidealization, as measured by the Deidealization subscale of the Steinberg and Silverberg (1986) questionnaire. In brief, many studies find no gender differences in the adolescent deidealization process, and the current study is no exception.

Hypothesis Two. The second goal of this research was to assess the associations between deidealization, denigration and idealization, and conflictual independence. "Conflictual independence" is a construct defined by Hoffman (1984), and it is virtually identical to what many theorists consider to be the outcome of successful deidealization. It encompasses the adolescent's stable and self-determined self-esteem, relative lack of concern about their parents' approval or disapproval, and a relative invulnerability to feelings of guilt, inadequacy, or inferiority: it was hypothesized that only adolescents who have deidealized their parents would evidence this characteristic. In contrast, it was hypothesized that adolescents who continue to idealize their parents would remain vulnerable to feelings of insecurity and guilt, continue to depend heavily on the parent for guidance and advice, use parents' standards to govern their own behavior, and would be constrained by fears of parental disapproval. Furthermore, it was hypothesized that adolescents who denigrate their parents may fail to develop conflictual independence because the overwhelmingly negative feelings about the parent would be likely to influence parent-adolescent interactions, and result in poor behavioral and emotional control when the adolescent engaged in conflicts with that parent.

The data from this study did not support these hypothesized relationships. There were no significant associations among adolescents who idealize, deidealize or denigrate their mothers and their attainment of conflictual independence in their relationships with their mothers; the same was true for adolescents' relationships with their fathers. The absence of significant relationships between deidealization status and conflictual independence was puzzling: in fact, the absence of the hypothesized relationships was so counter-theoretical that methodological reexamination is warranted. Upon review, the operational definition

of conflictual independence---aggregating subjects' scores on variables measuring personal control and self-assertion---appeared to be nonproblematic. The subjects' scores on the personal control and self-assertion dimensions were gathered through a detailed and comprehensive interview, and it was unlikely that salient information was omitted or misunderstood. The interviews were coded by coders who demonstrated good reliability on these dimensions. Consequently, it did not appear that methodological problems obscured any findings.

The absence of linkages between adolescents' deidealization, idealization or denigration of parents and conflictual independence is concerning, because if conflictual independence is theoretically considered a reasonable outcome of deidealization, its presence can serve as a validity "check" that can support the two-dimensional procedure that placed subjects in the "deidealizing", "denigrating", and "idealizing" groups. Because of the absence of these anticipated associations, this study cannot rule out the potential invalidity of the six-"cell" grouping procedure.

However, an alternate explanation does exist: the absence of associations between conflictual independence and group distribution could be attributed to the fact that all of the data in this study were self-report data, and self-report data may be questionable when a large portion of the sample consists of subjects who continue to idealize their relationships with their parents. "Idealizers" are likely to deny interpersonal and intrapsychic conflict, calling into question the accuracy of their responses vis-a-vis their parents, their relationships with their parents, and their own attainment of conflictual independence. Consequently, the lack of relationship between group distribution and conflictual independence may not be attributable to an invalid grouping procedure, but rather, it may be somewhat inherent in the independent variable itself. Future research that does not rely exclusively on self-report data (i.e., studies that include observational data, or information supplied by a person who knows both the adolescent and the parent well) could overcome this validity problem, and help determine whether associations between group distribution

and conflictual independence could be identified, or whether they would continue to be absent.

Hypothesis Three. The third and final goal of this research was to examine the family environments that might be associated with group distribution. A large body of psychoanalytic theory, as well as clinical and developmental research suggests that the family provides a context in which "healthy" or "unhealthy" development unfolds, and that nontraditional or dysfunctional family environments may be associated with deviations in adolescent development. Consequently, it was hypothesized that a) perceived marital conflict, and b) paternal alcoholism would be systematically associated with various cells. In particular, it was expected that paternal alcoholism and/or high levels of perceived marital conflict would be associated with denigration, whereas the absence of these pathologies would be associated with deidealization or protracted idealization.

Investigation of these two family pathologies presented the potential for confounded effects, and the moderate correlation between COA status and high levels of marital conflict confirmed this possibility. Certainly, the correlation between paternal alcoholism and marital conflict was not surprising: in fact, there was ample theoretical support for the possibility of a confound between these two variables. The extensive literature on family separation and divorce identifies a number of sequelae to family conflict, including: an adolescent's premature and intense distancing from the parents (Sessa & Steinberg, 1991); an adolescent's experience of a "foreshortened childhood" characterized by accelerated growth and the development of pseudomaturity (Wallerstein & Kelly, 1980); an adolescent's experience of their parents' inability to meet the normal demands of parenting due to their preoccupation with their own distress (Wallerstein & Kelly, 1980); and the frequent confrontation of parental weaknesses, shortcomings, and inadequacies. Many of these family difficulties are also commonly identified in the children-of-alcoholics literature as equally characteristic of alcoholic families: the adolescent's experience of their parents' emotional unavailability; the adolescents' experience of their parents' inadequate parenting (Woititz, 1978); the adolescent's development of premature self-reliance in order to cope

with the burdens of inappropriate decision-making responsibility in the family (Bogdaniak & Piercy, 1987). The convergence of the children-of-alcoholics literature and the divorce literature suggests that both of these family pathologies can alter the developmental trajectory of deidealization, and that the effects may be similar for adolescents raised in either kind of "dysfunctional" family.

In addition to the similar sequelae of high levels of marital conflict and paternal alcoholism, a confound between these two family variables was likely to result from a co-occurrence of the variables: that is, many families affected by paternal alcoholism could be expected to also experience high levels of marital conflict. The data in this study indicated that this is so: seventy-five percent of the subjects in the "low" perceived marital conflict group were non-COA subjects, whereas seventy-five percent of the subjects in the "high" perceived marital conflict group were COA subjects. Given the similarities between a) conflict-ridden and b) alcoholic families, as well as the co-occurrence of these two variables in the present sample, it is important to recognize that in this study, the effects of paternal alcoholism and high perceived marital conflict overlap substantially. Moreover, given the small cell sizes in this study, it was not possible to determine the individual effects of these two variables. Therefore, it is necessary to acknowledge that the associations identified between marital conflict and group distribution might, at least in part, be attributable to paternal alcoholism, and vice versa.

With that caveat in mind, analyses that examined the relationship between perceived marital status and group distribution revealed the following associations: with respect to fathers, when perceived marital conflict was highest, sons were more likely to fall in the "moderately deidealizing", "highly deidealizing" or "denigrating" groups; daughters were more likely to fall in the "highly deidealizing" or "moderately idealizing" groups. With respect to mothers, no statistically significant associations were identified between perceived marital conflict and deidealization, denigration, or idealization for sons or daughters.

Analyses were also conducted to examine the effects of paternal alcoholism on the deidealization process. Analyses that examined the relationship between COA status and group distribution revealed the following associations: with respect to their relationships with their mothers, non-COA sons were more likely to idealize their mothers than COA sons, and more COA sons deidealized their mothers than did non-COA sons. In addition, more COA sons denigrated their mothers than did non-COA sons. In their relationships with their fathers, non-COA sons were more likely idealize their fathers than COA sons, and more COA sons deidealized their fathers than did nonCOA sons. In addition, more COA sons denigrated their fathers than did non-COA sons. For daughters, associations between paternal alcoholism and group distribution did not reach statistical significance for the relationship with mothers or fathers.

Because of the confound between COA status and perceived marital conflict, the statistically significant relationships that were identified for COA sons with their mothers and fathers were reexamined while controlling for perceived marital conflict. The results of these analyses indicated that, for sons' relationships with their fathers, when perceived marital conflict was controlled for, the effects of COA status on group distribution became nonsignificant. The same was true for sons' relationships with their mothers: when perceived marital conflict was controlled for, the effects of COA status on group distribution dropped out. These results could erroneously be interpreted to suggest that the relationships between COA status and group distribution between sons and their fathers and mothers were actually due to the effects of perceived marital conflict rather than COA status: in fact, they simply speak to the overlapping effects of these variables. Because it was impossible to determine whether the identified patterns should be attributed to COA status or perceived marital conflict, the remainder of this discussion will offer ways to understand the effects of both paternal alcoholism and perceived marital conflict on adolescent deidealization, idealization, and denigration.

The hypothesis that perceived marital conflict would influence the deidealization process in adolescence was derived from the very large divorce literature suggesting that a)

ongoing marital conflict is a better predictor of a young adult's adjustment than structural family variables, such as parental separation or divorce (Dancy & Handal, 1984; Emery, 1982; Enos & Handal, 1986; Slater & Haber, 1984), and that b) an inverse relationship between young adult adjustment and perceived level of family conflict exists (Nelson, Hughes, Handal, Katz, and Searight, 1993). Research in this vein suggests that a family context characterized by high levels of interparental conflict impedes an adolescent's ability to tackle and resolve developmental tasks. Sessa and Steinberg (1991) argue that marital conflict and interparental acrimony are likely to complicate the separation-individuation process for adolescents, and that deidealization may be one aspect of separation-individuation that becomes especially complex.

The present study found that, with respect to fathers, when perceived marital conflict was high, daughters and sons were more likely to fall in the "highly deidealizing" or "denigrating" groups. These findings suggest that perceived marital conflict can either facilitate or disrupt the developmental trajectory of deidealization. The present study also found that, when perceived marital conflict was high, daughters were also more likely to fall in the "moderately idealizing" group with respect to fathers. This suggests that for some daughters, high perceived marital conflict is not incompatible with continued idealization, although that idealization is unlikely to be as strong as it is in families where perceived marital conflict is low. These three patterns deserve further comment.

For some, perceived marital conflict appears to have positive effects on deidealization in that it can act as a catalyst that enables an adolescent to revise immature and idealized images of their father. By witnessing some spousal disagreement, the adolescent may come to differentiate their parents as individuals with separate (and sometimes conflicting) needs, interests and goals. Adolescents who experience some conflict in family relationships may feel compelled to rework their ideas regarding parental infallibility, and may be more able to accept their parents (in this case, their fathers) as complex, multidimensional, and imperfect people. Taken together, marital conflict may hasten the relinquishing of childhood images (thus lessening the likelihood that adolescents will

continue to idealize their parents) and speed the development of more reality-based images (thus increasing the likelihood that they will develop deidealized images of their parents).

