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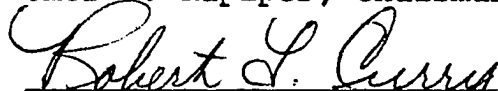
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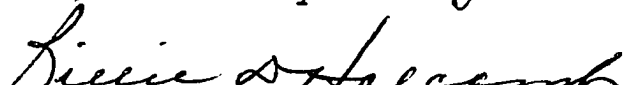
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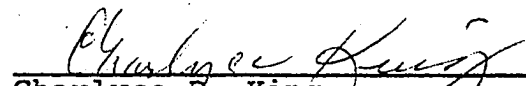
CASE STUDY RESEARCH OF  
ATYPICAL ADOLESCENT BEHAVIOR

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## CASE STUDY RESEARCH OF ATYPICAL ADOLESCENT BEHAVIOR

### CHAPTER I

Traditionally the case study is an intensive investigation of a person or unit in an effort to present a detailed representation of the subject together with subsequent treatment and follow-up. Typically, a case study is designed to present information with respect to current status. As descriptive research, it offers historical data, diagnosis or syndrome, treatment, and follow-up as an explanation in comprehending the reported behavior.

However, case study research can allow for the analysis of data and the assessment of particular conduct leading to atypical behaviors. As Good (1963) pointed out, case study used as a method of prediction enables one to hypothesize regarding the structure and dynamics of a particular individual based on data from a life history. The opportunity of drawing hypotheses from a case study and comparing it with other cases exhibiting atypical behavior is an important step in understanding psychological



theories and how they can be used in making accurate predictions about human behavior. Helmstader (1970) stated, "Perhaps the great advantage of a case study approach, as far as adding to our body of knowledge is concerned, is that it is a tremendous producer of ideas, suggestions, and hypotheses about behavior" (p. 52).

### Statement of the Problem

Case study research is furnished for training, which allows for the generation of hypotheses in an effort to ascertain if similarities or generalities of different characteristics, variables or relationships are evident across atypical behaviors. Just as the procedure of expecting students to make sense of psychological theory without practical application is of question, so to is the expectation placed on students to practice in their field without an internalized and integrated theoretical framework of psychology. One of the values of case study research is in allowing students to use case data in understanding formative theory. With the use of case data, theory is then utilized in relationship to the concrete examples culminating in constructive hypotheses. Case studies presented are a selection of cases designed to furnish a sample of authentic cases exhibiting atypical adolescent behavior. As representations taken from experience they were chosen to illustrate typical adolescent

problems leading to atypical behavior. The cases are designed to confront students with the problems they will face and to enrich their background in terms of understanding the origins and complexities of behavior.

#### Statement of the Purpose

Hypotheses presented in this study are to provide a basis for discussion in substantiating the application of psychological theories to atypical behavior. This can allow students the occasion to compare and gain meaning from prevalent psychological theories of adolescence. Serving as a guide for discussion, the hypotheses developed can be utilized by the students employing their knowledge of psychological theories in arriving at an understanding of cause and effect relationships leading to deviancy. At the end of most academic programs dealing with human behavior, students are exposed to a quasi-job experience in which they are given an opportunity to apply psychological theory in understanding behavior. This study will help students determine the factors and relationships of case study data which may have influenced the unusual behaviors. This can be used to help students determine why certain behaviors are elicited as well as being made aware of what is exhibited. This will improve on the didactic method of instruction traditionally used wherein the student is characterized as the passive recipient of

information. The purpose with this study is to involve the student, drawing on his knowledge of psychological theory, in making dynamic interpretations and formal diagnoses. A study of case data in this way becomes scientific, involving observation, reasoning, testing and verification.

### Scope and Limitations of the Study

This paper presents in-depth cases of various syndromes in an attempt to determine if general patterns of different characteristics are common and if unique attributes exist in cases revealing atypical behaviors. From these observations hypotheses are formulated which are to be used in provoking comprehensive discussion of the problems involved. The intent has been to center hypotheses on questions vital to the data in order to bring about understanding and discussion based upon, and justified by, psychological theory. In this way practice and theory are conjoined. This could enhance the student to see more clearly the value of theory and its practical application.

