SEPARATION - INDIVIDUATION IN FEMALE ADULT DEVELOPMENT

DISSERTATION

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By

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This study examined separation-individuation developmental issues for young adult women, from the perspective of object-relations theory. Its purpose was to explore a woman's perception of her relationship with mother as it is affected by age and request for psychotherapy as well as the relationship between the mother-daughter bond and self-reported personality characteristics.

Ninety-six women from 17 to 40 years of age volunteered to participate, and they were grouped into two age ranges. Life Stage 1 women were 17-22 years of age, while Life Stage 2 women ranged from 23-40. Within each Life Stage, the women were further categorized into clinical and non-clinical groups. All of the participants were college students and/or working women from clerical, managerial, and professional occupations who were recruited from their respective schools, jobs and outpatient clinics. Each woman completed the test packet which included a demographic data questionnaire; the Identity vis-à-vis Mother Questionnaire (IVM-20) developed by Crastnopol (1980); the Clinical Analysis Questionnaire (CAQ) and Rotter's Locus of Control Scale. The IVM-20 contains four scales, each designed to measure a unique mother-daughter relationship:
Individuated (Ind), Symbiosis (Sym), Practicing (Prac) and Distancing (Dist). Ind is supposed to reflect a healthy autonomy with a loving mother-daughter bond, while Prac should represent ambivalence toward mother. Sym represents an overly dependent relationship and Dist was designed to measure an angry rejection of mother.

Ind showed no differences as a function of age or psychotherapy, but it was correlated with emotional stability, assertiveness, self-assurance, and an internal locus of control. The Prac scale was higher for women seeking psychotherapy and it was correlated with emotional instability, apprehension, low integration of self-concept and an external locus of control. Sym was also related to seeking psychotherapy and was correlated with submission, reserved, and apprehension. Dist was higher in the younger women and was correlated with assertiveness, enthusiasm, self-assurance, and group dependence.

The findings indicated that a woman's perception of her identity vis-a-vis mother relates to personality variables and acknowledgement of emotional distress (seeking psychotherapy). The attainment of such an identity as a function of age progression was not significantly corroborated. Limitations of the study and implications of the results, including the IVM-20, were discussed.
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The journey from infancy into adulthood involves the acquisition of numerous functions—intellectual and emotional—to be used in the eventual attainment of autonomy from one's family of origin. It is within the context of interpersonal relationships that most of this acquisition process occurs, making the interpersonal bond between parents and children an essential aspect of human growth. However, for most people, it is the mother-child relationship that most influences the course of human development. Dinnerstein (1976) has described this relationship:

Under the arrangements that now prevail, a woman is the parental person who is every infant's first love, first witness, and first boss, the person who presides over the infant's first encounters with the natural surround . . . (p. 28).

It is thus in the relationship with mother that the infant shares a physical, social, and emotional environment (Blanck & Blanck, 1974; Mahler, Pine, & Bergman, 1975). The child's first perception appears to be that he or she and mother are one self before she becomes the first "not me" aspect of the world and the child's first love object (Freud, 1933, 1974).
In the ongoing interactions with mother, the developmental tasks becomes different for the girl child after this perception of mother as a separate person (Chodorow, 1978; Dinnerstein, 1976; Freud, 1931, 1974). The developmental task of differentiating herself from mother is coupled with the girl's task of identifying with mother and acquiring a sense of "sameness" (Lerner, 1980). Therefore, the mother is the primary figure for identification since she shares the same gender identity, but she is also the primary figure from which the girl child hopes to become separate. The movement between "separate" and "same" may be a smooth, ongoing flow or a difficult, turbulent storm or some of both for mother and daughter. Regardless of its course, this relationship continues to influence both women throughout their ongoing life development (Magrab, 1979).

The subject of this study is the development of an adult identity formation within the context of the mother-daughter relationship, as it pertains to psychological health or troubled adjustment. In the area of human developmental theory and research, many components of life span progression have been promulgated. These include change in relation to cognitive and socio-cultural factors as well as biological and genetic conditions. While they have provided important contributions to our knowledge about human development, these areas are not directly addressed in the present research. Instead, the focus will be from the perspective of
developmental object relations theory and psychosocial views, both of which have evolved from the psychodynamic theory of personality. Literature from these areas will be reviewed, followed by an overview of psychopathology in relation to female identity formation.

**Psychodynamic Views of Development**

Psychodynamic conceptualizations of human development are derived from the Freudian genetic model (Freud, 1905, 1949) in which the basic tenet is that current behavior can be fully explained through a consideration of past experiences, including the individual's innate resources and the environmental influences through which development proceeds. More recent psychoanalytic writers have postulated that psychological phenomena have an origin and a developmental history and that the influence of the past is evident in present behavior (Rosenblatt & Thickstun, 1977). These authors further elaborate on this model to include the proposition that development not only occurs in progression but that regression also plays a part in both normal and pathological conditions.

Such a reversal to earlier forms of behavior may occur as a normal part of development (e.g., as in child-like play) or in pathological conditions where conflict leads to regression to points of fixation, which refers to the tendency for certain behaviors to retain a significant unconscious influence rather than be abandoned. This partial
inhibition of development may result in behavior that is more appropriate to earlier life stages than to maturity (e.g., as in an inability to engage in productive work).

Freud (1931, 1974) used the genetic paradigm to describe his view of the early mother-daughter relationship as a foundation for the development of the female personality. His impression was that adult women cannot be understood without an appreciation of their preliminary attachment to the mother, which he described as rich in content and long lasting, well into the fourth year of life. This results in many occasions in which a woman can leave behind fixations and infantile dispositions. Here, Freud emphasized the earliest bond between mother and daughter as an essential foundation from which further development—progressive and/or regressive—proceeds.

More recent psychodynamic theorists have refuted, refined and elaborated on Freud's ideas regarding early development of the female personality (Blanck & Blanck, 1974; Horner, 1979; Mahler, et al., 1975; Miller, 1977; Strouse, 1974). Of particular interest is the psychodynamic developmental approach discussed by Gertrude and Rubin Blanck (1974, 1979). Their refinement of Freudian views offers a more comprehensive formulation of the first years of life. It emphasizes the process whereby the child's earliest interpersonal relationships become introjected to form internal objects and object relationships.
"Internalization" refers to the taking in as part of oneself that which was formerly external. It parallels and complements the concept of object relations because object representations become increasingly internalized as structuralization proceeds. The internalized objects become the basis from which the child forms his or her identity, which is then dependent upon the interpersonal context from which it arises. While the most rapid and fundamental features of this structuralization of one's identity take place in the early years of life, development is considered a process which continues through the life span.

Within this expanded psychodynamic framework of early development, Margaret S. Mahler has, for over twenty years, studied children and provided detailed information regarding their preoedipal psychological growth (Mahler et al., 1975; Mahler, 1979). She and her colleagues used intensive, naturalistic observations of children from four months to 36 months of age to delineate a series of normative stages through which the child proceeds toward "psychological birth." This is referred to as separation-individuation, which is the establishment of both a separateness from and a relation to the world of reality, especially in regard to one's own body and the principal representative of the infant's world: the primary love object.

Separation and individuation are conceived as of two intertwined, complementary processes. Separation refers to
the child's emergence from a symbiotic fusion with the mother, while individuation consists of achievements which mark the child's assumptions of his or her individual characteristics. Mahler promulgates the belief that normal separation-individuation is the first crucial prerequisite for the development and maintenance of a sense of identity.

In the first few weeks of life, a state of "normal autism" prevails, in which the infant cannot distinguish between inner and outer reality or between himself/herself and inanimate surroundings. From about the second month, the infant gradually passes into the "symbiotic" phase, described as a state of fusion with the mother, characterized by undifferentiation between "I" and "not I." Although the child functions as if it were part of one, omnipotent system, he or she has become dimly aware that needs are gratified by another person, the mother. An investment in mother is thus the principal psychological achievement of this phase, which paves the way for experiencing pleasure or displeasure in relationship to her, an organizing precursor to the security necessary for separation and individuation.

Around four or five months of age, at the peak of symbiosis, the child enters into the first subphase of the separation-individuation process. This subphase of "differentiation" marks the child's expansion into the world beyond the symbiotic orbit. It also has been referred to as "hatching," since it represents the birth of the child as an
individual. The child can be seen to strain its body away from mother as attention gradually expands to include perceptual activity that is directed to the larger environment. This is in contrast to the child of symbiosis who simply molds to mother's body when being held. Differentiation seems to be enhanced when there has been safety and pleasure in the symbiotic relationship. This allows for the child's pleasure in his or her maturation of outer sensory perception, while maintaining trust in mother as a refuge. On the other hand, an unsatisfactory symbiotic phase may prevent the accumulation of that sense of trust, which provides a solid base from which the child can reach out confidently to the environment.

Differentiation overlaps with the next subphase, called "practicing," which begins at seven to ten months and lasts until about 16 months. During this time, the two developmental tasks and their interrelationship are more clearly delineated. Individuation involves the evolution of intrapsychic autonomy and development of such ego functions as perception, memory, cognition, and reality testing. Separation involves the physical act of distancing and disengagement from mother.

The early practicing period begins with the infant's earliest attempts to physically move away from mother, while still holding on and later moves to the point of free, upright locomotion without holding on. These early
explorations help the child become familiar with a wider segment of the world, and he or she enters into what is called the "love affair with the world," in which the child is observed to have a great narcissistic investment in his or her own functions and own body in this exploration. However, the mother continues to play an important role during this time; she is needed as a stable point to which the child can return for "emotional refueling" from these worldly adventures. When children can confidently expect mother to be emotionally available, they are more free to gain pleasure in their emerging mastery of the wider environment, and their basic mood seems to be one of elation. Those children for whom mother is not available for refueling seem to have more trouble leaving her to engage in the other-than-mother world.

Beginning at 16 to 18 months, the child enters into the "rapprochement" subphase which lasts until about 25 months. The infant has become a toddler and with increasing mastery over locomotion, he or she becomes more aware of and makes greater use of physical separateness from mother. As this awareness of separateness grows, the toddler shows a desire to share with mother every new skill and experience. A resurgence of the need for mother's love and attention may be seen in numerous attempts to get her attention. Most often the toddler will cling to or "shadow" the mother or dart away from her as an invitation to be chased and swept
up into her arms. As the toddler tries to deal with ambivalence over physical separateness, he or she interfaces with another realization: the conquest of the world is met with obstacles that preclude an omnipotent mastery. There is an awareness of being a small, relatively helpless and separate individual trying to cope with the larger world. This change ushers in the "rapprochement crisis," in which the toddler sees that his or her parents are separate individuals and that the delusion of grandeur must be given up. There is a resultant desire to cling to mother and push her away. If mother can accept this ambivalence and be available and encourage independence at the same time, the toddler can use his or her emotional energy for further development instead of draining it in search of emotional supplies.

Toward the end of the rapprochement subphase, Mahler noted differences between boys and girls. Even though boys showed the ambivalent behaviors previously mentioned, they still pursued motor and perceptual-cognitive abilities with more or less confident tenacity. It may be that there motoric behaviors and aggressiveness helped counteract the lessening sense of autonomy and omnipotence. Girls, on the other hand, were noticed to be more engrossed with mother and demanding of more closeness, which may indicate more difficulty for girls in becoming a separate individual from mother.
Clark-Stewart and Hevey (1981) investigated developmental aspects of attachment and autonomy in 27 children from 12 months to 30 months and observed behavior similar to that described by Mahler. Girls were more stable and unchanging in the amount of physical contact they initiated and it was independent of other interactions with mother, while boys' physical contact declined over this age period and their physical contact was usually within the context of a social interaction. For secure children of either sex, there was an emergence of physical autonomy as well as verbal interchanges in place of exclusive physical exchanges. Insecure children continued to initiate physical contact rather than other interactions. This behavior remained stable from 12 to 30 months. The rapprochement period seems to be a crossroads where the child either returns to mother for gratification or moves on beyond their exclusive bond.

The final subphase of the separation-individuation process begins when the child is about 24 months old. Certain aspects may continue throughout life, but the major tasks for the child are fairly complete by the age of 36 months. This subphase is characterized by the unfolding of complex cognitive functions such as verbal communication, fantasy and reality testing, all maturational developments to be used in the achievement of a definite individually and in attainment of a certain degree of object constancy.
The organizing principle of Mahler's work is that major aspects of intrapsychic and behavioral life are organized around the processes of separation-individuation. The infant's personality and structure develop in harmony with and in counterpoint to that of the mother (Blanck & Blanck, 1979). Although the foremost psychological achievements in separation-individuation occur in the first three years of life, Mahler (1975) contends that it is an intrapsychic process that reverberates throughout one's lifetime. New phases of the life cycle elicit derivatives of the earliest processes still at work.

Peter Blos (1962, 1979) has conceptualized the ongoing development of identity formation during adolescence as the "second individuation process." The psychological process of hatching in infancy becomes, in adolescence, the emergence from the family into the adult world or society at large. It also involves intrapsychic structural changes. The teenager begins to reinvest the emotional energy attached to his or her parents into peer relationships. Whereas mother was a necessary guide in the toddler's individuation, peers are essential as intermediary guides between family involvement and the societal involvement of adult life. Concomitant with this change, the adolescent begins to disengage from the early internalized representations of the parents and to assimilate new models in the further development of a stable self-representation. If this disengagement process is successful,
the young person is not bound to behaving order to gain parental approval. He or she is then more able to take over regulatory functions that had previously been provided by the parenting environment. As these functions are internalized and stabilized, the adolescent attains the capacity to regulate self-esteem; manage affective fluctuations in response to stress; and mobilize autonomous resources to meet adaptive demands.

The adolescent individuation process then is the foundation from which the young person becomes less vulnerable to intrapsychic injury; more stable when dealing with inconsistent environmental support and more able to rely on self as a source of self-esteem. However, this process is usually reflected in regressive detours, which Blos considers essential in the service of psychic restructuring. As a result, he views the adolescent period as a highly vulnerable time, since the internal structures become less able to guide behaviors.

The concept of separation-individuation has been considered by numerous psychodynamic theorists as an important organizing framework for development beyond adolescence. Mahler (1973) considers separation-individuation as a life long process because there is an inherent threat of object loss at every stage of independence; however, the absolute dependency of the infant becomes a relative dependency in adulthood as others are recognized as separate and independent from oneself. Sternschein (1973) proposes that separation
anxiety propels humans toward object finding and object relating as they shape an individuated, well-differentiated, but not unmodifiable self-image. This task becomes most salient at affect-laden junctures such as the adolescent disengagement, marriage, childbirth, middle age, and retirement. Therefore, achieving and maintaining object and self constancy can be a life long process (Marcus, 1973). Karpel (1976) notes that struggles for individuation are worked on through interpersonal relationships as individuals move from fused to individuated relating, a process he considers as a fundamental organizing principle of human growth.

Winestine (1973) argues that the extension of this theory into adult development must avoid the implication that later phenomena are direct repeats of childhood separation-individuation. Later development must be understood within the individual's current environment and particular life stage. When an adult is facing separation-individuation issues, he or she is not re-experiencing a repetition of the childhood process, but may manifest behaviors that are transformations or derivatives of earlier conflicts. Colarusso and Nemiroff (1979) postulate that the fundamental developmental issues of childhood continue in an altered form. Whereas childhood development is focused primarily on the formation of psychic structure, in adulthood the focus is on the continuing evolution of this structure and its use. However, the adult is dependent upon his or her
environment in continuing psychological growth, just as the child. Exchanges between individuals and their environment occur throughout the lifespan and exert a continuing influence on psychic development. The degree of psychopathology or health will affect an adult's chosen environment and his or her response to it. Thus, there is a reciprocal relationship between individual and environment that will always remain important in human growth.

These psychodynamic views are in accordance with a sociological view of development (Neugarten, 1973) which considers the separation-individuation process as a catalyst to the organization of a consistent self-image. It affects the acquisition of adequate resources for the attainment of self-confidence and a healthy independence. Nevertheless, the psychological complexities of the adult cannot be explained adequately by a straightforward extrapolation from childhood development. There is agreement among these writers on the continuing impact of separation-individuation issues in the development of a stable self representation, so necessary for optimal psychological functioning. However, issues faced by the adult are not replications of childhood conflicts, although they may reflect residuals or transformations derived from earlier developmental periods.

**Psychosocial Views of Development**

The psychosocial view of development conceptualizes ongoing change within a framework that more specifically
includes the impact of the social environment interfacing with intraindividual development (Erikson, 1959, 1963; Levinson, Darrow, Klein, Levinson, & McKee, 1978; Marcia, 1966; Stewart, 1976). Thus, it is a theoretical perspective that includes personal, interpersonal, biological and social factors that affect one's progression through the life span.

Erik Erikson's outline of the psychosocial stages of development was the first comprehensive proposal in this area (1959, 1963), and his emphasis on development as a life long process paved the way for serious consideration of the importance of development beyond childhood. His construct is one which allows for the consequences of intraindividual conflict and resolution as well as for societal demands to which an individual must adapt (Josselson, 1973). Each stage calls for completion of specific tasks, and adolescence is the period that demands the achievement of a sense of ego identity rather than ego diffusion and the development of a capacity for intimacy with others.

In an attempt to operationalize and empirically support Erikson's construct of identity formation, Marcia (1966) devised a structured interview from which he isolated four "ego identity statuses." The "identity achievement" status is attained by those people who have seriously considered their values, attitudes and ideological alternatives and have made decisions concerning their unique approach to life on their own terms. Often this status is finalized after a
period of upheaval and exploration. The "identity foreclosure" group has made premature commitments to a life style, usually in the absence of crisis. The often adopt parent choices rather than actively strive to discover their own values and options. Individuals in the "moratorium" group are those involved in an active crisis period, in which they are exploring various alternatives without having made any firm commitments. "Identity diffusion" describes those individuals who seem unable to make commitments and may unconcerned about it. If they have attempted the struggle for options, an ill defined self-concept may preclude successful resolution.

Numerous studies have been conducted utilizing Marcia's Identity Status Interview (Marcia & Friedman, 1970; Orlofsky, 1978; Schenkel, 1975; Schenkel & Marcia, 1972; Todor & Marcia, 1973), which point to the possibility that sex differences affect identity status outcome. Among colleg men, the identity achievement and moratorium subjects frequently performed better than foreclosure and diffusion subjects on several ego development dimensions. These included concept attainment under stress; manipulability of self-esteem; reflexivity versus impulsivity in decision making; internal versus external locus of control and intimacy in interpersonal relationships (Bourne, 1978).

On the other hand, women subjects revealed a tendency for the identity achievement and foreclosure statuses to perform distinctively different from the moratorium and identity
diffusion groups. The achiever and foreclosure women tended to choose more difficult college majors and to report significantly lower anxiety than the moratorium or diffusion women (Marcia & Friedman, 1970). Likewise, the foreclosure and identity achievement groups manifested less conformity and less anxiety about nonconformity than the other two groups (Todor & Marcia, 1973) as well as a higher level of field independence (Schenkel, 1975). This evidence has lead some researchers to conclude that the foreclosure status is more adaptive for women (Bourne, 1978).

However, this is not entirely conclusive, since there has been more recent contradictive evidence. Orlofsky (1978) found that among both men and women, identity achievement and moratorium groups manifested behavior distinct from foreclosure and identity diffusion groups. Those in the former groups displayed higher achievement motivation. This same study did reveal sex differences in the area of fear of success. Men in foreclosure and diffusion statuses showed a higher fear of success, while identity achievement and moratorium women were more fearful of success.