However, perceived marital conflict is not always a positive influence on deidealization: it can also have negative implications. For sons and for daughters, high levels of perceived marital conflict was also associated with paternal denigration. Severe parent conflict may foster a premature or intense distancing from the father. Fathers who are experiencing marital crises may not be able to fulfill parenting responsibilities effectively, and may provide decreased affection, less control and less monitoring, and less emotional responsiveness to their children. Substandard parenting could give rise to intense feelings of shame, rage, and abandonment, which may result in a greater propensity for adolescents to contemptuously devalue their fathers, transforming the deidealization process into one of paternal denigration. Bitter and agitated interactions between parents may leave an adolescent angry and confused, and an adolescent may denigrate a parent because they observe that parent to defame or denigrate the other. Adolescents who perceive their fathers to be argumentative, ineffective in resolving marital differences, or verbally abusive may discard images of parental perfection and incorporate their observations into extremely negative representations of their fathers. Thus, although perceived marital conflict can have potentially positive consequences for some adolescents, it can also have potentially negative consequences for other adolescents by leading to paternal denigration.

A final relationship was found with respect to daughters' relationships with their fathers, but was not identified with respect to sons' relationships with their fathers: that is, high perceived marital conflict was associated with moderate idealization. This suggests that for some daughters, high perceived marital conflict is not incompatible with continued idealization, although that idealization is unlikely to be as strong as it is in families where perceived marital conflict is low.

This relationship can be understood in two different ways. First, some daughters may continue to idealize their fathers in an attempt to preserve a psychologically gratifying relationship with a parent in the face of family acrimony and high levels of marital conflict.

In their article on risk and resilience in adolescents, Hauser, Vieyra, Jacobson and Wertlieb (1985) write that chronic and intense marital conflict is considered a risk factor for children and adolescents, and that in an troubled home environment, a stable and connected relationship with one parent could buffer the effects of a negative relationship with the other parent. They argue that a child may seek to intrapsychically and behaviorally protect the relationship with one parent as the relationship with the other parent deteriorates. This contention is consistent with Rutter's (1979), Garmezy's (1981), and Block and Block's (1980) work on risk and resilience, which also found that a lasting relationship with an adult could buffer the child from some of the negative effects of a variety of intrafamilial and extrafamilial risk factors. This may be the phenomenon at work for the daughters who, despite high levels of perceived marital conflict in their homes, continue to report moderate idealization of the father.

The second possible explanation is a speculative one. The daughters who report high levels of perceived marital conflict as well as moderately-idealized relationships with their fathers might be in the process of revising their previously-held, strongly-idealized views of their fathers. That is, they might be undergoing the gradual transformation of internal images: highly-idealized views of their parent cannot be maintained (due to the experience of the myriad sequelae associated with high marital conflict), but fully deidealized images are not yet developed. As a result, they fell into the moderately-idealized category, whereas at a later point developmentally, they might be categorized into a moderately- or highly-deidealized group.

Again, this explanation is speculative: the cross-sectional data in this study precludes our ability to know which subjects would have fallen into which deidealization groups at an earlier point in time, or which subjects would be categorized into which groups at a later point in time. Therefore, we cannot know that these daughters fell in the strongly-idealized group at an earlier developmental point. Yet, it seems reasonable to speculate that strongly-held idealized images of the parent would be gradually relinquished as immature images are transformed, and that the development of new parental images would strengthen as the

adolescent gains cognitive and emotional maturity. Although the second explanation cannot be tested with the current cross-sectional data, it provides another possible way of understanding the association between high perceived marital conflict and moderate idealization in the father-daughter relationship.

With respect to mothers, this study found no statistically significant associations between perceived marital conflict and deidealization, denigration, or idealization for sons or daughters. This finding was a curious one, and indicated that perceived marital conflict had neither the positive nor negative implications for adolescents' relationships with their mother that were found for adolescents' relationships with their fathers. It is somewhat surprising that paternal alcoholism and/or high levels of marital conflict would not be systematically associated with deidealization group distribution in the adolescent-mother relationship. It may be that for this sample of adolescents, continued idealization, deidealization, or denigration of the mother was associated with factors other than paternal alcoholism and/or marital conflict. For example, perhaps spousal conflict is not systematically associated with deidealization group distribution for adolescents' relationships with their mothers, but conflict between the adolescent and the mother might be. Or, perhaps paternal alcoholism and/or high levels of marital conflict do affect adolescent deidealization of the mother, but extrafamilial relationships buffer those effects: in that case, the quality and extensiveness of the adolescent's peer network, and the availability of other adult role models (e.g., a teacher, minister, or other adult who serves as a mentor for the adolescent) would be important variables to consider. Finally, perhaps adolescents' deidealization of the mother is not affected as much by family variables as by life events: for example, perhaps deidealization of the mother is furthered by life transitions, such as moving away from home, getting married, or having children. The impact of major life milestones may push deidealization forward in a way that family circumstances--such as paternal alcoholism or marital conflict-- do not. These possibilities can provide interesting areas of future work in order to better understand the correlates of

continued idealization, deidealization, and denigration in the adolescent-mother relationship.

The hypothesis that paternal alcoholism might affect the deidealization process was generated from the extensive clinical literature on adult children of alcoholics, as well as from several empirical studies that examine parent-adolescent relationships in alcoholic families. The consensus of the ACOA literature suggests that the renegotiation of parent-child relationships during adolescence can be particularly difficult in alcoholic families, and that complications in the separation-individuation process are not uncommon (Woititz, 1988; Wright, 1992).

In this sample, with respect to their relationships with their mothers, nonCOA sons were more likely to idealize their mothers than COA sons, and more COA sons deidealized their mothers than did nonCOA sons. In addition, more COA sons denigrated their mothers than did nonCOA sons. These patterns make intuitive sense. Sons of alcoholics may feel pressed by their mothers to adopt a role as "man of the family", and they may experience a "drastically foreshortened childhood in which adolescent development is pushed forward at a greatly accelerated tempo" (Wallerstein and Kelly, 1980, p.83). As a result, paternal alcoholism may speed the relinquishing of childhood images (thus lessening the likelihood that sons will continue to idealize their parent) and hasten the development of more reality-based images (thus increasing the likelihood that they will maintain deidealized images of their parent). Moreover, adolescent sons of alcoholics regularly observe parents' shortcomings and imperfections: witnessing a mother's choice to remain with an alcoholic partner may call into question the mother's judgment, life choices, and the particular personality characteristics that influence her decision. Consequently, COA sons may be unable to maintain an idealized perception of their mothers, and be pressed by observation and by circumstances to deidealize them.

Finding that COA sons denigrate their mothers more than nonCOA sons speaks to the depth of anger and betrayal some COA sons may feel toward their non-drinking mothers. Maternal denigration may result from several dynamics that may be present in alcoholic

homes. The non-drinking mother might be held responsible for maintaining family stability, for protecting her children from the alcoholic father's erratic behavior, and for exerting some influence toward a permanent reduction in the alcoholic's drinking. If she chooses to remain with a drinking partner and his drinking continues, she may be held responsible for "allowing" the disappointments, unhappiness, and confusion that the alcoholic parent creates and might bear the brunt of an adolescent's anger, grief, and betrayal which may result in maternal denigration. Alternatively, the mother may be so preoccupied with either preventing or managing the crises and despair that surround an alcoholic that she may be unable to provide adequate parenting for her children. Substandard parenting can give rise to intense feelings of shame, rage, and abandonment, which may result in a greater propensity for adolescent boys to contemptuously devalue their mothers. Either of these phenomena, or both together, may transform the deidealization process into one of parental denigration for COA sons. In non-alcoholic families, adolescent sons' denigration of their mothers is exceedingly unusual: in this sample only one nonCOA son fell in the denigrating group.

With respect to relationships with fathers, nonCOA sons were more likely to fall in the "highly idealizing" group than COA sons and more COA sons fell in the "deidealizing" group than did nonCOA sons. And, more COA sons fell in the "denigrating" group than did nonCOA sons. Again, this is consistent with clinical literature that suggests that it is likely to be more difficult to maintain an immature, idealized image of an obviously imperfect parent, and that confronting a parent's imperfections may promote deidealization. The elements commonly found in alcoholic families---substandard parenting, the precocious development of behavior autonomy, and the early adoption of mature roles within the family--- may promote deidealization.

That COA sons denigrate their fathers more often than nonCOA sons is not difficult to explain. These sons confront their fathers' failures and struggles repeatedly. Almost certainly, the father's weaknesses are highlighted, and re-enforced by the adolescent's repeated experiences of abandonment and disappointment, as well as by the mother's

denigration of the father. It is not surprising that adolescents will predominately experience a parent's failures may unequivocally denigrate their internalized image of the alcoholic father. In actuality, the "all-black" image of the alcoholic parent is probably not an accurate one: by disallowing the father's strength and positive characteristics, the development of a realistic and even-handed parental evaluation is blocked. Some COA sons cannot integrate the alcoholic father's positive and negative characteristics or acknowledge his humanness and complexity: instead, they can only contemptuously devalue him, and cling to the uniformly negative image they have created.

Similar patterns were identified for daughters' relationships with their mothers, although surprisingly, the association fell far short of reaching statistical significance. Inspection of the number of females in each group indicates that, with respect to their mothers, slightly more COA daughters fell in the "highly deidealizing" group than nonCOA daughters, and nonCOA daughters were slightly more likely to fall in the "highly idealizing" group than COA daughters. With respect to their fathers, slightly more COA daughters fell in the "denigrating" group, as well as the "highly deidealizing" group and nonCOA daughters were slightly more likely to fall in the "highly idealizing" group although again, these associations were not statistically significant. Although statistical significance is lacking, the patterns that do exist make sense: daughters who were raised by alcoholic fathers seem to be slightly less likely to idealize their mothers and fathers, slightly more likely to deidealize their mothers and fathers, and slightly more likely to denigrate their fathers. These patterns are consistent with the clinical and research literature on children of alcoholics, which suggest that children of alcoholics are likely to experience diminished parenting, repeatedly witness their parents' shortcomings and imperfections, and develop an accelerated emotional distancing from the parents: taken together, these factors may make idealization less likely, and transform deidealization into a process of parental denigration.

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Directions for Future Research

Results of the present study suggest several areas for future research. First, clarification of the linkages between adolescents' deidealization, idealization, or denigration of parents and conflictual independence is necessary. Evidence supporting these relationships is important because if conflictual independence is theoretically considered a reasonable outcome of deidealization, its presence or absence can serve as a validity "check", which confirms or calls into question the grouping procedure that places subjects in the "deidealizing", "denigrating", and "idealizing" groups. Because of the absence of these anticipated associations, this study cannot rule out the possible invalidity of the six-"cell" grouping procedure. If future studies could identify the relationships between deidealization status and conflictual independence that were hypothesized in this study, greater support would be lent to the validity of a two-dimensional conceptualization of deidealization.

