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**FACTORS ASSOCIATED WITH
ATTEMPTED SUICIDE
DURING ADOLESCENCE**

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JULY 1991

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A dissertation submitted to the Faculty
of Arts, University of the Witwatersrand,
Johannesburg, in partial fulfillment of the
requirements for the Degree of Master of
Arts in Clinical Psychology.

JOHANNESBURG 1991

ABSTRACT

This study examines factors associated with attempted suicide during adolescence. The sample consists of 10 Black adolescent girls who attempted suicide in the past year, and were admitted to Baragwanath Hospital. Each subject was questioned on demographic information and completed the Separation Anxiety Test (Hansburg, 1972) and Section 1 of the Inventory of Parent and Peer Attachment (Armsden and Greenberg, 1987), which assesses attachment to a parent. Subjects were also required to answer questions on their choice of responses. Common trends were found to exist among adolescent girls who attempt suicide. Adolescent girls who attempt suicide have disruptive home environments where parents experience marital problems. They show a low degree of attachment, high degree of hostility, stress avoidance during the stage of identity crisis, and they maintain a poor attachment-individuation balance. These findings suggest that the most common treatment strategy, ie. crisis intervention is not sufficient as it does not deal with underlying problems of adolescent suicide.

ACKNOWLEDGEMENTS

I wish to thank:

My supervisor, Fatima Moosa for her encouragement and support.

My family for their unwavering confidence in me.

All the subjects who participated in this study.

Dr Allwood, Dr Thom, and the staff of Baragwanath Hospital.

The HSRC and the University of the Witwatersrand for financial assistance in the form of bursaries.

My colleague, Phindi Ndlazi for assistance and support.

My friends, Tanvier. Shenaaz, Shireen, Rosemund, Naseema, Ismail and others who have helped me in various ways.

And finally, my typist, Zubaida and her husband for their patience and co-operation.

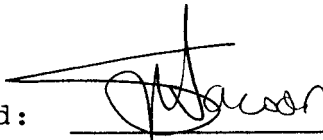
DEDICATION

Dedicated to my parents,
Noormahomed and Zubeida.

DECLARATION

I hereby declare that this dissertation is my own work and that I have not submitted it, nor any part of it, for any degree in any other university.

Signed:



SHERBANU NOORMAHOMED SACOOR

DATE

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CHAPTER 1

INTRODUCTION

One of the characteristics of present day suicidology is the gradually developing interaction of the biomedical and social sciences in the study and prevention of suicidal behaviour. Perhaps the most important result of this interaction is the growing insight that suicidal behaviour is not to be considered as being a result of either individual or social factors alone.

Suicide has come to be seen as a biopsychosocial phenomenon; its prevention is thus seen as a social concern that requires the input of various disciplines as well as the human skills of society and of the public as a whole. The expression "cry for help" which has become a synonym for attempted suicide or parasuicide, clearly indicates the increasing emphasis on the interpersonal or social aspects of suicidal behaviour (Diekstra, 1989).

Suicide is believed to be the leading cause of death among young people in the United States. It is the second highest cause of death for the 12-24 year-olds in Canada (Ovuga, 1986). The high rate of suicide does not appear to be limited to urban areas but is as much a phenomenon of rural life as of the former. In developing countries the lack of statistical data and systematic studies make

an assessment of the extent of suicidal behaviour difficult (Ovuga, 1986).

South African studies on adolescent suicide are mainly epidemiological in nature. These studies report that the major precipitants of attempted suicide are interpersonal disputes involving extended families. Single people, mainly women between the ages of 16-25 years, constituted the high risk group (Cheatham, Edwards, Naidoo, Griffiths and Singh, 1983; Edwards, Cheatham, Naidoo and Griffiths, 1981; Minaar, Schlebusch and Levin, 1980; Pillay and Pillay, 1987).

The rise of attempted suicides in the Black population in South Africa is a factor facing mental health professionals and hospitals (Minaar et al., 1980). A preliminary study by the present author (Sacoor, 1989) for the period January-June 1989 found 105 admissions of attempted suicide. Females were over-represented in the sample. There were 86 females compared to 19 males. Forty percent of the 105 patients who attempted suicide were adolescents. The primary reason for the attempt was conflict in interpersonal relationships, especially mother-child interactions.

It has often been assumed that an attempted suicide is simply a suicide that has failed. Suicide attempts are often referred to as unsuccessful suicides. Many

researchers initially believed that it was not necessary to study attempted suicide separately as a phenomenon different from completed suicide (Ovuga, 1986).

Subsequent research (Wandrei, 1986) has revealed, however, that although there are many similarities between persons who commit suicide and those who attempt it (i.e. parasuicides), there are also several differences. Those who commit suicide are more likely to be males in their forties, who shoot or hang themselves. They are more likely to have lived under chronic, entrenched negative circumstances that had undergone an acute exacerbation prior to the attempt. Parasuicides were more likely to have undergone a crisis that precipitated the attempt (Wandrei, 1986).

Despite this suggestion that attempted suicide is simply a response to a crisis, research also indicates that compared to other psychiatric patients and general population controls, individuals who attempt suicide have more troubled interpersonal relationships (Lineham, Chiles, Egan, Devine and Laftan, 1986). Thus suicidal behaviour among adolescents is typically the final, often impulsive step in a progressive failure of adaptation (Hansburg, 1972; Shearin, 1986; Wade, 1987).

At its core are feelings of low self-worth, free floating rage, helplessness and an inability to solve problems in more rational and effective ways. These feelings may

manifest themselves in a wide variety of ways, from overcompliance to promiscuity, from anti-social behaviour to isolation and withdrawal, and from rigid perfectionism to anorexia. Often the motive for the suicide attempt that follows is to alter the situation in which the adolescent feels trapped or expendable.

A number of factors can be found within the adolescent and in family interactions that distinguish those adolescents who get involved in self-destructive behaviours. The first relates to the adolescent's ongoing relationship with adults and authority figures outside the home and more particularly with parents. In a study by Wade (1987), which examines separation anxiety in suicidal adolescent girls, it is postulated that adolescent girls who attempt suicide suffer from separation anxiety more than their non-suicidal counterparts. Hansburg (1972) suggests that failure to adapt to a normal separation experience in adolescence without serious pathology is often evidence of an earlier failure to solve the problem of disentanglement from parental figures.

A second factor distinguishing adolescents prone to self-destructive behaviour is that of problems in the development of self-esteem. School difficulties and/or lack of confidence in success at school or in the future is another theme often noted (Bronheim, 1986).

The period of adolescence is one in which there is a great likelihood that risks will be taken without appropriate regard for long term consequences (Bronheim, 1986). A report from the Committee on Adolescence for Advancement of Psychiatry (1968, pp. 93-94) states that adolescence begins with the "attainment of separation and independence from the parents" and ends with "a return to the parents in a new relationship based upon relative equality". Relationships characterized by the child's emotional dependence on parents are transformed into more autonomous and equitable relations between parent and adolescent.

Bell, Avery, Jenkins, Feld and Schoenrock (1985) stress the role of interactive communication between parent and adolescent as the important source for the adolescent's construction of an adaptive self. Parent-adolescent relationships provide a validating context that contributes to awareness of self and the development of accurate perceptions of interpersonal relations.

Notwithstanding this, suicide has been traditionally viewed as an individual phenomenon by mental health workers. However, a shift is taking place in which clinicians attribute greater importance to the suicidal person's interpersonal relationships. Health care professionals play a very critical role in understanding, assessing and treating adolescents whose behaviour is

self-destructive. They have the potential to provide effective services related to prevention, intervention and follow-up. However, findings by Ovuga (1986) on the current issues in suicide prevention indicate that suicide attempters do not seem to be impressed or satisfied with hospital treatment. Patients see nursing staff as avoiding them and as being unable to provide emotional support. Patient compliance is poor and generally the majority of suicide attempters fail to attend clinics on their first appointment after release from hospital. It would appear that the sort of help suicidal individuals receive falls far short of their needs and expectations.

The present study aims to provide an increased understanding of the factors leading to parasuicide and thus help to improve the appropriateness and the effectiveness of interventions by mental health professionals. This will be done by stressing common trends among suicidal adolescent girls. Factors such as parent-adolescent relationships and disruptive home environments, which are associated with suicide attempts during adolescence will be examined. The focus will be on the high risk group of Black suicidal adolescent girls in South Africa.

CHAPTER 2

LITERATURE REVIEW

The literature review focusses on adolescent development, attachment behaviour, and the disruption of attachment behaviour during adolescence which may lead to attempted suicide.

2.1 Adolescent Development

The idea of adolescence as an intermediary stage of life beginning at puberty and extending to a period in the life cycle socially defined as "womanhood" or "manhood" is a relatively recent one, largely associated with modern urban-industrial life (Bakan, 1977). In pre-industrialized societies, adolescence as a special period was not well defined and individuals moved fairly quickly from childhood to adulthood. The modern perception of adolescence as a distinct period of life developed in conjunction with changes in society's educational system and labour market (Nielsen, 1987).

One of the difficulties in studying adolescence is the definition of the period itself. It is somewhat variable but specific in its beginning with the physiological changes of puberty; it is highly variable and non-

specific in its end (Marcia, 1980). In general adolescence is defined as the stage between childhood and adulthood.

Adolescence is a period of variable onset and duration that marks the end of childhood and lays the foundation for maturity. Development occurs on three levels, i.e. biological, psychological and social, all of which are significantly interrelated. Biologically, its onset is signalled by the final acceleration of skeletal growth and the beginnings of sexual development. Psychologically its onset is characterized by an acceleration of cognitive growth and personality formation. Socially, it is the period of intensified preparation for the forthcoming role of young adulthood. At the end of this period the individual is accorded full adult status. The timing and amount of this varies among societies (Ainsworth, 1985).

The psychosocial process of adolescence is often conceptualized in terms of the need to address two major tasks:

- Moving from a dependent to an independent person.
- Establishing an identity.

Both tasks are dealt with during adolescence but extend into adulthood and must be reworked throughout the life cycle (Gerdes, 1976).

2.1.1 Dependence to independence

A major task of adolescence is to move from being a dependent to an independent person. The initial struggles often revolve around the established concepts of sex roles and identification. Old techniques that the child used earlier to master separation may return (Ainsworth, 1985). Negativism reappears; for example, adolescents may reject advice from parents and other authority figures or they may protest against rules or admonitions about dress and appearance. This negativism is a renewed attempt to tell first parents and then the world that these growing persons have minds of their own. As in childhood, negativism again becomes an active verbal way of expressing anger. Adolescents may seize almost any issue to show that they have a mind separate from that of their parents. Parents and adolescents may argue about the choice of friends, peer groups, school plans and choice of school subjects (Kaplan and Sadock, 1987).

As adolescents begin to feel independent of their families and as the families support and encourage this emerging maturity, the question "Who am I" characteristic of the 3 to 6 year old, is heard once again. The individual is faced with the task of developing an identity (Shearin, 1986).

2.1.2 Establishing an identity

According to Erikson (1968) developing a sense of identity is the main task of the period of adolescence. Healthy identity is built on the individual's success in passing through earlier stages and identifying with either healthy parents or parent surrogates. Identity implies a sense of inner solidarity with the ideas and values of a social group. The adolescent is in a psychosocial moratorium between childhood and adulthood during which roles are tested.

An identity crisis occurs at the end of adolescence. Erikson (1968) calls this a normative crisis, because it is a normal event that occurs in adolescence. However, failure to negotiate this crisis is abnormal and leaves the adolescent without a solid identity. The adolescent suffers from identity diffusion or role confusion. This is characterised by not having a sense of self and of being confused about one's place in the world. Role confusion during adolescence may manifest itself by behavioural abnormalities such as running away, criminality, suicidal behaviour or overt psychosis (Kaplan and Sadock, 1987).

According to Blos (1962) the greatest threat to passing through the stage of identity crisis during adolescence is what he describes as the "regressive pull". This is

related to infantile attachments that the adolescent has maintained. The adolescent uses various techniques to defend against the "internal regressive pull" in order to maintain an identity. The adolescent faces a struggle to break with infantile object relations and to displace these relations onto peers and other adults (Hansburg, 1972). According to Hansburg (1972) the struggle with identity development is related to the adolescent's attachment needs, individuation capacity, levels of painful anxiety, struggles with aggression and hostility, and to the maintenance of sufficient reality contact for ego functioning. Hansburg (1972) sees confusions in identity during adolescence as confusions remaining from conflictual environmental and relational experiences.

Bronheim (1986) points out that the period of adolescence is one in which there is a great likelihood that risks will be taken without appropriate regard for long-term consequences. During this period in development young people often believe that they are invulnerable and immortal, and therefore do not consider the risks they are taking.

Adolescence is something that happens not only to the individual, but also to the family. The tasks of adolescence challenge the stability of the family system by posing new expectations and demands. Family patterns

experience sudden and abrupt disturbances as the adolescent rejects and questions values and defies the rules while attempting to individuate. Adolescents struggle between the need to be dependent and independent (Hansburg, 1972). Knopf (1979) describes the nature of dependence-independence as a single personality continuum. It is seen as a developmental progression from almost total dependence in infancy to greater maturity in adulthood. Where a person falls with respect to this continuum depends on factors such as developmental norms, and the situation. The balance between dependence and independence is referred to as the attachment individuation balance (Bowlby, 1969).

If the stage of adolescence is successfully negotiated, the individual is able to accomplish tasks including identity clarification, coping with sexuality and separation. Failure to negotiate this stage may lead to prolonged stress, unresolved conflicts and suicidal behaviour (Hansburg, 1972).

2.2 Adolescent Suicide

As pointed out, adolescence is a time of intense emotional experimentation and change, with behavioural changes occurring frequently. Adolescents are not suffering from major clinical depression but are going through a reaction to a developmental event in their lives (Brain, 1986).

There is thus nothing especially abnormal about the events or circumstances that precipitate the adolescent's suicide attempt in that these are often stressors that are common during this age period, such as a quarrel with a parent, sibling or friend, or the sudden dissolving of a romantic relationship (Knopf, 1979).

