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University of Alabama at Birmingham, 1991

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DEFINING CHARACTERISTICS OF PERSONAL IDENTITY DISTURBANCE IN ADOLESCENT FEMALES

by

JEAN BELL IVEY

A DISSERTATION

Submitted in partial fulfillment of the requirements for
the degree of Doctor of Science in Nursing in the
School of Nursing in the Graduate School,
The University of Alabama
at Birmingham.

BIRMINGHAM, ALABAMA

1991

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ABSTRACT OF DISSERTATION
GRADUATE SCHOOL, UNIVERSITY OF ALABAMA AT BIRMINGHAM

Degree D.S.N. Major Subject Maternal-Child Health Nursing

Name of Candidate Jean Bell Ivey

Title Defining Characteristics of Personal Identity Disturbance in Adolescent Females

Twenty-six 16- to 18-year-old female adolescents and their significant others were interviewed between March, 1990 and December, 1990, to attempt to generate a proposed list of defining characteristics for Oldaker's (1985) nursing diagnosis, Adolescent Identity Confusion. Adolescents came from middle and lower class, racially mixed, nuclear, blended, and single parent families in the southcentral United States. Three study groups, Group I, Pregnant Adolescents; Group II, Chemically Dependent Adolescents; and Group III, Adolescents with No Identified Problem were selected. Triangulation was incorporated in the qualitative descriptive design, using the adolescent, a significant other identified as knowing her best, and field notes made following the interview by the investigator. An open-ended interview guide elicited descriptions of the adolescent's usual behaviors, feelings, habits, and attitudes. In addition, subjects completed a demographic data form.

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Subjects for Group III were volunteers from a high school physical education class at a senior high in a South central state. Subjects for Group I were solicited at a large public hospital serving indigent obstetric clients in a South central state. Subjects for Group II were asked to participate after being identified as chemically dependent by staff members at a private psychiatric hospital or a publicly funded chemical dependency program in a South central state. Interviews were done either in the subjects' homes or their family homes, or at the treatment center where Group II clients were residing. The interviews were tape recorded and data were analyzed using content analysis techniques. Support for possible differences in patterns of behavior, habits, feelings, and attitudes of adolescent females in the three study groups was found. Tentative lists of Defining Characteristics are proposed for testing for two new subdiagnoses of the more current nursing diagnosis, 7.1.3 Personal Identity Disturbance from the NANDA category of Perceiving. The subdiagnosis, 7.1.3.1 Adolescent Female Identity Foreclosure, is proposed for Group I adolescents. 7.1.3.2 Adolescent Female Negative Identity is proposed for Group II adolescents, consistent with Erikson's and Oldaker's terminology.

Abstract Approved by: Committee Chairman [signature]

Program Director [signature]

Date 1/6/92 Dean of Graduate School [signature]

PS-5744

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DEDICATION

To Shirley, who told me I could do it, to Linda, Pat, and Jan, who helped, and to Mary and Rick, who put up with me while I did.

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ACKNOWLEDGEMENTS

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CHAPTER I

The Problem

Introduction

The large body of work concerned with health problems of adolescents (Adams, 1983; Covington, 1982; Donovan & Jessor, 1985; Famularo, Stone & Popper, 1985; Gispert, Wheeler, Marsh, & Davis, 1985) indicates the seriousness of these problems and the high rates of morbidity in this population. Adams (1983) reviewed statistics related to adolescent health care and noted that one of every two 15- to 19-year-olds is sexually active, one of four drops out of school, one of 10 becomes pregnant each year, and one of 30 runs away from home. Blum (1987) provided the following statistics from a review of the trends in morbidity and mortality of the adolescent population in the United States between 1954 and 1987. First, minorities, with their attendant poverty levels and health problems, are over-represented in the adolescent population, so that by 1990 one-third of the population under 20 years of age were expected to be non-white, as compared to the 1981 proportion of 17% non-whites, aged 15 to 19 years (U.S. Department of Health and Human Resources, 1981, Section 7). More than 77% of all deaths in the 15- to 24-year-old age group in 1984

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were violent deaths, two-thirds of those from motor vehicle accidents.

The adolescent pregnancy rate was 51.7 per 1,000 for the same year, and one-seventh of twelfth graders reported being inebriated at least weekly. Chemical dependency was on the increase, with 46% of high school seniors reporting the use of either marijuana or cocaine in the past year and 40% reporting the use of other drugs. These statistics indicate a need for researchers to attempt to identify the etiology of such problems and means of preventing them.

Statement of the Problem

The health problems documented in the literature and seen by clinicians who work with adolescents on a frequent basis are often preventable. However, in many instances, these problems are not recognized until permanent injuries or fatalities occur. While some recent studies propose changes in the method of delivery and in the accessibility of health care for adolescents in the United States (Gonzales et al., 1985; Keenan, 1986; Vincent, Clearie, & Schluchter, 1987), the focus has generally been to correct problems, rather than to prevent them or to promote health.

Nursing diagnoses were developed during the past decade with the intent of organizing and codifying the body of knowledge known as nursing science (Gordon, 1982; Ziegler, 1982). Nursing diagnoses are intended to assist nurses in the recognition of potential problems and treatment of actual problems. In congruence with a paradigm of holistic care (Fawcett, 1984; Watson, 1985) for

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individuals, groups, and society, development of nursing diagnoses includes identification of defining characteristics that indicate potential problems in human development (Gordon & Sweeney, 1979). Defining characteristics are a cluster of recognizable symptoms used to identify the existence of a particular problem or potential problem in an individual (Gordon). The cluster consists of behaviors, physical symptoms, feelings, or other indicators that are frequently encountered or described by clients with a particular problem or potential problem. The nurse can either identify the problem from independent observations or by eliciting descriptions from and verifying her observations with the client. To make a nursing diagnosis, the nurse must be able to document the presence of a cluster. No minimum number of the possible defining characteristics is required to make the diagnosis, but the presence of several of the characteristics makes the diagnosis likely to be accurate for that client or client group.

One diagnosis proposed for adolescent clients, suggested by Oldaker (1985), is that of identity confusion. Oldaker based her study of 138 adolescents upon Erikson's (1968) theory of psychosocial development. She hypothesized that the diagnosis could be related to the violent, self-destructive, and risk-taking behaviors that lead to health problems such as adolescent pregnancy, chemical dependency, depression, and suicide. Oldaker asserted that adolescent substance abuse, pregnancy, depression, suicide, and

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delinquency arise from the identity crisis theorized by Erikson (1950) and extended by Marcia (1966, 1980), Elkind (1967), and Baker (1982). Oldaker also identified diagnostic criteria or signs and symptoms for the diagnosis and four subdiagnoses: Problems of Intimacy, Problems of Negative Identity, Problems of Time Perspective, and Diffusion of Industry, based upon the results of administering standardized psychometric tests to adolescent subjects and using factor analysis to derive the diagnoses and associated symptoms. However, no attempt was made to verify these findings with either the subjects or others who might observe the subjects' behavior. Since the instruments used were designed primarily to detect psychopathology as defined and labeled by the authors of the instruments, rather than to obtain the perception of the subjects, their parents or significant others or the investigator, an extension of this work was proposed. The current study attempted to elicit descriptions from adolescents and their parents or significant other and observations made by the interviewer to verify whether there were defining characteristics that indicated Personal Identity Disturbance in adolescent females.

In order for a nursing diagnosis to be accepted by professional nurses, it must be proposed, the cluster of defining characteristics identified, and receive approval by practitioners. The North American Nursing Diagnosis Association (NANDA) has been formed to consider diagnoses

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that are proposed and advocate their acceptance and testing through practice and research.

Since Oldaker's (1985) proposal of the diagnosis of Adolescent Identity Confusion in a professional journal, no further development of the diagnosis has been documented. NANDA (1988) has subsequently designated a group of diagnoses as Personal Identity Disturbance, with no mention of the Adolescent Identity Confusion diagnosis proposed by Oldaker. Gordon (1989) suggested that the diagnosis could be proposed to NANDA and might fit in the Personal Identity Disturbance diagnostic group. The current study was proposed as an initial step in the attempt to determine defining characteristics for the diagnosis of Personal Identity Disturbance in adolescent females. Data were collected by interviewing and observing 16- to 18-year-old females and their parents or significant others to obtain their perceptions of themselves and others in their lives. By triangulating the data from adolescents and their parents with the investigator's observation (Lincoln & Guba, 1985), the investigator identified patterns and themes that occur in clusters and may indicate Personal Identity Disturbance. Sixteen to 18-year-old female subjects who were pregnant or chemically dependent were expected to display personal identity disturbance, based upon Erikson's (1968) and Oldaker's work, comprised groups I and II. A third group of adolescents with no identified problems was also interviewed. Common themes or patterns of behavior recognized in Groups I and II, and not identifiable in

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adolescents with no identified problem, (Group III), were used to develop a tentative set of defining characteristics, which subsequent research may test and validate. After validation, the resultant subdiagnoses may assist clinicians in recognizing those adolescents at risk for subsequent problems and permit anticipatory intervention.

Recent research attempted to correlate specific characteristics or problems to identity statuses (Adams, Abraham, & Markstrom, 1987; Craig-Bray, Adams, & Dobson, 1988; Kamptner, 1988; Protinsky, Sporakowski, & Atkins, 1982) through psychometric testing and structured interviews. The authors of most instruments claim derivation from Erikson's and Marcia's theoretical formulations, and reflect a similar perspective. Few were identified in the literature which had been constructed to obtain the adolescent's individual viewpoint. Those researchers who used an interview format (Craig-Bray & Adams, 1986; Dembo et al., 1987; Kroger & Haslett, 1988; Ortman, 1988; Unger & Wandersman, 1988) generally used a standardized schedule or developed a new scoring system, based upon preconceived theories or notions about adolescents. No provisions were made for responses which did not conform to the researcher's expectations. In fact, responses which did not conform were frequently discarded (Marcos & Bahr, 1988). Ex post facto designs, comparing subjects with various identity statuses on one or more variables were the most commonly used methods (Cote' & Levine, 1988; Kroger & Haslett, 1988). An implicit

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assumption these studies seemed to make was that identity confusion existed in the populations sampled. That assumption did not appear to be based upon research findings.

Because of the almost exclusive use of quantitative methods to collect data about theory which was not grounded in research, there is a lack of subjective, qualitative data about the actual behaviors reported or observed in adolescents experiencing what Erikson (1968) termed the "identity versus identity confusion" crisis. An additional deficit arises from the common exclusion of adolescents who do not fall within a clearly designated category of identity status (Marcia, 1966), termed "transitional" in the literature (Adams, Abraham, & Markstrom, 1987).

The present study proposed to gather self-report data, using a qualitative approach to validate the existence of behaviors in adolescents anticipated to be negotiating the identity crisis, and to look for themes and patterns of behavior identified by themselves and their parents or significant others. In addition, data from adolescents with the documented health problems (Adams, 1983; Blum, 1987; Mercer, 1985; Rogers, Harris, & Jarmuskewicz, 1987) of pregnancy (Group I) and chemical dependency (Group II) were compared to those from adolescents reported to have no identified problems (Group III), and from their parents or significant others. The investigator's observations about the child, parent or significant other, family members present, and the home environment were included and compared

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to the other data sources for each subject pair. Data were then analyzed for common themes and patterns as a foundation for developing a list of defining characteristics for future testing and verification.

Recent research findings suggest that there are distinct differences in female and male viewpoints of the world. Gilligan (1982) conducted three studies: 25 female college students during their senior year and 5 years afterwards; 29 women who were considering having an abortion and 1 year afterward; and a matched sample of males and females who were asked to define moral problems and describe moral conflict in their lives. She found that the sexes display differing values in relationships, behaviors, and decision-making. She asserted that Kohlberg's (1968) theory of moral development is only applicable to males and treats female viewpoints and methods of valuing and decision-making as inferior. Belenky, Clinchy, Goldberger, and Tarule (1986) extended this work with a qualitative study of 135 women's ideas about knowledge and their approaches to life.

Developmental theorists have consistently observed the different physical, social, emotional, and psychological rates of development in males and females, with females preceding males by 1 to 2 years in physical and psychosocial maturation (Whaley & Wong, 1987). For these reasons, the present study included only the viewpoint of female subjects, since both the ways of thinking and the psychosocial development of male and female adolescents is thought to be so different.

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Purpose of the Study

The purpose of the study was to compare the perceptions of female adolescents, their parents or significant others, and the investigator's observations of the home environment in describing the adolescent behavior, feelings, attitudes, and habits for patterns and themes that might indicate the presence or absence of identity confusion. These patterns and themes were used to propose a tentative list of defining characteristics for subdiagnoses of the NANDA nursing diagnosis, Personal Identity Disturbance.

Research Questions

The research questions addressed by this study were:

1. What are the demographic characteristics, behaviors, habits, feelings, and attitudes reported by three groups of female adolescents and their parents or significant others, or observed by the investigator?

2. What themes and categories can be identified in data reported by each group of female adolescents, their parents or significant others, or in investigator observations, that may indicate some defining characteristics of Personal Identity Disturbance?

Assumptions

Assumptions of the study are:

1. Adolescents can accurately recall and report their own behavior, habits, attitudes, and feelings.

2. Parents or significant others of the adolescent subjects can accurately recall and report behaviors of the

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subjects and their own feelings about these behaviors and their feelings toward the adolescent.

Definition of Terms

Adolescent - females between the ages of 16 through 18 years.

Parent or Significant Other - the person identified by the adolescent as most knowledgeable about the adolescent's behavior, attitudes, habits, and feelings; including step-parents, foster parents, spouses or significant others, with whom the adolescent has resided for the 6 months preceding the interview.

Chemically Dependent Adolescents - those adolescents identified as such by a health care professional.

Pregnant Adolescents - those adolescents identified as such by a health care professional.

Health Care Professional - any physician, nurse, substance abuse counsellor, social worker, or psychologist who knew the subject and had access to information about the subject's current health status.

Adolescents With No Identified Problem - those adolescents who had not been recognized by their families or health care professionals to have a significant health or behavioral problem.

Demographic Characteristics - variables identified in previous research as relevant (Amoroso & Ware, 1986; Anderson & Fleming, 1986; Bakken & Romig, 1989; Kamptner, 1988) or in the professional literature (Hollingshead, 1965; Sandelowski, Davis, & Harris, 1989) as indicative of the

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adolescent's socioeconomic status, usual home environment, and family constellation. Operationally, demographic characteristics are defined as those variables identified in the Adolescent Demogrpahic Data Form and the Parent/Significant Other Data Form.

Defining Characteristics - a cluster of recognizable symptoms used to identify the existence of a particular problem or potential problem (Gordon, 1982; McFarland & McFarlane, 1989). Operationally, defining characteristics are defined as the behaviors, patterns, beliefs, and attitudes reported by adolescent females and their significant others or observed by the investigator that are distinctive for members of Group I or Group II.

Limitations

The limitations of this study include:

1. Only adolescent females between the ages of 16 to 18 years were studied, so the data may not reflect the experiences of other age groups of female adolescents.

2. Data were collected from a convenience sample in one geographic area, so that data may not reflect universal experience of female adolescents.

Conceptual Framework

Erikson's Theory of Psychosocial Development

Erikson (1950) identified a series of crises people negotiate to develop a mature ego. The crises were considered to be turning points, which either can lead to further growth and achievement or, if not resolved, to regression and repetition of earlier conflicts and

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struggles. Erikson named crises for each age group and then described the conflicts and behaviors expected for those attempting to negotiate each crisis. Erikson did not believe these were singular, discrete phenomena occurring in isolation, but that there were always elements of an earlier conflict in the currently dominant crisis at any given stage of development. The "stage" was the major conflict at a given point in time; however, other conflicts, depending on the degree of resolution achieved previously were also present (Erikson, 1982,p.59). According to Erikson (1968), the normative crisis of adolescence is identity versus identity confusion. In defining the crisis, Erikson (1982) considered ego identity formation to be a "process of evolving a configuration from mutual adaptation, individual potential, technological world views, and religious or political ideologies" (p. 74). In the concept of identity Erikson included the self, the personality, ideology, personal , and social environment of the individual, and the individual's "social identity", as a member of a given culture (Erikson, 1960, 1965, 1968, 1975, 1982, 1983).

Identity confusion was conceptualized as the failure to achieve an ego identity, as evidenced by a regression to an earlier, unresolved stage of development (Erikson, 1968). Four types of identity confusion were specified by Erikson: (a) a problem with intimacy, (b) diffusion of industry, (c) diffusion of time perspective, and (d) choice of a negative identity. Erikson cited case studies of adolescents who had and had not successfully negotiated the crisis and

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identified behavior patterns he associated with identity achievement and the four states of identity confusion (Erikson, 1950, 1960, 1965, 1968, 1975).

Identity confusion was described as a pathologic aggravation, an undue prolongation of, or a regression to, a normative crisis "belonging" to a particular stage of individual development. Erikson (1950) theorized that the process of developing an ego identity was recognized by adolescents' behaviors; specifically, that by challenging and experimenting with various behaviors and activities, adolescents select those that were best suited to themselves. Erikson (1975) called this process of challenging a "moratorium," that culminates in the development of behavior that is "consistent over time" (1965). Erikson viewed adolescents' devotion to some "cause," or commitment, as crucial to ego identity development, and he thought it represented the antithesis of identity confusion or "diffusion" (the term used to describe a lack of commitment).

Important concepts in this theory are the adolescent's need to arrive at a state of commitment to an ideological value system and goals for his/her life, through a process of experimentation and testing of various roles and behaviors in his/her interactions with others ("moratorium") and thought that Western society sanctioned this process and relieved the adolescent of adult responsibilities to allow him/her to develop as an individual.

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Related Theories of Adolescent Development

Elkind (1967, 1980) attempted to explain the egocentrism of the adolescent both in relation to Erikson's psychosocial and Piaget's cognitive (Piaget & Inhelder, 1969) theories of development. Elkind thought that adolescents are convinced that the whole world shares their egocentric viewpoint and that their behavior is aimed at this "imaginary audience." Typical reactions to this perception of "the constant scrutiny of others" (Elkind, 1967, p. 1025) include self-consciousness, a wish for privacy, and a reluctance to reveal themselves. They believe the world will accept them as whatever image they choose to project. Dramatizing and fantasizing are expected as they experiment with roles and behaviors in their environment. Elkind (1967) saw the pregnant adolescent as a believer in the fable, "it will never happen to me," due to her over-differentiation of herself from others as "special and unique."

Baker (1982) discussed adolescents as "theorists," who develop a system of constructs and propositions for testing in the "new" social worlds experienced. She thought that if adolescents experience things not explainable by past knowledge and experiences or lack guidance in evaluating these experiences, problem behaviors may result, such as delinquency, substance abuse, pregnancy, or sexual acting out.

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Synthesis of Developmental Theories

To summarize, the development of adolescent ego identity occurs through a process of testing and experimenting with behaviors, roles, and activities in whatever environment people find themselves. They focus on this process in an egocentric manner, believing that others are also thus focused, and try to develop principles and guidelines that explain their experiences with the world.

In struggling to establish an ego identity, adolescents' interactions with society alter their perceptions of themselves. When they choose to project a particular image, feedback from others modifies or validates that self-perception (Baker, 1982).

In this study, the boundaries and relationships between the individuals in society are conceptualized as flexible, ragged, and ever-changing. Smooth interactions and well-defined relationships are the exception, although more such relationships are found in more mature individuals. Contacts may be either direct and ongoing such as with peers or family members, or indirect and ideological, or psychological in nature such as with an idol or sociopolitical movements. Adolescents send and receive messages about who they are, verbally and behaviorally. They receive messages and observe behavior from family members, peers, caring adults, and others with whom they have contact.

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Nursing Theory

The development of nursing diagnoses as a taxonomy for nursing science is prominent in the nursing literature of the past decade (Carnevali, Mitchell, Woods, & Tanner, 1984; Carpenito, 1983; Gordon, 1976, 1982; Ziegler, 1982). Gordon and Sweeney (1979) discussed possible methodologies and related issues for validating proposed diagnoses and stated that a nursing diagnosis is ". . . a concise term representing a cluster of signs and symptoms and describing an actual or potential health problem or state of the patient which nurses, by virtue of their education and experience are licensed and able to treat" (Gordon & Sweeney, p.2). The "signs and symptoms" these authors describe are termed "defining characteristics" and cluster recognition is held to be the hallmark of a competent practitioner (Gordon, 1985). The process of identifying nursing diagnoses representing the domain of nursing practice is viewed as an important aspect of theory building for the profession (Ziegler, 1982).

This study was proposed to attempt to discover defining characteristics for one specific nursing diagnosis. Although various methodologies are proposed and used by nurse researchers for clinical validation and development of diagnoses (Hoskins, McFarlane, Rubenfeld, Walsh, & Schrier, 1986; Ryan & Falco, 1985; Vincent, 1985; York, 1985), a qualitative approach was used in this study, since it was appropriate for descriptive research intended to discover

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the reality experienced by the subjects (Lincoln & Guba, 1985).

Significance of the Study

Although Oldaker (1985) proposed the Adolescent Identity Confusion nursing diagnosis and proposed defining characteristics for the four subdiagnoses discussed previously, these characteristics were derived from factor analysis of data obtained through psychometric testing. The investigator believed that the descriptions of adolescents, their parents or significant others , and observations made in their homes provided a more complete picture of their experiences. Since the literature does not presently document data obtained from such an approach to understanding the crisis Erikson (1950) called identity versus identity confusion, it was not certain just what characteristics might be peculiar to adolescents who are displaying identity confusion. Although theorists (Erikson,1950; Marcia, 1968; Mahon, 1983) have written about their conception of the difference in problematic behavior and normal adolescent behavior, the perspective of the subjects, their parents or significant others, and the researchers have not been documented or validated with the subjects. In this study, patterns and themes were identified through the process of analysis and comparison of data from three subject groups, two of whom were expected to display identity confusion and one not expected to do so. Comparison groups were used to clarify the boundaries between problem behavior and behaviors common to females in

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this age group (Sandelowski et al., 1989). After the themes and patterns identified were validated with the subjects, tentative lists of defining characteristics for two subdiagnoses of the NANDA nursing diagnosis, Personal Identity Disturbance, were composed. Further testing and refining of the lists can give nurses a means of identifying adolescents at risk for health problems such as chemical dependency and adolescent pregnancy. Additionally, the study may lend support to or question some components of the theoretical formulations that have guided clinicians working with adolescents and their families since Erikson first proposed his theory of psychosocial development. Finally, some assumptions commonly held about the process of adolescent development are subject to question since female subjects and their parents or significant others described different experiences.

Summary

The study of the perceptions of adolescent females, their parents or significant others, and observations made by the investigator about the adolescents' behavior, habits, attitudes, and feelings was explained. The data were analyzed to discover what themes and patterns were recognized in data from three study groups: adolescents who were chemically dependent, adolescents who were pregnant, and adolescents with no identified problem. The theories of Erikson (1950), Elkind (1967), and Baker (1982) were the basis for this study, designed to further the development of one nursing diagnosis, Adolescent Identity Confusion, which

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is considered to be subsumed under the NANDA label, Personal Identity Disturbance. This study is intended to further the development nursing theory for the science of nursing.

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CHAPTER II

Review of Research

Introduction

Research from the disciplines of nursing, psychology, sociology, and medicine were reviewed. Since this research attempted to clarify defining characteristics for the problem of Personal Identity Disturbance, from the perspective of the conceptual framework cited above, the following subject areas are reviewed: the extent and seriousness of adolescent health problems, adolescent development and adolescent ego identity, nursing diagnoses and their development, and the specific problems of adolescent pregnancy and chemical dependency, at the national level and in the state, where the study was conducted. Literature related to these topics was reviewed over a period of 6 years (1985 to 1991), utilizing indices and computer searches in five university libraries in two states. The review is limited to studies conducted during the years 1978 to 1991, with the exception of a few classic studies from earlier literature. Journals and references not available either in the libraries' collections or through interlibrary loan were not reviewed. The vast body of research conducted on the selected topics made these limitations necessary. The studies selected for discussion

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were those deemed most relevant to the study topic by the investigator.

Adolescent Health Problems

As stated earlier in this study, the national incidence of health problems during the adolescent years is appalling. Research related to adolescent health problems is reviewed below.

Jessor (1982) and Donovan and Jessor (1985) investigated the nature of problem behaviors in adolescents. In a series of studies, beginning with 1977 data, they examined the construct of "unconventionality" as an etiological personality trait for such problems as delinquency, illicit drug use, problem drinking, and recocious sexual intercourse. In the 1982 study, Jessor administered questionnaires to 400 students between the ages of 25 to 27 years. Data were obtained from longitudinal multiple measures of college students and analyzed retrospectively (Donovan & Jessor, 1985). The researchers found positive correlations between personality traits and problem behaviors and viewed findings from the series of studies as support for their "sociophysiological" framework for understanding problem behavior.

Kulbok, Earls, and Montgomery (1988) interviewed 2,415 adolescents at inner city health clinics, using a structured interview schedule about their physical and mental health. The instrument was assembled from several sources and reliability and validity were not discussed. They found support for Jessor's sociopsychological framework for the

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understanding of problem behavior and also observed that peer influence and social and religious activities seem to be either a protective factor or resource for adolescents with positive environments, or a risk factor at the opposite extreme. They found that the adolescents did not relate risk-taking behaviors to health problems and suggested that longitudinal developmental studies be done to estimate the effect of the child's and the adolescent's past health history on life styles and behavior patterns.

Keidel (1983) summarized statistics and research findings related to adolescent suicide, another significant health problem. She observed that the rate of suicides has increased in the 15- to 19-year-old age group from 5.7 per 100,000 in 1969 to 8.6 per 100,000 10 years later. Also, 5,000 adolescents committed suicide in 1982. As the third leading cause of death in the 15- to 24-year-old age group, the rate of adolescent suicides has increased more in the past decade than in any other age group (National Center for Health Statistics, 1986b).

Magilvy, McMahon, Bachman, Roark, and Evenson (1987) conducted an ethnographic study of 13- to 18-year-olds' health. They found that adolescents wanted increased availability and comprehensiveness of health education opportunities and resources. Adolescents also desired a more comprehensive program to prevent adolescent pregnancy.

Adolescent health concerns and problems are well documented and chemical dependency and pregnancy are two of the most serious and continuing problems facing adolescents

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and our society today. Only Magilvy et al. attempted to ascertain adolescents' perceptions of these problems in the research reviewed above. The multitude of adolescent health problems, many of which might be prevented, indicate a need for further research. The perspective of adolescents and their family members is neglected in the literature and theoretical formulations derived from quantitatively based research have not been verified with the subjects.

Adolescent Development

Thomas, Shaffner, and Greer (1988) gave a stress scale (Adolescent Life Change Event Scale) to 323 freshman high school students from urban, rural, and suburban backgrounds. These researchers found marked differences between female and male concerns and the type stressors reported. For example, females were more concerned with issues such as appearance changes, size, dating, and friendships, while males were more concerned with failing in school or adjusting to a new job. Females were more likely than males to write in concerns not listed on the form. Based on these data, the researchers raised the question of whether males might achieve identity before intimacy, while females might achieve intimacy before identity. These findings were discussed in relation to other research findings which also questioned the validity of the sequence of identity development proposed by Erikson for females (Alishio & Schilling, 1984; Douvan & Adelson, 1966).

Mahon (1983) conducted a study to compare the differences in loneliness of males and females in early,

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middle, and late adolescence. She studied 470 volunteers in area schools and colleges and gave them measures of anxiety, depression, and the UCLA Loneliness Scale. She found adolescents in the early stage had higher levels of loneliness, but found no significant differences in male and female subjects. She also described the at-risk adolescent as one who does not seek out or is not sought out by peers for companionship; is restless or bored and has low levels of achievement in school; attends to inadequacies of others, rather than his/her own problems; and is oriented toward self in communications, without self-disclosure.

O'Brien and Bierman (1988) selected 12 male and female students from the 5th, 8th, and 11th grades in a rural white middle class community. The researchers tape-recorded interviews about the subjects' perceptions of peer groups, peer influence, and the "perceived emotional impact of peer group acceptance or rejection" (O'Brien & Bierman, p. 1360). They found a clear demarcation between the 5th grade students' focus on social interactions and activities and the 11th graders focus on attitudes and group process. They also found that adolescents were very aware of peer group reactions to themselves and these affected their feelings of self-worth.

Ortman (1988) interviewed eight males and eight females each from 9th and 12th grade classes in the Virginia suburbs. The purpose was to measure the adolescents' perception of the degree and types of control and responsibilities the adolescents felt they had. Subjects

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reported that having control and being responsible were desirable and positive experiences and positively correlated to life satisfaction. Two-thirds of the students said they had complete control for their behavior, but only one-fourth claimed total control and responsibility for their own feelings. Ortman plans to construct an instrument to investigate these findings in future studies.

Hinds (1988) conducted a study of three populations of adolescents: (a) those who were well, (b) those who were inpatients in a substance abuse treatment unit, and (c) those with cancer. Using interviews, observation of interactions, and health care records over a 10-month period, she derived characteristics of hopefulness, distinguishing it from similar concepts, such as wishing. Her findings were validated with the subjects, shared with other adolescents not studied, and then a panel audited her data coding process. Through this process, Hinds defined four dimensions of hopefulness that distinguish it from wishing, which lacks a strong reality base. Hopefulness is more immediate and likely to be realized.

This variety of approaches to clarifying the process of adolescent development suggested that investigation of male and female differences, peer and social interactions, attitudes, and values was needed. The wide range and variability of findings suggested that a valuable area of information might be the adolescents' and their families' perceptions of their experiences in development. Since the current study investigated the experiences of adolescent

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females to attempt to discover defining characteristics of ego identity confusion, previous findings related to other aspects of adolescent development were also considered.

Adolescent Ego Identity

In 1982, Waterman completed a review of the literature related to Erikson's constructs about adolescent ego identity development. He proposed six hypotheses about antecedents of ego development and summarized related research. Waterman concluded that, while the process of identity development described by Erikson has considerable empirical support in the research literature, studies have often been limited to college-age students, who are more accessible to researchers than are younger adolescents, resulting in a lack of knowledge about the process during the high school years. Waterman suggested that the construct needs to be tested with a broad span of age groups, particularly during high school and for those who do not attend college. Predictor variables for identity change were another area suggested for study.

Rosenthal, Gurney, and Moore (1981) studied 9th and 11th graders' ($N = 622$) "psychosocial maturity," based upon Erikson's theory of psychosocial development. They found that female subjects score higher on intimacy while males scored higher on autonomy and initiative.

Research related to the construct of ego identity statuses first proposed by Marcia (1966) and expanded by others (Adams, Shea, & Fitch, 1979; Rasmussen, 1964) is abundant. Studies conducted during the 1980s and classic

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studies cited repeatedly in the literature which were relevant to the conceptual framework for the study are discussed below.

Schenkel (1975) conducted a study of 55 college students, using Marcia's (1966) interview to identify subjects' status, an intelligence test, and projective instruments. Correlations were found between status and "field dependence" versus "field independence." Many similar studies are cited in the literature, but since the researcher thinks that one deficit in the literature is the multitude of unrelated and unconfirmed correlational studies, the studies conducted during the 1980s that relate to the conceptual framework for this study are reviewed.

Based upon Erikson's (1950) theoretical framework, Protinsky et al. (1982) studied the identity statuses of 30 pregnant and 30 nulliparous adolescents by administering Rasmussen's Ego Identity Scale and found significant differences between the two groups. Nulliparous adolescents reported higher levels of trust, initiative, and industry than pregnant adolescents. However, the study groups were not comparable, as the nulliparous group were mainly white, middle class, and from suburban environments. Pregnant adolescents were largely black, lower class, and from inner city homes. Protinsky (1988) also compared the ego identity status of adolescents with behavioral problems and those without such problems, using the same instrument. He found relationships between identity achievement and the ego resolution of the trust and initiative crises.

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Campbell, Adams, and Dobson (1984) correlated identity status to individuation and social relations by classifying subjects according to Marcia's ego identity status categories and administering a questionnaire to determine individuation and social relations. Adams et al. (1987) conducted three studies, using both an ego status measure and the "Imaginary Audience Scale." Correlations between status and self-focusing were strongest for identity achieved and for diffused subjects, who were least and most self-focused respectively (Adams et al.). Craig-Bray and Adams (1986) and Craig-Bray et al. (1988) studied ego identity statuses of 48 "pure" status college students. They first compared self-report and interview assessments of identity status and found no evidence of concurrent validity (Craig-Bray & Adams). The subsequent study attempted to relate identity status to intimacy, social behavior, and loneliness. Various relationships were found (Craig-Bray et al., 1988). An unexpected finding was the difference in women's and men's same sex and heterosexual relationships prior to establishing independence and ego identity. The women said to be searching for an ideologically-based personal identity were found to be more satisfied with same-sex relationships than were men, who were more interested in opposite-sex relationships. They questioned whether social experiences with heterosexual relationships interfered with women's identity formation, since women reporting involvement in heterosexual relationships tended to display

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more identity diffusion or foreclosure than did those without such relationships.

Kamptner (1988) measured identity status with an "Eriksonian identity instrument" and administered seven other instruments to 410 university students who were 18 to 20 years old. Multivariate analyses and ANOVAs showed that the security of the parent-adolescent relationship is important to identity development. The researcher also found that familial security increases identity development and adolescent social involvement.

Kroger and Haslett (1988) conducted a longitudinal study of 76 university students in their first and third years of college. The researchers found a strong connection between identity status and attachment styles at the second measurement. This relationship was weak at the initial measurement 2 years earlier. They also found differences in security between subjects in the various ego status classifications.

Arora, Verma, and Agrawal (1985) studied a stratified random sample of 592 Asian Indian subjects aged 14 to 18 years, using a Parent-Peer Conformity Questionnaire developed by Arora in an earlier study. The researchers found that the adolescents showed greater conformity to parents than to peers and considered this to be related to cultural factors.