Five case studies were chosen as representative of typical problems that the student in the behavioral sciences might encounter. Of course, case studies are limited by condition, therefore, the cases presented herein are based on the writer's limitations both experientially and academically. The cases originated from the experiences within the writer's background, although the experiences

were limited, these seem to be illustrative of the typical patterns of other adolescents who display atypical behavior.

### Ethical Considerations

Persons in the behavioral sciences are devoted to the service and understanding of man. While pursuing this principle the conscientious professional psychologist believes in the personal worth and dignity of those he serves. Students in the behavioral sciences bring to their professional experience their own set of beliefs and values. Yet one's individualized ethical principles are not enough in dealing with the personal lives of others. Ethical principles of various professional disciplines have been reviewed to insure that no rights of privacy were being infringed upon. There must be constant vigilance by behavioral scientists to maintain a person's ethical rights and privacy.

APA Ethical Standards of Psychologists (APA, 1953) indicated that psychology is devoted to the further understanding of man and to offer clinical service. The nature of these tasks implies a continuous involvement in ethical issues. The document represents an attempt to define and give explicit expression to ethical values related to the professional relationships of psychology. It is fundamental to the belief of psychologists that a profession which influences human problems so intensely has a continu-

ous obligation to define the rules by which it will operate (see Appendix A for complete derivation of Principle 16, Research Precautions).

Ethical principles of the National Educational Association, "Code of Ethics of the Education Profession," also deals with the worth and dignity of those influenced particularly as it applies to individuals in the educational process. The consideration for the right and freedom to learn along with the guarantee of equal educational opportunity for all is the major premise of this document, (see Appendix B for complete derivation of the NEA Code of Ethics of the Education Profession).

## CHAPTER II

### REVIEW OF THE LITERATURE

Expressed attitudes of adults toward adolescents tend to be negative and take the form of severe criticism, prediction and sweeping generalizations leveled at them, not so much as individuals, but as a generation that poses a threat to the existing social situation. It is important to understand that adolescence can be seen as a constructive stage in human development both for the individual adolescent and society. It is through the understanding of the dynamics of normal adolescents that the transition from childhood is made comprehensible.

Various theories of adolescent development have been reviewed in order to present a picture of normal growth and development during this period of time. If hypotheses are generated to help explain deviancy, one must have a knowledge of normal development. Several well known theories have been considered and are presented in this paper. Psychological theories are reviewed which may help in formulating hypotheses, but restriction to these is by no means implied.

A. Freud (1958) described adolescent development and the dynamics of this stage with emphasis on character formation during puberty and its impact on conflict between id and ego. Adolescence can appropriately be called the age of anxiety. Youth at this stage have to cope psychologically with anatomical and physiological change which involves coming into adulthood. The drive to autonomy leads to changes in family relationships, new demands are made by the world, and adolescents have new expectations of society (Freud, 1958). The onset of adolescence was proclaimed by the physical changes linked to puberty. They not only ushered in a new set of physical and sexual potentials, but introduced a range of emotional responses together with a reorganization of body image.

A. Freud (1946) spoke of adolescence as an expectable transition of upset, bridging the psychological worlds of childhood and adult life. She pointed to alterations that characterized this period and forced a move from the psychosocial equilibrium of the child within his family through a phase of expected and unavoidable developmental disturbances leading to adult independence. The revival of the Oedipus complex during this time brought back earlier castration fears of boys and penis envy in girls. The adolescent defends against the anxieties which sexual impulses aroused by excessive fantasy, aggressive behavior, and asceticism.

At this stage there can be a lapse into pregenital (oral, anal) gratification. These conflicts are usually resolved as the individual progresses through this stage. Pathological trends, however, may develop with some cases resulting in the following: (1) a domination of the ego by the id resulting in uninhibited gratification of the instincts, or (2) domination of the id by the ego which is then exhibited by inhibition and asceticism in regard to sex or sleeping, eating and dressing habits. The crisis of this stage then becomes a struggle for this individual to maintain a balance between the id, ego, and superego. Freud (1946) stated, "The adolescent manifestations come close to symptom formation of the neurotic, psychotic or dissocial order and merge almost imperceptibly into borderline states, initial, frustrated or fully fledged forms of almost all the mental illnesses. Consequently, the differential diagnosis between the adolescent upsets and true pathology becomes a difficult task" (p. 189).