It may be that the growth of the women's movement, which espouses independent functioning for women may be a societal influence on these discrepant findings. Women in the identity achievement status who may be responding to this encouragement toward independence might still feel uncertain about success if it has not been fortified by parental approval. Independent
behaviors in women also meet with peer and sociocultural obstacles (Horner, 1972) further attenuating internal certainty. Thus, identity achievement behavior may be exhibited in spite of internal fears. Foreclosure women may not experience these fears, since their behavior seems to have parental as well as sociocultural approval (Dowling, 1981).

Newman and Newman (1978) have considered different background experiences that seem to enhance identity achievement in men and women. They believe that a positive identification with one's parents contributes to the establishment of a strong ego identity, since the bonds between oneself and others must be taken into account in any effort toward self definition. Thus, the persistent demands of meaningful others produce certain decisions which might be quite different if the adolescent were the sole agent involved in his or her identity formation. These authors have delineated a different socialization sequence for young men and women who attain identity achievement. For boys, early experiences that include restrictiveness and warmth help them differentiate between themselves and their parents, while still maintaining a positive feeling toward them as role models. The cultural norm for male independence will later facilitate identity achievement. Antecedents of female identity achievement seem to include early expectations for independence along with minimal punishment. It is possible that warmth and restrictiveness may foster dependency and compliance of parental wishes, thereby
attenuating female identity achievement. They conclude that some women may be uncomfortable with an independent identity if it has resulted from larger societal changes alone without the support of parental relationships factors.

A similar conclusion is made by Maccoby (1966) who found that high achieving females had hostile mothers, while high achieving males had warm mothers. One implication here is that girls need some maternal rejection if they are to develop competence and mastery. However, this "maternal hostility" may reflect only an absence of "smother love" (Hoffman, 1972). The evidence indicates that an integrated sense of identity achievement for women may require parental relationships that do not foster dependency. Indeed, an atmosphere which encourages the development of a separate, autonomous self seems more salient for girls than for boys.

Josselson (1973) conducted a descriptive study in which she developed psychodynamic portraits of each of the four identity statuses using information from lengthy interviews with 48 college senior women. Her descriptions portray young women whose adolescent identity status is related to adult separation-individuation issues. Foreclosure women came from close families, whom they tended to idealize and to associate with feelings of security as opposed to their fears of danger from the extrafamilial world. Thus, they were unable to tolerate ambivalence in regard to their families and did not express anger or resentment toward their parents. They had
few peer relationships and boyfriends tended to be parental substitutes. These women were observed to engage in an enthusiastic-type denial with no apparent internal conflict, which was overtly manifested by self-assured and confident behavior. Since they had not engaged in an identity crisis, they were also rather uninsightful.

The young women in the moratorium group experienced conflict over not pleasing their parents. They seemed to be caught between violating an overprotective mother's prohibitions and not attaining an ambitious father's ideals. It appears their moratorium phase was an attempt to compromise these forces; they were in the process of defining themselves between childhood and adulthood. The need for self-definition led them to look for new relationships—with peers and authority figures—to provide them with reassurance of their worth. Intense introspection about how they were the same or different from others was used to help in their identity search, resulting in a tendency for these women to be the most sensitive and insightful of the four groups.

Identity diffusion women had usually experienced failure in their early parental relationships, in which the parents had been unable to impart or enforce realistic guidelines for growth. Since their parents had no expectations for them, these women had no way to gain self-esteem or self-definition through pleasing mother or father. Therefore, they essentially disowned their past and had little emotional investment in their parents,
but they were unaware of any conflict over this rejection of their history. The lack of early guidelines for behavior thrust them into premature independence, while also leaving them with feelings of a lack of control over their lives. These women were characterized by an alienation from their past as well as their future.

The group of identity achievement women seemed to gain satisfaction from their own successes and efforts toward becoming independent. They felt responsible for their own decisions with a belief in their control of their lives. These women's realistic appraisal of their parents made it possible for them to experience ambivalence in those relationships, which seems to have resulted from an earlier period of outright rebellion or a gradual moving away in their struggle for independence. Peer relationships were an important source of support, and their boyfriends cared "about them" instead "for them" in a parental mode. In general, these women exhibited behaviors which were more flexible in their negotiations with the environment.

The psychosocial perspective guided the recent work of Levinson and his colleagues (Levinson et al., 1978) in their examination of the adult male life cycle. They studied development from the concept of an "individual life structure," characterized by alternating periods of stability and transition. Each period involves personal attitudes, interpersonal and social influences as well as the accomplishment of
particular psychosocial tasks. This developmental investigation used a biographical interviewing method to study the lives of 40 men, aged 35 to 45. It was found that life structure for men seems to develop according to a sequence of alternating periods of stability and transition.

The first stage is "Transition into Early Adulthood," occurring roughly between the ages of 18 and 22, where the tasks include separating from family, beginning to form a "Dream" and defining oneself as an adult. "Getting into the Adult World," from 22 to 28 years, involves the formation of an initial life structure where one forms a new home base, finds a way to live out the Dream and forms a relationship with a Mentor and a Special Woman. From 28 to 33 years of age, most men are in the "Age Thirty Transition," in which they can rework the provisional choices of the twenties to form a more stable, satisfactory structure appropriate for the thirties. The "Settling Down" period extends from age 36 to 40. Here, the tasks involve establishing a niche in society and investing more fully in their life choices. Age 40 usually ushers in the "Mid Life Crisis" which extends to age 45. It can involve marked upheaval as the man comes to terms with the disparity between his early life goals and the extent of their actual realization, from which he must modify his life structure to meet middle and late adulthood.

Stewart (1976) used Levinson's concept of the individual life structure to examine the applicability of this
developmental perspective in the lives of women. She inter-
viewed 11 women (all in their thirties) and concluded that
woman's early adult life structure develops in some similar
ways to a man's, but that women may display greater variability
in their manner of accomplishing psychosocial tasks. This
variability was seen both in the order in which women master
specific developmental tasks and in the difficulties they
encounter in forming a satisfactory early adult life structure.

Transition into Early Adulthood, usually beginning at age
18, involved separating from the family of origin, defining
oneself as an adult and forming a Dream (the ideal sense of
self-in-the-world). The Dream appears to be a critical
indication of how differentiation will proceed. Some women
did not form a Dream by this time; they had often experienced
early deprivation and felt unsupported by their parents.
Therefore, they had difficulty defining a place for themselves,
not unlike the earlier description of identity diffusion women.
Other women seemed to form a Dream based on compliance or
defiance of parental expectations, indicating a limitation in
their personal flexibility in terms of seeing themselves as
separate persons. Such a description might also portray the
foreclosure or moratorium status.

Getting into the Adult World began when the women were
about 22. The major tasks included establishing a new home
base from the family and finding ways to live out the Dream,
which was usually either one of marriage and motherhood or
pursuit of a career. In the former case, women seemed to use their mothers as models and to find a Special Man to provide the context of their relational Dream. The career oriented women often sought a Mentor to learn from and to provide support for their individualistic Dream.

The onset of the Age Thirty Transition was generally marked by increasing feelings of dissatisfaction with the twenties' life structure and/or a need to better integrate disparate or unrealized aspects of the self. The unmarried, career-oriented women experienced a sense of urgency to marry and begin a family, which is reminiscent of the rapprochement phase described by Mahler (1975). Those women who had married early desired more independence, which was usually resolved through divorce or a rearrangement of the marital relationship to accommodate extrafamilial activities. This situation may be compared to the practicing toddler who finds joy in venturing away from mother. Women who had failed to develop a Dream in their twenties and had remained dependent on parental figures usually sought a Dream at this stage. Likewise, a new Dream was sought by those women whose previous overly-restrictive one had been only in response to parental wishes. The Age Thirty Transition seemed, generally to be a phase in which women reassessed their early identity formation and sought to consolidate a strong sense of an individuated self.

Research and theory regarding human development points to separation-individuation issues as a salient contribution
to identity formation in young adulthood. Most of the research has been conducted with middle and upper middle class individuals. An exception is the biographical description of working class women by Coles and Coles (1978), which indicates that separation-individuation affects the consequences of adult development in women of all backgrounds.

**Sex Role Development and Identity**

The girl's relationship with mother is an important aspect of her acquisition of sex role behaviors. The psychoanalytic theory postulates that identification is the process by which children develop their respective sex roles, and Kaplan and Sedney (1980) assert that it is the girl's identification with mother that accounts for her development of a feminine personality. It is likely that this process is an integral part of a girl's identity in relation to her mother, and it contains the important elements of "separateness" combined with "sameness" that are unique to the female individuation process.

Lynn's (1959) formulation of sex role identification indicates the impact of the mother-daughter relationship in the acquisition of sex roles. He asserts that boys and girls both spend more time with their mothers during the formative years. As a result, the girl has the same sex parental model with her more than the boy does. He, spending less time with his father, tends to identify with the cultural stereotypes of the masculine role, while she tends to identify with her own mother's role specifically.
The psychodynamic theory of sex role development claims that the developmental track is different for boys and girls, although both acquire sex role behaviors from internal motives and the fear of loss of parental love (Frieze, Parsons, Johnson, Ruble, & Zellman, 1978). In the first years of life, boys and girls both identify with their mothers. Then, around four or five years of age, boys long for exclusive possession of mother, which causes them to fear their father's retaliation. The resolution of this conflict is to identify with father and take one's place in the world of males and eventually find his own woman to marry. Little girls also evolve intense desires to possess their father, which leads them to feel ambivalence toward mother as a rival. Their conflict resolution takes the form of strengthening their earlier identification with mother and repressing desires for father. The strong emotional tie between mother and daughter is thereby maintained and the girl comes to model her mother's behaviors.

More current analytic writers have expanded the role of identification to include other factors besides childhood sexuality in feminine personality development (Bardwick, 1972; Blum, 1977; Miller, 1973). For instance, it is theorized that the development of "primary femininity" occurs long before the previously mentioned Oedipal situation (Stoller, 1977). Within the earliest years of life, a non-conflictual female identity emerges as the result of biological factors, parental attitudes, ways of handling the infant, and development of a body ego.
Although the Oedipal conflict situation affects the later sex role development, it is built on this earlier identity, which evolves from first interactions with the mothering environment. Thus, sex role acquisition may be more related to the first separation-individuation process than it is to the later Oedipal situation.

Miller (1973) also asserts that identity as a female is not limited to sexual conflict. Sociocultural factors affect women's femaleness as they have begun to seek growth and to expand beyond previously accepted feminine roles which included passivity and dependence.

Thus, if a young woman strives for competence and mastery while her mother maintains the traditional female role, she may very well experience conflict in efforts to attain in individuated sense of self while still remaining involved with mother. The development of sex role behaviors seems to be embedded within the relationship with mother, beginning very early and continuing through later phases of growth. In her efforts to attain an autonomous identity, the female must confront sex role and femininity issues as well, a task that boys do not normally face.

An Approach to Female Development and Identity Formation

A study conducted by Crastnopol (1980) examined women's perceptions of their relationship with mother within the context of separation-individuation constructs. While this research focused on identity formation as a possible analog
to the early separation-individuation process, the author pointed out similarities between Mahler's (1975) phases and the ego identity statuses delineated by Marcia (1966). Thus, foreclosure women appear to be involved in a symbiotic relationship with mother, in which each person is considered as part of an enmeshed, dual entity and the daughter strives mostly to please mother (or both parents). Young women in the moratorium status are more akin to the practicing or rapprochement toddler in their ambivalent struggle between dependency and autonomy. Identity diffusion women seem to be prematurely independent as a result of an inadequate symbiosis, in which the lack of a warm interrelatedness precludes a positive identification with mother. These women are emotionally distant from mother. Women who have attained identity achievement usually have emerged from an active exploratory phase with a clear sense of self and a realization that she and mother are independent individuals who remain involved with each other. It is this status that reflects a successful resolution of the separation-individuation process.

Thus, identity formation can be viewed as a result of early mother-daughter relationships as well as a reflection of this relationship as an ongoing process in the present. Crastnopol developed four distinct identity descriptions that reflect a woman's personality development as it relates to her present perception of herself in relation to her mother. The symbiotic description is that of a woman in an intense,
interdependency relationship with mother who may feel almost incomplete without the older woman. Mother is viewed idealistically; extremely positive feelings are evident while negative or ambivalent ones are denied. The daughter feels totally identified with mother and denies real differences between them. This is considered an adult version of symbiosis, in which mother and infant are recounted as being a "dual entity" (Mahler et al., 1975). It may result in a foreclosure identity formation (Marcia, 1966).

Women described as having a distancing stance toward mother could be similar to those in the identity diffusion status (Marcia, 1966). These women seem to portray the opposite feelings and attitudes of symbiotically related women. They manifest a hostility toward mother as well as an almost complete rejection of her. Their overt behavior may appear independent and self-reliant, but it is viewed as a defense against underlying hurt and anxiety. This identity stance can be considered an adult version of the results of a deficiency in the early symbiotic relationship, since these women also experienced little warmth or nurturance from mother in their adolescence and young adulthood.

A practicing stance in relation to mother yielded a description of a young woman with ambivalent feelings in that relationship. She sways between desires for independence and fears of its consequences, which keep her vacillating between symbiosis and individuation. This process serves the
de-idealization of mother and results in anger, depression, and disappointment which may fuel tension between the two women. However, it may be the inevitable struggle that paves the way for a more comfortable autonomy. The practicing and rapprochement toddler also exhibits elation over separateness coupled with a desire to return to mother when anxiety ensues (Mahler et al., 1975). Practicing in young adulthood might also be explained by the identity status of moratorium (Marcia, 1966).

Individuated women were described as comfortably separate and different from their mothers, with whom they still felt involved. The daughter has managed to integrate the ambivalent feelings toward mother so that she sees both herself and mother realistically. Thus, the mother-daughter bond is characterized by attitudes of mutual respect and appreciation as well as by anger and disappointment. Individuation from mother corresponds to the fourth subphase of the early separation-individuation process, when the child first attains a differentiated self along with a loving bond with mother (Mahler et al., 1975). It is similar to descriptions of the identity achievement status (Marcia, 1966).

In her application of the separation-individuation process interacting with personality development, Crastnopol compared women in two life stage groups on their scores on scales of Practicing, Symbiosis, Distancing, and Individuated. These scales were designed to reflect separation-individuation theory
modified to apply to adult development issues. Thus, each reflected one of four different aspects of a woman's "identity vis-a-vis mother." Women from 17 to 22 years of age were in life stage 1, which manifested higher symbiotic scores with lower distancing and individuated scores than was found in life stage 2 (23 to 40 years of age). This indicates greater attachment and less differentiation in the younger women's identity in relationship to mother. Higher symbiotic scores were related to a reported identification with mother or both parents, while higher distancing scores were related to an identification with neither parent.

Personality variables related to symbiosis were succorance, nurturance, dominance as well as a strong sense of ego identity. These women were lower in autonomy. The distancing stance was positively related to autonomy, low self-esteem, a weak sense of ego identity and an external locus of control while being negatively related to nurturance and succorance. A practicing identity was positively associated with low self-esteem, a weak sense of ego identity and minimal autonomy. Dominance, autonomy, high self-esteem, and an internal locus of control were positively related to an individuated stance. However, individuation was lower with respect to ego identity than was symbiosis. This again raises the possibility that symbiosis (or foreclosure) with its concomitant parental harmony, might enhance a strong sense of identity, especially in women.
Crastnopol contends that there is an important relationship between a woman's identity vis-a-vis mother and her overall personality development. Conflicting urges for dependency and autonomy within this relationship have a formative influence on adult maturation. Therefore, a young woman might be expected to move from a symbiotic period to one of practicing her autonomy before attaining individuation. However, there is no guarantee that progression from symbiosis to individuation will occur with the unfolding of one's life span.

Several writers have pointed out developmental difficulties that may arise out of the mother-daughter relationship (Chodorow, 1978; Hammer, 1975; Lerner, 1980; Magrab, 1979). Mothers are likely to experience a sense of oneness and continuity with their infants of both sexes, but prolonged symbiosis and over-identification seem particularly characteristic of the relationship between mothers and daughters. In an appraisal of numerous therapy cases where symbiotic-related issues were predominant, Chodorow (1978) noted that most were with women patients. Several factors appear related to this sex difference in the mothering relationship. The infant girl's earliest attachment to the mother is maintained for a longer period of time (Chodorow, 1978; Freud, 1931, 1974), making the progress toward separateness a more difficult one for the girl (Magrab, 1979). The observations made by Mahler (1975) and Clark-Stewart and Hevey (1981) also point to girls' stronger tendency to maintain physical closeness with mother after boys have begun to move away.
Another factor is that daughters are mothered by an individual of the same sex, making it more difficult for girls to experience themselves as separate persons. This can be exacerbated when mothers tend to deny or not recognize the separateness between themselves and their daughters. Girls would then define themselves in relation to others rather than as autonomy-striving individuals (Chodorow, 1978).

In her interviews with 75 mothers, daughters, and grandmothers, Hammer (1975) describes how issues of primary identification and separateness remain a part of mother-daughter relationships throughout a lifetime. She reflects that for the vast majority of these women, the emergence from the early symbiosis seemed to be only partial. At some level, mothers and daughters tend to remain in a "semisymbiotic" relationship in which neither sees herself or the other as a separate person.

Lerner's (1980) views also emphasize separate developmental tracks for boys and girls. The female child has the dual task of differentiating from a maternal figure with whom she is also supposed to identify, but the male child's differentiation is from a maternal figure whose qualities he must reject in himself in order to be masculine. Therefore, he may have more permission to be separate by the time he is old enough to understand the concept, "I am a boy." Lerner contends that no matter how intensely the mother wishes her son to reflect herself and remain tied to her, she also wants him to be different from herself. On the other hand, the girl may have less permission
to assert her differences from the major figure with whom she is supposed to identify. Too often mothers respond with feelings of rejection or a sense of disloyalty if their daughter asserts her independence.

Identity Development and Psychopathology

The development of an identity in the context of the mother-daughter bond involves elements of being different and being alike. To be the "same" as mother may be to adopt a dependent, passive role (Bardwick, 1972; Cox, 1981; Franks & Burtle, 1974; Frieze et al., 1978; Gornick & Moran, 1971); but to be "separate" may preclude an important emotional involvement with mother (Blum, 1977; Crastnopol, 1980; Miller, 1973; Ticho, 1977). Either of these resolutions to establishing an identity might lead to emotional distress for a woman. Regardless of the reasons, it has been well documented that women seek treatment for emotional problems in greater numbers than do men (Brodsky & Hare-Mustin, 1980; Rohrbaugh, 1979).

Likewise, the patterns of symptoms are different for women and men (Rohrbaugh, 1979). Whereas a man's emotional symptoms more often reflect a destructive hostility toward others and pathological self-concern, a woman's symptoms more often express destructive hostility and criticism toward herself such as self-deprecation, depression, and suicidal thoughts. From complaints that women present, there evolves a few diagnostic categories that are most often associated with being
female. These are depression, hysteria, agoraphobia, and anorexia nervosa (Brodsky & Hare-Mustin, 1980; Rohrbaugh, 1979). Some elucidation of possible etiological factors in these symptom clusters should highlight their possible relationship to female identity development.

Depression is the most common complaint of people seeking treatment, and women are more often given this diagnostic label (Arieti, 1979; Arieti & Bemporad, 1978; Scarf, 1979; Weissman, 1980; Weissman & Klerman, 1977). Arieti (1979) has formulated the view that depressed persons are always trying to discover "Paradise Lost." That is, they continue to seek experiences similar to those in the earliest years of life when they received attention and love from mother, which most likely occurred during symbiosis. This attention may have been taken away too soon or too abruptly, leaving the child with a sense of abandonment. He or she then responds in one of two ways in order to attain love and approval. The choice is either to please others or to achieve a lofty goal. Arieti contends that there are sex differences in making these choices. Because females are usually encouraged to be dependent, they most often seek to please others and are therefore obsessed with the "Dominant Other." Their depression then most often arises from loss of attachments. On the other hand, boys, encouraged to be independent, usually seek the lofty goal and are then obsessed with the "Dominant Goal." Depression for men often centers around career disappointments.
Scarf (1979) speculates on a similar view, saying that being female involves no encouragement for being self-sufficient, but encouragement to be dependent and to rely on interpersonal relationship. Women tend to define themselves in terms of a "dominant male."

