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Self Psychology as a Theoretical Model for Intervention with Adolescent Mothers

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SELF PSYCHOLOGY AS A THEORETICAL MODEL
FOR INTERVENTION WITH ADOLESCENT MOTHERS

by

Breda M. O'Connell Doak

A Thesis submitted to the Faculty of the Graduate
School of Loyola University Chicago in Partial
Fulfillment of the Requirements for the Degree of
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I am also very grateful for the support and encouragement I received from my friends and family. Finally, I dedicate this thesis to my son, Ian, from whom I have learned firsthand about motherhood.

VITA

The author, Breda M. O'Connell Doak, is the daughter of Dennis J. and Delia O'Connell. She was born in Chicago, Illinois on June 22, 1964.

Her elementary education was obtained in the catholic schools of Chicago, Illinois, and Arlington Heights, Illinois. Her secondary education was completed at Arlington High School in 1982. She attended Harper Community College in 1983, before transferring to The University of Iowa in 1984. She completed her Bachelor of Science degree in Psychology in 1987 with a major in psychology.

Immediately following graduation, she began the masters program in Counseling Psychology at Loyola University Chicago. Since 1989, she has been employed at the Fillmore Center for Human Services as a therapist, where she has continued to work contractually since the birth of her son in 1992.

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CHAPTER I

Historical Context of Teenage Pregnancy and Childbearing

Adolescent motherhood has been recognized as a problematic societal issue in the past five decades. Before the 1940's, the incidence of childbirth in the 15-19 year age group had remained consistent from the turn of the century, at about 69 births per 1000 teenage girls (Bolton, 1980). The problem of adolescent pregnancy and motherhood, however, was defined by the moralistic issue of legitimacy; the age and maturity of an adolescent and her capacities to be an effective mother were not of concern. Thus, perhaps more than half of all teenage premarital pregnancies were legitimized by marriage and thus concealed before the birth of the baby (Furstenberg, Brooks-Gunn and Morgan, 1987). Unmarried pregnant teenage girls were often sent away in secrecy to a maternity home for the duration of their pregnancy and gave up their babies for adoption (Jekel and Klerman, 1983). Continuing one's education as a pregnant teenager was most often not an option (Furstenberg, Lincoln and Menken, 1976). The problem of adolescent pregnancy and motherhood was more easily overlooked while it was kept hidden within the boundaries of teenage marriage or maternity homes.

The sexual revolution and the women's liberation movement of the late 1960's and the 1970's ushered in a

generation of more relaxed attitudes and mores about sex, bringing with it a sharp increase in premarital sexual activity, especially among high school students (Chilman, 1979). Marriage was less often used as a panacea for an illegitimate pregnancy, as more teens chose single parenthood, and their children increasingly became the social and financial responsibility of society (Bolton, 1980). There was also increasing legal pressure for schools to allow pregnant teens to continue their education in the mainstream school system (Furstenberg, et. al., 1981). If teenagers had continued to marry or drop out of school at the same high rates as they had before, they would have remained less visible, and the problem might not have garnered the amount of societal attention and concern that it has (Chilman, 1989; Furstenberg, et. al., 1981; Furstenberg, et. al., 1987; Furstenberg, Brooks-Gunn and Chase-Lansdale, 1989).

Ironically, as adolescent pregnancy and parenthood came to be recognized as a social crisis in the 1970's, the teenage birth rate had actually begun to fall (Chilman, 1989; Furstenberg, et. al., 1989). The changing birthrates among adolescents, though, must be examined in light of the legalization of abortion in 1973.

The birthrate declined between 1970 and 1983, while the pregnancy rate actually increased slightly. This may be attributed to a 40% abortion rate among teenagers (Chilman,

1989; Furstenberg, et. al., 1989; Maggard, 1985).

Generalizations from research prior to 1973 must be reviewed carefully, as they can be potentially misleading: current research on teen mothers may differ substantially from earlier studies because the cohort of teen mothers is much different, given that pregnant teenagers now have a choice that wasn't available prior to 1973. However, Zelnik and Kantner (1974) state that even with the increased access to and use of abortion, it does not seem likely that there has been a significant decrease in the proportion of births to teenage girls. Although there has been a significant increase in the use of abortion since the early 1970's, especially among white teens, many pregnant teens continue to choose to carry their pregnancies to term, raising their children themselves (Simkins, 1984).

Baldwin (1983) found that while many teenagers who obtain abortions were not using birth control at the time they became pregnant, the aborters were twice as likely to have used birth control than are women who choose other pregnancy resolutions. He hypothesized that some adolescents may not be sufficiently motivated to avoid pregnancy even when they are aware of the risk of conception. Thus, it appears that abortions are not being used in place of contraception. Where contraception was used but failed, those pregnant teens are more likely to have an abortion

than a teenager who became pregnant in the absence of any contraceptive efforts at all (Jurs, 1984; Hart and Hilton, 1988; Philliber, Namerow, Kaye, & Kunkes, 1986; Segal and DuCette, 1973).

Among adolescents who carry their pregnancies to term, many are choosing to forego adoption as another option for resolution of the unplanned pregnancy. In the mid 1960's, the adoption rate was 90% among adolescents giving birth; in 1975, that rate had dropped to 5-15%, a dramatic decrease in a relatively short time span (Phipps-Yonas, 1980). The overwhelming majority of adolescents who give birth (approximately 97% of white teenagers and almost 100% of black teenagers) are now choosing to raise their own babies (Johnson, Lay and Wilbrandt, 1988). As increasing numbers of pregnant teenage girls choose to retain their babies and to become parents, it is imperative that attention be given to the issue of adolescent motherhood.

Psychological Research and Research Methodology

Extensive research has been conducted in the past several decades to investigate the problems associated with teenage sexual activity, pregnancy and motherhood, but prior to the late 1960's, there was very little meaningful research conducted about teen pregnancy or childbearing (Bolton, 1980). In order to examine teenage pregnancy and

motherhood, it was necessary to objectify concepts that are both subjective and moralistic. This objectivity was not easily achieved in the psychological literature on adolescent pregnancy and childbearing. A review of this literature found many qualitative, descriptive studies conducted from the 1960's to the early 1970's (Babikian and Goldman, 1971; Barglow, Bornstein, Exum, Writght and Visotsky, 1968; Faigel, 1967; Gabrielson, Klerman, Currie, Tyler and Jekel, 1970; Gottschalk, Titchener, Piker and Stewart, 1964; Khlentzos and Pagliaro, 1965; Oppel and Royston, 1971). Phipps-Yonas (1980, p. 405) found, in a survey of over 250 medical, public health and social work journal articles, many that were "... highly moralistic and subjective," with authors' "convictions overriding whatever data (if any) were presented." Few reports relevant to developmental or clinical psychological questions were found in this literature review.

Due to advanced research methodology and the societal changes regarding views of sexuality and sexual activity the research conducted has become more scientifically rigorous, and the conclusions drawn have become less condemning and moralistic (Arney and Bergen, 1984). These changes were essential in order to better understand the problems of adolescent pregnancy and motherhood and in order to provide essential support services and intervention.

Much of the earlier research on adolescent pregnancy and motherhood concluded that adolescent pregnancy is a symptom of psychopathology and was interpreted in psychoanalytic terms (Phipps-Yonas, 1980). Such conclusions need to be accepted with some reservations however, Phipps-Yonas (1980) warns, because they are inferred by professionals trained to find such disturbances and they are based on interviews with girls at a time of dramatically increased stress, anxiety, conflict and many major life changes. These psychiatric studies, furthermore, are usually small and without controls, frequently using a retrospective, case study approach, confounding, instead of delineating, the complex variables related to teen pregnancy and parenthood (Panzarine, 1988; Sugar, 1986).

Personality traits or pathology among pregnant or parenting teens, when compared to their non-pregnant or non-parenting peers, have not been conclusively identified (Barth, Schinke and Maxwell, 1983; Hart and Hilton, 1988; Hatcher, 1973; Meyerowitz and Malev, 1973; Nelson, Gumlak and Politano, 1986). Indeed, strengths of some adolescent mothers to overcome personal difficulties and provide the necessary nurturance and care for their babies have been identified (Buccholz and Gol, 1986). Several researchers warn against the stereotyping of adolescent mothers, emphasizing that there is much heterogeneity among this popula-

tion, and tremendous variation in the outcomes and risks experienced (Bolton and Laner, 1986; Furstenberg, et. al., 1987; Phipps-Yonas, 1980).

Furthermore, teen pregnancy among white adolescent girls has been considered primarily deviant and psychopathological, while among black and lower class girls, teenage pregnancy was thought to be a socio-cultural phenomenon (Phipps-Yonas, 1980). Although it is often generally thought that teen pregnancy is more acceptable among the black population or low socioeconomic groups, this is an inaccurate stereotype, a product of myth and statistical reporting errors (Chilman, 1979).

As research on adolescent sexual activity, pregnancy and motherhood became increasingly objectified, controlled and methodologically stringent over the past several decades, there was a dramatic shift away from the emotional and psychological issues relevant to these problems. This may be due to the difficulties encountered in research that attempts to assess psychodynamically-related issues in a methodologically valid way. Past psychoanalytic conclusions based on flawed, outdated or limited data have been replaced with research that often excludes examinations of the emotional and psychological well-being of teenage mothers. There does remain, however, a need for psychodynamically informed research and interventions with pregnant teenagers

and adolescent mothers.

Public Policy and Intervention

The changes that have taken place in the methodology and attitudes of research with adolescent mothers were essential for appropriate and beneficial services to be offered to pregnant and parenting adolescents. Osofsky and Osofsky (1983), write:

The emotional response to the adolescent pregnancy problem often generates a practical response which is harsh and punitive. The emotional response which has accompanied the adolescent pregnancy problem has been inappropriate, for it often turns away from the adolescent at the very time when social services are most necessary (p. 204).

In the early and mid 1960's, the first community based programs for pregnant adolescents were developed, based on a now classical triad of services: medical, social and educational (Gabrielson, et. al., 1970). These programs resulted in reduced rates of medical complications among teen mothers and their infants, and a decrease in early school termination. By the mid 1970's, there were over 1100 known community programs, most of which were specialized into one of the three service areas mentioned.

In 1978, Congress passed Public Law 95-626, the Adolescent Health Services and Pregnancy Prevention Act. This act prescribed services that were considered most essential, defining the service programs for the late 1970's. Abortion

counseling or referral was not included because of its controversial nature. It is important to note that psychotherapy for a pregnant teenager or teen mother was also not included among those services deemed necessary or essential. In 1982, the 1978 act was renewed and incorporated into the Maternal and Child Health Services, and mental health services, or referral to such services, were added to the list of services necessary for grant eligibility, indicating an increased awareness of additional problems related to pregnancy and parenting teens. This renewed act also made provisions for research and evaluation. In reality, these acts had limited funds to appropriate and few programs were actually funded. The act was more a statement of national policy rather than a major federal grant program. It did, however, spark concern and awareness in many communities to the problem and services that were available to meet the needs of pregnant and parenting teens (Jekel and Klerman, 1983).

Purpose

The purpose of this thesis is to address the psychological and emotional concerns and needs of adolescent mothers: the difficulties they encounter in their efforts as mothers, especially as they struggle with the tasks of their own adolescent development; the needs these young mothers have

as they prematurely enter the "developmental phase" of parenthood (Benedek, 1959); and the services made available to them to meet those needs.

An adolescent must continue her own growth and maturation into adulthood, while she also, as a mother, becomes responsible for the healthy growth and development of an infant. Many characteristics typical of the adolescent phase of development can potentially impede the mother's ability to provide a sufficiently nurturing and stimulating environment for her child; similarly, the tasks and responsibilities of parenting may also result in an identity foreclosure for the adolescent, inhibiting her continued growth and maturation (Kreipe, 1983).

These issues will be explored from the point of view of Self Psychology, a psychoanalytic theory of psychotherapy and human development developed by Heinz Kohut. This theoretical model will be established as applicable to the problems and needs inherent in adolescent motherhood, with the goal of the healthy emotional development of both the adolescent mother and her child. This thesis proposes that the well-being of both can be enhanced most effectively through assisting the adolescent mother with a focus on her emotional needs.

Limitations of the Study

This study is limited to a review of the available literature. While every attempt is made to obtain all significant and relevant literature available, there may be articles that remained unidentified or were not obtainable (i.e., unpublished manuscripts of dissertations, unpublished papers presented at conferences, scientific journals unavailable in the local area). The scope of this study is also limited to a focus on single adolescent mothers. There is an important and growing body of literature on adolescent fathers and parenting adolescent couples which is not addressed by the thesis presented here.

Organization of the Thesis

Following this outline of the historical context of adolescent motherhood as a problem in society and as examined in the psychological literature, the next chapter will delineate the theory of Self Psychology, providing a general understanding of its primary constructs and tenets. In Chapter Three, the available research literature regarding adolescent mothers is reviewed, with a focus on their psychological and situational characteristics and their mothering capacities and behaviors. The fourth chapter reviews various intervention approaches with adolescent mothers found in the research literature. The use of Self

Psychology is then discussed as a therapeutic intervention with adolescent mothers. The final chapter provides a summary and conclusion and discusses recommended directions of future related research.

CHAPTER II

Introduction

Self Psychology is a body of psychoanalytic theory and psychotherapeutic technique developed by Heinz Kohut (1971, 1977). This theory focuses on the developmental needs of humans throughout life and the way in which those needs are understood within the transferences of psychotherapy. These transferences, which Kohut termed mirroring, idealizing, and alterego or twinship, are examined in this chapter. The concept of the self and its emergence in infancy and early childhood are also explored, as are the other principal theoretical concepts of Self Psychology.

Self Psychology versus Classical Analytic Theory

As a classical, Freudian psychoanalyst and a supervisor of other analytic treatments, Kohut found that many patients, particularly those with character and narcissistic disorders, were not improving; they felt misunderstood by his interpretations of the transference within the treatment as signalling a neurosis arising out of oedipal conflict. When Kohut did observe positive changes over time in his patients, their apparent successes were achieved despite and along with persistent feelings of joylessness and emptiness; Kohut concluded that "something in the self was missing"

(Donner, 1988, p. 19).

Kohut's theory of the psychoanalytic psychology of the self came about as a result of discoveries made in the therapeutic failures with his patients; Kohut believed these patients suffered from deficits in the structure of their "core self" rather than from oedipal conflicts (Tolpin and Kohut, 1980). Kohut postulated that an important group of psychological disorders could be more reliably approached and effectively treated when seen as disturbances in the development of the self. This group of disorders can be characterized by difficulties with self-esteem, self-assertion, self-reliance and self-direction.

Kohut concluded that the classical psychoanalytic theory is applicable only to an internally structured self (Chernus, 1988). By definition, the tripartite structural model of classical psychoanalytic theory cannot be applied to the preoedipal period of development. Psychic development in the first three years of life cannot be considered or understood from this theoretical model because it is during this time that the intrapsychic self structure coalesces, and classical analytic theory can be instrumental only when a cohesive self is already established (Cohler, 1980). Classical analysis has little or no meaningful application to forms of pathology that belong to the earliest stages of psychic development, when the "psychic structures" are still

in the process of being formed (Kohut, 1977; Tolpin and Kohut, 1980).

Although Kohut's initial findings were established through his work with character and narcissistic disorders, he became convinced that these theories explained a broader range of self disorders and that they furthermore advanced the explanatory theories of human development and behavior in general (Chernus, 1988; Elson, 1989). The theoretical orientation of self psychology claims that the goal of development is to establish cohesive internal structures that allow for states of well-being (Donner, 1988). Kohut contended that drives do not provide an impetus for growth and development as Freud's theory promotes; rather, individuals are seen to be striving for a particular self-state, to feel whole and worthwhile, with a sense of internal stability, vitality and well being (Donner, 1988; Elson, 1989) defined as self cohesion (Palombo, 1985). He thus formulated a theory applicable to structural deficit, as opposed to structural conflict pathology (Tolpin and Kohut, 1980).

While Kohut had no disbelief in the essential correctness of oedipal conflict and conflict in general, he rejected the notion that such conflicts are inevitable in human development and instead believes that they are the result of failures of the parents to meet certain essential needs of infancy and early childhood (Baker and Baker, 1987). Tolpin

and Kohut (1980, p. 432) assert that it is "...the fragmented, weakened, unresponded to self of the child that was the primary disease, and the malfunctions of the mental apparatus was no more than a secondary manifestation" of pathology and symptomatic behavior. Oedipal conflicts may override and mask preoedipal pathology, but disintegration anxiety is not generated by fear of forbidden erotic love, but by the anticipation of reexperiencing the devastating disappointment of early, parental empathic failures (Baker and Baker, 1987).

Symptom formation in structural conflict pathology begins when a child's comparatively firm self experiences conflicts about or fears of objects which are already experienced by the child as "independent centers of initiative" (Kohut, 1977, p. 311); symptom formation in structural deficit pathology, however, arises when a child's insecurely established self feels threatened by the "danger of psychological fragmentation and/or depletion, enfeeblement and devitalization" (Tolpin and Kohut, 1980, p.434) due to the unreliability of an affectively attuned self-object upon whom the child is dependent, for both psychological and physiological needs. Self psychology allows us to perceive the developmental distinction between self pathology (deficits in the psychic structure essential for self cohesion) and neurotic pathology (conflicts between already estab-

lished structures of the mind).