Erikson's (1959) psychosocial account of development was reminiscent of Freud's theory of psychosexual development. There were three basic concepts which distinguished Erikson's theory from that of Freud's. First, there was the general theme of growth as a continual process of ego identity. Second, the process of social relationships as that fundamental to resolution if success at each stage was to be achieved. And third, even though



the task of identity and its acquisition was the same across societies, the means to achieving this may be different from one culture to the next. Each of Erikson's stages are bipolar, exhibiting both positive and negative levels: (1) trust versus mistrust (2) autonomy versus shame and doubt, (3) initiative versus guilt, (4) industry versus inferiority, (5) identity versus role diffusion, (6) intimacy versus isolation, (7) generativity versus stagnation, and (8) integrity versus disgust and despair.

According to Erikson (1968), at adolescence the principle concern was with the establishment of a dominant ego identity. There is involvement with achieving sexual identity, forming an independent value system, and arriving at vocational goals. The adolescent goes through a period of role diffusion where he identifies with various heroes and a period of identification with a specific peer group or clique as a defense against self-diffusion. The romances and crushes of this period were not seen primarily as expressions of sexuality, but as attempts to help define the ego and prepare for the choice of a compatible mate. It is by this means that the adolescent develops the potential for an adult love relationship, one in which he is able to devote himself to another person without the threat to his own identity.

Gesell's (1946) theory emphasized orderly sequence of growth determined by innate biological forces while

environmental influences served only to stimulate, modify and support it. Maturation initiates and governs the developmental process. Gesell (1956) explained the developmental process of adolescence as oscillating along a spiral course toward adulthood. The period of adolescence is viewed as a transition from infancy to adulthood. The primary task for the young person is to find himself.

The ten-year-old is seen in a state of equilibrium with himself. He enjoys family activities, responds to authority and participates in group activity with peers of the same sex, denying interest in the opposite sex.

The eleven-year-old is at the beginning of adolescence. His state of change is reflected by reactions of moodiness, impulsiveness, negativism, argumentativeness, and the beginnings of rebellion against authority figures, usually parents.

The twelve-year-old becomes more reasonable and adjusts to the emerging emotional turmoil. He begins work for greater independence and expects to be treated as a grown-up. His attachment to peer groups becomes more noticeable as he adopts their method of dress and interests.

The thirteen-year-old begins to experience accelerated changes in body structure and chemistry. This produces tensions with the awareness of growing up and the tendency to become withdrawn, reflective and self-critical. Friends

are picked more selectively and carefully on the basis of common interests.

The fourteen-year-old vacillates in the opposite direction and becomes better integrated and more self-assured. He becomes more energetic and friendly and starts to identify with a series of heroes.

The fifteen-year-old shows a general tendency toward a spirit of independence along with the tensions and conflicts with those in roles of authority during this process of separation. With increasing self-awareness and self-criticism the beginnings of more appropriate self-control surface. The sixteen-year-old, which is the last age studied by Gesell, is characterized as a pre-adult. As a pre-adult he has integrated a marked degree of self-dependence and awareness with the beginnings of social adjustment and adequate self-control. He tends to be more cheerful and outgoing as his orientation toward future goals is formulated.

Piagetian (1966) theory has divided developmental sequences into stages and periods using chronological age. The stages are: sensori-motor from birth to two years, preoperational from two to six years, concrete operational from seven to eleven years and formal operational from twelve through adulthood. It is not within the scope of this paper to reconstruct any one theory in its entirety

but to focus on those stages appropriate to adolescence. To understand adolescent development, the period of concrete and formal operations is reviewed.

The child in the period of concrete operations (approximately seven to twelve years old) begins to develop elementary forms of reasoning. These mental actions are arrived at when the child has internalized physical actions to the mind. By the nature of concrete operations, immediately given data can be restructured in the mind to form new forms. An awareness in contact with the environment is maintained during such actions because by reversing them a return to the perceived form is possible. Concrete operations are reversible in two ways, by the inversion of combinations (classes), and by the reciprocity of differences (relations). At this point it is important to understand that reversibility permits conservation. It is during this period that the child achieves a coherent and organized symbolic system of thinking which is used to manipulate and control his environment.