Secondly, a replication of this study using a larger sample size would allow a greater number of subjects in each of the six deidealization groups, which in turn, would allow an examination of the separate effects of perceived marital conflict and paternal alcoholism. The small cell sizes in this study precluded a precise understanding of the separate as well as the overlapping contributions of these two variables. Consequently, this study can only offer explanations that could plausibly account for the effects of paternal alcoholism as well as perceived marital conflict. Future research could address the distinct contributions (if any) of each of these variables.

A third area of future research stems from Nelson et. al. (1993), who present some very interesting ideas about the relationship of family conflict to adjustment in young adult college students. The authors identify a linear, inverse relationship between young adult adjustment (which they operationalized as ego identity status and psychological distress) and perceived family conflict (including spousal conflict as well as parent-child conflict). They believe that, in addition to focusing on "structural" issues such as child's gender, parent's gender, whether the family is intact or divorced (or in the case of the present

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study, whether an adolescent was raised in an alcoholic family or not), it may be more meaningful to focus on family conflict. Moreover, the authors suggest that:

"As it becomes increasingly apparent that conflict plays a major role in adjustment, so it becomes necessary to more precisely define conflict as a construct. What exactly constitutes conflict and at what point does conflict become unhealthy? For example, does living in a home where high conflict is expressed through physical violence have a different long-term effect than living in a home where high conflict is expressed through other means (e.g., silence, verbal abuse, neglect)? ... (T)he existence of interpersonal conflict is often presumed to be destructive. Perhaps we need to distinguish "good" conflict (i.e., conflict that promotes healthy personality development) from "bad" conflict (i.e., conflict that promotes physical or emotional damage)." (1993, p. 38)

In fact, Nelson et al.'s (1993) speculation that family conflict might have positive and negative consequences for an adolescent finds some support in the present study: perceived marital conflict is associated with both deidealization and denigration in sons' and daughters' relationships with their fathers. Perhaps there are differences in the quality of the conflict (for example, physical versus verbal, or chronic, moderate conflict versus intermittent but more intense conflict) that predicts these trajectories. Or, perhaps there are family circumstances under which conflict can serve as a catalyst toward adolescent maturity and differentiation from the parents, and other family circumstances that preclude this possibility. Future research could investigate the nature and intensity of family conflict, as well as the family environment in which it exists, in order to clarify under what circumstances marital or family conflict may have positive, growth-promoting effects for adolescents, and under what circumstances conflict can be expected to be deleterious to their development. This line of research could be especially useful in shedding some light on the correlates of continued idealization, deidealization, and denigration in the mother-adolescent relationship.

Fourthly, the generalizability of the findings in the current study is somewhat restricted due to the sample that was used. As was noted in an earlier chapter, the data for the current study were obtained exclusively from college students from intact families. This suggests

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that, although half of the subjects were children of alcoholics, and many reported high levels of marital conflict, the dysfunction in their families did not result in divorce, nor did it interfere with the young adults' college strivings. Future research could attempt to replicate the findings of the present study in a sample that included greater diversity: for example, an investigation of deidealization in adolescents who evidenced success in college, those who enrolled in college but were unsuccessful, and those who did not attempt a college degree could shed some light on whether the results of the present study are unique to a higher-functioning group of adolescents, or whether they are not.

Finally, future research would benefit from the use of longitudinal data in order to obtain an accurate assessment of the ways in which adolescents' views of their parents change over time. The present study is somewhat limited by the use of cross-sectional data to depict what most researchers and theorists agree is a series of shifts in adolescents' relationships with their parents. This dialectical process presumably takes place over a period of years, and is characterized by emotional distancing, temporary rapprochement, and renewed efforts at achieving greater individuation and self-sufficiency (Frank et al., 1990). Cross-sectional data is limited in its ability to accurately represent transformations over time, and future research using longitudinal data would provide a better understand of these long-term changes.

APPENDICES

APPENDIX A

4. Does your father presently drink a) the same amount _____ or b) less _____ than he did when he was drinking most heavily? (Check one.) If you checked "b", what accounted for the change? _____

Part II. When I was between the ages of _____ years and _____ years, my mother drank most heavily.

FOR THAT PERIOD, please respond to the following questions.

1. On the average, how often did your mother drink any kind of alcoholic beverage during a typical month? Circle one.

- a. rarely
- b. about once a month
- c. 2 to 3 times a month
- d. 1 or 2 times a week
- e. 3 or 4 times a week
- f. nearly every day
- g. 2 times a day
- h. 3 or more times a day

2. When your mother drank any kind of alcoholic beverage, what was the average quantity she consumed; that is, how many drinks did she consume nearly every time or more than half the time she drank? A standard drink is defined as a 4-oz glass of wine, a 12-oz beer, or a 1.5 oz drink of distilled spirits. Circle one.

- a. rarely drank
- b. 1-2
- c. 3-4
- d. 5-6
- e. 7-8
- f. 9-10
- g. more than 10

3. Has your mother experienced any of the following problems because of her drinking? Circle all that apply.

- | | |
|--|---|
| a. marital separation or divorce | f. treatment for alcohol-related problems |
| b. loss of employment | g. economic distress |
| c. two or more arrests for drunken driving | h. accidents |
| d. two or more arrests for public intoxication or drunken and disorderly conduct | i. loss of family |
| e. harm to health | j. shame of family |
| | k. belligerence, fighting, or marital discord |
| | l. a single alcohol-related arrest |

4. Does your mother presently drink a) the same amount _____ or b) less _____ than she did when she was drinking most heavily? (Check one.) If you checked "b", what accounted for the change?

APPENDIX B

APPENDIX B

Positive Parent Conflict Resolution Scale

Answer each statement in terms of your parents' current relationship. Circle the correct response.

	Never	Occasionally True	Fairly True	Very True
1. My parents argue with each other in front of me.	4	3	2	1
2. I stay out of my parents' arguments.	4	3	2	1
3. I worry about my mother.	4	3	2	1
4. My parents hold grudges for a long time when fighting.	4	3	2	1
5. My mother asks me for advice.	4	3	2	1
6. My parents fight verbally with each other.	4	3	2	1
7. I take my mother's side when my parents fight.	4	3	2	1
8. I worry about my father.	4	3	2	1
9. I have a lot of responsibility in the family.	4	3	2	1
10. I enjoy being with my mother.	4	3	2	1
11. My mother tries to get me to side with her when she fights with my father.	4	3	2	1
12. My parents fight about money and possessions.	4	3	2	1
13. I get irritated when my parents fight.	4	3	2	1
14. My parents are able to resolve disagreements fairly quickly.	4	3	2	1
15. My parents fight physically with each other.	4	3	2	1
16. My father tries to get me to side with him when he fights with my mother.	4	3	2	1

17. I enjoy being with my father.	4	3	2	1
18. I take my father's side when my parents fight.	4	3	2	1
19. My parents talk together about my future.	4	3	2	1
20. My parents are able to discuss and resolve their disagreements.	4	3	2	1
21. My father asks me for advice.	4	3	2	1
22. My parents work together as parents.	4	3	2	1
23. I am embarrassed when my parents fight.	4	3	2	1
24. My parents never fight.	4	3	2	1
25. My father says negative things to me about my mother.	4	3	2	1
26. I am upset by my parents fighting.	4	3	2	1
27. Even if my parents fight about other things, they respect each other as parents.	4	3	2	1
28. My mother says negative things to me about my father.	4	3	2	1

29. How well do you think your parents get along with each other?

1	2	3	4	5
very well				badly

30. How often do your parents get angry with one another, or disagree?

1	2	3	4	5
never				all the time

APPENDIX C

APPENDIX C

Emotional Autonomy Scale--Father

Please read the following statements and decide if you strongly disagree, disagree, agree, or strongly agree. Circle the appropriate number.

- 1 = Strongly disagree**
2 = Disagree
3 = Agree
4 = Strongly agree

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My father and I agree on everything.	1	2	3	4
2. I go to my father for help before trying to solve a problem myself.	1	2	3	4
3. I have often wondered how my father acts when I'm not around.	1	2	3	4
4. Even when my father and I disagree, my father is always right.	1	2	3	4
5. It's better for kids to go to their best friend than to their father for advice on some things.	1	2	3	4
6. When I've done something wrong, I depend on my father to straighten things out for me.	1	2	3	4
7. There are some things about me that my father doesn't know.	1	2	3	4
8. My father acts differently when he is with his parents from the way he does at home.	1	2	3	4
9. My father knows everything there is to know about me.	1	2	3	4
10. I might be surprised to see how my father acts at a party.	1	2	3	4
11. I try to have the same opinions as my father.	1	2	3	4
12. When he is at work, my father acts pretty much the same way he does when he is at home.	1	2	3	4

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|--|---|---|---|---|
| 13. If I was having a problem with one of my friends, I would discuss it with my father before deciding what to do about it. | 1 | 2 | 3 | 4 |
| 14. My father would be surprised to know what I'm like when I'm not with him. | 1 | 2 | 3 | 4 |
| 15. When I become a parent, I'm going to treat my children in exactly the same way that my father has treated me. | 1 | 2 | 3 | 4 |
| 16. My father probably talks about different things when I'm around from what he talks about when I'm not. | 1 | 2 | 3 | 4 |
| 17. There are things that I will do differently from my father when I become a parent. | 1 | 2 | 3 | 4 |
| 18. My father hardly ever makes mistakes. | 1 | 2 | 3 | 4 |
| 19. I wish my father would understand who I really am. | 1 | 2 | 3 | 4 |
| 20. My father acts pretty much the same way when he is with his friends as he does when he is at home with me. | 1 | 2 | 3 | 4 |

Emotional Autonomy Scale--Mother

Please read the following statements and decide if you strongly disagree, disagree, agree, or strongly agree. Circle the appropriate number.