This difference lies in the ability of a child to differentiate between objects perceived as part of the child's self, which are precursors to his or her own later psychic structure, and objects experienced as independent centers of initiative, and therefore as targets of oedipal love and rivalry (Kohut, 1971; Tolpin and Kohut, 1980).

The "Self" in Self Psychology

Kohut defined the self as "the center of the individual's psychological universe" (1977, p. 311), and identified the self as bipolar, with three major constituents. The first is a pole from which emanate basic strivings for success and power and contains ambitions (the grandiose, exhibitionistic self). When a child receives joyful responsiveness and mirroring of pleasure in the child's physical and mental attributes, the rudiments of ambitions and healthy grandiosity are established. The second pole harbors basic idealized goals (the idealized parent imago), and if permitted to merge with the idealized wisdom and strength of the caretakers, the child acquires the rudiments of ideals and goals. The third constituent of the self is an intermediate area of basic talents and skills activated by a tension arc established between ambitions and ideals (Elson, 1986). In his last book, though, Kohut

(1984) reconceptualized the self as tripolar, making the tension arc of skills and talents an independent pole in and of itself, equal to the first two, instead of subordinate. This third pole is that which contains the skills and talents (the alter ego).

The relationship between these poles, "the strength and harmony of their interaction" will form a "cohesive, nuclear self, a center of perception and initiative, continuous in space and time" (Kohut and Wolf, 1978). The nuclear self is this central sector of the personality, cohesive and enduring, with the correlated set of talents and skills and develops in response to demands of the ambitions and ideals. Prior to the development of the nuclear self is the virtual self, an image of the neonate's self as it resides in the parents' mind and thus determines how the parents address the neonate's as yet unformed self potentials (Wolf, 1988). The parents' perception of and early interactions with their young infant, thus, are significant in the self formation of that child.

Although cohesion is not fully achieved until latency, self cohesion is the sense of subjective unity and identity which an infant experiences and through which they interact with their caregivers. As infants, and throughout life, humans both crave and seek out novelty and are engaged in a continuous process of absorbing these experiences into a

coherent sense of the world. Self cohesion is the product of these successful attempts to make sense of what is around us and of the experiences to which we are exposed (Palombo, 1988).

Self-Objects and Self-Object Functions

An integral concept in self psychology is the self-object, a term Kohut coined when he discovered a prevalence of people using other people as functional parts of themselves (Kahn, 1985). A self-object is defined as another person who is able to "shore up our sense of self" (Kohut, 1984). Self-objects are vital for confirmation, admiration, shaping and guiding and as a target of idealization through which standards and values are established and goals pursued (Elson, 1989). Kohut asserted the primacy of the self/self-object relationship for determining the normal or pathological outcome of all developmental stages; because human development is never complete or finite, the need for self-objects continues throughout the entire life span (Chernus, 1988). Self psychology holds that self/self-object relationships form the essence of psychological life, birth to death (Elson, 1986); a self-sustaining self-object environment is always crucial for an individual (Donner, 1988).

Normal, healthy psychological development occurs

within the changing relations between self and self-objects. Self-objects are never fully relinquished, though; they follow an evolving developmental course. Each developmental stage has its own unique self/self-object needs, from the primitive, archaic needs in infancy, to the more mature, symbolic fulfillment of self-object needs in adulthood (Baker and Baker, 1987; Kohler, 1980; Donner, 1988). Kohut postulated that each individual has an innate program to be fulfilled and in order to develop, self-objects are necessary in the construction of the self in infancy, the consolidation of the self in early childhood, and the sustenance of the self throughout life (Elson, 1989). The self always needs self-object functions performed by others, though the quality of these self/self-object relationships change through time and maturation (Chernus, 1988).

Self-object needs are internal needs of one person which must be met, at least in part, by another person. Another person in this way is needed as an extension of oneself, someone over whom one has "a degree of control normally reserved for a part of one's body like one's hand (Baker and Baker, 1987). In infancy, self-objects are those psychological functions with which the infant is not born and which are experienced as part of or within the self (Palombo, 1988), although anyone can potentially serve as a self-object. The infant's parents represent the self-ob-

jects who complement the infant's immature self (Palombo, 1981). Self-objects are absolute and intense and are met externally, primarily by the mother.

In the act of nurturing her baby, a mother is not perceived by the infant as a separate being; she is not thought about or perceived any more than the liver that stores glycogen and releases calories in the baby's body: when the stores of energy are exhausted and hunger is experienced, the internal regulations of the liver are no longer adequate to maintain a physiological homeostasis; something external is needed: "...the nipple, the breast, the bottle, the mother who responds as the liver responds" (Elson, 1986, p. 62). Similarly, Kohut (1971, p. 26-27) describes a small child who, experiencing other people "narcissistically", i.e., as self-objects, expects to have control over such (self-object) others which is "closer to the concept of the control which a grown up expects to have over his own body and mind than to the concept of the control which he expects to have over others."

In childhood, an increased distance from the mother as the primary self-object is tolerated and the child's caretaking milieu expands. The father becomes increasingly important, as do other parental substitutes (teachers, friends, grandparents). In adolescence, the peer group becomes the crucial self-object as the parents are

deidealized and feeling accepted by and similar to one's chosen friends is of primary importance. In adulthood, one's spouse, friends, careers, hobbies and interests all can serve as self-objects in the maintenance of self-esteem, self-assertion, self-reliance and self-direction. As a person develops, grows and matures, the healthy individual acquires reliable and consistent intrapsychic structures which take over many of the functions performed previously by external self-objects. The person becomes more internally competent, less externally needy and more flexible in their capacity to meet their own self-object needs (Baker and Baker, 1987).

In infants and children, it is developmentally appropriate to experience others as self-objects who are necessary to fulfill their self-object needs, and these needs are not considered pathological or symptomatic. Adults may also resort to such self-object needs in times of crisis or great stress. Adults who consistently need and use others in the fulfillment of self-object needs, however, may be experiencing deficits in the structure of their self; they have not developed the internal psychic structures that allow for the ability to consistently and reliably provide the self soothing and confirming functions for themselves and so turn to others to fill those vital needs.

Self-Object Needs

A child's common, everyday psychological needs are understood in self psychology as corresponding with the three poles or constituents of the self: the grandiose, exhibitionistic self, the idealized parent imago, and the alterego. Each of these poles have a corresponding transference identified by Kohut in treatment with his patients. In fact, it was through the experience of these transferences that led Kohut to the elucidation of these poles of the self. The transferences that arise from the mobilization of the grandiose self are referred to as mirroring transferences; the therapeutic mobilization of the idealized parent imago leads to the idealizing transference (Kohut, 1971), and in his later writings, Kohut (1984) identified the twinship transference as arising out of the alterego pole. The psychological needs of a child, then, are for parents, as self-objects, who respond to the child in developmentally appropriate ways that allow the child to acquire a "strong, cohesive and enduring self" (Tolpin and Kohut, 1980).

Mirroring self-object needs: The mirroring needs of a child are the normal, egocentric needs to experience enthusiastic, admiring and confirming responses from the self-object milieu as he or she displays pride in his or her body

and phase appropriate achievements (Donner, 1988; Kahn, 1985; Tolpin and Kohut, 1980). A child needs assurance of being recognized, appreciated and accepted, responses that legitimize his or her subjective experience of the world. The accurate, appropriate and empathic mirroring of a parent for their child leads to the healthy and vital ambitions and enthusiasm for life in the child; the parent mirrors back to the child a sense of their own value, self worth and self respect.

The child's grandiose pride becomes tempered and more selective when responded to with approval, pleasure and realistic, appropriate limits. The grandiosity and exhibitionism matures, ideally, into realistic ambitions and goals that are pursued with joy, pleasure and self esteem (Baker and Baker, 1987; Donner, 1988). The delighted response of the parents to the child is essential for child development. Disapproval, indifference, hostility or excessive criticism by the parent develops low self-esteem and self-worth and inhibits a child's healthy assertiveness.

Idealizing self-object needs: A child has a developmentally appropriate need to admire and idealize a self-object who provides an image of strength and omnipotence from whom the child can seek soothing, calming responses, protecting the child against feeling small and helpless (Donner, 1988; Kahn, 1985; Tolpin and Kohut, 1980). As the

child idealizes the strength and power of the omnipotence perceived in the parent, he or she also identifies with and shares in that same power and strength (Elson, 1986). The child whose idealization of his or her parents is accepted and who is allowed to merge with the parents' strength and comfort consequently experiences the same and therefore later develops self direction and challenging but realistic goals. All humans need to merge with and be close to someone who will make one feel safe, comfortable and calm.

Baker and Baker (1987) gives the example of a parent kissing the bumped knee of a small child; the parent's kiss has the "miraculous" powers of healing and the pain disappears. The external function of the kiss performs an internal function of calming, soothing and comforting.

As the child matures, the self-object needs of strength, power and protection evolve into the child's wish to merge with the parents's competence, moral values and ideals. The child then internalizes his or her own self-sustaining ideals, values and virtues and an increasing internal ability to calm and soothe one's self and regulate tension (Donner, 1980).

Twinship self-object needs: The twinship self-object need is "just to be with another alike person, a human among humans" (Kahn, 1985). Kohut speculated that talents and skills develop and become optimally utilized as a child

and adult work together on some activity, i.e., cooking or crafts. Kahn (1985) questions the necessity of the inclusion of this pole as separate and independent:

Although being in the presence of others seems like an important self-object need, it is not clear why talents and skills should develop for the most part, as a result of satisfying this need. Mirroring the child when he or she exhibits innate abilities would certainly also be an important facilitator of the maturation of talents and skills (p. 898).

However, there is an essential difference between the mirroring of a child's ability or skill, and the mutual participation of a parent in an activity with their child. The twinship needs of children are observable in their wishes to participate in activities with their parents and their efforts to engage the parent in an activity with them. The alterego or twinship self-objects are those with whom one feels an essential likeness with other people, of being a part of and connected to a human community (Baker and Baker, 1987; Elson, 1986).

The Structure Building Process

The Caretaking Milieu: The availability of an empathic caretaking milieu is essential for the acquisition of a cohesive internal self structure: meeting an infant's needs for warmth, changing, feeding and holding, in the context of emotional attunement and empathy, has a soothing effect which allows the child to merge with the adult's calmness

and strength (Elson, 1989). Empathy in a child's environment is a means to feeling whole, understood and soothed.

The healthy development of a child is dependent on an empathic, consistent caregiving environment. The expected responsiveness of the parent or other primary caregiver acting as the child's mirroring, idealized and alterego self-objects is the precursor of a child's self affirming, self strengthening psychic structures. This expected understanding and responsiveness (empathy) is frequently described as psychological oxygen and nutrition, essential for the normal, healthy intrapsychic growth of self structure which leads to the foundations of a cohesive self (Beebe & Lachmann, 1988; Elson, 1986; Tolpin and Kohut, 1980; Wolf, 1982). The continuous and consistent interactions with an empathically attuned environment allows the self of an infant or child to experience feelings of well being, vitality and pleasure in the uniqueness of his or her own goals, values and ambitions (Wolf, 1982).

Through parent-infant interactions, the human infant communicates their needs to the parent in a spiral of infant cues and parental responses, the parent's responses being dictated by their ability or capacity to respond empathically with their own "mature psychic structure" (Elson, 1989). Through this parent-infant interaction, the parents provide the needed self-object functions of the

infant which become internalized into the child's own unique self functions. The parents, as such, provide the psychic prestructure from which the infant's psychic structuralization of a cohesive self begins:

If the personality of the parents or their substitutes enables them to function in their normal parental role as structure providing self-object, if in other words, they can respond in depth to the unmistakable signs and signals with which normal infants and young children vigorously make known that the firming, confirming and strengthening responses that they require are temporarily missing, then the temporary disequilibrium that resulted from the self-object's brief unavailability is righted, and the experience of self fragmentation subsides.... (Tolpin and Kohut, 1980, p. 427).

Optimal Frustration: The building of internal psychological structures in a child is not reliant on perfect and constant empathy. Empathic failures on the part of the parents are inevitable and expectable within any human relationships and a necessary component of structure building in human development (Baker and Baker, 1987; Kahn, 1985). Kohut (1977) theorized that only through such failures can optimal frustration occur, without which the child may never internalize the functions performed externally by the parents and other caregivers. Optimal frustration occurs when there is an optimal and developmentally phase appropriate period of delay between a child's signal of anxiety and the caretakers response. This frustration is optimal when the delay is not so long that it is unbearable for the child. Structure building is stimulated as the

child learns to manage their own anxiety for the interim period between their signal and the caretaker's response (Elson, 1989).

Transmuting Internalization: The process of building internal psychic structure through empathy and optimal frustration is called transmuting internalization. A child transmutes the self-object function of the caretaker's response; that is, the function that is internalized is not identical to the self-object function, but becomes a self function uniquely the child's own. Selected components of the self-object are internalized, altered in a unique way by the child's inventions to meet his or her own psychological needs (Elson, 1989). Slowly, the child acquires the capacity to take over a small fraction of the functions previously performed by the self-object. Kohut (1971) further clarifies that what becomes internalized is the child's subjective perception of the affective, emotional content of the caretaker's function. This process of transmuting internalization occurs continuously in normal development, or belatedly in psychotherapy, and gradually leads to self structuralization (Kahn, 1985).

In summary, there is a two-step process in the building of an internal, cohesive psychic self structure, consisting of the (1) essential fulfillment of the self-object needs by an empathic self-object milieu, and (2) the optimal

empathic failures of the self-objects resulting in optimal frustration by the child and the transmuting internalization of those functions provided by the self-objects to become internal functions the child can provide for him- or herself in developmentally appropriate ways as the child grows and matures. Such a child who is "real and alive," existing as an "independent center of initiative with continuity in time and space," in other words, a child who has a firm and cohesive self (Tolpin and Kohut, 1980, p. 428).

When the basic needs are not met in infancy and early childhood, the process of structure building is interfered with and the internal psychic structures of the child remain defective as he or she grows into adolescence and adulthood. The lack of such structures can lead to various forms of psychopathology or driven, symptomatic behavior.

Psychological Pathology and Symptom Formation

While Kohut emphasizes that minor failures in empathy are an essential and natural aspect of parenting, the experience of pervasive and traumatic empathic failures by one's parent(s) is often the basis of self pathology in later life (Kohut, 1977). The lack of empathy in a parent leads to misperceptions of their child's needs and consequently to failure to provide adequately for the child (Palombo, 1981). Parental failures or inability to respond empathically

are "unintended and beyond the parents' control, having as their root cause the psychological limitations of the parents themselves" (Baker and Baker, 1987, p. 1). Kohut also maintains that specific traumatic events occurring in the course of a child's development, are far less significant in the child's later development than aspects of the parents' own personality, their inner psychic structure and self cohesion. Kohut (1977, p. 187) states that "...in the great majority of cases it is the specific pathogenic personality of the parent(s) and specific pathogenic features of the atmosphere in which the child grows up" which lead to later psychopathology or symptomatology.

Blaming, criticizing or being judgmental of parents is not the goal of this theoretical stance. Rather, it is believed that parents are not purposefully unresponsive, but their interactions with and responses to their child are motivated by their own deficits or unmet needs. Inadequacies in the parents' caretaking functions simply reflect the inadequacies of the self-objects of their own childhood (Elson, 1986). Children must then adapt or maladapt to the interactions of their parents with them.

Kohut (1977) acknowledges that parents' empathic failures may be a result of poor meshing or reciprocity between what is optimally needed by the child at any given level of development, and what the parent can or cannot

provide at that time, dependent on their own emotional needs, psychological issues or limitations. If a child's environment fits well with the unique age appropriate needs of the child, he or she will not feel dependent, helpless or in a deficit state (Elson, 1986). When the needed self-object functions are not reliable or consistent, the otherwise taken-for-granted functions are perceived by the child as external, over which the child has no control and the child, as a result, feels frustrated, helpless, dependent, and experiences a deficit in the formation of the self because these functions never have the opportunity to be internalized. They remain missing and sought after, often through desperate or self-defeating means.

Disintegration Anxiety: When a child's vigorous demands and assertive appeals are misunderstood or disregarded by objects that are experienced as part of the self, he or she experiences disintegration anxiety and the healthy assertiveness disintegrates and is transformed into helpless and impotent rage (Tolpin and Kohut, 1980).

Disintegration anxiety is a broad term which refers to "all the anxieties experienced by a precariously established self in anticipation of the further deterioration of its condition" (Tolpin and Kohut, 1980, p. 436). These authors describe the experience of small children, when their self-objects do not function adequately as feeling "unreal,

shadowy, ghost like, empty; their human surrounding, their possessions, their world becomes dead, devoid of substantiality, they suffer a drop and loss in self-esteem; they are depleted and depressed...the child and his world fall apart or become empty and devitalized" (Tolpin and Kohut, 1980, p. 437).