Yet it is important not to dismiss all the behavioural changes as being "typical" of the adolescent phase. Depression in adolescents tends to be overlooked or under-diagnosed because it represents a disorder that many do not expect to find in young people and because the clinical picture is less clear than it is with adults.

Brain (1986) points out that an increased index of suspicion for the presence of adolescent difficulty should be exercised:

- when several behavioural changes occur and persist over time
- when the adolescent is preoccupied with thoughts or expressions of death or dying and has made or implied threats of suicide or has made previous suicide attempts
- if the adolescent is under stress from an important life crisis or life event.

Behavioural equivalents of depressive symptoms in teenagers may be truancy, somatic complaints, restlessness and anti-social acting out.

Crises commonly associated with attempted suicide run the gamut from disruptions in interpersonal relationships through failure and self devaluation, to loss of meaning and hope (Coleman, Butcher and Carson, 1980).

Investigators have focussed their attention on psychological and social variables in their attempts to understand the etiology of attempted suicide among adolescents. Many psychological studies and clinical reports have been influenced by the Freudian notion that suicide represents repressed aggression that is turned inward either from the death instinct or from the loss of a love object for whom there are ambivalent feelings. Studies that have been undertaken within the psychoanalytic and later within a learning orientation attend to the relationships between childhood experiences and suicidal behaviour (Knopf, 1979; Coleman et al., 1980).

Parental loss either through death, separation, divorce, or desertion and its relationship to attempted suicide especially during adolescence is seen as an important factor in the development of suicidal tendencies among adolescents (Knopf, 1979).

The literature thus far indicates that during the period of adolescence, at the stage of identity crisis, the adolescent is faced with the task of maintaining an attachment-individuation balance and forming an identity separate from parents.

A number of factors can be found within the adolescent and in family interactions, that distinguish those adolescents who get involved in suicide attempts. The first is that of problems in the development of self esteem which aids in maintaining an identity in the adolescent; the second is that of difficulties in the adolescent's ongoing relationships with adults, both with authority figures outside the home, and more particularly with parents.

The following section looks at adolescent relationships with parents and the disruption of these relationships that may lead to attempted suicide during adolescence. In order to discuss adolescent relationships with parents, it is necessary to explore the etiological model of attachment, conceptualized by Bowlby (1969) and expanded on by Ainsworth (1985).

2.3 Attachment Theory

Attachment is generally defined as an enduring affectional bond of substantial intensity. The central concern of attachment theory is the implications optimal and non-

optimal social attachments have for psychological well being (Ainsworth, 1985). Attachment to a specific stable figure - the mother in most societies - is crucial to healthy development.

Bowlby's (1969) theoretical work conceptualizes the formation of attachment in infancy and explains the emotional and psychological disturbances that may result at any age from actual or threatened disruption of attachment. Organised patterns of behaviour that develop and maintain affectional bonds are seen to persist throughout life, and to be activated in order to maintain or regulate some degree of proximity to attachment figures. As the developing child becomes attached to the caregiver or mother, the child will cry when the mother goes away. The meaning of separation depends on the child's developmental level and the stage of attachment that exists.

A great deal of research has been done by followers of Bowlby (1969) that support and expand on his observations, particularly the theory that there is an evolutionary genetic basis for human infants becoming attached to their principal caregiver. Mary Ainsworth (1985) has shown that the interaction between the mother and her baby during the attachment period significantly influences the baby's current and future behaviour.

Patterns of attachment also vary among babies, ie. some babies signal or cry less than others. Close bodily contact by the mother, when the baby signals for her, is also associated with the growth of self-reliance, rather than a clinging dependence as the baby grows older. Less responsive mothers produce more anxious babies and these mothers are characterized as having lower IQs and being emotionally immature and younger than more responsive mothers (Ainsworth, 1985).

Attachment behaviour persists throughout life from the cradle to the grave, as Bowlby (1969) hypothesized. Clinical studies demonstrated attachment behaviour in school age children, adolescents and adults. College students away from home for the first time made good social attachments if their early attachments to caregivers were secure (Armsden and Greenberg, 1987).

Low self-esteem, poor social relatedness and emotional vulnerability to stress were associated with less secure attachments during the first year of life (Armsden and Greenberg, 1987). Ainsworth (1985) concluded that humans continue the need to be attached to their parents regardless of whether or not their early attachments were optimal. She also found that as a result there is a greater need for attachment to various other persons such as teachers, relatives or older siblings, especially when attachment to the parents was poor and inadequate. Such

attachment figures are cast in the parental roles and may be mentors or even therapists. By inspiring trust, these individuals provide a secure base from which individuals gain confidence in themselves and in their ability to deal with the outside world. Thus, the new attachment figure provides a corrective emotional experience (Ainsworth, 1985).

Affectional bonds that later develop between people have attachment components to them. The sharing of experience is important in a variety of attachment bonds between persons other than the parent and child, such as siblings, friends, relatives and marital pairs.

The adult attachment bond is considered unique as it provides a sense of security, a sense of being needed, and a sense of being able to give. The absence of the attachment makes the person feel lonely or anxious. Bowlby (1969) reported that reactions to the death of a parent or a spouse can be traced to the nature of the person's past and present attachments to the lost figure.

Weiss (1982) and Bretherton (1985) have argued that attachment beyond childhood is reflected in continuity in the organization of the individual's 'perceptual-emotional system' or 'internal working model' (Armsden and Greenberg, 1987). Weiss (1982) observes that while there are increasing intervals during which parental accessibility

is not necessary for adolescents' felt security, confidence in their parents' commitment to them remains crucial. His interviews suggest that as adolescents mature, the sense of security fostered by their parents becomes less directly related to their actual presence and more an outcome of their capacity to function as competent allies.

Clinical observations suggest that the ease with which adolescents cope with the conflicts involved in achieving independence from parents and in identity formation is critically influenced by the elements of trust, mutual respect and good rapport in relationships with parents (Blos, 1962).

2.3.1 Parental-adolescent relationships and parental support

Current knowledge of the relationship between adolescent pubertal maturation and the affectionate quality of interpersonal relations within the family stems from two sources:

First, psychological studies of family relations during adolescence emphasize the importance of the affective quality within the family context during the individuation process that the adolescent goes through. Within a psychological model of adolescent development, puberty is

generally credited as producing an increase in the sexual drives that provide the impetus for greater individuation within the attachment-individuation process (Blos, 1962). The affective nature of the attachment-individuation process has traditionally been viewed as conflictual and family relations are often characterized by instances of stress and turmoil (Freud, Kris, Lustman, 1972). More recent studies (Henderson, 1982) have also stressed the importance of the adolescent's need for embeddedness in the family for subsequent growth and development.

Second, biosocial studies provide a description of family relations during adolescents' pubertal maturation. Biosocial studies reveal patterns of increasing conflict between adolescents and their parents, especially between mothers and adolescents, during the apex of the pubertal growth spurt. Family relations seem to be re-defined as the adolescent matures physically (Kaplan and Sadock, 1980).

The development of emotional autonomy from parents by adolescents has been characterised as a process of individuation (Blos, 1962). The adolescent comes to de-idealize parents, and begins to perceive them as people with needs, personal characteristics and repertoires of behaviour not always visible within the confines of the parent-child relationship. The adolescent begins to sever

childish dependencies on parents while taking on personal responsibility, and forms an individuated sense of self (Montemayor and Brownlee, 1987).

In Youniss and Ketterlinus's (1987) study on communication in parent-adolescent relationships, the concept of individuation during adolescence is viewed as a transformation rather than an abandonment of relationships with parents. One side of adolescent development consists in moving away from the definition of self that was valid during childhood and going on to construct a self that fits with one's own experiences rather than parental desires. The other complementary side involves remaining connected to parents so that one can solicit and receive their validation for the individual that one has constructed.

Hansburg (1972) has suggested that a major function of family relationships throughout adolescence is the provision of a base from which to explore. During this critical period of development, unavailability of a secure attachment within the family exacerbates familial conflict and often results in adolescent rebellion. It is posited that a secure attachment between the adolescent and the parent facilitates the attachment-individuation process for the adolescent. By contrast, anxiety, depression, sadness and anger may be produced by the threatened or actual loss of attachment relationships (Bowlby, 1973).

Wade (1987) suggests that many suicidal adolescent girls suffer from separation anxiety, are less individuated, and form more hostile attachments with significant others. The suicidal girl has not been successful in developing autonomy. Knight (1968) described identity confusion, separation anxiety, depression, fear of academic failure and conflicts over the expression of aggressive feelings as potential determinants of suicidal acts in adolescents. He describes separation anxiety as anxiety experienced when the adolescent tries to resolve the conflict between his dependency needs and independence strivings.

Estes, Haylett and Johnson (1956) define separation anxiety as a neurosis which inter alia, involves:

- An early, poorly resolved dependency relationship between mother and child.
- A temporary threat to the child's security causing a transient increase in the child's dependency needs.
- Exploitation of this situation by the mother and fostering of exaggerated dependency of the child.
- Expression of hostility towards the child.

Jacobs (1971) postulated a sequence of etiological steps regarding adolescent suicide. This includes a chronic history of problems throughout childhood to the beginning of adolescence, an increase in problems beyond that which is normally associated with the period of adolescence,

progressive failure of coping mechanisms to deal with the rise in problems, withdrawal and feelings of despair prior to the suicide attempt. These factors finally culminate in the suicidal thought and action.

Thus, the literature indicates that in situations of disruptive home environments, and of poor attachment relationships from childhood through the adolescence period, the most common form of reaction by adolescents is self-destructive behaviour or attempted suicide.

The present study aims to identify common trends among Black suicidal adolescent girls. This will aid in detecting any patterns or specific risk factors that might lead to attempted suicide during adolescence.

CHAPTER 3

METHODOLOGY3.1 Description of Subjects

The subjects of this study were 10 Black adolescent girls, aged 13-19 years, who attempted suicide in the past year. Subjects were randomly selected from admissions to Baragwanath Hospital. Demographic information was obtained and the mental status examination (MSE) was conducted with subjects on admission. Girls who were diagnosed as having a clinical depression on the MSE were excluded from the study, as this could influence the results. Only girls who had attempted suicide within the past year and had been hospitalised and been seen by a psychologist, were included in the study. Focussing on one sex (adolescent girls) at a time excludes gender differences as an extraneous variable.

3.2 Procedure and Instruments3.2.1 Demographic information

The respondents were asked to complete a brief questionnaire to assess the age of the subject, the subject's birth order, level of education, parents' marital status,

parental employment and the nature of the substances taken in attempting suicide.

3.2.2 Inventory of parent and peer attachment (PPA)

This was followed by Section 1 of the Inventory of Parent and Peer Attachment (IPPA, Appendix 1). The questionnaire was administered individually to subjects.

The IPPA is a multifactorial measure of adolescent attachment developed by Armsden and Greenberg (1987). The scale is designed to assess the adolescent's trust (felt security) in the availability (accessability and responsiveness) of an attachment figure. Items assessing anger towards or emotional detachment from attachment figures are also included, since frequent and intense anger or detachment are seen to be responses to actual or threatened disruption of an insecure attachment bond.

The inventory consists of a 53 item questionnaire. Some of the items are phrased positively and others negatively to control for the effect of response set. Items focusing on attachment to the parent are grouped separately from peer attachment items. In a study by Armsden and Greenberg (1987), to develop a reliable multifactorial measure of adolescent attachment, it was hypothesized that parent attachment items should load on separate factors from peer items since they are presumed to assess distinct

attachment systems. Results were factor analysed and loading patterns suggested the appropriateness of separating items assessing parent attachment from items assessing peer attachment. This allows for the use of the sections separately. In the present study only the items (Section 1) tapping attachment to the parent were used.

The researcher of this scale arrived at 3 underlying factors in the determination of parent-child attachment. Communication, trust and alienation. Alienation is negatively correlated with the first two factors. Parent attachment scores are computed for each individual by summing trust and communication raw scores, and subtracting from this sum the alienation raw score. The final score obtained on the parent attachment subscale is a global "attachment to parent" score (Armsden and Greenberg, 1987). This may be represented as follows:

$$\text{Attachment (of child to parent)} = (\text{Trust} + \text{Communication}) - \text{Alienation}$$

Reliability and validity of the IPPA

Two studies were conducted by Armsden and Greenberg (1987). The purpose of Study 1 was to develop a reliable multifactorial measure of adolescent attachments. Factor loadings showed that parent items ranged from .45 to .74; for the peer items, the range was .45 to .74. Results

provided evidence for acceptable internal reliability of the IPPA.

In the second study conducted by Armsden and Greenberg (1987), the convergent validity of the IPPA was examined. A hierarchical regression model was employed to investigate the association between quality of attachment and self-esteem, life satisfaction and affective status. As hypothesized, perceived quality of both parent and peer attachments were significantly related to psychological well being. Although no specific figures are given, it is stated by Armsden and Greenberg (1987) that the IPPA showed good validity as a measure of perceived quality of close relationships in late adolescence.

3.2.3 Separation Anxiety Test (SAT)

Following the IPPA, the Separation Anxiety Test (SAT) devised by Hansburg (1972) was administered to subjects individually (Appendix 2).

In a study by Hansburg (1972), the SAT was administered to 250 children from different environmental settings over a 3-year period. The study was seen as a preliminary step in the study of separation behaviour in early adolescence and its clinical evaluation. The essential purpose was to present the SAT in experimental form for use with adolescents.

The SAT is an unstructured test consisting of 12 pictures depicting various separation experiences. Under each picture are 17 responses that the individual may experience when looking at each separation situation. Hansburg (1972) also divided the test into strong and mild separation pictures. Pictures 2, 3, 4, 5, 7, 9 represent situations which are generally mild in separation stimulation. Pictures 1, 6, 8, 10, 11, 12 represent situations which are emotionally intense in their implications, eg. Picture 2 represents a situation where the boy is going to live permanently with his grand-parents and not with his parents. Subjects are asked to choose as many of these responses under each picture as they feel applies to them. This would characterize the adolescent's response to separation.