Anderson and Fleming (1986) studied the identity status of late adolescents in relation to the family theory concepts of triangulation and fusion by administering

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questionnaires to measure family functioning to subjects classified according to ego identity status using Rasmussen's Ego Identity Scale. They found significant correlations in 93 university students from "intact two-parent families" between ego identity and individuation from family of origin.

Amoroso and Ware (1986) studied 480 adolescents' perceptions of their home environments and their attitudes toward their parents, themselves, and their peers. The researchers found that home environmental factors were predictive of adolescent attitudes toward all three groups.

Cote' and Levine (1988) gave 122 subjects who were 18 to 20 years old Marcia's measure of identity status. They included a "mixed" "Foreclosure-Diffusion" category which combined two of the identity status Marcia (1966) proposed and also measured the technological versus humanistic orientation of the subjects. Cote' and Levine found that correlations between identity statuses and moral development, and value orientation supported hypotheses that foreclosed identity status (those who adopt parental values without question) had a lower level of moral development and humanistic orientation than did other identity status subjects. Bakken and Romig (1989) studied adolescent ego development and found no support for hypotheses relating it to family cohesion and adaptability.

In summary, a multitude of etiological factors have been proposed for catalyzing or retarding the process of adolescent ego identity development. Correlational studies

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are the most common, with a large number of the studies relating ego identity status proposed by Marcia (1966) and others to other variables as discussed above. The latter fail to account for a number of adolescents who do not fit into the statuses and are said to be "transitional" or "mixed." Frequently these subjects are omitted from data collection and/or analyses (Craig-Bray & Adams, 1986; Craig-Bray et al., 1988). No qualitative studies, attempting to discuss adolescents' experiences and behaviors in the process of ego identity development with adolescents and their family members were found. This study was conducted to tap this dimension of the process.

Nursing Diagnoses

Several studies were reviewed which documented the validation process used in developing nursing diagnoses. Hoskins et al. (1986) studied nursing diagnoses for chronically ill adults. Their process was to propose diagnoses from the sample, validate these with a second sample of similar patients, and identify defining characteristics of the diagnoses. Master's prepared clinicians collected the data through interviews, practice, and videotapes. Judges then selected the preliminary diagnoses which guided computer searches of the remaining data from 108 subjects.

Ryan and Falco (1985) conducted a pilot study to validate etiologies and defining characteristics of the noncompliance nursing diagnosis. They surveyed a convenience sample of 22 registered nurses who were asked to

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select the least and most important etiologies and defining characteristics from those found in a review of related literature. They were unable to establish any statistically valid items, and had difficulty because subjects did not conceptualize etiologies and defining characteristics as matching units, choosing to mix and blend the various items. This problem was not anticipated and the lack of agreement between nurses was a source of concern to the researchers.

Vincent (1985) attempted to describe how frequently clinical nurse specialists identified the occurrence of defining characteristics when selecting a diagnosis for their clients. One thousand randomly selected subjects completed a pencil-and-paper instrument rating defining characteristics of a diagnosis and two additional behaviors with an open-ended question to allow write-in responses. The researcher found that over 50% of the subjects used the defining characteristics at least some of the time.

Oldaker (1985) conducted personality and psychological testing using standardized questionnaires with 138 public school students to obtain factors to relate to symptoms of identity confusion described by Erikson (1965). Oldaker proposed four diagnoses related to identity confusion and diagnostic criteria derived from the factor analysis. Diagnoses proposed were Identity confusion related to: (a) problems of intimacy, (b) problems of negative identity, (c) problems of time perspective, and (d) diffusion of industry. She listed diagnostic criteria for each and related them to Erikson's constructs. No documentation exists in the

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literature of any attempts to validate or test the criteria proposed by Oldaker. The current study built upon this work by gathering data from adolescents and their family members to clarify defining characteristics for the diagnosis of Personal Identity Disturbance, which is the current NANDA terminology for this problem.

Other studies in the December, 1985 special issue of Nursing Clinics of North America present methods of validating nursing diagnoses and defining characteristics (Creason, Porgue, Nelson, & Hoyt, 1985; McDonald, 1985; Munns, 1985; Porkorny, 1985; Voith & Smith, 1985). Questionnaires, patient check-lists for clinical observations, analyses of nursing care plan data, student nurses' nursing process papers, patient charts, and questionnaires are documented methods of collecting supporting data.

Hoskins et al.(1986) used five master's prepared nurses to collect data on 158 clients from several sources. A panel of judges validated their findings for 50 subjects. The remaining data were analyzed through a computer search for the final diagnoses and "critical characteristics."

Except for the study conducted by Hoskins et al. (1986), quantitative methods of validation were used and the researchers' preconceptions about taxonomic categories and characteristics often seem to be a source of methodologic problems. The current study builds upon Oldaker's (1985) work, which was also limited by the use of psychometric standardized instruments, and their preconceived constructs

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about adolescent characteristics. By searching for themes and behavior patterns in data collected through interviews with adolescents and their family members and observations made by the researcher, the study examined Oldaker's work and generated new knowledge about defining characteristics for two proposed subdiagnoses of Personal Identity Disturbance.

Chemical Dependency

A vast body of work related to chemical dependency in adolescent exists, so the present review is limited to studies from 1985 to 1989, along with a classic study from 1978. The shift from largely anecdotal and less sophisicated designs to improvements in conceptualization and testing of propositions and frameworks is found during this period.

According to Thorne and De Blassie (1985) and Czechowicz (1988), who reviewed the most recent national statistics and related research, the problems of adolescent chemical dependency and substance abuse are enormous. According to these authors, 58% of all adolescents have tried an illicit drug, 5 million 12- to 17-year-olds have used marijuana, and 3 million use it daily. One in 20 high school seniors uses alcohol each day, and 1 in 5 is a problem drinker. Use of cocaine and crack is on the rise.

Chemical dependency is also a significant problem in the state of Louisiana, although alcohol seems to be the drug of choice. In administering a questionnaire to public school children in grades 6 through 12, Williams (1989)

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found that 54.7% of Louisiana adolescents reported using beer, and 31.4% of the users reported frequent (two to four times per month) or very frequent (three to seven times per week) use. Frequent or very frequent use of wine coolers was 26.6% of the 64.9% who reported use. And, frequent or very frequent use of liquor was reported by 25% of the 44% who reported use. For each substance the reported use increased sharply between the 7th and 8th grades, except for the use of beer which increased 12.7% between 6th and 7th grades. Other drugs surveyed (cocaine, "uppers," "downers," inhalants, and hallucinogens) were reported at levels of less than 10% of the total except for marijuana, which 12% reported using. These findings are not consistent with national statistics reporting the use of cocaine and marijuana by almost one-half of high school seniors. However, the researcher's experience in dealing with Louisiana adolescents and their families has been that alcohol abuse is accepted and condoned in families of French-Catholic descent, while drug use is condemned in those same families. Senior high school students reported that it was very easy to get wine coolers (53.1%), beer 50.2%), and liquor (42.8%). And, this age group also reported that for 17% to 24%, the use occurred at home. The cultural attitude that it is not only acceptable but expected that adolescents will drink to the point of inebriation seems to be reflected in this study.

Kandel, Kessler, and Margulies (1978) surveyed parents, best school friends, and adolescents who were regular high

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school students at two different times. They were asked about drug use each time to establish the roles of parental and peer influence, and of adolescent interpersonal influence on this behavior. They found that parents served as role models and initiated adolescents into the use of hard liquor; and, that parental attitudes, values, and the quality of parent-child relationships were less important than this modeling. Friends' behaviors were important in predicting adolescent use of drugs, with the peer group as a whole being more influential than those of the adolescent's best friend; but, personality characteristics of the adolescent were more important than either. In Kandel et al.'s study, the feelings of closeness to parents were also considered to be significant in the amount and frequency of drug use.

This classic study (Kandel et al., 1978) has been cited in recent research. In subsequent sections research related to predictive and risk factors, longitudinal and correlational studies, and theoretical and miscellaneous studies are discussed.

Predictive and Risk Factors

Zarek, Hawkins, and Rogers (1987) reviewed the research related to risk factors for adolescent substance abuse. The researchers identified problems in relating possible risk factors to detecting individual adolescents at risk, especially since many supposed factors were derived from research or practice with adults. Correlational studies, "twin" studies, and studies of children of alcoholic parents

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are reported as methods used to examine genetic or familial tendencies toward chemical abuse and dependency. Specific risk factors include "family management problems" (i.e., problems with discipline and consistency), academic underachievement, little commitment to education, alienation and antisocial behaviors, friends who use drugs, attitudes favoring drug use, and early first use of drugs.

Famularo et al. (1985) presented 10 case studies of children who met DSM III diagnostic criteria for alcohol abuse or dependence by age 13. They reported that most of the subjects had other axis I or II diagnoses and strong family histories of affective disorders and alcoholism. They also met criteria for major affective disorders. The authors observed that there were problems with overlap in the diagnostic criteria for children.

Moore (1985) studied 50 subjects selected as a stratified random sample of male misdemeanor offenders aged 16 to 20 years to examine the construct validity of the McAndrew Scale, which is an alcohol abuse screening tool. Abnormalities of personality were found in 56% of the subjects, and 61.3% were alcohol misusers. No evidence of depression or anxiety was found in the subjects.

Other studies of predictive and risk factors were conducted with adolescents (Robinson et al., 1987) and pre-adolescents (Blau, Gillespie, Felner, & Evans, 1988). Risk factors included social pressures, low self-esteem, depression, and anxiety. Burgess, Hartman, and McCormack (1987) found that 35 victims of sexual abuse rings tended to

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"self-medicate" themselves with drugs when unable to deal with related trauma, years after the abuse had ceased.

Longitudinal Studies

Andersson and Magnusson (1988) conducted a 10-year longitudinal study of 541 males in Sweden. The researchers were not able to predict adult alcohol abuse from drunkenness prone adolescent behavior, although early problems with alcohol abuse were positively correlated to adult problems.

Block, Block, and Keyes (1988) reported data from a longitudinal study of 54 females and 51 males at ages 3, 4, 11, 14, and 18 years. In both sexes, investigators found ego under control and absence of ego resiliency during the nursery school years to be predictive of later drug use. Early rejecting family environments and unstructured, laissez-faire home environments were related to females' drug usage. Drug-using males demonstrated a decline in intelligence quotients from age 11 to age 18 years.

Vicary and Lerner (1986) carried out a longitudinal study of Thomas and Chess' cohort of 66 male and 67 female infants between 1956 and 1986. Vicary and Lerner cited early parental conflict, inconsistency in discipline, restrictive limit setting, and maternal rejection as predictive of adolescent marijuana and other drug use at age 16 years and above.

Maddahian, Newcomb, and Bentler (1988) examined ethnic differences in drug use in a longitudinal study of 847 subjects from four ethnic groups. Three measurements of

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self-reports of use of 12 substances were made. No significant differences were found between sexes, but significant differences were found between cultural groups' initiation and intent to use throughout the study. For example, Asian males intended to use cigarettes more than did white males, and Hispanic males intended to use them more than did Asians. Whites used hard drugs more than did Asians, according to post hoc comparisons. And, there were significant correlations between drug use and the intention to use drugs 4 to 5 years earlier.

Correlational Studies

Swadi and Zeitlin (1988) reviewed literature related to the correlation between peer influence and drug and alcohol use. They stated that parental influence was longer-lasting than peer influence according to the 13 studies reviewed.

Kaplan, Johnson, and Bailey (1988) proposed a model to explain adolescent drug abuse derived from self-reports of 7,618 public school students in the 7th and 9th grades. Kaplan et al. stated that peer modeling and group reinforcement were important factors in decisions about drug use. They also found that opinions expressed by drug using peers limited the effectiveness of society's efforts to control drug abuse in adolescents.

Deykin, Levy, and Wells (1987) interviewed 424 college students to determine the relationship between affective disorders and alcohol and drug abuse. Positive correlations were found, supporting the "self-medicating" theory.

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Alexander and Klassen (1988) surveyed 8th grade students (N = 745) in Maryland about smoking and drug and alcohol use. Positive correlations were found between alcohol, cigarette, and marijuana use. An increased rate of absenteeism was also observed in the smokers.

Jurich, Polson, Jurich, and Bates (1985) paired 48 high school drug users with drug abusers to evaluate drug use patterns and family life. Significant correlations were found between drug abuse and poor communication and extreme (laissez faire or authoritarian) discipline styles in the family of origin.

Nubel and Solomon (1988) administered questionnaires to 36 addicted and 36 non-addicted females between 15 and 18 years of age. Significant differences were found between addicts and non-addicts, since correlations were found between addiction and reports of less favorable evaluations of mothers and familial surroundings, and decreased closeness and integration into the family unit. The authors stated that treatment centers need to address the needs of female clients and their relationships with their mothers, which are said to differ from those of males.

Dembo et al. (1987) interviewed 145 detainees in a state facility 96 hours after admission about their use of drugs, history of abuse, and verbalizations of self-derogation. Correlations showed that male and female subjects reported similar drug abuse patterns, but females were more self-derogating, and more often sexually victimized and physically abused. Physical abuse and sexual

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victimization had direct effects on drug use in all subjects.

Kwakman, Zuiker, Schippers, and de Wuffel (1988) surveyed 161 high school students in the Netherlands. The researchers found no relationship between familial attachment and problem drinking but found that "anxiously attached" adolescents used alcohol to facilitate social contact.

Talashek (1987) studied ego identity development as a dependent variable in 50 adolescents with an alcoholic parent and 87 without alcoholic parents. She found that children of alcoholics were more likely to be abstainers and to miss school due to illness for more than 2 weeks of the year. Ego identity, as measured by Rasmussen's Ego Identity Scale, was found to increase with age regardless of parental alcoholism.

Freidman, Glickman, and Morrissey (1988) used correlation coefficients and t-tests to analyze the differences in mothers' and adolescents' perceptions of drug use and the mothers' reaction to their child's drug use. Freidman et al. found that mothers of 189 adolescent inpatients being treated for drug abuse had inaccurate perceptions of their child's use of drugs. They also disagreed with the children as to what their reaction had been to finding out about their child's drug use. King (1988) proposed that heavy metal music was related to chemical dependency in another group of 470 adolescent

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inpatients who were questioned during treatment for chemical dependency about their musical preferences.

Petchers, Singer, Angelotta, and Chow (1988) tested a substance abuse screening tool with 1,377 adolescents. In examining correlations between variables, they found that the "more benefits the adolescent attributes to drinking, the more likely he or she is to drink" (Petchers et al., 1988, p. 25).

Marcos and Bahr (1988) tested Herchi's control theory as an explanation of marijuana, amphetamine, and cocaine use with a random sample of 2,626 high school students. They used factor analytic techniques and proposed that the model be revised to show "inner containment" (the ability to refuse drugs when offered) as the strongest factor, with modest effects from conventional values, rather than from peer or family influence.

Reynolds and Rob(1988) examined the role of family difficulties on depression, drug-taking, and other problem behaviors in 1,270 12- to 16-year-olds for 2 years. A lack of close, loving family relationships was found to be associated with depression and "unhealthy acting out behaviors" (Reynolds & Role, p. 255).

Downs and Rose (1991) conducted a study of 127 13- to 17-year-old adolescents in treatment for alcohol and/or drug abuse (72 males and 55 females) and randomly selected a control group of 114 adolescents who were telephoned and asked to participate. All were administered five standardized questionnaires and interviewed, using what was

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termed an open-ended interview schedule, which included items about group activities at the subjects' high schools. The investigators reported positive correlations between treatment group membership and being least involved in school activities, negatively labeled by others, perceiving alcohol and drugs as less harmful than control group members did, and having high levels of alcohol abuse, drug use, delinquency, and depression. They also found positive relationships between treatment group membership and low self-esteem, external locus of control, low occupational opportunity, and high societal estrangement.

Summary

Quantitative, correlational studies have dominated the research related to adolescent chemical dependency to date. Repeatedly family relationships and affective disorders and personality traits are related to chemical abuse and dependency. Differences in the sexes as to the effects of familial relations, sexual or physical abuse, and social interaction are also reported frequently. As expected, based on Erikson's (1950) concept of moratorium, experimentation is common, but not necessarily related to abuse and dependency, although the earlier the initiation into drug use, the more likely it is that a problem will occur.

Relationship problems seem to be etiological in adolescent substance abuse and chemical dependency, according to the research literature. The findings of research related to chemical dependency reviewed above do

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appear to support Erikson's conceptualization of identity confusion, since correlations were found between chemical dependency and an inability to make choices independent of peer influence, anxiety and depression, distance from family members and adult role models, and ineffective coping ability. While Freidman et al. (1988) gathered data about adolescents' and their mothers' perceptions, they used questionnaires and scaled scores to correlate the data. No studies using qualitative methods to determine the adolescent's experiences and perceptions of these relationships or the problem were found in the literature. The current study examined the experiences reported by chemically dependent adolescents and their family members and observations of the researcher for themes and patterns that may support Erikson's construct of identity confusion.

Adolescent Pregnancy

A number of authors documented the extent of the problem of adolescent pregnancy (Black & De Blassie, 1985; National Center for Health Statistics, 1986a; Schenkel, 1975). Spitz, Strauss, Maciak, and Morris (1987) documented the even greater problem in the State of Louisiana. In a 1987 symposium, a committee of the National Academy of the Sciences (Federman et al., 1987) highlighted the contrast between adolescent pregnancy and infant mortality rates in the United States and in other developed countries. Johnson, Lay, and Wilbrant (1988) report a decrease in federal funding since 1984 that prevents implementation of prevention projects or services to adolescent parents.

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Flick (1986) reviewed research from the late 1970s to the early 1980s related to prevention of adolescent parenthood. Flick summarized findings according to factors related to sexual activity; contraceptive use; and the decision to have an abortion, adopt, or continue the pregnancy. She concludes that rational decision making is the skill most needed to prevent pregnancy. Flick also stated that parental and peer influence, as well as high self-esteem and conflict resolution skills, are goals for both males and females in preventing unwanted pregnancies.

Mercer (1985) reviewed 76 research studies on adolescent pregnancy conducted between 1956 and 1982. She categorized these into studies regarding: (a) etiology and prevention, (b) reproductive decision making, (c) prenatal care, (d) intrapartal and postpartal care, (e) family relationships, and (f) mothering. Mercer concluded that developmental needs of early and middle adolescents took precedence over infant care-taking needs. She also noted the gap in the literature related to long-term outcomes for infants of adolescent mothers and studies of adolescent fathers. An area suggested for future research was investigation of motivational factors in adolescents' reproductive decision making.

Recent research can be organized into seven categories: (a) adolescent sexual activity, (b) familial and socioeconomic factors, (c) correlational studies, (d) cultural factors, (e) substance abuse, (f) preventative or

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intervention strategies, and (g) mothering. These topics are discussed below.

Sexual Activity

The increase in the incidence of sexual activity seems a likely explanation for the statistics cited earlier. However, clinicians usually question whether the change is in the rate of activity or in the openness of adolescents about their behavior. Roche (1986) studied 196 female and 84 male college students, and 76 same-age subjects who were not students. He compared self-reports of sexual values, behaviors, and perception of their peers. Roche found gender differences in frequency of intercourse and length of relationships and that "religious commitment affects sexual attitudes and behaviors" (p. 121). He considered his findings to demonstrate a lack of change from the liberalized sexual attitudes prevalent in the 1970s. McCormick, Izzo, and Folcik (1985) surveyed 75 male and 88 female high school students about personal values and sexual and contraceptive experiences. They found religiosity was not related to sexual behavior and contraceptive experiences, and that sexual activity was sporadic in non-virgins. Contraceptives used were usually condoms (57%) and ineffective methods (21%).

Billy, Landale, Grady, and Zimerlea (1988) measured 7th, 8th, and 9th grade public urban school students (N = 1,120) initially and 2 years later on sexual activity, church attendance, and academic performance. They excluded females who reported a pregnancy. The researchers stated

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that "there is little evidence that sexual activity affects other components of an adolescent's personality system" (p. 204). They also found that: all subjects, except black males, were more sexually permissive after intercourse; white females who were non-virgins felt college was less important and were less religious than virgins; white males felt less close to their mothers but closer to same-sex friends after first intercourse; and sexually experienced adolescents were more likely to perceive friends as sexually active if they were sexually active themselves.

Familial and Socioeconomic Factors

Smith, Levenson, and Morrow (1985) randomly selected 146 adolescents from a city-county maternal hospital and measured their attitudes toward acquiring information about health concerns. They found that adolescents had a general lack of knowledge about themselves, their infants and health care.

Stiffman, Earls, Robins, Jung, and Kulbok (1987) retrospectively analyzed 1980 data that was collected from two yearly interviews with 1,590 inner city adolescents. They found that 77% of black, low socioeconomic status subjects with a mean age of 17 to 18 years were sexually active. The mean age of first intercourse was reported as 14.5 years. A linear relationship seemed to exist between low socioeconomic status and sexual activity leading to pregnancy. However, this did not seem to extend to a perception of increased stress, conduct disorders, or

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anxiety in females who became pregnant, as compared to the sexually active who did not become pregnant.

Curtis, Lawrence, and Tripp (1988) interviewed 101 pregnant females under the age of 18 years. They found that the subjects were likely to come from single-parent, mother-headed families and had been conceived out of wedlock before their mothers were 21 years old. The earlier the first intercourse, the sooner it occurred in the relationship. Use of contraceptives was irregular.

Brown (1990) conducted a phenomenological study of four black families with a pregnant adolescent and reported that two of the adolescents did not feel that they could talk to their mothers, and that distancing and non-availability was present in their families. Brown also reported that the girls expressed no remorse about the pregnancies, but that the family members expressed sadness and were worried about the girls' futures. One theoretical formulation suggested by Brown was that the adolescents were seeking a buffer for relationships perceived as inadequate and temporarily found that in childbearing.

Theriot, Pecoraro, and Ross-Reynolds (1991) used Belenky et al.'s (1986) interview case study approach with 20 adolescents enrolled in a Job Training Partnership Act program for low-income teenage mothers. The subjects reported goals of financial security, marriage, school, a better life, and a career. The researchers also found that the subjects equated motherhood with gaining independence and maturity and adulthood. And the subjects also indicated

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that the pregnancy facilitated communication with their own mothers.

Correlational Studies

Several researchers examined their subjects for psychological variables related to pregnancy (Bachman, 1986; Hanson, Myers & Ginsburg, 1987; Ralph, Lochman & Thomas, 1984). Generally, positive correlations were found between adolescent pregnancy and less favorable home and economic circumstances, and less emphasis in the family on responsibility. Sex education did not seem to be related to pregnancy and the pregnant adolescents did not see their lives as more stressful than those of other adolescents.

Polit and Kahn (1986) conducted a longitudinal study of adolescents (under 17 years) who were pregnant or already parents, and who had not completed high school. Within 2 years, 56% had two or more pregnancies, despite group and individual interventions. They concluded that the subjects were not motivated to have a second pregnancy, but also were not motivated enough to avoid having one.

Cultural Factors

Selleck (1988) found that adolescents who were white were more knowledgeable about sex and more often desired the pregnancy than did adolescents who were black, in a study of 109 low-income, 14- to 17-year-olds. Both white and black urban adolescents reported more negative expectations following pregnancy than did subjects from rural areas.

Speraw (1987) conducted a study of adolescent perceptions of pregnancy among adolescents of white, black,

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Hispanic, and Pacific-Asian ethnic origin enrolled in special education programs. A phenomenological approach demonstrated considerably different perceptions between the groups. Perceptions ranged from family rejection (Pacific-Asian) and shame (white) to a high regard for motherhood (Hispanic) and pleasure (black) about the pregnancy.

Moss (1987) studied the effects of father-daughter contact on the use of pregnancy services in three groups of subjects consisting of 15 each Mexican, Mexican-American, and Anglos. Marked differences were found between Mexican subjects and the other two study groups, but father contact did not seem to affect use of pregnancy services.

Substance Abuse

Yamaguchi and Kandel (1987) conducted a follow-up interview with a sample of 706 young women, some of whom had participated in a high school survey 9 years before, while others were from the same school, but had been absent on the day of the first measurement. Structured interview data were analyzed and compared to the original data to formulate premarital pregnancy predictors as follow: llicit drug use, dropping out of school, being black, having poor grades, being active in school activities, and having family members with psychiatric problems.

Pletsch (1988) gave two questionnaires about use of and risk of harm from substance abuse to 113 pregnant and 119 non-pregnant females, aged 14 to 19 years. Substance use was similar in the study groups, although both thought that use during pregnancy was very risky. The investigator

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suggested that knowledge is therefore not a strong motivator for abstinence from drugs in pregnant adolescents.

Mothering

Fraiberg (1982) reported eight case studies of adolescent mothers and observed that their most common reasons for becoming pregnant or continuing pregnancies were unmet dependency needs: wanting someone to love or wanting to be loved. Speraw (1987) found similar themes in her study cited earlier.

Showers and Johnson (1985) found that 676 high school sophomores and seniors had a general lack of knowledge about child development. They also found that males were less knowledgeable than females about the subject, and that those with prior knowledge favored harsher discipline for children.

Becker (1987) compared post-partal adolescent and adult single mothers on several measures. The mothers reported no perception of stress related to high risk pregnancies, but adolescents tended to underestimate their infants' abilities after the newborn period. Becker stated that this placed the infants of adolescents at risk for developmental delays.

Furstenberg, Brooks-Gunn, and Morgan (1987) conducted a longitudinal study of 300 urban black women who gave birth in the 1960s as adolescents. They found that the experience was associated with less economic success and larger families for these women. Earlier success in school made the subjects more likely to be successful in adulthood, and, although most had been on welfare at some point, the

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majority were not on welfare at the time of the study, 16 to 18 years later.

Unger and Wandersman (1988) interviewed 87 adolescents prenatally and 8 months post-partum, and found that family support was related to decreased concerns about daily living and functional matters. Adequate parenting behaviors were related more to their partner's rather than their family's support.

Ruff (1987) used the a child development (NCAFS) scale with 100 unmarried Afro-American mothers, aged 15 to 19 years, who had delivered their first baby. Ability to foster newborn growth and development improved in the first 6 to 12 weeks, but their response to infant distress decreased in infancy, especially with male infants and when the father was present.

Prevention and Intervention

Zabin and Clark (1981) surveyed 1,200 adolescents who were never pregnant and sought no professional birth control help and found that only 14% sought protection prior to first intercourse. The largest group (42%) sought protection 3 months to several years after first coitus, with the mean delay at about 1 year. Suspicion of pregnancy or suggestions from their mother or partner were the reasons given for the first clinic visit. Fear that the family would know about the visit, or of the exam, or contraceptive side effects, or costs were reasons given for delay in seeking services.

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Hughes and Torre (1987) reported measuring cognitive levels, assertiveness, demographic variables, sexual activity, and contraceptive use in 19 college freshmen. The researchers found no significant relationships between contraceptive use and other variables, but stated that women tend to use contraceptives only when they are committed to having sex, or to a relationship.

Intervention in public school settings were reported by several authors (Bekenstein, Carter, LaRoche, Smith, & Francis, 1987; Gonzales et al., 1985; Vincent, Clearie, & Schluchter, 1987) usually as part of a research grant project. These researchers reported receptiveness on the part of the clients to the services provided and effectiveness in achieving program goals, such as decreased rates of pregnancy, sexually transmitted diseases, and repeat pregnancies.

In conclusion, research has implicated the following factors in increases in adolescent pregnancy rates: developmental immaturity, an increased or more open level of sexual activity in early adolescence, low socioeconomic status and acceptance of premarital pregnancy in some cultural groups, familial disturbances, failure in or inexperience with the process of rational reproductive decision making, substance abuse, affective disorders, and unmet dependency needs. Adolescents are described as unprepared and having inadequate knowledge about child development and parenting. Prevention does not necessarily

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result from increased levels of knowledge and formal education about sexuality and reproduction.

With the exception of Speraw's (1987), Brown's (1990), and Theriot, Pecoraro, and Ross-Reynold's (1991) studies, quantitative approaches have been used to test relationships between suspected factors. In only these studies did adolescents describe how they became pregnant and adolescents and significant others describe what behaviors are typical of the study groups. Since only four families were interviewed by Brown, and only adolescents were interviewed by Theriot et al., additional information incorporating adolescents who are pregnant and a significant other plus observations about the family made by an investigator seemed valuable. The themes and patterns of behavior, attitudes, and feelings reported clarified relationships in families of pregnant adolescents.

Summary of Research

Research related to adolescent health problems, development, identity, nursing diagnosis validation, adolescent chemical dependency, and adolescent pregnancy has been reviewed. The majority of studies have been conducted from the researcher's perspective and have dealt with suspected factors in selected settings. Few studies using a qualitative method were found, and no studies incorporated interview data from the adolescent and her significant other with field notes to arrive at a comprehensive picture of the adolescent's behavior. The present study was intended to provide a different perspective, that of the adolescent

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female and the person she identifies as knowing her best in hopes of providing insight into characteristics that place her at risk for health problems that occur frequently in this population.

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CHAPTER III

Methodology

Introduction

The purpose of this study was to generate a list of preliminary defining characteristics for the nursing diagnosis of Personal Identity Disturbance by analyzing the behaviors, habits, attitudes, and feelings reported by 16- to 18-year-old female adolescents and their parents or significant others for common themes and patterns of behavior that might indicate their development of ego identity. The categories derived and patterns and themes identified were examined for similarities and differences among the three study groups, which suggest directions for future research. A qualitative approach incorporated interview data from the three study groups: Pregnant (Group I), Chemically Dependent (Group II), and No Identified Problem (Group III). Since it was not feasible to study all adolescent health problems that might indicate a Personal Identity Disturbance, two groups with problems which have a high incidence in the state where the study was conducted were selected. Based upon the conceptual framework, (Baker, 1982; Elkind, 1967; Erikson, 1968) and a review of the literature, an attempt was made to gather a complete picture of the adolescents' behaviors, feelings, attitudes,

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and habits. Three data sources were included: interviews with the adolescents, interviews with their parents or significant others, and the investigator's impressions, feelings, and observations about the home context of the subjects and their families. Demographic data indicative of the adolescent's socioeconomic status, usual home environment, and the family constellation identified in previous research as relevant were included. Actual frequencies of responses are found in Appendices A, B, and C.

Research Design

A qualitative comparative research design was used. A quantitative approach, using standard psychometric instrumentation was rejected, partly because of the large body of literature documenting such studies, but also because this approach imposes the researcher's preconceptions of how adolescents feel and behave. No research is documented which presents the perceptions of adolescents and their parents or significant others along with the investigator's observations of the behaviors, feelings, habits, and attitudes of 16- to 18-year-old females that might indicate the presence or absence of identity confusion.

Data were collected from the three study groups via an open-ended interview guide and the investigator's observations and were analyzed utilizing content analysis techniques (Krippendorff, 1980; Lincoln & Guba, 1985). Detailed, in depth interviews were conducted, coupled with

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the investigator's own observations of the subjects and their home and family dynamics, to attempt to gain a comprehensive picture of the adolescent's behavior and characteristics.

Reliability and Validity

The reliability and validity of this qualitative approach was addressed as described below. Criteria are derived from the literature related to this aspect of qualitative methods as described in Lincoln and Guba's (1985) work.

Reliability

Since the concern in research is that the investigator's findings are replicable by another researcher with access to the same subjects and settings, the researcher asked an experienced researcher to audit her methods, findings, and data analysis. Raw data were shared, along with the methodological procedures employed. The auditor was asked to compare these to the researcher's conclusions. Any differences of opinion were discussed and included in the findings. According to Lincoln and Guba (1985), other techniques for insuring "trustworthiness" include prolonged engagement with each subject and triangulation. The in depth interviews with adolescent-parent pairs answer the first criterion.

The researchers employed triangulation, the process of collecting data about the same areas from several sources for purposes of comparison. For each adolescent-significant other pair, data were collected from three sources: the

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adolescent, the parent or significant other, and the investigator's log of observations. In addition, the audit, and the "thick" descriptions available through the open-ended interviews and the investigator's notes on both the interviews and the methods employed were means of assuring transferability, dependability, and confirmability, that establish the "trustworthiness" or reliability of the study.

Validity

Validity of the findings were assessed through member checks. Member checks consist of verification of the indings with the subjects (Lincoln & Guba, 1985). As each audiotape was transcribed, the investigator listened to the tape two more times and edited the transcription accordingly. She then sent a copy of the interview to each subject. Of the 26 subject pairs who received the interview data, only 6 returned the transcripts with their comments. Corrections in the transcriptions were made, which were generally minor. For example, one subject laboriously wrote in her family and friend's names that the investigator had removed, leaving a blank. A mother noted on the transcript that she didn't remember saying her daughter actually told the stepfather she wished he had never married her mother. But she also noted that this was probably how her daughter felt. The changes were made as specified, prior to data analysis. The investigator shared her analysis of the themes and patterns discovered in the data by mailing summaries of her findings to the subjects after the

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preliminary analysis. Each subject pair received data for their study group and were asked to telephone the researcher at their convenience to verify or refute her perceptions. The letter and Member Check Forms they received are found in Appendix D.

Three subjects from Group I, three subjects from Group II, and six subjects from Group III telephoned. One subject's mother phoned and then called her daughter to the phone. Another said she had discussed the results with her daughter, and they both agreed with the findings. Only one member of the remaining 10 subject pairs responded, and she said that she was calling for both the adolescent and her significant other. Two had specific questions about the findings, such as how many subjects were in their group. Those responding said they were very interested to see the findings and had no areas of disagreement with the results.

Two subject pairs' letters were returned because they had moved and no forwarding address was available. The investigator attempted to telephone all those who did not respond. One group III subject's mother answered the phone, said she was on another line with a long distance call and asked the investigator to call back in 10 minutes. All subsequent attempts to contact her were fruitless. Three subjects, one from each group, said they had never received the study findings and a second mailing was sent. When contacted afterward, they reported agreement with the findings. The investigator was unable to contact the remaining eight subjects, either because there was no

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telephone or because the telephone number had been disconnected and attempts to get the new number were unsuccessful. If they had not returned their transcript at the time of the telephone call, they were asked if they had received the transcript and if there were any corrections the investigator needed to make. None gave any corrections to the investigator. The checklist used by the investigator to record these calls is found in Appendix D.