Structural Deficits: Empathic failures lead to fragmentation and interfere in the development of cohesion (Palombo, 1981). These interferences further lead to failures in structuralizations, resulting in a deficient sense of self. Pathologic symptomatology thus, are understood as attempts to defend against conscious or unconscious experiences of pain which are engendered by the deficit in the self structure (Palombo, 1981). In cases of structural deficit, anxiety is not caused by conflicts or fears concerning libidinal and aggressive impulses, but rather from threats to the cohesiveness of the fragile self: disintegration or loss of vitality (Tolpin and Kohut, 1980). These threats arise when the self-objects, usually the child's parent(s), do not understand certain basic psychological needs of the child and fail to respond to them.

Compensatory Structures and Defense Mechanisms: In order for any of the various forms of psychopathology to develop, a child needs to experience a repeated pattern of difficulty or empathic failures in at least two of the three

poles of the self, mirroring, idealizing or alterego. If only one is defective, a child may adapt and learn to compensate for missing or deficient psychological functions (Donner, 1988). Development will occur, perhaps with compromise, but such an individual may lead a relatively "symptom free, happy and effective life" (Baker and Baker, 1987, p. 6).

The "earliness and extensiveness" of the parents' or other self-objects' empathic failures differentiate between types and severity of pathology (Baker and Baker, 1987). If the failures are overwhelming for the child, but not overly traumatic, the child may attempt to fix or cover over the injury suffered by the lack of appropriate and empathic self-object functions needed by the child. The child believes that the parents' lack of responsiveness is due to some fault or inadequacy of his or her own and respond in increasing efforts to be smarter, cuter, better, etc., to win the attention and affection of the parent.

Defense mechanisms differ from compensatory structures in that they are maladaptive attempts to cover up any psychological deficits without any increase or improvement in one's psychological functioning. Feelings of inner emptiness or depression caused by chronic self-object failures are defended against by compulsive attempts to stimulate self-esteem or soothe the self, via sexual excitement, ag-

gressive attacks, use of drugs, alcohol or food, or compulsive actions, even healthy activities, such as jogging (Kohut, 1977; Tolpin and Kohut, 1980). From a self psychological point of view, most symptomatic behavior is viewed as an emergency attempt to maintain and/or restore internal cohesion, wholeness and harmony to a vulnerable, unhealthy self (Baker and Baker, 1987). Even if this behavior or defense mechanism is self-defeating or self-destructive, it is considered preferable to disintegration anxiety or depression.

Adolescent Development

Attempts to describe and understand adolescence from a self-psychological point of view are infrequent. However, Cohler (1980) states that adolescence is a particularly good period of human development to apply and study the various concepts within self psychology because of the nature of its transitional state, marked by extreme physical and psychological changes that result in alterations of one's self-concept and self-esteem.

Deidealization of one's parents: Increasing cognitive capacities lead to the adolescent's inescapable deidealization of one's parents, the childhood idealized parental imago. The maturing adolescent now recognizes parental defects for the first time and perhaps experiences

a traumatic disappointment (Wolf, 1982, 1988; Wolf, Gedo and Terman, 1972). Despair and depression can follow such severe disappointment and disillusionment, resulting in a disruption of the process of transmuting internalization (Rowe and MacIsaac, 1989). As parental figures are deidealized, many teens become increasingly involved with their peer group and, possibly even with cults, drugs and sexual promiscuity.

Parents of an adolescent need to adapt to their child's decreased need of them and accept a less central position in their children's lives. The evolving and maturing relationship between adolescent and parent is like the rehearsal of a duet, as both partners complement, respond to, and sometimes interfere with each other (Elson, 1986)

Adolescence can become a period when the selves of both parent and child are vulnerable to enmeshment (Elson, 1986). As the adolescent struggles to relinquish the centrality of the parents as the primary self-objects and begins to take the necessary steps toward a wider array of self-objects, this process can threaten the sense of continuity for both the parent and the teenager. The compelling tasks of adolescence can lead to a destabilization of the sense of cohesion in either or both parties, resulting in the experience of fragmentation, or it can be perceived by the adolescent and his or her parent(s) as a challenge which

will promote higher, more symbolic levels of integration (Palombo, 1988).

As the peer group becomes more important for the maintenance of self-esteem than the parents, an adolescent derives from those in the peer group the confirmation of his phase appropriate grandiosity. An adolescent may also use a popular peer group idol as a new idealizing self-object. Eventually, the adolescent's own values and ideals will evolve and a combination of the parental ideals and values and those of the peer group will become part of the adolescent's own self-identity (Wolf, 1988).

Restructuring of the self: The capacity for cognitive development to mature into formal operations (Piaget, 1923) is dependant on the support of the empathic environment which is sustained by the child's parents, teachers and significant caregivers, and this development forces an adolescent into a "restructuring" of one's self. This restructuring process is understood within self psychology as having as its basic task the attainment of a life goal which will organize the adolescents future pursuits, promoting self-esteem and a stable sense of identity (Palombo, 1988).

Adolescent development culminates when the adolescent is able to choose ways in which he or she can express the acquired values and ideals, guiding the adolescent toward a

chosen life goal (Wolf, 1982). This achievement represents the consolidation of a nuclear sense of self, resulting from the symbolization of self-object functions (Palombo, 1988).

Difficulties in adolescent development: The psychological tasks of adolescence may expose serious deficits in the self. Disorders of the self commonly seen in adolescents brought to mental health and social service agencies are manifested in low self-esteem, lack of goals, immobilization, or in dangerous acting out behaviors, such as substance abuse, delinquency, or promiscuity. These teens are unable to regulate self-esteem, are prone to fragmentation, are highly vulnerable to narcissistic injuries and are unable to establish and pursue goals. They may also experience depression and emptiness, feel unloved, and unable to respond to others. They are characterized by either a severe incapacity to engage in meaningful and appropriate activity, or by frantic activity in an effort to fill what is experienced as an inner void or emptiness (Elson, 1986).

Sexuality in adolescent development: Self psychology recognizes that sexuality is an important factor, "sometimes even the most important factor" in the development and maturity of the self (Wolf, 1982). In this way, Kohut, like Freud, placed much importance on sexual development and sexual drives in human development across the life span. But unlike Freud, Kohut believes that one's sexual drive is

not the essential motivator of human behavior, but rather that the self is driven for self-expression and to maintain self cohesion, both of which are experienced as measures of self-esteem. Sexual development and expression of one's sexuality can serve the self for these purposes.

In Analysis of the Self, Kohut (1971) comments that adolescent sexual activity can potentially serve narcissistic purposes, with the aim of counteracting feelings of self-depletion or fragmentation. Even relatively stable adolescents engage in sexual activity in order to enhance self-esteem. Since the basic neutralizing structures of the psyche are acquired during the pre-oedipal period, through the availability of empathic early childhood self-objects, any deficiency in these neutralizing structures can later result in the sexualization of psychological needs (Kohut, 1971; Tolpin and Kohut, 1980). Kohut (1977) continues to assert in The Restoration of the Self, that many children:

...seek the effect of erotic stimulation in order to relieve loneliness, in order to fill an emotional void. ...in the attempt to relieve the lethargy and depression resulting from the unavailability of a mirroring and of an idealizable self-object. These activities are the forerunners of the frantic sexual activities of some depressed adolescents...(p.272).

Elson (1986) also affirms that an adolescent's sexuality may become driven by compulsive efforts to fill in missing psychological, self-regulatory functions as a result of injured cohesion or a failure to achieve cohesion.

Palombo (1981) provides a case example of a 16 year old male seen in treatment:

...he would seek out sexual excitement whenever he felt depressed or depleted. Having few friends yet being extremely bright he felt isolated from his environment; his sexual activity seemed related to his efforts to seek out self-objects to attenuate the pain of his isolation. ...The sexual excitement he sought served the purpose both of avoiding the pain of his depression, and of getting the contact and affirmation from another person that he so constantly needs (p. 13).

Tolpin and Kohut (1980) declare that such sexual "maneuvers" may be psychologically "lifesaving" for the lonely child, but that such maladaptation to one's psychological environment may have great costs later in the area of their developmental potential.

In the teenage years, the sexualization of psychological needs easily can become a large part of one's experience (Elson, 1986; Hajcak and Garwood, 1988), since drastic biological and hormonal changes are taking place and as the social milieu of the peer group has a greater impact on the behavior and attitudes of teenagers. It is important to indicate that sexualization as a symptom of psychological distress is just one of other possible mechanisms that can be adopted for the same adaptational purposes. Sexualization as a symptom of a self-deficit can be understood as an addiction: "like all addictions, it is meant to do away with a defect in the self, to cover it, or to fill it, via

frantic, forever repeated activity" (Tolpin and Kohut, 1980, p. 439). Driven sexual acting out is not the expression of an innate sexual drive, nor of oedipal conflict, as Freud (1918 [1914]) theorized, but rather a sign of psychic disturbances in a self attempting to feel alive again, to soothe, stimulate, or pull itself together.

It was also once thought that penis envy in female children (and parallel castration anxiety in male children) generates the desire for pregnancy and childbirth. The role of gender identity and sexuality from a self psychological perspective offers an alternative explanation. It was not as Freud had theorized earlier, that feelings of inferiority, masochistic acceptance of passivity, and the ultimate wish to have a baby, are the primary identifying character traits of womanhood; where these traits are found or observed in females, according to the understanding of self psychology, they are characterological distortions that resulted from failures of the primary self-objects to adequately and appropriately mirror the child's developing self (Elson, 1986).

With a self psychological understanding of human development, particularly adolescent development, the issues of adolescent motherhood can now be examined. Common characteristics of these young mothers and their capacities to empathically and effectively parent their infants and young

children are presented. From this knowledge their needs as both mother and teenager can be known and utilized in the development of intervention programs.

CHAPTER III

Introduction

In this chapter, the social, economic, familial, and psychological concerns of adolescent mothers are presented. Caretaking knowledge, abilities and skills of adolescent mothers is also discussed. When assessed in comparison with older mothers, and with an understanding of the developmental needs of infants, as discussed in the preceding chapter, significant issues and problems of adolescent motherhood are identifiable.

Characteristics of Adolescent Mothers

Socioeconomic factors: Poverty or low socioeconomic status appears to be a very common factor found among adolescent mothers, either as a factor which predisposes some adolescents to a greater likelihood of teenage pregnancy (Darabi, Graham, Namerow, Philliber & Varga, 1984; Field, Widmayer & Stringer, 1980; Mayer & Jencks, 1987; Panzarine, 1989; Simkins, 1984), or as a negative consequence of premature parenthood, due to high rates of school drop-outs and lowered vocational and economic opportunities among teen parents (Burden and Klerman, 1984; Card & Wise, 1981; Elster, McAnarney and Lamb, 1983; Garcia-Coll, Hoffman, Van Houten and Oh, 1987; Klein and Cordell, 1987; Maracek, 1987;

Ortiz & Bassoff, 1987; Philliber and Graham, 1981; Saari, 1985).

Teens from socio-economically disadvantaged homes and environments may feel they have limited educational and employment opportunities and their families tend to place little value on education and intellectual development (Coblener, 1974; Dryfoos, 1984; Goldfarb, Mumford, Schum, Smith, Flowers and Schum, 1977; Hanson, Myers and Ginsberg, 1987). Under such circumstances, early sexual activity and parenting may be viewed as having far fewer opportunity costs when compared with middle or upper class adolescents. Adolescent girls who have few educational or vocational goals may perceive pregnancy and motherhood as an alternate means to attaining adult status and economic independence, and may therefore be insufficiently motivated to take contraceptive precautions (Buccholz and Gol, 1986; Fine, 1988; Gabriel and McAnarney, 1983; Klein and Cordell, 1987; Maracek, 1987; Oz and Ralph, Lockman and Thomas, 1984; Rickell, 1989).

The motivation to avoid pregnancy and motherhood stems from an adolescent's knowledge and understanding of the consequences of early childbearing and her recognition of the relevance of these consequences to her own life. If a young woman already perceives herself to have limited opportunities, she may not believe that foregoing maternity

will be rewarded by greater opportunities or life options (Dryfoos, 1984).

Stresses associated with low socio-economic status appear to affect the children of adolescent mothers as their already limited mothering capacities are further constrained by worries of economic survival (Conger, McCarty, Yang, Lahey, and Burgess, 1984; Darabi, et. al., 1984; Davis, 1988; Field, Widmayer and Stringer, 1980; Jones, Green and Krauss, 1980; Simkins, 1984). An adolescent mother's socioeconomic status has been found to have the greatest impact on child and maternal outcome measures of mother-child interaction, child's academic and social-emotional functioning, mother's self-esteem, stress, and perception of her child's behavior (Furstenberg, et. al., 1987; Stone, Bendell and Field, 1988). Furthermore, working adolescent mothers, compared with their unemployed peers, have greater self-esteem, self-confidence and self-efficacy; they have a higher frustration tolerance; they experience less depression, stress and anxiety associated with financial worries; they are less likely to abuse drugs or alcohol (Mercer, Hackley and Bostrum, 1984; Rickell, 1989). Employment is also associated with more nurturant, empathic, attentive and stimulating parenting behaviors (Mercer, et. al., 1984).

Family of Origin: Among all socioeconomic levels, there are differences in the family and home environments

between adolescent mothers and their non-parenting peers (Landy, Schubert, Cleland, Clark and Montgomery, 1983; Maracek, 1987; Oz and Fine, 1988; Robbins, Kaplan and Martin, 1985); as Oz and Fine (1988) state, adolescent pregnancy can be "seen as an accident of a life style encouraged by a troubled family life."

A "family syndrome" of characteristics has been identified among many pregnant and parenting teenagers (Landy, et. al., 1983). Factors included in this syndrome are very large families (Goldfarb, et. al., 1977; Robbins, et. al., 1985); broken homes and the absence of or a weak, ineffectual father figure (Barglow, et. al., 1968; Landy, et. al., 1983; Meyerowitz and Malev, 1973; Robbins, et. al., 1985); parental substance abuse (Oz and Fine, 1988) or mental illness in a family member (Stiffman, Earls, Robins, Jung and Kulbok, 1987); having been in foster care at any time in the teenage girls life (Oz and Fine, 1988), and having experienced abuse either presently or as a child (Culp, Applebaum, Osofsky and Levy, 1988; Wright, 1986).

Adolescent mothers often come from dysfunctional, unstable and chaotic families, and exhibit personality traits of low self-esteem, lack of self-confidence and personal goals, and social-emotional immaturity (Rickell, 1989; Stiffman, et. al., 1987). Even among adolescents who experienced the same level of extreme economic disadvan-

tage, those who became pregnant differ significantly from those who do not on measures of psychosocial disadvantage within their families: those who do not become sexually active prematurely or who effectively use contraception to avoid pregnancy often come from more stable and secure home environments (Stiffman, et. al., 1987) or were able to identify a significant person in their life who had a positive impact on their self-esteem, educational achievement and future goals (Oz and Fine, 1988).

Pregnancy and motherhood is often understood as a rite of passage into independence and adulthood (Kriepe, 1983; Theriot, Pecororo and Ross-Reynolds, 1991). Considering the traumatic childhood experiences of many adolescent mothers and the feeling of "powerlessness... in the company of adults who did not protect them, it is not hard to understand their desire to leave childhood behind at the first opportunity" (Oz and Fine, 1988, p. 260).

When pregnancy or motherhood is used as an attempt to attain independence or adult status, they are "not so much approaching an ideal situation as avoiding an intolerable one, usually at home or school" (Kriepe, 1983). Such an attempt at independence and separation from one's parents often backfires for the adolescent, resulting in a greater loss of independence and freedom, as the responsibilities of parenthood are assumed, and dependence on her family,

especially her mother, for financial and child care assistance increases (Young, 1988). This dependence creates further conflict for the adolescent as she struggles developmentally to separate from her family (Zuckerman, Winesmore and Alpert, 1979).

Stress: New, primiparous mothers of all ages experience a wide variety of emotions, reactions, thoughts and feelings, and are confronted with many adjustments, challenges, and unexpected difficulties (Benedek, 1959; Osofsky and Osofsky, 1983). For adolescent mothers, though, the transition to the role of motherhood and the adjustments required comes at a time that is out of phase with the usual course of life events. In addition to the stress of being a parent, the teenage mother is still undergoing the emotional upheaval of adolescence and establishing her own sense of self-identity (Schaffer and Pine, 1972). She needs to provide a stable environment for her child although she may not even be able to achieve the same for herself (Rickell, 1989). Pregnancy and motherhood, when superimposed on the developmental, maturational crisis of adolescence, generates a crisis above and beyond the typical stress of such a life-changing event (Elster, et. al., 1983). An adolescent has not yet developed the psychological maturity nor the social support network to help them cope effectively and adequately.

Maternal stress adversely affects maternal sensitivity and thus the security of the mother-infant attachment. Stress can lower a mother's patience for and tolerance of the infant, especially the infant's crying, leading to the inaccurate perception and interpretation of the infant cues, inappropriate or impulsive maternal responses to the infant (Crnic, Greenberg, Robinson and Ragozin, 1984), withdrawal of the parent's attention, or parental irritability, frustration and angry outbursts (Rickell, 1989). Severe life stress has also been associated with depression and feelings of powerlessness and helplessness in adolescent mothers (Beardslee, Zuckerman, Amaro and McAllister, 1988).