During testing, the adolescent was told to name the responses selected by number. The examiner encircled the appropriate numbers chosen by the subject under each picture. This was recorded on the Chart for Controlled Association Responses (Appendix 3).

As seen on the Chart for Controlled Association Responses, each of the 17 responses under each picture are categorised into 17 reaction states. For example, on Picture 1 (which depicts a boy living permanently with his grandmother and without his parents) the first of 17 responses is "the boy feels he will be much happier now." This

response is categorised under the reaction state of well being. The second response on Picture 1 "that his parents don't love him anymore" is categorised under the reaction state of rejection. The subject's score for each of the 17 reaction states consists of the number of times the responses categorised under that reaction state is chosen across the 12 pictures.

Quantitative scores obtained on the Chart for Controlled Association Responses are: the frequency of responses for each of the 17 reaction states, the total number of reaction states chosen by subjects on each picture, and the total number of responses chosen on all 12 pictures.

The 17 reaction states on the Chart for Controlled Association Responses are further summarized into 8 subscales or patterns. Hansburg (1972) identified these 8 patterns as different ego functions. The 8 patterns selected consist of problems of attachment need, individuation, hostility, painful tension, reality avoidance, self-esteem preoccupation, self love loss and identity stress (Pattern Summary Chart, Appendix 4).

Each pattern is linked to the sum of different reaction states. The attachment need pattern (subscale) consists of the sum of responses on the reaction states of loneliness, rejection and empathy. According to Hansburg (1972) these reaction states are summarized under the

attachment pattern as they are seen as problems associated with a disrupted attachment pattern. Hansburg (1972) explains the reaction state of empathy as a reverse feeling, where the child feels concerned for the parents. Separation from parents is then interpreted as a deprivation for the adult; the adult has lost the child's companionship.

The individuation pattern is obtained by summing responses to the reaction states of well being and sublimation. The hostility pattern is a summary of the reaction states of aggression, projection and intra-punitiveness. Painful tension included reaction states of generalized anxiety, phobic reaction and somatic pain. Reality avoidance is measured by responses to reaction states of withdrawal, evasion and fantasy. One item response on each picture is summarized under the reaction state of identity stress. Identity stress is described by Hansburg (1972) as the stress experienced during the identity crisis in adolescence. The pattern of self love loss is obtained by summing responses to reaction states of rejection and intra-punitiveness. The ratio of responses on reaction states of impaired concentration and sublimation gives an indication of self-esteem preoccupation.

A further balance obtained on the overall patterns is the attachment-individuation balance. (This was discussed in Chapter 2). The attachment-individuation balance is

computed in five stages. Firstly, under mild separation situations the attachment responses are deducted from the individuation responses. Secondly, responses obtained on the individuation subscale on the strong separation experiences are subtracted from attachment responses on the same pictures. Thirdly, on mild separation experiences the attachment responses are subtracted from those attachment responses obtained on strong separation pictures. Fourthly, the individuation responses under strong separation pictures are subtracted from the individuation responses under mild separation experiences. Fifthly, the total of the individuation responses is deducted from the total attachment responses. Finally, all of the points are added together and divided by the total number of responses. The resulting percentage is the attachment-individuation balance.

According to Hansburg (1972) the attachment-individuation balance gives an indication of the adolescent's ability to maintain attachment and to individuate at the same time without serious pathology.

The overall percentages obtained on each of the 8 patterns and the attachment-individuation balance are recorded on the Pattern Summary Chart (Appendix 4).

In the present study, the norms obtained by Hansburg (1972) in his experimental study are used comparatively as

a basis for determining whether percentages obtained by subjects in the present study are average, high or low.

Reliability and validity of the SAT

In initial exploration, Hansburg (1972) found internal consistency correlations for the test by using split half methods. The total consistency co-efficient for odd and even cards was .885 which, Hansburg (1972) notes, is a reasonable level of reliability for material of this kind. No scores are given on the validity of the test. Hansburg (1972) suggests that the test needs more intensive scientific investigation to further improve its diagnostic, dynamic and predictive value.

After the above scales were administered, subjects were questioned further on their responses to each picture of the SAT. For each picture, the subject was asked the following question, "Is there anything else that you think this child feels?" This allowed the subject the opportunity to express any further feelings or restrictions to separation experiences.

3.2.4 Data analysis

Analysis of the data obtained in the present study is descriptive. The primary characteristic of the

descriptive research approach is that it represents an attempt to provide an accurate description or picture of a particular situation or phenomenon. It attempts to identify variables that exist in a given situation, and at times, to describe the relationships that exist between these variables (Christensen, 1977).

CHAPTER 4

RESULTS

This chapter is divided into 3 main sections. Section 4.1 describes the subjects of the sample in terms of their age, standard at school, parents' marital status, birth order of subjects and subjects' living circumstances.

Section 4.2 gives a description of the results obtained on the Separation Anxiety Test.

Section 4.3 gives a description of the results obtained on Scale 1 of the Inventory of Parent and Peer Attachment.

4.1 Demographic Data

4.1.1 Mean age of sample

The sample consisted of 10 adolescent girls who attempted suicide in the past year. The first ten subjects admitted to Baragwanath Hospital (excluding those diagnosed as suffering from a clinical depression) were included in the sample. The mean age of the sample: $X = 16.7$ years
 $sd = 0.$

4.1.2 Living circumstances of subjects

Table 1 and Figure 1 show the living circumstances of subjects.

TABLE 1

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
Living with parents	3	30%
Living with relatives	4	40%
Living with grandparents	3	30%

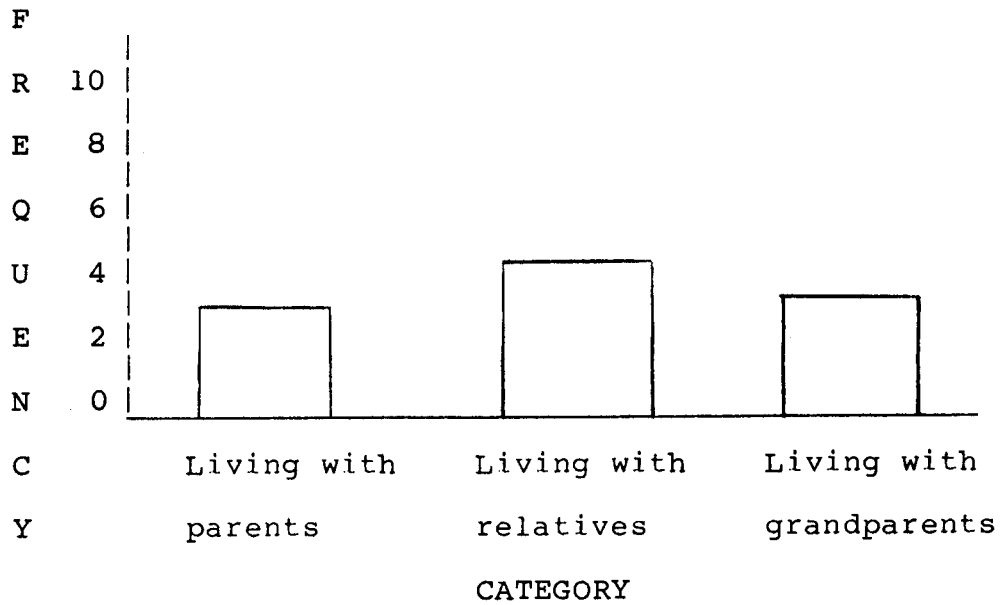


Figure 1. Living circumstances of subjects

70% of subjects lived away from parents.

4.1.3 Reasons for suicide attempt

Table 2 and Figure 2 provide information on reasons given by subjects for attempting suicide.

TABLE 2

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
Argument with caregiver (aunt, uncle)	5	50%
Argument with boyfriend	2	20%
Argument with parent (mother)	3	30%

The above information can be represented in a histogram as follows (Figure 2):

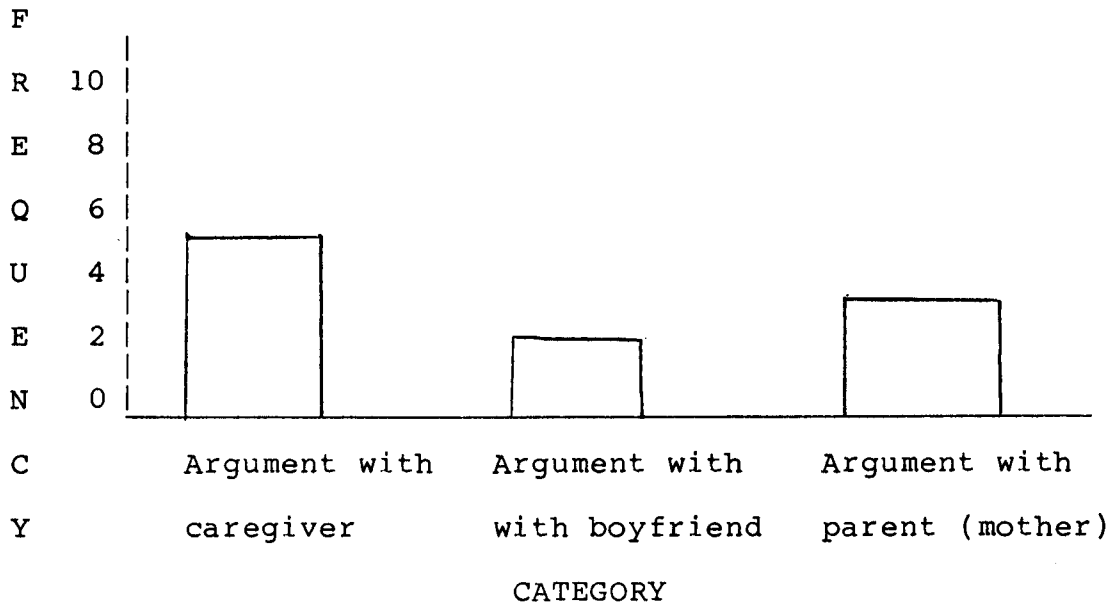


Figure 2. Reason for suicide attempt

Fifty percent of the subjects reported an argument with the caregiver, that is, grandparent or aunt, as a reason for attempting suicide. Thirty percent had an argument

with a parent (mother), while 20% had arguments with their boyfriends. Eighty percent of subjects had an argument with a "parental figure".

4.1.4 Marital status of parents

Table 3 and Figure 3 give information on the marital status of the subjects' parents.

TABLE 3

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentages</u>
* Marital problems between parents (not separated)	2	20%
Parents separated/ divorced	5	50%
No marital problems	2	20%
Single parent (spouse deceased)	1	10%

* This information was obtained from subjects' descriptions of their parents' marital relationship. These subjects indicated that their parents had constant arguments.

The above information is represented graphically in Figure 3.

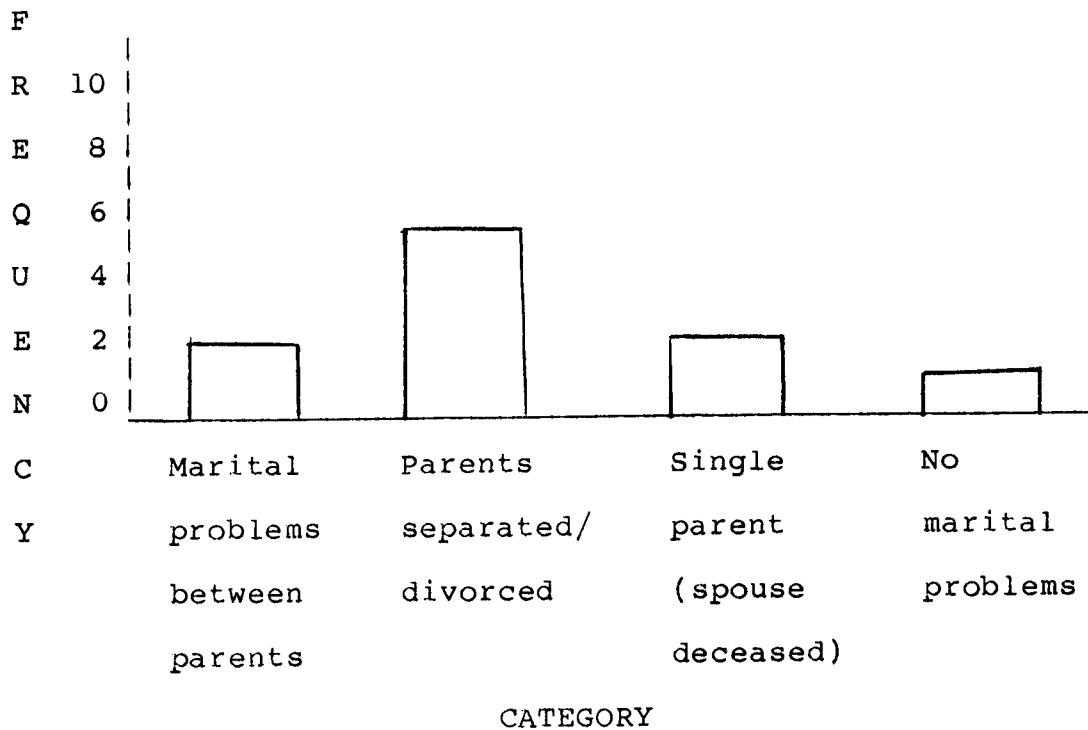


Figure 3.