Comparison of the findings to the literature for similarities and differences also addressed validity. The use of the audit by an experienced researcher provided an additional screen for validity, by independently reviewing the raw data to verify or refute the investigator's perception of subject responses and themes and patterns identified in the study groups.

Human Subject Use Considerations

Letters of approval from institutions and health care agencies where contact with potential subjects was made, can be found in Appendix E. The Institutional Review Board for Human Use at the University of Alabama at Birmingham also reviewed and approved the study (Appendix F). Appendix G contains the letters to prospective adolescent and family member subjects and a potential subject postcard. Appendix H contains the verbal explanation given to potential subjects and Appendix I contains the subject consent forms for adolescents and a parent or significant other. Appendix J contains the demographic forms for the adolescent and her parent or significant other. Appendix K contains the

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adolescent and parent or significant other interview guides. The coding manuals used for data analyses are found in Appendix L (significant others), Appendix M (field notes), and Appendix N (adolescents).

Pilot Studies

Two pilot studies were conducted prior to the dissertation research. The first study was conducted to develop the open-ended interview guide used for data collection for parents and significant others (Appendix O). The investigator conducted a review of the literature implicated in the conceptual framework as related to adolescent ego identity, chemical dependency, and pregnancy. The conceptual formulations of Erikson (1950, 1960, 1965, 1968, 1975) Elkind (1967, 1980) and Baker (1982) related to the development of adolescent ego identity and the literature related to specific health problems thought to represent two of the groups of adolescents demonstrating identity confusion (Erikson, 1968; Oldaker, 1985) were used to identify subject areas for the interview guide for parents. The researcher's experiences in caring for similar clients were also considered in formulating the guide.

The first pilot study included five mothers of chemically dependent adolescents and five mothers of adolescents with no identified problem and was conducted during Fall, 1987. The project was approved by a faculty review committee at a state university which considers and funds small projects conducted by faculty at that institution. The researcher received funds to travel to

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libraries in the state to review literature and to give honorariums to consultants to serve on a panel of experts to judge the proposed interview guide. These judges included two psychologists, a chemical dependency counsellor, a maternal child clinical nurse specialist, the head nurse from an adolescent psychiatric unit, and a social worker whose practice is with adolescent clients.

Group I subjects, parents of adolescents who were chemically dependent, were identified by a private psychiatric hospital in a city in a south central state and by support groups in the area, such as Tough Love and Al-Anon. Subjects were recruited from health care agencies and among the researcher's colleagues for parents of adolescents with no identified problem (Group II). Interviews were conducted either in the subjects' homes or in private offices. The former setting was found to produce richer and more detailed information about the subject and the adolescent, as well as providing additional information to the researcher about the home environment.

Tentative categories for data analysis based upon those identified during this pilot study are identified by the symbol (P). The investigator taped the interviews, had a professional secretary transcribe the tapes, and listened to them again, correcting the transcriptions and omitting names and other identifying information. The data were initially organized by items in the interview guide, listing key phrases from each response and the subject's identification number. Similar responses were clustered under categories

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suggested by the item content and organized into the coding manual found in Appendix L. A faculty member was asked to audit the raw data and resulting categories and agreed with the researcher's conclusions. Additional revisions in the tool were not necessary, since the items seemed to elicit an adequate amount of data about the adolescent and her family members.

The second pilot study was conducted during Summer, 1989, when the investigator reworded the interview guide for use with adolescents and used it to conduct interviews with four pregnant females. Prior to conducting the interviews, the researcher obtained approval of the Institutional Review Board at the University of Alabama and received assistance from faculty members and colleagues in revising the interview guide (Appendix K) and developing the demographic data tool (Appendix J) for use with the adolescents.

The subjects were approached in a public clinic serving low income and indigent clients in a Southeastern city and surrounding counties. The subjects received a verbal explanation of the study and were asked to give the researcher a telephone number to schedule an appointment if they wished to participate. One subject did not have a phone and scheduled an appointment with the researcher during the clinic visit. Although eight subjects initially agreed to participate, the investigator was able to interview only four, either because they changed their minds about the interview or because they were unavailable at the

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scheduled times and did not wish to reschedule the interview.

In addition to the interview data, which were again tape-recorded, and the demographic data collected, the investigator made field notes immediately after the visits. These notes included observations, experiences, impressions, and feelings about the subject, the home environment, and family members who were present. The researcher transcribed the tapes, omitting references to names or other identifying information, and coded the data in the same fashion described for the first pilot study.

The adolescent interview data were reviewed by a colleague for accuracy of the transcriptions and were typed onto a floppy computer disk. These transcriptions were sent to the subjects for member checks, prior to finalizing the coding manual and initial categories (Appendix P). The data from field notes were also tentatively organized into categories. A sociologist audited the raw data and suggested revisions which were incorporated into the list of categories found in Appendix M.

The purpose of these pilot studies was to refine the content of data collection instruments and methods used in collection and analysis of data. In addition, the investigator gained experience in data analysis techniques and had an opportunity to refine these procedures. As indicated in Appendix Q, the subject areas included in the interview guide were largely derived from Erikson's discussion of adolescent ego identity development in the

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works cited previously, Elkind's (1967, 1980) and Baker's (1982) constructs, and Oldaker's (1985) findings based upon psychosocial theories. Items were added as additional studies were reported and from experiences of the researcher and expert clinicians consulted. These additional items were considered to be either necessary to gain a comprehensive picture of the adolescent or had been fruitful in interacting with adolescents in the past.

Description of the Setting

Subjects were contacted through several health care agencies. One private psychiatric institution with an adolescent unit and one publicly funded adolescent treatment program were used to contact chemically dependent adolescents (Group II) in a south central state. Since the adolescents had been hospitalized for treatment, the interviews were conducted in a private area of the facility. The adolescents' parents or significant others were contacted by the adolescent; this contact was followed by a phone call from the investigator to explain the study, answer questions, and set up an appointment for a home interview. Shortly before the interview, the investigator sent a copy of the consent form to the significant other.

The second setting used to contact potential subjects was an outpatient obstetrics and gynecology clinic at a large public hospital in a south central state (Group I). Initial contact was made in the clinic and subjects were interviewed later in their homes.

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Finally, volunteers were solicited from girls' physical education classes in a public high school in a central part of the state (Group III). Interviews with these subjects were also conducted in the subjects' homes.

The variability of the settings is an asset, rather than a concern. According to Lincoln and Guba (1985), there is a broadening of the range of behaviors that may be observed or reported in collecting data from several groups in several settings. This study was built upon inductive methods, since by recording instances of behavior and experiences of adolescents and of their family members, and observations of the investigator, the researcher identified categories of data for purposes of generating preliminary lists of defining characteristics for subdiagnoses of the nursing diagnosis, Personal Identity Disturbance in adolescent females. Therefore, collecting data from diverse settings and representatives of different populations was desirable. Interviews were conducted in the home, except for one subject who came to her mother's home for the interview and one whose guardian was interviewed in his office in another building. The investigator found in the first pilot study that subjects were much more relaxed and open at home than in other settings.

Population and Sample

The population sampled consisted of 16- to 18-year-old female adolescents and their parents or significant others in two metropolitan and several rural areas in northern and central parts of the state. According to Lincoln and Guba

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(1985), sampling should be purposive and should be continued until data redundancy is obtained. The number of parent or significant other adolescent dyads interviewed was determined by the content of the data collected. When data saturation occurred with no unique content obtained and repetition of the same kind of information from the subjects interviewed, data collection ceased (Sandelowski et al., 1989) This was the procedure for each study group. When the researcher had collected data which represented data saturation, it was submitted to the dissertation committee with an explanation of what themes and patterns were found that represented data saturation. They agreed with the researcher's findings, and data collection was concluded.

Purposive sampling resulted from the use of the following criteria for Groups I and II: (a) was 16 to 18 years old, (b) was diagnosed as being pregnant (Group I) or chemically dependent (Group II), (c) had a parent or significant other who was willing to participate, and (d) was able to understand and respond to the investigator's explanation. For Groups I and II, the investigator contacted the designated person from each health care agency and asked whether any potential subjects had been identified. The investigator then made initial contact with the potential adolescent subject and explained the study.

Group III subjects met the following criteria: (a) was 16-18 year old females, (b) had no identified problem recognized by their physical education teacher or subsequently mentioned by themselves or their significant

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other, (c) had a parent or significant other who was willing to participate in the study, and (d) were able to understand and respond to the investigator's explanation. Group III subjects were solicited from physical education classes at a public high school over a period of 2 weeks.

The above criteria were designated to obtain reports of behavior in two different problem groups and one group without identified problems. Since ego identity is not expected to be achieved until middle to late adolescence (Erikson, 1960) the age group was limited to 16 to 18 years. In consideration of the cognitive, psychosocial, and emotional differences that exist in adolescent females, as compared to adolescent males (Gilligan, 1982), only female subjects were studied. Participation of a family member was required to provide a comprehensive picture of the adolescent since the investigator believes that "it is necessary to understand the family's perception of and attitudes toward the child to understand the child's characteristics" (Ivey, 1981,p. 9).

Procedure

To gain approval from the identified agencies and groups, the purpose and procedures of the study were explained. Contact persons at each agency were asked for convenient times for the researcher to visit the agency and speak to the potential subjects.

A verbal explanation was given to potential subjects from each study group along with letters explaining the study and the adolescents were asked to complete a postcard

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listing their address, phone number, and convenient times for the investigator to contact them by phone. Subjects who completed the contact card received a letter describing the project to give to their parents or significant other. The parent or significant other to be interviewed was identified by the adolescent as the person who knew them best. A telephone call was made to ascertain if both the adolescent and her parent or significant other were willing to participate. At a mutually convenient time, subjects who agreed to participate and sign the consent form were interviewed alone. The interview was tape recorded. The investigator took field notes after the interview was concluded. Data from the demographic data forms were collected prior to the interview to allow comparison of the groups of subjects for similarities and differences in demographic characteristics, which were selected by the investigator as indicative of socioeconomic status, usual home environment and family constellation, or identified as relevant in previous research findings (Amoroso & Ware, 1986; Anderson & Fleming, 1986; Bakken & Romig, 1989; Hollingshead, 1965; Kamptner, 1988; Sandelowski et al., 1989).

Only one significant other was unable or unwilling to participate, so that adolescent (from Group II) was dropped from the study. Another adolescent, who had been identified to the investigator as chemically dependent, was not thought to be chemically dependent after a review of her medical record, a discussion with the treatment center staff, and an

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interview. She was also dropped from the study. A third subject who was in her first trimester of pregnancy got a divorce and had a miscarriage shortly after the interview. Since her mother had not been interviewed, she was also dropped from the study.

Subjects were asked the questions indicated in the interview guides (Appendix K) for parents and adolescents respectively. Probes and requests for elaboration were used to elicit as much detailed information as possible. For example, when adolescents were asked about how their parents or significant others disciplined them and they replied that they never had to be disciplined, the investigator asked how they had been disciplined as a child, and when the last time was that they remembered being disciplined. The investigator also suggested some rule infractions (late for curfew, bad grades, etc.) common to teenagers to help them understand what types of things to consider. When both adolescent and parent were present in the home during the interview, the investigator asked to conduct separate interviews on the same occasion, to prevent their discussing the content between the first and second interview. When this was not possible, the first subject was asked to not share the content of the interview until after the second interview had occurred, and to refer the second subject to the investigator to answer any questions which arose. This situation occurred with only two subjects, one of whom had moved to another part of the state from her mother after agreeing to participate, and a second whose mother worked

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long hours and broke several appointments before she could be interviewed. In both cases since considerable time had elapsed before the second interview occurred, it was thought that any discussion of the study questions was probably not recalled, and both subjects denied having discussed the content of the interview with their significant others at the time of the second interview. The subject who moved after agreeing to participate had lived with her mother for the 6 months preceeding the interview, but the move delayed the completion of data collection by several weeks.

Data Analysis

Demographic data were compiled according to subject groups, using descriptive statistics and measures of central tendency. Since there were eight subjects in Groups I and II and 10 subjects in group III per cell, non-parametric chi-square statistics were computed to compare groups' demographic characteristics for five variables that seemed to show a difference in the groups. These were whether: (a) the adolescent's age was appropriate for her grade, (b) the parent or significant others were married or single, (c) whether the parent or significant others had a college education, and whether the parent or significant others had children, (d) older, or (e) younger than the adolescent. None were statistically significant at the $p \leq 0.05$ level. Since the non-parametric correlation coefficient is based on the chi-square statistic, correlations were not calculated for these variables.

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Tapes were transcribed by a professional secretary who was reminded of the need for confidentiality. Tapes were identified by code number only. After transcription the investigator listened to the tapes to verify the accuracy of the transcription. Transcriptions were made on a floppy disk, and any references to names, agencies, and places that might be identifiable were deleted. Content analysis procedures described by Krippendorff (1980) and Lincoln and Guba (1985) were used to search for themes and patterns. Appendices L, M, and N contain the final coding manuals. A back-up copy of the disk was made and the written copies and tapes were stored in a locked filing cabinet in the investigator's private office until the study was completed. Tapes will be erased and destroyed 1 year after the study is concluded to preserve subject anonymity.

Samples of raw data were submitted to three colleagues along with the analysis procedure used and themes and patterns identified. Differences of opinion were considered and reported in the findings.

Tentative themes and patterns were shared with all research subjects who participated in each study group, or as many as could be contacted. Corrections and revisions they suggested were reported. These categories provided the basis for a preliminary list of defining characteristics for the nursing diagnosis, Personal Identity Disturbance.

The investigator also maintained a log of feelings, impressions, observations, and experience during contact with the subject family. Any comments or significant

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remarks of other family members or health care professionals were also recorded. These were analyzed separately and the tentative categories were revised as indicated.

A final set of themes and patterns was then compiled for each subject, incorporating data from all three sources, and identifying areas of agreement and difference between data sources for each subject. Common themes and patterns observed within the groups were identified. Data from the three groups were combined and any patterns and themes which are common or differ were also noted. Descriptive statistics (frequency distributions and percentages) were used to report the findings from all three sources for the three study groups. The findings were compared to the research reviewed prior to implementing the study. Additional review of topics related to unexpected findings are discussed in Chapter V. Finally, common characteristics reported or observed in Groups I and II, which were not present in Group III, that may indicate the presence of Personal Identity Disturbance in adolescent females as described in the literature cited previously, were used to compile tentative lists of defining characteristics for further testing.

<u>Summary</u>

The identification of the study sample and procedures used to obtain consent and collect the data was discussed. Methods of analysis of the data were also discussed, including two interviews plus demographic and observational data from the investigator for each adolescent significant

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other dyad between and within groups. Procedures for maintaining subject confidentiality were also described.

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CHAPTER IV

Data Analysis

Introduction

Between March and December, 1990, 26 subject pairs were interviewed, consisting of an adolescent female, 16 to 18 years of age and a significant other whom she identified as knowing her best. At the time of the interview, the investigator also took field notes consisting of information about the home, and family members who were present, the interview, and the investigator's impressions during the interview. Data obtained using the interview guides and open-ended techniques were recorded on audio tapes. Demographic data for adolescents and for their significant others were also collected. This chapter reports the data collected, the data analysis procedures used, and the themes and patterns identified in the data.

Data Analysis

Data Treatment

Data were transcribed from audio tapes for the two subject interviews onto floppy computer disks by a professional secretary. The investigator read the transcripts, removed references to names or identifiable places, listened to the tapes, and compared them to the transcripts at least twice per tape. Corrections were made

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onto the computer disk and copies were printed and sent to the subjects for verification. Return postage was affixed to a self-addressed envelope. Six of 26 interviews were returned, two of which were from both the adolescent and the significant other. Any corrections noted by the subjects were made on the computer disk. The data were sent to dissertation committee members once the investigator had a corrected transcription. When the investigator perceived that data saturation had been attained, the committee was consulted and concurred with the investigator's judgement.

Field notes were transcribed directly onto a floppy disk. These were not submitted to the subjects, as the investigator did not edit her impressions to be acceptable to the subjects. For example, if the subject was sloppy in her dress and appearance, or the home was considered to have negative influences, this was noted. Since the investigator did not find significant negative influences that had not been previously reported to health care personnel or legal authorities, it was not necessary to report them again. Member checks of the field notes were condensed and observations which might be offensive to the subjects were ommitted unless the subject had spoken of the issue to the investigator, and therefore was more than an impression.

Content Analysis

Data transcripts from all three sources for all three study groups were read by the investigator at least three times after transcription. During the first reading, the investigator jotted key phrases and words in the 3" margin

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left for this purpose. During the second reading, the investigator checked to make sure all key phrases and words were noted. The third reading was made for purposes of coding, and at that time the identified themes were compared to the coding manual. If a code did not exist for the theme, the investigator made a note of the theme. If more than one subject mentioned that theme, or if one subject repeatedly spoke about that topic, it was added to the coding list. Sometimes a fourth reading was necessary after themes added to the coding list made it necessary to re-read transcripts coded earlier to add codes that were new. Thus, some transcripts were read as many as six times

Demographic data were tabulated with frequency counts and chi square statistics calculated for between group differences as described in Chapter III, using a non-parametric test for k samples. No significant differences were found at the $p \leq 0.05$ level.

Coding

The investigator began the coding lists with the lists generated during the two pilot studies discussed in Chapter III. After reviewing transcripts for Group III, which were conducted first because they were contacted at school, and needed to be interviewed before the conclusion of the school year, codes were added to the manual as discussed above. With each study group the coding list was expanded. The final coding manuals (Appendices L, L, and N) were re-examined and codes for themes that less than three subjects reported were deleted.

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Transcripts were coded and the codes recorded by subject and by group, yielding a subject profile for each subject from the three data sources, and a group profile by compiling the number of subjects indicating the code per group. Next, a summary of data from all three sources for all three groups was compiled by counting the themes identified by at least 50% of N for any group. For example, if four subjects from Group I indicated that they reacted to frustration by withdrawing and crying, then the frequencies for this theme from all three groups were recorded in the summary. The data summaries are found in Appendices A, B, and C. Appendix R contains a summary of the percentages of agreement between adolescent and significant other data for each of the study groups. Individual subject profiles were not included, because of the amount of data, but a sample profile for the adolescent data from one subject is given in Table 1.

Table 1

Subject Profile for Subject 010:
Adolescent Data Themes

Topic	Response
Interests and hobbies	Most important was relationship oriented, then school related, and church related.
School experience	Enjoys academic excellence, good at English, yearbook and literary magazine. Math is harder. Never in trouble at school.

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Table 1 (Continued)

Topic	Response
Responsibilities	Chores at home, own room, offices at school & church, succeeding at school. Usually fulfills, except for room, which is rarely clean.
Family	Lives with parents and younger brother. Parents expect her to be honest, calm and cooperative, nice to others. Usually meets these expectations. Cruel to someone once when younger. Parents were surprised. Consequences are that she is grounded. She is also grounded when discipline is needed, but couldn't remember when the last time was that happened. Parents always enforce the punishment. Parents do not recognize her academic and social successes, seldom reward her and seem nonchalant.
Frustration	Yells, screams, cries, argues, discusses reasons. Then accepts and goes on. She is rarely able to change her parents' minds. When angry she yells and screams and confronts others. She used to go to her room and cry but thinks yelling is more effective!
Conflict	Sources are where she wants to go and what she wants to do with her friends/boyfriends. They occur once or twice a month and are usually resolved by talking and negotiating.
Decisions	She is allowed to decide on clothes to buy and wear and was able to choose to get a job and keep it. She feels that she is allowed to make no decisions alone and that her parents' decisions are rather capricious and unreasonable.

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Table 1 (Continued)

Topic	Response
Heroes	She looks up to a female teacher and a female minister and values their strength, values, courage and independence. She also looked up to a male junior high teacher who was non-conforming and took risks.
Most Important People	Family members and friends, and her English teacher. Important qualities are their values, standards, and beliefs.
Best friends	Girlfriends who are intelligent, have academic ability, and other achievements. She does not have a boyfriend now. She gets along well with friends and seldom disagrees with them.
Relationships	She argues, fusses and fights with her brother but loves him and cares about him. They get along better now, but still have differences. He is pesky and uses her things and embarrasses her. She seldom sees cousins and other relatives. She sees her grandfather but is not very close to him. They seldom disagree. She gets along well with adults outside the family.
Sexual activity	Most of her peers are sexually active, but her closest friends are not. She is not, and thinks that it is better to wait until one is married, but might consider it with the right person.
Alcohol and drugs	Has never used drugs, has an occasional glass of wine or mixed drink with friends. Parents abstain. Has never been drunk or high.
Worried	Becomes quiet, withdrawn, but most people can not tell when she is worried.

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Table 1 (Continued)

Topic	Response
Worries about	Worries about world events, her parents divorcing, being stood up for a date, her friends and their problems.
Best qualities	Intelligent, willing to try new things.
Future plans	College (normal part of life), professional career. Must have financial aid to go to college as parents have financial problems. Choice of college limited by this. Firm about plans to go to college, not sure about choice of major/career. Now wants to get through high school and go to college, hopes to be in college doing well in the next few years.
Feelings	Feels o.k. about self, is satisfied, does not think she is exceptional. Is not sure she will do well on her own because of a lack of practice and parental restrictions.
Proud of	Nothing in particular, not ashamed of anything.
Other themes	The world is not fair, parents are too strict and unreasonable, don't see her faults, some peers don't approve of or understand her (less than previously).

Because of the small size of the sample and the lack of randomization or control, no generalizations can be made about the data. The information gained by analyzing the content of the interviews and field notes and comparing the data sources suggests some distinct characteristics for each

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subject group. Tables 2, 3, and 4 summarize the characteristics with the highest frequencies from all data sources that vary with the study groups. Since this is a qualitative descriptive study and the richness of the data conveys the experience of the subject, excerpts from interviews and field notes representative of the tentative lists of characteristics are included.

Table 2

Group I Characteristics: Pregnant Adolescents[a]

Themes
Creative, relationship focused interests and hobbies. More concerned with people than with achievement.
Enjoys school, especially sports and athletics. Has an aptitude for math and/or physical education, seldom in trouble at school.
Education is seen as a way to support her child.
Adult responsibilities from middle childhood, which are usually fulfilled without prompting, seldom to significant other's specifications.
Authoritarian Parent in firm control, makes the rules, tolerates no argument or disobedience.
Punishment is rarely needed, grounding is the method of choice.
Significant other thinks she tells the adolescent when she does something well. One-fourth of the adolescents agreed. Reports hugging or kissing the adolescent for good behavior, no adolescents agreed.
Isolates when frustrated or angry but accepts the decision made. Curfews and social privileges or plans with friends are the most common source of conflict.
Significant other surprised when adolescent becomes pregnant. Motherhood makes the adolescent an adult, she must give up activities of normal teens. Adolescent accepts and echoes this theme.

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Table 2 (Continued)

Themes
Three significant others also married or were pregnant in their teen years.
Looks up to members of the family and respects strength, experience, and overcoming adversity. Values caring and acceptance more than achievement.
Few peer relationships often superficial, except for the boyfriend or husband. Close to their mate. Rarely tested friendships by arguing or disagreeing with friends.
Half were forbidden to see mate. Half of the Significant others did not know/want to know him, scornful and derisive of the relationship.
Social use of alcohol, mainly on weekends, most said not during pregnancy. Half had never been drunk or high.
Anxious and withdrawn, and worried about losing family members and the birth and health of the baby.
Planning for the baby and often how to finish high school or get GED to provide security for the baby. Children seen as impediments.
Verbalized that the pregnancy was the one mistake she had made. One said she would never go against her parents wishes again, because they were always right.
Three were sexually active at the time of the interview. Significant others said seven were. Half of the adolescents thought it was o.k. to have sex if you cared for the person. Most said their first sexual experience "just happened."
Significant others thought the sexual activity was wrong and ended adolescent opportunities. Three reported refusing to get birth control methods for the adolescent.
Best qualities reported by both subjects were the adolescent's competence in housework and child care and sometimes at school. Relationships and getting along with others, being a "good girl" emphasized.

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Table 2 (Continued)

Themes
College and a career seen as a way to be independent and support her child. Future plans focused on independence from parents and economic security, as well as relationships with the mate. Hopes and dreams expressed, limited by her present circumstances.
Three reported feeling good about themselves, but the investigator observed low self-esteem, timidity, regret, and guilt repeatedly in the adolescents.

n = 8

Table 3

Group II Characteristics: Chemically Dependent Adolescents[a]

Themes
Creative and athletic interests and hobbies prevailed, about a third had no interests or hobbies except going out with friends.
Hated or dropped out of school, usually in first 2 years of high school. In trouble at school frequently. Half were suspended or expelled.
Three were ordered to treatment by the courts after shop lifting, driving while intoxicated. Aggressiveness, family violence, out of control anger and tantrums reported by seven adolescents and their significant others.
Five observed to feel able to dominate and control the family and authority figures with rebellion and acting-out. Took pleasure in outsmarting others and were egocentric and expressed antisocial or asocial viewpoints.
Had few responsibilities, one or two chores and self-care only. Usually did not meet parent's expectations.

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Table 3 (Continued)

Themes
Significant others felt helpless and hopeless. Seven adolescents refused to comply with limits set or punishment given, and five significant others did not attempt to make them.
Five significant others said they praised the adolescent when she did well, only two adolescents agreed. Significant others also said the adolescent rarely did something praiseworthy.
Adolescents say social plans and activities are the most common source of conflict. Significant others thought that their choice of friends and their behavior with friends caused the most conflicts. All adolescents and seven significant others said the adolescent ignored parental decisions and did what she wanted.
Family members were important but friends and boyfriends were just as important. Sharing the adolescent's interests and values and being understanding and accepting were what she valued in others. Best friends were users. Manipulating family and friends, having sex for drugs and using others was a common theme.
Half hated their siblings and fought with them constantly. Only two felt close.
Half had boyfriends who were jealous, abusive and often were also chemically dependent.
Seven were sexually active, eight significant others thought they were. The sexually active regretted their first experience. Several reported it was part of a plan to get a boyfriend or blamed it on peer pressure. Eleven or 12 years was the age of first coitus.
Drug and alcohol abuse usually began at age 11 or 12 with alcohol others got for her. Most were polysubstance abusers.
Before treatment, five reported drinking and using on a daily basis, some more than once a day. Three were previous treatment failures.
They became nervous and tense when worried and worried about family members and friends and their problems.

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Table 3 (Continued)

Themes
Best qualities adolescents reported were their loyalty to friends. Significant others saw them as compatible and outgoing.
Future plans were evenly divided between those who planned to finish high school and go to college and those who wanted a job and independence as soon as possible. Some talked about career plans that were unrealistic. Four were interested in developing relationships more than in either education or independence.
Two adolescents and five significant others reported that the adolescent had low self-esteem. The investigator observed a climate of rejection and emotional and/or psychological abandonment, episodes of throwing the child out of the home, and physical abuse in most of the homes. Two were adopted and felt that their parents' biological children were favored and treated differently.

n = 8 subject pairs

Table 4

Characteristics of Group III: Adolescents With No Identified Problem[a]

Themes
Multiple interests and activities, creative, athletic, and social- and family-oriented prevalent. Focus on achievement.
Seven enjoyed school and were very successful at school. All valued education, most thought college was just a normal part of life and expected, not optional.
English and writing were favorite subjects, math was more difficult. Five had never been in trouble at school for even minor infractions.

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Table 4 (Continued)

Themes
Responsibilities included self-care, keeping her room clean, and a few household chores. Some had many school-related responsibilities for extra curricular activities. Seven adolescents and eight significant others said succeeding at school was her most important responsibility. Almost all said they did not keep their room clean.
They usually met their parents' expectations and rarely had to be punished. Discipline consisted of talking and grounding. Adolescents felt they could argue and reason and negotiate, although several said it never changed their parents' minds.
Six adolescents and ten significant others said the adolescents were praised when they did well.
Arguing and reasoning were frequent responses to frustration, and six said they accepted the parents' decisions or accepted the situation.
Angry behavior included yelling and screaming, but six adolescents said they left the room and cried when angry. Several parents said their child never became angry.
Conflicts were most often over social activities and friends or boyfriends. Seven said they talked or negotiated to resolve the conflicts.
Independent decisions included bedtime, clothing purchases and styles, participating in activities. Significant others felt the adolescent usually made good decisions, and seven were unable to think of a bad decision.
Seven look up to family members and respect strength, non-conformity, achievement and experience. All said that the person's acceptance and concern for them are also valued.
Family members were most important, and four said friends were also. Only one said her boyfriend was, and most did not have steady boyfriends and tended to go places with their friends as a group.
Their best friends were girlfriends, and shared interests and opinions were important as were their friends' values and achievements.

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Table 4 (Continued)

Themes
They argued and disagreed with siblings frequently but love them, despite the fact that many saw them as pesky and a nuisance at times. Seven significant others said they were close to their siblings but only two agreed.
They get along well with friends and seldom have arguments or disagree. They want boyfriends who will be friends and share things with them. Only two reported a boyfriend who was jealous or resentful of others, and one had stopped dating the boy for that reason.
All said they got along well with adults outside the family, several better than they do with peers.
Three had cousins or other relatives whom they were close to, but most said they seldom saw and had little in common with relatives.
Only three were sexually active and they thought it was wrong and regretted becoming active. No parents thought their daughters were sexually active. Some adolescents said they had decided not to be, although most thought it would be o.k. in a long-term relationship.
Five occasionally used alcohol, and two reported drinking most weekends. None used drugs. Most parents knew their child drank sometimes, and some allowed her to drink a glass of wine or beer at home. Three said they had never been drunk or high, while seven significant others had never seen them drunk or high.
They became quiet or nervous when worried. One reported obsessive/compulsive list making and checking and anxiety attacks about meeting her responsibilities. Most worried about their friends and their problems, four about losing family members.
Best qualities were their affectionate nature and willingness to listen to friends, their compatible personality and their virtues, such as honesty and kindness to others.

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Table 4 (Continued)

Themes
Future plans were all of college and a career. Most were still not sure about their choice of a career, but wanted to be in a professional position. Getting to college and doing well there was their main goal. Several said relationships and getting married would be delayed while they lived as an independent single woman. Children would come later.
Seven reported that they liked themselves. One who was exceptional academically said she was overrated and nothing special, and one reported low self-esteem.
Most came from nuclear families with both parents present and siblings in the home. Homes were mostly middle class in white neighborhoods. Many of their significant others had college credits or degrees. Achievement was the value talked about most often by both the adolescent and the significant other.

n = 10

Excerpts from Interview Data

Group I - "School means to me that an education in life is important right now in order to get a job." Field notes: "Mom is disappointed about the pregnancy, but accepts it . . . seems more interested in clothes, furniture, etc., than (her daughter) who is interested in the boyfriend still. Mom doesn't even want to meet him!"

Group II - (School is) "Pretty good, I was failing last year but I've been working and I've gotten my grades up and I'm going to be a senior next year." (In the next few years) "Well, go to college or if I can't go to college go to trade school and be a nurse."

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Group III - "I guess when I get to (college) I'm going to study animal science. I kinda have a feeling that that might change because . . . I don't know if I can handle it. You kind of have to do everything when you are a vet. You can't be afraid."

Group I - "Well, I think my responsibility is to keep the house clean . . . Well, besides that I help her keep my little sisters."

Group II - (Responsibilities) "Nothing, not really . . . No, my Mom would yell at me and tell me to do stuff, but I wouldn't do it. She'd just yell and I'd just leave. I just wasn't ever home . . . They'd tell me to do chore here . . . but I didn't know how to do anything!" Field notes: Dark-haired, pretty girl, pleasant, and eager to talk. Related a long list of problems and "bad" behavior. Seemed somewhat remorseful, but obviously blames her mother and stepfather for her behavior and drug abuse. Her interests remain rather limited, to boys and being free of parents, and her ambitions and hopes seem rather optimistic in view of her history.

Group III - "I guess around the house I have to help my mom a lot. Just keep the house picked up. Keep my room clean. It's usually not clean but that's one of my responsibilities. It doesn't always get taken care of. I take my brother to and from school. I pick him up every day from football practice. I go out and feed the horses sometimes." (Was also on the high school swim team,

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director of a school play, editor for a literary magazine and sewed costumes for school plays.)

Group I - (Discipline) "I don't basically do a lot of things that I know she wouldn't expect from me and stuff." (Has never been restricted or punished since a small child. Mom agreed.)

Group II - "See I told you I want you to talk to my aunt. I don't want you to talk to my mother. She threw me out of the house . . . They didn't (discipline her). I did what I wanted. I mean, they'd yell at me and if my daddy got really mad, he'd hit me sometimes. But that was my fault, I provoked him. I was mean and hateful and I deserved it."

Group III - (Discipline) "Not, [sic] I don't think I've . . . they never used to spank very much. And I've never been grounded . . . Mom and I can usually settle our differences, you know, without . . . She usually wins the argument. Then it's o.k. They don't, I guess, discipline us, they don't discipline very much. We don't really have that many problems." Field notes: She obviously resents the frequent moves required in the Air Force, although she is not overtly angry or bitter. She just accepts that that is how her parents choose to live, that they have limited options at this point in their lives and is determined that she will not live that way, once she leaves home.

Group I - (Frustration) "Well, I just let it go. Just let it go till the next time." (Anger) "Well, I take the point myself that I guess there's a reason why she wouldn't

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let me do something. There must be a reason why she told me I couldn't do it, so. Assuming that much, that I can say that I get mad about. I guess I feel that she know [sic] why. That she [sic] not going to let me do it."

Group II - (Anger) "I'd go and tear things up, tear up my room, I'd tear up my brothers' room, because I don't want my stuff and their stuff mixed up. I trashed everything!"