Social Support: Many studies have shown social support to be a significant factor in minimizing and coping with stress in general (Hirsch, 1980; Thoits, 1982), and specifically the stress of an adolescent mother as a result of an unplanned pregnancy and the birth of a baby (Barth, et. al., 1983; Boyce, Kay and Uitti, 1988; Crockenberg, 1986; Crockenberg, 1987; Furstenberg and Crawford, 1977; Giblin, Poland and Sachs, 1987; Jacobson and Frye, 1991; Panzarine, 1986; Sherman and Donovan, 1991; Thompson, 1986).

Social support is operationally defined by Hirsch (1980) as providing important functions such as cognitive guidance, social reinforcement, tangible financial or child care assistance, social stimulation and emotional support.

All of these functions can positively effect an adolescent's maternal sensitivity by alleviating some of her stress, increasing her knowledge of child development, enhancing her self-esteem or providing practical assistance such as child care, housekeeping or transportation. The support of one's family also allows the teenager to finish school, become employed and eventually gain financial independence. Ideally, social support can also potentially assist an adolescent mother in her social, emotional and cognitive developmental obstacles (Philliber and Graham, 1981).

Although familial support improves the educational, occupational and financial prospects of adolescent mothers, no relationship is found between support received by living with one's family of origin, and the adolescent mother's child-rearing styles or the developmental outcomes of the infant (Furstenberg and Crawford, 1977; Klein and Cordell, 1987).

Unmarried adolescent mothers living in their parents home had large support networks, but they also had higher anxiety levels about child care, more resentment of their mothering role and fewer ideas about infant stimulation, compared to other adolescent mothers not living in the parental home. These difficulties may be due to the presence of the adolescent mother's own mother, inhibiting the teenager from fully accepting and adapting to parenting,

especially if her mother is intrusive, takes over the primary caretaking responsibilities or in other ways treats the grandchild more like the adolescent's sibling than her child. Furthermore, a high degree of an adolescent mother's dependency on her family has been found to be associated with maternal depression, and interfering with a positive maternal attitude and competent parenting (Wise and Grossman, 1980).

The quantity of social support received does not equate with quality (Crockenberg, 1987; Lamb, Elster, Peters, Kahn and Tavore, 1986). In fact, social support from family members, boyfriends or husbands can be a "mixed blessing" (Crockenberg, 1987). Members of one's social support network were equally often identified as sources of both support and stress among adolescent mothers in the study by Crockenberg (1987). The positive correlations found between social support and a mother's increased emotional attunement, appropriate maternal behaviors and responsiveness to her child is dependent on the adolescent's perception of her support network as emotionally supportive and understanding (Furstenberg and Crawford, 1977; Crnic, et. al., 1984; Crockenberg, 1987).

Emotional support is important for all teenagers; teen mothers do not necessarily suffer the most psychological distress; rather poor and isolated teens in general are the

most psychologically impaired and it happens to be these teens who are more likely to become an adolescent mother (Barth, et. al., 1983; Crockenberg, 1987).

Emotional and social variables of the adolescent's mothering capacities are potentially affected through the interpersonal warmth of professional supportive services (Crockenberg, 1987). The mother's feeling of competency is enhanced, her self-esteem is raised, and she is aided in the further development of new sources of positive social and practical support which may prevent the loneliness, depression and anxiety that would negatively affect the mother-child relationship (Rickell, 1989).

Psychological Factors: There are some indications that adolescents who experience pregnancy and motherhood during their teenage years also experience greater rates of mental illness or personality disorders (Rickel, 1989). However, it is unclear whether pregnant or parenting teenagers were disturbed emotionally or psychologically prior to the pregnancy and parenthood, or whether the demands of these experiences were causing problems in personal and social adjustment. Barth, et. al. (1983) found little evidence for any composite psychological profile of adolescent mothers to be accurate. Regardless of the etiology of these problems, they can significantly impact on the adolescent's mothering capacities.

Low self-esteem and a poor self-concept have been proposed as factors related to adolescent pregnancy and motherhood (Horn and Rudolph, 1987; Koniak-Griffin, 1989; Patten, 1981; Streetman, 1987; Zongker, 1977). Self-concept (conceptualized as an individual's perception as oneself, versus self-esteem which is an individual's perception of how one is perceived by others) was consistently found to be higher than self-esteem among pregnant teenagers (Patten, 1981). Zongker (1977) found concurring evidence of this. On the Tennessee Self Concept Scale, pregnant adolescents were found to have low self-concept on all but one measure, that of self-acceptance, indicating that pregnant girls may have already accepted a lower opinion of themselves.

Meyerowitz and Malev (1973) associated low self-esteem and self-derogation among pregnant teenagers with social and family chaos and that their insecurity and lack of self-esteem is defended against by "deviant acting out" in the form of adolescent pregnancy among females. These authors also identified extreme feelings of apathy, depression and hopelessness as factors which predispose some teens to pregnancy.

The evidence of low self-esteem or low self-concept among pregnant teens is not conclusive (Barth, et. al., 1983; Robbins, et. al., 1985). Under certain contextual circumstances, some adolescents with high self-esteem and

positive perception of their own self-efficacy may actually be at greater risk for premature pregnancy (Robbins, et. al., 1985; Segal and DuCette, 1973). For some teens, pregnancy may enable them to modify previously antisocial behavior patterns and feel more positive about themselves and their future in anticipation of their parenting role (Buccholz and Gol, 1986; Stiffman, et. al., 1987). Higher levels of overall contentment have been found among pregnant adolescents when compared to their never pregnant peers (Barth, et. al., 1983; Stiffman, et. al., 1987). With her identity as a mother, a teenager perceives opportunities for mastery in her life, to make amends for the past, and to experience a renewal of herself (Schaffer and Pine, 1972).

The adolescent's relationship with her mother: The attachment to and relationship with their own mothers appears to be of significance among adolescents who become pregnant. While a teenage pregnancy often appears as an attempt to assert one's independence from one's parents, it is faulty and usually unsuccessful, reflecting the difficulty and ambivalence of the tasks of separation in adolescence or expressing the adolescent's conflictual longings to remain dependant (Barglow, et. al., 1968; Khlentzos and Pagliaro, 1965; Maracek, 1987; Schaffer and Pine, 1972; Theriot, et. al., 1991). Furthermore, the unresolved maternal conflicts of a pregnant adolescent may become

future impediments to her ability to form a secure attachment with her baby and to care appropriately for him or her (Fraiberg, 1987a; Levenson, Atkinson, Hale and Hollier, 1978; Osofsky and Eberhart-Wright, 1988).

Despite the fact that many pregnant teens self-reported positive relationships with their mothers in one study, further clinical evidence suggests that these relationships were often symbiotic, overprotective and smothering (Landy, et. al., 1983). Young (1988) believes that a girl who becomes pregnant at any sub-phase of adolescent development is typically trying to resolve important conflicts of separation and individuation. It appears that the difficult task of separation in adolescence can be made smoother with the transitional object of a baby of one's own. The pregnancy or the adolescent's infant allows for an increased separation from the internal object of the adolescent's own mother, a "bridge" between being close to, yet separate from the mother, and as such helps in the separation-individuation process (Miller, 1986). Evidence of this bridging between mother and daughter has been found in improved communication as a result of the daughter's pregnancy (Theriot, et. al., 1991).

Sexual acting out and pregnancy can be a means of obtaining maternal soothing (Hatcher, 1973; Miller, 1986; Sugar, 1976). The experience of pregnancy, however, may

further provoke the conflictual, ambivalent feelings an adolescent may feel between longings to be nurtured and mothered by the "pregenital mother-of-infancy," and a wish to be a mother to one's infant, as well as to one's own self (Schaffer and Pine, 1972). These conflicts highlight the importance of and necessity for understanding pre-oedipal factors in adolescent pregnancy and motherhood, especially for an adolescent who experienced deprivation of her own mother's emotional availability in infancy or early childhood (Hart and Hilton, 1988; Miller, 1986).

Loss: Loss of a loved one or other serious family disruption is also identified as a critical variable in teenage pregnancy (Bolton, 1980; Hart and Hilton, 1988; Heiman and Levitt, 1960; Maracek, 1987; Miller, 1986; Swigar, Bowers and Fleck, 1976; Wright, 1986).

Tolpin (1971) believes that the psychic work necessary in mourning is similar to the psychic work required for the internalization of self-soothing functions. Miller (1986), in a study of pregnant adolescent girls who had experienced the death of one or both parents, found that, perhaps due to pre-oedipal deficits (inadequate internal psychic structures), these pregnant teenagers were unable to complete the mourning process for their parent(s) or to self-soothe and thus their fertility and anticipated motherhood acted as a means of coping with both. The potency and vitality of life

inherent in the experience of pregnancy served to counteract the feelings of loss and abandonment, reducing tension and regaining a sense of stability (Swigar, et. al., 1976).

An earlier study on out of wedlock pregnancy and childbirth among women of all ages also reflects psychoanalytic interpretations about the effect of early deprivation on later difficulties in self-soothing and how pregnancy and motherhood is a means of seeking assuage for feelings of emptiness (Heiman and Levitt, 1960). These authors further posit that both early loss of a significant love object, and the subsequent depression as a reaction to that loss alone do not sufficiently explain the subsequent pregnancy. While these factors impact on the future likelihood of adolescent pregnancy and motherhood risk, they believe an understanding of the early mother-child relationship of the pregnant or parenting adolescent is needed in order for the impact of separation, loss and depression to be psychodynamically valid.

Maternal Behaviors of Adolescent Mothers

From the research available, it seems clear that pregnancy and motherhood in adolescence are not random phenomenon. While much research is needed to explore ways of preventing adolescent motherhood, the real presence of adolescent mothers has continued to be an important societal

issue, requiring research into their parenting capacities, behaviors and attitudes.

Child abuse and neglect: Teenage parents are often assumed to be abusive of their children, although there is little supportive evidence of this assumption. Evidence of inappropriate parenting behaviors of adolescent mothers is reported, describing them as impatient, insensitive and as having a tendency to be overly punishing or restrictive of their infants in a way that is inappropriate for the infant's level of development and not empathic with the infants's needs (DeLissovoy, 1973; Furstenberg, et. al., 1976; Lawrence, 1983; Schilmoeller and Baranowski, 1985). Lawrence (1983) observed aggressive, inappropriate behaviors among 30 adolescent mothers such as "picking, poking and pinching" their infants, actions that were rarely seen among the adult mothers in the study. Some adolescent mothers discipline more on the basis of their own emotional reaction to the child's behavior at any given moment, rather than on an objective and consistent assessment of the child's behavior (DeLissovoy, 1973; Kinard and Klerman, 1980).

Many studies about the abusive, neglectful or harmful parenting behaviors of adolescent mothers are descriptive or have methodological flaws, confounding the effects of age with socio-cultural, socioeconomic and marital status, and making interpretation of such results difficult (Kinard and

Klerman, 1980). Adolescent mothers experience greater financial stress, marital discord, family disorganization and single parenthood, variables which may be more significantly related to the incidence of child abuse than maternal age (Bolton, et. al., 1980; Elster, et. al., 1983; Kinard and Klerman, 1980; Philliber and Graham, 1981).

Adolescent mothers are often over-reported for child maltreatment, perhaps because they are subjected to closer scrutiny than adult mothers. These reports, however, which are often unfounded when investigated, may be more indicative of problems other than maltreatment, i.e.: the mother's immaturity, social isolation, lack of knowledge regarding child care and child development, and financial strains (Miller, 1984).

Adolescent mothers are more likely to be neglectful of their children, in the form of inadequate nutrition, health care and hygiene, than they are to be abusive (Miller, 1984). Emotional neglect is especially concerning when a mother is unable to respond to her child's need for stimulation and affection (Sugar, 1986). Teenage mothers may not be so much in need of protective or custodial services as they are in need of financial, educational, vocational and emotional assistance.

Infant Stimulation: The parenting skills and behaviors of adolescent mothers vary greatly. Despite their

heterogeneity as a group, though, many are identified as interacting with their infants in ways that may increase the infants' risk of developmental delay (Roosa, Fitzgerald and Carlson, 1982).

The most conclusive and definitive research finding is the amount of vocalization to and verbal stimulation provided by adolescent mothers to their infants by these young mothers, differing significantly from that provided by older mothers. This difference has been attributed to various factors related to an adolescent mother's youth (Culp, Culp, Osofsky and Osofsky, 1991; Culp, et. al., 1988; Field, 1980; Greene, Sandler and Altmeir, 1981; Sandler, Vietze and O'Connors, 1981; Schilmoeller and Baranowski, 1985; Sugar, 1986). Visual regard of one's infant is also found to be lacking among adolescent mothers (Culp, et. al., 1991; Field, 1980; LeResche, Strobino, Parks, Fischer and Smeriglio, 1983), and when adolescent mothers do interact "en face" with their infants, they are less expressive than adult mothers (Culp, et. al., 1991). An earlier study by Culp and colleagues (1988), however, found no differences in visual regard when compared to older mothers, although they did find significant differences in observations of auditory and tactile stimulation.

Adolescent mothers are more physically interactive with their babies than they are verbally or visually (Culp,

et. al., 1988; Garcia-Coll, et. al., 1987; Osofsky and Osofsky, 1970; Sandler, et. al., 1981), but when compared to adult mothers, the adolescent mothers' tactile and physical stimulation of their babies is still significantly less (Culp, et. al., 1988; Garcia-Coll, et. al., 1987; McAnarney, Lawrence and Merritt, 1983; Sugar, 1976). The differences in both physical and verbal interaction of adolescent mother with their infants may be partially explained by their level of educational attainment and socioeconomic status (Philliber and Graham, 1981; Sandler, et. al., 1981).

Since vocalizing to and looking at a baby are nurturing maternal behaviors (Epstein, 1980), the above findings suggest that teenage mothers are less empathically sensitive to their babies than are adult mothers. Overall, adolescent mothers appear to provide adequate and appropriate care of their infants in the provision of feeding, burping, changing, and dressing (Bolton and Laner, 1981; Schilmoeller and Baranowski, 1985), but they tend to do so with less of a positive attitude, without concurrent verbal/vocal interaction or stimulation, and with less spontaneity, cuddling playfulness and enjoyment of her infant than that displayed by older mothers (Conger, 1984; Culp, et. al., 1991; DeLissovoy, 1973; Epstein, 1980). Adolescent mothers also express less depth and variety of affect and emotional stimulation to their infants than do adult mothers (Garcia-

Coll, et. al., 1987; Schilmoeller and Baranowski, 1985).

Landy, et. al. (1983) found that young teenage mothers do hug and kiss their babies frequently, but in comparison with older mothers, they play with them less, leaving them in their cribs for longer periods of time. Adolescent mothers often regard their babies as "dolls", something to cuddle, rather than an infant with developmental needs for stimulation and interaction and as having a personality of his or her own (Klein and Cordell, 1987; Landy, et. al., 1983). When adolescent mothers do play with their babies, they are found to be less inventive, patient and positive when engaged in play activities, although no differences were found in provision of play materials and overall home environment (Garcia-Coll, et. al., 1987; Schilmoeller and Baranowski, 1985).

Maternal knowledge of child care and development: The level of accurate knowledge about child development and child care-taking activities among teenagers and the bearing of this awareness on actual mothering behaviors among teen mothers has been found to be of significance (Elster, et. al., 1983; Furstenberg, et. al., 1987; Fulton, Murphy and Anderson, 1991; Klein and Cordell, 1987; Larsen and Juhasz, 1985; LeResche, et. al., 1983; Parks and Smeriglio, 1983; Reis, 1989).

Developmental norms of child development have been

determined and suggested as guidelines of what behavior or important milestones a parent can expect as their baby grows and develops. An accurate understanding of such developmental guidelines is important in that they often govern how a parent reacts to his or her child, affecting their patience, tolerance and sensitivity, and influencing their perception, interpretation and response to the infant's cues. Knowledge of child development has been positively correlated with accurate interpretations of and appropriate responses to a child's cues by his or her mother (DeLissovoy, 1973; Elster, et. al., 1983). Inaccurate child development knowledge leads to low tolerance by the mother and unrealistic expectations of their child's development, resulting in maternal frustration, impatience, anger, and frequent or inappropriate punishment (DeLissovoy, 1973; Fulton, et. al., 1991). For example, many adolescent mothers believe that a baby has the ability to know right from wrong at a very young and unrealistic age (approximately 10 months to one year), and they engage in physical punishment of their infants as young as six and seven months of age when the child cried or fussed (DeLissovoy, 1973).

Adolescent mothers frequently underestimate the rate of cognitive and social development in their infants, cognizant only of their infants need for physical caretaking. These inaccurate perceptions prevent the teenage

mother from being observant of their infants' skills and capacities. When presented with alternative ways of interacting with their infants, these young mothers are less able to discern this information in useful ways. Older adolescents (17-19 years), however, are considerably more observant than their younger peers (13-15 years, 15-17 years), and benefitted more from an educational intervention program (Epstein, 1980).

Contrary to other reports, Parks and Smeriglio (1983) found adolescents' knowledge of child development and about infant caregiving tasks was adequate and no differences were found when compared to adult primiparous mothers with similar socioeconomic status. The use of a control group in this study give these findings much credibility. Field, et. al. (1980) also used comparison groups of adult mothers, but did find differences of knowledge of child development due to maternal age. But unlike the study by Parks and Smeriglio (1983), Field, et. al. (1980) did not control for parity. In this study, the finding that the adult mothers had more accurate and realistic expectations of child developmental milestones may be due to the experience they accumulated through the parenting of their first children, while the adolescent mothers in the sample were all primiparous.