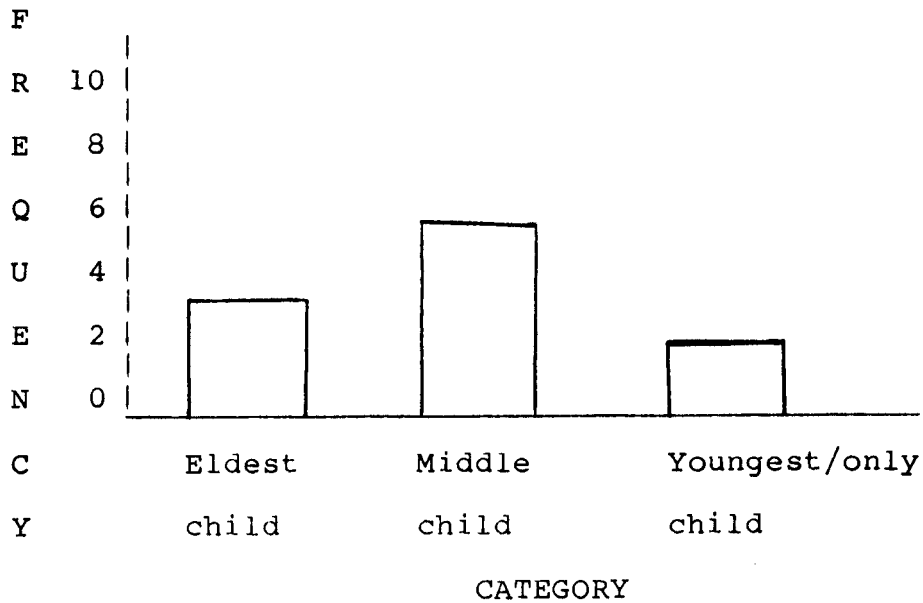
Fifty percent of the subjects' parents were separated or divorced. Twenty percent experienced marital problems; 10% were widowed and 20% indicated that there was no marital discord between their parents. Thus, 70% (50% + 20%) of subjects' parents were/had been experiencing marital problems.

4.1.5 Birth order of subjects

The birth order of the subjects is represented in Table 4 and graphically in Figure 4. Fifty percent of the subjects were the middle children in their families. Thirty percent were the eldest children; twenty percent of the subjects were the youngest children in their families.

TABLE 4

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentages</u>
Eldest child	3	30%
Middle child	5	50%
Youngest/only child	2	20%

Figure 4. Birth order of subjects

4.1.6 Substances taken by subjects for suicide attempt

The above is represented in Table 5 below.

Table 5

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
Tablets (Flutex, Aldomet, Laxative)	7	70%
Household substances (Benzine, Javel, Rattex)	3	30%

The above information is represented in Figure 5 in a histogram.

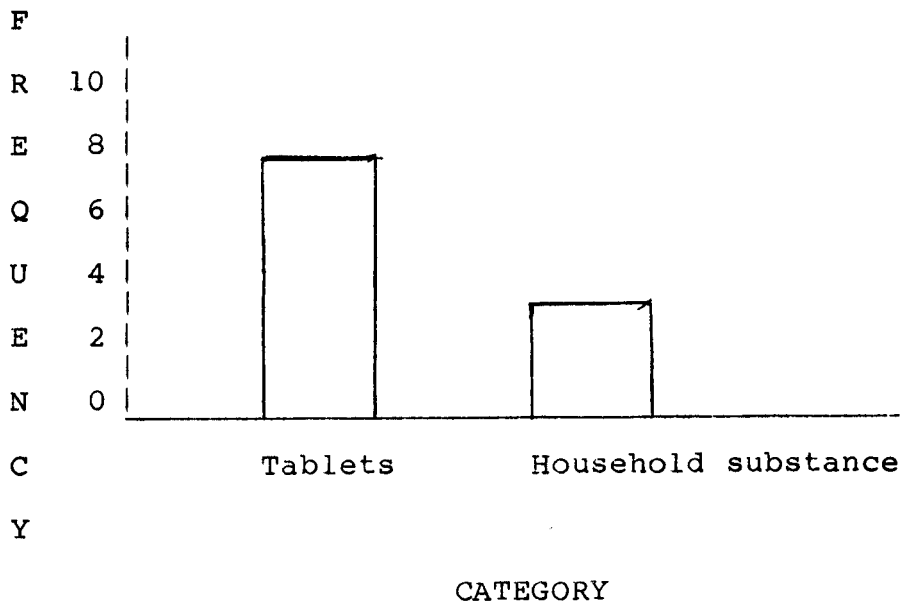


Figure 5.

Seventy percent of subjects ingested different pharmacological drugs to attempt suicide, while 30% took household substances.

4.2 Separation Anxiety Test

The following results were obtained on the Separation Anxiety Test (SAT). Results are presented in sub-headings according to the different subscales computed.

4.2.1 Total number of responses given by each subject

The total number of responses given by each subject are listed in Table 6. The mean number of responses $X = 62.9$; $sd = 0$.

TABLE 6

<u>Subjects</u>	<u>Total No. of Responses</u>
1	38
2	85
3	33
4	135
5	49
6	57
7	99
8	33
9	48
10	56

4.2.2 Percentage of responses on mild and strong pictures by each subject

Table 7 shows the percentages of responses given by each subject to mild and strong separation pictures.

TABLE 7

<u>Subject</u>	<u>Pictures</u>		<u>Difference %</u>
	<u>Mild %</u>	<u>Strong %</u>	
1	57.8	42.2	15.6
2	57.6	42.4	15.4
3	57.5	42.5	15
4	55.5	44.5	11
5	46.9	53.1	6.2
6	56.1	43.9	12.2
7	60.6	39.4	21.2
8	66.7	33.3	33.4
9	33.3	66.7	33.4
10	60.7	39.3	21.4

The mean for the total number of responses on the mild pictures is : $X = 44.1\%$, $sd = 0$.

The mean for the total number of responses on the strong pictures is : $X = 55.3\%$, $sd = 0$.

The ratio of responses from mild to strong pictures is 44.7 : 55.3.

4.2.3 Subscales

As discussed in Chapter 3, responses on the 17 different reaction states are summed together to be grouped into 8 different subscales. The following tables give a

description of subjects' degree of responses on each subscale.

4.2.3.1 Attachment Subscale

The subscale of attachment is obtained by summing responses to the reaction states of rejection, loneliness and empathy. This is listed in Table 8 below.

TABLE 8

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High attachment	0	0
Average attachment	4	40%
Low attachment	6	60%

The above information is also represented graphically in Figure 6.

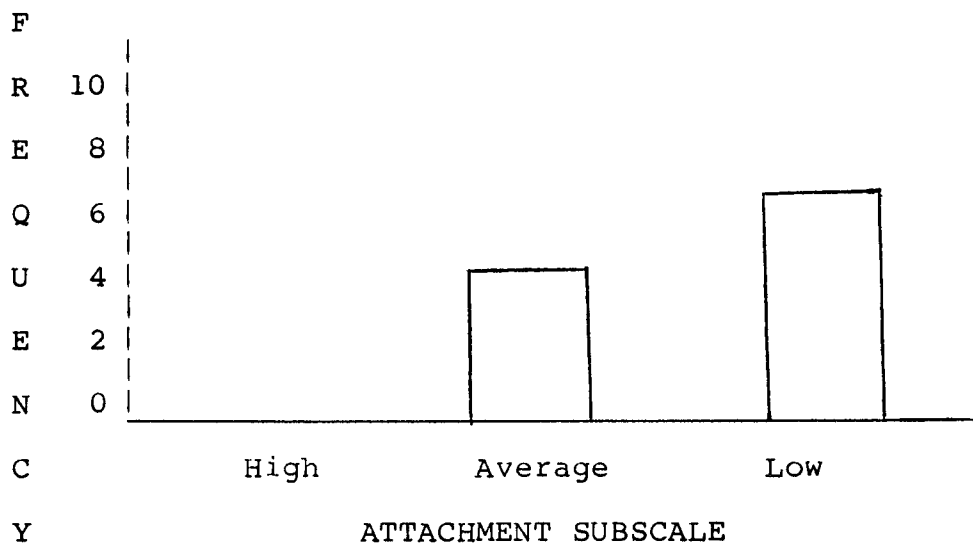


Figure 6.

Sixty percent of the subjects showed a low degree of attachment; 40% showed an average degree of attachment.

The mean for the sample on the attachment subscale is : $X = 18.6$, $sd = 0$.

The subjects chose a high number of responses on the reaction state of loneliness (80%).

4.2.3.2 Individuation Subscale

As described in Chapter 3, the score on the subscale of Individuation is obtained by summing responses to the reaction states of adaptation, well-being and sublimation. Responses to this subscale may be seen below in Table 9 and Figure 7 respectively.

TABLE 9

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High individuation	4	40%
Average individuation	3	30%
Low individuation	3	30%

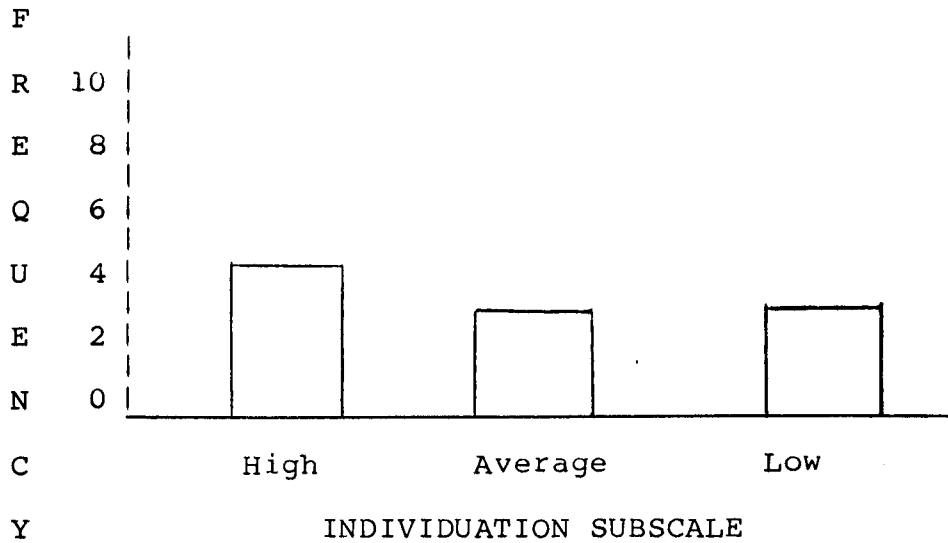


Figure 7.

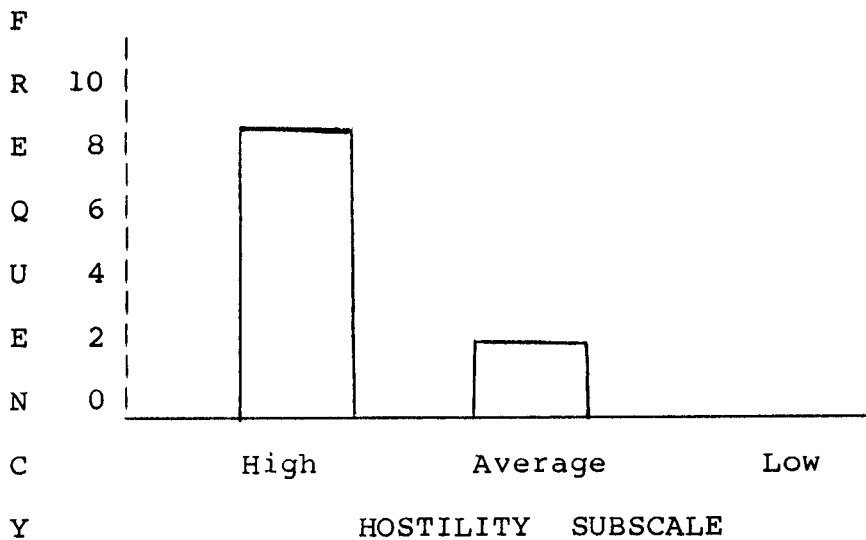
The mean score for the sample on this subscale is: $X = 18.5$; $sd = 0$. Forty percent of the subjects showed a high degree of individuation; 30% of the subjects showed low degrees of individuation. The highest frequencies of responses on this subscale were in the areas of adaption and sublimation.

4.2.3.3 Hostility Subscale

The score on the subscale of Hostility is obtained by summing responses to the reaction states of anger, projection, and intrapunitiveness. The above information is represented in Table 10 and Figure 8 respectively.

TABLE 10

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High hostility	8	80%
Average hostility	2	20%
Low hostility	0	0

Figure 8.

Eighty percent of the subjects responded with strong reactions of hostility, with the highest frequency of responses being to the reaction states of projection and intra-punitiveness.

The mean for the sample on the subscale of hostility is :
 $X = 15.2$; $sd = 0$.

4.2.3.4 Painful Tension Subscale

Subjects' responses to the reaction states of somatic reactions and phobic anxiety are summed to obtain the degree of painful tension experienced.

Table 11 and Figure 9 represent the degree of painful tension experienced by subjects.

TABLE 11

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High painful tension	5	50%
Average painful tension	1	10%
Low painful tension	4	40%

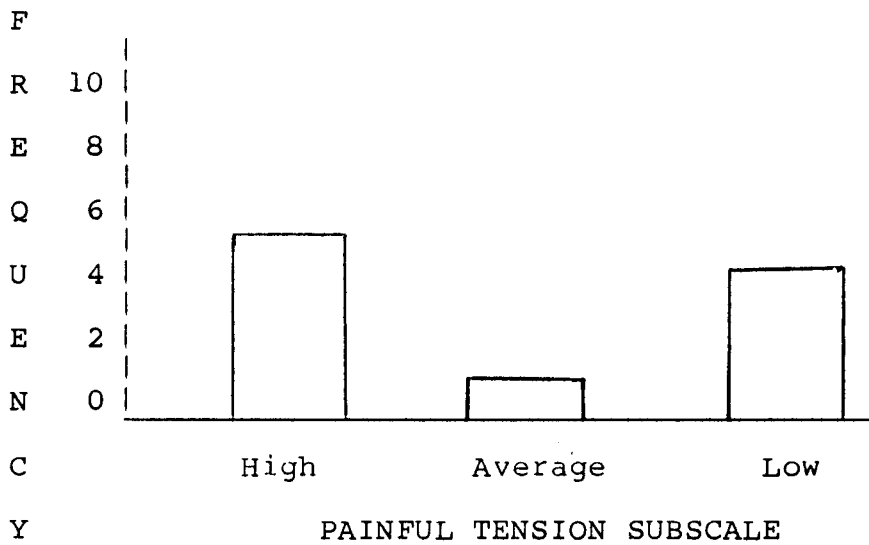


Figure 9.