Beyond the age of eleven or twelve, the child enters the period of formal operations and begins to deal with many variables simultaneously in understanding their abstract relationship. The adolescent is able to go beyond the reality of the existing situation and consider what would happen in the future. He is capable of formulating, predicting, and testing the hypotheses. It might be said

that formal thinking is similar or synonymous to scientific reasoning. A set of possible combinations emerge, which Piaget refers to as the combinatorial systems. The separate forms of reversibility present and concrete operations are now integrated into one complete system. Both of these are now integrated to form a structured whole. This new system produces the mature concept of formal operations.

G. Stanley Hall (1904) was the first to approach adolescence as a separate and distinct phase of human development. His theory of recapitulation, where each individual passes through stages which repeat the history of mankind, is seen as essentially controlled by internal forces with little influence from the environment. Adolescence is a period of storm and represents a recapitulation of the beginning of modern civilization.

Youth are frequently characterized by extremes, causing instability fluctuating between emotional, social, and ideological extremes. Hall considered it best not to interfere with the natural course of adolescence as change is inevitable and determined by inner forces.

Robert Havighurst (1953) viewed the concept of developmental tasks as the critical issue of adolescent development. These tasks, defined as the skills, knowledge and attitudes which must be acquired at successive stages in development, were influenced by both individual needs and social demands. Mastery is dependent on physical maturation

as well as personal effort. Havighurst warned that failure in a given developmental task resulted in maladjustment, social disapproval, and increased anxiety. This failure at any task level would subsequently involve greater difficulty at future levels. Consequently, mastery of developmental tasks on one level would prepare and facilitate the mastery of new tasks at the next level.

Havighurst (1953) defined developmental tasks for each age level. With adolescence, the period from twelve to eighteen years of age, the tasks were defined as:

(1) acceptance of one's physique and sex role, (2) new relations with peers of both sexes, (3) emotional independence from parents, (4) partial attainment of economic independence, (5) acquiring intellectual competence, (6) achievement of socially responsible behavior, (7) preparing for marriage and family life, and (8) the building of a value system in harmony with the contemporary world to which the adolescent belonged.

Kurt Lewin (1935) was more concerned with the subjective world of the adolescent than with individual variances between adolescents. Adolescent development is attributed to an accelerated broadening of the life space. The adolescent is neither child nor adult and is seen as a marginal member of society. Puberty, as a change to one's body, confounds youth as a change to the central region in his previously established life space.

From this Lewin (1951) postulated that the adolescent is overly sensitive, fluctuating between extremes of shyness and aggressiveness. Youth experience drastic conflicts between social and moral values. Where these are similar, frictions are manifested by positions of extreme attitude and action. The focus for understanding is therefore an individual's specific situation and not a statistical generalization.

Adolescence, the period of transition from childhood to maturity, is viewed as emerging from biological, cultural and psychological interaction. A summary helps clarify the different views offering explanations of this span of turbulence characterized as adolescence. Views range from those of Hall and Gesell who were strongly influenced by biological theory, to Lewins' contention that adolescence is understood best in terms of the interaction between biological, sociological, environmental, and psychological factors. Adolescence is probably the most controversial of all periods of human development. The adolescent's behavior is a result of his psychological upheaval, the urgency of changing bodily needs, and societal forces.

### CHAPTER III

#### METHOD AND DESIGN

The basic concept of case study research is relatively unpretentious, but the implications are far-reaching and complex. In studying adolescent behavior, one needs to separate the objective case data from one's own thinking and bias. The data and one's own thinking about the data can then be dealt with in relating the data objectively to a general conceptual framework of psychological theory.

The review of literature presents a background conceptualization of various psychological theory to assist in the understanding of the case data and generated hypotheses. A beginning practitioner in the behavioral sciences will learn more by the careful study of a relatively small number of cases than by a superficial survey of a large number. The diversity of five cases exhibiting different syndromes allows students some versatility in comparing objective data which can lead to common traits symptomatic of atypical behavior. The case studies supply accurate information which should be studied carefully, although it must be realized that all case data is relative and has



its limitation. These cases cast illumination upon the crises of adolescents giving the student in the behavioral sciences detailed clinical presentations which provide pervasive insights into psychological functioning including an integration of psychological concepts and theory together with behavior presented.