- 1 = Strongly disagree
 2 = Disagree
 3 = Agree
 4 = Strongly agree

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My mother and I agree on everything.	1	2	3	4
2. I go to my mother for help before trying to solve a problem myself.	1	2	3	4
3. I have often wondered how my mother acts when I'm not around.	1	2	3	4
4. Even when my mother and I disagree, my mother is always right.	1	2	3	4
5. It's better for kids to go to their best friend than to their mother for advice on some things.	1	2	3	4
6. When I've done something wrong, I depend on my mother to straighten things out for me.	1	2	3	4
7. There are some things about me that my mother doesn't know.	1	2	3	4
8. My mother acts differently when she is with her parents from the way she does at home.	1	2	3	4
9. My mother knows everything there is to know about me.	1	2	3	4
10. I might be surprised to see how my mother acts at a party.	1	2	3	4
11. I try to have the same opinions as my mother.	1	2	3	4
12. When she is at work, my mother acts pretty much the same way she does when she is at home.	1	2	3	4

- | | | | | |
|--|---|---|---|---|
| 13. If I was having a problem with one of my friends, I would discuss it with my mother before deciding what to do about it. | 1 | 2 | 3 | 4 |
| 14. My mother would be surprised to know what I'm like when I'm not with her. | 1 | 2 | 3 | 4 |
| 15. When I become a parent, I'm going to treat my children in exactly the same way that my mother has treated me. | 1 | 2 | 3 | 4 |
| 16. My mother probably talks about different things when I'm around from what she talks about when I'm not. | 1 | 2 | 3 | 4 |
| 17. There are things that I will do differently from my mother when I become a parent. | 1 | 2 | 3 | 4 |
| 18. My mother hardly ever makes mistakes. | 1 | 2 | 3 | 4 |
| 19. I wish my mother would understand who I really am. | 1 | 2 | 3 | 4 |
| 20. My mother acts pretty much the same way when she is with his friends as she does when she is at home with me. | 1 | 2 | 3 | 4 |

APPENDIX D

APPENDIX D

Young Adult-Father Transition Interview

Name: _____ Age: _____
Interviewer: _____ Code: _____
Date: _____ Parent Name: _____

Introduction: We talked a little about this on the phone....what kinds of contacts do you have with your parents now, such as visits, writing letters, telephone calls, and such? Let's start with your FATHER.

1. What kinds of contacts do you have with your father? (List each below). For each one mentioned, ask: "About how often do you do this?"

Contact	Per Month	Per Year
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If subject is living in the parental home, ask:

About how much time do you spend with your father? (when you're living at home)?

2. What kinds of things do you do when you're together with your father?

3. What do you enjoy about your contacts with your father?

4. What does your father enjoy about these contacts?

5. Of course, there's usually something we don't enjoy about others. What might these things be about your father?

6. What do you think might not be so enjoyable about these contacts for your father?

7. Who initiates the contacts between you and your father? Can you give me an example?

8. Do you wish you had more or less contact with your father?

IF MORE OR LESS: Why would you prefer more/less contact?

IF SAME: What makes it seem about right?

9. In general, how much does your father talk about his personal concerns with you? What kinds of things does he discuss? How do you feel about that?

10. And how much do you talk about your personal concerns with him? What kinds of things do you discuss? How do you feel about that?

11a. Are there things that you avoid talking about with your father? What kinds of things?

b. What do you think makes you avoid these topics? Can you give me one or two examples? How do you feel about that?

12. In what ways do you feel close to your father? What kinds of things bring you together?

And how do you and your father express closeness?

13a. Are there any feelings of tenseness when you and your father are together? Can you give me an example?

b. How often does that occur?

c. What do you think that feeling of tenseness is about?

14. In what ways would you like to be closer to your father? Can you give me an example?

15. What gets in the way of closeness between you and your father?

16a. At what point were you closest to your father? In what ways?

b. At what point were you the most distant from your father? In what ways?

c. (Take latest referent point, or age, whether close or distant and ask:) Your relationship has changed since How do you account for the difference?

17. In what ways are you like your father? What does that tell you about yourself?

18. In what ways are you different from your father? What does that tell you about yourself?

19a. In what ways does your father show concern for your needs or welfare? Can you give me a few examples? How do you feel about this?

b. Do you think he should be more or less responsive to your needs? How would that affect your relationship?

20. In what ways do you show concern for your father's needs or welfare?

Do you think he gets the message?

IF NO: What makes you say that? Do you wish it were different?

IF YES: How do you know?

21. Can you think of a time recently when you felt conflicted about your father's needs and your needs? What was that about? How did you handle it? How did you feel about the way it was resolved?

22a. Which parent do you feel closer to? (Probe: "Lots of people feel closer to one parent than the other". If subject says "neither", "What makes this so?")

b. What makes you feel closer to _____ than to _____ (other parent)?

c. How do you think it came about that you're closer to _____?

23a. To change the focus somewhat.....Can you think of a time you talked over an important decision with your father?

IF SAYS NEVER: Imagine what would happen if you did. What might happen?

IF SAYS CAN'T IMAGINE: What makes it impossible to imagine?

b. What other kinds of decisions do you discuss with your father...for example, your financial affairs, personal relationships, work or career choices?

24. Can you think of a time you and your father disagreed about something very important? Tell me about that. How did you handle that? How did you feel about your response? How did it get resolved? Is that how disagreements usually get resolved between you and your father?

25a. In what ways are your values different from those of your father? Did you ever discuss that?

b. In what ways are your values similar to those of your father?

c. We've talked about things that you discuss with your father. Besides advice, what other kinds of things does he help you with? Do you ask for help, or does he always offer--who initiates? How do you think he feels about doing that for you? How do you feel about it?

27. What happens when your father is not available? (If says nothing, "Imagine")

28. Are there ways in which you wish you could rely more on your father, or maybe less? How do you expect that to come about?

29. What are some of your father's weaknesses? What do you think makes him that way?

30. In what ways would you like him to change? Do you think he ever will?

IF SAYS YES: How might that come about?

IF SAYS NO: What might prevent him from changing?

IF SAYS DON'T KNOW: What do you think you or he might do to change?

31. In what ways has he let you down?

32. What kinds of things about your father make you feel proud? What are his strengths?

Young Adult-Mother Transition Interview

Name: _____

Age: _____

Interviewer: _____

Code: _____

Date: _____

Parent Name: _____

Introduction: We talked a little about this on the phone....what kinds of contacts do you have with your parents now, such as visits, writing letters, telephone calls, and such? Let's start with your **MOTHER**.

1. What kinds of contacts do you have with your mother? (List each below). For each one mentioned, ask: "About how often do you do this?"

Contact

Per Month

Per Year

If subject is living in the parental home, ask:

About how much time do you spend with your mother? (when you're living at home)?

2. What kinds of things do you do when you're together with your mother?

3. What do you enjoy about your contacts with your mother?

4. What does your mother enjoy about these contacts?

5. Of course, there's usually something we don't enjoy about others. What might these things be about your mother?

6. What do you think might not be so enjoyable about these contacts for your mother?

7. Who initiates the contacts between you and your mother? Can you give me an example?

8. Do you wish you had more or less contact with your mother?

IF MORE OR LESS: Why would you prefer more/less contact?

IF SAME: What makes it seem about right?

9. In general, how much does your mother talk about her personal concerns with you? What kinds of things does she discuss? How do you feel about that?

10. And how much do you talk about your personal concerns with her? What kinds of things do you discuss? How do you feel about that?

11a. Are there things that you avoid talking about with your mother? What kinds of things?

b. What do you think makes you avoid these topics? Can you give me one or two examples? How do you feel about that?

12. In what ways do you feel close to your mother? What kinds of things bring you together?

And how do you and your mother express closeness?

13a. Are there any feelings of tenseness when you and your mother are together? Can you give me an example?

b. How often does that occur?

c. What do you think that feeling of tenseness is about?

14. In what ways would you like to be closer to your mother? Can you give me an example?

15. What gets in the way of closeness between you and your mother?

16a. At what point were you closest to your mother? In what ways?

b. At what point were you the most distant from your mother? In what ways?

c. (Take latest referent point, or age, whether close or distant and ask:) Your relationship has changed since How do you account for the difference?

17. In what ways are you like your mother? What does that tell you about yourself?

18. In what ways are you different from your mother? What does that tell you about yourself?

19a. In what ways does your mother show concern for your needs or welfare? Can you give me a few examples? How do you feel about this?

b. Do you think she should be more or less responsive to your needs? How would that affect your relationship?

20. In what ways do you show concern for your mother's needs or welfare?

Do you think she gets the message?

IF NO: What makes you say that? Do you wish it were different?

IF YES: How do you know?

21. Can you think of a time recently when you felt conflicted about your mother's needs and your needs? What was that about? How did you handle it? How did you feel about the way it was resolved?

22a. Which parent do you feel closer to? (Probe: "Lots of people feel closer to one parent than the other". If subject says "neither", "What makes this so?")

b. What makes you feel closer to ____ than to ____ (other parent)?

c. How do you think it came about that you're closer to _____?

23a. To change the focus somewhat.....Can you think of a time you talked over an important decision with your mother?

IF SAYS NEVER: Imagine what would happen if you did. What might happen?

IF SAYS CAN'T IMAGINE: What makes it impossible to imagine?

b. What other kinds of decisions do you discuss with your mother...for example, your financial affairs, personal relationships, work or career choices?

24. Can you think of a time you and your mother disagreed about something very important? Tell me about that. How did you handle that? How did you feel about your response? How did it get resolved? Is that how disagreements usually get resolved between you and your mother?

25a. In what ways are your values different from those of your mother? Did you ever discuss that?

b. In what ways are your values similar to those of your mother?

c. We've talked about things that you discuss with your mother. Besides advice, what other kinds of things does she help you with? Do you ask for help, or does she always offer---who initiates? How do you think she feels about doing that for you? How do you feel about it?

27. What happens when your mother is not available? (If says nothing, "Imagine")

28. Are there ways in which you wish you could rely more on your mother, or maybe less? How do you expect that to come about?

29. What are some of your mother's weaknesses? What do you think makes her that way?

30. In what ways would you like her to change? Do you think she ever will?

IF SAYS YES: How might that come about?

IF SAYS NO: What might prevent her from changing?

IF SAYS DON'T KNOW: What do you think you or she might do to change?

31. In what ways has she let you down?

32. What kinds of things about your mother make you feel proud? What are her strengths?

APPENDIX E

APPENDIX E

Rating Instructions for Coding the Young Adult / Parent Relationship Interview

This manual describes the criteria for rating protocols describing a dimension of the young adult's relationship with his or her parent on a five-point rating scale. There are one or more criteria listed under each of the five points on the scale (referred to in the manual as "levels") that will guide you in determining the appropriate rating for each protocol. In some cases, only one criterion listed under a particular level will fit a particular protocol, and will determine the rating for that protocol. More often several of the criteria listed under a level will fit the protocol you are rating. Regardless, it is only necessary to have a clear fit on one criterion to rate a protocol at a particular level. The difficult decisions are when criteria at two different levels seem to apply. To rate the protocol you will have to make a weighted judgement as to which level best describes the protocol. If several criteria at one level apply, but only one criterion at the other level applies the protocol is probably best rated at the level at which it meets the largest number of criteria. This is not a hard and fast rule: you may have to make a judgement call.