A sociocultural view by Radloff and Cox (1981) points to further problems for women when they seek to engage in more assertive, independent behaviors. Highly valued competent behavior is responded to differentially between the sexes. Women tend to receive fewer rewards and to have less control over rewards than men. Their training in expressive behavior (as opposed to competent, instrumental behavior) has left women more prone to take less personal credit for success and to have low expectations for success, which causes them to attempt problem solving at a lower rate than men. These authors conclude that such factors make women more susceptible to depression. The analytic and socio-cultural postulations regarding female depression point to the polarities in behavior that are related to a woman's identity in relation to her mother. If she tries to be separate from mother, she meets cultural hurdles on the path to competence; if she tries to be like mother, she meets internal, self-effacing hurdles on the path to dependence.

The hysterical personality is often considered a female character structure, since it continues to be highly associated with women (Rohrbaugh, 1979). When considering the symptom
pattern of this diagnosis, there are close similarities to behaviors considered "normal" for females. Wolowitz (1972) describes the development of hysterical characteristics within the context of child rearing patterns. Thus, girls typically develop hysterical symptoms by being reinforced via their emotions. Approval or disapproval is expressed to the girl in an emotional way in order to guide her behavior, which actually manipulates her emotions. This leads the female child to form a sense of self-identity and self worth based on her ability to elicit positive emotional responses from others rather than from her satisfaction in autonomous behavior. Furthermore, these girls often feel a sense of competitiveness with other women, including mother, for the attention of a male figure, who is needed to provide the nurturance they missed with their own mothers. A similar view is expressed by Belote (1981) who describes hysterical women as functioning at a symbiotic-type level that involves unresolved separation anxiety. This is manifested by extreme dependency on others, especially men, and an intolerance of object loss. Such women may have suffered from maternal deprivation in their earliest involvement with mother, which would necessarily interfere in their identity development vis-a-vis the older woman.

Agoraphobia, a generalized fear of open spaces, is seen in women three times more often than with men (Rohrbaugh, 1979). Characteristic of such women is a dependent personality pattern which includes trouble expressing anger and a fear
of situations that call for competence and competition (Fodor, 1974; Goldstein & Chambless, 1978). This is attributed to a smothering mother who encourages dependence in her daughter until she is handed over to a husband, who maintains the dependency. The young woman feels trapped, but cannot express her anger or anxiety directly, so it is expressed through the phobic behavior.

Bowlby (1973) notes that many agoraphobics tend to suffer from an "anxious attachment," in which they feel stress from any threatened or actual separation from important figures. A common time for onset of this symptom is in late adolescence when the child must face separation from family. The other common onset is in the late twenties and early thirties for unhappily married women with young children who have never learned to function autonomously. Separation for these individuals is so fear provoking that they maintain dependency on important attachments, but express unhappiness, anxiety or fear through their symptom. Expanding on the anxiety component, Symonds (1973) contends that these women fear the consequences of being in control of their own lives, of exploring and discovering the world beyond their home environment. Ordinary aggression and assertiveness are required for growth toward autonomy, and these women have never been encouraged in those behaviors, so fear their direct expression. In agoraphobia, one can see etiological factors that may militate against a woman's development of an individuated sense of self.
Anorexia nervosa usually occurs during adolescence and young adulthood, almost invariably among females (Rohrbuagh, 1979). The traditional psychological view attributes the symptom of not eating to severe conflicts about being feminine (Bemis, 1978). These young women have failed to identify with their mothers and are therefore ambivalent regarding emotions and behaviors that characterize womanhood. A different formulation is made by Bruch (1978) who studied the family backgrounds of over 100 anorexic patients. These backgrounds shared similarities in the prevalence of symbiotic relationships between the girl and her parents. The theme was one of a young girl who felt responsible for her parents' happiness, which she tried to provide through scholastic achievement and physical beauty. Thus, she was not acknowledged or appreciated as an individual in her own right. Refusal to eat was not a rejection of femininity but a reflection of a pervasive sense of helplessness and fear of autonomy. Since the symptoms usually begins around the time a girl is expected to separate from her family, it indicates panic in response to cultural demands for autonomous functioning. Anorexia nervosa may be a particular female response to a family environment that has failed to provide adequate nurturing as well as encouragement of competence, leaving the girl unable to move toward adult development.

Each of these pathological responses to stress appears to involve conflicts between dependency and independency in
the lives of women. Without resorting to diagnostic labels, Shor and Sanville (1978) describe three broad ways in which female patients identify their problems: a) They appear as "fighting rebels" who are protesting oppression. These women are angry but they seek emotional strengthening to face their struggles; b) They may be "fleeing outcasts" who wish to leave an unsatisfying life style, but they feel guilty and fear about moving beyond the safety of their present situation; c) Some women appear as "defeated downcasts" who feel helpless and depressed, and they seek energy to find some solution to their life choices.

Clear themes emerge from women who seek psychotherapy. They are likely to be dependent, passive and feel helpless and to derive a sense of identity from others. Typical masculine behaviors involving assertiveness, competition and competence are avoided, and their anger is usually denied or turned back onto themselves, resulting in self deprecation and depression (Rohrbaugh, 1979). A review of childhood studies had led Hoffman (1972) to conclude that many of the female problems relate to developmental issues. Girls are less encouraged to be independent and less pressured to establish a separate identity from mother, so they do not explore the wider environment to the extent that boys do. As a result, they do not develop the skills necessary for competent mastery and must depend on their abilities to elicit help and support from others.
On the other hand, women who completely reject their mothers and any identification with her also encounter problems (Horner, 1979; Ticho, 1977). Such a rejection leaves them without a solid base from which to establish a sense of self as a unique person who can trust themselves and trust others enough to engage in autonomous functioning. Their aggression and anger may be expressed, but it is more likely a defensive maneuver designed to avoid any intrusion onto their fragile sense of self.

**Overview of the Present Study**

The development of an individuated sense of self is an ongoing process which is dependent upon familial relationships and the learning about oneself that accrues from these interactions. Whereas the early mother-child bond provides a framework for the first separation-individuation process (Mahler et al., 1975), adolescence and young adulthood are thought to require a "second individuation" (Blos, 1962). Thus, both periods are considered as crucial stages along the journey toward the achievement of autonomy. In the earlier phase, mother provides the necessary relationship from which the toddler first identifies with her in order to form a rudimentary sense of self. The period beginning at adolescence requires a restructuring of this identification in the development of a separate identity. Added learning experiences in later relationships, especially with peers, help the adolescent in his or her task of individuation. Nevertheless, one's
experiences in relation to mother continue to influence the unfolding of female autonomy throughout life (Hammer, 1975).

Both psychosocial and psychoanalytic perspectives on development highlight the possibility of an adult form of recapitulation of the early separation-individuation process. If this is the case, one would expect to see certain, age-appropriate behaviors manifested at particular times during the adolescent/young adulthood individuation sequence. The study by Crastnopol (1980) suggests such a possibility in the normal adult development of women. More younger women tended to perceive a symbiotic relationship with their mothers, while older women tended to perceive themselves as individuated or distanced in their relationship vis-a-vis mother. It was further suggested that women from adequate environments are more likely to attain an individuated sense of self, while the distancing relationship may be a woman's only choice if her mother had failed to provide an adequate symbiotic bond.

Consideration of the evidence pertaining to the adult individuation process points out two important general issues. The first is whether or not there is an adult recapitulation of individuation which parallels in sequence the stages described by Mahler in the separation-individuation of children. Such a parallel would be reflected if young women became symbiotically attached to mother as a "home base" from which to move toward autonomy. She might then begin to "practice" behaviors of
separation as part of an exploration into her own separate values and beliefs. This search might involve intense introspection and a looking toward other people to help in self-definition (Josselson, 1973). A successful resolution would then be portrayed by an individuated self, in which a woman has internalized some of her mother's feminine qualities and added her own unique feelings and attitudes that accompany autonomy. Thus, it is important to discover evidence related to a sequence of adult individuation. More specifically, the issue is whether or not it does progress in a defined, expectable pattern in normative development, as well as whether or not the sequence is different for those women whose developmental experiences may be outside the norm.

The present study was expected to attain results which corroborate Crastnopol's findings (1980) that normative female adult development progresses through expectable stages. That is, women who do not admit to psychological distress may enter young adulthood in a symbiotic relationship with mother, then possibly proceed through an era of practicing in their twenties as they move toward individuation upon approaching age 40.

The second general issue regarding adult individuation pertains to the continuing influence of mother in female development. It is possible that the mother-daughter relationship would be quite different in normal versus troubled quests for autonomy. Literature on women seeking psychotherapy indicates that their emotional distress is often linked to
dependency/independency issues, which likely reflect identity achievement problems. These women seem to be either bound into an absolute identification with the feminine role or a rejection of any dependency on or identification with mother whatsoever (Rohrbaugh, 1979). In the former situation, women have usually come from overly protective, restrictive family environments that may facilitate an ongoing symbiotic identity. The latter situation appears to have resulted from inadequate early nurturance or realistic guidelines for behavior, leading some women to completely dis-identify with their past relationships.

Women who seek psychotherapy might then be expected to have developed an identity vis-a-vis mother which has not been incorporating the attainment of individuation. Since the research on women in psychotherapy points to problems with and a fear of separateness or with rejection of one's mother (Brodsky & Hare-Mustin, 1980; Rohrbaugh, 1979), such women might maintain either symbiotic or distancing relationships well into their thirties. The practicing identity also seems salient with regard to women in psychotherapy. Inasmuch as "practicing" reflects internal turmoil and ambivalence (Josselson, 1973), women who request professional help for emotional distress are likely to perceive a practicing identity, regardless of their age.

The literature on adult development as well as that on women in psychotherapy suggests a relationship between one's
identity formation and personality characteristics (Blanck & Blanck, 1974; Brodsky & Hare-Mustin, 1980; Bourne, 1978; Crastnopol, 1980; Horner, 1979; Josselson, 1973; Marcia, 1966; Rohrbaugh, 1979; Ticho, 1977). Thus, each of the four identity stances along the separation-individuation continuum is likely to be related to differing personality variables. Most of this literature is descriptive and based on theoretical and behavioral observation rather than empirical investigation. One exception is the research spawned by Marcia (1966) on Eriksonian concepts of adolescent ego identity formation. However, these various studies (Marcia & Friedman, 1970; Orlofsky, 1978; Todor & Marcia, 1973) produced inconclusive results, making further predictions difficult. It was decided for this study to rely on the more consistent literature, although more anecdotal than empirical, to formulate expectations regarding identity and personality correlates. It was hoped that the present exploration may provide empirical data which can be further refined into more scientific information. Thus, each of the four identity stances were examined with regard to personality correlates.

Since individuation has been conceptualized as a successful differentiation from mother into a relatively stable and unique identity, it should be related to personality characteristics which reflect this. Crastnopol (1980) found individuation to be related to dominance, autonomy, and high self-esteem as measured from self-report items. In her results from
in-depth interviews, Josselson (1973) concluded that identity achievement women gained feelings of self-esteem through their own efforts and that being independent was important to them. This group, considered as conceptually similar to individuation, also was portrayed as having high ego strength, in that the women readily negotiated environmental demands. Likewise, they were able to assertively express themselves to others. Related personality variables were examined in this study.

Therefore, individuated women should report themselves as emotionally stable, assertive, self-reliant, and self-assured. Emotional stability in defined as a measure of ego strength in that it reflects an ability to reach personal goals and to work on tasks without being easily distracted. Such individuals usually report satisfaction with their lives. Assertiveness is considered a measure of personal dominance, since it reflects forceful and direct relations with others. Self-assurance is conceptualized as "untroubled adequacy" involving feeling calm, secure, and serene. Self-reliance or self-sufficiency is a personality characteristic of those individual who report being resourceful and preferring to make their own decisions (Krug, 1980).

In contrast, practicing or "moratorim" has been characterized as a stance accompanied by intrapersonal upheaval and self-doubt (Bourne, 1978). Such women also have reported low self-regard, low autonomy and a weak sense of ego identity.
(Crastnopol, 1980). Josselson (1973) portrayed the moratorium woman as being in a developmental crisis in which other people are needed for assurance of her worth. That is her sense of self was contingent upon the approval or disapproval provided by others.

The present expectation for practicing women was that they should report emotional instability, apprehension and a low integration of self-concept. Emotional instability, a reflection of low ego strength, is defined as a tendency toward being highly affected by feelings and easily upset. Such individuals can be overwhelmed by daily challenges. Apprehension describes a susceptibility to others' opinions and vulnerability to criticism. These individuals report much worrying and self-deprecation. Their sense of worth, measured by low integration of self-concept, tends to be quite low, since they describe themselves as "no good for anything" (Krug, 1980).

The symbiotic woman who remains overly invested in familial relationships has been noted to be dependent and passive (Brodsky & Hare-Mustin, 1980; Rohrbaugh, 1979). Their fears of the extra-familial world and idealization of parents make it difficult for them to express anger or resentment within the family. However, they tend to deny any difficulties (Josselson, 1973). On self-report measures, these women have endorsed dominance and a strong sense of ego identity as well as little autonomy (Crastnopol, 1980). While their prolonged
dependence on family is considered by writers and researchers to be undesirable, symbiotic women seem little disturbed about this, at least on the level that is measured by conscious self-report.

Thus, the personality variables presently examined were considered to measure traits which are likely to be endorsed, while still reflecting symbiotic correlates. Submission, sensitivity, and adherence to group standards were expected to show positive relationships to symbiosis. Submission represents a report of being humble and accommodating in relations with others. Additionally, it is found in individuals who do not vent hostile feelings. Sensitivity defines a trait which includes being overprotected and dependent. One who adheres to group standards reports a preference to follow the lead of others rather than making independent decisions (Krug, 1980).

The woman in a distancing stance has been conceptualized as rejecting familial relationships. This identity has been noted to bear a relationship to emotional instability and tension in a woman who nevertheless overtly expresses assertive behavior (Blanck & Blanck, 1974; Horner, 1979; Ticho, 1977). Self report by distancing women has included high autonomy with low ego identity and low self-esteem (Crastnopol, 1980). Interviews bore similar results (Josselson, 1973). These women seemed to have an appearance of freedom and independence, which resulted from impulsivity, rather than autonomous decision-making.
Therefore, the distancing identity in this study was expected to reveal personality characteristics that combine to produce overly assertive actions in women who feel emotionally unstable and tense. Assertiveness has previously been described as a measure of dominance. Tension represents a tendency toward frustration and easy irritability along with difficulty in relaxing after becoming upset. Emotional instability is defined as reflecting lower ego strength, making it difficult to manage daily challenges (Krug, 1980).

The present research thus provides an exploratory investigation of developmental object relations and psychosocial theories as they pertain to young female adult development. It includes personality correlates of each identity stance along the separation-individuation continuum as well as their relationship to age and psychotherapy factors. This research was founded on the assumption that female identity development is dependent, in some measure, upon the mother-daughter relationship. This is not to deny the influence of other factors, including biological and sociocultural, but to focus on specific interpersonal factors in further understanding life span development. Within the present framework two concerns were addressed: a) whether young adult female individuation follows along the normative sequence suggested by Crastnopol (1980) and b) whether or not the sequence is different for women who admit to psychological distress. These issues were examined within the context of the mother-daughter relationship.
This research may also provide further validation for the Identity vis-a-vis Mother Questionnaire.

This investigation into identity development compared women who seek psychotherapy with women who do not seek psychotherapy. Such a design assumed differences between these two groups, although that does not include an automatic assumption that women in therapy would manifest more psychopathology. There are many people with psychological problems who do not seek psychotherapy. Women who do not seek psychotherapy may experience less distress because they are reasonably content or they may prefer to manage any difficulties independently. Other possibilities include their preference to overlook or minimize problems. In contrast, women seeking psychotherapy were assumed to have experienced and acknowledged emotional difficulties. Furthermore, they seem willing to accept help, which might place them in a vulnerable, dependent relationship stance. Thus, they should provide valuable information regarding troubled adjustment in their journey through young adulthood. The comparison between these two groups was conducted from the conceptual framework of separation-individuation as it interacts with adult development. From the literature in this area, the following hypotheses were formulated.

Hypotheses

**Hypothesis I.** For the group of women who are not seeking psychotherapy, scores in the Identity vis-a-vis Mother
Questionnaire will reflect an identity that progresses from symbiotic to individuated. That is, the younger group of non-clinical women (17-22) will be higher on the symbiotic scale than the older group of non-clinical women (23-40). The latter group will be higher on the individuated scale than the younger non-clinical women.

**Hypothesis II.** For the older group of women who are seeking psychotherapy, scores on the Identity vis-a-vis Mother Scale will reflect a difference from the older non-clinical group. More specifically, the older clinical women will either have higher symbiotic or distancing means that the older non-clinical group.

**Hypothesis III:** For the women seeking psychotherapy, there will be a higher incidence of a practicing identity across all ages of the sample, relative to women not seeking psychotherapy.

**Hypothesis IV:** Individuated scores among all groups will be positively related to the following personality variables: emotional stability, assertiveness, and self-reliance and self-assurance.

**Hypothesis V:** Practicing scores among all groups will be positively related to these personality variables: emotional instability; apprehension and low integration of self-concept.

**Hypothesis VI:** Symbiotic scores among all groups will be positively related to submissive, conforming behavior; sensitivity and adherence to group standards.
Hypothesis VII. Distancing scores among all groups will be positively related to assertiveness; tense, driven behaviors and emotional instability.

Hypothesis VIII. Individuated scores among all groups will be related to psychological adequacy while practicing scores will be related to psychological inadequacy.

Method

Subjects

Women who range in age from 17 to 40 years were solicited to participate in this study. In order to make more accurate comparisons between the present sample and Crastnopol's (1980) sample, her criteria for inclusion were used with the additional criterion of "seeking psychotherapy" for half of the present sample. Thus, this sample consisted of women divided into Life Stage 1 (17-22 years) and Life Stage 2 (23-40 years). Within each Life Stage the women were further divided according to whether or not they sought psychotherapy. The criteria for Life Stage 1 included the appropriate age; women who were pursuing undergraduate studies and whose primary maternal figure was still living. The criteria for Life Stage 2 included the appropriate age; working women or students or both; some formal education beyond high school but no more than a Master's level degree and whose primary maternal figure was still living. These criteria applied to all of the respective groups of women in this study, whether or not they sought psychotherapy. For those women seeking psychotherapy, they were included if they had had five or less psychotherapy sessions.
Measuring Instruments

1. A biographical information sheet (Appendix A) was administered in order to obtain relevant demographic information on each participant. It included questions about each woman's age, educational level, vocational status, race, and socioeconomic background. There were also items related to family background including the woman's perception of her mother during childhood and the extent to which she identifies with either or both parents.