Each of the cases are open-ended in that no final solution as to behavioral change is offered. Each case concludes with a series of hypotheses looking to relationships within the case data. The final chapter presents those hypotheses which show a commonality among all cases as guidelines in probing and achieving a more comprehensive understanding of the adolescent exhibiting atypical behavior.

The method here is to present an integrated approach using the case data and resulting hypotheses which allow for the utilization of psychological theory in attempting to give the student a different perspective in integrating theory with practice. This approach might be described as eclectic in that it allows for hypotheses generation to be multilateral in analysis of causality and not from any single theoretical approach.

The hypotheses presented have obviously not exhausted all areas of potentiality in exploring causality. Typically, the case study presented to the professional psychologists in the behavioral sciences is a composite which may not be as comprehensive as one would like. Given these cases,

a variety of possible conclusions and hypotheses are possible. In pointing out the use of the case study, Good (1963) explained that the first step in understanding the case study is applying clinical principles in arriving at hypotheses. However, with those hypotheses offered the student will undoubtedly discover additional concepts relevant to the data presented. Some of the hypotheses generated from each case are applicable to several different cases. The five case studies present the opportunity for seeing intercase relationships in terms of common hypotheses. Cases to be presented include: identification data, reason for referral, family, developmental, and school history. Each case study concludes with hypotheses generated with regard to the case study presented.

## CHAPTER IV

### CASE STUDIES

#### The Case of Ted

Ted is a sixteen year old white male and a senior in high school. His family constellation includes his mother, father and three brothers ages twenty, seventeen, and fifteen. Ted was referred after an attempted suicide.

#### Identification Data

Ted's home is in North Carolina. He was referred for evaluation by his family physician and his parents brought him to the evaluation interview on July 1, 1976. Ted is a tall, thin boy who typically presents one of two personalities. One, a passive, immature, somewhat depressed and withdrawn person who tried to gain the sympathy of other people. The other, a much stronger and intelligent person who was quite frank and straight-forward. Ted sat stiffly in his chair and appeared moderately depressed and tense. He slouched a good bit of the time and appeared listless and tired during the interview. He talked readily and seemed glad to have someone to talk to about his feel-

ings and reactions. He said a number of times that he did a stupid thing when he tried to kill himself and would never do it again.

The sequence of events which culminated in his attempt to kill himself began in the early part of the summer of 1975 when he began to spend time with a girl named Judy. During the summer they walked and talked, went to movies, and spent much time together. Ted described this time of his life as perfect. Judy was thirteen at the time and he was fifteen. She was the first girl he had dated for any length of time, and was the first girl he had kissed. Ted felt their relationship went well until December of 1975 when she became friendly with another boy. In January, Judy told Ted that she liked the other boy and wanted to stop seeing him. Ted went over to visit her at her home and asked why she had decided not to see him anymore. He reported that the meeting ended with them both crying. She decided to see both Ted and the other boy, but when the other boy found out about this arrangement he stopped seeing Judy. Ted felt that Judy blamed him for losing the other boy. Judy began avoiding Ted by making excuses when he asked her out. He didn't mind this at first because he believed her, but he began to see her doing other things at times when she had told him she was busy. He said he felt depressed, angry and grouchy and somewhat withdrawn. She avoided him more and more as the

winter ended and spring began. About the first of May, Ted reported that her behavior towards him really became terrible. She refused to see him or talk to him at all. He said he began to think about killing himself and started to carry a bullet around with him which he told friends was just a good luck charm. He went out with a good male friend and told his friend that he thought about killing himself, but then reassured his friend that he really wouldn't do it. He tried again and again to see Judy and talk to her during the early part of May, but she continually refused to see him.

In the later part of May, Ted went over to Judy's house and found her at home. He tried to go over to where she was sitting on the porch but she backed away and wouldn't talk to him. He said he realized that their relationship was over and within fifteen minutes he was home. While his parents were watching television, Ted went into his room, put the bullet into a rifle, and shot himself in the chest. He said he made the decision to shoot himself as he was coming home from Judy's house. He didn't remember much of the last few minutes before the shooting except that he was more miserable than he had ever been and felt sick to his stomach. Ted could not remember very much about what happened to him immediately following his suicide attempt, but did recall being conscious. It all seems like a dream to him now.

### Reasons for Referral

Ted shot himself in the chest last May. While in the hospital undergoing an operation to remove the bullet, he was given a psychiatric consultation.