The coding manual cannot cover every case. It is important to understand the conceptual distinctions between each level so that when a protocol is not addressed directly by the stated criteria, it is possible to make a clinical judgement as to the best level. In a sense, the rater should imagine adding another instance to a particular level that at a more abstract level gets at the same issues raised by the other examples, albeit with somewhat different content. It is also helpful to remember that a scale consists of a range from low to high. A protocol may be "between" a lower and a higher level (e.g., it seems like a 4 because there is "more" than what is at level 3 and "less" than what is described at level 5) even though it does not meet the specific criteria of the level in the middle. This is a valid criterion for rating a protocol, but should only be used after considering the specific criteria contained in the manual.

DECISION-MAKING

DEFINITION: This dimension has to do with the young adult's ability to make important decisions and life choices without undue influence from the parent. This includes the young adult's ability to make decisions in accordance with his or his own values and preferences as well as the ability to make decisions as to the nature of those values and preferences.

Note 1: Young adults who are generally able to make their own decisions may occasionally seek advice from the parent; these young adults should be rated as high on decision-making if a) the parent's input does not appear to be essential (e.g., the young adult indicates that he or she often makes decisions without consulting the parent) and b) the parent's advice is viewed as input for self-determined decisions rather than as the final word as to what the young adult out or ought not to do. These distinctions are made more explicit in the descriptions of the criteria for rating the various points on the scale.

Note 2: If the young adult does not consult the parent because of negative feelings toward the parent or because of a lack of respect for the parent and the young adult makes his or her decisions without relying on the parent's standards, he or she should probably be coded as high on decision-making. The negative feelings about the parent are coded elsewhere and should not be confused with the decision-making dimension.

Note 3: Some young adults rely on a spouse, close friend, etc. rather than the parent in making decisions. This should not affect the rating. Only rate how much the young adult relies on and is influenced by the parent.

SPECIFIC RATING CRITERIA

The young adult's decision making abilities in relation to the parent are coded on a five point scale, with 1 referring to "low" decision-making abilities and 5 referring to "high" decision making abilities. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Decision-Making Scale are described below.

Level 1:

a) The young adult generally relies on the parent in making decisions or in deciding his or her values; if there are any differences at all, the young adult is extremely susceptible to the parent's pressures to conform to the parent's beliefs and/or he or she feels very uncertain about his or her own views.

b) If and when the young adult makes decisions that are different from what the parent wants or thinks the young adult should do, the young adult feels guilty, ashamed, afraid, etc.

c) The young adult feels guilty, afraid, hurt, abandoned, etc. if the parent does not agree with and/or support the young adult's decision.

Level 2:

a) There is some evidence that the young adult is at least trying to make his or her own decisions, but he or she has relatively little success or he or she is still heavily influenced by the parent and continues to experience self-doubts about his or her own decisions.

b) The young adult seems to feel like he or she makes his or her own decisions, but these claims are largely unsubstantiated and there is clear evidence to the contrary.

c) The young adult is very reliant on the parent for help in making decisions in some important areas of his or her life, but there are at least a few areas where they do not seek or feel that they need the parent's advice.



d) At this level there is little or only minimal evidence that the young adult's decisions are based on self-chosen values, standards or preferences.

Level 3:

a) The young adult clearly makes his or her own decisions in some important areas of his or her life, but is still clearly influenced by the parent in others.

b) There is clear evidence that the young adult is attempting to make his or her own decisions, but at the same time he or she is susceptible to and at times swayed by the parent's influence; this experience is viewed negatively by the young adult and sometimes leads him or her to act against his or her own wishes.

c) The young adult tries to avoid discussing his or her decisions with the parent in order not to be swayed, influenced, or coerced into taking the parent's point of view.

Level 4:

a) The young adult clearly makes his or her own decisions in life but his or her values (or what he or she values) are less clearly differentiated from those of the parent than at Level 5. For example, the young adult identifies with (and there is little or no evidence of having questioned) the parent's values, but he or she may implement these values in a different way.

b) The young adult's values are clearly differentiated from those of the parent but he or she tends to consult the parent on a wider range of issues than at Level 5.

Level 5:

a) The young adult has a clear sense of conviction about what he or she believes, values, etc. These standards and preferences are at least in part, differentiated from those of the parent, and he or she uses these self-determined criteria to make his or her own decisions. At this level, the young adult has identified areas where decisions differ from the parent and is satisfied with these differences. In addition, he or she is able to evaluate and choose whether or not to accept the parent's advice.

INDEPENDENCE

DEFINITION: This dimension focuses on the young adult's experience of competence in the relationship with the parent, and on his or her belief that he or she can cope with the challenges and setbacks in his or her life without having to rely on the parent.

Note: If the young adult does not rely on the parent because of negative feelings towards the parent or because of a lack of respect for the parent he or she probably should be coded as high if it is clear that he or she is able to cope with his or her own life without fear of repeating the parent's perceived failures. Those negative feelings about the parent that do not directly affect the young adult's perception of his or her coping abilities should not be confounded with the rating for this dimension; these feelings will be coded elsewhere.

SPECIFIC RATING CRITERIA

The young adult's independence from and competence in the relationship with the parent is coded on a 5 point scale with 1 referring to "low" independence and 5 referring to "high" independence. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Independence Scale are described below.

Level 1:

a) The young adult generally relies on the parent to cope with challenges and difficulties in his or her own life. Young adults at this level often experience themselves as helpless and unable to cope without the parent's support and may feel frustrated or angry when the parent is unable to help.

b) The young adult may realize and feel badly about his or her dependency but in spite of desires or wishful thinking about being more self-reliant, he or she is unable to unwilling to give up this dependency and face the world on his or her own.

c) The young adult negatively identifies with the parent's major weaknesses and feels unable to avoid repeating the parent's failures or mistakes in important areas of his or her life.

d) The young adult feels inferior to or like a failure in the parent's eyes and either accepts or feels conflicted about that definition. The young adult may have difficulty accepting the parent's help without feeling inferior, ashamed, angry or resentful.

Level 2:

a) The young adult provides some minimal evidence of competence, for example, he or she at times feels able to cope with the world, but these feelings are often transitory, are based on thin denials of insecurities, and/or are accompanied by clear examples of strong dependencies on the parent. The young adult may vascillate between feelings of competence and inferiority or may express serious conflicts and self-doubts in spite of some minimal acknowledgement of his or her competence.

b) The young adult has some sense that he or she can be of help to the parent, but retains strong doubts about his or her ability to cope with life in the world outside the family.

c) The young adult indicates some competencies that are not being used because of strong and pervasive dependencies on the parent.

d) The young adult makes some weak attempts to be more independent but is inhibited by strong ambivalences and fears of feeling helpless or deprived if the parent's help were not available.

Level 3:

a) There are clearly some important areas in the young adult's own life which he or she feels able to cope without the parent's assistance, but there are just as clearly other areas in which they feel insecure and unable to cope without relying on the parent for advice and guidance.

b) The young adult feels like he or she is in a student relationship with the parent/teacher, although he or she has some abilities or expertise to offer the parent. The young adult sees the parent as a positive role model and is working toward but has not yet achieved that ideal.

c) The young adult describes some feelings of inferiority but these feelings are not all-pervasive or overwhelming; there is a definite sense that the young adult is moving towards becoming more independent, and in some areas may even feel that he or she has strengths the parent does not have.

Level 4:

a) The young adult clearly feels he or she can cope without the parent's help but this sense of competence is not as pronounced as in Level 5. There is greater emphasis on not being dependent than on active goal-oriented coping.

b) There is no clear evidence that the young adult is especially proud of his or her abilities nor direct evidence that he or she is seen by the parent as especially capable.

c) In spite of an overall sense of competence the young adult reveals some isolated but obvious areas of concern or self-doubt that may be of relatively minimal importance to their daily or overall functioning.

Level 5:

a) The young adult feels at least on an equal par with the parent in evaluating his or her ability to cope in and deal effectively with challenges and difficulties in his or her life. The young adult may identify with the parent's strengths and/or sees differences in a positive light and feels able to pick and choose in emulating the parent's qualities.

b) The young adult has a strong sense of confidence in his or her ability to cope, a perception they often feel is shared by the parent (or an evaluation that clearly is unshaken in spite of the parent's skepticism).

c) The young adult can maintain a sense of competence even when accepting help from the parent and is able to draw on other sources when the parent is not available.

d) In addition to being able to function independently, the young adult describes areas in which his or her expertise is helpful to the parent.

PERSONAL CONTROL

DEFINITION: This dimension refers to the young adult's ability to control his or her behavior and feelings in the relationship with the parent.

Note: This dimension does not refer to and should not be confounded with how much the young adult likes or does not like the parent (although the two may be correlated). The key issue rated in this dimension is how the young adult handles his or her needs and feelings (including negative feelings) in the relationship with the parent. If the young adult is overwhelmed by or has little control over his or her needs or feelings, they would be identified as low in personal control; however, a young adult who has some negative feelings about a parent but who is undistressed by, has some psychological distance from, and is able to keep those feelings from spilling into inappropriate behaviors could conceivably be rated as high on personal control.

SPECIFIC RATING CRITERIA

The young adult's degree of personal control in the relationship with the parent is coded on a 5 point scale with 1 referring to "low" personal control and 5 referring to "high" personal control. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Personal Control Scale are described below.

Level 1:

a) The young adult behaves in very inappropriate ways (yells, flees the scene, loses his or her temper, argues incessantly, says very hostile things to the parent that may be regretted later, cries uncontrollably) in the relationship with the parent because he or she is unable to control intense feelings of anger, frustration or shame.

Level 2:

a) The young adult is overwhelmed by and/or has to be constantly on guard against intense feelings of unresolved ambivalence, hatred, rage, shame, or guilt that are often distressful to the young adult.

b) The young adult expresses highly intense feelings of rage, dependency, shame, etc.; although the young adult appears to be unashamed or untroubled by these feelings, their intensity indicates a lack of control and/or constricted rage that is serious enough to be coded at Level 2.

c) The young adult appears to have little tolerance for frustration in the relationship with the parent. For example, the young adult acknowledges extreme dependency needs that are inappropriate in adulthood; although the parent may be meeting these needs, the young adult indicates that if his or her needs were not met by the parent this would result in feelings of anger, deprivation, or extreme frustration.