2. Identity Vis-a-Vis Mother Questionnaire (IVM-20). This instrument was designed by Crastnopol (1980) as an inventory to assess separation-individuation issues modified to apply to adult development (Appendix A). It consists of four scales: a) individuated (Ind); b) Practicing (Prac); c) distancing (Dist); and d) Symbiotic (Sym). The score for each scale is derived from 20 statements that are responded to as Quite False (A), Somewhat False (B), Somewhat True (C), and Quite True (D). Both A and B, the false statements, are weighted 0, while C is weighted 1 and D is weighted 2. These weights are summed across the 20 items of each scale to obtain the four scale totals and thus yield four scores. Internal consistency reliability coefficients for each were obtained and the results range as follows: Ind (.68 to .61); Prac (.80 to .76); Sym (.88 to .89) and Dist (.92 to .92). The four variables have been shown to be related to numerous personality characteristics and to age, while they were independent of other demographic variables.
3. Clinical Analysis Questionnaire (CAQ). This instrument (Appendix A) was designed by Cattell and his associates (Cattell, 1973; Cattell & Bolton, 1969; Delhees & Cattell, 1971) based on factor analysis of normal and pathological personality traits. There are 16 normal traits from Cattell's Sixteen Personality Factor Questionnaire and 12 traits related to psychopathology (seven measuring manifestations of depression and five measuring traits identified from the MMPI item pool). On the 16 normal and 12 pathological bipolar scales, an individual obtains a sten score between one and 10 on each factor.

The reliability and validity coefficients are listed for each scale, except Factor B (intelligence), which was not examined in this study. The scales utilized for hypothesis testing are noted with an asterisk.

<table>
<thead>
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<th>16PF Factors</th>
<th>Validity Coefficients</th>
<th>Test-Retest Reliability Coefficients</th>
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<tr>
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<td>.72</td>
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<tr>
<td>C Emotional Stability*</td>
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<td>.70</td>
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<td>F Sober vs Enthusiastic</td>
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<td>G Expedient vs Conscientious</td>
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<td>.71</td>
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<td>H Shy vs Venturesome</td>
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<td>.74</td>
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<td>I Tough vs Tender Minded*</td>
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<tr>
<td>L Trusting vs Suspicious</td>
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### 16 PF Factors

<table>
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<td>N Unpretentious vs Shrewd</td>
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<tr>
<td>O Assured vs Apprehensive*</td>
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<td>.69</td>
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<tr>
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<td>Q2 Dependent vs Self-Reliant*</td>
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<td>.69</td>
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<td>Q3 Lax vs Controlled</td>
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<tr>
<td>Q4 Relaxed vs Tense*</td>
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### Clinical Factors

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<td>D2 Content or Disgust with Life</td>
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<td>D3 Risk Taking</td>
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<td>D4 Calm or Easily Upset</td>
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<td>D5 Energy Level</td>
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<td>D6 Guilt</td>
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<td>D7 Withdrawal</td>
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<td>.67</td>
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<tr>
<td>Pa Paranoia</td>
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<td>.86</td>
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<td>Pp Inhibition</td>
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<td>.84</td>
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<td>Sc Reality Testing</td>
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<tr>
<td>As Compulsivity</td>
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<td>.75</td>
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<tr>
<td>Ps Psychological Adequacy*</td>
<td>.73</td>
<td>.84</td>
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</table>

These validity coefficients are correlations between the scales and underlying factors (Krug, 1980), referred to as
direct concept validities. As such, they provide no information regarding CAQ scale variables and criteria from other sources. However, Burdosal and Schwartz (1975) found most of the normal scales to attain moderate correlations with corresponding self ratings. Correlations for scales used in the present study were as follows: C = .47; E = .40; I = .13; O = .43; Q2 = .30; Q4 = .30). Weitzner, Stallone and Smith (1967) found emotional stability to be negatively correlated with manifest anxiety (-.46) while apprehension and tension were positively correlated (.60; .40). When normal scale variables were compared to a measure of self-acceptance, some were found to be significantly different between high and low self-acceptance groups (Ohnmacht & Muro, 1967). Emotional instability, apprehension and tension were higher in the low acceptance group while their bipolar opposites were higher in the high acceptance group. All of these studies were conducted with college students.

The clinical scales have attained moderate correlations with MMPI scales (Krug, 1980), but since they were partly derived from the MMPI item pool, it provides little additional information. There are some inherent weaknesses in the CAQ, but it was selected for use because the combination of normal scales provided conceptually meaningful correlates with previous personality descriptions associated with identity formation. Additionally, it provided a comparison with both normal and pathological traits, not before examined in this area. Its
length made subject compliance possible without being so brief that data were minimal.

4. Rotter Internal-External Locus of Control Scale (Rotter, 1966). This instrument contains 23 pairs of content items and six fill pairs (Appendix A). The examinee is asked to choose which statement in each pair more closely reflects his or her attitudes. The total number of external items which are endorsed yields a "locus of control score." Hence a high score reflects an external locus of control or the belief that one's life is under the control of external factors such as chance, fate or powerful others. A low score indicates an internal locus of control in which the person believes that one's life is principally determined by his or her own characteristics or behavior. Internal consistency estimates for this scale range from .65 to .79 and test-retest estimates range from .49 to .83 (Phares, 1976). Only the 23 content items were administered.

Procedure

The younger women for the non-clinical portion of the sample were recruited from undergraduate courses in general psychology. This course includes students who presumably are majoring in a diverse range of studies. They might therefore include a varied sample portion, representative of female college undergraduates. Requests for volunteers were made to several General Psychology classes with the explanation that the study involved gathering information about mother-daughter
relationships via questionnaires. Those who wished to participate signed a sheet of paper indicating which of the prearranged times they would be available for their involvement. At these times, testing was done with small groups in a supervised setting. The procedure was explained and each woman given an informed consent (Appendix B) along with her questionnaires. Results obtained were anonymous, since identification numbers were used. The women signed an additional experimental volunteer form, which was processed so that they received extra credit in their respective classes.

The older portion of the non-clinical sample was obtained from three institutions from which women in clerical, managerial, or professional positions volunteered. Two of the institutions were medically oriented treatment and research facilities and the third was a management consultant firm. After supervisors granted permission to request volunteers, women were then tested individually or in small groups of two to three which met at a prearranged time and location. The standard explanation of the study was given, after which the women were provided informed consents (Appendix B) and the questionnaires, which they completed in this supervised setting.

Women in Life Stage 1 who had requested or just begun psychotherapy were recruited from counseling centers of two local universities. Since these centers serve university students, this portion of the study sample was expected to
be an adequate comparison group for the women from university classes. Following the initial interview, each woman was asked by staff personnel if she wished to participate in the present research on mother-daughter relationships. Those who volunteered were asked to complete the questionnaires either before or after their subsequent counseling center visit. They were scheduled accordingly, at which time they signed informed consents (Appendix B) and completed the questionnaires under individual supervision.

Those women who had begun psychotherapy and were appropriate for Life Stage 2 were recruited from two outpatient clinics, one a privately operated facility and the other, a community mental health center. Following the intake interview, they were asked if they wished to participate in the present study. Those who volunteered were then tested on a subsequent visit to the clinic, either before or after their therapy session. Two women from the private clinic came in at another time to complete the questionnaires. In each case, they were told that the study involved an examination of mother-daughter relationships. They were given informed consents (Appendix B), after which they answered the test material with someone available to answer questions.

When 24 subjects for each group had completed the questionnaires, data collection ceased. The data were obtained on all subjects who initially volunteered on a "first come, first serve" basis. Five questionnaires were only partially filled
out, and these were not included in the data analysis. Additional subjects provided complete data to effect a sample total of 96.

**Data Analysis**

The IVM-20 was given to all the women who participated in order to examine any differences in identity development between those women who do or do not seek psychotherapy. Furthermore, IVM-20 scores were compared to the Life Stages of participants to further discern if adult individuation may reflect differences based on age. Hence, the research compared women at different life stages, from adolescence through young adulthood who request or do not request psychotherapy.

In addition, numerous personality variables from the CAQ were compared to the four IVM-20 scales. From the literature on human development, it was hypothesized that identity formation would be linked to overall personality development, so that such comparisons should provide more information regarding identity status and aspects of one's personality. Since the CAQ contains personality dimensions that reflect normal functioning and psychological maladjustment, this instrument is applicable for testing a sample that includes normal and troubled adjustment patterns.

Hypothesis I and II were examined by a two (clinical variable) by two (life stage group) analysis of variance to determine main effects and interactions that may occur with
these variables with respect to IVM-20 scales. A one way analysis of variance was utilized to test Hypothesis III, comparing clinical to non-clinical groups. Pearson product-moment correlational analysis was utilized to study the relationship between the four IVM-20 scale scores and various personality dimensions from the CAQ, as mentioned in Hypothesis IV through VIII. Additionally, partial correlations were used to determine if IVM-20 scores continue to be independent of several demographic variables. Correlations were also obtained between the IVM-20 scores and locus of control, although no specific hypothesis were formulated regarding this information.

Results

Description of Sample

Demographic characteristics of the 96 women who participated in this study are presented in Table 1. The percentages for each of the variables represent their occurrence within each of the four groups (N = 24) along with a combined percentage for the entire sample. The average ages for Life Stage 1 were 19.45 in the non-clinical group and 19.54 in the clinical group. Life Stage 2 average ages were 31.83 and 32.04 in the non-clinical and clinical groups respectively. Because the Life Stage 2 age range was wide, it was further divided into women from 23 to 30 and 31 to 40. There were 17 women ages, 23 to 30 and 31 women from 31 to 40 years of age. Since there were almost twice as many women at the older end of Life Stage
Table 1
Demographic Characteristics of Sample in Percentages

<table>
<thead>
<tr>
<th></th>
<th>Life Stage 1</th>
<th>Life Stage 2</th>
<th>Total</th>
</tr>
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<tr>
<td></td>
<td>Non-Clinical</td>
<td>Clinical</td>
<td>Non-Clinical</td>
</tr>
<tr>
<td>Mean Age</td>
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<td>19.54</td>
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<td></td>
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<td>1-2 yrs College</td>
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<td>62.50</td>
<td>12.50</td>
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<td>2+ yrs college</td>
<td>33.33</td>
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<tr>
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<td>Non-Clinical</td>
<td>Clinical</td>
<td>Non-Clinical</td>
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<tr>
<td>Mean Age</td>
<td>19.45</td>
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Vocational Status

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Parents Income

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*Missing data from 1 subject.

**Missing data from 2 subjects.

2 ages, comparisons between the Life Stages will be more heavily influenced by women at each end of the sample continuum of 17 to 40 years. A comparison of the groups in Life Stage 1 will be presented first, followed by Life Stage 2 comparisons, then a presentation of variables between the two Life Stage groups.
Most of the women in Life Stage 1 had had one to two years of college (66.66%, 62.50%) or just over two years of college (33.33%, 20.83%). In addition, the clinical group had three women who were college graduates (12.50%), while the non-clinical group had none. Religion was likewise comparable, with the majority of women Protestant (66.66%, 62.50%). A few women in each group were either Catholic (16.66%, 12.50%) or did not adhere to any religion (12.50% for each group). A difference was reflected with one non-clinical member being Jewish (4.16%) compared to none in the clinical group, from which three women claimed "other" (12.50%). Income level was remarkably similar between these two. Both groups were mostly at the minimal income level (87.50% for each group), while their family income level was much higher. These women tended to come from families at the middle income level of $25,000 to $40,000 yearly (62.50% for each group). The non-clinical women's family income showed a somewhat wider range beyond this level, both higher (16.66%) and lower (16.66%), but the clinical group reported only the higher level (37.50%). All the younger women came from middle to upper-middle income families.

The racial distribution was predominantly white (87.50%, 66.66%) with a few Blacks (12.50%, 8.33%) in each group. The clinical group had three Hispanics (12.50%) and three who answered "other" (12.50%). As expected, the marital status in Life Stage 1 was mostly single (100%, 75%), which represented
every woman in the non-clinical group. The clinical group contained two divorced (8.33%) and four widowed women (16.66%).

There were strong similarities in the vocational status among these women. Most reported either no paid employment (37.50%, 37.50%) or a combination of school with part-time employment (41.66%, 50%). In reporting their occupations, the non-clinical group had 37.50% unemployed and 50% who worked at clerical or service related jobs. Clinical women revealed a high percentage also in clerical or service related jobs (70.83%). Although nine of these women had claimed no paid employment, only three then reported that they were not employed. The other six reported working in clerical or service-related positions, which probably did not provide direct monetary compensation. In general, the younger group were white, middle class, single women who attended college.

The women in the Life Stage 2 groups reported similar characteristics in several background variables. For instance, half of the women in each group had received some education beyond college studies. Five non-clinical women had attended college (20.83%) as had six of the clinical women (24.99%). While 20.83% of the first group were college graduates, none of the second group reported having a college degree. However, both groups had members, reporting some other formal training (8.33%, 16.66%). There were marked similarities in their religious background, which included a predominance of Protestants (41.66%, 66.66%) and Catholics (33.33%, 20.83%), with a
few women in each group who did not adhere to any religion (12.50%). Similar to Life Stage 1, the older women in the non-clinical group included three who were Jewish, with none in the clinical group who so reported. The racial distribution revealed a preponderance of white females (91.66%, 83.33%). There was one Black in the non-clinical group and one Hispanic in the clinical group. Additional racial backgrounds were represented by one woman in the non-clinical group and three in the clinical group.

A noticeable difference in marital status was reported. Most non-clinical women were married (58.33%), while most clinical women were single (54.16%). The clinical group also had more divorced women (29.16%) than did the non-clinical group (12.50%), who also had two report cohabitation (8.33%). Thus, the non-clinical women had a total of 16 who were involved in a relationship, and the clinical women had a total of four.

The income level for both groups was generally reported across the middle range, from levels of $8,000 - $15,000 to $25,000 - $40,000 annually. One difference was found at the low income level (less than $8,000), with 25% of the clinical group earning in this range and only 4.16% of the non-clinical group in this range. Since this information was based on "self and/or spouse," it is likely that marriage, which was much higher in the non-clinical group, enhanced annual income, especially if both partners were employed.
The older women were quite comparable with regard to their vocational pursuits, since 58.33% in both groups worked full time. The remaining vocational categories showed slight differences between the groups. More clinical women worked part-time (25% to 16.66% non-clinical) while more non-clinical women combined work and school (16.66% to 4.16%). Although both groups reported the highest percentage in clerical and service work, clinical women (62.50%) were more represented here than non-clinical women (37.50%). The non-clinical group had four women (16.66%) in managerial positions, but the clinical group had none. Likewise, skilled jobs and trainee positions were each slightly represented in the non-clinical group (8.33% for each), while these categories were not depicted at all in the clinical group. Thus, the older women were mostly employed full-time, but their occupation levels were somewhat varied.

Chi Square analysis (Table 2), testing for significant differences on demographic variables within each Life Stage, revealed that each age group was remarkably similar in background and present descriptive life situation. The only exception was the marital status variable for the older women. However, there were significant differences between the two Life Stage groups on numerous variables. The comparison between groups tested for significant differences between Life Stage 1 and Life Stage 2, which also is presented in Table 2.
This comparison between the two Life Stage groups revealed similarities in regard to race and religion. The majority were white, Protestant women from middle to upper-middle income families. Their present demographic characteristics showed differences that would be expected between younger and older women. That is, the older women had attained a higher educational and income level and were more likely to be married. Their occupational pursuits were more often in full-time employment, rather than part-time or no-paid employment, which was more highly represented in the younger groups.

Table 2
Chi Square Analysis on Differences Within Each Life Stage Group and Between the Life Stage Groups

<table>
<thead>
<tr>
<th></th>
<th>df</th>
<th>Life Stage 1</th>
<th>Life Stage 2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>4</td>
<td>3.57</td>
<td>3.34</td>
<td>50.38**</td>
</tr>
<tr>
<td>Marital Status</td>
<td>4</td>
<td>6.87</td>
<td>12.72*</td>
<td>38.94**</td>
</tr>
<tr>
<td>Religion</td>
<td>4</td>
<td>4.18</td>
<td>5.08</td>
<td>6.24</td>
</tr>
<tr>
<td>Income</td>
<td>4</td>
<td>2.00</td>
<td>7.56</td>
<td>56.20**</td>
</tr>
<tr>
<td>Race</td>
<td>3</td>
<td>6.88</td>
<td>3.10</td>
<td>4.12</td>
</tr>
<tr>
<td>Vocational Status</td>
<td>3</td>
<td>1.32</td>
<td>2.40</td>
<td>43.70**</td>
</tr>
<tr>
<td>Occupational Level</td>
<td>5</td>
<td>10.56</td>
<td>9.84</td>
<td>12.02*</td>
</tr>
<tr>
<td>Parent's Income</td>
<td>4</td>
<td>6.92</td>
<td>8.54</td>
<td>11.89*</td>
</tr>
</tbody>
</table>

*p < .05.

**p < .01.
Effects of Life Stage and Presence or Absence in Therapy on IVM-20 Scores

The 96 women in this sample were classified into Life Stage 1 or Life Stage 2 and into clinical or non-clinical groups, from which comparisons were made on IVM-20 scale scores. The hypothesis pertaining to differences based on these classification factors were tested through a two by two analysis of variance, examining the two age levels and the presence or absence of being in psychotherapy. Each of the hypothesis will be discussed separately, while a summary of the two way ANOVA results are presented in Table 3. Additional information regarding IVM-20 means, standard deviations and score ranges are included in Table 4.

Table 3

Two by Two Analysis of Variance (Group by Age) for each IVM-20 Scale

<table>
<thead>
<tr>
<th></th>
<th>Ind</th>
<th>Prac</th>
<th>Sym</th>
<th>Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main Effects</td>
<td>.155</td>
<td>4.248*</td>
<td>6.123**</td>
<td>7.629**</td>
</tr>
<tr>
<td>Group</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>.000</td>
<td>4.984*</td>
<td>10.829**</td>
<td>2.570</td>
</tr>
<tr>
<td>Non-Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>.310</td>
<td>3.512</td>
<td>1.418</td>
<td>12.689**</td>
</tr>
<tr>
<td>Life Stage 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Stage 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction Effects</td>
<td>.960</td>
<td>1.164</td>
<td>.276</td>
<td>.405</td>
</tr>
</tbody>
</table>

*p < .05.

**p < .01.
Table 4

Summary of Means, Standard Deviations, and Ranges for Each Group on IVM-20 Scales

<table>
<thead>
<tr>
<th></th>
<th>Non-Clinical</th>
<th></th>
<th>Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LS 1</td>
<td>LS 2</td>
<td>LS 1</td>
</tr>
<tr>
<td>Individuated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>20.04</td>
<td>21.71</td>
<td>20.13</td>
</tr>
<tr>
<td>SD</td>
<td>5.12</td>
<td>5.57</td>
<td>5.70</td>
</tr>
<tr>
<td>Range</td>
<td>13-32</td>
<td>13-32</td>
<td>9-29</td>
</tr>
<tr>
<td>Practicing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>10.38</td>
<td>6.54</td>
<td>11.80</td>
</tr>
<tr>
<td>SD</td>
<td>7.11</td>
<td>4.05</td>
<td>6.49</td>
</tr>
<tr>
<td>Range</td>
<td>2-31</td>
<td>0-16</td>
<td>0-23</td>
</tr>
<tr>
<td>Symbiosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.79</td>
<td>6.88</td>
<td>10.29</td>
</tr>
<tr>
<td>SD</td>
<td>6.47</td>
<td>6.60</td>
<td>9.01</td>
</tr>
<tr>
<td>Range</td>
<td>0-20</td>
<td>0-23</td>
<td>1-28</td>
</tr>
<tr>
<td>Distancing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>15.13</td>
<td>10.33</td>
<td>13.54</td>
</tr>
<tr>
<td>SD</td>
<td>8.50</td>
<td>6.81</td>
<td>10.26</td>
</tr>
<tr>
<td>Range</td>
<td>2-29</td>
<td>1-23</td>
<td>1-32</td>
</tr>
</tbody>
</table>

**Hypothesis I: Comparisons of Non-Clinical Women**

In this hypothesis, it was predicted that among those women not seeking psychotherapy, the younger group would score higher on the Symbiosis scale, while the older group would score higher on the Individuated scale. The two by two ANOVA also provided information on the clinical groups, allowing for additional data which might prove useful in understanding factors related to mother-daughter relationships.
As seen in Table 3, there were no significant main effects of interaction effects for the Individuated scale, but the Symbiosis scale scores reflected differences based on the group variable. This hypothesis was not supported, since the age of non-clinical women did not affect either IVM-20 scale score.