Ted stated that he had a number of problems. He felt he had trouble making and keeping friends. He didn't particularly care about being close to people before he tried to kill himself, but now, for some reason, would like to try to become more involved with people, but doesn't know how to go about it.

His father was most concerned about Ted's attempt at suicide and was worried that he might try it again. Ted's mother believed that his major problem was that he had always been unhappy, and felt that he would have no problems if he were only happy. Ted's most immediate problems seemed to be difficulty in accepting and expressing feelings of himself to others, and difficulty in socializing in general. He tended to minimize implications of his suicide attempt.

Ted's father believed that his son accidentally shot himself. He said that his son told him immediately after the shooting he did not want to die and that he had been angry at his girl friend. Nevertheless, his son put the bullet in the rifle and pointed the barrel toward his chest. The father believed that Ted accidentally tripped the hair trigger on the rifle. Ted, however, confided that he did

intend to kill himself, and that he made the decision a few minutes before pulling the trigger.

Ted said that he didn't want to suffer after shooting himself nor did he want to shoot himself in the head because the bullet would destroy his appearance. This would tempt people not to want to look at him in his coffin for the last time before he was buried. He couldn't give a reason why he wanted people to see him in his coffin, nor did he know who he wanted to look at him after he was dead. Ted recalled that at a relative's funeral, the family had commented about how the deceased in the coffin looked like Ted's mother.

Ted stayed in the hospital for fourteen weeks and then spent several weeks in a convalescent home. He felt unhappy because his parents had to pay several thousand dollars for his medical expenses.

Ted was moderately depressed and anxious during the initial interview and his capacity to express emotion seemed greatly restricted. He said that he had never been angry. He slouched in his chair and gave the impression that his energy level was low, although at times he displayed restlessness by standing up and walking around. His most habitual behavioral attitudes were similar to his mothers's, that is, he was often quiet, fairly passive and depressed, and commented that one should see good in everyone and try to please everyone all the time. Also, like his mother, he

tended to avoid and deny things rather than admit or deal with them. Being like his mother seemed like a fairly artificial role for Ted. Underneath, he seemed to want to be more like his father, who is more able to get things done, make decisions and to stand up for himself. Like his father, he didn't seem nearly as concerned about behaving verbally toward everyone. In general, he seemed to have identified with his mother, but was unhappy with the identity because he wanted to be like his father.

Ted avoided close relationships with people most of his life. His friendships had been few and apparently not very deep. When he does form a relationship with someone, he tends to form an intense, exclusive, and a dependent relationship.

In summary, the chief reason Ted was referred was that he shot himself in the chest last May. Immediate cause of his suicide attempt was rejection by his girl friend. The girl avoided him more and more during the preceeding five month period of time. Following a meeting with the girl in which he realized she did not want to see him again, he went home and shot himself.

#### Family History

The mother is a large woman who is forty years old. She seemed tense and somewhat scared and hesitant. She became less constricted two or three times during the



interview, talking more freely, but each time this happened her husband interrupted and contradicted her, and she again became quiet.

The mother described her own mother as cold, compulsive and a perfectionistic. For instance, she said that her mother would not allow her or her older brother to become sick.

The only affection the mother received as a child came from an uncle and her father. Her father told her once that he wanted to love her more but that his wife would not let him, yet the mother described her father as a very domineering man. The mother remembered that she was afraid that something would happen to her father but at the same time was resentful of him for not giving her more attention. She once overheard her parents talking about getting a divorce and became very frightened.

The mother felt that her mother preferred her brother to her. She and her brother were very jealous of each other, but at the same time supported one another. She felt somewhat dominated by her brother and inferior to him. The mother described herself as very emotional as a child spending a good amount of time by herself. She had an acute appendicitis attack when she was fifteen years old, but in spite of severe pains and vomiting, her mother did not allow her to go to a doctor. This was because of her mother's religious belief. When an uncle threatened to take her,

the mother finally gave in and let her see a doctor. She did not feel angry at her mother for her unwillingness to take her to the doctor, just resentment. She felt that she wasn't worthy of her parents love, and that although she tried to please her mother, she was unable to do so.