Group III - (Frustration) "Mopey, I whine, or I ask why . . . Usually we kind of compromise . . . We usually like, we just argue and then we usually settle our differences." (Anger) "I don't get angry very much . . . I get, the person I get mad at most is my brother. And it's usually because I take all my frustrations out on him if he doesn't pick up his clothes or, he likes to irritate me. It's mainly back and forth, just little arguments. But I think I yell and scream."

Group I - (Curfew) "No. She don't. She never gave me a curfew, but she just tell me to come in at a reasonable time. And I believe right now I say as I'm growing up as a teenager now. Right now as a 16-year-old. I believe that I, a female, should be in no later than, I say between 12 or 12:30. I take it upon myself to come home at a reasonable time."

Group II - (Decisions) "I decide practically everything. I decided what I was going to wear and where I was going to go."

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Group III - (Curfew) "No, I don't. My mom, [sic] not a set curfew. But when I go out she says, 'You have to be home at 10:30' or '(subject's name), be home by 11' or, it's not always the same each time . . . I have to call my mom. If I tell her we're going to the bowling alley and I'll be home at 10 and we decide to go to McDonald's, I have to call her from the bowling alley and say, 'Mom, we're going to McDonald's. I'll be home at 10:30.'"

Group I - (Looks up to mother) "I look up to her because of the way I have turned out with my life. Well I look up to my brother since he's older than me. We're close, we're very close."

Group II - (Important people) "My aunt . . . No, she is 28, she's the baby of the family. She understands, remembers how it was to be like me. She went through some of the same things that I have."

Group III - (Look up to) "I look up to my mom and dad a lot. I think I have a lot of their same beliefs and standards to live by. Somebody out of the family would be a good friend of ours, ___. She lives in ____, and she's like, when my dad was on remote, she was like my second mom. She sewed my prom dress. She's on her way to Norfolk, Virginia. She got a 3-year scholarship, a $50,000 scholarship for law school and she also gets a year in Cambridge. She's just a really neat lady. She's into bird watching."

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Audit Results

The data were audited by three independent auditors, as described in Chapter III. There was very little (less than 1%) disagreement with the investigator's coding and identification of themes in the data. Omissions were noted in three cases, and the coding manuals were revised to include these data, which were subsequently eliminated since there were less than three other subjects reporting the same theme.

Summary

Data were transcribed onto floppy computer disks and transcripts were reviewed from three to six times by the investigator to verify their accuracy and code the data. Coding manuals for the adolescent, the significant other and field notes were compiled and data for each subject were coded individually. Auditors received uncoded and coded transcripts and the coding manuals for review and concurred with the investigator's judgement. Data were compiled into tables of frequencies for individual subjects and for groups. The percentage of agreement between adolescent themes and significant other themes were calculated. Themes and patterns of behavior identified which are distinct for the three study groups were listed in Table 2. Finally excerpts which are typical of the data from the interviews with adolescents and from field notes are included.

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CHAPTER V

Results

Introduction

Twenty-six adolescent females between the ages of 16 and 18 years and a person they identified as knowing them best discussed their feelings, behavior, habits, and attitudes with the investigator, who also made field notes after the interviews. Field notes documented the setting, family characteristics and dynamics, the tone of the interview, and the investigator's impressions and thoughts about the adolescent and her family. Three study groups were included: Group I, Pregnant Adolescents; Group II, Chemically Dependent Adolescents; and Group III, Adolescents with No Identified Problem. Transcripts of the tape recorded interviews and the field notes were analyzed for themes and patterns and coded for tabulation. Frequencies of the themes and patterns across and within subject groups suggested distinct behavioral characteristics for the study groups. These findings, conclusions and recommendations, and suggestions for future study are included.

Findings

General Findings

Demographic Data. There were characteristics and behaviors that appear to exist in all three study groups.

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Demographic characteristics were similar. Although Group III, Adolescents with No Identified Problem, appeared to have a higher socioeconomic status and significant others with higher levels of education, no significant differences were found using a non-parametric chi-square test. A summary of the characteristics of the subjects is found in Tables 5 and 6. Other characteristics observed were documented in the investigator's field notes, including that most had middle class homes, racial mix was about half Caucasian and half black, with more Caucasians in Group III than in the other two groups. Family structure was non-significant when the three study groups were compared. Most significant others were mothers, and only one was the friend of an adolescent and not an adult.

Table 5

Summary of Adolescent Demographic Characteristics[a]

Characteristic	Frequency
Age	
16 years	16
17 years	6
18 years	4
Marital status	
Married	2
Single	24
Parents living	
yes	23
no	3
Lives with:	
Mom/Stepmom	21
Dad/Stepdad	14
Relatives	1
Guardian	1
Husband	2

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Table 5 (Continued)

Characteristic	Frequency
Grade in School	
Appropriate for age (10-12/GED)	18
Below grade for age (<10)	7
Above grade for age	1

n = 26

Table 6

Summary of Significant Other Demographic Characteristics[a]

Characteristic	Frequency
Age: 14-20 years	1
21-30 years	3
31-40 years	10
41-50 years	7
51-60 years	5
Marital status	
married/remarried	17
divorced	6
widowed/deceased	3
Significant other's occupation	
Professional/management	10
Technical/labor	17
Unemployed/retired	2
No response/not applicable	0
Other parent/spouse's occupation	
Professional/management	9
Technical/labor	9
Unemployed/retired	3
No response/not applicable	5
Children at home	
0-3	20
3 or more	3

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Table 6 (Continued)

Characteristic	Frequency
Children older than the adolescent	
0	16
1-4	5
Children younger than the adolescent	
0	9
1-4	15

n = 26

Adolescent Findings

Adolescents in all three groups expressed an interest in or concern with developing relationships with others. As Gilligan (1982), Belenky et al. (1986), and others have observed, females are concerned with the development of intimacy. However, whether this was an interest or the primary concern of the adolescent seemed to vary from group to group. Sexuality was both a concern and an issue for these girls. About half are sexually active, and most who are have been since their early teens. Most seemed to be honest and not embarrassed about this issue, but most had either actively decided not to be active or became active without really making a decision. This concurs with literature (Flick, 1986) that suggests that adolescents need to learn about both physiology and decision-making related to sexual issues. Even among those girls who acknowledged their understanding of contraception and risk taking, the denial and the "it will never happen to me" fable (Elkind,

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1967) seemed to dominate. Few who were sexually active seemed to think anything more than using a condom was necessary. Whether sexual activity is at all related to the development of intimacy on any level is debatable, as many sexually active girls said that when it "just happened," peer pressure played a big part. Most said they had regrets, and a few were still having a relationship with the same boy. If most of the adolescent females are not sexually active, they all seemed to believe that others are. Only one or two said it was just talk.

There were also 11 who were interested or active in sports and athletics. Probably this coincides with Erikson's (1968) concept of fidelity. Seven spoke of the "heroes" Erikson thought often provided adolescents with role models and guided their behaviors. Parents were frequently mentioned as respected, but this seemed to be a global, "because I ought to" or "honor your father and mother" kind of respect. Five talked about the qualities and behaviors they really valued in someone else, usually an adult friend of the family. Only two said they really wanted to be like their parents.

Their ability to sustain and nurture relationships was variable, and their willingness to test relationships with friends by disagreeing was rare. Best friends were almost universally other adolescent females. Important people were usually their families, sometimes their friends, and occasionally their boyfriends. Eighteen said they got along with friends, and talked about what friendship meant, and

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the similarity of interests and ideas was most often the basis for friendship. Support and understanding were most commonly given as the quality valued in the important people in their lives.

Relationships with siblings were stormy and adversarial. Nine talked with caring and concern about those siblings whom they considered to be pesky and annoying, and felt guilty about how they behaved toward them at times. Their relationships with other relatives were either not very close or occasional and casual, except for eight who said they were important and close. Six talked about a group of friends who participated in an activity such as band or danceline, or a group such as a church or community organization. Eighteen had only one or two really good girl friends they felt comfortable with.

Trying on a number of behaviors and roles, (Erikson, 1965), and thinking of oneself as an actor (Elkind, 1967) seemed present as they talked about their experimentation with drugs and alcohol, their participation in extracurricular activities, learning to drive, testing their parents' curfew or spending their money, and their plans for the future. Thirteen said they realized that everything was still very much up in the air and unsure, while 11 said they were sure, but 10 had plans which seemed very unrealistic or out of character to their significant other and/or the investigator. It seemed that, as Baker (1982) suggested, discussing the idea of a behavior or goal with others in their peer group or their family is in itself typical of

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moratorium, and perhaps adolescents never act out those ideas that others disapprove of or deride.

In all three groups education was at least acknowledged as important. The reason given for its importance varied as did the explanation for their success or failure at school.

An almost universal characteristic was asserting oneself by having a messy room. Parents fussed but usually without expecting a change in their behavior. Teenagers ignored them and almost reveled in their mess. The popular psychology solution of its being their room to keep as they like seemed to be the rule and the child expected and required to keep her personal space neat and clean was the exception. Restrictions were given as the most common form of punishment for rule infractions. These were reserved for more serious offenses such as bad grades, drinking, ignoring or violating curfews, or breaking house rules.

Only three were able to give examples of independent decisions they made without a great deal of probing. They seemed not to think of the choices they made as decisions, or even to use a conscious process of deciding, in most cases. It was the rare adolescent who told the investigator about thinking about her options, choosing one to which others might object, and defending her decision. Independence was valued by many, but independent actions cited were few. Some felt they should be more independent and were not allowed to try, others felt that their independent decisions had been so disastrous they never should have attempted to make them. They said that they had

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to live with their poor choices, but none seemed to consider that learning how to decide was a skill. For example, if one picked out something to wear that did not fit or turned out not as well as one thought, she just hung it in the back of the closet and tried to ignore what her mother said about it. Those less affluent adolescents seemed to make fewer choices, rather than to be able to make wiser ones.

Use of alcohol, occasionally or regularly, was common. Few admitted to using drugs except in Group II. Drinking was said to be something everyone did, with few exceptions.

Although most of the adolescents claimed to like themselves, few could name anything they were proud of about themselves, and had few "best qualities" to list. Being a good friend or able to get along with others were the most common responses.

Significant Other Findings

The girls' significant others usually named one or two personality traits the girl had that were pleasant or valued. Most emphasized school as a family value and had definite expectations as far as household chores were concerned. Twenty-three of 26 said that the adolescent was restricted from going out with friends, using the telephone and visiting friends if she failed to meet their expectations or had to be disciplined. Fourteen also said they rarely had to discipline the girls.

Fifteen said that temper outbursts, tantrums and verbal abuse were common when the adolescent was angry or frustrated and that she rarely apologized for her behavior.

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Twenty-one said they praised her frequently, and that she accepted this praise. Conflicts were most often generated by the adolescent's social plans or chores that were not done.

Significant others also had trouble defining what decisions the adolescent was permitted to make independently. It was as if they had not really thought of the choices the girls made as decisions. They usually could quickly respond as to whether she made good or poor decisions, but trying to give an example of a poor decision was difficult for most of the significant others. Some said things like bedtime and study time were automatic. However, those who reported that the adolescent made poor decisions usually could think of examples without any difficulty.

Significant others tended to think that they and their spouse or the adolescent's grandparents were her role models. Only a few could name anyone else that was important to the girl. They could name some of the adolescent's friends and sometimes knew them. They usually said that the adolescent got along well with almost everyone, unless there had been specific instances where she had not. They accepted the discord between the adolescent and her siblings as a normal part of growing up and 11 said the adolescent was close to her siblings. Five of the same adolescents said they did not feel close at all.

An area of greater conflict than relationships was that of sexuality. Seventeen parents expressed frustration and helplessness about their adolescent's sexual activities.

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Nine did not think their child was sexually active and some even said she had had no opportunity to become sexually active! Three had struggled with the issue of allowing her to get some form of birth control because they thought she might be sexually active. This was the one area where most parents seemed to feel at a great disadvantage. They had difficulty communicating and talking to their adolescent about sexuality, and they doubted their ability to guide her or felt they had no opportunity to do this.

Drug and alcohol use was another topic about which significant others and adolescents differed. Three thought they knew their child used drugs and alcohol, while the child denied it. Seven thought their child had never had an opportunity to drink or use drugs.

Significant other's concerns were almost universally about their child's future and her ability to function independently. They often repeated what the adolescent had told the investigator about her plans, and sometimes said that they thought the adolescent's plans were unrealistic. Their hopes and dreams for the adolescent were more often related to her happiness and satisfaction with herself than were the adolescent's description of hopes and dreams. Fifteen expressed affection, pride and caring when talking about her and remained optimistic about her potential, regardless of her present circumstances.

Field Notes Findings

One interesting observation was that the adolescents usually wore nicer and more expensive clothes than did their

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significant others. In general, the adolescents were open and comfortable, while the significant others tended to be less open but relaxed and comfortable with the interviewer. Most families tried to "put their best foot forward" and minimized problems and difficulties the adolescent or the family were experiencing or had experienced. The adolescents were much less concerned about communication than the significant others, but there were many areas the investigator observed where there was obviously poor communication and a great deal of misunderstanding. Significant others did not seem to know their adolescents nearly as well as they thought they did, and adolescents thought their significant others expected a lot more of them than the significant other indicated. Other observations seemed to highlight differences in the study groups, rather than similarities.

Group Findings

Group I: Pregnant Adolescents. Adolescents in Group I had distinctive characteristics which were not reported by the other two study groups. They differed less drastically, though, from Group III, Adolescents with No Identified Problem, than from Group II, Chemically Dependent Adolescents. These were the proverbial "good girls," who spent most of their lives trying to please others, and their families in particular. They had responsibilities beyond what is usually expected of teenagers today, and had often been fulfilling those responsibilities since they were 10 to 12 years of age. Their family was generally a close,

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loving, touching, caring type of family. People and relationships were valued by all, and the adolescent female was no exception. Her attitude seemed to be that since she had been assuming adult roles for years, she thought of herself as an adult, and being sexually active was both part of her focus on other people and relationships and part of being an adult. Motherhood as the equivalent of adulthood was something she and her significant other verbalized not once, but several times during each interview. Certainly many adolescents and almost all significant others expressed some regret about her youth and the extra responsibilities the infant's birth would bring. However, the adolescent minimized the problems and focused on the new status and her capabilities. This is consistent with Speraw's (1987), Brown's (1990), and Theriot et al.'s (1991) findings. Most of the mothers interviewed in Group I (and all were mothers) seemed to take a very authoritarian approach to parenting and the adolescent appeared to comply.

Miscommunication was apparent in this group. The mother thought she praised and hugged her daughter often. The daughter said the mom told her when she was pleased, but painted a picture of a very demanding and critical parent who was rarely pleased or satisfied with her daughter. While telling the investigator that the daughter routinely fulfilled her mother's expectations and rarely had to be disciplined, the complaint many times was that she got lazy sometimes and did not do everything. The investigator's impression was that the mother did not recognize either the

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unrealistic nature of her expectations or her own critical approach to her daughter.

Another area of miscommunication was about the anticipated infant's father. The adolescents' mothers very often had not met the boy and some said they did not want to know him. Their daughters said the boys were important to them and were close, and they planned to continue their relationship with the boys, in most cases. The daughters, however, tolerated the mothers' sanctions, which usually meant they could not see or be alone with the boy. Three could not even talk to him on the phone. It was as if they were being punished for getting pregnant by not being allowed to see their boyfriend or share the pregnancy and baby with him. Since the parent was always in control, this discipline was accepted with very little questioning, at least on the surface.

Open confrontation was not the style these girls used. They reported that they never disagreed with their friends and several said they never got angry. Some mothers concurred and reported that temper outbursts or yelling and acting out of anger would never be tolerated in their home. Therefore, the adolescent's sexual activity came as a complete surprise to seven of the eight mothers. They said again and again that this daughter was the last person they expected to become pregnant and that they could not imagine how it could have happened. Their controls had failed, obviously, but their response was to increase their

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controls, not to rework their relationship with the adolescent.

Three of the eight mothers interviewed had also been married or were pregnant early in their adolescent years. The adolescents said that family members were most important to them, and what they most often admired was that the person overcame adversity or demonstrated strength and had experience in living. Their best friends were one or two girl friends, and some included their boyfriends. All said that the family members' and friends' support and understanding were what was valuable about them. So the role models and examples these girls saw or chose were people who had often had to overcome difficulties such as teenage pregnancy or early marriage and had grown stronger as a result, and were able to share their experience and give the adolescent support and understanding. Achievement was not mentioned except as a way to support the expected child. The adolescents reported that relationships and caring were important to them. But there were not an extensive number of well-developed, tested and tried friendships the adolescent talked about. As was found in the pilot study of pregnant adolescents, most were socially isolated and that isolation had deepened with the pregnancy. Younger brothers and sisters the adolescent cares for are hardly able to discuss decision-making about sexuality and relationships with the adolescent. The mother was quite demanding and critical and not very approachable, in most

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cases, or the adolescent felt uncomfortable about talking to her, as Brown (1990) also found.

Group I adolescents also were generally withdrawn and quiet at home, and five reported being very anxious and fearful before the pregnancy. Their enforced dependency on the family once the pregnancy was discovered seemed to make them more shy and withdrawn and more fearful about what the future might hold for them and their babies. Four spoke wistfully about the things they had given up for the baby, but none said, "I am going to play basketball," or take drama or do whatever they had had to stop doing during the pregnancy, after the baby's birth. None seemed to feel that they could ask to be treated as a normal teenager again or even to participate in activities other girls routinely participated in. They did not even talk about the possibility of finding a sitter or exchanging child care for the work they knew how to do so well. They accepted their dead-end status much as they accepted their parent's restrictions and demands, without question. However, one wonders if they would not be as successful in circumventing these conditions as they were in establishing a relationship with their boyfriend, if they decided to do so. But since all but two denied planning to get pregnant, they probably could not admit that they were being defiant openly and risk losing their parents' approval and acceptance again.

The conflict between their current status and their almost universally expressed desire to gain full adult status by being "on her own," or independent, and which

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parents also saw as an important goal, made the investigator feel that the family was only giving lip service to this goal they thought they should have. Since the families were very dependent people, as a whole, they wanted the closeness and control gained by keeping the adolescent at home and not able to make her own choices and decisions, even about how to spend her own time or care for her infant.

The two married adolescents who seemed to have traded their dependency on their families for dependency on their husbands were still very anxious and afraid they would not be able to fulfill their roles as wife and mother. They expressed feelings of inadequacy and regret. They definitely felt trapped to some degree and unable to control what happened next.

Group II: Chemically Dependent Adolescents. In sharp contrast to the Group I girls, Group II girls seemed to fit Erikson's conception of choosing a negative identity. What they described was choosing to rebel rather than to select a meaningful existence. However, the themes of anger, alienation, control, and defiance described by Erikson (1968) were very much present, as they were in Downs and Rose's (1991) treatment sample.

These adolescents hated school and four of the eight had stopped attending or been suspended or expelled. Five had been arrested and were sent to treatment centers by the juvenile authorities. They spoke with obvious pride about ignoring their significant others and doing as they pleased, about using others to get what they wanted, and about how

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uncontrollable they were. Two themes emerged in their planning for the future: either they planned on an academic career and had professional goals (which were often hard to imagine, given their past academic performance), or their main objective was to get out of their family's home and be on their own, with no one to answer to. But half of the girls were more interested in sustaining relationships with boyfriends than with much of anything else. Whether the boys felt the same way was debatable, as was pointed out by a friend of one adolescent, whom the adolescent identified as the person who knew her best, but who had actually known her less than 1 year. She reported that the adolescent had fantasies about boys, but that the boys the friend knew did not seem to feel the same way. Another's mother observed that her daughter only selected abusive men to be with, and that she made more of these relationships than the men did. Having an abusive, stormy relationship with their boyfriends was very typical for Group II adolescents.

Their significant others agreed with the adolescent's description of her behavior, and most acknowledged that they could not make the adolescent do much of anything. They also confirmed that the girl hated her siblings in many instances, and would probably harm younger siblings if left alone with them for any length of time. She was expected to do very little at home and seldom did what she was asked to do. The biggest theme significant others had was helplessness and hopelessness in the face of the adolescent's continuing defiance and acting out behavior.

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Most said this pattern of defiance and drug and/or alcohol abuse had begun in late childhood, at 11 or 12 years of age. Several described an asocial person who was charming, manipulative, and had no scruples about using others. Several thought the girl's plans for the future were either bizarre or unlikely in view of her past behavior or ability.

What emerged from the interviews and field notes that was part of the conceptual framework or theorists' conceptualizations was the climate of family violence, neglect, and abuse that was common fare. Family theorists (Minuchen, 1974) have, of course, documented the effects of family dysfunction on children. And the literature related to family violence and its long term effects is extensive (Burgess et al., 1987; Dembo et al., 1987; Jurich, et al., 1985; Vicary & Lerner, 1986). These girls were out of control, but the parents had modeled anger, resentment, physical and emotional abuse, drug and alcohol abuse, defying authority, and had ignored the child's needs in many instances. In two of the homes, the girls were adopted, and both felt that they had been rejected not only by their biological parents, but also by their adoptive parents, and that no one really wanted them. Another described abuse beginning in early childhood that culminated in her being charged by juvenile authorities and sent to treatment. However, the father, who had been constantly abusive and neglectful continued to live at home and exert power with episodes of illness, so that she was terrified that she would lose him and blamed herself and her acting-out

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behavior. A stepmother said she had lived with the adolescent since she was a toddler, but took no responsibility at all for her behavior because her husband did not want her to discipline the child. A third described years of drug and alcohol abuse, family violence and neglect, that did not stop when her daughter had to be hospitalized for compulsive overeating at age 10, but continued until 1 year before her daughter was put into treatment, for the second time, for drug and alcohol abuse. A couple talked at length about their faith and how their wayward daughter was changing because of their faith, but failed to mention that they had also been both chemically dependent and physically abusive toward the child before they "got religion" and that the family violence had not stopped even then.

The very lack of insight, despite the fact that the child was in treatment at the time of the interviews and obviously had problems, was appalling. Only one or two expressed guilt about their role in the child's development, and the attitude conveyed was "Gee, I'm sorry, but there is nothing I can do about it now. She'll just have to accept that that's the way it is." None said they realized their daughter was angry and resentful because they had ignored or abused her for years. They took refuge by blaming the drugs and alcohol for her out-of-control and defiant behavior. Or they blamed the people who had introduced or supplied her with the drugs and alcohol. They did not seem to be asking themselves, "What was it about our family that made ____

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think she needed drugs or alcohol to function?" They did not seem to understand that she had chosen what Erikson (1968) would have called a negative identity because their rejection had left her with no identity at all. Although some had attempted suicide, the significant others did not talk about her depression or being afraid they might lose her in another suicide attempt. They saw this as one more way the adolescent had misbehaved or gotten the family into trouble with her acting-out.

Certainly the adolescent's friends were important to her, and most were substance abusers themselves. She had found a counter culture to identify with that was the antithesis of the values her parents said they espoused. But her emotionally and psychologically damaged state probably effectively prevented her from forming any relationships that were healthy and mutually beneficial. If she chose an abusive boyfriend, who frequently ignored her, this was often what the male role model in her life had done, therefore probably what she thought men were supposed to do and be. And if she thought the way to get a boy to like her was to do drugs with him or have sex with his friends to make him jealous, those manipulative behaviors were necessary for survival in her dysfunctional family. Her feelings of low self-esteem and worthlessness had been reinforced for years. Five of eight adolescents reported incidents of family violence. When they were asked what their response to the physical and emotional abuse was, they said they "deserved it" because they were "so bad." The

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theme of being irredeemable was sometimes unspoken but at least implied in both adolescents and significant others interviewed in Group II. The bewildered surprise of the significant others in Group I was in sharp contrast to the helpless resignation and anticipation of the next episode of misbehavior expressed by Group II significant others.

Group III: Adolescents with No Identified Problem. The 10 adolescents in Group III reported behaviors, habits, feelings, and attitudes quite different from either Group I or Group II. The main theme expressed by the adolescents and by their significant others was that of achievement. Four of 10 were honor students and 7 said they really enjoyed school. Others were average students, but still expected to go to college as a normal part of growing up. They expected to have careers, and some said they wanted to be independent and stay single for some time before they got married and had children. They also saw motherhood as adulthood, but had no desire to assume those responsibilities until they had reached their full potential as individuals. The desire to achieve instant adulthood was absent in Group III.

Both school-oriented and relationship-oriented activities were reported in Group III, and eight named several interests and hobbies. Five participated in extra curricular activities at school that took a great deal of their time and energy, such as debate, swimming, and danceline. Again, the focus was on achievement and excellence. Several said they were over-committed, and

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never had enough time, worried about not meeting deadlines, or not doing something perfectly. They displayed a good deal of anxiety and one described obsessive compulsive checking and re-checking on a frequent basis. They believed that their parents expected academic success and achievement and that failing to clean one's room was a much less serious shortcoming than a grade of F on a test.

The Group III adolescents were making decisions about how their time should be spent, what activities they chose, and what college they would attend. Friends and being with friends was important, but only two had a steady boyfriend. Four seldom dated, and were more likely to go out with a group of girls and boys than on a date. They all had dated and 3 of the 10 said they were sexually active. Some had made a decision not to be sexually active but others said they would consider it in a long-term relationship. The process of making a decision about sexual activity was a theme, and it seemed to be a rational process, rather than a form of manipulation or an impulse. Of course, some of these girls said they had not cared about anyone enough to be impulsive, so one might suppose that their actual behavior may be different when they do care about a boy. Those three who had been sexually active expressed regret and wished that they had waited. None were still with the boy with whom they had first coitus.

In the area of drug and alcohol use, these adolescents had also made decisions that were different from Groups I and Group II. About half occasionally drank alcohol, and

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two said they drank most weekends. All said they never had and never would use drugs, although two adolescents later admitted to experimenting with marijuana. Most significant others thought that their child drank sometimes, and two had allowed them to have a glass of wine or a beer at home. Three adolescents said they had never been drunk or high, and seven significant others had never seen them drunk or high. There was less misperception about the adolescent's use of drugs and alcohol in this group than in Group I or Group II.

Finally, Group III adolescents chose their clothing, hair styles, decided about bedtime and negotiated a curfew, which they usually kept. Their significant others almost without exception thought that the adolescents made good decisions, on the whole, and said they let the adolescent suffer natural consequences for bad decisions. Adolescents agreed, but thought that the significant other was fairly critical and verbal about their bad decisions.

The adolescents spoke with affection but exasperation about their significant others and siblings. They did not believe that their parents or guardians were always right, unlike adolescents in Group I, and spoke openly about their differences, their significant others' mistakes and misperceptions, unfair rules, and even dishonesty. But the theme of mutual love and concern was equally strong. Some were very verbal and verbally abusive in their protests at times, according to both the significant others and the adolescents. But in contrast to Group II, they did not

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reject their significant others or the values and beliefs that were important in their families. Most were oppositional and defiant, but only temporarily, and several adolescents said, as was confirmed by their significant others, that they seldom or rarely had been disciplined at all since childhood. Conflicts with significant others were usually concerning privileges or plans with friends. They were very likely to sit down with their significant others and talk until they reached a compromise. For this reason, they could usually resolve conflicts, and, although some did report that their significant other's decisions were final, they felt that the parent or guardian at least listened to what they had to say.

According to both the adolescent and her significant other, the Group III adolescents got along with everyone, except for minor but frequent disagreements with their siblings. Seven considered the siblings to be pesky and sometimes embarrassing, but most also said several loving and positive things about their siblings, and three spent quite a bit of time talking about them. One spoke at length about how difficult it must be for her brother to have to live "in my shadow," since she was such an exceptional student. Another talked about how she took out all her frustrations on her younger brother and felt badly about that. None said that they hated their siblings, or wished they had not been born. Significant others had a pretty accurate picture of the adolescents' relationships with

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their siblings, and most echoed what the adolescent had said.

Adolescents and their significant others agreed that they usually got along with family members and adults outside the family. Although some adolescents tried to disappear when some of the adults came around, their significant others knew this. Three had no close relatives outside the immediate family. Other significant others said the adolescent actually got along better with, and felt closer to, adults than to her peers.

Some of these same significant others reported that the adolescent had important relationships with adult friends of the family. Most of the role models Group III adolescents spoke about were adults who were either relatives not in the immediate family (such as an uncle or grandmother) or family friends or teachers, ministers, and others who could be called "caring adults." These role models exemplified Erikson's (1968) ideas about adolescents choosing heroes to emulate, and the qualities admired were non-conformity, achievement and independence. Other adolescents seemed to have less distinctive role models, and tended to echo Group I's sentiments that they respected and admired their parents. For some of these it seemed that they respected their parents because they thought they should. Others were able to name specific qualities and experience they admired. A third group respected peers, often those who were a year or two older, or older siblings, usually because they had achieved goals the adolescent aspired to achieve or because

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the peer or sibling had taken a special interest in the adolescent and tried to help them. All said that the important people in their lives were valued because of the acceptance and concern they had for the adolescent.

Their relationships with friends and boyfriends were positive on the whole. Two said their boyfriends were jealous, and one of these said she had stopped dating the boy because of his possessive behavior. Three said they disagreed with their friends, but were able to resolve such conflicts. This was confirmed by their significant others. Three seldom or never had conflicts with their friends and boyfriends. In fact, two said they never got angry. Their significant others recognized this and said they knew it was not normal, but did not know what to do about it.

These adolescents usually had no difficulty enumerating their best qualities, which often were that they were compatible and friendly, and virtues, such as honesty, loyalty, and a sense of responsibility. They usually reported feeling good about themselves, although one said she was overrated and nothing special and another said she had low self-esteem. Their significant others were perceptive about their feelings about themselves and agreed in most instances.

In contrast to Group II adolescents, most came from nuclear family homes, and felt close to and loved by their families. One child lived in a group home because one of her parents was dead and the other was not willing to care for her. However, her relationship with her guardian and

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with an older sister was strong, affectionate, and positive. Another lived with her grandparents by choice, but reported no estrangement or resentment with her parents, and thought she probably would return home at the end of the school year. Another reported that her father was deceased, but her mother and she agreed that there were several male and female adult family members close by that loved and cared for her. None spoke about family violence, neglect, or abuse. None had responsibilities that were uncommon for adolescents their age. Almost all said their primary responsibility was to do well at school. Success and hopes for future achievement permeated the interviews with the adolescents and their significant others in Group III.

Since subjects for Group III were volunteers from high school physical education classes, the proportion of those who are participators and achievers may be over-represented in this group. If it had been possible to randomly select subjects with no identified problem, some group characteristics might have been less identifiable.

Conclusions and Discussion

Since Oldaker's (1985) proposal of Adolescent Identity Confusion, with the subgroups of adolescents with a Problem with Intimacy and Choice of a Negative Identity, the North American Nursing Diagnosis Association has accepted the diagnosis, 7.1.3 Personal Identity Disturbance, under Pattern 7: Perceiving. Table 7 summarizes the characteristics of adolescents in Group I and Group II which the investigator suggests may indicate a Personal Identity

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Disturbance of one of two subgroups. While Group II characteristics certainly suggest that the adolescent has chosen a negative identity, it did not seem that the issue with adolescents in Group I was that of intimacy. Rather, the data analysis suggests that Group I may have a problem with what Marcia (1980) termed Identity Foreclosure, wholesale acceptance of parental values, to the extent that they chose instant adulthood through motherhood, rather than to have to negotiate the risk of learning for themselves through trial and error who they are and what they want. To their way of thinking, becoming a mother at 15 or 16 years of age means one is an adult and will be treated as an adult. And since most have been expected to act as if they were adults, with adult responsibilities, they see no reason why they need to test parental values and look for answers their parents have already given them. Certainly some of this attitude was present in some Group III adolescents, but to a lesser degree. And no Group III adolescent had chosen a path that would effectively stop her from having to examine her family's values and beliefs. So the suggested subdiagnoses are 7.1.3.1 Personal Identity Disturbance, Female Adolescent Identity Foreclosure, and 7.1.3.2 Personal Identity Disturbance, Female Adolescent Negative Identity. The investigator proposes Table 7 as a tentative list of defining characteristics suitable for testing and validation with other samples of adolescent females.

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Table 7

Characteristics of Personal Identity Disturbance

I. (7.1.3.1) Adolescent Female Identity Foreclosure[a]

Characteristics Seen in Group I: Pregnant Females, 16 to 18 Years of Age

Relationship focused interests

Adult responsibilities at an early age

Dominant parent, extremely compliant child, parental approval extremely important to adolescent

Impaired communication with significant other, significant other has unrealistic expectations for adolescent, is often critical

Socially isolated or superficial peer relationships

Rarely admits or expresses anger and frustration, seldom disagrees and may never argue with significant others

Anxious, worries about losing significant others

Sees education as necessary for economic security

Sees motherhood as the equivalent of instant adulthood and children as impediments to individual fulfillment

For the future wants a monogamous relationship with a man, independence from parents/guardians, economic security for her child

Sexually active because it "just happened." Pregnancy usually unplanned but welcomed

Little or no freedom to chose, make decisions or control life circumstances. Limited options for the future

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Table 7 (Continued)

II. (7.1.3.2) Adolescent Female Negative Identity[b]

Characteristics Seen in Group II: Chemically Dependent Females, 16 to 18 Years of Age

Few interests and hobbies, going out with friends is most important activity

Hates/drops out of school, frequently in trouble at school

Family violence, adolescent rejected and/or neglected or abandoned

Significant others blame drugs or alcohol or friends, either do not discipline or call police, beat or throw out of the house

Angry, destructive, aggressive, frequently arrested or has legal charges pending, defiant, oppositional

Expressions of remorse incongruent with facial expressions, feels strong and powerful and able to control and delude others

Constant conflicts with significant others, fights with friends/boyfriends, hates siblings and fights with them constantly

Few or no responsibilities, seldom meets expectations of significant others, hard to find praiseworthy actions or behavior

Begins sexual activity and drug use 11-13 years, often simultaneously, sex as a way to attract boys or to get drugs

Daily or regular use of drugs or alcohol, high tolerance level, conceals use from significant other

Friends/boyfriends are users, as important or more important to the adolescent as family members, boyfriends are often abusive

Manipulative with family and friends, charming and outgoing, claims to be loyal but drops friends if they oppose her

Freedom main goal for the future, career goals often unrealistic based on past performance

[a]*n* = 8, [b]*n* = 8

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Summary

Twenty-six adolescent females from 16 to 18 years of age and someone they said knew them best were interviewed about the adolescent's habits, behavior, feelings and attitudes about themselves. Field notes were used to record the investigator's observations about the subjects, their home environment, family characteristics and family dynamics. In addition, demographic data about the subjects were collected and compared for the three study groups, Group I, Pregnant Adolescents, Group II, Chemically Dependent Adolescents, and Group III, Adolescents with No Identified Problem.