The significant difference on Symbiosis scores resulting from the clinical factor was further examined through the Newman-Keuls procedure, shown in Table 5. The clinical groups were significantly higher than the non-clinical groups, indicating an effect based on the therapy factor for Symbiosis.

Table 5
Newman-Keuls Comparisons on Symbiosis

<table>
<thead>
<tr>
<th>Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>05 level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>5.79</td>
<td>6.88</td>
<td>10.29</td>
<td>13.08</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>1.09</td>
<td></td>
<td>4.50*</td>
<td>7.29*</td>
<td>3.70</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>3.41*</td>
<td>6.20*</td>
<td>3.37</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>2.79</td>
<td>2.82</td>
<td></td>
</tr>
</tbody>
</table>

*P < .05.

Note. Group 1 Life Stage 1, non-clinical; Group 2 Life Stage 2, non-clinical; Group 3 Life Stage 1, clinical; Group 4 Life Stage 2, clinical.
Hypothesis II: Identity Status of Older Women Seeking Psychotherapy

This hypothesis predicted that older clinical women would score higher on either the Symbiosis or Distancing scale, relative to older non-clinical women. The two way analysis of variance (age by clinical or non-clinical) resulted in significant main effects for both scales. As seen in Table 3, the differences on Symbiosis scores were accounted for by the clinical factor, and differences on Distancing scores were accounted for by the age factor.

In order to determine where the clinical factor accounted for differences on the Symbiosis scale, the Newman-Keuls test was utilized. The results presented in Table 5 indicate that the older clinical women attained significantly higher Symbiosis means than the older non-clinical women. Since either Symbiosis or Distancing was expected to be significantly higher for the clinical group, this hypothesis was supported. Additionally, significant differences were found between clinical and non-clinical groups in both Life Stages. The women in psychotherapy, regardless of age, had higher Symbiosis scores, and the older clinical women attained the highest scores of all four groups.

Distancing scores were lowest for the older, clinical women, and the Newman-Keuls procedure (Table 6) revealed that both older groups attained significantly lower Distancing means than the younger groups. The older women in this sample
were less likely to perceive a Distancing identity vis-a-vis mother, whether or not they had sought psychotherapy.

Table 6
Newman-Keuls Comparisons on Distancing

<table>
<thead>
<tr>
<th>Group</th>
<th>4</th>
<th>2</th>
<th>3</th>
<th>1</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>6.67</td>
<td>10.33</td>
<td>13.54</td>
<td>15.13</td>
<td>level</td>
</tr>
<tr>
<td>4</td>
<td>3.66*</td>
<td>6.87*</td>
<td>8.46*</td>
<td>3.70</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>3.21*</td>
<td>4.80*</td>
<td>3.37</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>1.59</td>
<td>2.82</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*p < .05.

Note. Group 1 Life Stage 1, non-clinical; Group 2 Life Stage 2, non-clinical; Group 3 Life Stage 1, clinical; Group 4 Life Stage 2, clinical.

Hypothesis III: The Practicing Identity Among in Psychotherapy

Hypothesis 3 predicted a higher incidence of the Practicing stance among clinical women than among non-clinical women. A one way analysis of variance was utilized to compare Practicing scores between these two groups. It can be seen in Table 7 that significant differences were attained, in which the clinical group scored higher than the non-clinical group. Thus, the data supported the expectation that women seeking psychotherapy would be more likely to perceive a Practicing identity vis-a-vis mother.
Table 7
One Way Analysis of Variance Comparing Clinical and Non-Clinical Groups on Practicing

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical(^a)</td>
<td>11.31</td>
<td>6.58</td>
<td>0-26</td>
</tr>
<tr>
<td>Non-Clinical(^b)</td>
<td>8.46</td>
<td>5.98</td>
<td>0-31</td>
</tr>
<tr>
<td>F</td>
<td>4.84*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^*p < .05.\)
\(^ahn = 48.\)
\(^bhn = 48.\)

Summary of IVM-20 Scores Among the Groups of Women

When IVM-20 scores were compared on the basis of women's ages and psychotherapy choice, several distinctions emerged. Symbiosis was more related to the treatment variable, with clinical groups attaining higher mean scores. In contrast, the age variable had more effect on the Distancing scale, in which the young groups had the higher scores. Practicing scale means were higher in the two clinical groups, although the younger non-clinical group means were not much lower. Individuated scores were so similar across groups that no differentiation was revealed on this IVM-20 scale.

Since demographic variables may affect a woman's ongoing relationship with mother and therefore affect the comparisons between IVM-20 scores and groups, further analyses were conducted. Partial correlations, in which the relationship
between IVM-20 scales and biographical characteristics were removed, examined IVM-20 scales relative to younger and older women. Of those variables which represented significant differences between the age groups, three were selected for this analysis. They are educational level, income and occupational level, presented in Table 8. While no significant correlations occurred with Individuated, the other scales showed a significant relationship between them and age, independent of biographical data. Thus, the women's ages bore some relationship to their perceived identity vis-a-vis mother.

Table 8

Partial Correlations of IVM-20 Scores with Age with Demographic Variables Held Constant

<table>
<thead>
<tr>
<th>Held Constant</th>
<th>Ind with Age</th>
<th>Prac with Age</th>
<th>Sym with Age</th>
<th>Dist with Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Level</td>
<td>-.04 (.12)a</td>
<td>.30** (.12)</td>
<td>.49*** (.01)</td>
<td>.74*** (-.18)</td>
</tr>
<tr>
<td>Income Level</td>
<td>.03 (.05)</td>
<td>.73*** (-.23)</td>
<td>.38*** (.13)</td>
<td>.82*** (-.20)</td>
</tr>
<tr>
<td>Occupational Level</td>
<td>.11 (-.15)</td>
<td>.34*** (-.10)</td>
<td>.38*** (-.06)</td>
<td>.38*** (.04)</td>
</tr>
</tbody>
</table>

**p < .01.
***p < .001.

aNumbers in parentheses are correlations between IVM-20 scores and the biographical characteristics.

When the women answered questions regarding their childhood relationship with mother, the resulting Pearson product-moment correlations proved significant. Table 9 presents
these results from the following questions: a) How well mother met needs for love and affection; b) How much mother seemed to approve of you; and c) How much mother encouraged the development of an occupation or profession.

Table 9

Pearson Product-Moment Correlations on IVM-20 Scales and Relationship with Mother Variables

<table>
<thead>
<tr>
<th></th>
<th>Ind</th>
<th>Prac</th>
<th>Sym</th>
<th>Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love &amp; Affection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High to Low</td>
<td>-.05</td>
<td>.44***</td>
<td>.61***</td>
<td>-.54***</td>
</tr>
<tr>
<td>Approval</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High to Low</td>
<td>.01</td>
<td>.45***</td>
<td>.51***</td>
<td>-.49***</td>
</tr>
<tr>
<td>Encourage Prof.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High to Low</td>
<td>-.24**</td>
<td>.06</td>
<td>.16</td>
<td>-.22*</td>
</tr>
</tbody>
</table>

*p < .05.

**p < .01.

***p < .001.

Practicing and Symbiosis scores were highly correlated with reports of little affection or approval, while Distancing scores were highly correlated with much affection and approval. Those who reported their mothers' encouragement of an occupation were more likely to score higher on Individuated or Distancing.

IVM-20 Scales Compared to Personality

Hypothesis IV - VII were examined through Pearson Product-Moment correlations between the IVM-20 and the Clinical Analysis
Questionnaire (CAQ). Fifteen of the 16 Normal Personality Scales are included in Table 10, summarizing these correlational results. The CAQ trait scales are bipolar, representing low to high sten scores for each scale. The negative correlations are therefore related to a lower score and positive correlations, to higher sten scores. Each hypothesis regarding IVM-20 scales and possible personality correlates will be reported separately while all results are included in Table 10.

Table 10

Pearson Product-Moment Correlations of CAQ Scales With IVM-20 Scales

<table>
<thead>
<tr>
<th>CAQ Scales</th>
<th>Ind</th>
<th>Prac</th>
<th>Sym</th>
<th>Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>.16</td>
<td>-.10</td>
<td>-.35***</td>
<td>.29**</td>
</tr>
<tr>
<td>C</td>
<td>.20*</td>
<td>-.36***</td>
<td>-.06</td>
<td>.07</td>
</tr>
<tr>
<td>E</td>
<td>.18*</td>
<td>-.32***</td>
<td>-.35***</td>
<td>.27**</td>
</tr>
<tr>
<td>F</td>
<td>.20*</td>
<td>-.26**</td>
<td>-.25**</td>
<td>.32***</td>
</tr>
<tr>
<td>G</td>
<td>.09</td>
<td>.00</td>
<td>.11</td>
<td>-.12</td>
</tr>
<tr>
<td>H</td>
<td>.10</td>
<td>-.20*</td>
<td>-.21</td>
<td>.06</td>
</tr>
<tr>
<td>I</td>
<td>.22*</td>
<td>.22*</td>
<td>-.05</td>
<td>.10</td>
</tr>
<tr>
<td>L</td>
<td>-.09</td>
<td>.10</td>
<td>-.01</td>
<td>-.04</td>
</tr>
<tr>
<td>M</td>
<td>.16</td>
<td>.22*</td>
<td>.16</td>
<td>-.22*</td>
</tr>
<tr>
<td>N</td>
<td>.10</td>
<td>.39***</td>
<td>-.15</td>
<td>-.17</td>
</tr>
<tr>
<td>O</td>
<td>-.22*</td>
<td>.43***</td>
<td>.37***</td>
<td>-.39***</td>
</tr>
<tr>
<td>Q1</td>
<td>.26**</td>
<td>-.33***</td>
<td>-.01</td>
<td>-.10</td>
</tr>
<tr>
<td>Q2</td>
<td>.01</td>
<td>.33***</td>
<td>.34***</td>
<td>-.32***</td>
</tr>
</tbody>
</table>
Hypothesis IV: Individuated Compared to CAQ Scores

Hypothesis 4 predicted that Individuated scores on the IVM-20 would be significantly correlated with the following CAQ trait scales: emotional stability (Factor C); assertiveness (Factor E); self-assurance (Factor Q0) and self-reliance (Factor Q2). Individuated was correlated with emotional stability ($r = .20$), which is described as a measure of an individual's available resources in meeting life's challenges. The assertiveness trait is said to play an important role in independence and directness in relationships with others. High assertiveness and Individuated were also positively related ($r = .18$). Likewise, self-assurance was correlated with Individuated ($r = -.22$). This CAQ factor is further described as "untroubled adequacy." Self-reliance and Individuated were not significantly correlated ($r = .01$). This factor (Q2) is descriptive of people who prefer to be alone.
Individuated was significantly correlated with additional CAQ variables. These included Factor F, enthusiasm ($r = .20$); Factor I, sensitivity, ($r = .22$) and Factor Q1, liberality ($r = .26$). In general, Hypothesis 4 was supported, since three or four personality dimensions were significantly correlated with Individuated scores.

**Hypothesis V: Practicing Compared to CAQ Scores**

Hypothesis V addressed the possible relationships between Practicing scores on the IVM-20 and CAQ personality traits. Specifically, the following CAQ factors were predicted to be correlated with Practicing scores: emotional instability (Factor C); apprehension (Factor O) and low integration of self concept (Factor Ps). The low point on the Factor C continuum reflects emotional instability or becoming easily upset and this was significantly correlated to higher Practicing scores ($r = -.36$). Significant values were attained between Practicing and apprehension ($r = .43$), which is the high end of the Factor O continuum. Likewise, Practicing and low integration of self-concept were significantly correlated ($r = .50$). This CAQ factor (Ps) is referred to as psychological adequacy vs psychological inadequacy, and the higher scores on this dimension reflect distortions in one's sense of self-worth. These results support Hypothesis V on each of the predicted correlations.

Additional CAQ factors were significantly related to Practicing scores. These included Factor E, submissiveness ($r = -.32$); Factor F, seriousness ($r = -.26$); Factor N,
shrewdness ($r = .39$); Factor Q1, conservative ($r = -.33$); Factor Q2, self-reliance ($r = .33$) and Factor Q4, tension ($r = .36$). The following correlations were somewhat lower, but then each attained a .05 significance level in relation to Practicing scores: Factor H, shyness ($r = -.20$); Factor I, tender minded ($r = .22$) and Factor M, imaginative ($r = .22$). In general, Practicing scores were correlated with more of the CAQ variables than was any other IVM-20 scale.

**Hypothesis VI: Symbiosis Compared to CAQ Scores**

Hypothesis VI predicted relationships between IVM-20 Symbiotic scores and CAQ traits. It was expected that subservience (Factor E); sensitivity (Factor I) and group adherence (Factor Q2) would correlate significantly with higher scores on Symbiosis. The submissive factor showed a significant correlation ($r = -.25$), indicating a self report which includes humble, conforming behaviors. The other two factors were correlated in the opposite direction from that predicted. Thus, Factor I ($r = -.05$) was closer to the tough-minded end of the continuum than to the sensitivity end, but this did not reach significance. However, Factor Q2 (group dependent vs. self-reliance) was significant ($r = .34$), indicating reported self-reliance rather than adherence to group standards. In summary, this hypothesis was accurately predicted, and the remaining two showed opposite relationships from those expected.

Other variables, besides those predicted, revealed significant correlations with Symbiosis scores. These included
Factor A, reserved ($r = -.35$); Factor F, Seriousness ($r = -.25$); Factor H, shyness ($r = -.21$) and Factor O, apprehension ($r = .37$).

**Hypothesis VII: Distancing Compared to CAQ Scores:**

In Hypothesis VII, Distancing scores were predicted to correlate with assertiveness (Factor E), tension (Factor Q4) and emotional instability (Factor C). As seen in Table 10, the only one of these three variables to attain a significant correlation was assertiveness ($r = .27$). Distancing scores were not significantly related to self-reported levels of tension or emotional instability, indicating that this hypothesis was generally unsupported.

There were unpredicted correlations between CAQ variables and Distancing scores that reached significant levels. These included the following: Factor A, warm-hearted ($r = .29$); Factor F, enthusiasm ($r = -.22$); Factor N, unpretentious ($r = -.17$); Factor O, self-assurance ($r = -.39$) and Factor Q2, group dependence ($r = -.32$).

**Hypothesis VIII: Contrast Between Individuated and Practicing on CAQ Scores**

A significant contrast was predicted in Hypothesis VIII between Individuated and Practicing scores. The former were expected to significantly relate to self-reported psychological adequacy while the latter would report psychological inadequacy. This variable (Ps) is one of the clinical factors on the CAQ. As summarized in Table 10, Individuated scores attained a
significant correlation with the low end of the Ps continuum, or toward psychological adequacy \((r = -.20)\). Practicing scores were significantly correlated with the opposite end, that of psychological inadequacy \((r = .50)\), and this was the higher of the correlations.

A description of this scale (Krug, 1980) elaborates that higher scores tend to reflect a sense of worthlessness and of feeling doomed. Low scores are more indicative of beliefs in oneself as good, dependable and as smart as most others. The data support this hypothesis that Individuated and Practicing scores would relate to antithetical views of self.

Although predictions regarding Ps with Symbiosis or Distancing scores were not made, both IVM-20 scales were significantly correlated with the CAQ factor. Symbiosis scores were related to psychological inadequacy \((r = .33)\), while Distancing scores were related to psychological adequacy \((r = -.31)\).

**IVM Scores and CAQ Clinical Scale Scores**

Pearson product-moment correlational analyses were also computed for IVM-20 Scales and the CAQ Clinical Scales. While the previous scales were designed to measure normal personality dimensions, these additional scales have been included in the CAQ as measures of psychopathology. There were no hypotheses formulated regarding 11 of the 12 clinical scales. However, results from this data analysis revealed many significant correlations, so they are reported in order to provide further
information about identity stances and aspects of personality.
A summary of the results is included in Table 11.

Table 11
Pearson Product-Moment Correlations of CAQ Clinical Scales with IVM-20 Scales

<table>
<thead>
<tr>
<th>Clinical Scales</th>
<th>Ind</th>
<th>Prac</th>
<th>Sym</th>
<th>Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1</td>
<td>-.25**</td>
<td>.51***</td>
<td>.40***</td>
<td>-.48***</td>
</tr>
<tr>
<td>D2</td>
<td>-.29**</td>
<td>.49***</td>
<td>.28**</td>
<td>-.18*</td>
</tr>
<tr>
<td>D3</td>
<td>.23*</td>
<td>-.20*</td>
<td>-.09</td>
<td>.24**</td>
</tr>
<tr>
<td>D4</td>
<td>-.24**</td>
<td>.24**</td>
<td>.10</td>
<td>.02</td>
</tr>
<tr>
<td>D5</td>
<td>-.25**</td>
<td>.54***</td>
<td>.36</td>
<td>-.26**</td>
</tr>
<tr>
<td>D6</td>
<td>-.31**</td>
<td>.47***</td>
<td>.27**</td>
<td>-.23*</td>
</tr>
<tr>
<td>D7</td>
<td>-.34***</td>
<td>.51***</td>
<td>.42***</td>
<td>-.38***</td>
</tr>
<tr>
<td>Pa</td>
<td>-.37***</td>
<td>.43***</td>
<td>.26**</td>
<td>-.19*</td>
</tr>
<tr>
<td>Pp</td>
<td>.34***</td>
<td>-.26**</td>
<td>-.10</td>
<td>.05</td>
</tr>
<tr>
<td>Sc</td>
<td>-.12</td>
<td>.38***</td>
<td>.28**</td>
<td>-.14</td>
</tr>
<tr>
<td>As</td>
<td>-.36***</td>
<td>.10</td>
<td>.10</td>
<td>.02</td>
</tr>
</tbody>
</table>

*p < .05.

**p < .01.

***p < .001.

Scale D1 estimates hypochondriasis, with low scores reflecting little concern about one's physical health and high scores reflecting a preoccupation with health (Krug, 1980). Individuated scores (r = -.25) and Distancing scores (r = -.41) were significantly related to low hypochondriasis. Practicing
scores ($r = .51$) and Symbiosis scores ($r = .40$) were significantly related to high hypochondriasis.

One's level of contentment with life is measured on Scale D2, where a low score represents zestfulness and contentment and a high score represents disgust with life (Krug, 1980). All IVM-20 scale were significantly correlated with this factor, with Individuated ($r = -.29$) and Distancing ($r = -.18$) related to contentment. The Distancing correlation was somewhat low on this dimension. The "disgust with life" point on the continuum was correlated with Practicing ($r = .49$) and Symbiosis ($r = .28$).

Scale D3 represents agitation, where low scores reflect little need for excitement and avoidance of risk taking, and high scores reflect restlessness and risk taking. Scores at either extreme of this continuum are considered significant departures from the norm (Krug, 1980). The correlations on this scale and IVM-20 scales were somewhat low. For example, Individuated ($r = .23$) and Distancing ($r = .24$) were more related to the restless point, and Practicing scores ($r = -.20$) were more related to the "avoidance of adventure" point.