Level 3:

a) The young adult is irritated by often seemingly minor conflicts or behaviors on the part of the parent.

b) The young adult occasionally gets into mild arguments with, is sarcastic towards, or feels mildly ashamed or guilty in the relationship with the parent; these negative feelings toward the parent and the ways in which they are expressed are less intense and more controlled than at the previous levels.

c) The young adult is disturbed or ashamed by the parent's weaknesses, relationships, or behaviors even when these do not directly affect the young adult.

d) The young adult acknowledges mild ambivalence toward the parent that creates conflict for the young adult, but it is (potentially) resolvable or at least sufficiently under control so as not to be overly distressing.

Level 4:

a) The young adult experiences minor irritation or discomfort in the relationship with the parent; although these feelings are mostly under control or of relatively little importance to the young adult, they are notable because they indicate that the young adult has not altogether resolved parent/child issues. For example, these feelings may be stimulated by situations that would not result in conflicts if the other person involved were not a parent (e.g., the young adult feels infantilized when the parent attempts to give advice that probably would be well received from someone else).

Level 5:

a) The young adult experiences little or no tension, distress, anger, etc. in the relationship with the parent; in some cases the relationship is described in a positive way and may be characterized by mutual enjoyment and pleasure.

b) The young adult has developed effective coping strategies for dealing with potentially tense interactions or negative feelings: these ways of coping allow the young adult to master negative perceptions of the parent and to deal successfully with difficult situations that might otherwise create discomfort in the relationship.

SELF-ASSERTION

DEFINITION: This dimension refers to the extent to which the young adult's behavior in the relationship with the parent is inhibited by feelings of shame or guilt. At the low end of the scale young adults implicitly or explicitly use the parent as a superego or ego ideal; these young adults' standards for evaluating and monitoring their behaviors vis a vis the parent are insufficiently differentiated or confused with perceived parental expectations. At the high end of the scale young adults are uninhibited by feelings of shame or guilt, are able to rely on their own standards in relating to the parent, and are able to assert themselves in the relationship when failure to do so would compromise these standards.

SPECIFIC RATING CRITERIA

The young adult's degree of self-assertion in the relationship with the parent is coded on a 5 point scale with 1 referring to "low" self-assertion and 5 referring to "high" self-assertion. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Self-Assertion Scale are described below.

Level 1:

a) The young adult is clearly inhibited by feelings of shame and guilt in the relationship with the parent and/or monitors his or her behavior in order to avoid the parent's negative evaluation, disapproval, contempt, anger, or retribution. If the use of the parent as an ego ideal or superego figure is mostly ego syntonic, the young adult's excessive self-abnegation may be relatively untroublesome to the young adult even though it is painfully evident from the perspective of an outsider.

b) The young adult's self-abnegation in the relationship with the parent is so glaring that even minimal attempts at self-assertion appear futile or ineffective in view of the larger context of the relationship.

Level 2:

a) The young adult, as in Level 1, is constrained in the relationship by feelings of shame or guilt, perceives the parent as an appropriate evaluator of his or her behavior and/or is inhibited by the parent's judgement or disapproval of his or her actions; however, there is some evidence that the young adult is beginning to assert him or herself in the relationship with the parent and is questioning or reevaluating his or her perceptions of the parent's power or authority.

b) The young adult is able to assert him or herself in a few isolated areas in the relationship with the parent, although overall the young adult is still inhibited by shame or guilt and/or uses the parent to evaluate and monitor his or her behavior.

c) The young adult projects his or her own discomfort about being him or herself onto the parent (e.g., "He can't take it when I let him know who I really am.") and/or denies or does not acknowledge that he or she is concerned about or fears the parent's disapproval; however, this denial is difficult to believe in the face of obvious clues to the contrary. For example, the young adult has tremendous tension or anxiety about opening up with the parent or is still emotionally involved with and experiences guilt or shame in response to memories of past conflicts. Alternatively, the young adult may be constrained in the relationship because he or she is intensely ashamed of or embarrassed by the parent; the parent functions as a negative ego ideal, detracting from and constraining the young adult's ability to be him or herself in the relationship with the parent and implicitly or explicitly diminishing the young adult's own feelings of self-worth.

Level 3:

a) In some areas the young adult appears to be uninhibited by shame or guilt in the relationship with the parent (e.g., he or she can discuss potentially shameful experiences or assert and maintain his or her own standards when these differ from those of the parent); However, in other important areas the young adult appears to be constrained in the relationship by feelings of shame and guilt (be it shame about his or her own or the parent's characteristics) and these areas compromise the young adult's feelings of self-worth.

b) In some significant areas the young adult implicitly or explicitly uses the parent to set standards for his or her behavior in the relationship and/or indicates that he or she continues to need that parent's approval; in other areas, however, he or she is more able to be a self-evaluator.

Level 4:

a) The young adult generally is uninhibited by feelings of shame and uses his or her own standards to monitor his or her behavior in the relationship with the parent. However, there is a fairly isolated area in which he or she continues to be inhibited and implicitly or explicitly seeks or desires the parent's approval.

b) Although the young adult generally is comfortable being him or herself in the relationship with the parent he or she admits to an important but isolated area in the relationship in which he or she is unable to be him or herself. Although the constraints are mostly outside of the young adult's control of the tensions in some way detract from the young adult's feelings of self-worth; implicitly if not explicitly, the young adult appears to need the parent's acknowledgement or approval to alleviate feelings of self-doubt, rejection, etc. Alternatively, the young adult may be ashamed of the parent and while these feelings are relatively isolated they detract in some way from the young adult's feeling of self-worth and from a generally high level of self-assertion in the relationship with the parent.

c) While it is evident that the young adult has developed his or her own standards and is not inhibited by guilt or shame in the relationship with the parent, repeated statements about not needing the parent's approval suggest that his or her sense of being a self-evaluator is not on as firm ground as at Level 5.

Level 5:

a) The young adult is able to assert him or herself and express his or her needs, values, and interests in the relationship with the parent even when these needs or values clash with those of the parent. The young adult gives no evidence that he or she views the parent as an authority figure or as an appropriate judge of the young adult's self-worth or behavior.

b) The young adult clearly has his or her own standards for evaluating his or her behavior and these can be clearly distinguished from those of the parent. The young adult does not sacrifice these standards in the relationship with the parent although at times he or she may avoid certain issues that might lead to unnecessary tensions. At Level 5, not bringing up these issues does not in any way detract from the young adult's feelings of self-worth and is rather an indication that he or she does not need that parent's approval.

c) The young adult's relationship with the parent is limited more by the parent's conflicts, inhibitions, etc. than by the young adult's lack of assertiveness. Although the young adult may openly confront the parent in an attempt to change the relationship, he or she is able to acknowledge and accept that, given the parent's limitations, he or she will "never" be him or herself with the parent. This knowledge does not compromise the young adult's standards nor detract from his or her feelings of self-worth.

SELF-OTHER RESPONSIBILITY

DEFINITION: This dimension describes how the young adult resolves conflicts and pulls between obligations and needs create by his or her own life circumstances and the needs of and the obligations to the parents. Conflicts about where and with whom to spend holidays and vacations often provide information on this dimension. Self-other responsibility is similar to what other theorists have described as the parent's ability to allow the child to develop relationships and interests outside of the parent-child dyad; however, here it is coded from the young adult's perspective and describes his or her ability to make attachments and investments outside of the relationship with the parent.

Note: Most young adults who are high on this dimension should be able to make new investments without totally denying the needs of or breaking contact with the parent. However, a young adult may have a very negative relationship with the parent and still score high on self-other responsibility if he or she has developed new sources outside of the parent-young adult relationship for finding love and affection, fulfillment, stimulation, efficacy, etc. A young adult who continues to rely heavily on the parent for these psychological resources or who fails to make psychological investments outside of the dyad because he or she continues to be embroiled in unresolved conflicts with the parent would be rated as low on self-other responsibility. The quality of the parent-young adult relationship that to a greater or lesser extent is left behind is irrelevant in coding this dimension and will be rated elsewhere.

SPECIFIC RATING CRITERIA

The young adult's degree of self-other responsibility in the relationship with the parent is coded on a 5 point scale with 1 referring to "low" self-other responsibility and 5 referring to "high" self-other responsibility. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Self-Other Responsibility Scale are described below.

Level 1:

a) The young adult is unable to leave home in the psychological sense. The young adult has not transferred his or her loyalties and investments to new sources of affection, stimulation, fulfillment, etc.: rather he or she relies heavily on the relationship with the parent for stimulation, affection, fulfillment, etc. and feels lonely or abandoned without constant contact.

b) The parent is involved in the minute details of the young adult's life. The young adult may have excessive responsibility for or involvement in the parent's life or concerns and/or is responsible for involving the parent in his or her own life concerns.

c) The young adult is often triangulated in the parent's marital or family relationships and/or is unable to keep the parent from interfering in his or her own relationships or efforts to make an independent life for him or herself.

Level 2:

a) As in Level 1, there are clear indications that the parent is overinvolved in significant areas of the young adult's life and vice versa, but the enmeshment is not as intense, emotionally compelling, or all-pervasive as in a Level 1 protocol. The young adult may view the enmeshment positively, may not exert any effort to separate, or else might make weak but mostly ineffective attempts to deinvest in the dyad.

b) The young adult resists pressures to deinvest in the dyad or years to increase his or her involvements at the expense of separation even though these efforts may be resisted by the parent.

Level 3:

a) The young adult makes clear attempts to resist the parent's intrusiveness, but constantly has to be on guard against inner pulls (e.g., guilt or dependency needs) and/or parental pressures that may interfere with or encroach on involvements and relationships outside of the dyad or family of origin.

b) The young adult's overinvolvement in the dyadic relationship with the parent and/or inner pulls towards excessive involvement are moderated by investments in other important areas (e.g., other close relationships, career, etc.); these other investments are relevant for rating self-other responsibility if they serve as alternate sources of support, affection, fulfillment, etc. and help to deintensify involvements with the parents.

Level 4:

a) The young adult describes minor instances of overinvolvement or minimal conflicts about separating from the parent, but for the most part the young adult has made satisfying or fulfilling investments outside of the parent-young adult relationship.

b) Although the parent attempts to triangulate or remain excessively involved in the young adult's life, the young adult for the most part actively and successfully fends off these attempts by the parent.

c) There is some evidence that the young adult has, in some ways, given in to his or her own or to the parent's desires for triangulation, overinvolvement, etc., but these compromises only minimally affect the young adult's generally successful attempts to make satisfying investments outside of the dyadic relationship.