Accurate knowledge of child development does not

necessarily lead to optimal parenting behaviors (Rickell, 1989). Larson and Juhasz (1985) determined that knowledge alone is not enough to ensure effective parenting. Although they did find that lack of child development knowledge was correlated with negative parenting attitudes, they concluded that the social-emotional maturity of the adolescent mother is a more relevant variable in the correlations, without which the mother's knowledge may not be actualized in her mothering behaviors. A parent must be socially and emotionally mature enough to center on another person and be aware of and sensitive to the needs of one's infant.

Maternal childrearing attitudes: A major factor influencing the behaviors of adolescent mothers is maternal attitudes toward the child, childrearing and her role as a mother, attitudes which are formed by a mother's cognitive expectations, self-esteem, experience of depression and her perceived satisfaction in the relationship with her child (Rickell, 1989; Zuckerman, et. al., 1979). Adolescent mothers have been found to have more negative, punitive attitudes toward childrearing than adult mothers, (Elster, et. al., 1983; Fox, Baisch, Goldberg and Hochmuth, 1987; Reis, 1988). These child-rearing attitudes are an important component of parenting in that they are the "lenses" through which a mother views, appraises and interacts with her child (Elster, et. al., 1983).

Not all researchers determine adolescent mothers to have negative attitudes about parenting. Mercer and colleagues (1984) interviewed and observed teenaged mothers and their infants across the infant's first year of life. Although the competence of mothering varied considerably, this author reported a general sense of fulfillment among these adolescent mothers. Roosa, et. al. (1982) also found no clear relationships or differences in parenting attitudes among the subjects of three separate comparison groups: pregnant teenagers, non-pregnant teenagers and pregnant adults.

Maternal expectations and perceptions: Adolescent mothers have been found to view their infants as more temperamentally difficult than adult mothers (Elster, et. al., 1983; Field, et. al., 1980; Greene, et. al., 1981; LeResche, et. al., 1983; Zeenah, Keener, Anders and Vieira-Baker, 1987). This factor is important because a mother's negative perception of her child, or attributing the infant with malicious or manipulative motivations, can significantly impede the mother's capacities for attachment to and nurturing of her baby (Zeanah, et. al., 1987). The infant's developing personality and shaping temperament is potentially effected, setting up the possibility of self-fulfilling prophecies (Campbell, 1979; Fonagy, Steele, Moran and Higgit, 1991; LeResche, et. al., 1983).

It is difficult to determine when a mother's perception of her infant's temperament is realistic and related to actual infant behavior, or if it stems from the adolescent mothers' own anxiety. Zeanah, et. al. (1987) found that an adolescent mother's level of anxiety was significantly related to the mother's rating of her infant as difficult: the higher the anxiety in a mother, the more difficult she perceived her infant to be. It may be that the more difficult infants make the mothers more anxious, but no evidence for this was found in objective observations of the infants' behavior or among scores on the Newborn Behavioral Assessment Scale. More likely, the more anxious mothers tend to rate their infants as more difficult out of their own internal anxiety as opposed to any objective differences in infant behavior.

Maternal perceptions of one's infant are not stable throughout childhood. Changes in maternal behavior and attitudes have been noted among teenage mothers as the infant develops from a helpless, dependent baby, to a more social, independent child (Gutelius, 1970; Mercer, et. al., 1984; LeResche, et. al., 1983; Young, 1988). These changes can partly be explained by the motivations some adolescents have for wanting a baby of their own. As discussed earlier, some girls may intentionally get pregnant because they seek love, attention and meaningful achievement and they may

expect the baby to provide all of these things (Barglow, et. al., 1968; Rickell, 1989; Young, 1988), or the baby may be perceived as a means to compensate for past hurts and past losses, or as self-protection from future disappointments (Hart and Hilton, 1988). Such motivations put the mother at risk for becoming dependant on their child; they may be very nurturing and affectionate mothers, but may also be smothering and possessive, unable to see their baby as having a personality and will of its own.

The infant, who fulfills the desire for someone to love, does not for long remain fully dependent on the mother; the trusting infant quickly becomes an autonomous toddler, with increasing independence and mobility. The adolescent mother's sensitivity to her child's needs often decreases as the child grows and becomes increasingly independent and demanding (Hart and Hilton, 1988; Young, 1988).

Mother-Infant Attachment: The satisfaction of basic, physical needs alone is not sufficient care for an infant. Children need the emotional availability of their parent to fully grow and develop (Emde, 1988). A mother's response to her infant requires consistent emotional availability which communicates to the infant her awareness of the infant's presence (Osofsky and Eberhart-Wright, 1988). Attachment security in infancy is dependant on the sensitive responding

of the parent(s) (Ainsworth, et. al., 1978; Fonagy, et. al., 1991; Lamb, Hopps and Elster, 1987; Panzarine, 1988).

Bonding refers to the immediate, initial contact after the baby's birth; it is unidirectional, from the mother to her baby, and optimized by physical contact. The teenage mother may experience more difficulties in this sensitive period of her relationship with her newborn, and the infant may suffer more neglect during the immediate postpartum period; the younger the mother, the less likely that she is capable of sincere interest in her baby: the narcissism that is characteristic of adolescent development may pose a potential barrier to the early mother-infant bonding process (Sugar, 1986).

A teenager is not at an appropriate level of her own social-emotional maturity to meet the needs and demands of an infant especially the complex and unrelenting needs of a young, helpless and dependant infant; she is, appropriately for her developmental level, too concerned with herself (Larson and Juhasz, 1985; Lawrence, 1983). An adolescent's cognitive and emotional immaturity can prevent the adolescent mother from placing the infant's needs above her own desires (Elster, et. al., 1983). This immaturity may negatively affect the mother's capacity to perceive and interpret the baby's cues, distorting the infant's communications in terms of the mother's own needs and biases

(Ainsworth, et. al., 1978; Jones, et. al., 1980).

In general, there are significant group differences between adolescent and adult mothers on measures of their empathic responsiveness to and interactions with their infants, differences which can be attributed to maternal age when other important factors such as level of educational attainment, socioeconomic status and family backgrounds are parcelled out (Conger, et. al., 1984; Garcia-Coll, et. al., 1987; Jones, et. al., 1980; Klein and Cordell, 1987). Many adolescent mother-infant dyads are at risk for attachment disturbances and mother-infant relational problems (Osofsky and Eberhart-Wright, 1988).

Summary

This chapter has outlined a descriptive portrait of adolescent mothers who experience situational and interpersonal difficulties. From what is understood about these young mothers and their mothering capacities and skills, intervention appears to be essential for the well-being of both the mother and her infant. The emotional well-being and continued psychological growth and development of a young mother may frequently depend on the availability of external resources and social support. Her infant, likewise, is at great risk for future emotional problems and developmental delay if the mother receives no assistance in

establishing a healthy, secure attachment with her infant. If the mother's needs for emotional attunement and understanding are neglected, she can not sufficiently attend to those needs of her baby. Chapter four discusses various intervention approaches with adolescent mothers, and proposes the utilization of Self Psychology as a needed and important contribution to the understanding of adolescent mothers' needs for the purpose of providing effective intervention and treatment.

CHAPTER IV

Introduction

As discussed in Chapter Three, the developmental tasks of adolescence, superimposed on the overwhelming responsibilities of motherhood, can create even greater life stress and intrapsychic conflict, interfering with one's capacity for optimal mothering behaviors and attitudes (Elster, et. al., 1983; Fraiberg, 1987a). An adolescent's ability to adapt to her role as a mother, care for her child and resolve her own developmental phase of adolescence, varies according to her individual personality, level of intrapsychic structuralization, external resources and availability of family and social support (Miller, 1986; Osofsky and Osofsky, 1983). Because adolescent mothers are often lacking in many of these areas, they are in need of intervention from community social service and mental health agencies.

An adolescent mother's needs are many and varied. Her need for assistance in practical matters such as completing her education or vocational training, gaining financial independence and economic well-being, finding affordable child care, and preventing further unplanned pregnancies, is well-documented (Bolton, et. al., 1980; Elster, et. al., 1983; Field, Widmayer, Greenberg and Stollen, 1982; Jekel and Klerman, 1983; Panzarine, 1988; Smith, Weinman, Johnson,

Wait and Mumford, 1985). Her limitations as a caregiver to her infant also puts her child at risk for social, emotional, physical and intellectual developmental delay (Baldwin and Cain, 1980; Brooks-Gunn and Furstenberg, 1986; Lawrence and Merritt, 1983; Osofsky and Osofsky, 1983; Wadsworth, Taylor, Osborne, Butler, 1984).

Because a mother's psychological involvement with her infant is essential for the infant's development, as discussed earlier, her own psychological well being and capacity for emotional attunement is very important, especially since adolescent mothers are at high risk for problems in mother-infant attachment (Fraiberg, 1987a; 1987b; Furstenberg, et. al., 1987; Kalmanson and Lieberman, 1982; Osofsky and Eberhart-Wright, 1988; Pines, 1988; Tronick, Als, Adamson, Wise and Brazelton, 1978; Wright, 1986). Furthermore, premature parenthood puts the adolescent at risk for an identity and maturational foreclosure (Kriepe, 1983; Osofsky and Osofsky, 1983). She thus is in great need of psychological services and emotional support to ensure her own psychological development and the healthy emotional development of her infant.

Intervention Approaches

In a review of the available literature on interventions with adolescent mothers, six types of intervention programs emerge: Educational and Parent Training programs; Non-Professional Counseling; Medical and Health Care Intervention programs; Concrete Services and Assistance; Family Therapy; and Infant-Parent Psychotherapy. These different approaches are categorized according to the particular needs of the adolescent mother are being met and by how the intervention services are delivered. An overview of these intervention approaches is provided here for comparison with the model of Self Psychology that will also be presented.

Educational and Parent Training programs: Among these cognitive-educational approaches to intervention, there are two different foci, the infant-focused curriculum, and the adolescent-focused approach.

The infant curriculum approach is an intervention program in which the parent is taught infant stimulation exercises which foster infant growth and parent-infant interactions. These programs also often include education about child rearing and child development. This approach is reported to enhance development of infants who are at risk for environmental deprivation (Bromwich, 1981; Panzarine, 1988; Thompson, Cappleman, Conrad and Jordan, 1982).

These infant-focused intervention approaches with adolescent mothers are limited because they are modeled after programs for adult mothers. Traditional parent education programs that focus on child development and behavior management are not sufficient for adolescent mothers (Levenson, et. al., 1978). This type of intervention approach assumes that an increase in knowledge of child development and infant stimulation activities will result in consequential changes in parenting skills and behaviors (Parks and Smeriglio, 1983), but this may not be true for adolescent mothers (Larson and Juhasz, 1985; Smith, et. al., 1985). Such changes in parenting result only if the mother is able to tune into and be aware of her infant's cues and needs (Young, 1988). Furthermore, the deficiencies in the mothering behaviors of adolescent mothers are not simply due to a lack of knowledge, but rather to their high levels of frustration, conflict, depression, anxiety or unmet needs, and lack of motivation (DeLissovoy, 1973; Elster, et. al., 1983; Epstein, 1980; Reis, 1989).

Educational parent training intervention programs which not only teach but are also emotionally supportive and developmentally appropriate for adolescent mothers enable them to effectively utilize the information taught (Catrone and Sadler, 1984; Levenson, et. al., 1978; Young, 1988). These adolescent-focused programs focus attempt to assist

the young mother through her adolescent phase of development, interrupted, by pregnancy and childbirth, addressing those developmental tasks of adolescence which conflict with the demands and responsibilities of parenthood, enabling her to better distinguish between her own needs and those of her infant. This is facilitated by attending to the emotional needs of the adolescent mother.

Non-Professional Counseling: Non-professional, supportive counseling has been incorporated into some intervention approaches by training women with some experience in working with adolescents or children and at least a high school degree to provide social support, domestic and child care help and parenting guidance on a one-to-one basis, usually during home visits with the adolescent mothers (Cartoof, 1979; Osofsky, Culp and Ware, 1988; Panzarine, 1988; Rickel, 1986). These women act as advocates for the young mothers and teach infant stimulation exercises and play activities. They also often act in the role of a "big sister" providing companionship, social support and guidance (Rickell, 1986). The most significant component of these programs is the interpersonal relationship that develops between the young mother and her counselor, and the experience of being understood and receiving support (Fraiberg, 1987b; Pharis and Levin, 1991): "A dialogue began when the girls saw that someone would, perhaps for the first time in

their lives, offer attention, genuine regard and respect" (Rickell, 1989, p. 101).

Engaging adolescent mother clients in the supportive services offered, however, was particularly difficult for these non-professional counselors, and thus the success of this type of intervention is limited by lack of active participation by the teenage mothers (Osofsky and Osofsky, 1988; Panzarine, 1988). This difficulty may be due to the non-professional counselors' inability to establish a working relationship with adolescent mothers, a group that is often difficult to reach and engage (Beardslee, et. al., 1988; Cartoof, 1979; Herzog, Cherniss and Menzel, 1986; Osofsky, et. al., 1988).

Medical and Health Care Intervention Programs: Recent medical research has determined that, with the exception of girls under the age of 14 years, provided that adequate prenatal, perinatal and well baby care is obtained, there are no significant medical risks associated with teenage pregnancy and childbirth, nor for the physical, medical well being of their infants, (Culp, et. al., 1988; Furstenberg, et. al., 1987; Lawrence, 1983; Mercer, et. al., 1984; Stiffman, et. al., 1987). However, adolescent mothers have poor records of attendance at pre- and post-natal medical care appointments and are inconsistent in obtaining necessary medical attention (Smith, Spiers and Frees, 1987). Some

intervention programs have therefore been developed at and in conjunction with medical care facilities (Chamberlain, Szumoski and Zastowny, 1979; Gutelius, Kirsch, MacDonald, Brooks and McErlean, 1977; Nelson, Dey, Fletcher, Kirkpatrick and Feinstein, 1982; Smith, et. al., 1987). In addition to the provision of prenatal and well-baby care appointments, medical facilities and staff can become sources of support and assistance for the adolescent mother (Smith, et. al., 1987). Positive mothering behaviors can also be reinforced and encouraged (Nelson, et. al., 1982).

Intervention in the medical setting can begin immediately after birth, with the provision of rooming-in for adolescent mothers. Early contact between mother and infant, with nursing staff assistance, is found to be an excellent way to teach adolescent mothers about infant care, and early, frequent contact reinforces mother-infant bonding, leading to increased positive mothering behaviors (Winkelstein and Carson, 1987).

Concrete Services and Assistance: Several researchers argue that meeting an adolescent's concrete and immediate needs for assistance alone is insufficient intervention and has limited impact on the overall well being of the adolescent mother and her infant (Colletta, 1983; Levenson, et. al., 1978; Pharis and Levin, 1991). Field, et. al. (1982), however, found that adolescent mothers who received job

training showed improvement at a two year follow-up in terms of lowered rates of repeat pregnancy, higher rates of employment and positive outcomes in measures of mother-infant interaction and infant growth and development.

Perhaps the most powerful aspect of providing concrete services is the manner in which they are offered. When provided with genuine care and concern, the recipient is able to move beyond dependency on those services to renewed psychological growth, self-assurance and self-reliance (Pharis and Levin, 1991; Singer, 1971).

Family Therapy: Involvement of the adolescent mother's family of origin in intervention efforts may be beneficial, since family support is a very significant and influencing factor impacting upon maternal behavior of adolescent mothers (Crockenberg, 1987), and since the family may be highly involved in the parenting and caretaking of the infant (Crockenberg, 1986; Furstenberg, 1976). The adolescent's pregnancy and childbirth may also have significant ramifications for the whole family system's functioning, as each family member deals with his or her own feelings about the adolescent's pregnancy and childbirth and adapts to the responsibilities and changes due to the new infant in the household (Furstenberg, 1976; Romig and Thompson, 1988).

Forbush (1987) believes there is a primary need to

intervene with the family of an adolescent mother in the service of the adolescent mother. This is especially necessary when an adolescent mother has strong ties to her family or when she is frequently engaged in tense, conflictual family relationships. The more intensely she is embroiled in family conflict, the less likely she is to accept and use professional intervention (Herzog, Chernuss and Menzel, 1986). It is important to assess whether an adolescent mother's capacity to mother her infant is a family problem or an individual problem. The involvement of the adolescent's family may depend on her age, maturity and level of separation and independence from her family (Herzog, et. al., 1986; Miller, 1986).

Infant-Parent Psychotherapy: Infant-parent psychotherapy is a method of intervention with mother-infant pairs at high risk for attachment disorders (Fraiberg, 1980; 1987a; 1987b; Kalmanson and Lieberman, 1982; Lieberman, 1983; Wright, 1986). The process of this therapeutic intervention consists of developmental parenting guidance, emotional support and psychoanalytically oriented psychotherapy with the infant present. The infant's presence modulates the potentially intense transference of the mother to the therapist. This is critical for clients whose personal histories are characterized by profound experiences of loss, deprivation or abuse and who are therefore extremely diffi-

cult to engage and maintain a therapeutic alliance with a therapist.