Individuated and Practicing scores were the only two revealing an association to scale D4. Low scores depict calmness and poise and high scores depict tension and clumsiness (Krug, 1980). The significant correlations were between Individuated scores and calmness ($r = -.24$) and between Practicing scores and tension ($r = .24$).
High scoring individuals on D5 report feelings of sadness and low energy compared to low scoring individuals' report of enthusiasm and energy (Krug, 1980). Correlations with the IVM-20 scales revealed significance for the low energy score with Practicing scores ($r = .54$) and Symbiosis scores ($r = .36$). Significance in the opposite direction was found for Individuated scores ($r = -.25$) and Distancing scores ($r = -.26$), revealing a relationship between them and endorsement of enthusiasm.

D6 measures feelings of guilt: low sten scores reflect low guilt and high sten scores reflect high guilt (Krug, 1980). High scores on D6 were significantly correlated with Practicing ($r = .47$) and Symbiosis ($r = .27$). Low D6 scores were significantly correlated with Individuated ($r = -.31$) and Distancing ($r = -.23$). The same dichotomy was found for D7, a measure of relaxation versus tension. Thus Practicing and Symbiosis scores were both related to tension (Prac: $r = .51$; Sym: $r = .42$), while Individuated and Distancing scores were related to relaxation (Ind: $r = -.34$; Dis: $r = -.38$).

On scale Pa, a measure of trusting against suspiciousness, Individuated and Distancing scores were significantly correlated with the trusting end (Ind: $r = -.37$; Dis: $r = -.19$). In contrast, Practicing and Symbiosis scores showed a significant correlation with suspiciousness (Prac: $r = .43$; Sym: $r = .26$).
Scale Pp is said to be a measure of inhibition, with low scores indicative of self-reported inhibition, sensitivity and conformity. Practicing scores were shown to be related to this description ($r = -.26$). The high scores point to some complacency in regard to antisocial behavior (Krug, 1980) so it is surprising that Individuated scores were significantly correlated with this point ($r = .34$).

Practicing and Symbiosis scores were the only two to attain significant correlations on Factor Sc (Prac: $r = .38$; Sym: $r = .28$). Thus, they were more likely to endorse statements reflecting feelings that the world is unsympathetic and that they feel rejected and have trouble getting their thoughts into words (Krug, 1980). Scale As measures compulsive behaviors, and Individuated was the only IVM-20 score to reach a significance level ($r = -.36$). This negative relationship indicates a self-report of not being bothered by compulsive habits or unwelcome, repetitive thoughts (Krug, 1980).

An overall appraisal of these results relating IVM-20 scales to the CAQ clinical factors reveals that most often Individuated and Distancing scores contrast with Practicing and Symbiotic scores. Furthermore, the former two more often endorse the satisfied, healthier points on these bipolar scales.

The Rotter Internal-External Locus of Control Scale was compared to the IVM-20 Scales using the Pearson product-moment correlational analysis, although no hypotheses were
made regarding this comparison. As seen in Table 12, Individuated scores attained a significant negative correlation ($r = -.39$), indicating a relationship with this variable and an internal locus of control. In contrast, Practicing scores were significantly correlated with an external locus of control ($r = .31$). Thus, Individuated scores were related to the belief that life's circumstances are within one's own control, while Practicing scores were related to the belief that life is influenced by powerful others and external circumstances.

Table 12
Correlations Between Rotter I-E and IVM-20 Scale

<table>
<thead>
<tr>
<th></th>
<th>Ind</th>
<th>Prac</th>
<th>Sym</th>
<th>Dist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotter I-E</td>
<td>-.39***</td>
<td>.31***</td>
<td>.05</td>
<td>.07</td>
</tr>
</tbody>
</table>

***p < .001.

Discussion

Characteristics of the Sample

The women who participated in this study were selected on the basis of certain classifications variables in order to make comparisons with a similar sample, from which the IVM-20 was developed (Crastnopol, 1980). As a group, they represent white, Protestant, well-educated women from middle to upper-middle income families. While the younger women were in college, the older women had developed into a highly educated group pursuing various occupations at differing income levels.
There was also more variability among the older women with regard to marital status. It is interesting that being unmarried was more characteristic of the older, clinical group, and this difference will be addressed in the discussion of results on their perceived identity vis-a-vis mother. Among the younger women, most were unmarried, which is to be expected. However, the younger clinical group had two who were divorced and four widows, which is an unexpected finding. This information may be related to seeking psychotherapy and will be considered in later discussion.

In general, each Life Stage group showed uniformity, although there were some differences regarding the distribution of marital status within groups. Differences between the younger and older women appear to be typical life stage changes, where the older women have developed more variability as a result of life experiences beyond college. These younger women would be expected to develop later life pursuits much like their older counterparts.

While the similarities among this sample (especially between each Life Stage group) should enhance comparisons between clinical and non-clinical groups, any generalization to women from dissimilar backgrounds is limited. In attempting to provide further empirical validation for the IVM-20, which was developed from a well-educated, middle-class sample, the selection criteria for this study were necessarily restrictive. Thus, women with contrasting backgrounds might produce different
perceptions regarding their relationship with mother. The following discussion is not meant to apply to the population of all women, only to those from similar backgrounds.

The data relevant to each hypothesis will be presented first, followed by discussion relative to a synthesis of all results. Some ideas for further research in this area will then be offered.

Hypothesis I: Comparison Between Life Stage Groups of Non-Clinical Women on IVM-20

Hypothesis I addressed the issue that young adult development might proceed in an expectable sequence. At the close of adolescence, young women could engage in a symbiotic relationship with mother, then enter a practicing phase before moving toward individuation in their thirties. Thus, younger non-clinical women would report a higher incidence of Symbiosis on the IVM-20, while their older counterparts would report a higher incidence of Individuation. However, this hypothesis was not supported by the present data. The Individuated scale means did not differentiate among any of the groups, and the Symbiotic scale means were much lower for the non-clinical women in both age groups. It was the treatment variable, not age which related to Symbiosis scores. From these results, an expected identity development sequence cannot be assumed to occur in young female adulthood.

The inability of the Individuated scale to demonstrate any noticeable differences among any of the groups may be a
consequence of its psychometric properties. The internal reliability coefficients of .68 and .61 make it the least powerful of the IVM-20 scales. In the original validational study (Crafnopol, 1980), Individuated scores were also higher than any other in each Life Stage group. The items seem to be the most popular and possibly, more socially desirable than those of other scales. Typical Individuated items are, "Over the past few years, my mother and I have had somewhat different views about many things," and "I like to confide in my mother about some things and not about others." Endorsing such statements appears understandable, since their generality permits one to avoid a definite stance in relation to mother.

The high level of endorsement on Individuated items decreased its usefulness and emphasizes the limitation of self report measures (Maloney & Ward, 1976). In this case, the desire to appear socially acceptable may have influenced women to agree with Individuated items too readily. Whether or not the scale's vagueness, generality or social desirability influenced high endorsement, the result was an attenuation of its power to differentiate an individuated identity vis-a-vis mother in relation to age or psychotherapy factors.

In contrast, the Symbiosis scale scores did reveal strong differences, although not as hypothesized. Regardless of age, women who perceived a dependent relationship with mother were more likely to be in psychotherapy. While these
results do not corroborate a developmental sequence, they
do substantiate the literature on women and psychopathology.
Dependency on one's family is often present in women who
admit to emotional problems. These women may have more
difficulties in mastering age-appropriate tasks of adulthood,
which necessarily includes the development of new object
relationships with peers. It is reasonable that adult
pursuits and interpersonal relationships would be more
difficult for women still bound to mother.

The psychosocial literature on foreclosure status,
which may be similar to a Symbiotic identity, has reported
its relationship to lack of psychological distress. However,
these studies were conducted eight to 10 years ago. Rapid
social change reflecting different expectations and support
of women's independence may now create increased discomfort
for dependent women.

In terms of object-relationships, Symbiosis is the most
likely scale to represent difficulties in replacing the
childhood role with adult relationships. Such relationships
are considered important in continuing development (Colarusso &
Nemiroff, 1979). As noted, 20 of the 24 older clinical women
were either single or divorced. These women may seek therapy,
and the object-relatedness it provides, to help them engage in
the wider world beyond family ties. Among the younger clinical
women, six reported disrupted marriages (two divorced, four
widowed). In their situations, one could imagine distress
leading them to enter psychotherapy and possibly renew a
dependence on mother, following such a loss. Whether the
difficulty rests with their adjustment to societal expecta-
tions, object relationships or additional issues, self-reported
symbiotic women were most often seeking psychotherapy. Thus,
the significant differences revealed did not substantiate a
developmental progression from Symbiosis to Individuated in
non-clinical women. This raises doubt regarding such an
unfolding. It may be inappropriate to assume a recapitula-
tion in adult life of earlier childhood stages in the
separation-individuation process. However, the Symbiotic
identity vis-a-vis mother does appear salient to emotional
distress, which leads one to seek psychotherapy.

Hypothesis II; Identity Status of Older Women Seeking
Psychotherapy

Hypothesis II stated the expectation that older, clinical
women would have higher Symbiosis or Distancing scores than
older non-clinical women. The results supported half of the
statement, since the older clinical group attained the
highest Symbiosis mean score. However, this same group had
the lowest Distancing mean of the four groups. Data from all
groups revealed that women of both age groups in psychotherapy
reported a higher Symbiotic identity than the two non-clinical
groups. Thus, treatment was the significant variable related
to Symbiosis. In contrast, Distancing scores were generally
lower for the older women in the sample, making age the signi-
ficant differentiating variable.
The Symbiosis mean scores again provided unanticipated significant results, and some possible meanings were discussed in relation to Hypothesis I. Since the older clinical women had the highest mean, even significantly higher than the younger clinical mean, its relationship to treatment may be more salient with the older women. As a woman ages beyond her twenties, a continuing dependency within the mother-daughter relationship reflects more disparity from societal normals and adult object relationships.

The older women were less likely to be involved in intimate heterosexual relationships, which may be difficult to achieve if still highly involved with mother. Since over 50% reported "unmarried," rather than "divorced," it can be assumed they do not have children. Parenthood is considered to propel development toward individuation from one's family of origin (Sternschein, 1973). In the area of object relationships, it appears that these women have not achieved expected roles as partners or parents. Although a wider choice of roles is now acceptable in our society, these women, by seeking professional services, have acknowledged some distress in their life situation.

If women have experienced minimal encouragement to independent action and mastery, they often learn to depend on others (Hoffman, 1972). The clinical women, especially the older group, may be seeking help to attain autonomy, which is becoming more culturally sanctioned. Their present
dependence on a therapist may be the intervening experience necessary for future growth. If so, it is not surprising that a Symbiotic identity vis-a-vis mother is more prevalent in adult women seeking psychotherapy.

The Distancing scale has been reported to reflect the opposite stance, an alienation from mother. Crastnopol (1980) described it as a possible measure of rejection of mother in response to an inadequate early mother-daughter bond. As such, it was expected to be related to therapy seeking, since psychopathology in women can result from a rejection of mother. In this study, Distancing means were higher in the younger women, and it was not linked to the treatment factor.

This poses questions about what this scale measures. Since younger women consistently scored higher, Distancing may be a measure of a healthy thrust from mother and family into the world of peers. It might be more representative of Mahler's (1974) description of differentiation as "hatching" from the Symbiotic orbit, which is the infant's age appropriate growth task. If so, it would be in accordance with a "second individuation," described by Blos (1979) as occurring at the end of adolescence. Based on present results, The Distancing scale could reflect a better adjustment than heretofore suggested, and it could measure a healthy push toward Individuation.
For instance, typical items include, "Over the past few years my mother and I have rarely had the same views about things," and "I feel it is better for me not to confide in my mother." In contrast to the previously cited Individuated items, these are more straightforward and less vague. Endorsement of such statements is less likely to correlate with a social desirability response set and more likely to represent a definitive separateness from mother. Furthermore, this separateness may reflect a healthy independence, rather than alienation and rejection. It does not seem, therefore, to parallel the Eriksonian "identity diffusion" status, with its concomitant lack of self-definition and poor adjustment.

It seems reasonable that young college women would report "distancing" from mother, as they experience new freedom away from family scrutiny. Those in therapy may require professional support in this transition, while others may have help through social support systems. Or, the necessary shift from family to peers may be easier for some than for others. Regardless, a "push away" from mother typified both younger groups, which seems to represent an age-appropriate developmental task.

Among the older women, the non-clinical Distancing mean was relatively high in contrast to a very low mean for the clinical group. This further strengthens the argument for a relationship between Distancing and autonomy. The older non-clinical women may have settled into a fairly stable
identity that is separate from mother. The older clinical women, previously discussed in regard to high Symbiosis means, may not have solidly attained this separateness.

The data related to Hypothesis II provided more information than expected. Older women seeking psychotherapy reported more likelihood of a Symbiotic, but not a Distancing identity vis-a-vis mother. This was significantly different from the non-clinical older women. However, the strong endorsement of Distancing among all the younger women resulted in alternative possibilities for the meaning of this scale.

Hypothesis III: The Practicing Identity Status Among Women in Psychotherapy

It was expected that the women seeking psychotherapy would have higher Practicing means, since Practicing has been associated with emotional distress. The clinical groups did attain higher means than the non-clinical groups. Additionally, the young non-clinical group mean was comparably high. Practicing scores were then related to being in psychotherapy, but they also revealed a relationship to the younger age range.

The factor of requesting psychotherapy, assumed to be an acknowledgement of need for help in dealing with life adjustment problems, was highly related to a self-reported ambivalent stance in relation to mother. The Practicing Scale may be a reasonable measure of a perception of one's identity vis-a-vis mother which involves indecision and
uncertainty. That is, women might not be firmly decided upon a consistent relationship with mother. They are neither symbiotically bound nor comfortably separate. Furthermore, this would seem to reflect that such women are in a changing process in their development of an identity vis-a-vis mother. This transition may be involved in a request for psychotherapy.

However, young non-clinical women, who also scored high on Practicing were not requesting psychotherapy. If they are also assumed to be in this transition, they have not sought psychotherapy. A comparison between Distancing and Practicing scores for both younger groups might provide further information regarding this finding (refer to Table 4). The young clinical group had higher Practicing and lower Distancing means, but less differences between the two scales. The young non-clinical group had lower Practicing and higher Distancing means, with more disparity between these scales.

A suggestion arises from this comparison. The smaller difference between the two scales for the clinical women may reflect more ambivalence in their distancing pursuit. Conversely, the larger difference for non-clinical women may reflect more emphasis on separating from mother with less ambivalence about it. It does seem reasonable that all the younger women would endorse both Distancing and Practicing items, since they are in the transition between ties with parents and ties with peers.
Their older counterparts did not reveal the same IVM-20 configuration. While the clinical group was low on Distancing and high on Practicing, the non-clinical group was high on Distancing and low on Practicing. Thus, the older clinical group may not have evolved a comfortable distance from mother, but the older non-clinical women may have little ambivalence regarding their distance from mother.

Among this sample, results on the Practicing scale manifested significant differences based on the treatment variable, with clinical women consistently endorsing more items. The age variable showed that younger women were fairly similar in a high endorsement rate, but older women showed a definite difference between clinical and non-clinical groups with the former significantly higher on Practicing.

Summary of the IVM-20 Results

The four sample groups provided further information in regard to the IVM-20 scales. While there was no differentiation based on a uniformly high endorsement of Individuated items, differences were found on the other three scales. Practicing was higher for women in psychotherapy and for the younger groups. Symbiosis was significantly related to the treatment variable, and Distancing was more likely to be endorsed by younger women. As previously discussed, some of these results had been hypothesized and other findings were unanticipated.
IVM-20 scale configurations for each group may provide an integration regarding possible meanings for this self-report measure. Among the younger women, the clinical group was quite high on Distancing, Practicing, and Symbiosis, indicating more variability with regard to an identity vis-à-vis mother. This could represent a degree of confusion or indecision, which might be expected to involve emotional distress. The non-clinical group was also high on Distancing and Practicing but low on Symbiosis. These young women may be more certain of their separateness from mother while also experiencing ambivalence during a transitional period. High Distancing among the younger women might be assumed to represent their developmental progression into adulthood. The accompanying high Practicing could then reflect some internal confusion as this transition occurs and before a more definitive identity has evolved.

Among the older women, those in psychotherapy reported high acknowledgement of Practicing and Symbiosis and low endorsement of Distancing. These, mostly unmarried women, may be experiencing an ambivalent dependency on mother. Women not in therapy scored high on Distancing and low on Practicing and Symbiosis, an opposite configuration, which seems to portray a comfortable separateness from mother.

IVM-20 scores were correlated with childhood memories of mother. Distancing was significantly related to remembering a mother who provided affection, approval, and
encouragement to work. This lends further credence to the Distancing scale as a probable measure of healthy "pushing away" from mother. That is, one may feel secure enough in relation to mother that she can separate. Practicing and Symbiosis were both highly related to childhood memories of a mother who provided less affection and approval. Since these two scales were most related to a woman being in psychotherapy, one might wonder if they are most associated with stress. If so, that stress might be involved in one's ambivalence about the mother-daughter bond or a continuing dependency on mother in hopes she might yet provide more affection and approval.

In comparing the present results to those attained by Crastnopol (1980), there are both confirming and disconfirming data from the IVM-20. A discussion of further validation issues will be presented following an appraisal of IVM-20 and CAQ scale correlations.

Hypothesis IV. Individuated Compared to CAQ Scores

Individuated scores were expected to correlate with four CAQ factors described as measuring emotional stability, assertiveness, self-assurance and self-reliance. This was based on the supposition that Individuated, as a measure of fond separateness from mother, would relate to certain personality characteristics. With the exception of the self-reliance factor, these positive correlations were found, generally supporting this hypothesis.
In addition, the factors of enthusiasm, tender-minded and liberal were significantly related to Individuated. The CAQ profile that evolved was one of a woman who reported being a liberal thinker with a sense of self-confidence and general satisfaction with her life. These women said they felt energetic and were assertive in their relationships with others, but they also described a dependency on others. Since the self-reliance factor, a measure of not needing group support, was not correlated with Individuated, one might suppose that these women can acknowledge a need for others while still maintaining a positive sense of self.

In general, the comparison of Individuated with CAQ factors supported this identity stance as representative of a positive adjustment to one's life situation. However, most of these correlations were fairly low, even though statistically significant. The uniformly high rate of endorsing Individuated items probably attenuated a more definitive relationship with personality variables. Therefore, the Individuated scale again revealed limitations in its effective measurement of autonomy in relation to mother.

**Hypothesis V: Practicing Compared to CAQ Scores**

Practicing was designed to measure ambivalence and inner conflict with regard to one's relationship with mother. As such, it was expected to correlate with a CAQ self-report that included emotional instability, apprehension, and low integration of self-concept. Each of these CAQ factors was
significantly related to Practicing scores and together portray a sense of dissatisfaction with one's life, worry and guilt as well as feelings of worthlessness. These correlations were highly significant and thus provide further evidence that Practicing may indeed reflect emotional distress.

This IVM-20 scale was significantly related to the greatest number of CAQ factors. In addition to the predicted factors, the strongest correlations were found with the following: tense, self-reliance, conservative, and sober. Thus, Practicing might further be described as coinciding with a serious manner and conservative attitudes in women who become easily upset and prefer to be alone. Submissive and shrewd, a wariness of others, were also significantly correlated with Practicing, but their validity coefficients are fairly weak. Thus, they provide less definitive information about the Practicing identity.

Nevertheless, the data on Practicing and the most significantly correlated CAQ variables depict women who generally reported dissatisfaction and low self-esteem. They tend to worry, to be serious and may be wary of others, leading them to avoid interpersonal relating. Older Practicing women were more often seeking psychotherapy, which along with these CAQ descriptors, indicates their acknowledgement of adjustment difficulties. Both groups of younger women reported high Practicing. In their case, it lends credence to a "moratorium"
identity in which they are struggling to develop a solid identity formation.