Level 5:

a) The young adult clearly has made satisfying, stable, and fulfilling investments outside of the dyadic relationship with the parent and is able to regulate the relationship so that contacts with the parent do not intrude on his or her relationships outside of the dyad.

b) The young adult is able to share in the parent's life or to share their life with the parent (if this is viewed as desirable) without fear of triangulation, overinvolvement or enmeshment.

c) If the young adult does not directly address the issue of self-other responsibility but there is no indication of overinvolvement, triangulation or enmeshment, code the protocol as a 5.

CLOSENESS

DEFINITION: This dimension refers to the young adult's perceptions of the degree of emotional connectedness versus estrangement and distance in his or her relationship with the parent.

Note: Relationships with a good deal of conflict and negative feelings may nevertheless be close: the major issue in rating closeness is the depth and breadth of emotional connectedness, not the positive or negative tone of the relationship. Although it is unlikely that a relationship with a great deal of conflict would have sufficient closeness to be rated as a 5, it is not unusual for such a relationship to meet the criteria for a level 4 rating.

SPECIFIC RATING CRITERIA

The young adult's experience of closeness in the relationship with the parent is coded on a 5 point scale with 1 referring to "low" closeness and 5 referring to "high" closeness. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Closeness Scale are described below.

Level 1:

- a) The young adult reports feelings of being emotionally out of touch or estranged in the relationship with the parent; the relationship may appear cold and mechanistic and if the young adult feels any sense of closeness it is more out of obligation than affection, and/or non-consequential given the overall level of estrangement.
- b) The young adult describes closeness only in the negative, i.e., as the absence of tension or conflict rather than as a sense of connectedness.
- c) The young adult indicates little desire for greater connectedness and/or actively sets up barriers against or indicates that he or she does not want a sense of closeness.
- d) The young adult shies away from the parent's attempts at greater emotional connectedness and experiences these attempts as intrusions.

Level 2:

- a) The young adult describes some minimal sense of connectedness, e.g., the relationship remains quite distant but there is at least a noticeable improvement over the past.
- b) Although the young adult clearly desires a greater sense of emotional connectedness, this is prevented by psychological barriers and prevailing feelings of estrangement.
- c) The young adult's sense of connectedness to the parent is more intellectual than emotional although this does allow for some minimal sense of bondedness.

Level 3:

- a) The young adult reports a definite sense of emotional connectedness to the parent but this is based largely on common interests, a sense of family, grandchildren, shared activities, etc. rather than strong and deep emotional ties.
- b) The young adult's sense of closeness is based on conventional and stereotyped ways of sharing and relating often because the young adult feels a need to avoid greater intimacy due to conflicts, disagreements, etc.

Level 4:

- a) The protocol combines elements of Level 3 (closeness based on more stereotyped modes of sharing) and Level 5 (closeness based on deeper feelings of intimacy).

b) The young adult has a deep sense of emotional connectedness to the parent or experiences a growing sense of closeness, but there are some notable areas in which the young adult feels distant from the parent, e.g., because of some past events, lack of shared values, or other obstacles. The young adult may report as much depth in the relationship as at Level 5 but some limitations in breadth.

Level 5:

a) The young adult's description of deep emotional connectedness to the parent is supported by multiple indicators, for example feelings of deep affection, understanding, support, shared experiences, mutual enjoyment, etc.

COMMUNICATION

DEFINITION: This dimension refers to the degree of openness (i.e. both depth and breadth) in the communication between the parent and young adult.

SPECIFIC RATING CRITERIA

The young adult's communication with the parent is coded on a 5 point scale with 1 referring to "low" communication and 5 referring to "high" communication. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Communication Scale are described below.

Level 1:

a) The young adult indicates that the lines of communication with the parent are shut off and reports that he or she has no interest in communicating with the parent.

Level 2:

a) The young adult communicates with the parent around superficial, non-controversial subjects but there are clear limits on what can be talked about, e.g., there may be a sense of discomfort or distrust in communicating about more personal or meaningful issues.

b) The young adult expresses a yearning to be able to communicate with the parent about important issues that are somehow designated off limits.

c) The young adult's communication with the parent is very narrowly focused, often on a single issue.

d) The young adult reports that he or she communicates with the parent only when necessary or convenient without any evidence that he or she is interested in seeking out greater communication. E.g., he or she indicates that there "is not a lot to talk about".

Level 3:

a) The young adult reports greater depth in his or her communication with the parent than at Level 2 and clearly values this communication. However, the exchanges with the parent generally revolve around stereotypical or "current" concerns, global attitudes, shared activities, or interests, family matters, etc.

b) The young adult may indicate that the level of communication with the parent is satisfactory or may even prefer somewhat deeper communication, but in either case he or she avoids more controversial or intimate subjects.

Level 4:

a) The young adult describes open and deep communication with the parent much like that found at Level 5, but the communication is qualified by some specific area that is "off-limits"; the young adult perceives a "block" in communication that has a noticeable, and in the young adult's eyes, a regrettable effect on the quality of an otherwise open relationship.

Level 5:

a) The young adult describes a great deal of open communication with the parent characterized by an ability to express differences in views, values, and conflicts.

b) The young adult indicates that his or her communication with the parent is characterized by a mutual sharing of deep and meaningful issues and personal issues, although in some cases this may not include very private matters that are outside of the limits of the parent/young adult relationship (e.g., fights with a spouse). Even at this level, the young adult may hold off talking about some circumscribed issues he or she feels are better off not shared; withholding these issues does not detract from the quality of the relationship.

CONCERN

DEFINITION: This dimension has to do with the extent to which the young adult shows evidence of concern about the parent's well-being and interest in the parent's needs and feelings.

SPECIFIC RATING CRITERIA

The young adult's concern for the parent is coded on a 5 point scale with 1 referring to "low" concern and 5 referring to "high" concern. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Concern Scale are described below.

Level 1:

a) The young adult shows no interest in the parent's well-being, needs, or concerns and denies any sense of responsibility for feeling or showing concern. The young adult is "actively unconcerned", denies that the parent has real needs, or is simply indifferent to those needs.

Level 2:

a) The young adult shows only minimal concern and this concern is expressed primarily in highly concrete, behavioral ways.

b) The young adult's concerns for the parent are focused on a very limited issues.

c) The young adult does not demonstrate much effort or interest in showing concern for the parent except out of an obligation or to get something in return; in the latter instance, the young adult's concern for the parent revolves around his or her own needs and is often displayed as a kind of concrete exchange.

Level 3:

a) The young adult's concerns for the parent extends over a range of different areas but his or her concern is largely expressed by "helpful" behaviors, i.e., "doing things for the parent" rather than deeper psychological feelings.

b) There is evidence that the young adult longs to express feelings of concern for the parent but these desires are frustrated, qualified, or cut off by forces largely outside of the young adult's voluntary control (e.g., resentments, parent's inaccessibility, etc.). The young adult may feign an "I don't care anymore" or "I've given up" attitude, but his or her longing and caring still come through.

Level 4:

The young adult's concern for the parent at this level is more than just behavioral. There is clear evidence that the young adult is interested in the parent's psychological well-being and EITHER:

a) a strong sense of responsibility for being responsive to the parent's needs or to ensure their welfare;

OR

b) evidence of concern about the parent's fate outside of the dyadic relationship or the family setting, interest in the parent's effect on other people, or a concern about their ability to cope with stresses, etc. The young adult's interest is in the parent's welfare rather than in the direct or indirect effect of the parent's wellbeing on the young adult or the young adult/parent relationship.

Level 5:

a) At this level the young adult must show clear evidence of criteria for both a) and b) from Level 4, i.e., they indicate an immediate responsiveness to the parent's difficulties and concerns, and clear interest in the parent's welfare in areas that are outside of the dyadic relationship. If there is some doubt as to whether criteria from both a) and b) are present, code the protocol as Level 4.

EMPATHY

DEFINITION: This dimension has to do with the young adult's ability to understand the parent as a complex person and to appreciate the parent's feelings and perspectives, even when these differ from those of the young adult.

Note: Concern or sympathy do not enter into the rating of empathy. A young adult may have a fairly complex understanding of the parent (empathy) but also acknowledge difficulties in the relationship that interfere with concern, positive feelings, etc.

SPECIFIC RATING CRITERIA

The young adult's degree of understanding of the parent is coded on a 5 point scale with 1 referring to "low" empathy and 5 referring to "high" empathy. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Empathy Scale are described below.

Level 1:

- a) The young adult describes the parent primarily in concrete behavioral or black and white (extremely bad or extremely good) terms.
- b) The young adult describes the parent in terms of a single overriding issue or trait that directly or indirectly has to do with the parent's relationship to the young adult.
- c) The young adult is unable to or has little interest in understanding the parent's own issues or concerns, or in viewing the parent as having a life outside of the dyadic relationship. For example, the young adult often sees the parent's weaknesses as barriers to the relationship (e.g., the parent is nosy, pries into the young adult's private business) without any attempt to understand these weaknesses from the parent's point of view.

Level 2:

- a) Although the young adult's description of the parent is mostly behavioral and concrete and tends to portray the parent in black and white terms (as in Level 1) the young adult makes a minimal attempt to understand the parent as a psychological being. For example, the young adult might comment on the parent's needs, attitudes or motives, but only in a simplistic, shallow, and mostly behavioral way (e.g., he is really concerned about money so he is not home very much, that's how he was brought up (unelaborated)).
- b) The young adult's description of the parent combines elements of Level 1 (concrete, behavioral descriptions) and Level 3 (descriptions of the parent in terms of global, stereotyped traits and attitudes).

Level 3:

- a) The young adult describes the parent in terms of stereotypical traits and relatively simplistic attitudes and feelings. The young adult attempts to take the parent's perspective; however, he or she has difficulty seeing the parent's perspective from multiple points of view and is unable to recognize the parent as a diverse, complex person. Although the parent may be viewed as having both positive and negative traits, the young adult is unable to integrate or understand the relationship between the parent's strengths and weaknesses.
- b) The young adult may seek to understand the parent outside of the dyadic relationship, in relationship to the larger social context, or in relation to the parent's past experiences; however, the description of the parent is simplistic or stereotyped (e.g., an elaboration of "that's the way he was raised", "he has an unhappy marriage," "he was very close to his family", etc).

c) The young adult's attempts to understand the parent are colored by projection of the young adult's own attitudes and feelings or by uncertainty or idealization.

d) The young adult yearns to understand the parent, but largely because of limitations in the parent or other forces beyond the young adult's control, these desires are thwarted. As a result, the young adult has only a stereotyped or minimal understanding of the parent, even though he or she might be capable of more.