After content analysis, coding, and tabulation of the data, frequencies of characteristics of the subjects were summarized and compared to the theoretical framework for congruency. It is suggested that the nursing diagnosis Personal Identity Disturbance accepted by NANDA be amended to include two subdiagnoses, Adolescent Female Identity Foreclosure, and Adolescent Female Negative Identity, and that the lists of characteristics found in Table 7 be considered for further testing and validation as possible defining characteristics for the subdiagnoses.

Suggestions for Future Studies

The investigator believes that interviews with other adolescents and their significant others in other geographical areas using the same or similar interview guides might provide additional insight or validation of the

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current study findings. The data obtained through a qualitative approach was rich and enlightening and provided insight into behavior that, particularly in Group I, had not been documented in the literature. It seems to the investigator that the most carefully constructed questionnaire is less useful in identifying the potential problems of, and emotional climate in the adolescent's home than is even a 15-minute dialogue. Of course, as with quantitative methods, the adolescent and her significant others may not be entirely candid and honest. But the answers the adolescents in this study gave told the investigator much more than Likert scale responses could about the family and their philosophy of parenting.

The study should be replicated in other areas, to see whether the characteristics of these adolescents are similar. It might also be interesting to use the interview schedule with male subjects to verify the differences others (Gilligan, 1982) have found between the sexes.

Maintaining contact with subjects for validation of the interview content and member checks was a problem. These adolescents were not in stable situations and in the year between the first data collection point and the final analysis, many made important changes in their lives and several moved away, leaving no address. A longitudinal study of a larger sample, to allow for attrition, would certainly yield a great deal more information about the developmental process experienced by adolescent females.

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If further research supports the list of defining characteristics as appropriate for the two subdiagnoses of the nursing diagnosis, development of a screening tool to be used with adolescents routinely, or with those demonstrating one or more risk factors, might be valuable. Since so many of the girls interviewed began using drugs and alcohol and began being sexually active at 11 to 13 years, screening for risk factors should begin in late childhood. The adolescents who participated in this study were very concerned with how they would handle adult roles and responsibilities, and part of their preparation for adulthood should include opportunities to practice rational decision-making, assertiveness skills, money management, and dealing with bad decisions and poor choices effectively. Perhaps parents involved in this type of education might feel less helpless and out of control when the subjects of sexuality and drug and alcohol use arise.

In view of the findings for Group II, the family unit of a child at risk should be evaluated and included without exception. Any child identified by the school system or in the community as demonstrating acting-out behaviors also needs to have her family and home environment evaluated and the family unit included in any attempts to intervene. These girls were quite open about their dysfunctional families and, although they did not seem to think it unusual to be beaten or locked in a room without food, the questions about methods of discipline and ways conflicts were resolved in their families would probably elicit similar answers well

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before they were in a treatment center. Again, a few minutes interviewing the adolescent about what she and her family are like seem much more effective methods than arresting, suspending, or expelling an adolescent for being caught with drugs or for skipping school with her boyfriend.

The health problems of adolescent pregnancy and chemical dependency are very real, and statistics are not reassuring. The usefulness of a set of defining characteristics if validated by research, can be useful in screening adolescents for potential development of these problems seems evident. This ability to predict might prevent some of the problems that are so difficult to resolve, once the adolescent has made the decision to have a child or to use drugs and alcohol. This study has demonstrated that adolescents are aware of their behaviors, habits, feelings, and attitudes and that the significant others in their lives generally have a different perspective but a similar picture of the adolescent. It is hard to conceive of a parent of a teenager who truly believes she can not be sexually active or be drinking because there is no opportunity. Perhaps this denial is the only way they know to cope with the anxiety and fear that sexuality and possible drug and alcohol use seem to cause. One sentiment expressed by several significant others was that they did not really know how the adolescent felt or thought, and that the study had made them think and ask and try to communicate about some of the issues raised. This was an unexpected benefit, although it is not really surprising. If others

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think how the adolescent thinks and feels is important, the significant other may be more likely to talk to her about important issues.

Qualitative descriptive research with 26 adolescent females and a significant other which was used to determine the behaviors, habits, feelings, and attitudes they expressed about themselves produced common themes and patterns about adolescent females interviewed in general. The process also provided lists of characteristics that were different for three study groups: Group I, Pregnant Adolescents, Group II, Chemically Dependent Adolescents and Group III Adolescents with No Identified Problem. If further research validates the characteristics found in Groups I and II as indicative of the nursing diagnosis, Personal Identity Disturbance, in adolescent females with subdiagnoses of Adolescent Female Identity Foreclosure (Group I) and Adolescent Female Negative Identity (Group II) the risk factors can be used to screen adolescents and to plan interventions to prevent such problems.

Suggestions for future research include replication of the study, longitudinal studies, and screening tool development. The investigator also advocates family evaluation and interviewing as intervention methods with troubled adolescents and their families.

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REFERENCES

Adams, B. N. (1983). Adolescent health care needs, priorities & services. Nursing Clinics of North America, 18, 237-348.

Adams, G. R., Abraham, K. G., & Markstrom, C. A. (1987). The relations among identity development, self-consciousness and self-focusing during middle and late adolescence. Developmental Psychology, 23, 292-297.

Adams, G. R., Shea, J., & Fitch, S. A. (1979). Toward the development of an objective assessment of ego identity status. Journal of Youth and Adolescence, 8, 223-237.

Alishio, K .C., & Schilling, K. M. (1984). Sex differences in intellectual & ego development in late adolescence. Journal of Youth and Adolescence, 13, 213-224.

Alexander, C. S., & Klassen, A. C. (1988). Drug use and illness among 8th grade students in rural schools. Public Health Reports, 103, 394-399.

Amoroso, D. M., & Ware, E. E. (1986). Adolescents' perception of aspects of the home environment and their attitudes toward parents, self, and external authority. Adolescence, 21, 191-204.

Anderson, S. A., & Fleming, W. A. (1986). Late adolescents' identity formation: individuation from the family of origin. Adolescence, 21, 785-795.

Andersson, S. A., & Fleming, W. A. (1986). Late adolescents' identity formation: Individuation from the family of origin. Adolescence, 21, 785-795.

Arora, M., Verma, R., & Agrawal, P. (1985). Parent and peer conformity in adolescents: An Indian perspective. Adolescence, 20, 467-477.

Bachman, J. H. (1986). The influence of self-image and stressful life events on complications of pregnancy in adolescents. (Doctoral dissertation, University of Alabama, 1985). Dissertation Abstracts International, 46(4). 1114B.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Baker, C. D. (1982). The adolescent as theorist: an interpretive view. Journal of Youth and Adolescence, 11, 167-181.

Bakken, L., & Romig, C. (1989). Adolescent ego development: Relationship to family cohesion and adaptability. Journal of Adolescence, 12, 83-94.

Barr, L., Peevy-Kiser, P., & Leslie-Miller, N. (1989). Perspectives on adolescent sexuality. Oklahoma City: NAACOG.

Becker, P. T. (1987). Sensitivity to infant development and behavior: A comparison of adolescent & single mothers. Research in Nursing and Health, 10, 119-127.

Bekenstein, S., Carter, M. H., LaRoche, M., Smith, K. E., & Francis, B. J. (1987). Pregnant adolescents: groups for education and support. JAMA, 258, 1583-1584.

Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Women's ways of knowing. New York: Basic Books.

Billy, J. O. G., Landale, N. S., Grady, W. R., & Zimerlea, D. M. (1988). Effects of sexual activity on adolescent suicide and psychological development. Social Psychology Quarterly, 51, 190-212.

Black, C., & De Blassie, R. R. (1985). Adolescent pregnancy: Contributing factors, consequences, treatment, and plausible solutions. Adolescence, 20, 281-290.

Blau, G., Gillespie, J., Felner, R., & Evans, E. (1988). Predisposition to drug use in rural adolescents: Preliminary relationships and methodological consideratons. Journal of Drug Education, 18(1), 13-22.

Block , J., Block, J., & Keyes, S. (1988). Longitudinally foretelling drug usage in adolescence: Early childhood personality and environmental precursors. Child Development, 59, 336-355.

Blum, R. (1987). Contemporary threats to adolescent health in the United States. JAMA, 257, 3390-3395.

Brown, V. W. (1990). The meaning of pregnancy to the black adolescent and family: Providing dependency through childbearing. Unpublished master's thesis, University of Alabama at Birmingham, Birmingham, AL.

Burgess, A. W., Hartman, C. R., & McCormack, A. (1987). Abused to abuser: Antecedents of socially deviant behavor. American Journal of Psychiatry, 144, 1431-1436.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Campbell, E., Adams, G. R., & Dobson, W. R. (1984). Familial correlates of identity formation in late adolescence: Study of predictive utility of connectedness and individuality in family relations. Journal of Youth and Adolescence, 13, 509-525.

Carnevali, D. L., Mitchell, P. H., Woods, N. F., & Tanner, C. A. (1984). Diagnostic reasoning in nursing. Philadelphia: J. B. Lippincott.

Carpenito, L. (1983). Nursing diagnosis: Application to pratice. Philadelphia: J. B. Lippincott.

Cote, J. E., & Levine, C. (1988). The relationship between ego identity status and Erikson's notions of institutionalized moratoria, value orientation stage and ego dimensions. Journal of Youth and Adolescence, 17, 81-99.

Covington, J. (1982). Adolescent deviation and age. Journal of Youth and Adolescence, 11, 329-344.

Craig-Bray, L., & Adams, G. R. (1986). Different methodologies in the assessment of identity: Congruence between self-report and interview techniques. Journal of Youth and Adolescence, 15, 191-204.

Craig-Bray, L., Adams, G. R., & Dobson, W. R. (1988). Identity formation and social relations during late adolescence. Journal of Youth and Adolescence, 17, 173-187.

Creason, N. S., Porgue, N. J., Nelson, A. A., & Hoyt, C. A. (1985). Validating the nursing diagnosis of impaired physical mobility. Nursing Clinics of North America, 20, 669-683.

Curtis, H. A., Lawrence, C. J., & Tripp, J. H. (1988). Teenage sexual intercourse and pregnancy. Archives of Diseases in Children, 63, 373-379.

Czechowicz, D. (1988). Adolescent alcohol & drug abuse and its consequences - An overview. American Journal of Drug and Alcohol Abuse, 14, 189-197.

Dembo, R., Dertke, M., La Voie, L, Borders, S., Washburn, M., & Schmeidler, J. (1987). Physical abuse, sexual victimization, and illicit drug use. A structural analysis among high risk adolescents. Journal of Adolescence, 10, 13-33.

Deykin, E. Y., Levy, J. C., & Wells, V. (1987). Adolescent depression, alcohol, and drug abuse. American Journal of Public Health, 77, 178-182.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Donovan, J. E., & Jessor, R. (1985). Structure of problem behavior in adolescence and young adulthood. Journal of Consulting and Clinical Psychology, 53, 890-904.

Douvan, E., & Adelson, J. (1966). The adolescent experience. New York: John Wiley & Sons.

Downs, W. R., & Rose, S. R. (1991). The relationship of adolescent peer groups to the incidence of psychosocial problems. Adolescence, 26(102), 473-492.

Elkind, D. (1967). Egocentrism in adolescence. Child Development, 38, 1025-1034.

Elkind, D. (1980). Strategic interactions in early adolescence. In J. Adelson (Ed.), Handbook of adolescent psychology (pp. 432-444). New York: John Wiley & Sons.

Erikson, E. H. (1950). Childhood and society. New York: W. W. Norton & Co.

Erikson, E. H. (1960). Youth and the life cycle. In R. E. Muss (Ed.), Adolescent behavior and society (3rd ed.) (pp. 226-237). New York: Random House.

Erikson, E. H. (1965). Youth, fidelity and diversity. In E. H. Erikson (Ed.), The challenge of youth (pp. 226-237). New York: Random House.

Erikson, E. H. (1968). Identity, youth and crisis. New York: W. W. Norton & Co.

Erikson, E. H. (1975). Identification & identity. In J. J. Conger (Ed.), Contemporary issues in adolescent development (pp. 410-414). New York: Harper & Row.

Erikson, E. H. (1982). The life cycle completed. New York: W. W. Norton & Co.

Erikson, E. H. (1983). Reflections. Adolescent Psychiatry, 11, 9-13.

Famularo, R., Stone, K., & Popper, C. (1985). Pre-adolescent alcohol abuse & dependence. American Journal of Psychiatry, 142, 1187-1189.

Fawcett, J. (1984). Analysis and evaluation of conceptual models of nursing. Philadelphia: F. A. Davis.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Federman, D., Baldwin, W., Davidson, E. C., Dryfoos, J. C., Forrest, J. D., Furstenberg, F. F., Hamburg, B. A., Jessor, R., Jones, J. E., Levy, F., Mnookin, R. H., Moore, K. A., Parke, R. D., Richman, H. A., & Vinovskis, M. (1987). Risking the future: A symposium on the National Academy of Sciences report on teenage pregnancy. Family Planning Perspectives, 19, 119-121.

Flick, L. H. (1986). Paths to adolescent parenthood: Implications for prevention. Public Health Reports, 101, 132-147.

Fraiberg, S. (1982). The adolescent mother & her infant. Adolescent Psychiatry, 10, 7-23.

Fregeau, D. L., & Barber, M. (1986). A measurement of adolescence: Standardization and interpretation. Adolescence, 21, 913-919.

Freidman, A. S., Glickman, N. W., & Morrissey, M. R. (1988). What mothers know about their adolescent's drug use and problems and how mothers react to finding out about it. Journal of Drug Education, 18, 155-167.

Furstenberg, F. F., Jr., Brooks-Gunn, J., & Morgan, S. P. (1987). Adolescent mothers and their children in later life. Family Planning Perspectives, 19, 142-151.

Gilchrist, L. D., & Schinke, S. P. (1987). Adolescent pregnancy and marriage. In V. B. Van Hasselt & M. Hersen (Eds.), Handbook of adolescent psychology (pp. 424-441). New York: Pergamon Press.

Gilligan, C. (1982). In a different voice. Cambridge: Harvard University Press.

Gispert, M., Wheeler, K., Marsh, L., & Davis, M. (1985). Suicidal adolescents: Factors in evaluation. Adolescence, 20, 753-756.

Gonzales, C., Mulligan, D., Kaufman, A., Davis, S., Kalishman, N., & Wallerstein, N. (1985). Adolescent health care: Improving access by school-based services. Journal of Family Practice, 21, 263-270.

Gordon, M. (1976). Nursing diagnoses and the diagnostic process. American Journal of Nursing, 8, 1298-1300.

Gordon, M. (1982). Nursing diagnosis: Process and application. New York: McGraw Hill.

Gordon, M. (1989). Nursing diagnosis: The state of the art. Public presentation, Alexandria, LA.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Gordon, M., & Sweeney, M. A. (1979). Methodological problems and issues in identifying and standardizing nursing diagnoses. ANS, 2, 1-15.

Hanson, S. L., Myers, D. E., & Ginsberg, A. L. (1987). The role of responsibility & knowledge in reducing teenage out-of-wedlock pregnancy. Journal of Marriage and the Family, 49, 241-256.

Hinds, P. C. (1988). Adolescent hopefulness in illness and health. ANS, 10, 79-88.

Hollingshead, A. B. (1965). Two factor index of social position. New Haven, CT: Privately Printed Yale Station.

Hoskins, L., McFarlane, E. A., Rubenfeld, M. G., Walsh, M. B., & Schrier, A. M. (1986). Nursing diagnoses in the chronically ill: Methodology for clinical validation. ANS, 8, 80-89.

Hughes, C. B., & Torre, C. (1987). Predicting effective contraceptive behavior in college females. Nurse Practitioner, 12, 45-54.

Ivey, J. B. (1981). Psychosocial correlates of juvenile rheumatoid arthritis in children. Unpublished master's thesis, University of Texas Medical Branch at Galveston, Galveston, Tx.

Jessor, R. (1982). Problem behavior & developmental transition in adolescence. Journal of School Health, 52, 295-300.

Johnson, F., Lay, P., & Wilbrandt, M. (1988). Teenage pregnancy: Issues, interventions and direction. JAMA, 80, 145-152.

Jurich, A. P., Polson, C. J., Jurich, J., & Bates, R. (1985). Family factors in the lives of drug users and abusers. Adolescence, 20, 143-159.

Kamptner, N. L. (1988). Identity development in late adolescence: Causal modeling of social and familial influences. Journal of Youth and Adolescence, 17, 493-514.

Kandel, D. B., Kessler, R. C., & Margulies, R. Z. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. Journal of Youth and Adolescence, 7, 13-40.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Kaplan, H. B., Johnson, R. J., & Bailey, C. A. (1988). Explaining adolescent drug use: An elaborate strategy for structural equations modeling. Psychiatry, 51, 142-163.

Keenan, T. (1986). School-based adolescent health-care programs. Pediatric Nursing, 12,365-369.

Keidel, G. C. (1983). Adolescent suicide. Nursing Clinics of North America, 18, 323-332.

King, P. (1988). Heavy metal music and drug abuse in adolescents. Postgraduate Medicine, 83, 295-304.

Kohlberg, L. (1968). Moral development. In D. Sills (Ed.), International encyclopedia of the social sciences. New York: Macmillan.

Krippendorff, K. (1980). Content analysis: An introduction to methodology. Beverly Hills: Sage.

Kroger, J., & Haslett, S. J. (1988). Separation, individuation and ego identity status in late adolescence: A 2-year longitudinal study. Journal of Youth and Adolescence, 17, 59-79.

Kulbok, P. P., Earls, F. J., & Montgomery, A. C. (1988). Life style and patterns of health and social behavior in high risk adolescents. ANS, 11, 22-35.

Kwakman, A. M., Zuiker, F. A., Schippers, G. M., & de Wuffel, F. J. (1988). Drinking behavior, drinking attitudes, and attachment relationships of adolescents. Journal of Youth and Adolescence, 17, 247-254.

Lamke, L. K., & Peyton, K. G. (1988). Adolescent sex-role orientation and ego identity. Journal of Adolescence, 11, 205-215.

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. Beverly Hills: Sage.

McCormick, N., Izzo, M. A., & Folcik, J. (1985). Adolescents' values and sexuality and contraception in rural New York county. Adolescence, 20, 385-395.

McDonald, B. R. (1985). Validation of three respiratory nursing diagnoses. Nursing Clinics of North America, 20, 697-709.

McDonald, D. I. (1987). Patterns of alcohol and drug use among adolescents. Pediatric Clinics of North America, 34, 275-287.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

McFarland, G. K, & McFarlane, E. A. (1989). Nursing diagnosis and intervention: Planning for patient care. St. Louis: C. V. Mosby.

Maddahian, E., Newcomb, M. D., & Bentler, P. M. (1988). Adolescent drug use and intitiation to use of drugs: Concurrent and longitudinal analysis of four ethnic groups. Addictive Behavior, 13, 191-195.

Magilvy, J. K., McMahon, M., Bachman, M., Roark, S., & Evenson, C. (1987). The health of teenagers: A focused ethnographic study. Public Health Nursing, 4, 35-42.

Mahon, N. E. (1983). Developmental changes & loneliness during adolescence. Topics in Clinical Nursing, 5, 66-76.

Marcia, J. E. (1966). Develoment & vaidation of ego identity status. Journal of Personality and Social Psychology, 3, 551-558.

Marcia, J. E. (1980). Development & validation of ego identity status. In R. E. Muss (Ed.), Adolescent behavior and society (3rd ed.) (pp. 238-247). New York: Random House.

Marcos, A. O., & Bahr, G. J. (1988). Control theory and adolescent drug use. Youth and Society, 19, 395-425.

Mercer, R. (1985). Teenage pregnancy as a community problem. Annual Review of Nursing Research, 3, 49-76.

Minuchen, S. (1974). Families and family therapy. Cambridge, MA: Harvard University Press.

Moore, R. H. (1985). Construct validity of the McAndrew scale: Secondary psychopathology and dysthymic-neurotic character disorders among adolescent male misdemeanor offenders. Journal of Studies on Alcohol, 46, 1264-1269.

Moss, N. E. (1987). Effects of father-daughter contact on use of pregnancy services by Mexican, Mexican-American and Anglo adolescents. Journal of Adolescent Health Care, 8, 419-424.

Munns, D. C. (1985). A validation of the defining characteristics of the nursing diagnosis "potential for violence". Nursing Clinics of North America, 20, 711-721.

NANDA. (Fall, 1988). Accepted list of nursing diagnoses. Nursing Diagnosis Newsletter.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

National Center for Health Statistics. (1986a). Health: United States 1986. (DHHS Publication No. PHS 87-1232). Washington, D.C.: U.S. Government Printing Office.

National Center for Health Statistics. (1986b). Trends in vital statistics of the United States. Washington, D.C.: U.S. Public Health Service.

Nubel, H. S., & Solomon, L. Z. (1988). Addicted adolescent girls' familial interpersonal relationships. Journal of Psychosocial Nursing, 26, 32-35.

O'Brien, S. F., & Bierman, K. L. (1988). Conceptions and perceived influence of peer groups: Interviews with preadolescents and adolescents. Child Development, 59, 1360-1365.

Oldaker, S. M. (1985). Identity confusion: Nursing diagnoses for adolescents. Nursing Clinics of North America, 18, 313-321.

Ortman, P. E. (1988). Adolescents' perceptions of and feelings about control and responsibility in their lives. Adolescence, 23, 915-924.

Petchers, M. K., Singer, M. I., Angelotta, J. W., & Chow, J. (1988). Revalidation and expansion of an adolescent substance abuse screening measure. Developmental and Behavioral Pediatrics, 9, 25-29.

Piaget, J., & Inhelder, B. (1969). The psychology of the child. New York: Basic Books.

Pletsch, P. K. (1988). Substance use and health activities of pregnant adolescents. Journal of Adolescent Health Care, 9, 38-45.

Polit, D. F., & Kahn, J. R. (1986). Early subsequent pregnancy and economically disadvantaged teenage mothers. American Journal of Public Health, 76, 167-171.

Pokorny, B. E. (1985). Validating a diagnostic label knowledge deficits. Nursing Clinics of North America, 20, 641-655.

Protinsky, H. (1988). Identity formation: A comparison of problem and non-problem adolescents. Adolescence, 23, 67-72.

Protinsky, H., Sporakowski, M., & Atkins, P. (1982). Identity formation: Pregnant and non-pregnant adolescents. Adolescence, 18, 73-79.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Ralph, N., Lochman, J., & Thomas, T. (1984). Psychosocial characteristics of pregnant and nulliparous adolescents. Adolescence, 19, 283-293.

Rasmussen, J. E. (1964). The relationship of ego identity to psychosocial effectiveness. Psychological Reports, 15, 815-825.

Reynolds, I., & Rob, M. (1988). The role of family difficulties in adolescent depression, drug-taking and other problem behaviors. The Medical Journal of Australia, 149, 250-256.

Robinson, T. N., Killen, J. D., Taylor, C. B., Telch, M. J., Bryson, S. W., Saylor, K. E., Maron, D. J., Maccoby, N., & Farquhar, J. W. (1987). Perspectives on adolescent substance abuse: A defined population study. JAMA, 258, 2072-2076.

Roche, J. P. (1986). Premarital sex: Attitudes and behavior by dating stage. Adolescence, 21, 107-121.

Rogers, P. D., Harris, J., & Jarmuskewicz, J. (1987). Alcohol and adolescence. Pediatric Clinics of North America, 34, 289-301.

Rosenthal, D. A., Gurney, R. M., & Moore, S. M. (1981). From trust to intimacy: A new inventory for examining Erikson's stages of psychosocial development. Journal of Youth and Adolescence, 10, 525-537.

Ruff, C. C. (1987). How well do adolescents mother? MCN, 12, 249-253.

Ryan, P., & Falco, S. (1985). A pilot study to validate the etiologies and defining characteristics of the nursing diagnosis of noncompliance. Nursing Clinics of North America, 20, 685-695.

Sandelowski, M., Davis, D. H., & Harris, B. G. (1989). Artful design: Writing the proposal for research in the naturalist pardigm. Research in Nursing and Health, 12, 77-84.

Schenkel, S. (1975). Relationship among ego identity status, field-independence, and traditional femininity. In R. Muuss (Ed.), Adolescent behavior and society: A book of readings (3rd ed.) (pp. 249-257). New York: Random House.

Selleck, C. S. (1988). The effect of ethnicity and residential setting on cultural factors of low-income pregnant adolescents. (Doctoral dissertation, University of Alabama, 1987). Dissertation Abstracts International, 48, 2266B.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

Showers, J., & Johnson, C. F. (1985). Child development, child health, and child rearing knowledge among urban adolescents: Are they adequately prepared for the challenges of parenthood? Health Education, 16, 37-41.

Siegel, S. (1956). Nonparametric statistics for the behavioral sciences. New York: McGraw-Hill.

Smith, P. B., Beck, J. G., & Davies, D. (1987). Contraceptive use among high-risk adolescents. Journal of Sex Education and Therapy, 13, 52-57.

Smith, P. B., Levenson, P. M., & Morros, J. R. (1985). Prenatal knowledge and informational priorities of pregnant adolescents. Health Values, 9, 33-39.

Speraw, S. (1987). Adolescent's perceptions of pregnancy: A cross-cultural perspective. Western Journal of Nursing Research, 9, 180-202.

Spitz, A. M., Strauss, L. T., Maciak, B. J., & Morris, L. (1987). Teenage pregnancy and fertility in the United States, 1970, 1974 & 1980. MMWR, 36 (1ss). Atlanta: U.S. Department of Health & Human Services, Public Health Service, Centers for Disease Control.

Stiffman, A. R., Earls, F., Robins, L. N., Jung, K. G., & Kulbok, P. (1987). Adolescent sexual activity and pregnancy: Socioeconomic problems, physical health and mental health. Journal of Youth and Adolescence, 16, 497-509.

Swadi, H., & Zeitlin, H. (1988). Peer influence and adolescent substance abuse: A promising side? British Journal of Addiction, 83, 153-157.

Talashek, M. L. (1987). Parental alcoholism and adolescent ego identity. Journal of Community Health Nursing, 4, 211-222.

Theriot, J. G., Pecoraro, A. G., & Ross-Reynolds, J. (1991). Revelations of adolescent mothers: An intensive case study approach. Adolescence, 26(102), 348-360.

Thomas, S. P., Shaffner, D. H., & Greer, M. W. (1988). Adolescent stress factors: Implications for the nurse practitioner. Nurse Practitioner, 13(6), 20-29.

Thorne, C. R., & De Blassie, R. R. (1985). Adolescent substance abuse. Adolescence, 20, 335-347.

Unger, D. G., & Wandersman, L. P. (1988). The relation of family and partner support to the adjustment of adolescent mothers. Child Development, 59, 1056-1060.

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United States Department of Health and Human Resources. (1981). Vital statistics of the United States II(A). DHHS Publication No. PHS 86-11-1. Washington, D.C.: U.S. Government Printing Office.

Vicary, J. R., & Lerner, J. V. (1986). Parental attributes and adolescent drug use. Journal of Adolescence, 9, 115-122.

Vincent, K. G. (1985). The validation of a nursing diagnosis: A nurse consensus survey. Nursing Clinics of North America, 20, 631-640.

Vincent, M. L., Clearie, A. F., & Schluchter, M. D. (1987). Reducing adolescent pregnancy through school and community based education. JAMA, 257, 3382-3386.

Voith, A. M., & Smith, D. A. (1985). Validation of the nursing diagnosis of urinary retention. Nursing Clinics of North America, 20, 723-730.

Waterman, A. S. (1982). Identity development from adolescence to adulthood: An extension of theory and review of research. Developmental Psychology, 18, 341-358.

Watson, J. (1988). Human caring as moral context for nursing education. Nursing amd Health Care, 9, 422-425.

Watson, J. (1985). Nursing: Human science amd human care. Norwalk, CT: Appleton Century Crofts.

Whaley, L. F., & Wong, D. L. (1987). Nursing care of infants and children (3rd ed.). St. Louis: C. V. Mosby.

Williams, J. M. (1989). Louisiana drug survey for grades 6-12. [Statistical report to the Governor's office State of Louisiana]. Unpublished raw data.

Yamaguchi, K., & Kandel, D. (1987). Drug use and other determinants of premarital pregnancy and its outcome: A dynamic analysis of competing life events. Journal of Marriage and the Family, 49, 257-270.

York, K. (1985). Clinical validation of two respiratory nursing diagnoses and their defining characteristics. Nursing Clinics of North America, 20, 657-667.

Zabin, L. S., & Clark, S. D. (1981). Why they delay: A study of teenage family planning clinic patients. Family Planning Perspectives, 13, 205-217.

Zarek, D., Hawkins, J. D., & Rogers, P. (1987). Risk factors for adolescent substance abuse. Pediatric Clinics of North America, 34, 481-493.

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Ziegler, S. M. (1982). Taxonomy for nursing diagnosis derived from the Neuman Systems Model. In B. Neuman (Ed.), The Neuman systems model: Application to nursing education and practice (pp. 55-68). Norwalk, CT: Appleton-Century Crofts.