The therapeutic goal of this approach is to modify the mother's parental projective identifications that result in avoidant, symbiotic or rejecting parental behavior (Fraiberg, 1987a; 1987b; Wright, 1986). The therapy provides a holding environment for the at-risk mother-infant relationship, "...holding the parent's primitive rage...and feelings of abandonment" so that the infant, in turn, is protected from being attacked or abandoned" by his or her mother (Wright, 1986, p. 253).

Self Psychology as a Model of Psychotherapeutic Intervention

In chapter two, the theory of self psychology was presented as a basis for understanding human development. Self psychology also provides a theoretical model of psychotherapy. Although self psychology was a theory borne out of Kohut's psychoanalytic work, he believed that it had relevance for social work and counseling psychology and acknowledged the adaptability of the theory's tenets to a variety of therapeutic and intervention settings, because it provides a humanistic approach to understanding human behavior and recognizes an inherent foundation of health in human nature (Baker and Baker, 1987; Donner, 1988; Elson, 1989; Kahn, 1985; Palombo, 1981; Tolpin and Kohut, 1980).

Self psychology may be particularly applicable to and useful with adolescent mothers and their infants. Interpersonal difficulties in adolescence developed, Kohut believed, out of the failures of the self object milieu to respond to the whole developing child (Elson, 1986; Kohut, 1971, 1977). Since "repeated empathic failures by the parents and the child's responses to them, are at the root of almost all psychopathology" (Baker and Baker, 1987, p.1), a cycle of impoverished emotional sustenance and caretaking develops, which, if uninterrupted, will continue when the children of these parents have children of their own. Interruption of this cycle can occur through psychotherapy with the mothers while their children are infants and young children.

The Therapeutic Process

Empathy: Self Psychology illuminates the importance of empathy in the clinical setting (Chernus, 1988; Elson, 1987). Empathy is two-fold, being both a tool for observation of another person's psychic reality, and a powerful emotional bond between people (Chernus, 1988; Kohut, 1982). Empathy in Self Psychology is frequently misunderstood as being no more than a "more humane approach" to treatment, or merely being nice. However, the experience of being consistently understood from an empathic vantage point appears in and of itself to have a therapeutic impact on the client

(Kohut, 1982), allowing the client to internalize the therapist as an attuned and benign caregiver and enabling her to eventually internalize the therapist's soothing and growth-enhancing functions (Messer, 1988).

Interpretation: Kohut (1984) identified two levels of empathy, the first being understanding, a "lower form"; the second, interpretation, a "higher form". The transition from empathy as understanding to empathy as interpretation establishes a more mature level of relating between therapist and client. Feeling understood results in a consolidation of the self which then enables a client to experience and further explore previously intolerable affects, either because of the overwhelming intensity of those affects, or due to the content of the affect, i.e., jealousy, shame, hostility, sadness, guilt, etc. (Baker and Baker, 1987; Chernus, 1988).

The utilization of interpretations in Self Psychological psychotherapy are directed at the maintenance of an optimal merger within which the therapeutic work is conducted (Chernus, 1988), and to facilitate the transmuted internalization of the missing functions (Palombo, 1981).

Transference: Therapeutic transferences are the expression of the basic human needs that had not been adequately satisfied or were chronically frustrated in childhood (Kahn, 1985) and as a result, became pathologically

intensified, distorted or disguised (Tolpin and Kohut, 1980). These unfulfilled childhood needs are repressed but expressed unconsciously by seeking out substitute self-objects to provide for one's self, those functions that were never internalized (Messer, 1988; Palombo, 1981).

As these archaic needs emerge in the therapeutic transference, they are understood as the expression of the self's drive to complete development (Kohut, 1984). The therapist's mirroring of the client and acceptance of the client's idealization allows those psychological functions to gradually become internalized by the client. The unfulfilled longing to be responded to, confirmed and admired represent a mirroring transference in which the therapist provides continuous empathic mirroring for the client's grandiose self (Kahn, 1985). As the mirroring transference is worked through in therapy, the client acquires internal structures through which one can regulate self-esteem and feel cohesive and confident (Tolpin and Kohut, 1980).

The need to merge with the therapist's calmness, strength and wisdom for the establishment of one's own standards, value and goals is evidence of an idealizing transference in which the therapist becomes the all powerful, soothing, strength providing self-object (Kahn, 1985). The working through of an idealizing transference enables the client to develop their own strong and consistent values

and ideals and to reliably soothe one's self and regulate anxiety (Tolpin and Kohut, 1980). Finally, the longing for and need to be accepted "as a human being among other human beings" indicates a twinship or alterego transference (Elson, 1989), in which the therapist is necessary as a human presence of essential likeness (Kahn, 1985).

Transmuting Internalization: Transmuting internalization occurs within the tolerable failures (optimal frustration) of the empathic environment of the therapy office. As the needs of the client are expressed and empathically understood and responded to in the treatment process, the client's self-structure gradually matures. The structuralization of the self through transmuting internalization, thus, can occur during childhood, or belatedly in the treatment situation. Clients use their therapist's mature psychic structure to fill in for their own structure and in that process, the functions provided by the therapist become transmuted into the client's own self structure (Elson, 1989).

Self Psychological Treatment with Adolescent Mothers

As a new self object, the adolescent mother's needs for mirroring, idealizing and twinship reemerge in the transference to the therapist, allowing her psychological development to resume after it was interfered with by the

traumatic frustration of earlier attempts to secure the needed self object responses (Elson, 1986 Tolpin and Kohut, 1980). The experience of being responded to empathically, and being permitted to idealize and merge with the strength and confidence of a therapist with optimal frustration and empathic failures in the clinical setting, allows those self object functions provided by the therapist to be transmuted and internalized as self functions, providing the capacity for healthy, appropriate self esteem, regulation of anxiety and definition of one's own values and ideals and pursuit of realistic goals.

When an adolescent's earlier, phase-appropriate attempts failed, driven and maladaptive attempts to reinstate a feeling of wholeness, to calm and soothe herself, were enlisted (Elson, 1986). When an empathic, therapeutic relationship is firmly established, interpretations can help the adolescent perceive and understand her behavior as attempts to attain the much needed but traumatically frustrated responsiveness from her own parents.

The pregnancy and birth of a child, for many women, often reactivates unresolved developmental conflicts (Benedek, 1959; Elson, 1986; Fraiberg, 1987a; 1987b; Schaffer and Pine, 1972). With these conflicts arise the possibility of unempathic intrusions of the parent's own childhood issues, relationships and needs onto the new

infant, interfering with the parent's ability to respond to the infant as being his or her own "center of initiative." Such a mother is at risk for using the child as a self object to satisfy the mother's needs. In psychotherapy, the relationship with a therapist provides the needed self object functions, relieving the infant of such a heavy burden that would further interfere with the infant's development (Elson, 1986; Fraiberg, 1987c; Tolpin and Kohut, 1980).

As stated in Chapter Two, the mother provides the prestructure for an infant's internal psychic structure; but if she is lacking in a firm, consolidated psychic structure herself, how can she provide for her baby what she herself does not possess? As an adolescent mother's own internal psychic structure builds, so too can the potential for her baby's psychic structure be ensured (Beebe & Lachmann, 1988; Elson, 1986). As the young mother gains the capacity for self-soothing, she will also gain an increased capacity for soothing her child when scared, upset, lonely or anxious. Similarly, as her emotional needs for empathic attunement and understanding are met, she may then begin to provide the same emotional attunement to meet her infant's developmental need for this important function. Thus, by focusing on the emotional and developmental needs of an adolescent mother from an empathic stance, the needs of the infant will conse-

quently be addressed. The infant cannot benefit from any form of intervention that does not attend to the mother's capacity for attachment and emotional attunement. By attending to the needs of the mother, though, the child benefits by being reflected in the eyes of a mother who possesses self esteem and emotional maturity.

As the mother internalizes the self object functions provided by the therapist, a parallel process occurs in the mother-infant relationship: she is increasingly able to provide her infant with those functions necessary for development without traumatic frustration of the child's need and attempts to secure fulfillment of those needs.

The use of this approach as an intervention with adolescent mothers is limited by issues of cost-effectiveness, a very relevant concern for government funded mental health and social service agencies working with this population. Individual psychotherapy, while very effective and beneficial, may be costly both in terms of time and money. The tenets of self psychology, however, can be applied to a variety of intervention settings. Self-object needs can be identified and met effectively by many people other than psychotherapists. Successes of intervention approaches with adolescent mothers described earlier were frequently attributed to the effect of the empathic, mirroring response of the worker/therapist/experimenter to the adolescent mother

(Levenson, et. al., 1978; Catrone and Sadler, 1984; Fraiberg, 1987b; Panzarine, 1988; Rickel, 1986; Young, 1988). Pharis and Levin (1991) entitled their article, "A person to talk to who really cared", indicating how a relationship with an empathic, understanding and trustworthy person had the greatest impact for many high risk mothers. When any relationship is provided in which an adolescent mother is allowed to merge with an empathic and idealizable self object, benefits are evident in heightened self esteem, and increased sense of self cohesion, a firming of the adolescent's psychic self structure, and diminished feelings of anxiety and diffuse rage (Kohut, 1977).

Engaging adolescents in therapy can be a daunting challenge (Beardslee, et. al., 1988; Herzog, et. al., 1986; Osofsky, et. al., 1988). Kohut offers an understanding of how self psychology can provide a means of treatment with delinquent adolescents. Perhaps this can be applied to adolescent mothers as well:

... there is an essential yearning for an idealized object. Surrounding this nuclear yearning for an idealized object, however, are those layers of the juvenile delinquent's personality which not only deny the yearning for the idealized object, but which, on the contrary, make him loudly proclaim his contempt for all values and ideals. ...there is a defensive hypercathexis of the grandiose self (perhaps acquired originally after a painful disappointment in an idealized object or the loss of it). The flaunting of omnipotent unrestricted actions and the delinquent's pride in his skill of ruthlessly manipulating his environment serve to buttress his defenses against becoming aware of a longing

for the lost idealized self-object, and against the emptiness and lack of self-esteem that would supervene if the continuous elaborations of the delinquent grandiose self...were to cease.... If the therapist would offer himself to such a delinquent as an ideal figure in the world of values, he could not be accepted. (But) ...understanding for the delinquent,... a mirror image of the delinquent's grandiose self can be offered. Once a bond is established ... and idealizing cathexes have been mobilized, a working through process becomes possible and a gradual shift from the omnipotence and invulnerability of the grandiose self to the more deeply longed for omnipotence and invulnerability of an idealized object (and the requisite therapeutic dependence on it) can be achieved. (Kohut, 1971, p. 163).

Individual psychotherapy with adolescent mothers itself is not a new, unique or novel approach to intervention. Self Psychology, however, offers a theoretical model of conducting psychotherapy that is particularly useful and applicable to this population. It takes into account and provides an understanding of the etiology of problems experienced by many adolescent mothers, promoting further psychological development and reducing the risk of developmental and relational problems in the infant. Furthermore, when individual psychotherapy is not a cost-effective means of intervention, other types of intervention can be made most beneficial and effective if the self object needs of adolescent mothers are understood and met through whatever resources and means are available.

Finally, because adolescent mothers are a very heterogeneous group with diverse needs and for whom pregnancy and motherhood may have very different meanings and be experi-

enced differently (Bolton, 1980; Culp, et. al., 1988; Maracek, 1987), interventions are needed on an individualized basis, attending to and understanding of the adolescent mother's unique perception of her situation. Self Psychology offers an introspective, empathic approach which meets this need, believing that external events often have diverse internal meanings for different people which must therefore be understood individually (Palombo, 1985).

CHAPTER V

Summary

The theory of Self Psychology has been presented in this thesis as a format within which to examine and understand the phenomenon of adolescent motherhood. This theory, which emphasizes empathy as a tool for observation and understanding as well as intervention and treatment, has timely application to the problems experienced by adolescent mothers. As reviewed in Chapter One, the way in which these problems have been addressed has undergone many transitions, from an ostracizing, punitive stance toward young, unmarried mothers and their illegitimate children, to a more scientific focus on the etiology of teenage sexuality, pregnancy and motherhood. Objectifying and demoralizing the issues relevant to these problems was a very important and necessary step towards providing more humane and effective intervention for these teenagers. However, in the increasing efforts to conduct rigorous, scientifically valid research, there was a concurrent de-emphasis on the emotional problems and needs of teenage mothers and the impact of these on the well being and development of their offspring.

Self Psychology as a theoretical construct: The needs of adolescent mothers are particularly well matched to self

psychology. Self Psychology provides an understanding of the adolescent mother and her developmental needs and arrested development, in addition to an awareness of infant developmental needs and the potential risks to her infant if she is unable to meet those needs. It is a basic belief of Self Psychology that a mother's unfulfilled needs for emotional sustenance can cause her infant to potentially experience, in a cyclical fashion, similar maternal, emotional deprivation.

Self Psychology bridges one's intrapsychic life with the social environment. The self object, in particular, links the subjectively felt well-being of an individual with aspects of the external environment (Donner, 1988). Those external referents include one's socioeconomic status and the stability of one's family and home. If deprivation of the basic needs for adequate food, shelter, security and safety is experienced, a person's external environment becomes a source of traumatic frustration and inhibits the mother's ability to provide her child with the necessary mirroring, confirming responses that ensures the development of mature, internal psychic structures.

The psychic reality of the adolescent mother, as caretaker of her child, involves both her individual psychodynamics and personal history, and the impact of her environment on her internal sense of well-being. As an individ-

ual, Self Psychology highlights the importance of having available the necessary self objects and fulfillment of one's self object needs; the importance of childhood experiences and whether one's own legitimate childhood needs were met; the importance of having a sense of self, from which one's child can develop a cohesive sense of self. It is crucial to understand, for intervention with adolescent mothers to be effective, what self object experiences sustain or fail to sustain the teenager upon whom a infant is dependent for his or her own self object experiences, necessary for growth and development.

The evidence of this is apparent in the research studies which have examined the psychological and environmental characteristics of adolescent mothers and their caretaking capacities, as reviewed in Chapter Three. Chapter Three discussed not only the emotional and psychological concerns of adolescent mothers, but also the environmental and economic hardships they often face which compound the difficulties in their being able to empathically and genuinely respond to their child's self object needs.

Self Psychology as intervention: Individual psychotherapy using Self Psychology as a theoretical basis for such treatment, is proposed in Chapter Four as a beneficial means for intervening with adolescent mothers and their young children. However, as discussed in Chapter Four, when

this is not cost effective or realistic, the concepts of Self Psychology are particularly relevant to this group in need of intervention because of its adaptability to a diverse array of settings and intervention programs. When an adolescent mother is understood within the construct of Self Psychology, positive effects of intervention can be elicited, whether through individual psychotherapy, family therapy, group counseling, concrete assistance and case management, continuing education, vocational training programs, parent-training programs, peer counseling or medical treatment.

Much of the research literature on and intervention programs for adolescent mothers are split between a focus on concern for the well-being of the mother or a focus on concern for the well-being of the adolescent mother's offspring. The utilization of Self Psychology in intervention with adolescent mothers meets the needs of both mother and child by focusing on the mother alone. The goal of such intervention is to foster a positive and secure mother-infant attachment that will promote confidence and self assurance in the young mother and ensure optimal infant development.

Self Psychology treatment does not necessitate the presence of the infant in the therapy of the mother, as in Parent-Infant psychotherapy, but allows for this when neces-

sary. The presence of the infant never precludes the focus on the mother's needs, for it is only through the firming and mirroring of the adolescent's injured or unstable sense of self that the needs of the infant can be met through the mother. A therapist who meets the infant's needs directly can provide a temporarily safe, but brief, holding environment for the infant. Being empathically attended to for only a few hours a week, however, is not sufficient for an infant or small child. What is most needed by the developing infant is a mother who can consistently and empathically attend to and mirror the child's self; a mother who is sufficiently confident in her caretaking abilities and allows her child to merge with the soothing, strong qualities of herself as an idealized parent imago.

A mother's ability to perform those necessary self object functions for her child is dependent on her own stable sense of self, her own capacity to self soothe and regulate anxiety. Where the internal self structures that perform these functions are deficient, some external source of self object functions must be provided in such a way that does not foster increasing dependence but rather ensures the transmuting internalization of these external functions into one's own internal resources. The self object of a therapist or intervention program provides for the adolescent mother what the mother then consequentially can provide for

her child. Dependence on such external resources is precluded not only because the provided functions become internalized, but also because those functions further enable the adolescent to recognize and seek out fulfillment of her needs in the future in healthy, adaptive ways, as opposed to previously maladaptive means.

Conclusions

Self Psychology is not only a means for providing effective and beneficial intervention, but also a way of understanding some adolescent mothers. It provides a means for examining how an adolescent's own unmet emotional needs puts her at greater risk for early sexual activity, pregnancy and premature parenthood and explains how a deficiency in self structuralization prompts self-soothing or self-stimulation activities. Self Psychological intervention can promote insight into one's behavior and decisions, where intensive, individual psychotherapy is available. When this is not a viable course of intervention, change can be effected through the provision of self objects through a diverse array of means and settings, providing the adolescent with the needed self object functions in an empathic way that allows for optimal frustration so that transmuting internalization can occur.