Fifty percent of the subjects showed a high degree of painful tension; 40% showed a low degree of tension; and 10% showed an average degree of painful tension. Responses by subjects displayed an equal emphasis on somatic reactions and phobic anxiety. The mean score for the sample on the Painful Tension Subscale is : $X = 17.4$; $sd = 0$.

4.2.3.5 Reality Avoidance Subscale

The subscale of Reality Avoidance is obtained by summing responses to the reaction states of withdrawal, evasion and fantasy. Table 12 and Figure 10 represent subjects' ability to use reality avoidance to reduce stress.

TABLE 12

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High reality avoidance	4	40%
Average reality avoidance	4	40%
Low reality avoidance	2	20%

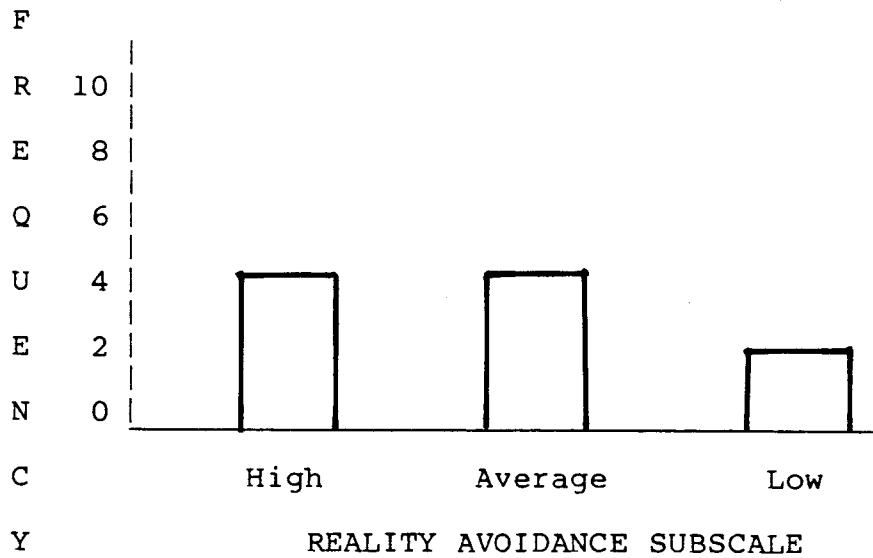


Figure 10. Graphic representation of subjects' degree of reality avoidance

Forty percent of the subjects showed a high degree of reality avoidance, 40% showed average, and 20% of the subjects showed a low degree of reality avoidance. The mean for the sample on the reality avoidance subscale is : $X = 11.3$ $sd = 0$.

4.2.3.6 Self-esteem Preoccupation Subscale

The ratio of responses to the reaction states of impaired concentration and sublimation give an indication of the subjects' degree of pre-occupation with problems of self-esteem. Table 13 and Figure 11 represent the above respectively.

TABLE 13

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High self-esteem preoccupation	5	50%
Average self-esteem preoccupation	-	-
Low self-esteem preoccupation	5	50%

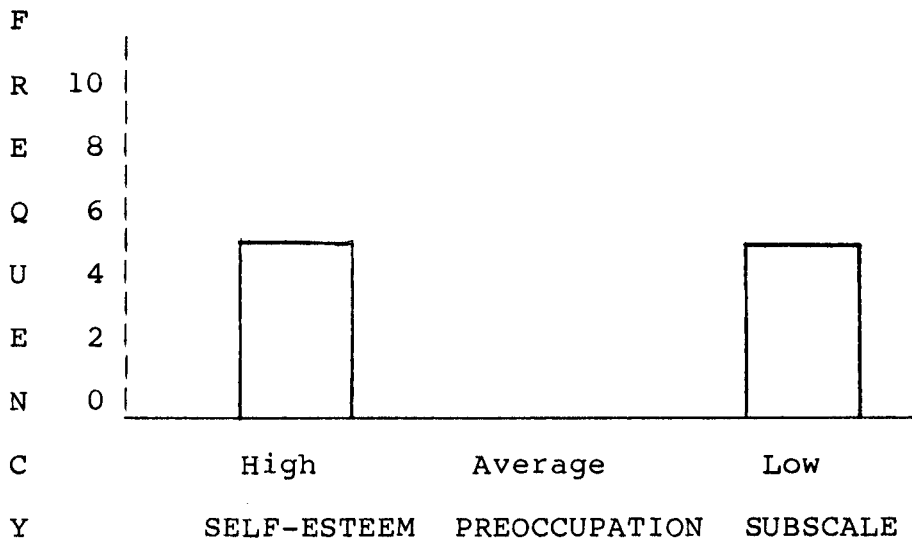


Figure 11.

Fifty percent of the subjects displayed high self-esteem preoccupation; fifty percent of the subjects showed low self-esteem preoccupation. The mean for the sample subscale is : $X = 13.7$; $sd = 0$.

The highest number of frequencies were focussed on the reaction state of impaired consideration.

4.2.3.7 Self-love loss

Responses to feelings of rejection and intra-punitiveness are summed to obtain the degree of self-love loss experienced by subjects.

Table 14 and Figure 12 represent the above.

TABLE 14

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High self-love loss	5	50%
Average self-love loss	2	20%
Low self-love loss	3	30%



Figure 12. Graphic representation of the degree of self-love loss experienced by subjects

Fifty percent of subjects showed high degree of self-love loss; 20% showed average and 30% showed a low degree of self-love loss.

The mean for the sample on the self-love loss subscale $X = 9.2$; $sd = 0.6$.

4.2.3.8 Identity Stress Subscale

The degree of identity stress experienced by subjects is represented in Table 15.

TABLE 15

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High identity stress	3	30%
Average identity stress	1	10%
Low identity stress	6	60%

Sixty percent of the subjects showed a low degree of identity stress; 10% showed average, and 30% of the subjects showed a high degree of identity stress. The mean for the sample on this subscale is : $X = 6.9$; $sd = 0$.

The above information is represented in Figure 13 in a histogram.

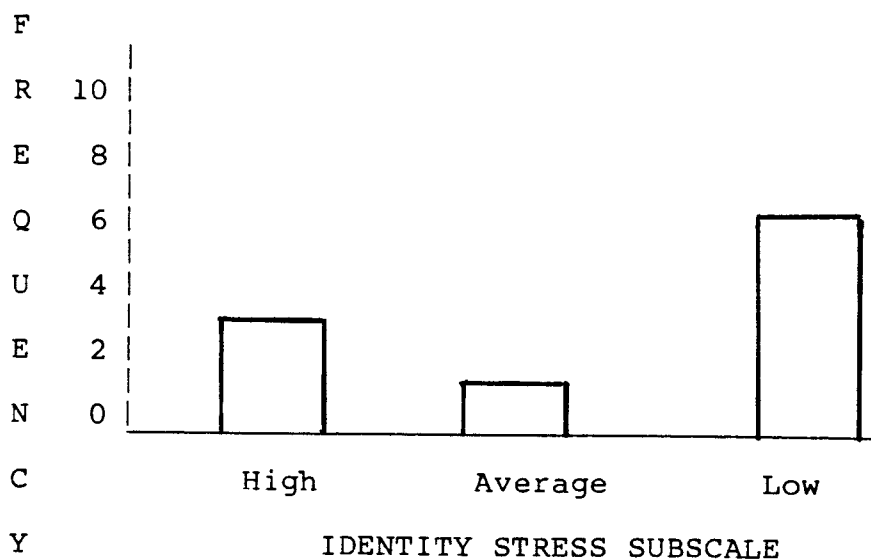


Figure 13.

4.2.4 Attachment-individuation balance

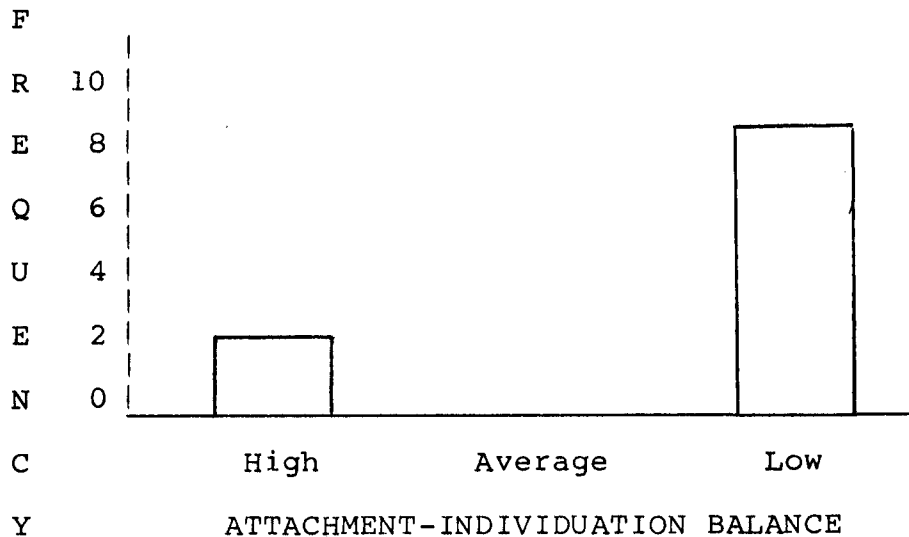
The final score obtained is the attachment-individuation balance. Computation of this score is discussed in Chapter 3.

The mean for the attachment-individuation balance $X = 19.2$, $sd = 1.5$.

Table 16 and Figure 14 represent the percentage of attachment-individuation balance obtained by subjects.

TABLE 16

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High attachment- individuation balance	2	20%
Average attachment- individuation balance	0	0
Low attachment- individuation balance	8	80%

Figure 14. Attachment-Individuation Balance

Eighty percent of subjects showed a low attachment-individuation balance and twenty percent of subjects showed a high attachment-individuation balance.

4.3 Inventory of Parent and Peer Attachment (IPPA)

The scale of the Inventory of Parent Attachment was administered. An attachment balance to parents was obtained by summing subjects' responses to statements reflecting communication and trust and subtracting alienation scores.

4.3.1 Communication

Table 17 and Figure 14 represent the degree of communication subjects indicated they have with their parents. The mean communication score for the sample $X = 5.9$; $sd = 0$ which is low. 50% of the subjects indicated that they have high communication; 50% indicated they have low communication with parents.

TABLE 17

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High communication	5	50%
Low communication	5	50%

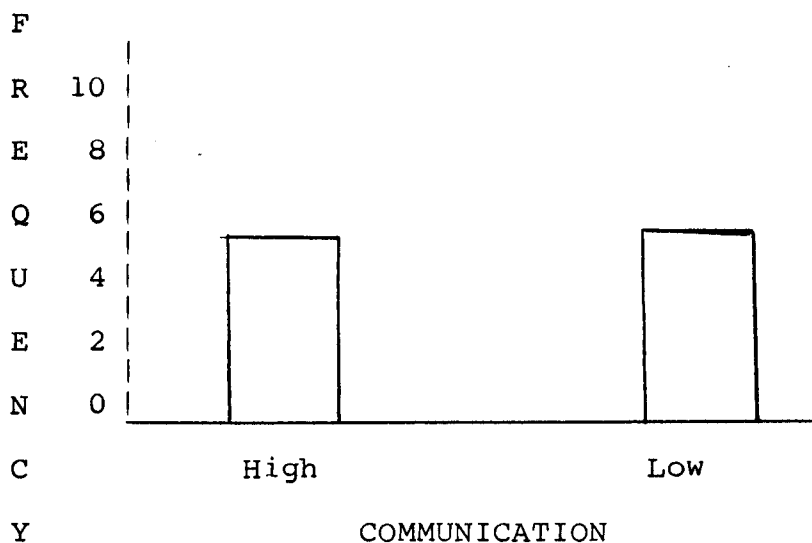


Figure 15. Graphic representation of communication scores on the IPPA

4.3.2 Trust Subscale

On the subscale of Trust, 50% of the subjects indicated they have a good measure of trust with their parents, while 50% indicated that the degree of trust with parents was low. The above is represented in Table 18 and Figure 16. The mean for the sample for trust scores, $X = 5$.

TABLE 18

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High trust	5	50%
Low trust	5	50%

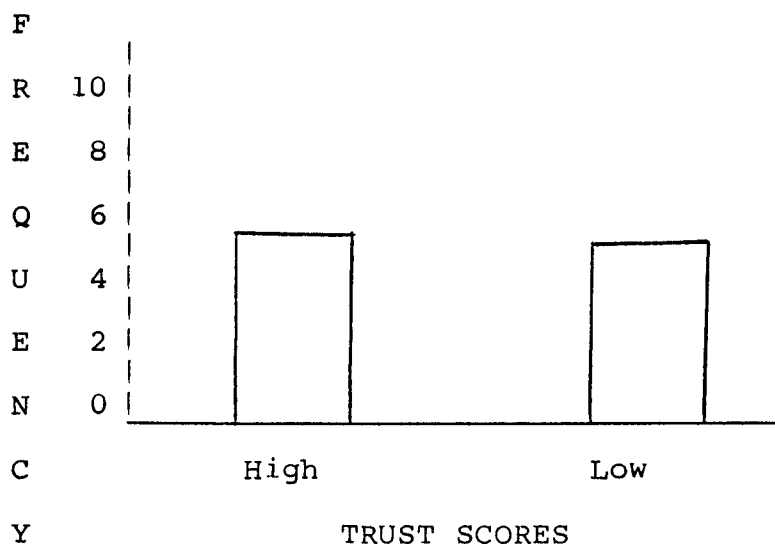


Figure 16.