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Appendix A

Frequencies of Adolescent Themes

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Frequencies of Adolescent Themes[a]

Theme	Group I[b]	Group II[c]	Group III[d]
Interests and Hobbies:			
school related	0	0	5
relationship oriented	4	0	6
creative	5	5	6
athletic	0	6	5
School experience:			
enjoy/excellent	4	2	7
hates/drops out	1	6	1
Best subjects:			
Math	5	4	1
PE/sports	4	2	5
English	3	4	4
Harder subjects:			
Math	2	2	6
Social Sciences	0	4	1
Trouble at school:			
Never	2	0	5
Suspended	0	4	0
Fights, violence	0	4	0
Responsibilities:			
Chores	4	5	4
Total home/child	7	1	2
Own room	8	3	3
Offices,leadership	2	1	5
Team member	4	2	7
Succeed school	5	2	7
Reponsibilities met:			
Always	4	0	4
Sometimes	0	4	3
Lives with:			
Parents	7	8	8
Siblings	5	5	8
Other's Expectations:			
None, self-directed	5	1	3
Good grades, H.S.	7	5	9
Obey house rules	0	3	8

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Theme	Group I[b]	Group II[c]	Group III[d]
Expectations met:			
Seldom/never	0	6	0
Usually/always	6	0	6
Example of not meeting:			
Broke house rules	2	5	3
Consequences not met:			
Grounded	5	5	8
Talked/Yelled at	3	4	5
Method of discipline:			
Called police/ had arrested	1	4	1
Punishment completed:			
Rarely/never	2	7	0
Parental approval shown:			
Tell her	4	2	6
React to frustration:			
Yell/scream/curse	1	8	2
Argue/reasons	2	0	5
Accept/live with	5	0	6
Angry behavior:			
Yell/confront	2	4	8
Leaves/cries	5	3	6
Violence/fights	0	7	1
Sources of conflicts			
Social/curfew	5	5	9
Friends/boyfriends	2	2	7
Conflict resolved by:			
Accepts parents' decision	4	0	2
Not resolved	2	4	4
Talk, negotiate	7	1	7
Do what she wants	2	8	0
Family violence	1	5	0
Independent decisions:			
Bedtime	1	1	6
Clothes buy/wear	7	6	9
Activities	2	4	4

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Theme	Group I[b]	Group II[c]	Group III[d]
Consequences poor decision:			
Parents talk	3	2	6
Natural	4	2	5
None	0	5	2
Example of poor decision:			
Used drugs/alchol	0	7	0
choice friends or boyfriend	1	4	1
Looks up to:			
Grandmother/rel.	4	0	3
Parent(s)	5	1	7
Qualities Respected:			
Achiev./exper.	8	4	6
St./val./indep.	3	0	7
Accept/underst.	8	4	8
Most important people			
Family	8	4	8
Friends	2	4	4
Boyfriend/husband	4	4	1
Important qualities of these people:			
Support/underst.	5	5	3
Talk confidentially	5	2	3
Advice/depends on	5	1	6
Best friends:			
Girlfriends	4	6	8
Qualities of best friends:			
same opinions/int.	5	6	7
intell./achieve.	0	0	5
listens/cares	4	7	3
Relationship with boyfriend(s):			
Best friend, share	4	3	4
Jealous/resent oth.	2	4	2
Relationship with friends:			
Get along/sel.argue	3	3	6
Friends are users	0	7	0

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Theme	Group I[b]	Group II[c]	Group III[d]
Relationship with siblings:			
Argue but loves	6	2	5
Hates,don't get along at all	1	4	0
Close,share	5	2	2
Pesky	3	3	7
Relationship cousins/relatives:			
Seldom see	1	5	3
Good friends/close	4	1	3
Relationship adults outside family:			
Gets along fine	4	2	8
O.K. not author.	1	5	1
Friends' sexual activity:			
All/most	5	7	5
Opinion teenage sex:			
O.K. if care/not sorry	4	2	2
Wrong/regrets	1	4	3
Sexually active:			
Yes	3	7	3
No, never	0	1	5
Circumstances 1st sex:			
Just happened	7	4	3
Decision/plan	1	2	1
Peer pressure	2	5	1
Alcohol & Drug use:			
None	4	0	3
No drugs, occ.alc.	5	0	5
Regular use one	0	3	0
Heavy use both	1	5	0 1/>1
family member alc./add./recov.	2	4	0
Substances used:			
alcohol	2	7	6
marijuana	0	6	0
speed	0	5	0
OTC drugs	0	4	0

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Theme	Group I[b]	Group II[c]	Group III[d]
Frequency of use:			
daily/>daily	0	4	0
Drunk or high frequency:			
never	4	0	3
daily	0	5	0
Worried behavior:			
Quiet,withdrawn	5	2	6
nervous/tense	2	4	3
irritable, cries	0	1	5
Worries about:			
losing family mem.	3	6	4
embarr./deadlines	1	3	8
baby,health,birth	5	0	0
friends,their probs.	2	4	5
Best qualities:			
Good listener	2	1	6
Loyal/good friend	3	4	5
Friendly/compatible	3	1	6
Competent,organized	5	1	3
Future plans:			
College (normal)	1	2	7
Ed. as job secur.	4	2	3
Professional career	2	3	7
Firmness of plans:			
Firm	3	4	4
Many options	9	1	3
Want to do now:			
H.S.grad/college	2	1	5
Clean & sober	0	6	0
Next few years:			
College,doing well	2	3	7
Job/independent	5	6	3
Single,kids later	2	4	3
Caring for child	7	0	0
Feelings about self:			
Good, like self	3	2	7
Low self esteem	2	2	1

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Theme	Group I[b]	Group II[c]	Group III[d]
Ashamed of:			
Drug/alcohol abuse	1	4	0
Mean to parents	2	4	0
Using others, past behavior	0	5	3
School failure/ lack of achievement	0	4	2
Proud of:			
Achievments/getting help/right decision	2	4	6
Others:			
Hopes & dreams despite adversity	5	0	0
"Good girl"	4	0	5
Egocentric	0	7	0
Unrealis.expect.	4	5	2
Values defined	7	4	7
Hopes & dreams may realize not realistic	1	3	5

[a]*n* = 26, [b]*n* = 8, [c]*n* = 8, [d]*n* = 10

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Appendix B

Frequencies of Significant Others' Themes

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Frequencies of Significant Others' Themes[a]

Theme	Group I[b]	Group II[c]	Group III[d]
Best qualities:			
Compatible	1	6	4
Affectionate	6	1	4
Virtuous	3	2	5
Interests and Hobbies:			
Humanities	4	4	8
Social/family	7	3	5
Have baby,finish school/treatment	5	2	0
Athletics/sports	4	6	3
Importance of interests:			
Very important	2	2	5
Enjoyment of School:			
Yes	5	0	7
No, hates	0	5	0
Importance of School:			
Very important	6	1	6
Problem areas in school:			
Math	1	2	6
Strengths, enjoyed at school:			
English,writing	0	1	5
Trouble at school:			
Never	6	1	7
Rule viol./drugs	1	4	0
Responsibilities:			
Self-maintainence	7	7	8
Chores	8	6	8
Activities	1	1	5
Community	1	4	1
School	5	1	8
Expectations met:			
Yes	7	1	7
rarely/has none	0	6	2

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Theme	Group I[b]	Group II[c]	Group III[d]
Consequences not met:			
Restrict/confine	5	1	2
Reprimand/reminder	4	2	6
"Thrown out"	1	4	0
Restriction	5	3	7
Discuss	3	5	1
Physical	1	4	0
Frequency of Discipline:			
Seldom/never	6	3	5
Punishment completed:			
Rarely/never	2	5	0
Indicate approval:			
Tell her	6	5	10
Physical	7	0	3
Reponse to praise:			
Accepts	4	4	6
React to frustration:			
Sulks/pouts	5	3	2
Begs	2	4	3
Violent	0	4	1
Angry behavior:			
Verbal	4	5	6
Isolates	6	2	3
Violence/fights	0	7	1
Apology:			
Rarely/never	0	4	2
Sources of conflicts:			
Privileges	5	3	4
Social	7	5	2
Resolution of conflict:			
Talk	3	3	7
Ignore	1	6	4
Control	6	2	5
Rebel	3	7	1
Independent decisions:			
Purchases	5	3	7
Activities	5	3	9
Friends	0	3	6

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Theme	Group I[b]	Group II[c]	Group III[d]
Ability to make decisions:			
Good/does well	4	6	7
Poor	2	4	0
Example of poor decision:			
Sex	5	1	0
choice friends or boyfriend	1	4	1
Reponse to poor decision:			
Lives with it	5	3	5
Talk	4	3	3
Looks up to:			
Family	3	2	5
Relatives	2	2	5
Description of role models, important people:			
Strong/non-conform.	3	2	5
Caring, supportive	7	4	7
Bad influence,wrong	0	5	2
Mom Pg/marr. adol.	5	1	0
Most important people			
Family	4	3	6
Friends	0	4	2
Mate	4	0	1
Best friends:			
Girlfriends	6	7	8
Approval of friends:			
Yes,usually	6	1	4
No, dislikes	0	5	0
Qualities of best friends:			
Good	6	3	6
Unethical	1	6	0
Gets along with friends:			
Well, disgree	4	3	7
Always, never dis.	4	0	2
Gets along with siblings:			
Disagrees	8	4	7
Close	2	2	7
Hates	1	4	0

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Theme	Group I[b]	Group II[c]	Group III[d]
Gets along with cousins/relatives:			
Yes	3	4	4
None	0	4	3
Close	5	1	3
Gets along with adults outside family:			
Well	5	4	6
O.K. not author.	1	5	1
Relationship with boyfriend(s):			
Stormy	1	4	1
Abusive	0	4	0
Knowledge of sex:			
Yes,everything	4	7	8
Sexually active:			
Yes	7	8	1
No,probably not	1	0	8
Parent's feelings about sexual behavior:			
Birth control	3	3	5
Sad	4	1	0
Helpless	2	6	0
Ignorance	4	0	2
Alcohol & Drug experience:			
None	4	0	3
Occasional alcohol	3	0	6
Abuse/addiction	1	5	0
Frequency drunk/high:			
Not at all	5	2	7
Frequently	0	5	0
Worried behavior:			
Isolates	3	4	6
Nervous	1	1	6
Anxious	4	1	1
Worries about:			
Friends	1	2	8
Family	1	4	3
Future	5	1	5

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Theme	Group I[b]	Group II[c]	Group III[d]
Significant other's concerns:			
Hazards	1	6	4
Decisions	3	4	5
Future	7	6	3
Present	8	1	0
Optimism	1	1	5
Regret	5	3	0
Future plans:			
Education	6	1	7
School	2	5	0
Career	1	3	5
PG	5	1	0
Firmness of plans:			
Unsure	3	2	7
Firm	1	4	1
Feelings about self:			
Low self-esteem	2	5	2
Good, like self	2	1	5
Present hopes for child:			
Achievements	4	2	9
Want for her now:			
Happiness	0	0	5
High school	5	3	2
Independence	0	3	1
Hopes in next few years:			
Achievements	3	0	7
Relationships	1	4(1 fa.only)	1
Others:			
Negative traits	1	7	3
Parental conflict	0	4	2
Motherhood =adult	5	1	0

[a]*n* = 26, [b]*n* = 8, [c]*n* = 8, [d]*n*= 10

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Appendix C

Field Note Frequencies

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Field Note Frequencies[a]

Theme	Group I[b]	Group II[c]	Group III[d]
Setting:			
Single fly. dwelling	6	8(S.O.)	7
Apt./mobile home	2	0	2
Group home/ treatment center	0	8(Adol.)	1
Neighborhood			
Upper class	1	1	1
Middle class	6	2	9
Lower class	2	3	0
Predominately white	3	2	9
Predom. minority	3	2	0
Mixed	3	2	1
Urban	4	2	7
Rural	3	2	2
Suburban	1	4	1
Appearance			
Adolescent			
neat, inexpensive clothes	6	4	5
nice,good clothes	2	4	5
Significant oth.			
neat, inexpensive clothes	3	5	6
sloppy or dirty	1	0	1
nice,good clothes	3	3	3
Age of Significant other:			
16-30 years	1	2	0
31-50 years	7	5	9
51 and up	0	1	1
Relationship of subjects:			
Mother/daughter/ Stepmother/daughter	8	4	8
Both parents/daught.	0	2	0
Friend/adolescent	0	1	0
Relative/adolescent	0	1	1
Guardian/adolescent	0	0	1
Blended family	0	1	0
Nuclear family	2	4	7
Single parent fly.	4	1	1
Living w/relatives	0	0	1
Living independ./ husband	2	2	1 with

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Theme	Group I[b]		Group II[c]		Group III[d]	
	Family Dynamics					
		S.O.	Adol.	S.O.	Adol.	S.O.
Harmonious	1	3	0	0	5	3
Par./Adol. conlfict	1	4	6	4	3	2
Estranged	0	0	4	0	1	0
Abusive	1	0	3	4	1	0
Chaotic	1	2	3	5	0	0
Family problems:						
Abusive rel.	1	1	6	4	1	2
Alc./drug abuse>1 member	1	2	6	3	0	1
Interview climate:						
Relaxed, open	3	6	6	4	6	7
Tense, withdr.	3	2	2	4	3	1
Investigator's impressions:						
Minimizing/ denial	5	1	4	2	0	2
Unreal.expect.	2	2	5	1	3	3
Shame, low S.E.	5	3	6	1	1	0
Poor communic.	1	4	3	1	2	5
Hostile/resent.	0	0	4	5	3	2
Reject./scorn	1	5	0	3	0	1
Mutual love/con.	4	5	0	3	6	6
Pot. incr.confl.	1	4	2	2	2	3
Adol. scorns Par. beliefs	0	1	6	1	1	0
Respect child/ family	4	3	0	0	2	2
Behavior						
Try to impress	0	0	5	1	0	0
Egocentric/asocial antisocial	0	0	7	2	f 3	0
Hostile, angry	0	0	5	3(1Fath)	0	0
Relig./faith important	3	4	2	2	7	7
Relationships						
Isolation	2	5	2	2	1	0
Supportive	4	4	2	2	6	4
Attachment	3	4	1	2	5	5
Manipulative	0	2	3	5	1	0

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Theme	Group I[b]		Group II[c]		Group III[d]	
Feelings:						
Regret	4	7	2	6	1	4
			Family Dynamics			
		S.O.	Adol.	S.O.	Adol.	S.O.
Resentment	0	5	3	1	6	3
Superior	0	1	5	1[f]	0	0

[a]n = 26, [b]n = 8, [c]n = 8, [d]n = 10
Adol = adolescent data, SO = significant other data
f Fath = subject's father reported this
f = subject's father reported this

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Appendix D

Member Checks

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Dear

I have enclosed the preliminary findings from the study in which you participated recently. I am asking for your help to verify the accuracy of the observations I made about the people who participated in the study. Please look over the attached information and check to see if you agree or disagree with the findings. I will be at the above telephone number all day and evening (8 AM - 10 PM) Monday August 5, and all day (8 AM-5 PM) and part of the evening (9 PM - 11 PM) Wednesday, August 7. I am asking you to call me at that time, collect, if you live out of the Alexandria-Pineville area, and tell me which findings you agree or disagree with. I am in the process of writing my findings and really need your help to make sure they are accurate and correct those with which you disagree. If you can not call me on either of those 2 days, please call at your convenience or leave a message on my answering machine as to when I may contact you during the next week. I really appreciate your help and hope you have found this to be as interesting and exciting as I have.

Sincerely,

Jean B. Ivey, MSN, RNC

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Study findings for Group I

Subjects lived either with their families or with their husbands. All identified the person who knew them best as their mother, who was between 31 and 50 years old. Subjects were interviewed in their homes, except for one subject who was interviewed in her mother's home, as she lived out of town. The interviewer observed the following themes in about half of the subjects:

Adolescents

I. The girls seemed to have:

a. some regret about the pregnancy and resulting changes in their lives.

b. feelings of disappointing parents or important people in their lives by becoming pregnant.

c. feelings that they can achieve their goals despite the pregnancy and responsibilities of child care.

d. feelings that they were loved and valued by their important people.

e. respect and pride in their family and the relationships in their lives.

II. At least half of the adolescents were:

a. shy and/or anxious about the future

b. trying to meet the expectations of the important people in their lives

c. involved in relationships that they reported as supportive and helpful

d. had some regret and resentment about the pregnancy and the things they had missed because of it.

III. The adolescents reported:

a. important interests as either the relationships in their lives and/or their creative hobbies, such as writing, sewing, arts and crafts, music, and so forth. Favorite school subjects were frequently sports or athletics and Math.

b. most were responsible for a good deal or all of the house work and child care in their home, and were experienced and capable in cleaning,

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cooking, child care, money management, and household management. They usually decided when and how these tasks should be done, with little or no direction from others.

c. Most reported that they usually met the expectations of the important people in their lives and were often praised for their efforts. They were responsible for deciding about personal purchases and how to spend money that they earned or were given. If they made poor decisions, they generally had to live with the results.

d. Over half of the adolescents had conflicts with the important people in their lives about their social life, curfew, and so forth, although several reported that they seldom went out with their friends. When they became angry, they generally went off by themselves to think about the situation and usually accepted the decision of their parent or the person they lived with. When their was a serious conflict 7 of the 8 adolescents felt they could talk it out and negotiate with the important people in their lives.

e. Generally these adolescents looked up to a family member and valued their achievements and experience as well as the support and understanding these people gave them. Half of the subjects felt that the most important person outside of their immediate families was their husband or boyfriend, and valued the support and understanding. The important people in their lives were also willing to talk to the adolescent about anything, without being judgmental or critical.

f. Half of the adolescents said their girlfriends were their best friends and shared their interests, values, and were good listeners. The other half, however, reported that they had few good friends and some said that the changes in their lives because of the pregnancy had made them reconsider who their true friends were.

g. Over half of the adolescents were able to get along with the people in their lives consistently. They sometimes argued with their friends and family members, but felt close to them and were able to resolve differences. They accepted advice from these people and depended on them.

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h. Over half of the Adolescents reported that most or all of their friends were sexually active, and felt that this was acceptable as long as they care for the person. Some had regrets about their own sexual activity and 7 of 8 said that their first experience was unplanned and "just happened."

i. Half the adolescents never got drunk or high, and most were abstaining from drinking or using drugs at the time of the interview.

j. The adolescents usually got quiet or withdrawn when worried and their baby was the thing they worried about most often.

k. The adolescents felt that their helpfulness and ability to do a good job with their responsibilities was their best quality in over half the interviews.

l. About half saw college as a normal part of life and a way to be sure they had economic security for their baby. They had hopes and dreams despite their present problems and planned to reach specific goals and care for their child. They did not express concern about difficulties they may encounter in achieving their goals.

Study Findings for Group II

Subjects were interviewed in a treatment center and identified someone who knew them well as their mother or stepmother, a relative or a friend. Both parents were interviewed for two adolescents. There were adolescents in this group with both biological parents in the home, some with blended families where both parents had been married previously, and some who lived with a relative or planned to live independently after treatment. In 4 of the 8 adolescents interviewed, there were problems and conflicts between one or both parents and the adolescent. Some were not able to live with their parents and some had financial problems, and alcohol and drug abuse problems or chronic illness in family members as well. Some adolescents were physically or sexually abused prior to treatment. Most were relaxed and open during the interview.

I. The investigator observed:

a. over half of the adolescents expected more of themselves or others than seemed likely to happen, and about half were very angry and did not feel close to their family. They often did not agree with or respect their family's viewpoints and values.

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b. about half reported that before treatment they didn't worry about what effect their actions might have on others or their families. Five of the 8 said that they could consistently outsmart others and avoid any consequences for this.

II. The adolescents reported that:

a. they were most interested in sports or athletic activities and creative hobbies, such as music and drawing.

b. Five of the 8 girls interviewed had dropped out of school or said that they hated school or did poorly at school. Favorite subjects were Math and English, and Social Studies was harder for them. Four of the 8 interviewed got into trouble at school for fights, throwing things, arguing or cursing at teachers, and 4 were suspended or expelled.

c. their families expected them to obey rules such as not drinking, coming in on time, not sneaking out, and some housework and chores. They usually got grounded and/or talked to or yelled at when they disobeyed the rules.

d. all reported that they usually reacted to frustration by yelling and screaming and arguing. They also said that half of them just ignored what others said and did what they wanted to. When angry, they yelled or threw things or got into fights.

e. things they disagreed with their families about most often were where they wanted to go or what they wanted to do and with whom. These disagreements occurred on a daily basis and the adolescents reported that they generally ignored their families and did what they wanted.

f. their best friends were usually other girls and they valued their friends' understanding and sharing their opinions and values and being willing to listen to them and care about them. Seven of the 8 interviewed said their friends were other addicts or alcoholics.

g. they decided about the clothes they bought and wore. Bad decisions they remembered making for 5 of the 8 girls were to use drugs or alcohol.

h. the most important people in their lives were family members, friends, and boyfriends and they valued their support and understanding.

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i. they disliked or hated their brothers and sisters and got along with adults, except for teachers and others in authority. Their boyfriends were usually very jealous of them and sometimes were abusive to them.

j. most or all of their friends were sexually active and 7 of the 8 interviewed were sexually active. 4 of the 8 felt that becoming sexually active was a bad decision and had regrets about it. Most said pressure from their friends or boyfriends was what made them become sexually active.

k. alcohol (7 of 8), marijuana, speed, and over-the-counter drugs were used most often, and 4 of 8 used on a daily basis. 5 of 8 said they got drunk or high every day before treatment.

l. when they were worried, they usually became nervous or tense and they worried about losing family members, and their friends and their friend's problems.

m. their best qualities were their loyalty and caring for their friends. They were proud of deciding to go to treatment, and ashamed of their drug or alcohol abuse, using others, being mean to their parents, and having sex for drugs.

n. they wanted to get a job and be independent during the next few years and had firm plans for the future. Staying clean and sober was an important part of 6 of the 8 girls' plans. 4 talked about hopes and dreams that they had for the future, and some realized that these might not be realistic in their present circumstances.

o. they also felt that others didn't understand them, or had unrealistic expectations for them. Four of 8 had 1 or more family members who were addicts or alcoholics, and had been sued or arrested at some time.

Study findings for Adolescents in Group III

Seven of 10 adolescents lived in a single family home, most lived in middle class neighborhoods. 7 of 1- lived in an urban area, 2 in a rural town and 1 in a suburban neighborhood. 7 of 10 lived with 2 parents, 1 with her single parent, 1 with her grandparents, and 1 with her guardian.

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I. The investigator observed that:

a. half of the girls felt that family members got along well with few conflicts. Most were comfortable, relaxed, and talked openly during the interview.

b. 6 of 10 felt that their relationship with their families was one of mutual love and concern, and was supportive. They felt close to their family. 6 of 10 also expressed frustration and resentment toward family members.

II. The adolescents reported that:

a. school related activities, relationships, creative and athletic interests were important to them. 3 said relationships were most important to them.

b. easy subjects were P.E. or sports for 5 of 10. Math was a harder subject for 6 of 10. 5 of 10 had never been in trouble at school.

c. they were responsible for chores at home, keeping their rooms clean, participating in group activities, such as band or drama, and serving in leadership positions such as club offices or cheerleader. 4 of 10 always or almost always met these responsibilities. Failing to keep their rooms clean was mentioned as the responsibility they most often neglected.

d. 8 of 10 lived with their parent(s) and brothers and sisters. They were expected to do their chores and to go to work if they had a job. 6 of 10 usually or always did these things. If they failed to do so, 8 of 10 were grounded and/or talked to. If their family was pleased with them, they were told this.

e. when frustrated they argued or tried again later. When angry, they yelled or left and went to their rooms, They most often disagreed with family members about where they wanted to go, what they 9 wanted to do, their friends, or their curfew. 48 The conflicts were resolved in 7 of 10 of them by talking or negotiating.

f. they decided their own bedtime and selected their clothes. If they made a poor decision, they got advice, talked to their parent or a friend, and lived with the consequences.

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g. seven of 10 looked up to their parents and respected their achievements, experience, strength, values, and support. They said the most important people in their lives were their family members. Best friends of 8 of 10 of them were girlfriends, who shared their values and opinions and were intelligent and achieved their own goals.

h. they got along well with their friends. They argued with their brothers and sisters and thought they were pesky, but loved them. They got along with adults outside their families.

i. most or all of their friends were sexually active and half of the adolescents were also. They said their first sexual experience "just happened."

k. six of 10 reported that they used alcohol.

l. they became quiet and withdrawn or irritable when worried. They most frequently worried about being embarrassed or not succeeding socially, and about their friends and their problems.

m. their best qualities were that they were good listeners, loyal friends, and got along with others well.

n. they saw college as a normal part of life and planned a professional career. They were unsure about which career they would choose and were considering several options.

o. they wanted to get through high school and go to college now, and 7 of 10 hoped they would be in college and be happy and doing well in the next few years.

p. they liked themselves and were proud of their achievements. They tried to please their families and meet their expectations. They accepted advice from others and expressed hopes and dreams which some realized might not be realistic.

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Telephone Recording Form Member Checks

Group I II III Adol. Sig.Oth.

Agree with:
Item Reason

Disagree with:
Item Reason

Received transcript? yes____no___ Corrections? yes___no___

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Appendix E

Approval Letters from Agencies and Institutions

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Rapides Parish School Board

P. O. BOX 1230
ALEXANDRIA, LOUISIANA 71309-1230

Douglas A. Jenkins
PRESIDENT

Allen Nichols
SUPERINTENDENT

October 29, 1989
RLS-21-89

Jean B. Ivey, M.S.N., R.N., C.
Assistant Director and
Associate Professor
Louisiana State University At Alexandria
Division of Nursing
8100 Highway 71 South
Alexandria, Louisiana 71302-9633

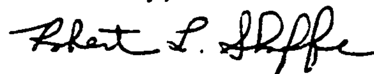
Dear Jean,

You are granted permission to visit girls P.E. classes at Alexandria Senior High to invite 16-18 year old females to participate in your research study, "The Phenomenon of Adolescent Identity Confusion".

As per your letter of October 23 all partipation is voluntary and must have parental consent. All interviews will be conducted at home.

Please contact Mr. Sanders to schedule your visit.

Sincerely,



Robert L. Shaffer
Assistant Superintendent
For Instruction

RLS:jj

cc: Mr. Sanders, Alexandria Senior High

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November 7, 1989

Institutional Review Board
University of Alabama at Birmingham
Birmingham, Alabama 35233

Dear Sirs:

Jean Ivey has permission to contact potential subjects for her dissertation research entitled "The Phenomenon of Adolescent Identity Confusion", pending your approval of this project.

Sincerely,

Lyn Goodin, M.D.
Medical Director

LG/wbj

P.O. Box 12960 Alexandria, LA 71315-2960 (318) 445 5111

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State of Louisiana
DEPARTMENT OF HEALTH AND HOSPITALS
OFFICE OF HOSPITALS
HUEY P. LONG REGIONAL MEDICAL CENTER
P O. Box 5352 - TEL. (318) 448-0811
PINEVILLE, LOUISIANA 71361-5352

Buddy Roemer
Governor

David L. Ramsey
Secretary

November 6, 1989

Institutional Review Board
University of Alabama at Birmingham
Birmingham, Alabama 35233

Dear Sirs:

Jean B. Ivey has permission to contact potential subjects for her dissertation research titled "The Phenomenon of Adolescent Identity Confusion" at the Antepartal Clinic held at Huey P. Long Regional Medical Center, pending your approval of the project. Only persons who have given proper written consent and authorize us to provide her with identifying information may be contacted.

Sincerely,

James E. Morgan
Hospital Director

JEM:mb

"AN EQUAL OPPORTUNITY EMPLOYER"

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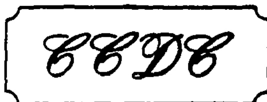
[illegible letterhead officer listing]



CENLA CHEMICAL DEPENDENCY COUNCIL, INC.
Post Office Box 8112 Pineville, Louisiana 71360
(318) 484-6408

BOARD OF DIRECTORS
[illegible roster]

November 6, 1989

Institutional Review Board
University of Alabama At Birmingham
Birmingham, AL 35233

Dear Sirs,

Jean B. Ivey has permission to contact potential subjects for her dissertation research titled "The Phenomenon of Adolescent Identity Confusion" at the Gateway Adolescent Treatment Center pending your approval of the project.

Regards,

Paul Witherow
Executive Director

PW:pm

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104 NORTH THIRD STREET
ALEXANDRIA, LA 71301
(318) 473-3900
1-800-367-3145

November 15, 1989

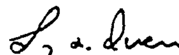
Ms. Jean B. Ivey, MSW
Assistant Director and Associate Professor
Louisiana State University at Alexandria
Division of Nursing
8100 Hwy. 71 South
Alexandria, LA 71302-9633

Dear Ms. Ivey:

Rapides Chemical Dependnecy Services is willing to participate in your doctoral dissertation study, "The Phenomenon of Adolescent Identity Confusion". We operate a small program for the treatment of adolescents, usually averaging about 5-6 patients at any one time. There are times in which we have no female adolescent patients. When you are ready to conduct your study, we will assist you in coordinating your research. We hope that we have adolescents and families in the program and who will be willing to participate when you are ready.

Please advise us when you anticipate beginning data collection.

Sincerely,



Larry Owen, BCSW, ACSW
Adolescent Program Director

LO/mg

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Appendix F

Institutional Review Board Approval Form

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The University of Alabama at Birmingham
Institutional Review Board for Human Use
205/934-3789
Telex 888826 UAB BHM

FORM 4: IDENTIFICATION AND CERTIFICATION OF
RESEARCH PROJECTS INVOLVING HUMAN SUBJECTS

THE INSTITUTIONAL REVIEW BOARD (IRB) MUST COMPLETE THIS FORM FOR ALL APPLICATIONS FOR RESEARCH AND TRAINING GRANTS, PROGRAM PROJECT AND CENTER GRANTS, DEMONSTRATION GRANTS, FELLOWSHIPS, TRAINEESHIPS, AWARDS, AND OTHER PROPOSALS WHICH MIGHT INVOLVE THE USE OF HUMAN RESEARCH SUBJECTS INDEPENDENT OF SOURCE OF FUNDING.

THIS FORM DOES NOT APPLY TO APPLICATIONS FOR GRANTS LIMITED TO THE SUPPORT OF CONSTRUCTION, ALTERATIONS AND RENOVATIONS, OR RESEARCH RESOURCES.

PRINCIPAL INVESTIGATOR: JEAN B. IVEY, MSN

PROJECT TITLE: DEFINING CHARACTERISTICS OF FEMALE ADOLESCENT IDENTITY CONFUSION

_____1. THIS IS A TRAINING GRANT. EACH RESEARCH PROJECT INVOLVING HUMAN SUBJECTS PROPOSED BY TRAINEES MUST BE REVIEWED SEPARATELY BY THE INSTITUTIONAL REVIEW BOARD (IRB).

__X__2. THIS APPLICATION INCLUDES RESEARCH INVOLVING HUMAN SUBJECTS. THE IRB HAS REVIEWED AND APPROVED THIS APPLICATION ON FEBRUARY 13, 1991 IN ACCORDANCE WITH UAB'S ASSURANCE APPROVED BY THE UNITED STATES PUBLIC HEALTH SERVICE. THE PROJECT WILL BE SUBJECT TO ANNUAL CONTINUING REVIEW AS PROVIDED IN THAT ASSURANCE.

_____ THIS PROJECT RECEIVED EXPEDITED REVIEW.

__X__ THIS PROJECT RECEIVED FULL BOARD REVIEW.

_____3. THIS APPLICATION MAY INCLUDE RESEARCH INVOLVING HUMAN SUBJECTS. REVIEW IS PENDING BY THE IRB AS PROVIDED BY UAB'S ASSURANCE. COMPLETION OF REVIEW WILL BE CERTIFIED BY ISSUANCE OF ANOTHER FORM 4 AS SOON AS POSSIBLE.

_____4. EXEMPTION IS APPROVED BASED ON EXEMPTION CATEGORY NUMBER(S)

Russell Cunningham, MD

DATE: FEBRUARY 13, 1991

RUSSELL CUNNINGHAM, M.D.
INTERIM CHAIRMAN OF THE
INSTITUTIONAL REVIEW BOARD

INTERIM CHAIRMAN OF THE
INSTITUTIONAL REVIEW BOARD

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Appendix G

Letters to Prospective Subjects

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Letter to Potential Adolescent Subjects

Dear Teenager:

I am a nurse who is talking to adolescents about their behavior and feelings about themselves. I hope that if I can find out what behavior and feelings you have I can help other nurses and health care workers recognize adolescents who have or may later have problems. I am doing this study as a part of my work as a doctoral student at the University of Alabama School of Nursing.

If you are between the ages of 16-18 years, I would like to talk to you about my study. If you participate, it will take about one to one and one-half hours of your time to answer the 25 questions. I will also want to interview one of your parents or another person who knows you well after I talk to you. I will tape record both of the interviews, but will identify the tape by a code number only, and will erase the tape after it is transcribed. I will also take notes about you and your family after the interviews are completed. No names or any other identifying information will appear in the transcription or in my notes. I would like to come to your home to do this interview, at a time that is convenient for you and your family. I would like to talk to you and your family member alone during the interviews.

If I ask you any questions that you do not want to answer, or if you want to stop before we finish all the questions, you can say so at any time. I would appreciate any additional comments or suggestions you can add to help me understand about how you usually act and feel. When the interviews are completed I will send you a copy of the transcription to correct and ask for any other comments or ideas you have at that time.

Would you like to participate? If you are interested, please complete the attached postcard. I will contact you to make an appointment to show you the permission form and see if you still wish to participate. When I call, I will explain the study and you can ask me any questions you may have about it. If you decide not to participate that is o.k. I hope to talk to you soon.

Sincerely,

Jean Ivey, R.N.C., M.S.N.

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Letter to Parents or Significant Others

Dear Parent or Family Member:

I am a nurse who is talking to adolescents about their behavior and feelings about themselves. I hope that if I can find out what behavior and feelings they have I can help other nurses and health care workers recognize adolescents who have or may later have problems. I am doing this study as a part of my work as a doctoral student at the University of Alabama School of Nursing.

If your adolescent has given you this letter, she has indicated to me that she is interested in participating in the study, and I would like to talk to you about the study. If you decide to participate, I will come to your home at a time convenient to you. After I interview your adolescent family member, I will talk to you, which will take about one to one and one-half hours of your time to answer the 25 questions I will ask you. I will tape record both of the interviews, but will identify the tape by a code number only, and will erase the tape after it is transcribed. I will also take notes about you and your family after the interviews are completed. No names or any other identifying information will appear in the transcription or in my notes. I would like to come to your home to do this interview, at a time that is convenient for you and your family. I would like to talk to you and your family member alone during the interviews.

If I ask you any questions that you do not want to answer, or if you want to stop before we finish all the questions, you can say so at any time. I would appreciate any additional comments or suggestions you can add to help me understand about how you usually act and feel. When the interviews are completed I will send you a copy of the transcription to correct and ask for any other comments or ideas you have at that time.

Would you like to participate? I have made arrangements to telephone you in the next few days. When I do, if you wish to participate, I will contact you to make an appointment to show you the consent form and see if you are interested. When I call, I will explain the study and you can ask me any questions you may have about it. If you decide not to participate just say so. I appreciate your time in considering my request and hope to talk to you soon.

Sincerely,

Jean Ivey, R.N.C., M.S.N.

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Prospective Subject Postcard

____
NAME

AGE (16-18 YEARS ONLY)________

____
STREET NUMBER/ P.O. BOX/APT. # PHONE NUMBER

____
CITY STATE ZIP

IF PHONE IS FRIEND OR NEIGHBOR'S THEIR NAME________________

DAY(S) TIME(S) TO CALL

MONDAY ( )___________AM_____________PM

TUESDAY ( )__________AM______________PM

WEDNESDAY ( )________AM______________PM

THURSDAY ( )_________AM______________PM

FRIDAY ( ) __________AM______________PM

SATURDAY( )__________AM______________PM

SUNDAY ( )___________AM______________PM

What member of your family knows you best?____________________________

____

THANK YOU FOR RESPONDING!!

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Appendix H

Verbal Explanation to Prospective Subjects

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Verbal Explanation to Prospective Subjects

Hello, I am Jean Ivey, a nurse who is doing a research study about teenage girls. I am talking to girls who are between 16 and 18 years old about themselves. I want to know what they do, what is important to them, what they plan for the future and anything else they would like to share with me. I am doing this study as a part of my work as a doctoral student at the University of Alabama School of Nursing.

Here is a letter about the study for you to read and think about. There is a postcard attached for you to return to me if you are interested. I am also going to give you a letter for your parents or the person in your family whom you think knows you the best. I would need to talk to that person when I come to talk to you. I want to do both the interviews in your home. When I get your postcard, I will contact you to make an appointment to show you the permission form and see if you still wish to participate. When I call, I will explain the study and you can ask me any questions you may have about it. If you decide not to participate that is o.k. I hope to talk to you soon.

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Appendix I

Subject Consent Forms

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Adolescent Subject Consent Form

I agree to participate in a study conducted to learn about the behavior, habits and feelings of adolescents conducted by Jean B. Ivey, M.S.N., R.N.,C., a doctoral student in Nursing at the University of Alabama School of Nursing at the University of Alabama at Birmingham. I understand that the purpose of the study is to find out what behaviors, feelings and thoughts adolescents and one of their family members report that might indicate their development of a sense of identity.

I understand that the answers I give will be given a code number only and that this consent form and identifying number will be stored separately from the answers and destroyed when the study is completed. I have been told that the reports of the information will be made in terms of the group interviewed, not as individuals. A tape recording of the interview will be made and the tape will be erased after transcription and any reference to my name or any other names mentioned will be removed from the transcription. Ms. Ivey also will make notes about the interview and her observations about myself and my family. After the transcriptions are completed I and my parent or family member will be mailed a copy of the transcription to correct and given an opportunity to make additional comments.

The benefits of participating in this study are to assist nurses in recognizing adolescents who might need assistance. I may also help nurses and other health care workers identify the problems and potential problems in adolescents and help them prevent these problems. The only known risk to me is that I may object to the questions asked, become anxious about how to answer them, or begin to worry about something I hadn't thought of before the interview.