As an adolescent's level of internal psychic structuration increases, so does her ability to cope with anxiety and depression adaptively. Further, her capacity for continued self development and attainment of adolescent developmental tasks necessary for mature adulthood, her sense of self, her self-esteem, self-confidence, self-reliance, and self-cohesion increase. Once those individual capacities and goals are attained, an adolescent mother can further benefit from continued education and vocational training, and parent skills training. With a firm sense of self, those programs can be fully engaged in and utilized by an adolescent mother for the purposes of enhancing her life quality and future goal attainment. Without a firm sense of self, her unfulfilled archaic, primitive, pre-oedipal needs will remain the primary motivator for her behavior and decisions.

Directions for Future Research

A theoretical application of Self Psychology to the needs of adolescent mothers alone is insufficient. Theory must motivate research, upon which clinical practice and intervention can be based. In general, scientific research which objectively defines the constructs of Self Psychology and measures the effect of those constructs when utilized in a treatment setting is necessary, since much of the litera-

ture on Self Psychology is written from a theoretical stance or from single case studies. This, of course, engenders the difficulties frequently faced when any attempts are made to measure the effectiveness of psychotherapeutic treatment. These difficulties cannot, however, prevent ongoing efforts to find ways to conduct such necessary research, to quantify and measure therapeutic successes or failures.

The application of Self Psychology to adolescent mothers must be researched experimentally, with control groups and objective measures of effectiveness. To most fully learn about the applicability of this theory to adolescent mothers, this research ought to be conducted with individual psychotherapy as the experimental intervention. Previous research has already elucidated the subtle effects of an empathic self object in meeting the needs of adolescent mothers (Cappleman, et. al., 1982; Cartoof, 1979; Landy, et. al., 1984; Panzarine, 1988; Pharis and Levin, 1991; Osofsky and Osofsky, 1970; Singer, 1971), but further research could help further define the Self Psychology constructs and more definitively assess the impact of these as a focal point of the experimental procedure, as opposed to a by-product or an after-thought.

Future research is needed that quantifies and measures the outcomes of intervention which focuses on and attempts to meet the emotional and psychological needs of this popu-

lation, creating affective, cognitive and behavioral changes. Future research is also necessary for the identification of pre-oedipal motivations for or predisposing factors of increased risk for untimely sexual activity, pregnancy and motherhood. If the motivations, causes or risk factors associated with teenage childbearing can be understood as emanating from a deficient self structure or unfulfilled self object needs, service programs developed to meet the needs of adolescent mothers can become increasingly effective. This knowledge can then also be utilized for both intervention and primary prevention programs.

REFERENCES

- Ainsworth, M., Blehar, M. Waters, E. and Wall, S. (1978). Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Arney, W. R. & Bergen, B. J. (1984). Power and visibility: The invention of teenage pregnancy. Social Science and Medicine, 18(1), 11-19.
- Babikian, H. M. & Goldman, A. (1971). A study in teen-age pregnancy. American Journal of Psychiatry, 128(6), 111-116.
- Baldwin, W. (1983). Trends in adolescent contraception, pregnancy, and childbearing. In E. R. McAnarney, (Ed.), Premature Adolescent Pregnancy and Parenthood (pp. 3-19). New York: Grune and Stratton.
- Baldwin, W. & Cain, V. (1980). The children of teenage parents. Family Planning Perspectives, 12, 34-43.
- Baker, H. S. & Baker, M. N. (1987). Heinz Kohut's Self-Psychology: An overview. American Journal of Psychiatry, 144(1), 1-9.
- Barglow, P., Bornstein, M., Exum, D.B., Wright, M. & Visotsky, H. (1968). Some psychiatric aspects of illegitimate pregnancy in early adolescence. American Journal of Orthopsychiatry, 38, 672-678.
- Barth, R. P., Schinke, S. P. & Maxwell, J. S. (1983). Psychological correlates of teenage motherhood. Journal of Youth and Adolescence, 12(6), 471-487.
- Beardslee, N. R., Zuckerman, B. S., Amaro, H. & McAllister, M. (1988). Depression among adolescent mothers: a pilot study. Journal of Developmental and Behavioral Pediatrics, 9(2), 62-65.
- Beebe, B. and Lachmann, F. (1988). Mother-infant mutual influence and precursors of psychic structure. In A. Goldberg, (Ed.), Frontiers in Self Psychology: Progress in Self Psychology, Volume 3 (pp. 3-26). New York: The Analytic Press.
- Benedek, Therese (1959). Parenthood as a developmental

phase: A contribution to the libido theory. Journal of the American Psychoanalytic Association, 7, 389-417.

- Bolton, F. G., Jr. (1980.) The Pregnant Adolescent: Problems of Premature Parenthood. Beverly Hills, CA: Sage Library of Social Research.
- Bolton, F. G, Laner, R. H. & Kane, S. P. (1980). Child maltreatment risk among adolescent mothers. American Journal of Orthopsychiatry, 50(3), 489-504.
- Boyce, W. T., Kay, M. & Uitti, C. (1988). The taxonomy of social support: an ethnographic analysis among adolescent mothers. Social Science and Medicine, 26(11), 1079-1085.
- Bromwich, R. M. (1981). Working with parents and infants. Baltimore: University Park Press.
- Brooks-Gunn, J. & Furstenberg, F. F. (1986). The children of adolescent mothers: physical, academic and psychological outcomes. Developmental Review, 6, 224-251.
- Buchholz, E. S. & Gol, B. (1986). More than playing house: a developmental perspective on the strengths in teenage motherhood. American Journal of Orthopsychiatry, 56(3), 347-359.
- Burden, D. S. & Klerman, L. V. (1984). Teenage parenthood: Factors that lessen economic dependence. Social Work, 29(1), 11-16.
- Campbell, S. B. (1979). Mother-infant interaction as a function of maternal ratings of temperament. Child Psychology and Human Development, 10, 67-76.
- Cappleman, M. W., Thompson, R. J., DeRemer-Sullivan, P. A., King, A. A. & Sturm, J. M. (1982). Effectiveness of a home-based early intervention program with infants of adolescent mothers. Child Psychiatry and Human Development, 13(1), 55-65.
- Card, J. J. & Wise, L. L. (1988). Teenage mothers and teenage fathers: The impact of early childbearing on the parents personal and professional lives. Family Planning Perspectives, 10(4), 199-205.
- Cartoof, V. G. (1979). Postpartum services for adolescent

mothers: Part II. Child Welfare, 58(10), 673-680.

Catrone, C. & Sadler, L. (1984). A developmental model for teenage parent education. Journal of School Health, 54(2), 63-67.

Chamberlain, R. W., Szumoski, E. R., and Zastowny, T. R. (1979). An evaluation of efforts to educate mothers about child development in pediatric office practices. American Journal of Public Health, 69, 875-885.

Chernus, L.A. (1988). Why Kohut endures. Clinical Social Work Journal, 16(4), 336-354.

Chilman, C. (1979). Teenage Pregnancy: A research review. Social Work, 24, 492-498.

Chilman, C. S. (1989). Some major issues regarding adolescent sexuality and childbearing in the United States. Journal of Social Work and Human Sexuality, 8(1), 3-24.

Coblner, W. G. (1974). Pregnancy in the single adolescent girl: The role of cognitive functions. Journal of Youth and Adolescence, 3, 17-29.

Cohen, S. J. (1983). Intentional teenage pregnancies. The Journal of School Health, 53(3), 210-211.

Cohen, M. W. & Friedman, S. B. (1975). Nonsexual motivation of adolescent sexual behavior. Human Sexuality, 9, 9-31.

Cohler, B. J. (1980). Developmental perspectives on the psychology of the self in early childhood. In A. Goldberg, (Ed.), Advances in Self Psychology, (pp. 69-116). New York: International Universities Press, Inc.

Colletta, N. D. (1983). At risk for depression: A study of young mothers. Journal of General Psychology, 142, 301-310.

Conger, R. D., McCarty, J. A., Yang, R. K., Lahey, B. B. & Burgess, R. L. (1984). Mother's age as a predictor of observed maternal behavior in three independent samples of families. Journal of Marriage and the Family, 46(2) 411-423.

- Crnic, K. A., Greenberg, M. T., Robinson, N. M. & Ragozin, A. S. (1984). Effects on the mother-infant relationship from birth to eighteen months. American Journal of Orthopsychiatry, 54(2), 224-235.
- Crockenberg, S. B. (1986). Professional support for adolescent mothers: who gives it, how adolescent mothers evaluate it, what they would prefer. Infant Mental Health Journal, 7(1), 49-58.
- Crockenberg, S. B. (1987). Support for adolescent mothers during the post natal period: theory and research. In C. F. Z. Boukydis, (Ed.), Research on Support for Parents and Infants in the Postnatal Period, (pp. 3-24). Norwood, New Jersey: Ablex.
- Culp, R. E., Appelbaum, M. I., Osofsky, J. D. & Levy, J. A. (1988). Adolescent and older mothers: comparison between prenatal maternal variables and newborn interaction measures. Infant Behavior and Development, 11, 353-362.
- Culp, R. E., Culp, A. M., Osofsky, J. D. & Osofsky, H. J. (1991). Adolescent mothers interaction patterns with their six month old infants. Journal of Adolescence, 14(2) 195-200.
- Darabi, K. F., Graham, E. H., Namerow, P. B., Philliber, S. G. & Varga, P. (1984). The effect of maternal age on the well-being of children. Journal of Marriage and the Family, 46(4), 933-936.
- Davis, R.A. (1988). Adolescent pregnancy and infant mortality: Isolating the effects of race. Adolescence, 23(92), 899-908.
- DeLissovoy, V. (1973). Child care by adolescent parents. Child Today, 2, 23-25.
- Donner, S. (1988). Self Psychology: Implications for Social Work. Social Casework: The Journal of Contemporary Social Work, 69(1), 17-22.
- Dryfoos, J. G. (1984). A new strategy for preventing unintended teenage pregnancy. Family Planning Perspectives, 69(4), 193-195.
- Elson, M. (1989). Kohut and Stern: Two views of infancy and early childhood. Smith College Studies in Social

Work, 59(2), 13-145.

Elson, M. (1986). Self Psychology in Clinical Social Work. New York: W. W. Norton and Company.

Elster, A., McAnarney, E. & Lamb, M. (1983). Parental behavior of adolescent mothers. Pediatrics, 71, 494-503.

Emde, R.N. (1988). Development terminable and interminable: Innate and motivational factors from infancy. International Journal of Psychoanalysis, 69, 23-39.

Epstein, A. S. (1980). Assessing the child development information needed by adolescent parents with very young children. Final Report, U. S. Department of Health, Education and Welfare.

Faigel, H. C. (1967). Unwed Pregnant Adolescents: A synthesis of current viewpoints. Clinical Pediatrics, 6(5), 281-285.

Field, T. M. (1980). Interactions of preterm and term infants born to lower and middle class teenage and adult mothers. In T. M. Field, S. Goldberg, D. Stern, & A. Sostek, (Eds.), High Risk Infants and Children: Adult and Peer Interactions, New York: Academic Press.

Field, T. M., Widmayer, S., Greenberg, R. & Stollen, S. (1982). Effects of parent training on teenage mothers and their infants. Pediatrics, 69(6), 703-707.

Field, T. M., Widmayer, S. & Stringer, S. & Ignatoff, E. (1980). Teenage, lower-class black mothers and their preterm infants: An intervention of developmental follow-up. Child Development, 51, 426-436.

Fonagy, P., Steele, M., Steele, H., Moran, G. & Higgit, A. (1991). The capacity for understanding mental states: The reflective self in parent and child and its significance for security of attachment. Infant Mental Health Journal, 12(3), 201-218.

Forbush, J. B. (1987). Adolescent parent programs and family involvement. In T. Ooms, (Ed.), Teenage Pregnancy in a Family Context: Implications for Policy, (pp. 254-276). Philadelphia: Temple University

Press.

Fox, R.A., Baisch, M.J., Goldberg, B.D. & Hochmuth, M.C. (1987). Parenting attitudes of pregnant adolescents. Psychological Reports, 61(2), 403-406.

Fraiberg, S. (1980). Clinical Studies in Infant Mental Health: The first year of life. New York: Basic Books.

Fraiberg, S. (1987a). The adolescent mother and her infant. In Louis Fraiberg (Ed.), Selected Writings of Selma Fraiberg, (pp. 166-182). Columbus: Ohio State University Press.

Fraiberg, S. (1987b). Ghosts in the nursery: A psychoanalytic approach to the problems of impaired mother-infant relationships. In Louis Fraiberg (Ed.), Selected Writings of Selma Fraiberg, (pp. 100-136). Columbus: Ohio State University Press.

Fraiberg, S. (1987c). Psychoanalysis and the Education of Caseworkers. In Louis Fraiberg (Ed.), Selected Writings of Selma Fraiberg, (pp. 412-438). Columbus: Ohio State University Press.

Freud, S. 1955. From the history of an infantile neurosis. (1918 [1914]). Standard Edition, Volume 17, (pp. 3-122). London: Hogarth Press.

Fulton, A. M., Murphy, K. R. & Anderson, S. L. (1991). Increasing adolescent mothers' knowledge of child development: An intervention program. Adolescence, 26(101), 73-81.

Furstenberg, F. F. (1976). The social consequences of teenage parenthood. Family Planning Perspectives, 8(4), 148-164.

Furstenberg, F. F., Brooks-Gunn, J. & Chase-Lansdale, L. (1989). Teenaged pregnancy and childbearing. American Psychologist, 44(2), 313-320.

Furstenberg, F. F., Brooks-Gunn, J. & Morgan, S.P. (1987). Adolescent Mothers in Later Life. Cambridge, England: Cambridge University Press.

Furstenberg, F. F. & Crawford, A. G. (1977). Family support: Helping teenage mothers to cope. Family

Planning Perspectives, 10, 322-333.

Furstenberg, F. F., Lincoln, R. & Menken, J. (Eds.), (1976). Teenage Sexuality, Pregnancy and Childbearing. Philadelphia: University of Pennsylvania Press.

Gabriel, A. & McAnarney, E. R. (1983). Parenthood in two subcultures: White, middle class couples and Black, low-income adolescents in Rochester, N.Y. Adolescence, 18(71), 595-608.

Gabrielson, I. W., Klerman, L. V., Currie, J. B. Tyler, N. C. & Jekel, J. F. (1970). Suicide attempts in a populatin pregnant as teenagers. American Journal of Public Health, 60(12), 2289-2301.

Garcia-Coll, C. T., Hoffman, J., Van Houten, L.J., & Oh, W. (1987). The social context of teenage childbearing: Effets on the infant's care-giving environment. Journal of Youth and Adolescence, 16, 345-359.

Giblin, P. T., Poland, M. L. & Sachs, B. A. (1987). Effects of social supports on attitudes and health behaviors of pregnant adolescents. Journal of Adolescent Health Care, 8(3), 273-279.

Goldfarb, J. L., Mumford, D. M., Schum, D. A., Smith, P. B., Flowers, . & Schum, C. (1977). An attempt to detect 'pregnancy susceptibility' in indigent adolescent girls. Journal of Youth and Adolescence, 6(2) 127-144.

Gottschalk, L. A., Titchener, J. L., Piker, H. N. & Stewart, S. S. (1964). Psychosocial factors associated with pregnancy in adolescent girls: A preliminary report. Journal of Nervous and Mental Diseases, 138, 524-534.

Greene, J. W., Sandler, H. M., Altemeier, W. A, et. al. (1981). Child rearing attitudes, observed behavior, and pereption of infant temperament in adolescent versus older mothers. Pediatric Research, 15, 442.

Gutelius, M. (1970). Child-rearing attitudes of teen-age negro girls. American Journal of Public Health, 60(1), 93-104.

Gutelius, M. F., Kirsch, A. D., MacDonald, S., Brooks, M. R. & McErlean, T. (1977). Controlled study of child health supervision: Behavioral results. Pediatrics, 60(3), 294-304.

- Hajcak, F. & Garwood, P. (1988). Quick fix sex: Pseudosexuality in adolescence. Adolescence, 23(92), 755-760.
- Hart, B. & Hilton, I. (1988). Dimensions of personality organization as predictors of teenage pregnancy risk. Journal of Personality Assessment, 52(1), 116-132.
- Hanson, S. L., Myers, D. E. & Ginsburg, A. L. (1987). The role of responsibility and knowledge in reducing teenage out-of-wedlock childbearing. Journal of Marriage and Family, 49, 241-256.
- Hatcher, S. (1973). The adolescent experience of pregnancy and abortion: A developmental analysis. Journal of Youth and Adolescence, 2, 53-102.
- Heiman, M. & Levitt, E.G. (1960). The role of separation and depression in out-of-wedlock pregnancy. American Journal of Orthopsychiatry, 30, 166-174.
- Herzog, E. P., Cherniss, D. S. & Menzel, B. J. (1986). Issues in engaging high-risk adolescent mothers in supportive work. Infant Mental Health Journal, 7(1), 59-68.
- Hirsch, B. J. (1980). Natural support systems and coping with major life changes. American Journal of Community Psychology, 8, 159-172.
- Horn, M. E. & Rudolph, L. B. (1987). An investigation of verbal interaction, knowledge of sexual behavior and self-concept in adolescent mothers. Adolescence, 22, 591-598.
- Jacobson, S. W. & Frye, K. F. (1991). Effect of maternal social support on attachment: Experimental evidence. Child Development, 62(3), 572-582.
- Jekel, J. F. & Klerman, L. V. (1983). Comprehensive service programs for pregnant and parenting adolescents. In E. R. McAnarney, (Ed.), Premature Adolescent Pregnancy and Parenthood (pp. 295-310). New York: Grune and Stratton, Inc.
- Jones, F. A., Green, V. & Krauss, D. R. (1980). Maternal responsiveness of primiparous mothers during the postpartum period: Age differences. Pediatrics, 65, 579-584.