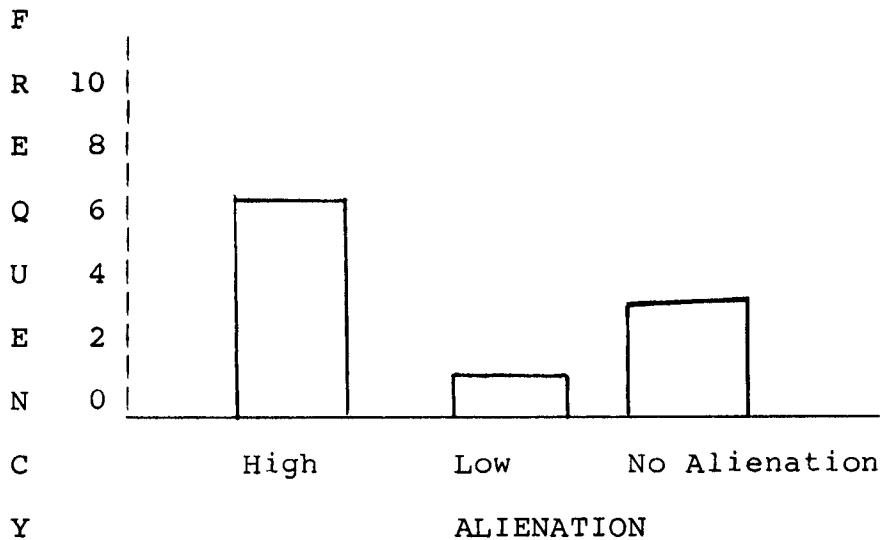
4.3.3 Alienation Subscale

On this subscale, 60% of the subjects showed high degrees of alienation, 10% showed low degrees of alienation, while 30% of the subjects omitted responses to statements of alienation completely. The mean alienation score obtained for the sample is : $X = 5$. The mean alienation score for the sample, including the 3 subjects who did not respond to statements of alienation is $X = 7.1$. This is 2 points higher than the means obtained on the subscale of trust ($X = 5$) and communication ($X = 5.9$).

The above information is represented in Table 19 and Figure 17 respectively.

TABLE 19

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High alienation	6	60%
Low alienation	1	10%
No alienation score	3	30%

Figure 17.

4.3.4 Attachment Balance on the IPPA

The final attachment balance is obtained by summing scores on Trust and communication and subtracting alienation scores. Table 20 and Figure 18 represent the attachment balance obtained by subjects.

TABLE 20

<u>Category</u>	<u>No. of Subjects</u>	<u>Percentage</u>
High attachment	5	50%
Low attachment	5	50%

The mean of the sample on the attachment balance is $X = 5.7$.

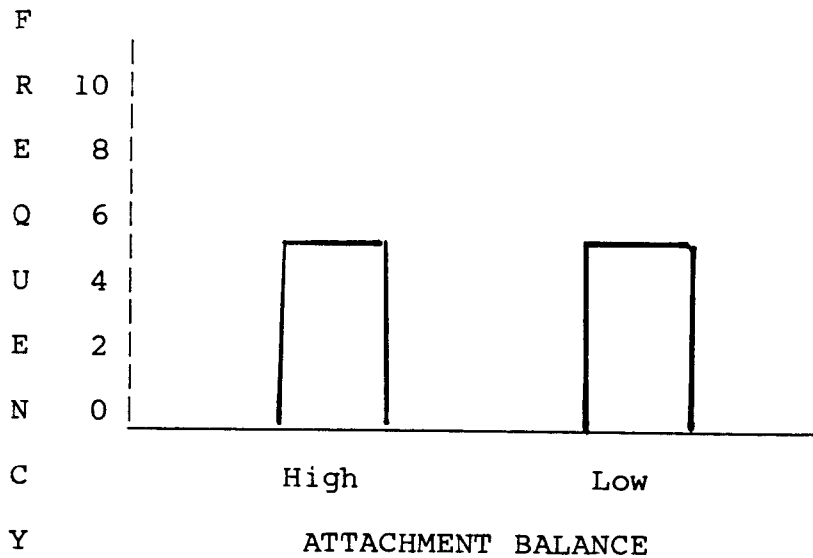


Figure 18.

Overall, on the IPPA, 50% of the subjects showed low degrees of attachment to their parents; thirty percent did not respond to statements of alienation; 1 subject displayed a low alienation score and 1 subject displayed perseveration on answers to this test.

The mean score of 5.7 for the sample indicates a low attachment balance. This coincides with the low attachment balance obtained by subjects on the attachment subscale of the SAT test.

CHAPTER 5

DISCUSSION

The results of this study suggest that there are common trends among Black suicidal adolescent girls. The findings of this study are also consistent with the findings of a number of studies linking psychological adjustment during adolescence to the quality of intimate relationships with parents (Armsden and Greenberg, 1987; Hansburg, 1972; Shearin, 1986; Wade, 1987).

Gresham and Lemarek (1986) point out that the suicidal adolescent appears to grow up in a home characterized by parental disharmony, poor parent-child relationships and self-destructive behaviour (this is discussed in Chapter 2). The demographic information obtained from subjects in the present study shows that these adolescents come from disruptive home environments and that they perceive their parents as experiencing some degree of marital problems; 70% of the subjects were living away from their parents (30% of the subjects indicated that they were living with relatives, while 40% of the subjects lived with their grandparents). Seventy percent of the subjects indicated that their parents are/or have been experiencing marital problems (20% of the subjects indicated that their parents were experiencing ongoing marital problems and 50% of the subjects' parents had separated or were divorced). The

above information supports the findings by Berman (1986) that parents of adolescent attempters of suicide have been shown to have significantly more overt conflict, threats of separation or divorce, current or chronic depression, suicidal ideation, and problems of substance abuse, than have parents of non-attempters.

As discussed in Chapter 2, the period of adolescence begins with the adolescent's attainment of separation and independence from the parents and ends with a return to the parents in a new relationship based upon relative equality. The need for a validating family context for the adolescent during this critical period in order to be able to adapt to the movement from childhood to adulthood is emphasized.

The findings of the present study show that together with living in disruptive home environments, the subjects of the present study also indicated that they have poor relationships with their parents. Of the reasons given for the suicide attempt, 80% of the subjects had a conflict with a parent or caregiver prior to the attempt. This information was also supported by subjects' responses to items tapping communication, trust and alienation on the IPPA between parents and adolescents. Fifty percent of the subjects indicated that they have poor communication with their parents. Fifty percent of the subjects indicated that they have low degrees of trust in their

parents. Sixty percent of the subjects showed a high degree of alienation from parents on the alienation subscale of the IPPA. Hansburg (1972), in assessing subjects' level of separation anxiety in different environmental settings, suggests that a disruptive environment tends to disturb the relationship in adolescence between attachment and individuation needs. Adolescents experience difficulty in discriminating between these needs where their relationship to adults is concerned. Clinical observations by Blos (1962) suggest that the ease with which adolescents cope with the conflicts involved in achieving independence from parents and in identity formation is critically influenced by the elements of trust, mutual respect and good rapport in relationships with parents (this is discussed in Chapter 2). Thus, two common trends are noted from the demographic information given by the subjects in the present study and their responses to the IPPA. Firstly, subjects come from disruptive home environments and secondly they have poor relationships with parents.

These findings are also supported by subjects' responses to different subscales of the Separation Anxiety Test. The frequencies obtained by subjects in the present study on the attachment subscales of the SAT, and that of IPPA, reveal low degrees of attachment. On the attachment subscale of the SAT, 60% of the subjects showed a low degree of attachment in comparison to the total number of

responses given (the mean for the attachment subscale is 18.6; the mean for the total number of responses is 62.9). Similar findings were shown on the attachment subscale of the IPPA. The sample mean on the scale is 5.6.

These overall low attachment figures are indicative of disruption in the attachment need of suicidal adolescents. As discussed in Chapter 2, Bowlby (1969) observed that attachment persists throughout life. Weiss (1982) observes that while there are increasing intervals during which parental accessibility is not necessary for adolescents' security, confidence in their parents' commitment to them remains crucial during adolescence as it provides a base from which to explore. The above findings are supported by Weiss (1982) and Bretherton (1985), who note that attachment beyond childhood is reflected in continuity in the organization of the individual's "perceptual emotional system" or "internal working model" (Armsden and Greenberg, 1987). Bowlby (1969) posits that during adolescence, unavailability of a secure attachment within the family exacerbates familial conflict and often results in adolescent rebellion. It is postulated that a secure attachment between the adolescent and parent facilitates the attachment-individuation process for the adolescent. By contrast, anxiety, depression, sadness and anger may be produced by the threatened or actual loss of attachment relationships (Bowlby, 1973).

Another common trend among suicidal adolescent girls revealed in the present study is the high hostility scores obtained by subjects. The mean on the hostility subscale (15.2) is high on the SAT in comparison to the mean of 18.6 obtained by subjects on the attachment subscale. According to Hansburg (1972) a good protocol of responses on the SAT should indicate the mean score on the hostility subscale as being 60% of the mean score obtained by subjects on the attachment subscale.

Hansburg (1972) suggests that a high hostility balance coupled with a low attachment balance is indicative of acting out behaviour in adolescence. Youth who act out commonly displace or project their resentment at separation upon other people. The above findings support the argument by Hansburg (1972) that, in separation, the child's normal assertiveness in relation to the parent is likely to be interfered with. This occurs during the phase of individuation. It would result in difficulties in working through normal assertive needs, which may then become confused with the resentment felt about the separation. Guilt feelings may result; these feelings are often self-destructive in nature and cause a variety of intra-punitive reactions, death wishes and suicidal feelings. Findings by Wade (1987) also indicate that suicidal adolescent girls have not been successful in developing autonomy and form more hostile attachments with significant others.

As discussed in Chapter 2, developing a sense of identity is the main task of the period of adolescence. An identity crisis occurs at the end of adolescence, which is a normative event. The adolescent suffers from identity diffusion or role confusion and this event is stressful (Erikson, 1968).

In the present study a common trend revealed was the low degree of stress subjects showed when asked to respond to items concerning identity crisis.

Sixty percent of the subjects showed a low degree of identity stress. Hansburg (1972) formulates identity stress as the stress experienced by the adolescent in maintaining a self-identity. He conceptualized that the ability to maintain a sense of one's personal style and basic bodily integrity during adolescence indicates the strength of self-identity. In early adolescence it is almost impossible to avoid the threat to identity because of bodily changes. Blos (1962) questions whether the lack of recognition of stress during the stage of identity crisis is indicative of immaturity or alienation or both. The subjects of the present study showed low degrees of stress when faced with situations of identity crisis; they showed high degrees of alienation from parents on the IPPA. These two findings support Blos's (1962) argument.

Another common trend observed among adolescent suicidal girls in the present study is the low attachment-individuation balances (discussed in Chapter 2). The mean balance for the sample is 19.2. This is 30% of the mean balance of the total number of responses given by subjects.

Hansburg (1972) conceptualizes that the attachment-individuation balance indicates the capacity of the adolescent to move from attachment feelings to individuation and vice versa. A major task of adolescence is to move from dependence to independence. Adolescents struggle between needs to maintain infantile object relations and needs to individuate.

The low attachment-individuation balances obtained by 80% of subjects in the present study is indicative of the struggle these adolescents experience in moving from dependence to independence. This is also confirmed when examining the low attachment balances subjects showed on the attachment subscale of the SAT.

These findings support those of Bowlby (1969) and Hansburg (1972) that unavailability of attachment gratification disrupts the development of the individuation process during adolescence. The findings also support the view by most theorists (Bowlby, 1969; Hansburg, 1972; Wade, 1987) that inability to restore a balance between attachment

needs and the need to individuate during adolescence results in reactions of hostility, painful tension, reality avoidance, loss of self-esteem, identity stress and loss of intellectual functioning.

Overall, the results of the present study suggest that adolescent suicidal girls display several common trends. They come from disruptive home environments and perceive their parents as experiencing marital problems. These environmental conditions contribute to problems in interpersonal relations. Subjects show low degrees of attachment, high degrees of hostility, low stress when faced with situations of identity crisis, high degrees of alienation from parents, poor communication and low degrees of trust in parents and an inability to maintain an attachment-individuation balance during adolescence.

CHAPTER 6

CONCLUSIONS6.1 Implications of This Research

A fairly consistent, although as yet inconclusive picture of the suicidal adolescent girl and the family emerges from the research findings of this study.

The suicidal adolescent girl appears to grow up in a home characterized by parental disharmony, poor parent-child relationships, and self-destructive behaviour. These environmental conditions may contribute to the development of various behaviour problems in the adolescent, such as acting out behaviour, withdrawal and impulsivity. Common trends displayed by the suicidal adolescent girl in the present study are poor attachment need, high alienation, greater hostility, avoidance of stress during the stage of identity crisis, and difficulty in maintaining an attachment-individuation balance.

Shearin (1986) suggests that many of these diverse characteristics used to describe suicidal adolescents may be more easily understood in terms of deficits in social skills and interpersonal problem-solving.

The suicide attempt by an adolescent girl is frequently the culmination of longstanding, unresolved problems combined with the impact of some immediate crisis event. Although dealing with the crisis event is important, health care professionals can play a key role in detecting deficits in social skills and interpersonal problem-solving in their adolescent patients. Referrals can be made to appropriate mental health professionals.

Early detection of these deficits, especially in adolescents from disrupted home environments, may prevent more serious problems such as suicide attempts from developing in the future. One obvious approach to prevention is to devise a method whereby individuals who are suicidal risks can be successfully identified. Although the present study contributes to this approach, it has several limitations.

6.2 Limitations of This Study and Implications for Further Research

While this study has a number of limitations, it points to issues and areas for further research in the area of attempted suicide among adolescents.

The small sample size of the sample in this study limits the ability to generalise. Taking this research further would require a larger sample of cases dealing with a

wider spectrum of attempted suicides. A larger sample size would improve the generalisation of the conclusions.