The interview should take about one to one and one-half hours of my time and consists of questions about my behavior, habits, and feelings. I know that such interviews are the only way to find out how adolescents behave and think, other than a written questionnaire, which may not give a true picture of this information. I understand that I am free to refuse to answer any question and to stop participating at any time without penalty. I understand that participating in this activity or choosing not to do so has no effect on my care or treatment. I understand that there will be no cost for participation in the research. I understand that no payment will be made to me for participating in this study.

SUBJECT'S INITIALS_______

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The procedures to be used have been explained to me in language I can understand and an offer to answer any questions I have has been made. I understand that Ms. Ivey, the University of Alabama School of Nursing and the University of Alabama Hospitals and Clinics have no mechanism to compensate participants in this study who suffer distress as a result of participation. If I have any questions about the research, Ms. Jean Ivey will be glad to answer them. Ms. Ivey's phone number is 640-3281. I have received a copy of this informed consent. I understand that I am not waiving any of my legal rights by signing this consent form. My signature below indicates that I agree to participate in this study.

____________________________ ______________
Signature of Subject Date

____________________________ ______________
Signature of Witness Date

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Parent/Significant Other Subject Consent Form

I agree to participate in a study to learn about the behavior, habits and feelings of adolescents in the study conducted by Jean B. Ivey, M.S.N., R.N.,C. a doctoral student in Nursing at the University of Alabama School of Nursing at the University of Alabama at Birmingham. I understand that the purpose of the study is to find out what behaviors, feelings and thoughts adolescents and their parents or family members report that might indicate the adolescent's development of a sense of identity.

I understand that the answers I give will be identified by a code number only and that this consent form and identifying number will be stored separately from the answers and destroyed when the study is completed. I have been told that the reports of the information will be made in terms of the group interviewed, not as individuals. A tape recording of the interview will be made and the tape will be erased after transcription and any reference to my name or any other names mentioned will be removed from the transcription. Ms. Ivey also will make notes about the interview and her observations about myself and my family. After the transcriptions are completed I and my adolescent family member will be mailed a copy of the transcription to correct and given an opportunity to make additional comments.

The benefits of participating in this study are the knowledge that such understanding might help nurses to recognize adolescents who might have problems or need assistance. I may also help nurses and other health care workers identify the problems and potential problems in adolescents and help them prevent these problems. The only known risk to me is that I may object to the questions asked, become anxious about how to answer them, or begin to worry about something I hadn't thought of before the interview.

I understand that the interview should take about one to one and one-half hours of my time and consists of questions about my adolescent's behavior, habits, feelings, and attitudes. I know that such interviews are the only way to find out how adolescents behave and think, other than a written questionnaire, which may not give a true picture of this information as the person experiences it. I understand that I am free to refuse to answer any question and to stop participating at any time without penalty. I understand that participating in this activity or choosing not to do so has no effect on my care or treatment. I understand that

SUBJECT'S INITIALS_______

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there will be no cost to me for participating in the study. I understand that no payment will be made to me for participating in this study.

The procedures to be used have been explained to me in language I can understand and an offer to answer any questions I have has been made. I understand that Ms. Ivey, the University of Alabama School of Nursing and the University of Alabama Hospitals and Clinics have no mechanism to compensate participants in this study who suffer distress as a result of participation. If I have any questions about the research, Ms. Jean Ivey will be glad to answer them. Ms. Ivey's phone number is ___-____. I have received a copy of this informed consent. I understand that I am not waiving any of my legal rights by signing this consent form. My signature below indicates that I agree to participate in this study.

_____________________________ _____________________
Signature of Subject Date

_____________________________ _____________________
Signature of Witness Date

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Appendix J

Demographic Data Forms

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Adolescent Demographic Data Form

Code No.______ Age_____Grade in school_________________OR

Number of years of school completed ______________________

Marital status ____________________________________
(single, married, separated, divorced,widowed)

With whom do you live and their ages?
____
(parent, spouse,boy/girlfriend etc.)

____

Are your parents living? ____________________

Parents' Marital Status_____________________________

Do you work outside the home? _____

If so, Occupation__________________________________

Who is in your immediate family?__________________________

____

____

Number of brothers & sisters at home: ___________

Brothers & sisters: older than yourself ________

younger than yourself ________

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Parent/Significant Other Demographic Data Form

Parent ____ Significant Other ___ Code No. __________

Age ______ Relation to Adolescent________________________
(mother, father, grandparent, husband, boyfriend, etc.)

Marital status ____
(single, married, widowed, separated, divorced)

Highest Grade you completed in school _______

Highest grade completed in school by the adolescent's other parent, if applicable __________________

Occupation ____

Adolescent's parent(s) Occupation(s)______________________

____

Number of children at home including the adolescent ______

Number of children at home older than the adolescent _____

younger than the adolescent ________

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Appendix K

Interview Guides

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Adolescent Interview Guide

1. What are you most interested in right now? What hobbies or activities do you enjoy?

2. How important are these interests to you?

3. What does school mean to you right now ? What strengths or problem areas do you have with school?

4. What responsibilities do you have (at home, school, church, scouts, etc.)?

5. With whom do you live?

6. How do you respond to expectations your parents (or significant others) have? Give me an example of a time when you did not meet their (parent or significant others') expectations? What happened then?

7. How do/did your parents discipline you? How often do/did they do this?

8. How do your parents/significant other let you know they are pleased with your behavior?

9. How do you react when you don't get what you want?

10. How do you act when you're angry?

11. What do you and your parents/(significant other's name) most often disagree about? How often do you have major disagreements? How are they usually settled?

12. What decisions do you make alone?(bedtime, curfew, purchases, school activities, sports, church attendance, etc.)

13. How do you think you handle these decisions? What happens when you make a poor decision?

14. Who do you look up to ?

15. Who are the most important people in your life? Tell me about them.

16. Who are your best friends?

17. How do you get along with:
    brothers & sisters?
    cousins & relatives?
    peers
    boyfriends/girlfriends
    adults outside the home

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18. How many of your friends are sexually active? Are you sexually active now? How long have you been sexually active?

19. What experience have you had with alcohol or drugs? (If any, how often, what types, how often do you get drunk or high?)

20. How do you act when you are worried about something? What kinds of things do you worry about?

21. What do you think are your best qualities?

22. What plans do you have for your future? How firm are these plans?

23. How do you feel about yourself? Are there things you are especially proud of? ashamed of?

24. What would you like to do now? in the next few years?

25. Is there any thing else you would like to tell me about yourself?

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Parent/Significant Other Interview Guide

1. What are *______________`s best qualities?

2. What is _______________most interested in right now? Does she have any hobbies or activities she especially enjoys?

3. How important are these interests to ________________?

4. How does _________feel about school? Does she have particular strengths or problem areas with school work? Has she been in trouble at school during the past year?

5. What responsibilities does ______have (at home, school, church, scouts, etc.)?

6. What do you expect from _______? Can you give me an example of a time when she did not meet your expectations? What did you do?

7. How do you discipline_________? How often do you have to discipline_________?

8. How do you let ________know you are pleased with his/her behavior?

9. How does ________react when she doesn't get what she wants?

10. How does ________act when angry?

11. What do you and ________most often disagree about? How often do you have major disagreements? How are they usually settled?

12. What decisions does ________make alone?(bedtime, curfew, purchases, school activities, sports, church attendance)

13. How does ________handle these decisions? What happens when you feel she has made a poor decision?

14. Who does ________look up to?

15. Who are the most important people in _______'s life? Tell me about them.

16. Who are ______'s best friends?

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17. How does _______get along with
    brothers and sisters?
    cousins & relatives?
    peers ?
    boyfriends ?
    adults outside the home?

18. What does _______know about sex? Is she sexually active? How do you feel about that?

19. What experience has ______had with alcohol or drugs? (If any how often, what types, ever drunk or high?)

20. How can you tell when _________is worried about something? What kinds of things worry_______?

21. What concerns you about _________?

22. What plans does ______talk about for her future? How committed do you think she is to these plans?

23. How do you think _____feels about herself?

24. What would you like to see ______do now? in the next few years?

25. Is there anything else you would like to tell me about _____________?

*The adolescent's name is inserted in each blank

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Appendix L

Coding Manual for Significant Other Data

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Coding Manual for Significant Other Data

Item Code	Response
Best Qualities	
1 compatible	Get along, good natured, lot of friends, friendly, able to adapt
2 affectionate	loving, kind, considerate, caring tender-hearted, giving, makes you feel good
3 virtuous	Sense of right, works hard, does good job chores without asking, finishes what starts honest
4 capable	Talented, (specific talents), intelligent
5 appearance	dress, grooming, taste, style
6 mature	thinks for herself, insightful, able to consider others
7 adventurous	unafraid, willing to try new things, accepts challenges
8 "good girl"	almost always complies with parental expectations, standards social norms, seeks approval of adults.
Interests & Hobbies	
9 sports	basketball, camping, hunting, sports softball, swimming, out of doors, camps, gymnastics, archery
10 humanities	art, draws, music and musical instruments, band, clothes, French club, collecting, drama, debate, dance, reads.
11 social/family	getting a home and family, "being like normal teens," getting married, being in the crowd, wants to go.
12 leadership	holds offices, performs duties, in peer groups and community and church organizations.

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Item Code	Response
13 academic achievement	doing well in school, making good grades, enjoys difficult or challenging courses, honor society, scholarships, etc.
287 baby	have baby, finish school, finish treatment, stay clean
313	animals, pets, environment
314	works, has a job
Importance of interests	
14 very important	seen as a vital part of adolescent's life, not just a pass-time
15 not important	socializing is all she cares about, not relevant, is trivial.
16 somewhat important	important but not the most important thing in her life
17 used to be, isn't now	at one time this was really important to her, she has lost interest or personal crises have made it difficult made it difficult to continue.
18 other things important now	Considerations such as eating and having a place to live, or goals recently set more that may be difficult to achieve take precedence over the interest
Enjoyment of School	
20 yes/likes	competitive, likes to socialize, likes the teacher, good student
21 no/hates	dislikes school, courses, teachers,
22 gets by	adolescent seems to be doing as little as possible without failing, endures
23 not in school	has graduated or dropped out of school
24 working on GED	studying at home or taking a course to help in getting a certificate instead of a high school diploma.

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Item Code	Response
Importance of school	
26 very important	a primary family value, it is expected that she do well in school, go to college
27 important	education is seen as financial security
28 unimportant	has dropped out of school, doesn't see school as important, or dislikes school.
Problem areas	has difficulty with specific subjects
30	Science
31	Math
32	English
33	Reading
34	Nothing, excelled
35	Everything, needed tutoring, global dislike of school, failing grades
Strengths, enjoyed	specific subjects she had at school enjoyed or did well in at school
37	English, writing
38	drama, debate
39	band, choir, danceline, P.E.
40	Math, computer science
41	Science
42	Social studies
36	nothing, doesn't know
Trouble at school	Whether teachers and principals reported that she caused problems at school
43	None/Never
44	rule violations, dress code, tardy, skipping, excessive absences
45	sexual acting out, drug use or possession
46	aggressive, fighting at school, making threats to teachers or peers
47	suspension, expulsion,sent to another school, other sanctions
48	gangs, drugs, etc. outside school
Responsibilities	what she is expected to do independently on a regular basis
49	cleans own room,makes own bed,
Self-maintenance	buys clothes with allowance, irons or launders own clothes, car maintainence

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Item Code	Response
51 chores at home	helps with chores at home or assumes most of the responsibility for housekeeping, cooking, child care for siblings, take care of her baby.
52	offices held, responsibilities in school activities
53 community	activities requiring a commitment of time on a regular basis at church or in the community, AA, NA.
54 work	time spent at a job, major work/hobbies hobbies or interests. (p)
55 school	time spent on studying, homework, school (p)
Expectations met	whether or not she behaves as desired by the significant other
56 yes	Usually or almost always meets significant other's expectations (p)
57 no/not what want	met but "not what I want her to do," must be told/prompted, or does not meet (p)
58 sometimes	sometimes does meet expectations, doesn't do so consistently or frequently (p)
59-60 rarely none	occasionally / never meets expectations or the significant other has no expectations or expects to be disappointed most of the time
Expectations Not met, what happens?	
62 restrict/confine	send to room, restrict visitors, ground, take phone, make come in early, no tv, take allowance. (p)
63 reprimand reminder	reminded, verbal reprimand, redo the task, leave notes and signs. (p)
64 tolerate	ignore the fact that expectations are not being met, say nothing
65 doesn't happen	she consistently meets significant other's expectations (p)

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Item Code	Response
66 "thrown out"	adolescent is told to leave or thrown out of the house for not obeying/behaving appropriately, taken to treatment or detention
Method of Discipline	
68 restriction	tv, phone, curfew, going out, can't see boyfriend, take allowance.
69 discuss	yell, talk, threaten, argue
70 ineffective	never got the upper hand, punishment was not effective, "who cares" attitude
71 physical	hitting, slapping, whipping, beating, fighting, spanking
72 isolate	send her to her room or otherwise isolate her
73 ignore	withdraw emotionally and psychologically refuse to communicate with her.
Frequency of discipline	
74 daily	at least daily, sometimes 2-3 times a day
75 weekly	"quite frequently," weekly or 2-3x/month
76 monthly	once a month, every two weeks, 1-2x/month
77 seldom	1-2 times / year
78 never	unable to remember the last time or has never disciplined her
Punishment completed	
288	always or usually
289	sometimes, could get out of it
290	rarely, often talks them out of it, refused to comply
291	never, forgot or decided to lift, rescues, prevents natural consequences.

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Item Code	Response
Indicate approval:	ways the significant other lets her know significant other is pleased with her behavior
80 None	Parent is either not pleased or chooses to ignore her good behavior ("will make her conceited," etc.)
81 tell her	tell her that significant other is proud of, pleased with her
82 physical	hug her
83 indirect	give her that "certain look," tells others about her achievements
84 gratitude	thanks her for her efforts,
85 written	help write a note, send a card
86 reward	buy her something extra, give her a reward
87 praise + criticism	praise but point out what could have been better
Response to Praise	
88 accepts	accepts thanks, hugs back, smiles
89 ignores	ignores, does not respond to praise
90 discounts	is embarrassed or discounts praise, feels she cannot please significant other
91 action	does extra things, helps out
Reaction to frustration	
93 tantrums	storms to room, slams door, yells, tantrums, fits
94 defiance	does it anyway, finds a way to get, defiant
95 accepts	accepts that she can't have it

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Item Code	Response
96 sulks/pouts	is sullen, withdrawn, cross or irritable
97 begs	begs and pleads, argues, tries to persuade "tries to wear me down," "you don't trust me"
98 violent	aggressive, hits, threatens, "throws things, pushes
Angry behavior	
100 verbal	screams, verbally abusive, cries, loses control, shouts,threatens to go to live with dad, talks to friends
101 isolates	goes to room, slams door, turns up radio, withdraws, cries
102 aggressive	fights with sibling, aggressive with others, physically abusive
103 emotion	says parents are unfair, uncaring, don't trust her, etc.
104 depression	does as told, follows the rules, accepts or is resigned, is sad or quiet
105 not when angry	significant other not aware of any anger, says she never gets angry, can't tell she is angry.
Apology : does adolescent apologize when she is wrong, or otherwise indicate regret or remorse?	
106	Yes, often
107	occasionally
108	rarely, never
109	makes it up indirectly
110	significant other apologizes
Sources of conflict	
111 privileges	curfew, where to go, what to do, using the car, dating
112 prob. solv.	how to handle problems she encounters with peers, relatives, situations

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Item Code	Response
113 school	academics, school, school activities tests, grades, homework
114 social	choice of friends, boy/girlfriends leisure activities
115 responsibilities	getting chores done, room clean, honoring commitments
116 personal	clothes, make-up, hair, grooming
117 none	don't disagree or have conflicts, parents always right
Resolution of conflicts	
118 talk	talk it out, negotiate, compromise, talk to a friend, absent parent, etc.
119 ignore	don't resolve, blows over, comes up again
120 control	significant other's decision final, send to her room, adolescent capitulates
121 rebel	defiant, sneaks and does it, circumvents significant other, lie
122 3rd party	gets someone to intercede for her, persuade significant other, etc.
123 detach	let her handle the problem, try her solution
Frequency of conflicts	
124	daily
125	weekly
126	1-2x/month
127	1-2 x/year
128	seldom/never
Decisions made alone	
129 very few/none	seeks Mom's advice, refuses to make, little or no opportunity
130 purchases	clothes, make-up, shoes, tapes & records, etc.

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Item Code	Response
131 curfew	when to come in when out with friends or dating
132 bedtime	when to go to bed at night
133 or activities	activities, courses at school, church community groups, church attendance, homework.
134 friends	friends, boy/girlfriend, choices of and time spent with friends
135 personal	music, room decor, hairstyle, dress, make-up, meals
136 independent	makes all decisions without adult guidance
137 no options	decisions not subject to debate, firm rules and guidelines with no exceptions
138 negotiate	can negotiate if in disagreement with the decisions parents make
287	have baby, get treatment, finish school
Ability to make decisions	
139 good/does well	makes independent decisions with minimal assistance, makes good choices
140 erratic	frequent errors and poor choices, has difficulty
141 poor	admits mistakes, gets in trouble, mistakes, poor choice of friends
142 avoids	avoids deciding, may have very few opportunities, be reluctant or procrastinate
143	doesn't learn from mistakes.
Example of poor decision making	
293 sex	got pregnant,sexually active
294 drugs	use drugs/alcohol, shoplift, DWI

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Item Code	Response
295 school	drop out of school, ran away
296 judgement	foolish purchase, didn't call when late, take action
307 social	choice of friends or boyfriends
Response of Parent To Poor Decisions	
144 lives with it	lives with the consequences, faces the resulting problems
145 talk	talk to her, persuade her she was wrong
146 none	couldn't think of a poor decision or refuses to make decisions
147 criticism	criticizes, scolds, belittles, never forgets
Looks up to	
148 family	parent, step-parent, sibling (immediate family)
149 relatives	cousins, uncles, aunts, grandparents, etc.
150 heroine	rock star, movie star, world leader or heroine with whom she has little contact
151 friends	peers, adult friend, boyfriend
152 no one	no hero or heroine, no one idolized or especially respected
153 caring adult	coach, minister, teacher other adult with whom she has frequent contact
Description of role models, important people	
297	strong, non-conforming, outspoken, goal oriented
298	religious, ethical, self-sacrificial, giving
299	caring, supportive, close to her
300	bad influence, wrong crowd, not"real friends"

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Item Code	Response
317	Mom's present/1st marriage was as an adolescent or was pregnant as adolescent.
Important people	
154 family	parents, siblings, baby
155 relatives	other family members
156 friends	friends and peers
157 mate	boyfriend, husband
158	adult friend, teacher, coach caring adult
Best friends	
160 girls	female peers, older women
161 guys	male peers, older men
162 unknown	doesn't know/ have any
Parent approval of friends	
164 yes	yes, usually
165 no	no, dislikes
166 sometimes	likes some of her friends, dislikes others
167 unknown	doesn't know her friends or who they are
168 not necessary	respects her judgement, doesn't know all of her friends but she usually makes good choices.
Qualities of best friends	
169 good	well-behaved, similar backgrounds and family composition, same values, care about her, helpful.

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Item Code	Response
170 bad	bad influence, trouble makers, rude, poor family composition/ home situation
171 uneth. disloyal	manipulative, unethical, use her, let her get into trouble, sneaky, "wrong crowd", use drugs.
Get along with friends	
172 well	usually, disagrees sometimes but resolves quickly
173 always	never argues with friends, or doesn't know of arguments and disagreements
174 stormy	argues and bickers, gets angry, doesn't speak
175 disloyal	talks about them, gossips, lies
176 none	no real friends acquaintances only
Gets along with siblings	
177 disagrees	argues, fusses and fights (verbal) frequently or on a daily basis
178 fights	physical fighting, aggressiveness with no real injuries inflicted
179 embarrassed	embarrassed by or ashamed of siblings
180 hates	resents, jealous of, hates
181 harms	harmful aggressiveness, dangerous, injury inflicted during physical fights
182 close	sibling looks up to her,or she looks up to sibling,close to sibling
Gets along with cousins, relatives outside the immediate family	
183 yes	gets along very well
184 none	none, seldom see, not close, nothing in common

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Item Code	Response
185 close	close to one or two who care about her, talks or write to her often
Gets along with adults outside of the family	
187 well	very well, better than with peers
188 polite	avoids, polite but uncomfortable, ignores
189 rebel	rude, insulting, doesn't try, rebels
311	no contact with adults outside the family. Gets along with boyfriend(s)
190 disapproved	significant other dislikes(ed) boyfriend(s)
191 well	very well, good friends
192 none	very few, or no boyfriend
193 stormy	argues, fusses, breaks up frequently
194 abusive	yells, screams, physical violence, emotional abuse, uses her or she uses him
195 uneasy	has trouble relating, interacting if interested in him
196 approved	significant other likes/liked boyfriend
Knowledge of sex	
197 yes/everything	everything, a lot, they discussed it
198 factual	the facts, not emotional, psychological aspects
199 somewhat	somewhat, limited exposure
200 unsure	not sure, haven't discussed

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Item Code	Response
Sexually active	
202 yes	know for a fact she is sexually active or is fairly sure
203 possibly	not known to be, may be
204 no	no, probably not
205 unsure	not sure, they haven't discussed it
206 promiscuous	"her body is everybody's" , thinks she trades sex for favors, money, drugs, etc.
Parents feelings sexual behavior	
208 birth control	doesn't like but offers birth control or advocates or supplies birth control if she decides to be active.
209 no opportunity	thinks she is a virgin or has had little opportunity to be sexually active or is too afraid of AIDS, etc. to be active
210 sad	disappointed, disgusted, sad
211 control	protective, will prevent by keeping boys away from her
212 helpless	"doesn't matter" what significant thinks she decided to be active and can't be stopped.
213 hopeless	trap, dead end, end to hopes and dreams for her
214 ignorance	thinks she is too young and inexperienced to have sex, can't hope to understand what it should be
215 discourage	refused to provide birth control
318	o.k. because Mom did it too

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Item Code	Response
Drug/alcohol experience	
216 none	none, never tried, no exposure
217 occ. alc.	occasional drink, no drugs
218 experiment	experimentation with drugs & alcohol
219 abuse/addiction	has abused or been addicted to drugs or alcohol in the past or presently is using
220 user	frequent use of drugs, alcohol, or both
221 alcoholic fly	has one or more family members who are alcoholics or addicts or are in recovery
Frequency drunk/high	
222 not at all	never, or never seen drunk or high
223 hid well	hid well, high tolerance, couldn't tell
224 frequently	daily, or 3-4 x/week or every weekend
225 occasionally	occasionally, only once or twice
226 weekly	weekely or every other week
Worried behavior	
227 isolates	goes to room, "off to herself," sleeps
228 nervous	nervous, irritable, short-tempered
229 anxious	comes to talk, nervous, questioning, chatters
230 restless	doesn't eat or sleep, paces, stays up all night

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Item Code	Response
306	doesn't worry or can't tell when worried
Worries about	
231 friends	relationships with peers, boys, friends' problems
232 family	losing a family member, family problems
233 future	being able to get along independently, college, the baby, getting a job, money
234 unknown	wouldn't share with parent/significant other.
235 independence	being able to manage money, meet responsibilities.
Significant other's concerns	
236 success	graduating from high school, doing well in college
237 hazards	drugs, alcohol, sex, suicide
238 decisions	being able to function alone, make good choices, avoid mistakes, avoid pg or cd
239 gullibility	innocence, inability to recognize danger being easily led
240 future	what will happen to her in the long run, limiting factors, decreased options
241 present	the problems and difficulties she faces now, her present situation, tendency to procrastinate
242 optimism	unrealistic expectations for herself or others
243 insensitivity	selfishness, egocentric behavior, impulsiveness, rash behavior
244 self-worth	low self esteem, poor self concept, feelings of worthlessness
245 unable guilt	feels responsible for her problems, to supervise adequately, not physically or emotionally available, etc.

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Item Code	Response
312 none	significant other has no concerns
316 regret	sorry she's chosen pregnancy, drugs, marriage, etc. Future plans
246 education	college, graduate school, vocational education (maximal expectations)
247 traditional	baby, marriage, nice home,"good" husband
248 school	graduate from high school, get GED (minimal expectations)
249 career	profession or occupation, career
250 CD	choices limited by addiction
251 PG	choices limited by pregnancy
252 limited	choices limited by finances
Firmness of plans	
253 unsure	unsure, several options considered
254 firm	very sure, definite about plans
255 changing	no idea, changes constantly, "just talk"
256 can't plan	limitations make planning difficult or impossible now
Feelings about self	
257 low SE	low self-esteem, depression, feelings of worthlessness,
258 good	likes self, feels good about self
259 proud	proud of achievements, self-confident

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Item Code	Response
260 shame	ashamed, dislikes self, feels that she has failed or is unable to succeed, doesn't like her appearance
Present Hopes for	child
262 self feelings	develop self-esteem, improve image of develop "inner strength,"feel loved, be happy
263 achievements	finish high school, go to college, choose a good college, succeed there
264 baby	have baby, get on with her life
265 clean	get off drugs and alcohol, stay clean
266 behavior trouble	stay out of trouble, meet minimal standards
267 attitude	change her attitude
Want for her now	
269 happiness	enjoy self, senior year, high school
270 college	get college admission process complete
271 high school	complete GED, high school
272 baby	have her baby
273 treatment	finish treatment, half-way house
274	get a job, be independent independence
275	
Hopes in next few years	
276 achievements	college, sports, GED, be productive, achieve what she wants

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Item Code	Response
277 relationships	marriage, improved relationships with family, husband who is good to her
278 feelings	value self, discover what she wants, be happy
279 independence	be independent for a while before marriage
280 avoid	"not in jail," avoid trouble, not having a hard time or being unhappy
Other	
282 valued	"gift from God," special, love her
283 positive traits	"good kid", normal, wants to please, fun-loving
284 negative traits	too aggressive, not pretty, "little princess," manipulative, uncertain future, mood swings, disrespectful, lies.
285 individual	very different from siblings, other teenagers or family members
286 conflict	parental conflict, disagreement about her and how she should behave, be disciplined, etc.
287 decis./interest	have baby, finish school, finish treatment, or stay clean
288-291	Punishment completed
292	dependent behavior, dependent decision making encouraged or expected.
301	motherhood as adulthood, maturity
302	Attempts to get help for her fruitless, no resources or ineffective attempts to help her with her problems
303	Loss of someone she was close to, caused a change or problems for/with her
304	Apologizes but repeats offense again and again

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Item Code	Response
305	Oppositional behavior
308	Family violence
309	physical, sexual abuse
310	in treatment before, or more than once
315	frequent moves have been a problem or made a difference in her life, friendships, etc.
319	legal charges, arrests, probation

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Apenmdix M

Coding Manual for Field Notes Data

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Coding Manual for Field Notes Data

Category   a= adolescent p= significant other

Setting

01 single family home

02 apartment or mobile home

03 treatment center/group home

04 upper class neighborhood

05 middle class neighborhood

06 lower class neighborhood

07 predominantly white neighborhood

08 predominantly minority neighborhood

09 mixed neighborhood

10 comfortable

11 neat & clean

12 cluttered, untidy

105 urban

106 suburban

108 rural

Appearance

14 younger 16-30 y

middle aged 31-50 y

16 older 51 y and up

17 neatly dressed, inexpensive clothes 15

18 sloppy dress, messy or dirty clothes

19 nicely dressed, good clothes

Relationship of subjects

20 mother and daughter

21 stepmother and daughter

22 both parents and daughter

23 friend and adolescent

24 aunt and niece

25 grandmother and granddaughter

Family structure

26 blended family, or 2 blended families (divorced, both remarried)

27 nuclear family (biological parents and children)

28 married, living with husband (not with parents) or living with boyfriend

29 single parent and children

30 daughter independent, living alone or with female roomate

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107 living with relatives

Family dynamics

31 harmonious	parents compatible, no unusual family conflict reported or observed
32 parental conflict	parents have obvious areas of disagreement, which include the daughter and her behavior, etc.
33 mother/daughter major father/daughter deal of conflict	mother/father and daughter have areas of disagreement a good time
34 sibling conflict	sibling argue and fight more than frequently and have difficulty resolving their feelings and conflicts
35 estranged	little or no interaction between family members
36 tense, abusive?	strained atmosphere, undercurrents of family violence
37 chaotic	family unit obviously in crisis and having difficulty coping with the stress.
104 incestuous	suspected or confirmed incest, sexual abuse, etc.

Family problems/issues

38 financial difficulties

39 abusive/neglectful relationship(s)

40 alcohol, drug abuse (more than 1 member)

41 chronic illness in one or more members, loss of family members 42 adolescent not able to be at home

43 frequent/unexpected moves

Interview

44 comfortable, relaxed

45 tense, nervous

46 open, talkative

47 anxious, withdrawn

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48 minimizing, denial of problems

49 legal problems, court placement, detention

Researcher's impressions

50 unrealistic expectations for adolescent or self, or idealized relationships, expectations for others

51 idealism, intolerance

52 depression, hopelessness, sadness

53 shame, guilt, low self esteem

54 poor communication, misunderstanding, misperceptions

55 hostility, anger, resentment, defiance

56 rejection, scorn, estrangement, victimization

57 mutual love and concern

58 increasing conflict/ potential for

59 passive aggressive behaviors

60 religion, faith important

61 scornful, critical of religious beliefs, ethical guide-lines, power & control issues

62 respect, proud of family or child

107 significant other overly permissive, no responsibility taken for adolescent's behavior

Behavior

63 juvenile- childish behavior, impulsive, silly

64 impress- trying to impress the investigator

65 responsible behavior or responsibilities

66 realistic thinking?

67 mature-mature attitude/behavior for age

68 egocentric, asocial or antisocial

69 outgoing or congenial, gregarious

70 shy or withdrawn, uneasy or fearful

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71 hostile or angry, wary

72 willing to wait for progress toward goals, dreams

73 sexual activity & attitudes toward

74 dating behavior

75 adaptation or adjustments made

76 managing & saving money or resources

Values

77 honesty- sincerity, truthfulness, honesty

78 consideration of abortion & attitudes toward

79 education

80 helping other people

81 "good girl" seeking approval with conformity

82 achievement orientation

83 willingness to take perceived risks

105 religious beliefs, faith, spirituality important

Relationships

84 authority figure: one she perceives as having control over some area of her life

85 role model: person identified as a role model

86 separation or isolation from peers or significant others, alienation

87 supportive relationships: viewed as helpful or accepting toward her

88 mediator: person who intercedes in crises, problem areas

89 attachment: attachment to significant others is present

90 pressure: pressure from peers or significant others to behave or conform in some way

91 reciprocity: the relationship is reciprocal, each contributes and responds to the other

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92 manipulative: one uses or indirectly controls the other in the relationship

Feelings

93 regret: sadness or remorse for decisions/changes in life, grief & loss, situation or circumstances.

94 hiding: concealing or not expressing feelings

95 depression: sad and hopeless about self or situation, helplessness, resignation

96 anxiety: nervousness and concern about self or situation

97 logical: focuses on reason and logic, rather than feelings

98 rejection: feels rejected or unwanted by peers or significant others

99 trusting: ability or willingness to trust

100 fear: apprehension or dread

101 resentment: anger & frustration about situation or circumstances

102 flat: affect detached, cold attenuated

103 superior: feels able to dominate and control others, defiant, powerful

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Appendix N

Coding Manual for Adolescent Data

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Coding Manual for Adolescent Data

Code Theme/Pattern

Interests & Hobbies: Important * Most important **

01 none

02 1 or 2

03 many

04 school related

05 relationship oriented (family, friends, boyfriend)

06 job oriented

07 creative

08 athletic

09 crisis oriented (pg., cd, divorce, etc.)