Ted's parents were married when the mother was seventeen years old and the father was twenty. The mother described the marriage as wonderful until he left the country for a tour duty with the Army. She awoke the morning after he left, completely numb, and called this her first mental break. She was hospitalized for several weeks and then returned to her parents. She was sick and depressed for about nine weeks. Her husband returned from the army about two years later and apparently everything progressed smoothly until 1962, when she had another break which was attributed to increased anxiety over Ted's health. She had been in and out of mental hospitals ever since. For a long time she went into the hospital each year for about 3 months. Ted reported that she was last in the hospital about four years ago, when she stayed seven months.

Ted felt that his mother was very fragile and that he had to be careful not to upset her. He felt that worry on her part caused by his many illnesses had been the cause of her going to the hospital, although his father had reassured him that she was sick before he married her. Ted described her mental breaks as times when she cried alot,

was upset, walked around glassy eyed and simply couldn't keep up with the housework. He found these episodes scary. He was sometimes sick, but did not show it in order to protect his mother from worry.

Ted's father is forty-two years old, has a high school education, and works as an electrician. He had worked very hard and had usually been too tired to do much with Ted. Ted didn't feel that his father had shown favoritism among the children. He did not show as much affection toward the boys as toward his wife. The common way the father showed affection to Ted was by calling him "my baby boy". He drank moderately, liked to play cards and pool, and generally needed to be doing something all the time. Ted felt that he and his father were closer since the attempted suicide. His father spent more time with Ted since attempting suicide and cried twice in front of Ted because he felt he had been a poor father.

Both parents agreed that Ted's older brother was spoiled when very young and that he greatly resented Ted when he was born. He wanted a baby sister because Ted took the attention away from him. He picked on Ted, sometimes hitting him, but Ted had never been angry at his brother and had never fought back. Ted used to get into fights with his brother who was seventeen, but the father said with pride in his voice that this brother was a strong, wiry fellow and that he always won the fights. When Ted

was about five years old, his older and younger brothers made up stories about things Ted did so that he could be punished. Ted's older brother continued to pick on him and when this happened Ted cried and ran to his mother. The parents reported that Ted was spanked considerably less than the other sons. His mother does not remember ever spanking him. Ted vividly remembers his older brother hitting him, but he imagines that all older brothers hit their younger brothers, so he didn't see how he could be angry with him. He also felt that if he had become angry, the brother would have just hit him harder.

The father said he had never been able to get as close to Ted as to his other sons. He tried to build a model airplane with him once and had taken him shooting, but Ted just didn't seem to want to do these things and quickly became disinterested. He agreed with Ted that they had been closer since the attempted suicide.

#### Developmental History

Ted was born on the tenth of October, 1959. He was a full term baby and healthy at birth. His mother began to have vaginal bleeding during the fifth or sixth month of the pregnancy, almost lost the baby, and stayed in the hospital for five days. There were no further difficulties during her pregnancy or delivery. Ted cried alot the first few months after birth. According to the mother he also

experienced some illness related to "glandular trouble". At first he was breast fed, but was soon changed to the bottle. He found the change difficult, but managed to adjust in about two weeks. He was weened from the bottle at fourteen months and walked at twelve months.

His toilet training was a nightmare according to his parents. He learned to control his bowels when he was three years old, but wet the bed until he was six.

He seemed to love his little brother and tried to take care of him. He preferred to play with younger children. He remembered having very few children to play with before beginning grammar school because there were only a limited number of children his age in the neighborhood.

### School History

Ted continued to be a sickly child. When he was eight years old he had a respiratory infection which required his parents to help him with exercises several times a day. He typically reacted to being sick by being very concerned and vocal about his pain and illness, and by demanding a lot of attention. He had no difficulty starting school. According to his mother, he loved school and became worried when he was absent due to illness.

Ted felt he had friends in grammar school, but didn't think he was popular and tended to keep to himself. Both

his best friends left town at the end of the sixth grade. The only school activity he participated in during grammar school was basketball, and he was a member of the fifth grade basketball team. He spent a good bit of time on his school work and received good grades.

Ted reported becoming considerably more withdrawn and isolated in high school than he was in grammar school. He felt that he acted the role of a clown in grammar school and people liked him on that account, but when they began laughing at and teasing him he stopped this behavior.

Ted's parents reported that he received attention by constantly misbehaving and by angering people by what he said. During late childhood and adolescence, they were afraid that he would start fires. He had lit a number of fires, but none were serious.