Another limitation of this study is that subjects were chosen from one particular population group, ie. the Black population. Further research could include subjects from different population groups. Comparisons can be made to determine common trends among adolescents from different population groups who attempt suicide.

Furthermore interviews and testing were conducted in English. While subjects spoke English fairly well, it is not their home language. Interviews conducted in their home language would have allowed for a more detailed and deeper exploration and clarification of responses. Further research would be improved by conducting the testing in the vernacular to remove ambiguities. Furthermore, conducting the testing in the subjects' home language would go some way to easing the testing situation, possibly allowing subjects to speak more openly about their suicide attempts.

Subjects used in the present study were adolescent girls and this poses a limitation as it is restricted to one gender. Further research possibilities would include an investigation of whether similar trends are found in adolescent boys.

This study has raised an important issue. Is the conventional treatment offered, viz. crisis intervention, adequately dealing with longstanding problems of interpersonal relations related to adolescents attempting suicide? The present study would suggest otherwise.

In general, crisis intervention is not intended to provide long-term treatment for problems. Rather, its central focus is on intervention and referral. Although there is both public and professional support for the value and effectiveness of crisis intervention centers, there is little evaluative data available (Knopf, 1979).

Therefore, on the more practical side, any attempt to improve services available needs to evaluate the service it provides. As pointed out, very little literature is available on the services provided for adolescents who attempt suicide.

Given the findings of the present study, although crisis intervention as the first step to helping those adolescents who attempt suicide is necessary, more appropriate interventions dealing with underlying dynamics are needed.

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APPENDIX I. INVENTORY OF PARENT AND PEER ATTACHMENT .

SECTION 1.

1. My mother respects my feelings.

True

I don't know

False

2. I feel my mother is successful as a parent

True

I don't know

False

3. I wish I had a different mother

True

I don't know

False

4. My mother accepts me as I am

True

I don't know

False

5. I have to rely on myself when I have a problem to solve.

True

I don't know

False

6. I like to get my mother's point of view on things I'm concerned about

True

I don't know

False

7. I feel it's no use letting my feelings show.

True

I don't know

False

8. My mother senses when I'm upset about something.

True

I don't know

False

9. Talking over my problems with my mother makes me feel
ashamed or foolish.

True

I don't know.

False

10. My mother expects too much from me.

True

I don't know

False

11. I get upset easily at home.

True

I don't know

False

12. I get upset a lot more than my mother

True

I don't know

False

13. When we discuss things, my mother consider my point of view.

True

I don't know

False

14. My mother trusts my judgement

True

I don't know

False

15. My mother has her own problems, so I don't bother her with mine.

True

I don't know

False

16. My mother helps me to understand myself better.

True

I don't know

False

17. I tell my mother about my problems and troubles.

True

I don't know

False

18. I feel angry with my mother.

True

I don't know

False

19. I don't get much attention at home.

True

I don't know

False.

20. My mother encourages me to talk about my difficulties.

True

I don't know

False

21. My mother understands me.

True

I don't know

False

22. I don't know whom I can depend on these days.

True

I don't know

False

23. When I am angry about something, my mother tries to be understanding.

True

I don't know

False

24. I trust my mother.

True

I don't know

False

25. My mother doesn't understand what I am going through these days.

True

I don't know

False

26. I can count on my mother when I need to get something off my chest.

True

I don't know

False

27. I feel that no one understands me.

True

I don't know

False

28. If my mother knows something is bothering me, she asks me about it.

True

I don't know.

False.

PICTURE 1



THE BOY WILL LIVE PERMANENTLY WITH HIS GRAND-
MOTHER AND WITHOUT HIS PARENTS

Picture 1. The boy will live permanently with his grandmother and without his parents.

Did this ever happen to you? Yes___ No___

If it never happened to you, can you imagine how this child feels? Yes___
No___

Check off below as many statements as you think will tell how the boy feels.

The boy feels—

1. that he will be much happier now.
2. that his parents don't love him any more.
3. like curling up in a corner by himself.
4. a terrible pain in his chest.
5. alone and miserable.
6. that he doesn't care what happens.
7. that he will do his best to get along.
8. that this house will be a scary place to live in.
9. that something bad is going to happen to him now.
10. that it's all the fault of his neighbors.
11. angry at somebody.
12. that he won't be the same person any more.
13. that if he had been a good boy, this wouldn't have happened.
14. that it's only a dream—it isn't really happening.
15. like reading a book, watching TV or playing games.
16. sorry for his parents.
17. that he won't be able to concentrate on his schoolwork any more.

If there is anything else which you think this boy feels, write it down here.

PICTURE 2



A BOY IS BEING TRANSFERRED TO A NEW CLASS

Picture 2. A boy is being transferred to a new class.

Can you remember when this last happened to you? Yes___ No___

Can you imagine how this child feels about it? Yes___ No___

Check as many of the statements below which you think would tell how this child feels.

This child feels—

1. that he doesn't care what happens.
2. that the new class is a scary place to be.
3. sorry for his past teacher.
4. that if he had been a good boy, this wouldn't have happened.
5. like playing games with other children.
6. that something is happening to change him.
7. that he will make the best of the situation.
8. that nobody really likes him.
9. that now he is going to have a good time.
10. that it's not really happening—it's only a dream.
11. that he won't be able to concentrate on his schoolwork.
12. like sitting alone in the corner of the room.
13. very angry at somebody.
14. like he's getting a stomach ache.
15. alone and miserable.
16. that something terrible is going to happen.
17. that somebody bad is responsible for doing this to him.

If you have anything more to say about how this child feels, write down here what you think.

PICTURE 3



THE FAMILY IS MOVING TO A NEW NEIGHBORHOOD

Picture 3. The family is moving to a new neighborhood.

Did this ever happen to you? Yes___ No___

If it didn't, can you imagine how it would feel if it did? Yes___ No___

Now try to imagine how the child in this picture feels. Check off as many statements below which say what you think the child feels. You may check as many statements as you wish.

The child feels—

1. afraid to leave.
2. a pain in the stomach.
3. that the neighbors made them move.
4. glad to get away from this bad neighborhood.
5. alone and miserable.
6. that he doesn't care what happens.
7. that it's only a dream.
8. like hiding somewhere.
9. that the new house will be a scary place to live in.
10. that now he will be a different person.
11. that he won't be able to concentrate on his schoolwork.
12. sorry for his parents.
13. that he will make the best of the situation.
14. like punching somebody in the face.
15. that nobody likes him any more.
16. that now he can make some new friends.
17. that if he had behaved in the neighborhood, he wouldn't have to move.

If there is anything else which you wish to say about the way this child feels, write it down here.

PICTURE 4



THE CHILD IS LEAVING HIS MOTHER TO GO TO SCHOOL

Picture 4. The child is leaving his mother to go to school.

You have done what this boy is doing many times. You no doubt have some idea about his feelings, don't you? Yes No

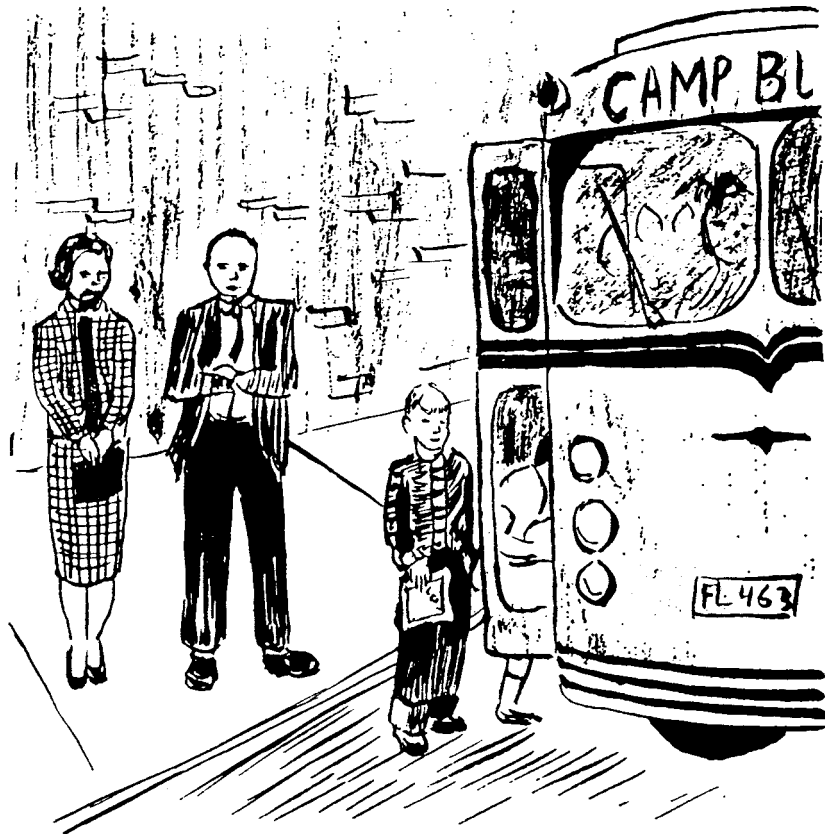
Check as many statements below which you think tell how this boy feels.

The boy feels—

1. that he won't be able to concentrate on his schoolwork.
2. afraid to leave.
3. that school is a scary place to be.
4. that his mother doesn't like him.
5. that he doesn't care what happens.
6. angry at having to go to school.
7. like joining his friends and going to school.
8. glad to get away from his house.
9. sorry for his mother.
10. like he's going to be sick.
11. that something is happening to change him.
12. that if he had been a good boy, his mother would let him stay home.
13. like staying home in bed.
14. that he will do his best to get along.
15. that it's not really happening—it's only a dream.
16. alone and miserable.
17. that somebody else is causing all this trouble.

If there is anything more that you think this boy feels, write down here what you think.

PICTURE 5



THE CHILD IS LEAVING HIS PARENTS TO GO TO CAMP

Picture 5. The child is leaving his parents to go to camp.

Can you remember if this ever happened to you? Yes___ No___

Can you imagine how it felt when it did happen? Yes___ No___

If it didn't happen to you, can you imagine how it would feel if it did?
Yes___ No___

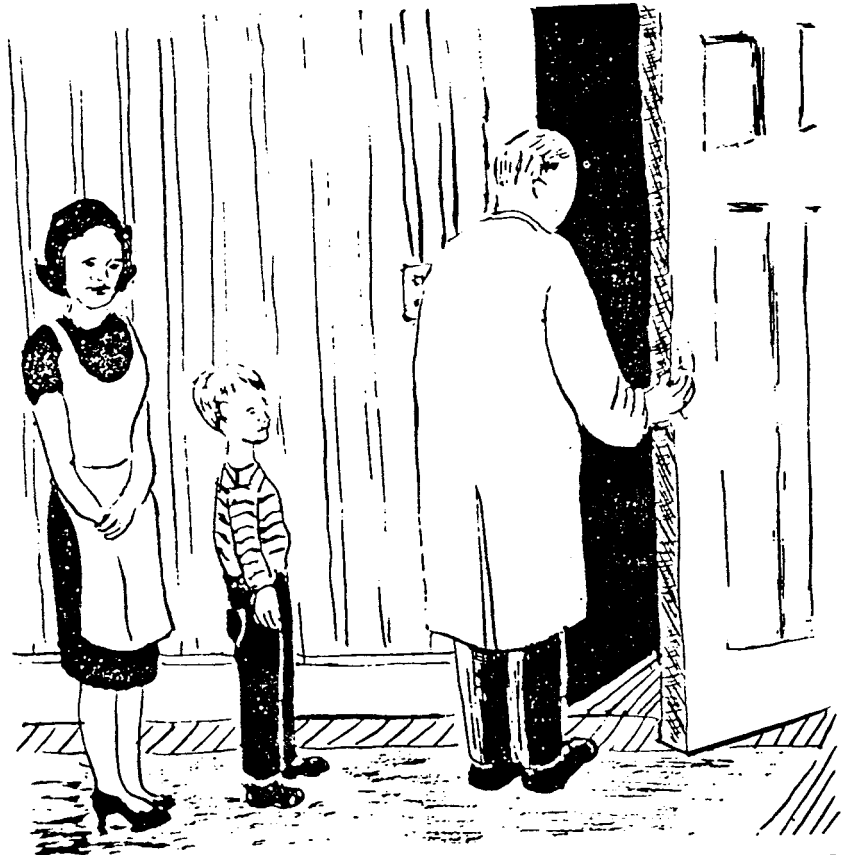
Now check off as many of the statements below which you think tell what this boy feels.

The boy feels—

1. sorry for his parents.
2. angry about going.
3. that this is a scary place to be.
4. that now he will be a different person.
5. that it's not really happening—it's only a dream.
6. that his mind can't think straight.
7. like sitting alone in the back of the bus.
8. that someone else made this happen to him.
9. like reading a book and playing games.
10. that he doesn't care what happens.
11. that something terrible is going to happen to him.
12. that a bad headache is coming on.
13. that nobody really loves him.
14. that he will make the best of the situation.
15. that if he had been a good boy, his parents wouldn't send him away.
16. that now he is really free to enjoy himself.
17. alone and miserable.

If there is anything else that you think this child feels, write it down here.

PICTURE 6



AFTER AN ARGUMENT WITH THE MOTHER, THE FATHER IS LEAVING

Picture 6. After an argument with the mother, the father is leaving.