- Jurs, J. (1984). Correlation of moral developmetn with use of birth control and pregnancy among teenage girls. Psychological Reports, 55(3), 1009-1010.
- Kahn, E. (1985). Heinz Kohut and Carl Rogers: A timely comparison. American Psychologist, 40(8), 893-904.
- Kalmanson, B. & Lieberman, A. F. (1982). Removing obstacles to attachment: infant-parent psychotherapy with an adolescent mother and her baby. Zero to Three, 10, 10-13.
- Khlentzos, M. T. & Pagliaro, M. A. (1965). Observations from psychotherapy with unwed mothers. American Journal of Orthopsychiatry, 35, 779-786.
- Kinard, E. M. & Klerman, L. V. (1980). Teenage parenting and child abuse: Are they related. American Journal of Orthopsychiatry, 50, 481-488.
- Klein, H. A. & Cordell, A. S. (1987). The adolescent as mother: Early risk indentification. Journal of Youth and Adolescence, 16(1), 47-58.
- Kohut, H. (1971). The Analysis of the Self. New York: International Universities Press, Inc.
- Kohut, H. (1977). The Restoration of the Self. New York: International Universities Press, Inc.
- Kohut, H. (1982). Introspection, empathy and the semicircle of mental health. International Journal of Psychoanalysis, 63, 395-407.
- Kohut, H. (1984). How Does Analysis Cure? (A. Goldberg and P. E. Stepansky, Eds.). Chicago: University of Chicago Press.
- Kohut, H. & Wolf, E. (1978). The Disorders of the self and their treatment. International Journal of Psychoanalysis, 59, 414-425.
- Koniak-Griffin, D. (1989). Psychosocial and clinical variables in pregnant adolescents: A survey of maternity home residents. Journal of Adolescent Health Care, 10(1), 23-29.
- Kreipe, R. E. (1983). Prevention of adolescent pregnancy: A developmental approach. In E. R. McAnarney, (Ed.),

Premature Adolescent Pregnancy and Parenthood (pp. 37-59). New York: Grune and Stratton, Inc.

- Landy, S., Schubert, J., Cleland, J.F., Clark, C. & Montgomery, J.S. (1983). Teenage pregnancy: family syndrome? Adolescence, 18(71), 679-692.
- Lamb, M. E., Elster, A. B., Peters, L. J., Kahn, J. S., et al. (1986). Characteristics of married and unmarried adolescent mothers and their partners. Journal of Youth and Adolescence, 15(6), 487-496.
- Lamb, M. E., Hopps, K. & Elster, A. B. (1987). Strange situation behavior of infants with adolescent mothers. Infant Behavior and Development, 10(1), 39-48.
- Larsen, J. J. & Juhasz, A. M. (1985). The effects of knowledge of child development and social-emotional maturity on adolescent attitudes toward parenting. Adolescence, 20(80), 823-838.
- Lawrence, R. A. (1983). Early mothering by adolescents. In E. R. McAnarney, (Ed.), Premature Adolescent Pregnancy and Parenthood (pp. 207-218). New York: Grune and Stratton, Inc.
- Lawrence, R. A & Merritt, T. A. (1983). Infants of adolescent mothers: Perinatal, neonatal and infancy outcomes. In E. R. McAnarney, (Ed.), Premature Adolescent Pregnancy and Parenthood (pp. 160-167). New York: Grune and Stratton, Inc.
- Levenson, P., Atkinson, B., Hale, J. & Hollier, M. (1978). Adolescent parent education: A maturational model. Child Psychiatry and Human Development, 9(2) 104-118.
- Le Resche, L., Strobino, D., Parks, P., Fischer, P. & Smeriglio, V. (1983). The relationship of observed maternal behavior to questionnaire measures of parenting knowledge, attitudes and emotional state in adolescent mothers. Journal of Youth and Adolescence, 12(1): 19-31.
- Lieberman, A.F. (1983). Infant-parent psychotherapy during pregnancy. Clinical Infant Reports, 2, 85-141.
- Maracek, J. (1987). Counseling adolescents with problem pregnancies. American Psychologist, 42(1), 89-93.

- Maggard, H. F. (1985). State Legislative Initiatives That Address the Issue of Teenage Pregnancy and Parenting. National Conference of State Legislatures.
- Mayer, S. E. & Jencks, C. (1987). Growing up in poor neighborhoods: how much does it matter? Science, 243(4897) 1441-1445.
- Mercer, R.T., Hackley, K.C. & Bostrom, A.G. (1984). Adolescent motherhood: Comparison of outcome with older mothers. Journal of Adolescent Health Care, 5(1), 7-13.
- Messer, S. B. (1988). Psychoanalytic perspectives on the therapist-client relationship. Journal of Integrative and Eclectic Psychotherapy, 7(3), 268-276.
- Meyerowitz, J. H. & Malev, J. S. (1973). Pubescent attitudinal correlates antecedent to adolescent illegitimate pregnancy. Journal of Youth and Adolescence, 2(3), 251-258.
- Miller, N. (1986). Unplanned adolescent pregnancy and the transitional object. Child and Adolescent Social Work, 3(2), 77-86.
- Miller, S. H. (1984). The relationship between adolescent childbearing and child maltreatment. Child Welfare, 63, 553-557.
- McAnarney, E. R., Lawrence, R. A. & Aten, M. (1979). Premature parenthood: A preliminary report of adolescent mother-infant interaction. Pediatric Research, 13, 328.
- Nelson, K. G., Dey, D., Fletcher, J. K., Kirkpatrick, E. & Feinstein, R. (1982). The teen tot clinic: An alternative to traditional care for infants of teenage mothers. Journal of Adolescent Health Care, 3(1), 19-23.
- Nelson, W., Gumlak, J. & Politano, P. (1986). MMPI personality differences in various populations of the unwed mother. Journal of Clinical Psychology, 42(1), 114-119.
- Oppel, W. & Royston, A. (1971). Teenage births: Some social, psychological and physical sequelae. American Journal of Public Health, 61, 751-756.

- Ortiz, E. T. & Bassoff, B. Z. (1987). Adolescent welfare mothers: lost optimism and lowered expectations. Social Casework, 68, 400-405.
- Osofsky, J. D., Culp, A. M. & Ware, L. M. (1988). Intervention challenges with adolescent mothers and their infants. Psychiatry, 51, 236-241.
- Osofsky, J. D. & Eberhart-Wright, A. (1988). Affective exchanges between high risk mothers and infants. International Journal of Psychoanalysis, 69, 221-230.
- Osofsky, H. J. & Osofsky, J. D. (1970). Adolescents as mothers: Results of a program for low income pregnant teenages with some emphasis upon infant's development. American Journal of Orthopsychiatry, 40(5), 825-834.
- Osofsky, H. J. & Osofsky, J. D. (1983). Adolescent adaptation to pregnancy and parenthood. In E. R. McAnarney, (Ed.), Premature Adolescent Pregnancy and Parenthood (pp. 195-206). New York: Grune and Stratton, Inc.
- Oz, S. & Fine, M. (1988). A comparison of childhood backgrounds of teenage mothers and their non-mother peers: a new formulation. Journal of Adolescence, 11, 251-261.
- Palombo, J. (1981, April 3). Clinical issues in self-psychology. Paper presented at the Fourth Annual Guest Lecture for the Post-Masters Program in Advanced Clinical Social Work, Hunter College School of Social Work, Massachusetts.
- Palombo, J. (1988). Adolescent development, A view from Self Psychology. Child and Adolescent Social Work Journal, 5(3) 171-186.
- Palombo, J. (1985). Depletion states and self object disorders. Clinical Social Work Journal, 13(11), 32-49.
- Panzarine, S. (1986). Stressors, coping and social supports for adolescent mothers. Journal of Adolescent Health Care, 7(3), 153-161.
- Panzarine, S. (1988). Teen mothering: Behaviors and intervention. Journal of Adolescent Health Care, 9(5), 443-448.

- Panzarine, S. (1989). Interpersonal problem solving and its relation to adolescent mothering behaviors. Journal of Adolescent Research, 4(1), 63-74.
- Parks, P. L. & Smeriglio, V. (1983). Parenting knowledge among adolescent mothers. Journal of Adolescent Health Care, 4(3), 163-167.
- Patten, M. (1981). Self-concept and self-esteem: Factors in adolescent pregnancy. Adolescence, 16(64), 765-778.
- Pharis, M. E. & Levin, V. S. (1991). 'A person to talk to who really cared': High risk mothers' evaluations of services in an intensive intervention and research program. Child Welfare, 70(3), 307-320.
- Philliber, S. & Graham, E. H. (1981). The impact of age of mother on mother-child interaction patterns. Journal of Marriage and Family, 43, 109-115.
- Philliber, S., Namerow, P. B., Kaye, J. W. & Kunkes, C. H. (1986). Pregnancy risk taking among adolescents. Journal of Adolescent Research, 1(4), 463-481.
- Phipps-Yonas, S. (1980). Teenage pregnancy and motherhood: A review of the literature. American Journal of Orthopsychiatry, 50(3), 403-431.
- Piaget, J. (1923). The Language and Thought of the Child. Cleveland and New York: World Publishing Company.
- Pines, D. (1988). Adolescent pregnancy and motherhood: A psychoanalytic perspective. Psychoanalytic Inquiry, 8(2), 234-251.
- Ralph, N., Lockman, J. & Thomas, T. (1984). Psychosocial characteristics of pregnant and nulliparous adolescents. Adolescence, 69, 283-294.
- Reis, J. (1989). A comparison of young teenage, older teenage and adult mothers on determinants of parenting. Journal of Psychology, 123(2), 141-151.
- Rickel, A. V. (1986). Prescriptions for a new generation: Early life interventions. American Journal of Community Psychology, 14, 1-15.
- Rickel, A. V. (1989). Teen Pregnancy and Parenting. New York: Hemisphere Publishing Corporation.

- Robbins, C., Kaplan, H. B. & Martin, S. S. (1985). Antecedents of pregnancy among unmarried adolescents. Journal of Marriage and The Family, 47, 567-596.
- Romig, C. A. & Thompson, J. G. (1988). Teenage pregnancy: A family systems approach. American Journal of Family Therapy, 16(2), 133-143.
- Roosa, M. W., Fitzgerald, H. E., & Carlson, N. A. (1982). A comparison of teenage and older mothers: A systems analysis. Journal of Marriage and the Family, 46, 933-936.
- Rowe, C. E. & MacIsaac, D. S. (1989). Empathic Attunement: The Technique of Psychoanalytic Self Psychology. New Jersey: Jason Aranson, Inc.
- Saari, R.C. (1985). Feminist issues in teenage parenting. Child Welfare, 64(3), 225-235.
- Sadler L. and Catrone, C. (1983). The adolescent parent: A developmental crisis. Journal of Adolescent Health Care, 4, 100-105.
- Schaffer, C. & Pine, F. (1972). Pregnancy, abortion and the developmental tasks of adolescence. Journal of American Academy of Child Psychiatry, 11(3), 511-536.
- Schilmoeller, G. L. & Baranowski, M. D. (1985). Childrearing of firstborns by adolescent and older mothers. Adolescence, 20(80), 805-822.
- Segal, S. M. & DuCette, J. (1973). Locus of control and pre-marital high school pregnancy. Psychological Reports, 33, 887-890.
- Sherman, B. R. & Donovan, B. R. (1991). Relationship of perceived maternal acceptance-rejection in childhood and social support networks of pregnant adolescents. American Journal of Orthopsychiatry, 61(1), 103-113.
- Simkins, L. (1984). Consequences of teenage pregnancy and motherhood. Adolescence, 19(73), 39-54.
- Singer, A. (1971). A program for young mothers and their babies. Social Casework, 11, 567-577.
- Smith, K. E., Spiers, M. V. & Freese, M. P. (1987). Adolescent mothers successful participation in a

- wellbaby care program. Journal of Adolescent Health Care, 8(2), 193-197.
- Smith, P. B., Weinman, M., Johnson, T. C., Wait, R. B. & Mumford, D. M. (1985). A curriculum for adolescent mothers: An evaluation. Journal of Adolescent Health Care, 6(3), 216-219.
- Stiffman, A. R., Earls, F., Robins, L. N., Jung, D. G. & Kulbok, P. (1987). Adolescent sexual activity and pregnancy: Socioenvironmental problems, physical health and mental health. Journal of Youth and Adolescence, 16(5), 497-509.
- Stone, W. L., Bendell, R. D. & Field, T. M. (1988). The impact of socioeconomic status on teenage mothers and children who received early intervention. Journal of Applied Developmental Psychology, 9(4), 391-408.
- Streetman, Lee (1987). Contrasts in the self-esteem of unwed teenage mothers. Adolescence, 22, 459-464.
- Sugar, M. (1976). At risk factors for the adolescent mother and her infant. Journal of Youth and Adolescence, 5(3), 251-270.
- Sugar, M. (1986). The teenage mother: Prenatal, intrapartum and postpartum concerns. Medical Aspects of Human Sexuality 20(3), 27-56.
- Swigar, M., Bowers, M. & Fleck, S. (1976). Grieving and unplanned pregnancy. Psychiatry, 39, 77-80.
- Theriot, J.G., Pecoraro, A.G. & Ross-Reynolds, J. (1991). Revelations of adolescent mothers: An intensive case-study approach. Adolescence, 26(102), 349-360.
- Thoits, P. A. (1982). Conceptual, methodological, and theoretical problems in studying social support as a buffer against life stress. Journal of Health and Social Behavior, 23(6), 145-159.
- Thompson, M.S. (1986). The influence of supportive relationships on the psychological well-being of teenage mothers. Social Forces, 64(4), 1006-1024.
- Thompson, R. J., Cappleman, M. W., Conrad, H. H., and Jordan, W. B. (1982). Early intervention program for adolescent mothers and their infants. Journal of

Developmental and Behavioral Pediatrics, 3(1), 18-21.

- Tolpin, M. & Kohut, H. (1980). The disorders of the self: The psychopathology fo the first years of life. In S. I. Greenspan & G. H. Pollock, (Eds.), The Course of Life: Psychoanalytic Contributions Toward Understanding Personality Development. Vol.1: Infancy and Early Childhood (pp. 426-442). NIMH.
- Tolpin, M. (1971). On the beginnings of a cohesive self: An application of the concept of transmuting internalization to the study of the transitional object and signal anxiety. Psychoanalytic Study of the Child, 26, 316-352.
- Tronick, E., Als, H., Adamson, L., Wise, S. & Brazelton, T. B. (1978). The infants's response to entrapment between contradictory messages in face-to-face interaction. Journal of American Academy of Child Psychiatry, 17(1), 1-13.
- Wadsworth, J., Taylor, B., Osborn, A. & Butler, N. (1984). Teenage mothering: Child development at five years. Psychological Psychiatry, 25(2), 305-313.
- Winkelstein, M.L. & Carson, V.J. (1987). Adolescents and rooming- in. Maternal Child Nursing Journal, 16(1), 75-88.
- Wise, S. & Grossman, F. K. (1980). Adolescent mothers and their infants: Psychological factors in early attachment and interaction. American Journal of Orthopsychiatry, 50(3), 454-468.
- Wolf, E. S. (1982). Comments on Heinz Kohut's conceptualization of a bipolar self. In B. Lee, (Ed.), Psychosocial Theories of the Self (pp. 24-42). New York: Plenum.
- Wolf, E. S. (1988). Treating the Self. New York: The Guilford Press.
- Wolf, E., Gedo, J. & Terman, D. (1972). On the adolescent process as a transformation of the self. Journal of Youth and Adolescence, 1, 257-272.
- Wright, B. M. (1986). An approach to infant-parent psychotherapy. Infant Mental Health Journal, 7(4),

247-263.

- Young, M. (1988). Parenting during mid-adolescence: A review of developmental theories and parenting behaviors Maternal Child Nursing Journal, 17(1), 1-12.
- Zeanah, C.H., Keener, M.A., Anders, T.F. & Vieira-Baker, C.C. (1987). Adolescent mothers perceptions of their infants before and after birth. American Journal of Orthopsychiatry, 57(3), 351-360.
- Zelnik, M. and Kantner, J. F. (1974). The resolution of teenage first pregnancies. Family Planning Perspectives, 6(2), 74-80.
- Zongker, C. E. (1977). The self-concept of pregnant adolescent girls. Adolescence, 12(48), 477-488.
- Zuckerman, B., Winesmore, G. & Alpert, J.J. (1979). A study of attitudes and support systems of inner city adolescent mothers. Journal of Pediatrics, 95, 122-125.

APPROVAL SHEET

This thesis, submitted by Breda M. O'Connell Doak, has been read and approved by the following committee:


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

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

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