Hypothesis VI: Symbiosis Compared to CAQ Scores

It was predicted that Symbiosis scores would be significantly correlated with submissiveness, sensitivity and group dependence. This was based on the Symbiosis scale as a measure of dependency and conformity. However, of these three CAQ factors, only submissiveness revealed a significant correlation, and the group dependence factor was significantly related to Symbiosis in the opposite direction, toward self-reliance. This hypothesis was not supported, as those women higher on Symbiosis described themselves as submissive, but self-sufficient. People who report self-sufficiency say they prefer to work alone and do not need group support, which might parallel previous descriptions of Symbiotic women as those who do not often develop close peer relationships. Their dependency then is more related to family than to other relationships. Submissiveness is said to possibly relate to an inability to vent hostile feelings, which is often associated with a dependent stance in relationships.

Further information regarding personality correlates of Symbiosis were revealed through CAQ results. Significant correlations were found, with such factors as reserved, serious, and apprehensive. The correlation with shyness was also significant, but not as strong as those previously listed. Integrating these self-report descriptors, symbiotic women
presented themselves as somewhat emotionally detached, hesitating to express feelings directly, while they also tend to worry a great deal. Thus, they prefer to be alone. This portrait is congruent with Symbiotic women being apprehensive regarding the world outside the family environment.

Even though Symbiosis and the predicted CAQ factors did not attain most of the expected correlations, the resulting CAQ configuration is not unlike descriptions of Symbiotic women as unable to express anger toward parents since security is so enmeshed within one's family, and as having few peer relationships. However, the present results do not corroborate Symbiosis as associated with enthusiasm and denial of problems. Such women in this study were likely to be in psychotherapy and also about themselves; thus, they may be insightful about their experiences of distress.

**Hypothesis VII: Distancing Compared to CAQ Scores**

The Distancing scale was designed to measure an active independence from mother which is motivated by hostility. Based on this, the scale was expected to correlate with the CAQ factors of assertiveness, tension, and emotional instability. However, of these, only assertiveness resulted in a significant correlation with Distancing. This hypothesis was not supported, and these results pose further questions regarding the validity of the Distancing scale as measuring hostile rejection of mother that is accompanied by low self-esteem.
Distancing was strongly related to additional CAQ scales which included enthusiastic, self-assured, group dependent and warm hearted. Together, these variables seem to represent spontaneous interpersonal concern and high self-regard, which is contrary to expectations that concomitants of the Distancing stance would comprise pathological personality traits.

The younger women in this sample were more likely to report higher Distancing scores. The Distancing scale relationship with healthy personality variables may reflect an optimism and energy emanating from the young women's first experiences with life away from home. There may be cohort differences between the age groups, where the younger women have less responsibility. They are not yet having to manage career decisions, families or financial accountability. On the other hand, older non-clinical women also scored fairly high on the Distancing dimension, and it is assumed that they do deal with these adult responsibilities.

The CAQ correlates associated with a Distancing stance do not substantiate it as a "negative" identity vis-a-vis mother. This sample provided data to the contrary, distancing was more highly endorsed by women in both age groups who also reported a positive view of themselves.

Hypothesis VIII: Contrast Between Individuated and Practicing on CAQ Scores

This hypothesis predicted that Individuated would be related to psychological adequacy and Practicing would be
related to psychological inadequacy. Both correlations were significant in the expected direction, supporting this hypothesis. The Ps scale is described as a measure of one's sense of worthlessness, of feeling doomed at the upper end of the continuum in contrast to one's belief in being as good, dependable and smart as most others at the lower end. These data further support that self-reported Practicing and Individuated may reflect quite different ways of experiencing oneself. However, the correlation between Practicing and Ps was much more substantial in this regard than was the Ps correlation with Individuated. Thus, it continues to be somewhat difficult to assess the definitive properties of the latter scale.

Symbiosis and Distancing both attained significant correlations with the Ps scale, which were congruent with their other CAQ scale relationships. That is, Symbiosis showed a strong relationship to psychological inadequacy and Distancing, to psychological adequacy. Hence, the two scales in conjunction with a sense of inadequacy were also more highly associated with seeking psychotherapy: Practicing and Symbiosis. Distancing scale scores showed previously mentioned relationships with more "healthy" aspects of the CAQ and were not related to psychotherapy request.

IVM-20 Scores and CAQ Clinical Scale Scores

The data analysis resulted in numerous significant correlations between the IVM-20 scales and CAQ Clinical
factors. A summary of this portion of the data may provide additional information about the relationship between self-reported identity stances and personality variables.

The Individuated and Distancing scales were significantly correlated with the following: low hypochondriasis; contentment with life; high energy; low guilt; being relaxed with people and trusting others. The Symbiotic and Practicing Scales were significantly correlated with the opposite point of these factors, described as follows: high hypochondriasis; disgust with life; low energy; high guilt; being tense with people and suspiciousness. Symbiosis and Practicing were also related to Sc, a measure of difficulty in realistic appraisal of reality.

A general assessment of these results reveals that the Individuated and Distancing scales are related to an endorsement of the more satisfied, healthier points on these bipolar continuums. In contrast, Symbiosis and Practicing are related most often to an acknowledgement of psychological discomfort. This is consistent with the previous report regarding the psychological adequacy scale, where the same contrast was found. It is also consistent with the higher number of Practicing and Symbiotic women seeking psychotherapy and reported memories of less affection and approval from mother.

A striking inconsistency was revealed on CAQ scale Pp, which relates to a complacement attitude toward antisocial behavior. This description was significantly correlated with
Individuated. Further observation about Pp reveals that its validity coefficient is quite low and that it tends to be endorsed more often by well educated individuals. This sample represents a highly educated group of women. It is thus difficult to be assured that the relationship between Individuated and Pp would be maintained in future assessments or with a different sample.

Summary of CAQ and IVM-20 Correlations

The Individuated and Distancing Scales were consistently related to a more positive self-report of personality characteristics than were Practicing and Symbiosis. Although the correlations did not provide direct information about differences between the four groups of women, the overall results were consistent with the psychotherapy seeking factor. That is, Symbiosis and Practicing, which were more often related to less satisfied personality self-report, were also more likely found among women seeking psychotherapy. The opposite was found for Distancing. The correlations provided somewhat more information about the Individuated scale than was found when it was compared by group differences. However, these correlations were generally low, so any interpretation must be guarded. With the high number of correlations involved for all the IVM-20 scales, some of them no doubt resulted from chance. It would be more judicious to consider the configuration of CAQ factors associated with IVM-20 scales, than to assume that each significant one reveals a definite relationship.
Implications and Suggestions for Future Research

The two major issues addressed in this study were a) whether young female adult development might indicate a sequence that progresses from Symbiosis in the younger portion to Individuation in the older portion of the sample, as suggested by Crastnopol (1980), and b) whether or not acknowledgement of emotional distress might affect a different identity vis-a-vis mother. Because this research examined a cross section of women at different ages rather than longitudinally, any age differences would only suggest an identity sequence. In using the Identity vis-a-vis Mother Questionnaire, the results also pertain to validation issues of this instrument.

Crastnopol (1980) found, among 190 women, that the younger group (ages 17-22) attained higher Symbiosis scores that did the older group, and the older group (ages 23-40) attained higher Individuated scores compared to the younger group. This provided a hint that a progression of identity might occur. However, the present study did not corroborate those results. There were no significant differences on Individuated scores for younger and older women, and there were no significant age differences for Symbiosis. While the early childhood developmental sequence of separation-individuation observed by Mahler (1975) is more clearly a progression from Symbiosis to Individuation, this study is more supportive of the view that an adult recapitulation does
not occur (Neugarten, 1973). Thus it highlights the importance of avoiding the simple imposition of early development features into adulthood (Winestine, 1973).

Development occurs at all ages (Lerner & Ryff, 1978), but additional complexities inherent in adulthood must be considered. The adult environment is inextricably concerned with numerous relationships, while the childhood environment is mostly influenced by maternal caregivers. This means that adult interactions involve experiences gleaned from many relationships, some of which may be currently as impactful as was the early mother-child relationship. Multiple sources of variation are more likely involved in the developmental processes of adulthood (Lerner & Ryff, 1978). Further research might involve an examination of the evolving mother-daughter relationship within the contest of additional variables such as life events, historical events and environmental contexts.

One might assume that the earlier sample may have contained women seeking psychotherapy. Thus, to compare it with only the present portion of non-clinical women would confuse such comparisons and provide unaccounted for cohort differences. However, among all women in this study, Individuated scores were essentially the same and Symbiosis scores were higher for Life Stage 2. The two samples provided differing results regarding age differences and identity vis-a-vis mother.
Since examination of the first issue did not provide further implication of a normative identity developmental sequence, a contrast with clinical identity sequencing, as different from the norm, is feasible. Other contrasts can be addressed, which may provide initial identification of descriptive differences between clinical and non-clinical women. Symbiosis and Practicing were both prevalent among women seeking psychotherapy. This suggests that woman's prolonged dependency on mother or ambivalence regarding that relationship correlates with a decision to seek professional help. Although direction of causality cannot be determined, it does emphasize a need to consider the mother-daughter relationship as a salient factor in meeting demands of adult life. Whether the relationship helped in deciding to enter therapy or was brought into the women's awareness as a result, either identity stance might require attention which precludes an active engagement in other aspects of life. If so, it substantiates an object relations developmental premise that early, primary relationships affect later adjustment. Likewise, the psychosocial view assumes that ongoing development is impeded when the task specific to each stage is not completed. Both Symbiosis and Practicing involve a continuing investment of emotion in the relationship to mother, which is expected to be balanced with other interpersonal bonds in adulthood.

While these implications deserve consideration, their scope is limited because they arose from self-report data.
This manner of gathering information is well known for the likelihood of distortion based on a desire to appear socially acceptable (Malone & Ward, 1976). Since all the women scored highest on Individuated, such a response set may have occurred, especially on that scale. It is as if all the women endorsed the more socially accepted view of mother-daughter relationships and then provided more accurate information via the other three scales.

Future research might consider an analysis of behavioral components of the relationships vis-a-vis mother. The format could include hypothetical situations, in which women choose the one response they would most likely perform. Comparisons between behavioral choices and the IVM-20 should provide more meaningful information regarding concomitants of each identity stance. The development of a parallel form, assessing the father-daughter relationship, also seems worthwhile. That relationship might be more salient, and it should provide interesting comparisons with the mother-daughter relationship.

With any future comparisons of clinical and non-clinical women, it seems that more experimental control over extent of pathology would be useful. These women were entering outpatient clinics. Presumably, their distress was not of severe proportions, but uncontrolled variability still remains. Additionally, diagnostic categories and inclusion of recent psycho-social stressors and recent level of functioning from the DSM III (Spitzer, 1980) could add more refined detail to
any comparisons with identity stances. The inclusion of more demographic variables, especially any children the women might have, are likewise suggested for further research using the IVM-20.

That is, differences in life experience and maturational level between the groups may have accounted for some of the significant findings. A cohort sequential design, which examined women of a various ages at different points during their lives should help control for the variance that may have resulted from this cross-sectional design.

In its examination of mother-daughter relationships, this study also provided validation data for the IVM-20. This instrument was devised from the separation-individuation perspective of early development constructued for applicability to young adult individuation. Each scale represents an identity stance with concomitant emotional and behavioral correlates. The Individuated scale was designed to measure a mother-daughter relationship in which a loving bond between two autonomous women has developed over time. It is therefore thought to evolve later in the daughter's life and to reflect a stable, self-assured daughter. Validation of this construct was essentially too weak to provide substantial support. Age and psychotherapy had no effect on its endorsement. Personality correlates were generally in the direction of stability and self-assurance, but they were weak. Individuated women did report an internal locus of control. The apparent ease
with which Individuated was perceived limits its ability to provide meaningful information about either the women or the construct.

The Practicing scale was meant to reflect an ambivalent relationship with fuels tension and self-doubt in the younger woman. The present study attained results which seem to reflect this definition. The practicing women were more likely to seek psychotherapy; they consistently reported more negative personality characteristics and they espoused an external locus of control. All of these factors seem congruous with the Practicing identity being associated with emotional discomfort.

Women who perceive a Symbiotic identity are assumed to be overly dependent on mother with little realization of its age inappropriateness. While they may be internally fearful, they have seemed uninsightful in previous studies. Symbiosis was further assumed to be more likely among adolescence and very young adulthood. In the present sample, Symbiotic women were highly represented in the clinical groups instead of the younger age group, and they acknowledged more self-concern on personality factors. Their results did not validate the notion of age differences or psychological naivete. The Symbiosis scale may very well tap dependency, but high scores do not seem associated with the other concomitants.

The Distancing scale was designed to measure a hostile rejection of mother in women who outwardly appear independent but internally experience self-doubt and instability. The
present results present what seems like an antithesis to this construct. Distancing was not related to the clinical factor and it was consistently associated with psychological satisfaction and health. As noted previously, it was suspected that this scale may better measure a healthy individuation than does the so-named scale.

The present results do not provide substantial confirming evidence for the construct validity of the IVM-20. Symbiosis may measure dependency but not naivete and denial. Distancing may measure "individuation" and not angry rejection of mother. Individuated may only measure a tendency to respond in a socially acceptable manner. However, the IVM-20 is not considered meaningless. It provided information regarding important differences among these women. Further research may uncover still more information that can be used to refine this instrument into a useful tool for delineating mother-daughter relationships and their impact on developmental progression. The fact that numerous women voiced an interest in the questionnaire and in their results indicates that they found it meaningful.

Summary

The concept of separation-individuation has developed from many years of systemitized observation of infants and children (Mahler et al., 1975). The stages in this developmental sequence have proved useful and meaningful to professional practitioners (Winestine, 1973) in understanding the interactional components
involved in a child's attainment of autonomy. However, development continues throughout the life span, and with it, a more stable, enduring sense of self is individuated. Beyond the childhood task of separating and individuating from mother, adolescence is thought to mark another crucial period in a normal thrust toward autonomy. The present study undertook an examination of separation-individuation issues for young adult women.

A woman's perception of an identity vis-a-vis mother was compared to age and whether or not she sought psychotherapy to ascertain any differences as a function of these factors. The identity stances were also correlated with personality variables in an effort to delineate associations between them. Women from 17 to 40 years of age participated in this study, and they were grouped into two age ranges. Life Stage 1 were 17-22 years of age, while Life Stage 2 women ranged from 23-40. Within each Life Stage, the women are further categorized into clinical and non-clinical groups. There were 24 women in each group (2 Life Stages and 2 clinical factor groups) making a total of 96 participants. The women were generally white, Protestant, well educated, and from middle income backgrounds.

Each woman completed the test packet, consisting of a demographic data questionnaire; the Identity vis-a-vis Mother Questionnaire (IVM-20); the Clinical Analysis Questionnaire (CAQ) and Rotter's Locus of Control Scale. The IVM-20 contains
four scales, each a measure of an identity stance. They are Individuated, Symbiosis, Practicing, and Distancing. Each was designed to measure a unique mother-daughter relationship and to be related to certain personality characteristics. Individuated is supposed to reflect a healthy autonomy within a loving mother-daughter bond which may only develop over time. Practicing should represent ambivalence toward mother and involve emotional distress. Symbiosis represents an overly dependent relationship, while Distancing was designed to measure an angry rejection of mother.

Individuated showed no differences as a function of age or psychotherapy, but it was correlated with emotional stability, assertiveness, and self-assurance as well as an internal locus of control. This scale appeared to be attenuated by its easy endorsement, which was suggested as due to the social desirability of its items. All women scored highest on Individuated.

The Practicing identity was related to women seeking psychotherapy, and it was correlated with emotional instability, apprehension, low integration of self-concept and an external locus of control. Symbiosis was also related to psychotherapy seeking and correlated with submission, reserved, and apprehension. Practicing and Symbiosis were consistently associated with a more negative personality self-report.

Distancing was more prevalent in younger women, and it was correlated with assertiveness, enthusiasm, self-assurance,
and group dependence. This scale generally provided data opposite from that expected and was suggested as a reasonable measure of the individuation construct.

While the IVM-20 revealed significant differences among the present sample, some were unanticipated. The scales were not different for age groups in the sequence expected and they did not uniformly relate to hypothesized personality correlates. The IVM-20 is a relatively untested measure, since it was recently developed, so future research is necessary to confirm its validity and meaningfulness.
Appendix A

General Information

Instructions

In the following items, you will be asked to provide certain information about yourself and your family. Although you will be responding from your personal experience, we do not need your name. Please fill in only your Social Security number and age. Be sure to use a pencil and mark your answers darkly and clearly. The questions are numbered to be answered across the sheet from left to right.

1. Your current educational level:
   A. College: 1 to 2 years
   B. College: 2 or more years
   C. College graduate
   D. College studies beyond the Bachelor's degree
   E. Some other formal training beyond high school (business college; dental technician, etc.)

2. Marital status:
   A. Single
   B. Married
   C. Divorced
   D. Widowed
   E. Cohabitating

3. Religious affiliation:
   A. Protestant
   B. Catholic
   C. Jewish
   D. Other
   E. None

4. You (and/or your spouse's) current annual income:
   A. Less than $8,000
   B. $8,000 to $15,000
   C. $15,000 to $25,000
   D. $25,000 to $40,000
   E. Over $40,000

5. Race:
   A. Black
   B. White
   C. Hispanic
   D. Other
Appendix A--Continued

6. Your current vocational status:

A. No paid employment
B. Part time employment (20 to 31 hours per week)
C. Combined employment and studies
D. Full time employment (32 to 40 hours per week)

7. If you are currently employed, what is the nature of your occupation? (If you are not employed, leave Blank)

A. Professional or business executive
B. Manager, administrator, proprietor
C. Sales, clerical or other service worker
D. Trained worker (electrician; seamstress, etc.)
E. Trainee, intern, etc.

8. If your natural or adoptive parents are both living, please indicate their current marital status:

A. They are currently married to each other
B. They were divorced when I was age five or younger
C. They were divorced when I was age six or older
D. None of these apply

9. If your natural or adoptive parents are not both living, please indicate which of the following applies:

A. My mother is no longer living
B. My father is no longer living
C. Both of my parents are no longer living
D. None of these apply

10. Which response best described your parents' combined annual income (at the present time or before retirement)?

A. Less than $8,000  D. $25,000 to $40,000
B. $8,000 to $15,000  E. Over $40,000
C. $15,000 to $25,000

Many of the following questions concern the "mother figure" in your family. For most people, this will be your natural or adoptive mother. If neither of these apply, please answer the questions in regard to the person who did act as your "mother figure" (stepmother, aunt, grandmother, etc.). Please choose the response which corresponds to the type of "mother figure" you will be referring to in your answers.
Appendix A--Continued

11. A. Natural mother  
   B. Adoptive mother  
   C. Stepmother (since five or younger)  
   D. Stepmother (since age six or older)  
   E. Other

12. You will also answer some questions about your "father figure." Please indicate which of the following applies in regard to your "father figure."

   A. Natural father  
   B. Adoptive father  
   C. Stepfather (since age five or younger)  
   D. Stepfather (since age six or older)  
   E. Other

13. How close do you live to your mother?

   A. I live with my mother  
   B. I live within 25 miles of my mother  
   C. I live between 26 and 100 miles of my mother  
   D. I live between 101 and 200 miles of my mother  
   E. I live more than 200 miles from my mother

14. How often are you in contact with your mother?

   A. Less than once every few months  
   B. About once every few months  
   C. About once a month  
   D. About once a week  
   E. More than one a week

15. What is the highest educational level your mother has completed?

   A. Grade school graduate  
   B. High school graduate  
   C. Some college or specialized training  
   D. College graduate  
   E. Post graduate degree (M.A., Ph.D., M.D., etc)

16. What is the highest educational level your father has completed?

   A. Grade school graduate  
   B. High school graduate  
   C. Some college or specialized training  
   D. College graduate  
   E. Post graduate degree
Appendix A—Continued

17. Which of the following best characterizes your mother’s occupational status from the time you were 5 until you were 18?