Did this ever happen in your family? Yes___ No~~x~~

If not, can you imagine how you would feel if it did? Yes~~x~~ No___

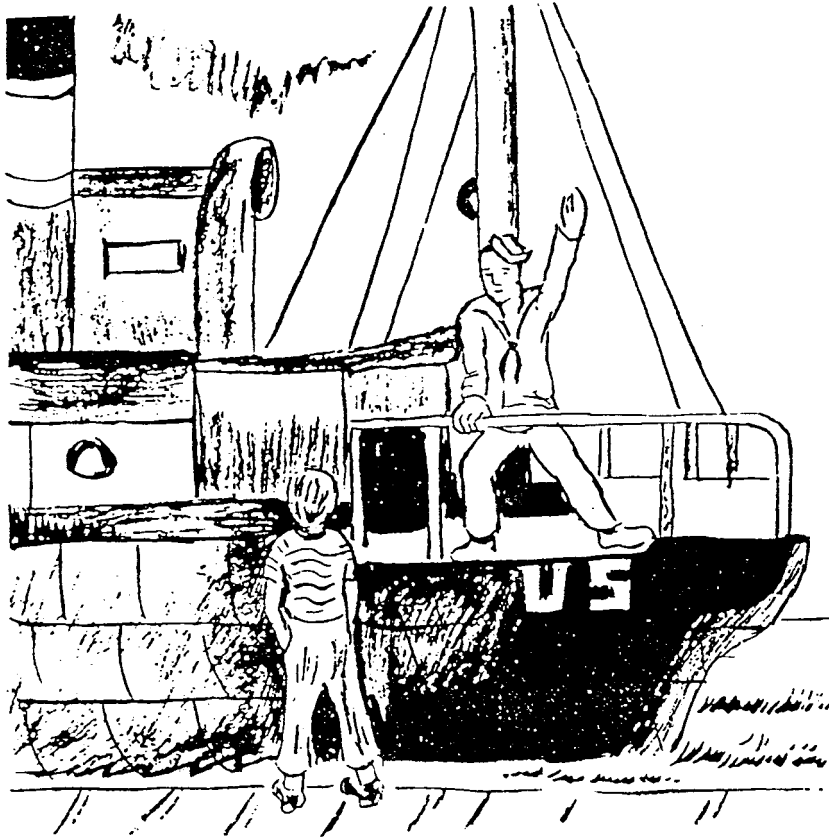
Now check off as many of the statements below which tell what you think the boy in the picture feels. Check as many statements as you wish.

The boy feels—

1. very angry at the father.
2. that now he is free to do anything he wants to.
3. that his home will now be a scary place.
4. that he won't be able to concentrate on his schoolwork.
5. that something terrible is going to happen to him now.
6. that someone else has been causing all of this trouble.
7. like reading a book, fixing something or watching TV.
8. that something is happening to change him.
9. lonely and unhappy.
10. that nobody really likes him.
11. that he is going to be very sick.
12. like hiding away in his parents' bedroom.
13. sorry for his mother.
14. that he doesn't care what happens.
15. that he will try hard to work things out.
16. that he, himself, caused his father to leave.
17. that it's only a dream—it really isn't happening.

If there is anything else that you think this child feels, write it down here.

PICTURE 7



THE BOY'S OLDER BROTHER IS A SAILOR LEAVING ON A VOYAGE

Picture 7. The boy's older brother is a sailor leaving on a voyage.

Did this ever happen to you? Yes___ No___

Can you imagine how you would feel if this happened to you? Yes___ No___

Now try to imagine how the child in this picture feels.

Check off as many statements below which say what you think the child feels.

The child feels—

1. sorry for his brother.
2. that if he had behaved better, his brother wouldn't have left him.
3. that it's not really happening—it's only a dream.
4. that this is a very scary thing.
5. very angry.
6. lonely and miserable.
7. that he will not be the same person any more.
8. like sitting alone in his room at home.
9. that someone else caused all this trouble.
10. like playing a game with his friend.
11. that he won't be able to concentrate on his schoolwork.
12. that he will try hard to work things out.
13. that something terrible is going to happen to him.
14. that nobody really likes him.
15. that a bad stomach ache is coming on.
16. that he doesn't care what happens.
17. that now he is free to enjoy himself in any way he likes.

If there is anything else which you wish to say about the way this child feels, write it down here.

PICTURE 8



THE JUDGE IS PLACING THE CHILD IN AN INSTITUTION

Picture 8. The judge is placing this child in an institution.

Can you remember if this ever happened to you? Yes___ No___

If it never happened to you, can you imagine how you would feel if it did? Yes___ No___

Now check as many statements below which tell what you think this child feels. Check as many statements as you wish.

The child feels—

1. that the world is full of bad people who did this to him.
2. that it's only a dream and he will wake up soon.
3. like committing suicide.
4. that he will go and make the best of it.
5. sorry for his parents.
6. that the courtroom is a frightening place.
7. like curling up in a corner.
8. dizzy and faint.
9. that he doesn't care what happens.
10. happy to get to the institution as soon as possible.
11. that he is not very well liked.
12. terrified at what will happen to him.
13. like reading a book or watching TV.
14. angry at the judge.
15. that now he won't be able to learn schoolwork.
16. all alone and unhappy.
17. that now he will be a different person.

If there is anything else which you think this child feels, write it down here.

PICTURE 9



THE MOTHER HAS JUST PUT THIS CHILD TO BED

Picture 9. The mother has just put this child to bed.

This has probably happened to you many times. Can you imagine in your mind that it is happening right now? Yes No

Now check off those statements below which you think tell how the child feels. Check as many statements as you wish.

The boy feels—

1. angry at his mother.
2. that it's scary to be alone here.
3. like hiding under the covers.
4. that he doesn't care what happens.
5. that something is happening to change him.
6. that someone in the family made the mother leave.
7. that now he's free to enjoy himself any way he likes.
8. that his mother doesn't stay with him because he's a bad boy.
9. it's not really happening—it's only a dream.
10. that he will make the best of the situation.
11. like reading a book, watching TV or making clay models.
12. that something bad is going to happen to him.
13. sorry for his mother.
14. that he is getting sick.
15. that his mother doesn't really like him.
16. that he won't be able to study in school tomorrow.
17. very lonely.

If there is anything else which you would like to say about how this boy feels, write it down here.

PICTURE 10



THE BOY'S MOTHER IS BEING TAKEN TO THE HOSPITAL

Picture 10. The boy's mother is being taken to the hospital.

Did anything like this ever happen in your family? Yes___ No___
 If it didn't, can you imagine how you would feel if it did happen?
 Yes___ No___

Now check off as many statements below which tell what you think
 this child feels. Check as many statements as you wish.

The boy feels—

1. very angry at somebody.
2. that he will not be the same person any more.
3. glad that his mother is leaving.
4. like hiding in his room.
5. that he doesn't care what happens.
6. that it's not really happening—it's only a dream.
7. that he's going to have a bad headache.
8. that he will do his best to get along.
9. scared about what is going to happen to him.
10. sorry for his mother.
11. that nobody likes him any more.
12. like watching TV.
13. that his mother became sick because he was bad.
14. that somebody else caused all this trouble.
15. that his room is going to be a scary place to stay in now.
16. alone and miserable.
17. that he won't be able to concentrate on his schoolwork.

If there is anything else which you would like to say about how this
 child feels, write it down here.

PICTURE 11



THE BOY AND HIS FATHER ARE STANDING AT THE
MOTHER'S COFFIN

Picture 11. The boy and his father are standing at the mother's coffin.

Did this ever happen to you? Yes___ No___

If it didn't, can you imagine how it would feel if it did? Yes___ No___

Now try to imagine how the child in the picture feels. Check off as many statements below which say what you think the child feels. You may check as many statements as you wish.

The child feels—

1. that he won't be the same person any more.
2. frightened about what will happen to him.
3. that if he had been a good boy, it wouldn't have happened.
4. that now he is free to do what he wants.
5. angry about what happened.
6. that nobody will love him any more.
7. that he doesn't care what happens.
8. that his home will now be a scary place to live in.
9. like sitting in a corner by himself.
10. that other people are to blame for this.
11. that he will make the best of the situation.
12. that it is only a dream.
13. a bad pain in his head.
14. sorry for his father.
15. alone and miserable.
16. that now he won't be able to study any more.
17. like reading a book or watching TV.

If there is anything else which you wish to say about the way this child feels, write it down here.

PICTURE 12



THE BOY IS RUNNING AWAY FROM HOME

Picture 12. The boy is running away from home.

Did you ever do anything like this? Yes___ No___

If you didn't, did you ever think of doing something like this? Yes___
No___

Can you understand why this child would want to do this? Yes___ No___

Now check as many of the statements below which you think tell how this child feels.

The child feels—

1. that he is just going away to have some fun.
2. angry at his parents.
3. afraid that he will be punished for something he did.
4. that he doesn't care what happens.
5. that his parents don't want him around any more.
6. that the neighbors have been stirring up his parents against him.
7. terrible stomach cramps coming on.
8. that he will do his best to get along.
9. that he is only dreaming about this and it's not happening.
10. that something very bad is going to happen to him.
11. that it is awfully scary outside.
12. sorry for his parents.
13. like watching TV or reading a book.
14. like going to his hideout.
15. that he won't be able to study schoolwork any more.
16. that now he will be a different person.
17. lonely and miserable.

If there is anything else which you wish to say about how this child feels, write it down here.

CASE 1
CHART FOR CONTROLLED ASSOCIATION RESPONSES

NAME ARTHUR BIRTHDATE _____ DATE OF TEST 12/6/69 AGE 14-1

Feelings and Reactions	Picture Number												TOTAL	Mild	Strong
	N.Y. I	Y.Y. II	Y.Y. III	Y. IV	Y.Y. V	Y.Y. VI	N.Y. VII	N.Y. VIII	Y. IX	Y.Y. X	N.Y. XI	N.Y. XII			
Rejection	2	8	15	4*	13	10*	14*	11	15	11*	6	5	1	0	1
Impaired Concentration	17	11	11	1	16	4	11	15	16	17	16	15	5	1	4
Phobic Feeling	9	2	9	3	3	3	4	6	2	15	8	11	5	2	3
Generalized Dread or Anxiety	9*	16	1	2	11	5	13	12	12*	9	2	10	1	0	1
Loneliness	5	15	5	16	17	9	6	16	17	16	15	17	8	3	5
Withdrawal Reaction	3	12	8	13	7	12	8	7	3	4	9	14	3	1	2
Somatic Reaction	4	14	2	10	12	11	15	8	14	7	13	7	0	0	0
Adaptive Reaction	7	7	11	14	14	15	12	4	10	8	11	8	10	6	4
Anger	11	13	14	6	2	1	5	14	1	1	5	2	3	0	3
Projection	10	17	3*	17*	8	6	9*	1	6	14	10	6	2	0	2
Empathy	16	3*	12	9*	1*	13	1	5	13*	10	14	12*	6	1	5
Evasion	6	1	6	5*	10	14	16	9	4	5	7	4	1	0	1
Fantasy	14	10	7	15*	5*	17	3	2	9	6	12	9	1	0	1
Well-being	1	9	4	8	16	2	17	10*	7	3	4	1	4	2	2
Sublimation	15*	5	11	7	9	7	10	13	11	12	17*	13	4	4	0
Intrapunitive Reaction	13	4	17	12*	15	16*	2*	1*	8	13	3*	3	1	0	1
Identity Stress	12	6	10	11	4	8	7	17	5*	3	1	16	8	2	6
TOTAL	7	5	3	3	6	7	4	9	1	6	5	7	63	22	41

STATUS: Intake _____ Foster Home _____ Group Residence _____ Pleasantville _____ Hawthorne _____
 *3 responses Other _____ Own Home _____

SEPARATION ANXIETY TEST
Pattern Summary Chart
Case 1 - Arthur

Response Pattern	Number of Responses		Total	Percent of Total Protocol	Areas of Emphasis	Comment
	Mild II, III, IV, V, VII, IX	Strong I, VI, VIII, X, XI, XII				
Attachment (sum of rejection, loneliness, and empathy)	4	11	15	23.0%	Loneliness	Norm
Individuation (sum of adaptation, well-being, and sublimation)	12	6	18	28.6%	Adaptation	Norm
Hostility (sum of anger, projection, and intrapunitiveness)	0	6	6	9.5%	Anger	Some repression
Painful tension (sum of phobic, anxiety, and somatic reactions)	2	4	6	9.5%	Phobic	Some repression
Reality avoidance (sum of withdrawal, evasion, and fantasy)	1	4	5	7.9%	Withdrawal	Norm
Concentration impairment versus sublimation (self-esteem preoccupation)	1:4	4:0	5:4	14.0%		High
Self-love loss (sum of rejection and intrapunitiveness)	0	2	2	3.1%		Low
Identity stress	2	6	8	12.7%		Strong
Points						
Attachment-individuation balance	1 2 3 4 5					
	8 5 7 6 -3		23	38.1%		Good

103. Wolfenstein, M.: How is mourning possible? *Psychoanal Stud Child*, 21:93-123, 1966.
104. Yarrow, L.J.: Separation from parents during early childhood. In Hoffman, M.L. and L.W., (Eds.): *Review of Child Development Research*. New York, Russell Sage, 1964, Vol. 1, pp. 89-136.
105. Zajonc, R.: Familiarity breeds comfort. *Psychology To-Day*, 3:33-35, 60-62, 1970.

Appendix I

INDIVIDUAL CASE CHARTS AND RECORD FORMS

EXPLANATION OF ATTACHMENT-INDIVIDUATION BALANCE PERCENTAGE

Point 1. Under mild separation deduct the attachment responses from the individuation responses (if minus, record it as minus).

Point 2. Under strong separation deduct the individuation responses from the attachment responses (if minus, record it as minus).

Point 3. Deduct the attachment responses under mild separation from the attachment responses under strong separation (if minus, record it as minus).

Point 4. Deduct the individuation responses under strong separation from the individuation responses under mild separation (if minus, record it as minus).

Point 5. Deduct the total individuation responses from the total attachment responses (if minus, record it as minus).

Add all of the points together, making certain to deduct the minus scores from the plus scores. Now divide the final figure by the total number of responses to the test. The resultant percentage is the attachment-individuation balance.

EXPLANATION OF LETTERS ABOVE ROMAN NUMERALS

The letters "N" and "Y" which appear above the Roman numerals at the top of the individual chart responses stand for the answers "Yes" and "No" which the youngsters gave to the mental set questions on each picture. It is planned to make a study of these responses in relation to individual pictures as well as to total protocols at some future date. Here they are simply presented for interest in the individual case records.