Level 4:

a) The young adult's description of the parent combines elements of Level 3 (stereotyped descriptions of the parent) and Level 5 (descriptions of the parent as a complex person).

b) The young adult describes the parent in complex, psychological terms (e.g., how he or she copes with difficulties, complex motives, psychological causation), as at Level 5, but this description primarily focuses on the young adult's relationship with the parent rather than on the parent's attachments or concerns outside the dyad. For example, the young adult has a less in-depth appreciation of the parent's motives, needs, or concerns when these are not of direct relevance to the young adult/parent relationship.

Level 5:

Both of two characteristics are essential at Level 5, including:

a) The young adult views the parent as a person in his or her own right, and attempts to understand them in relation to the larger social context and/or relationships outside the parent/young adult dyad.

b) The young adult describes the parent in process rather than behavioral terms and focuses on complex motives, feelings, ways of coping with the world, ideologies, values, beliefs, etc. For example, the young adult attempts to integrate the parent's positive and negative attributes into a complex psychological portrait; the parent is described in terms of contrasts and conflicts rather than in terms of simple stereotypical attitudes and traits. In addition, the young adult may attempt to contrast and compare his or her own perspective with the parent's perspective. The parent's perspective is seen as multidimensional and overdetermined, and the young adult may recognize how his or her own behavior indirectly (rather than directly) contributes to the parent's reaction to or views of the young adult.

RESPECT

DEFINITION: This dimension describes the young adult's evaluation of the parent and includes his or her perception of the parent's competence and suitability as a positive role model.

Note: Code only for the young adult's respect for the parent, not the parent's respect for the young adult.

SPECIFIC RATING CRITERIA

The young adult's degree of respect for the parent is coded on a 5 point scale with 1 referring to "low" respect and 5 referring to "high" respect. The criteria for rating a protocol as 1, 2, 3, 4, or 5 on the Respect Scale are described below.

Level 1:

a) The young adult is very deprecating of and describes the parent in strong negative language reflecting blame, resentment, disappointment, etc.: the young adult may express strong feelings of shame, anger, or resentment at the parent's weaknesses or failures. At best, the young adult admits to or recognizes that the parent has some minimal competence or strengths that are either relatively unimportant to the young adult, are other people's perceptions, or are so imbedded in negative perception that they are of little weight in the overall protocol.

b) The young adult is determined to be different from the parent and/or worries about being too much like the parent.

Level 2:

a) The young adult for the most part deprecates or devalues the parent, but there are a few isolated areas in which he or she views the parent in a positive light; the deprecation of the parent is typically very intense and/or distressing to the young adult, and tends to outweigh the more positive feelings.

b) The young adult expresses intense ambivalence towards the parent and perceives the parent in both a very idealized and a very deprecating way; the young adult's extreme deprecation of the parent in some sense cancels out the positive attributions.

Level 3:

a) The young adult generally views the parent in a positive light but without a clear and strong sense of pride; these views are accompanied by some recognition of the parent's weaknesses that do not greatly detract from the overall positive picture.

b) The young adult indicates that there are clear areas in which he or she admires or desires to be like the parent, but also notes clear areas in which he or she wants to be different or hopes to avoid repeating the parent's failures or mistakes. In describing the parent's weaknesses, the young adult is less intensely deprecating (e.g., has greater psychological distance) than at previous levels.

Level 4:

a) The young adult clearly recognizes, feels proud of, and wants to emulate the parent's strengths. However, unlike at Level 5, the young adult views the parent as having an isolated weakness or as having failed in an area that is viewed as important by the young

adult; this negative perception of the parent is not too troublesome to the young adult, but it does qualify what is otherwise a generally high regard for the parent.

Level 5:

a) The young adult clearly recognizes and acknowledges the parent's strengths and feels pride and admiration for the parent. The parent is clearly perceived as a positive role model, as a good source of advice, and/or as someone who has a good deal to offer in the way of competence and expertise.

b) If the young adult notes weaknesses in the parent, this knowledge does not detract from the young adult's positive regard and is not seen as important in evaluating the parent.

APPENDIX F

APPENDIX F

Personal Background Questionnaire

Number: _____

Demographic Information:

1. What is your sex? Male _____ Female _____
2. Class: Freshman _____ Sophomore _____ Junior _____
Senior _____ Fifth-Year Senior _____
3. What is your age? _____
4. What is your major? _____
5. What are your future career plans? _____

6. What is your GPA? _____
7. What was your high school GPA? _____
8. Are you: Black _____ White _____ Hispanic _____ Asian _____
Native American _____ Mixed racial background _____ Other _____
9. What is your religion?
Protestant (please specify denomination): _____
Roman Catholic _____ Greek Orthodox _____ Jewish _____
None _____ Other (please specify): _____
10. Are you currently married? Yes _____ No _____
11. Were you ever married? Yes _____ No _____
12. How many children do you have? None _____ One _____ Two _____ Three _____
More than three _____

Family Structure:

13. Were you adopted? Yes ____ No ____

14. Are our biological (or adoptive) parents:

a. married to each other? Yes ____ No ____

b. separated from each other? Yes ____ No ____

c. divorced from each other? Yes ____ No ____

If yes, how old were you? _____

What was the month and year they divorced? Month ____ Year ____

15. What is your father's occupation? (Be as specific as possible. For example, what sorts of responsibilities are included with his job? _____

16. What is your mother's occupation? (Be as specific as possible. For example, what sorts of responsibilities are included with her job? _____

17. If your mother works, has she worked full time (35 hours per week) since you entered elementary school?

Yes ____ No ____ (If yes, skip to #18).

Please indicate how old you were when your mother was working outside the home and whether she worked part or full time for each instance she worked.

18. List your siblings (including step-siblings):

	Sex	Age	Where they live
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

19. Do you live at home? Yes _____ No _____ (If yes, skip to #21)

20. What is the average number of phone contacts you have with your parents each month?

With biological mother: _____

With biological father: _____

What is the average number of visits you have with your parents each month?

With biological mother: _____

With biological father: _____

21. How many miles away from MSU do your parents live? _____

22. If there are any additional situations in your family which are pertinent, please explain them here:

APPENDIX G

APPENDIX G

Development During the College Years

INFORMED CONSENT (Phase One)

1. I understand that the purpose of this study is to better understand important experiences during late adolescence and early adulthood, for example, perceptions of and feelings about my mother and/or father, feelings about self and relationships, and decisions about ideologies, friendships and drinking behaviors.
2. My participation in this study will involve approximately three hours. I will attend two one hour and a half sessions at which time I will be asked to complete a series of questionnaires. At the end of my participation, I will be more fully debriefed about the purpose of this study. In exchange for my participation I will receive four research credits. I have been told that these questionnaires ask for information about my perceptions of and relationship with one or both of my parents, about my perceptions of my relationship with my peers, my feelings about intimate relationships, my personal philosophy and how I view myself in a variety of different life areas.
3. Additionally, I have been told that I will be asked to disclose fairly personal information, for example, information about my own and my parents' alcohol use and my feelings about close relationships. However, I also understand that I will at no time be asked to reveal my name and that my research records will be identified by code number only in order to protect my confidentiality and anonymity.
4. I understand that my participation is completely voluntary and that I may withdraw from the study at any time. However, I am aware that I will only receive credit if I participate in both sessions. I also know that I have the right not to answer any item on any questionnaire that I do not wish to answer. However, I have been informed that all of my answers are valuable to this study and that my decision to omit various items may make it difficult or impossible to use the information I do provide.
5. I understand that I will not receive feedback on my individual responses but that I can obtain group results of this study, when they are available, upon request.
6. If I have any questions or concerns arising from my participation in this study, I know that I am encouraged to contact Dr. Susan Frank at 355-1832 in the Department of Psychology to discuss these concerns.

Signature

Date

RECONTACT FORM

I wish to be considered for participation in Phase Two of this research study on development during the college years. When you contact me, please ask for the code name indicated below. I understand that I may not be contacted, but if I am, I may decide at that time not to participate without any penalty. I am aware that in exchange for my participation in Phase Two, I will receive additional research credits beyond those I received for participating in Phase One. I have read the informed consent agreement for Phase Two and understand its content.

The name I wish to be identified by is _____ .

The code number from my questionnaire packet in Phase One is _____ .

My daytime phone number is _____ .

In the evenings I can be reached at _____ .

*****Please let your roommates know that we may be calling and asking for someone with your code name. *****

Development During the College Years

**INFORMED CONSENT
(Phase Two)**

1. I understand that I was chosen, based on a number of my questionnaire responses, from a larger number of volunteers who also participated in the first phase of this research.
2. I understand that the purpose of this phase of the study is to gain a more indepth understanding of adolescents' and young adults' feelings about their parents and to examine possible differences in feelings about mothers versus fathers.
3. My participation in this study will involve approximately two and a half hours and will include a 30 to 45 minute questionnaire session and an interview session that will take approximately 90 to 120 minutes to complete. The questionnaires will ask about my feelings about each of my parents and are similar to those I completed in the previous phase of this research. In addition, I will be asked to discuss my feelings about and relationship with each of my parents during the interview. At the end of my participation, I will be more fully debriefed about the purpose of this study. In exchange for my participation, I will receive 5 research credits (in addition to those I received for Phase One.)
4. I understand that the investigators will contact me using the code name I provided during the first phase of this study. I also understand that my real name will not be associated with my responses and that my responses to both the questionnaires and interview will remain confidential. I also know that all research records will be identified by code number only.
5. My participation is completely voluntary and I may withdraw from the study at any time. However, I will only receive credit for this phase of the study if I complete all questionnaires and the interview. I also know that I have the right not to answer any question on the questionnaires or during the interview that I do not wish to answer. I understand however, that all of my answers are valuable to this study and that my decision to omit particular items may make it difficult or impossible to use the information I do provide.
6. I understand that I will not receive feedback on my individual responses but I can obtain results of this study, when they are available, upon request.
7. If I have any questions or concerns arising from my participation in this or the previous phase of the study, I am encouraged to discuss them with the interviewer or to contact Dr. Susan Frank at 355-1832 in the Department of Psychology.

Signature

Date

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