A. No paid employment  
B. Part time employment  
C. Full time employment  
D. Student  
E. Varied over time among the above

18. If your mother held paid employment during your childhood, what was the nature of her occupation? (Otherwise, leave Blank.)

A. Professional or business executive  
B. Manager, administrator, proprietor  
C. Sales, clerical or other service worker  
D. Trained worker  
E. Untrained worker

19. If your father held paid employment during your childhood, what was the nature of his occupation?

A. Professional or business executive  
B. Manager, administrator, proprietor  
C. Sales or other service worker  
D. Trained worker  
E. Untrained worker

20. While you were growing up, to which parent did you feel closer?

A. Closer to my mother  
B. Closer to my father  
C. Equally close to both  
D. Not close to either

21. At the present time, to which parent do you feel closer?

A. Closer to my mother  
B. Closer to my father  
C. Equally close to both  
D. Not close to either

22. While you were growing up, how well did your mother meet your needs for love and affection?

A. Extremely well  
B. Very Well  
C. Somewhat well
23. While you were growing up, how much did your mother seem to approve of you and the things you did?

A. Very approving
B. Somewhat approving
C. Neither approving nor disapproving
D. Somewhat disapproving
E. Very disapproving

24. While you were growing up, how much did your mother encourage you to develop an occupation or profession?

A. A great deal
B. Very much
C. Somewhat
D. Not very much
E. Not at all

25. Which of the following applies to you at the present time?

A. I am just beginning counseling or therapy
B. I have had 5 or fewer counseling/therapy meetings
C. I have completed successfully a series of counseling/therapy meetings
D. I have been in counseling/therapy and quit because I was dissatisfied with it
E. I have never been in counseling or therapy
Appendix A—Continued

Relationship with Mother

Instructions

On the following pages you will find some statements which a woman might make about herself and her mother. Please read each one carefully and decide how well it describes your experience with your mother. Indicate your response on the same answer sheet continuing with #26. Mark the box under the letter that corresponds to your response as follows:

A  B  C  D
Quite False  Somewhat false  Somewhat true  Quite true

For some statements you may find it difficult to apply any one of these four responses. Even so, please choose the one response which fits your answer most closely. In some instances, it may seem as though one part of a statement is true and another part is false; if this happens, please try to respond to the statement as a whole, giving your reaction to the general idea of the item.

26. I usually look forward to spending time with my mother, as long as it isn't too much time.

27. I like it when my mother treats me like her "little girl."

28. When I am making a major decision, I listen to my friends' opinions instead of my mother's opinion.

29. My mother and I occasionally argue when we are together.

30. My mother often seems to understand me better than I understand myself.

31. If I could figure out how my mother would handle my problems, I would probably feel torn between handling them her way or my own.

32. I like to confide in my mother about nearly everything.

33. When my mother and I disagree, I really couldn't care less about it.

34. In my relationship with my mother, my primary concern is for us to accept our differences and appreciate our similarities.
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<td>Quite false</td>
<td>Somewhat false</td>
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35. My mother's opinion would not matter much to me if she disapproved of an occupation I was considering going into.

36. If I were my mother's age, I am not sure whether my friends would be like hers or very different.

37. Over the past few years, my mother and I have had the same views about almost everything.

38. My mother and I are extremely intimate with each other.

39. My mother's influence on my personal development has been both positive and negative.

40. My mother seems to treat me like her little girl one minute, and an independent adult the next.

41. The reason my mother and I don't argue a lot is because I've given up trying to relate to her.

42. When I am away from my mother. I think of her fondly, but don't actually miss her very much.

43. I like to confide in my mother about some things, but not about others.

44. My mother rarely seems like a friend to me.

45. People say I am just like my mother.

46. When I am making a major decision, I feel torn between listening to my friends' opinions and listening to my mother's opinion.

47. I might choose an occupation even if my mother disapproved of it, but I would take her advise into consideration.

48. I wouldn't try to figure out how my mother would handle my problems because her way would be entirely different from mine.

49. People say that despite our similarities, I am really rather different from my mother.

50. I prefer not to be in contact with my mother very often.
Appendix A—Continued

51. My mother sometimes does not know what kind of birthday present I would most like, but she usually picks one that suits me anyway.

52. Over the past few years, my mother and I have rarely had the same views about things.

53. If my mother were available, I would rather rely on her than anyone else to help me out in a difficult situation.

54. When I am away from my mother, I sometimes miss her a lot and other times am very glad to be away from her.

55. My mother generally knows exactly what kind of birthday present I would most like.

56. The less I am part of my mother's life, the better I like it.

57. If my mother makes a suggestion about how I should do something, I usually go along with her idea rather than "rock the boat."

58. I am usually eager to spend time with my mother.

59. I rarely feel torn between trying to please my mother and trying to please myself, because I no longer try to please her.

60. It would be very hard for me to choose a particular occupation unless my mother approved of it.

61. My mother might wish I were different in some ways, but she doesn't try to change me.

62. It is very important to me to be in contact with my mother quite frequently.

63. Over the past few years, my mother and I have had something different views about many things.

64. My feelings about my mother shift a great deal from one day to the next.

65. My mother and I rarely argue when we are together because we think so much alike.

66. When my mother and I disagree, I get really disappointed or frustrated.
Appendix A--Continued

A B C D
Quite false Somewhat false Somewhat true Quite true

67. In my relationship with my mother, my primary concern is that we be extremely devoted to each other.
68. I have consistently negative feelings toward my mother.
69. I am trying not to make as many demands on my mother as I used to.
70. I feel it is better for me not to confide in my mother.
71. My mother's influence on my personal development has almost always been extremely positive.
72. I would like to be a part of my mother's life without being over involved in it.
73. My mother and I argue a lot when we are together.
74. If I could figure out how my mother would handle my problems, I might not end up doing what she would do.
75. I often feel conflicted about spending time with my mother.
76. When I don't meet my mother's needs, I alternate between feeling guilty and feeling resentful of her demands.
77. When I am away from my mother, I don't really miss her at all.
78. If my mother makes a suggestion about how I should do something, I only take it if it fits in with my own ideas.
79. Even if my mother were available, I might try to avoid relying on her to help me out in a difficult situation.
80. If I could figure out how my mother would handle my problems, I would try to handle them as she would.
81. My mother really doesn't understand me at all.
82. In my relationship with my mother, my primary concern is to try to decide how close with each other we should be.
Appendix A--Continued

A  B  C  D
Quite false  Somewhat false  Somewhat true  Quite true

83. Sometimes my mother and I are very intimate, and other times we are not intimate at all.

84. If my mother makes a suggestion about how I should do something, I usually ignore it.

85. When I am away from my mother, I miss her quite a lot.

86. I make quite a few demands on my mother.

87. I rarely feel like spending time with my mother.

88. People say that I am entirely different from my mother.

89. If I were my mother's age, some of my friends would be like hers, while others would be very different.

90. I make only occasional demands on my mother.

91. I see little reason to try to meet my mother's needs when they conflict with my own.

92. I rarely feel torn between trying to please my mother and trying to please myself, because the same things usually please us both.

93. My mother's influence on my personal development has almost always been negative.

94. I alternate between wanting to be more a part of my mother's life and wanting to be less a part of it.

95. When I try to explain my feelings to my mother, she often has a lot of difficulty understanding them.

96. The more I am a part of my mother's life, the better I like it.

97. My mother probably wishes I were extremely different than I am, but she has given up trying to change me.

98. Although I often have positive feelings toward my mother, at times I feel quite negative about her.
Appendix A--Continued

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<td>Quite false</td>
<td>Somewhat false</td>
<td>Somewhat true</td>
<td>Quite true</td>
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99. My mother seems to treat me as though I were a stubborn, headstrong child.

100. I enjoy being in contact with my mother, but it doesn't bother me if we aren't in contact for a while.

101. I enjoy being in contact with my mother, but it doesn't bother me if we aren't in contact for a while.

102. When I am making a major decision, I value my mother's opinion more than my friends' opinions.

103. My mother is still trying to change the way I am in certain areas.

104. I am not sure whether my mother's influence on my personal development has been a positive one or a negative one.

105. Sometimes I wonder whether it is good for me to confide in my mother.
Appendix A—Continued

Rotter I-E

Instructions

The following is a questionnaire to find out the way in which certain important events in our society affect different people. Each item consists of a pair of alternatives lettered A or B. Please select the one statement of each pair which you more strongly believe to be the case as far as you're concerned. Be sure to select the one you actually believe to be more true, rather than the one you think you should choose or the one you would like to be true. This is a measure of personal belief; obviously there are no right or wrong answers.

Please continue on the same answer sheet with #106.

106. A. Many of the unhappy things in people's lives are partly due to bad luck.  
       B. People's misfortunes result from the mistakes they make.

107. A. One of the major reasons why we have wars is because people don't take enough interest in politics.  
       B. There will always be wars, no matter how hard people try to prevent them.

108. A. In the long run, people get the respect they deserve in this world.  
       B. Unfortunately, an individual's worth often passes unrecognized no matter how hard she tries.

109. A. The idea that teachers are unfair to students is nonsense.  
       B. Most student's don't realize the extent to which their grades are influenced by accidental happenings.

110. A. Without the right breaks, one cannot be an effective leader.  
       B. Capable people who fail to become leaders have not taken advantage of their opportunities.

111. A. No matter how hard you try some people just don't like you.  
       B. People who can't get others to like them, don't understand how to get along with others.
Appendix A—Continued

112. A. I have often found that what is going to happen will happen.

B. Trusting to fate has never turned out as well for me as making a decision to take a definite course of action.

113. A. In the case of the well prepared student, there is rarely if ever such a thing as an unfair test.

B. Many times exam questions tend to be so unrelated to coursework that studying is really useless.

114. A. Becoming a success is a matter of hard work; luck has little or nothing to do with it.

B. Getting a good job depends mainly on being in the right place at the right time.

115. A. The average citizen can have an influence in government decisions.

B. This world is run by the few people in power, and there is not much the little guy can do about it.

116. A. When I make plans, I am almost certain that I can make them work.

B. It is not always wise to plan too far ahead because many things turn out to be a matter of good or bad fortune away.

117. A. In my case getting what I want has little or nothing to do with luck.

B. Many times we might just as well decide what to do by flipping a coin.

118. A. Who gets to be the boss often depends on who was lucky enough to be in the right place first.

B. Getting people to do the right thing depends upon ability; luck has little to do with it.

119. A. As far as world affairs are concerned, most of us are the victims of forces we can neither understand nor control.

B. By taking an active part in political and social affairs the people can control world events.

120. A. Most people don't realize the extend to which their lives are controlled by accidental happenings.

B. There really is no such thing as "luck."
Appendix A—Continued

121. A. It is hard to know whether or not a person really likes you.
B. How many friends you have depends upon how nice a person you are.

122. A. In the long run the bad things that happen to us are balanced by the good ones.
B. Most misfortunes are the result of the lack of ability, ignorance, laziness or all three.

123. A. With enough effort we can wipe out political corruption.
B. It is difficult for people to have much control over the things politicians do in office.

124. A. Sometimes I can't understand how teachers arrive at the grades they give.
B. There is a direct connection between how hard I study and the grades I receive.

125. A. Many times I feel that I have little influence over the things that happen to me.
B. It is impossible for me to believe that chance or luck plays an important role in my life.

126. A. People are lonely because they don't try to be friendly.
B. There's not much use in trying too hard to please people; if they like you, they like you.

127. A. What happens to me is my own doing.
B. Sometimes I feel that I don't have enough control over the direction my life is taking.
Appendix A—Continued

Sample CAQ Questions

Instructions: Part I

The following are some questions to see what interests you and how you feel about things. There are no "right" or "wrong" answers. All you have to answer is what is true for you. On the answer sheet there is a number of each question and next to the number there are three little boxes. Mark your answer by filling in the left-hand box if your choice is the (a) answer, fill in the middle box if your choice is the (b) answer, and fill in the right-hand box if you choose the (c) answer.

1. When people talk nonsense, I feel I have to put them straight.
   a. generally       b. occasionally       c. never

2. I let my feelings of jealousy influence my actions.
   a. often           b. sometimes           c. never

3. I like the feeling of working with a lot of other people.
   a. yes             b. in between          c. no

4. At times I feel like starting a lively argument or picking a fight with someone just for the sake of doing it.
   a. true            b. uncertain           c. false

5. People think of me as a solid, confident person, not upset by small failures.
   a. yes             b. uncertain           c. no

6. If being polite and calm doesn't work, I can get tough and sharp.
   a. often           b. occasionally         c. rarely

7. I don't seem to pay much attention to unimportant things, for example, remembering names of streets or stores in town.
   a. true, I don't   b. uncertain           c. false

8. I'm not interested much in newspaper debates on issues of the day.
   a. true            b. uncertain           c. false

9. In school, I preferred (or still prefer):
   a. music           b. uncertain           c. handiwork and crafts
Appendix A—Continued

10. I don't find it hard to speak in front of a large group.
   a. true, I'm never bothered by it   b. sometimes it bothers me   c. I find it very hard

11. I think that being free to do what I like is more important than good manners and respect for the law.
   a. true   b. uncertain   c. false

12. I enjoy going out to shows and social affairs.
   a. often   b. sometimes   c. very rarely

13. I'm uncomfortable when I'm working on something that needs quick action when others are waiting.
   a. very much so   b. not much   c. not at all

14. When the time comes to do something I have planned and looked forward to, I don't feel up to doing it.
   a. often   b. sometimes   c. almost never

15. I'd rather be:
   a. a high school teacher   b. uncertain   c. a forester

16. I seem to get irritated over quite small setbacks--more than I should.
   a. yes, often   b. perhaps, some times   c. no, almost never

17. There are times when I do what I want and pay no attention to rules and regulations.
   a. true   b. uncertain   c. false

18. In designing something, I'd rather work:
   a. on my own   b. uncertain   c. with a committee

19. As a teenager, if I had an opinion that was different from what my parents thought, I usually:
   a. accepted their authority   b. in between   c. kept my own opinion

20. If I were called in by my boss, I'd:
   a. be afraid I had done something wrong   b. in between   c. make it a chance to ask for something I want
Appendix A—Continued

Instructions: Part II

Do the same for Part II as you did for Part I. There are no right or wrong answers to these questions, but only what seem the right answers for you. There are three possible answers for each question. On the separate answer sheet, fill in one of the three boxes—(a), (b), or (c).

1. My mind works quickly and well these days.
   a. yes, nearly always  b. sometimes  c. hardly ever

2. I feel fit and happy.
   a. most of the time  b. sometimes  c. very rarely

3. I never feel so bored and disgusted that I'd like to smash the whole sorry place.
   a. true, I never do  b. uncertain  c. false, I often do

4. I get restless and depressed if I don't get some excitement.
   a. often  b. sometimes  c. never

5. Noise wakes me even from deep sleep.
   a. yes, often  b. sometimes  c. no, hardly ever

6. I seem to be clumsy and shaky in handling things.
   a. always  b. sometimes  c. rarely

7. My zest for work is high.
   a. nearly always  b. sometimes  c. hardly ever

8. I feel lonely and miserable.
   a. yes, all the time  b. sometimes  c. no, hardly ever

9. I'm not troubled by feelings of guilt.
   a. true, I'm not troubled  b. uncertain  c. false, I am troubled

10. I tell people how pointless or stupid I think common beliefs are and I don't care what they think of me.
    a. yes  b. in between  c. no

11. I know pretty well what worthwhile things I want to do in life.
    a. true  b. in between  c. false
Appendix A—Continued

12. I've sometimes actually felt that someone may be trying to poison me.
   a. true       b. uncertain       c. false

13. I get downhearted and can't snap out of it.
   a. often       b. sometimes       c. practically never

14. I don't mind if people joke about me and say I'm quite a character.
   a. true, I don't  b. uncertain  c. false, I do mind

15. At times I find I have to speak very slowly, as if I had to wait for the words to come to me.
   a. true  b. uncertain  c. false

16. I don't often feel I have to check and recheck, to make sure I've done small jobs right.
   a. true, I don't  b. in between  c. false, I do have to check

17. Some simple, unimportant idea or words run through my mind on and off for days.
   a. often       b. once in a while  c. very rarely

18. My emotions are so unreasonable that I don't feel fit to look after myself.
   a. often       b. sometimes  c. I never feel like this

19. Sometimes I feel that my nerves are going to pieces.
   a. true  b. uncertain  c. false

20. I can't keep up with daily activities because I don't feel well.
   a. most of the time  b. sometimes  c. rarely.
Appendix B

Non-Clinical Group
Informed Consent

You will be asked to complete four questionnaires which include biographical information and descriptive statements about yourself and your mother. We will use this information to gain more understanding about daughters' relationships with their mothers during the years spanning young adulthood.

There will be no physical or psychological risks in answering the questions, and your responses will remain completely anonymous. You are free to quit at any time you want without any penalty whatsoever. If you have any questions regarding any part of this procedure, feel free to ask.

I have received a clear explanation and understand the nature of this procedure, and I have received an explanation of the benefits of this study. I understand that this study is investigational and that I may withdraw my consent at any time. With my understanding of this, having received this information and satisfactory answers to the questions I have asked, I voluntarily consent to the procedure designed above.

Witness

Participant

Date
Clinical Group  
Informed Consent

You will be asked to complete four questionnaires which include biographical information and descriptive statements about yourself and your mother. We will use this information to gain more understanding about daughters' relationships with their mothers during the years spanning young adulthood.

There will be no physical or psychological risks in answering the questions, and your responses will remain completely anonymous. You are free to quit at any time you want without it affecting your involvement with the Clinic. If you have any questions regarding any part of this procedure, feel free to ask.

I have read and understand the nature of this procedure. I understand that this study is investigational and that I may withdraw my consent at any time. With my understanding of this information, I voluntarily consent to the procedure designated above.

Witness  

Subject  

Date
Appendix C

Glossary

The following definitions are taken from *A Critical Dictionary of Psychoanalysis* by Charles Rycroft (1973).

**Identification:** The process by which a person...borrows his/her identity from someone else... Primary identification is the state of affairs presumed to exist in infancy when an individual has yet to distinguish his/her own identity from that of his objects. Secondary identification is the process of identifying with an object, the separate identity of which has been discovered. Secondary identification with parental figures is held to be part of the normal developmental process.

**Identity:** The sense of one's continuous being as an entity distinguishable from all others.

**Internalization:** The process by which objects in the external world acquire a permanent mental representation, i.e., percepts are converted into mental images. It is sometimes used synonymously with "Introjection."

**Introjection:** The process by which the functions of an external object are taken over by its mental representation, by which the relationship with an object "out there" is replaced by one with an imagined object "inside." Introjection is a defense because it diminishes separation anxiety and a developmental process because it renders the subject increasingly autonomous.
Appendix C—Continued

Object Constancy: The ability to maintain a lasting relationship with a specific, single object.

Object Relations Theory: Psychoanalytic theory in which the subjects need to relate to objects (other person's) occupies the central position.

Representation: That which enables the mind to present to itself the image of something not actually present. A mental representation is a relatively permanent image of anything that has previously been perceived.

Separation Anxiety: Anxiety at the prospect of being separated from someone believed to necessary for one's survival.
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