10 church related

11 community activities

345 out with friends, drink, drive around

School Experience

12-13 enjoys/ academic excellence

14-15 failure or dropout hates it, does poorly

16 will get GED

17 seen as a social activity

315 depressing, tolerating it

Easy or good at:

18 Math
19 English
20 PE or sports
21 band/choir/drama art/debate
22 science
23 yearbook/newspaper/ literary magazine
316 social sciences

Hard or problem areas:

24 Math
25 Reading
26 English
27 science
28 social sciences
29 languages
30 nothing
349 typing

In trouble at school

31 never
32 tardy
33 suspended
34 expelled
35 fights at school,throwing things, cussing teachers
36 drugs at school
330 failed because of absences, truancy

Responsibilities

38 chores, housework
39 total for house, cooking, siblings, laundry etc.
40 none

41 own room
42 own clothes/grooming
43 offices/leadership cheerleader
44 team member: band choir, theatre, debate, danceline
45 job
318 succeeding at school

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How well responsibilities are met:
46 always
47 sometimes
48 often
49 rarely
50 never

Lives with:
51 parent(s) and/or step-parent
52 siblings (or step-siblings)
53 husband/boyfriend
54 grandparent(s)
55 other relative(s)
56 alone or in group home

Expectations others have
57 none/self-directed ("feel obligated", "know what needs doing") pay own bills, work, do her best
58 good grades, finish high school, go to college
59 do chores, go to work
60 call if late, obey house rules, got to church
61 honesty
62 don't drink or use drugs
63 calm, cooperative, kind to others

Expectations met
64 seldom/never
65 usually/always
66 sometimes

Example of not meeting
67 cruel to others
68 broke house rules (sneak out, lie, steal,etc.)
69 got pregnant or used drugs or alcohol
70 ran away
71 dropped out or failed school, made low grades

Consequences of not meeting
72 grounded (phone, stereo, tv, going out)
73 lost trust
74 talked to or yelled at, sent to room
75 physical or emotional abuse
332 thrown out of the house, told to leave

Method of discipline
37 ground
76 talking, lecturing, reminders, embarassment
77 physical emotional abuse
331 called police, had her arrested, put in treatment or detention

Frequency
78 daily
79 weekly

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80 monthly or twice a month
81 rarely (1-2 x /year)
82 can't remember last time or less than once a year

Punishment completed
83 usually or always
84 rarely, never
85 sometimes, partially

How parents let her know they're pleased
86 tell her
87 hug or kiss her
88 ignore good grades, other positive behavior
89 leave notes, write letters, send cards
90 buy her gifts
91 let her go somewhere, do something special

Reaction to Frustration
92 yells, screams, slams doors, curses, leaves
93 goes to room, isolates, cries
94 argues, discusses, reasons
95 accept, take in stride, live with it
96 tries later or does as she likes
320 pouts, sulks
333 none, gets whatever she wants
316 overeat, drink, runaway

Effective in getting what she wants?
97 no, rarely
98 sometimes, occasionally
99 yes, often

Angry Behavior
100 yells, screams, confronts
101 "never angry"
102 seldom angry, doesn't show
103 leaves, goes to /cleans room, cries, goes for a walk,
104 defiance, retaliatory
334 violence, throws things, hits, fights, physical acting out

Sources of conflicts
105 clothes, hair, make-up
106 where wants to go and what wants to do/buy, curfew
107 friends, boyfriends,relation-ships
108 alcohol, drug use
109 school, homework
110 chores, responsibilities, plans for the baby
111 none in recent past 322 abortion vs. having the baby

Frequency
112 daily or >1x/day
113 weekly
114 1-2x/month
115 rarely, 1-2x/year
116 never

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Conflict resolved by:
117 accepts parents' decision, never disagrees
118 not resolved
119 talk it out, negotiate
120 do what she wants/ignores them
121 relative mediates 321 family violence, physical acting out, out of control 340 apologizes or both apologize

Independent decisions
122 curfew
123 bedtime
124 homework
125 courses to take at school
126 clothes to buy and wear
127 activities at school, community
128 church attendance, participation
129 get a job
130 none, very few
131 spend money earned/allowance 323 have/not have baby, go to treatment

Consequences poor decisions
132 parents/ friends talk, help her
133 natural consequences
134 none, allowed to handle herself/ignored
135 lose parents' trust
136 criticism, punishment
137 couldn't think of one 351 sued, arrested, legal charges against her

Example poor decision or choice
138 used drugs or alcohol
139 got pregnant
140 bad choice of friends, boyfriends 347 none, unable to think of any 348 foolish purchase, wasted money,etc.

Looks up to
141 teacher
142 grandmother, other relative
143 mother's friend, adult friend
144 minister
145 rock star
146 father/mother
147 step-father/mother
148 sibling, peer, husband
149 no one

Qualities respected
150 achievements, experience
151 strength, values, courage, independence
152 non-conformity, individualism, risk-taking
153 acceptance, support, understanding

Most important people
154 family (immediate)
155 friends
156 boyfriend, husband, fiancee
157 teacher
158 relatives
159 baby

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Important qualities of the above
160 support, understanding
161 can talk about anything confidentially, non-judgmental
162 affected by whatever they do
163 affect her ideas, viewpoints
164 values, standards, beliefs
324 accepts advice, depends on them

Best friends
165 girlfriend(s)
166 Mom/step-mom
167 husband/boyfriend
168 none
169 relative
170 sibling
342 male friend

Qualities of best friends
171 shares opinions, values, interests
172 intelligent, academic ability, achievements
173 peacemaker, easy going, patient
174 loyal, trustworthy
175 good listener, understands, caring, mature

Relationship with boyfriend
176 none
177 best friend, share everything, kind, good to her
178 jealous, resents friendships with others
179 abusive, afraid of him

Relationship with friends
180 get along very good, seldom disagree
181 disagree and argue sometimes, but resolve it
182 no real friends
183 previously close, not now
336 friends are users

Relationship with siblings
184 argue, fuss and fight, love each other
185 hates siblings, don't get along at all
186 really close, share a lot, depend on each other
187 better than previously, still not comfortable
188 pesky, get into her things, won't leave her alone

Relationship with cousins, other relatives
189 seldom or never see, nothing in common
190 good friends, important, close
191 used to be close, not together much now
192 o.k., not very close, seldom disagree
335 nosy, only see when they want something

Relationship with adults outside the family
193 gets along fine
194 o.k. except authority figure
195 better than with peers
196 doesn't get along with them
197 gets along even if she dislikes them

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Friends' sexual activity
198 most or all
199 best friends aren't
200 doesn't know
201 some are
202 acquaintances are, friends aren't
203 mostly talk, most aren't

Opinion about teenage sex
204 o.k. if love or care about partner/not sorry
205 wrong, but doesn't condemn others/regrets she did
206 better to wait until married, might consider/wishes she'd waited
207 wrong and risky, would not consider/plans to change behavior

Sexual Activity
208 yes
209 not now (was previously)
210 no, never
211 for drugs or alcohol

Age 1st Coitus
12 y, 13y, 14y, 15y, 16y, 17y 18y

Circumstances
212 just happened
213 decided to or planned
214 decided against
337 peer pressure, expected of girls now
338 had sex for drugs
343 sexually abused

325 sex ed, and/or mom talked about sex
326 no sex ed, &/or mom didn't talk about sex

Alcohol & drugs
355 no drugs, no alcohol
356 no drugs, occasional alcohol
357 occasional drugs & alcohol
215 regular use of one or the other
216 heavy use of both
339 has 1/more family members who are chemically dependent or in recovery

Age began using
10y, 11y, 12y, 13y, 14y, 15y, 16y, 17y, 18y

Substance used
217 alcohol only
218 marijuana
219 speed
220 narcotics
221 OTC drugs, other's drugs
222 ecstasy
223 hallucinogens
224 inhalants

Frequency
225 1 or more x/day
226 2-3 x/week
227 weekends
228 monthly
229 < 1x/month
230 1-2x/year
231 < 1x/year

Drunk or high frequency
232 never
233 rarely, 2-3 x/year
234 daily

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235 every weekend, most weekends
236 1-2x/month

Worried Behavior
237 Quiet, withdrawn, "to herself," daydreams
238 Comes and waits to be asked what's wrong, talks about it
239 nervous, tense, overactive, restless, forgets to eat
240 short-tempered, easily irritated, cries easily, headaches, stomach upset, mouth ulcers, etc.
241 no change in behavior
327 anxious, anxiety attacks
346 overeat, drink, take drugs

Worries about
242 world events, environmental issues,etc.
243 losing family members, divorce, family members hurt/sick death
244 embarrassment, humiliation, social failure, school deadlines
245 baby, birth and health of baby, being pregnant
246 friends, their problems, siblings' problems
247 leaving home, being independent
248 losing boyfriend or husband

Best Qualities
249 intelligent
250 good listener
251 loyal, good friend
252 try new things
253 friendly, approachable, open, compatible
254 does a good job, competent, organized
344 unable to name any 352 appearance

Future plans
255 college as a normal part of
256 education as job security
257 education as economic advantage
258 marriage as adulthood
259 motherhood as adulthood
260 professional career
261 vocation or job
262 best job can find with education
263 must get financial aid for college
264 parents will pay for college, no limits
265 choice of colleges limited by finances
308 children as impediments

Firmness of plans
266 firm
267 unsure, many things considered
268 no plans
269 limited options due to circumstances

Want to do now
270 go somewhere with friends
271 get through high school, go to college
272 go where boyfriend/husband is

Next few Yrs.
277 in college, happy doing well
278 have a job, own place independent
279 marry, have children soon

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273 travel
274 have baby
275 out on own
276 stay clean & sober, with family & friends
280 single, work a while then marry, have kids later
329 caring for her child, stay clean

Feelings about self
281 good, like self
282 o.k., satisfied
283 low self-esteem, doesn't like self
284 ashamed, disappointed in self
285 not sure can do well on own of experience
305 others don't understand/approve of her
317 depression, suicide attempts, self-destructive behavior
319 guilt because of lack
327 anxious, anxiety attacks, fearful

Ashamed of
286 pregnancy
287 drug/alcohol abuse
288 mean to parent(s)
289 using others, sex for drugs, past behavior
290 looks, appearance
291 school failure, lack of achievement or social successs

Proud of
292 nothing
293 achievements, success, getting help, making right decisions
294 marriage or relationships
295 appearance, style, taste 3
05 helps mother, others

Other 296 world isn't fair
297 parents too strict, unreasonable
298 parents neglectful or abusive
299 parents values and beliefs ludicrous, ridiculous
300 parents partial to sibling or unfair to sibling
301 parents don't see her faults, or is able to fool them
302 parents overly critical, expect too much
353 parents rescue her, take out of treatment, bail out
328 has hopes and dreams, may realize not realistic
303 hopes and dreams destroyed by circumstances or others
304 hopes and dreams despite adversity
306 likes to dance and party
307 "good girl"
309 egocentric, immature behavior/attitudes
310 misunderstood, innocent
311 denial of obvious problems
312 unrealistic expectations for self, others
313 values defined or discussed(self-reliance, education, respect, achievement, trust, friendship, sex, abortion, marriage, family, same as parents')
341 dislikes stepparent, can't get along with (her/him)

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Appendix O

Initial Adolescent Interview Guide

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Adolescent Interview Guide

1. What do you think are your best qualities?

2. What are you most interested in right now? What hobbies or activities do you enjoy?

3. How important are these interests to you?

4. What does school mean to you right now ? What strengths or problem areas do you have with school?

5. What responsibilities do you have (at home, school, church, scouts, etc.)?

6. With whom do you live?

7. How do you respond to expectations your parents (or significant others) have? Give me an example of a time when you did not meet their (parent or significant others') expectations? What happened then?

8. How do/did your parents discipline you? How often do/did they do this?

9. How do your parents/significant other let you know they are pleased with your behavior?

10. How do you react when you don't get what you want?

11. How do you act when you're angry?

12. What do you and your parents/(significant other's name) most often disagree about? How often do you have major disagreements? How are they usually settled?

13. What decisions do you make alone?(bedtime, curfew, purchases, school activities, sports, church attendance, etc.)

14. How do you think you handle these decisions? What happens when you make a poor decision?

15. Who do you look up to ?

16. Who are the most important people in your life? Tell me about them.

17. Who are your best friends?

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18. How do you get along with:
    brothers & sisters?
    cousins & relatives?
    peers
    boyfriends/girlfriends
    adults outside the home

19. How many of your friends are sexually activite? Are you sexually active now? How long have you been sexually active?

20. What experience have you had with alcohol or drugs? (If any, how often, what types, how often do you get drunk or high?)

21. How do you act when you are worried about something? What kinds of things do you worry about?

22. What plans do you have for your future? How firm are these plans?

23. How do you feel about yourself? Are there things you are especially proud of? ashamed of?

24. What would you like to do now? in the next few years?

25. Is there any thing else you would like to tell me about yourself?

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Appendix P

Pilot Study Themes and Patterns and Demographic Data Reported by Pregnant Adolescents

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Pilot Study Themes and Patterns and Demographic Data
Reported by Pregnant Adolescents

Theme/Pattern	Frequency
Interests & Hobbies:	
reading	2
school or education	3
crossword puzzles	1
art	1
sports	1
Importance of interests:	
very	2
less than family	1
very, no plans	1
Enjoy School:	
enjoyed	2
didn't	2
Favorite subjects	
tutored others	1
math, english, history, science, social studies, art	1 each
Importance of school:	
very important	2
in future (GED)	(1 h.s. graduate) yes, 1
drop outs	(drop out) 2
Responsibilities:	
self care	4
housework	3
child care	1
chores	1
Lives with:	
parent	1
husband/boyfriend	2
grandmother	1
Expectations others have:	
none/self-directed	4
whatever Mom asks	("feel obligated," "know what needs doing") 1

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Theme/Pattern	Frequency
Consequences of not meeting expectations	
Parents talk, reason with	4
Mom distant (but "yelled & screamed" about sexual activity)	1
Physical punishment	2
Discipline methods (parents/ significant other)	
No TV, grounded	2
Switch, hit (2 grandmothers)	3
Ignore	1
Parents/ significant other shows approval	
None	2
Tell	2
"Certain look"	1
Thanks	1
Tells others	1
Reaction to Frustration	
Pouts	2
Manipulates	1
Accepts	2
Anger	1
Cries, upset	2
Angry Behavior	
Goes for fresh air	1
Withdraws	3
Cries	1
Sources of conflicts	
Calls mom too much	1
Contraceptives/abortion	1
Homework as a child	1
Clothes (mom)	1
subjects unable to think of conflicts recently	2
Frequency	
weekly/more	1
often at 13 to 14 years, not now	2
when in high school	2
Conflict resolved by:	
Grandmother mediates w/ mom	1
Argues	1
Agrees	1
Withdraw	3
Never disagrees (with mom)	1

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Theme/Pattern	Frequency
Best friends	
None (no peers named)	4
cousin	1
brother, sister in law	1
Gets along with:	
siblings*	4
cousins*	4
boyfriend/husband	4
peers	0
adults	4
*several were seldom seen or lived elsewhere	
Conflict with:	
sister-in-law	1
grandmother	1
caregiver	1
boys at school	1
denied any	1
Sexual Activity	
none	1
regular, monogamous	2
irregular	1
Age 1st Coitus	
15 y	2
16 y	1
17 y	1
Additional information:	
want to teach younger children to wait	2
wanted to be pregnant?	1
premarital sex is o.k.	1
Alcohol & drugs	
Never use alcohol	1
Never use drugs	3
Denies use alcohol now	1
Denies use drugs now	4
Frequency of Use	
1-2x/yr.	2
2x/wk.	1
Worried Behavior	
Quiet, withdraw	3
Cry	1

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Theme/Pattern	Frequency
Concerns:	
Health of the baby	4
Trusting health care personnel	1
Decisions Made	
Time, Activities	2
All with Boyfriend	1
Money & Expenditures	2
Consequences of Poor Decisions	
Parents talk, "help"	1
Natural consequences	1
None	1
Couldn't think of bad decision	1
Look up to:	
Father	1
No one	1
Grandmother	1
Mom	1
Admires/Reason	
Achievement, values, support risk taking, communication	1
"Lady". high expectations active, independent	1
Her friend > her mother	1
No one	1
Important people now	
Grandmother	3
Mom	2
Brother	3
Fiance/boyfriend/ husband	3
baby	2
Future plans	
Advanced education	2
Back to school (trade, art)	2
Get married	3
Seriousness of plans	
Serious but postponed	1
Somewhat serious	1
Serious but may not happen	2

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Theme/Pattern	Frequency
Feelings about self:	
Proud of:	
Comfortable	1
Proud, good,pleased	3
Independence	1
Maturity	1
Responsible	1
Independence	1
Helping	1
Role model	1
Nothing	1
Ashamed of:	
Pregnancy	1
Young mother	1
Nothing	2
Want to do now	
Go to school	1
Get a job	2
Care for baby	2
Next few years:	
Marriage	2
School/college	2
Best qualities:	
Helping people	1
Responsibility	1
Learned a lot	1
Likes children	2
Weak points:	
Pouting	1
Too strict with kids during pregnancy	1
None	Other
Marriage plans delayed by expense of baby	1
Disapproval of others, ? reasons for	1
Likes to dance and party	1

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Unanticipated themes:

1. Maturity versus egocentric or symbiotic relationships

2. "Good" girl

3. Children as impediments

4. Denial of potential problems

5. Values defined regarding: self-reliance, education, respect, achievement, trust, nature of friendship, premarital sex, abortion, family/marriage. One adopted mom's values wholesale.

6. Baby: healthy, intact family

7. Separation: One subject has virtually no intact relationships due to separations, divorce, death, and relocation. One whose mother died at age 8 years. One with no father, isolated, doesn't trust others. One whose parents are divorced, separated from siblings, friends and boyfriend.

8. Independence: from family financial support.

Pregnant Adolescent Demographic Data[a]

Subject Number	Age	Race	Grade or Status	Marital Status	Lives With	Works	Home Loc.
1	17	B	Grad.	S	Grandmother & 5 cousins	no	U
2	17	B	10+ trade sch.	S	boyfriend	no	U
3	17	W	GED	M	husband, in-laws	no	R
4	18	B	10+ Job Corps	S	mother	no	U

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	Previous occupation	Immediate Family	Siblings	Knows Best
1	waitress	mother	none	mother
2	waitress	grandmother	2 brothers	brother
3	waitress	mother sister-in-law husband brother	2 brothers	brother
4	brickmason	mother sister	1 sister	mother

[a] S = single, M = married, U = urban, R = rural

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Appendix Q

Derivation of Interview Guide Items

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Derivation of Interview Guide Items

Item #	Construct	Source
1	Committment	Erikson (1960)
	Low energy	Oldaker(1985)
	Social involvement	Kamptner (1988)
2	Committment	Erikson (1960)
	Industry, initiative	Protinsky (1988)
		Protinsky et. al.(1982)
3	Individual potential	Erikson (1960,1968)
	Identity diffusion	Erikson; Oldaker, 1985
	(1985) Responsibility	Ortman (1988)
4	Social Environment	Erikson (1960)
	Identity diffusion	Erikson (1950)
	Low energy	Oldaker (1985)
	Responsibility & Control	Ortman (1988)
5	Family constellation	Amoroso & Ware (1986)
	Social environment	Erikson (1960;1968))
6	Family functioning	Anderson & Fleming (1986)
	Home environment	Amoroso & Ware (1986)
	Mutual adaptation	Erikson (1968)
	Low energy	Oldaker (1985)
7	Discipline	Vicary & Lerner (1986)
		Jurich et al. (1985)
	Family functioning	Anderson & Fleming (1986)
	Parent/Child relations	Kamptner (1988)
8	Parent/Child relations,	
	Security	Kamptner (1988)
	Egocentrism	Elkind (1967;1980)
9	Control	Ortman (1988) [a]
	Manipulation	Expert Clinician
	Coping Kwakman et al.(1988)	
10	Active expression of	
	hostility	Oldaker (1985)
11	Personal/social	
	involvement, moratorium	Erikson(1950;1960;1968)

[a]Item suggested/supported by expert clinician consulted

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Item #	Construct	Source
12	Moratorium	Erikson(1950;1960;1968)
	Values	McCormick et al.(1985)
	Moral development	Cote`& Levine (1988)
	Identity Status	Marcia (1968)
13	Parent/child relations	Kamptner (1988)
	Decision making	Flick (1986), Mercer(1985)
	Theorist	Baker (1982)
14	Idealogy	Erikson (1968)
	Religion	McCormick et al. (1985), Roche(1986)
	Theorist	Baker (1982)
15	Personal environment	Erikson (1960)
	Dependency	Fraiberg (1982),Hughes & Torre, (1987)
16	Social environment	Erikson (1960)
	Social involvement	Kamptner (1988)
	Social relations	Campbell et al. (1984)
	Peer influence	Mahon (1983)
17	Relationships	Expert Clinician
	Social relations	Campbell et al. (1984)
	Heterosexual relations	Craig-Bray et al.(1988)
	Peer influence	Mahon (1983)
	Individuation	Campbell et al.(1984), Anderson & Fleming (1986)
18	Sexuality	Expert Clinician
19	Drug & Alcohol Experience	Expert Clinician
	Home environment	Amoroso & Ware (1986)
	Peer influence	Mahon (1983)
20	Anxiety	Oldaker (1985)
	Egocentrism	Elkind (1967;1980)
21	Security	Kamptner (1988)
	Individuation	Campbell et al.(1984), Anderson & Fleming (1986)
22	Committment	Erikson (1968)
23	Psychosocial maturity	Rosenthal et al. (1981)
	Self-esteen	Expert Clinician
24	Committment	Erikson (1968)

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Appendix R

Comparison of Data Sources

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Comparison of Data Sources

Data Source	Frequencies		
Group I[b] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Interests & hobbies			
Creative/ humanities	4	5	87.5
Social/family	4	7	62.5
Have baby	0	5	37.5
Athletic	4	4	100.0
School experience			
Enjoys	5	4	87.5
Hates/drop out	1	0	87.5
Best subjects			
Math	5	3	75.0
P.E./sports	4	4	100.0
English	3	0	62.5
Harder subjects			
Math	2	1	87.5
Trouble at school			
Never	2	6	50.0
Susp./rule viol	1	0	87.5
Responsibilities			
Self-maintenance	8	7	87.5
Chores	4	8	50.0
Total Respons.	2	0	75.0.
Community, team	6	2	50.0
Succeed school	5	5	100.0
Expectations met:			
Yes	6	7	87.5
Rarely/has none	0	0	100.0
Consequences/Discipline:			
Grounded	5	5	100.0
Discussed/talked	3	3	100.0
Physical	1	1	100.0
Frequency Discipline:			
Seldom/never	0	6	25.0
Punishment completed:			
Rarely/never	2	2	100.0

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Group I[b] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Indicate approval:			
Tell her	4	6	25.0
Physical	0	7	12.5
React to frustration:			
Yell/scream/curse	1	3	75.0
Argue/reason	2	2	100.0
Accept/live with	5	2	62.5
Sulk/pout	1	5	50.0
Angry behavior:			
Yell/confront	2	4	75.0
Leaves/cries	5	6	87.5
Violence/fights	0	0	100.0
Sources of conflict:			
Social/curfew	5	5	100.0
Friends/boyfriends	2	7	37.5
Conflict resolved by:			
Acc. par. decis.	4	6	75.0
Not resolved	2	1	87.5
Talk/negotiate	7	3	50.0
Rebel	2	3	87.5
Family violence	1	0	87.5
Independent decisions:			
Bedtime	1	1	100.0.
Clothes buy/wear	7	5	75.0
Activities	2	5	62.5
Consequences of poor decisions:			
Lives with it	4	5	87.5
Parents talk	3	4	87.5
Example poor decision:			
Choice friends/ boyfriends	1	1	100.0
Sex/pg.	0	5	37.5
Looks up to:			
Family/parents	5	3	75.0
Relative	4	2	75.0
Qualities respected:			
Strong/non-conf.	3	3	100.0
Achieve./exper.	8	3	37.5
Acceptance,caring	8	7	87.5

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Group I[b] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Important people:			
Family	8	4	50.0
Friends	2	0	75.0
Boyfriend/husband	4	4	100.0
Best friends:			
Girlfriends	4	6	75.0
Qualities Best Friends:			
Same opin./inter.	5	6	87.5
Listens, cares	4	6	75.0
Rel. with friends:			
Good, sel. argue	3	4	87.5
Friends users, bad influence	0	0	100.0
Rel. with siblings:			
Argue but loves	6	8	75.0
Hates, don't get along at all	1	1	100.0
Close	5	2	62.5
Rel. with boyfriends:			
Best friends,share	4	3	87.5
Jealous/resents oth.	2	1	87.5
Rel. with adults outside fly.:			
Gets along fine	4	5	87.5
O.K. not author.	1	1	100.0
Rel. with cousins/relatives:			
Seldom see	1	0	87.5
Close	4	5	87.5
Sexually active:			
Yes	3	7	50.0
No, probably not	0	1	87.5
Opinion teenage sex:			
O.K. if care	4	0	50.0
Wrong/regrets	1	4	62.5
Alcohol & drug use:			
None	3	4	87.5
Occ. alcohol	5	3	75.0
Abuse/addiction	1	1	87.5

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Group I[b] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Freq. drunk/high:			
Never	4	5	87.5
Worried behavior:			
Quiet, withdr.	5	3	75.0
Nervous/tense	2	1	87.5
Anxious	3	4	87.5
Worries about:			
Losing fly. memb.	3	1	75.0
Baby, health, birth	5	5	100.0
Friends, their problems	2	1	87.5
Best qualities:			
Good list./aff.	2	2	100.0
Loyal/virtuous	3	3	100.0
Compatible	3	1	75.0
Competent	5	3	75.0
Future plans:			
College/ed.	5	6	87.5
Career	2	1	87.5
Child care	7	5	75.0
Firmness of plans:			
Firm	3	1	75.0
Unsure	9	3	25.0
Want to do now:			
H.S. grad/coll.	2	4	75.0
Next few years:			
Coll. doing well	2	3	87.5
Job, indep.	5	0	37.5
Relationships	7	1	12.8
Feelings about self:			
Good, like self	3	2	87.5
Low self-esteem	2	1	87.5
Other:			
Hopes & dreams /future	6	7	87.5

[a]N = 26, [b]*n* = 8

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Group II[c] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Interests & hobbies			
Creative/ humanities	5	4	87.5
Social/family	0	3	62.5
Athletic	6	6	100.0
School experience			
Enjoys	2	0	75.0
Hates/drop out	6	5	87.5
Best subjects			
Math	4	3	87.5
P.E./sports	4	2	75.0
English	4	1	62.5
Harder subjects			
Math	2	2	100.0
Trouble at school			
Never	0	1	87.5
Susp./rule viol	4	4	100.0
Fights, violence	4	4	100.0
Responsibilities			
Self-maintenance	3	7	50.0
Chores	5	6	87.5
Total Respons.	1	6	37.5
Community, team	3	5	75.0
Succeed school	2	1	87.5
Expectations met:			
Yes	0	1	87.5
Rarely/has none	6	6	100.0
Consequences/Discipline:			
Grounded	5	1	50.0
Discussed/talked	4	2	75.0
Called police/arr.	4	2	75.0
Physical	2	4	75.0
Punishment completed:			
Rarely/never	7	5	75.0
Indicate approval:			
Tell her	2	5	62.5
Physical	0	0	100.0

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Group II[c] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
React to frustration:			
Yell/scream/curse	8	3	37.5
Argue/reason	0	4	50.0
Accept/live with	0	1	87.5
Sulk/pout	1	3	75.0
Angry behavior:			
Yell/confront	4	5	87.5
Leaves/cries	3	2	87.5
Violence/fights	7	7	100.0
Sources of conflict:			
Social/curfew	5	3	75.0
Friends/boyfriends	2	5	62.5
Conflict resolved by:			
Acc. par. dec's.	0	2	75.0
Not resolved	4	6	75.0
Talk/negotiate	1	3	75.0
Rebel	8	7	87.5
Family violence	5	3	75.0
Independent decisions:			
Bedtime	1	2	87.5
Clothes buy/wear	6	3	62.5
Activities	4	3	87.5
Consequences of poor decisions:			
Lives with it	2	3	87.5
Parents talk	2	3	87.5
None	5	0	37.5
Example poor decision:			
Choice friends/ boyfriends	4	4	100.0
Drugs/alc.abuse	7	2	37.5
Looks up to:			
Family/parents	0	2	75.0
Relative	0	2	75.0
Qualities respected:			
Strong/non-conf.	5	2	62.5
Achieve./exper.	4	2	75.0
Acceptance,caring	4	4	100.0

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Group II[c] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Important people:			
Family	4	3	87.5
Friends	4	4	100.0
Boyfriend/husband	4	0	50.0
Best friends:			
Girlfriends	6	7	87.5
Qualities Best Friends:			
Same opin./inter.	6	3	62.5
Listens, cares	7	4	62.5
Unethical	0	3	62.5
Rel. with friends:			
Good, sel. argue	3	3	100.0
Friends users, bad influence	7	5	75.0
Rel. with siblings:			
Argue but loves	2	4	75.0
Hates, don't get along at all	4	4	100.0
Close	2	2	100.0
Rel. with boyfriends:			
Best friends,share	3	0	62.5
Jealous/resents oth.	4	4	100.0
Rel. with adults outside fly.:			
Gets along fine	2	4	75.0
O.K. no author	5	5	100.0
Rel. with cousins/relatives:			
Seldom see	5	4	87.5
Close	2	1	87.5
Sexually active:			
Yes	7	8	50.0
No, probably not	1	0	87.5
Opinion teenage sex:			
O.K. if care	2	1	87.5
Wrong/regrets	4	1	62.5
no respons.	5	6	87.5
Alcohol & drug use:			
None	0	0	100.0
Occ. alcohol	0	0	100.0
Abuse/addiction	8	5	62.5

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Group II[c] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Freq. drunk/high:			
Never	0	2	75.0
Daily	5	5	100.0
Worried behavior:			
Quiet, withdr.	2	4	75.0
Nervous/tense	4	1	62.5
Anxious	0	1	87.5
Worries about:			
Losing family memb.	6	4	75.0
embarrass/deadlines	3	1	87.5
Friends, their problems	4	2	75.0
Best qualities:			
Good list./aff.	1	1	100.0
Loyal/virtuous	4	2	75.0
Compatible	1	6	37.5
Competent	1	1	100.0
Future plans:			
College/ed.	4	1	62.5
Career	3	3	100.0
Firmness of plans:			
Firm	4	4	100.0
Unsure	1	2	87.5
Want to do now:			
H.S. grad/coll.	1	3	75.0
Clean & sober	6	6	100.0
Next few years:			
Coll. doing well	3	0	62.5
Job, indep.	6	1	37.5
Relationships	4	4	100.0
Feelings about self:			
Good, like self	2	1	87.5
Low self-esteem	2	5	62.5
Other:			
Hopes & dreams /future	3	6	62.5

[c] n = 8

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Group III[d] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Interests & hobbies			
Creative/ humanities	6	8	80.0
Social/family	6	5	90.0
Athletic	5	3	80.0
School experience			
Enjoys	7	7	100.0
Hates/drop out	1	0	90.0
Best subjects			
Math	1	1	100.0
P.E./sports	5	1	60.0
English	4	5	90.0
Harder subjects			
Math	6	6	100.0
Trouble at school			
Never	5	7	80.0
Susp./rule viol	0	0	100.0
Responsibilities			
Self-maintenance	3	8	50.0
Chores	4	8	50.0
Community, team	7	6	90.0
Succeed school	7	8	90.0
Expectations met:			
Yes	6	7	90.0
Rarely/has none	0	2	80.0
Consequences/Discipline:			
Grounded	8	2	40.0
Discussed/talked	5	6	90.0
Physical	0	0	100.0
Frequency Discipline:			
Rarely (1-2x/yr)/ Can't remember	7	5	80.0
Punishment completed:			
Rarely/never	0	0	100.0
Indicate approval:			
Tell her	6	10	60.0
Physical	0	3	70.0

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Group III[d] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
React to frustration:			
Yell/scream/curse	2	4	80.0
Argue/reason	5	4	90.0
Accept/live with	6	4	80.0
Sulk/pout	1	2	90.0
Angry behavior:			
Yell/confront	8	6	80.0
Leaves/cries	6	3	70.0
Violence/fights	1	1	100.0
Sources of conflict:			
Social/curfew	9	4	50.0
Friends/boyfriends	7	6	90.0
Conflict resolved by:			
Acc. par. decis.	2	5	70.0
Not resolved	4	4	100.0
Talk/negotiate	7	7	100.0
Rebel	0	1	90.0
Family violence	0	0	100.0
Independent decisions:			
Bedtime	6	1	50.0
Clothes buy/wear	9	7	80.0
Activities	4	9	50.0
Consequences of poor decisions:			
Lives with it	5	5	100.0
Parents talk	6	3	70.0
Example poor decision:			
Choice friends/ boyfriends	1	1	100.0
Looks up to:			
Family/parents	7	5	80.0
Relative	3	5	80.0
Qualities respected:			
Strong/non-conf.	7	5	80.0
Achieve./exper.	6	5	80.0
Acceptance,caring	8	7	90.0
Important people:			
Family	8	6	80.0
Friends	4	2	80.0
Boyfriend/husband	1	1	100.0

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Group III[d] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Best friends:			
Girlfriends	8	8	100.0
Qualities Best Friends:			
Same opin./inter.	7	6	90.0
Listens, cares	3	6	70.0
Rel. with friends:			
Good, sel. argue	6	7	90.0
Friends users, bad influence	0	2	80.0
Rel. with siblings:			
Argue but loves	5	7	80.0
Hates, don't get along at all	0	0	100.0
Close	2	7	50.0
Rel. with boyfriends:			
Best friends,share	4	4	100.0
Jealous/resents oth.	2	1	90.0
Rel. with adults outside fly.:			
Gets along fine	8	6	80.0
O.K. not author	1	1	100.0
Rel. with cousins/relatives:			
Seldom see	3	3	100.0
Close	3	3	100.0
Sexually active:			
Yes	3	1	80.0
No, probably not	5	8	70.0
Opinion teenage sex:			
O.K. if care	2	0	80.0
Wrong/regrets	3	0	70.0
Alcohol & drug use:			
None	3	3	100.0
Occ. alcohol	5	6	90.0
Abuse/addiction	0	0	100.0
Freq. drunk/high:			
Never	3	7	60.0

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Group III[d] Interviews: Theme	Adolescent Frequency	Sig.Other Frequency	Percent Agreement
Worried behavior:			
Quiet, withdr.	6	6	100.0
Nervous/tense	5	6	90.0
Anxious	3	1	80.0
Worries about:			
Losing fly. memb.	4	3	90.0
Friends, their problems	5	8	70.0
Best qualities:			
Good list./aff.	6	4	80.0
Loyal/virtuous	5	5	100.0
Compatible	6	4	80.0
Competent	3	3	100.0
Future plans:			
College/ed.	10	7	70.0
Career	7	5	80.0
Firmness of plans:			
Firm	4	1	70.0
Unsure	3	7	60.0
Want to do now:			
H.S. grad/coll.	5	2	70.0
Next few years:			
Coll. doing well	7	7	100.0
Job, indep.	3	1	80.0
Relationships	3	1	80.0
Feelings about self:			
Good, like self	7	5	80.0
Low self-esteem	1	2	90.0
Other:			
Hopes & dreams /future	5	3	80.0

[d] *n* = 10

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GRADUATE SCHOOL
UNIVERSITY OF ALABAMA AT BIRMINGHAM
DISSERTATION APPROVAL FORM

Name of Candidate Jean B. Ivey

Major Subject Maternal Child Health Nursing

Title of Dissertation Defining Characteristics of Personal Identity Disturbance in Adolescent Females

Dissertation Committee:

________________, Chairman

Director of Graduate Program ________________

Dean, UAB Graduate School ________________

Date October 28, 1991

PS 1428

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