Ted continued to be rather inactive socially in high school, but reported having one real boyfriend. He also remembered having about ten dates prior to meeting Judy. With the exception of one date, all the girls invited him. None of the girls he dated particularly interested him until he met Judy. The parents never noticed any sexual behavior except they realized that he had begun to masturbate when they saw spots on his sheets when he was fourteen or fifteen years old.

He continued to do well in school during this period. The only two things he reported being proud of were his

good work in school and work he did as a plumber's apprentice for a man who ran a small construction company. Ted reported that this man was pleased with his work. Ted felt superior to his peers because he had a job with good pay and it required training and skill while the others worked as paper boys and grocery clerks.

Psychological test data revealed that Ted was an intellectually bright young man, functioning within the superior range of intelligence. The data suggested the potential of performance at even higher levels were it not for emotional factors which reduced his efficiency. The significant discrepancy between actual and potential functioning seemed attributable to the presence of moderate to severe anxiety and depression. However, his level of intellectual functioning was above average. His memory for remote and immediate events were good and he seemed to have a better than average ability to think abstractly.

## Hypotheses

### The Case of Ted

1. Adolescents with adjustment problems are less disclosing and more passive than typical adolescents in discussions with adults.
2. Adolescents with adjustment problems exhibited greater mood swings in relationships with adults and authority figures than typical adolescents.
3. Adolescents with adjustment problems show greater fluctuations in behavioral responses to stress or anxiety than typical adolescents.
4. Adolescents with adjustment problems have more trouble sustaining relationships with peers than typical adolescents.
5. Adolescents with adjustment problems form extremely dependent relationships with opposite sex boy/girl friends as opposed to those of typical adolescents.
6. Adolescents with adjustment problems who seem withdrawn are more prone to suicidal thoughts than typical adolescents.
7. Adolescents with adjustment problems have greater difficulty in expressing anger than typical adolescents.
8. Adolescents with adjustment problems tend to model the behavioral traits of parents.



9. Adolescents with adjustment problems are more inclined to blame others for their mistakes and failures than typical adolescents.
10. Adolescents with adjustment problems feel more guilty for parental problems than typical adolescents.
11. Adolescents with adjustment problems are more likely to be enuretic than typical adolescents.
12. Adolescents with adjustment problems have more problems in getting along with siblings than typical adolescents.
13. Adolescents with adjustment problems who seem withdrawn are not disciplined by parents as much as typical adolescents.
14. Adolescents with adjustment problems show less involvement in extracurricular activities at the high school level than typical adolescents.
15. Adolescents with adjustment problems that seem withdrawn and have attempted suicide, are of average intelligence or greater.
16. Adolescents with adjustment problems show a pattern of separation from at least one parent during the early formative years.

### The Case of Sandy

Sandy is a sixteen year old, white female. Her father died when she was six years old and her mother has not remarried. She and her mother live alone. Sandy has a sister age thirty who is married and lives with her husband and children in another state. Sandy was referred because of her difficulty in attending school.

### Identification Data

Sandy was neatly groomed and proper during the interview. She gave the impression throughout the interview of being much older than her stated age. Her speech was spontaneous and coherent. Sandy's effect was apparently one of blandness and moderate tension. She stated that she was a person of many fears, namely of nuclear bomb attacks, and of something happening to her mother. She was quite concerned about being overweight. Her memory and concentration were good. Physical examination revealed normality. No abnormalities were noted on the neurological examination.

Sandy was born in Arkansas in 1960. The family moved to Texas when the patient was one year old, and the father was employed by an oil company working in a warehouse. Sandy was a fairly nervous child, frequently irritable and biting her nails. No unusual temper tantrums or bed wetting were noted. Developmental milestones were all within the normal limits. Sandy attended private schools through the

eighth grade. She did well academically up until the onset of her present illness. She has been a very compulsive student attempting to make all A's. She has few close friends and does not get along well with other children. Up until the age of ten, Sandy spent a great deal of time with her older sister, seventeen years her senior.

Sandy is a very religious girl and attends church regularly with her mother. However, her mother confided that Sandy refused to take part in any of the youth groups of the church. Sandy and her mother usually go out to eat or to the movies either on Fridays or Saturdays. She often goes to the show with girlfriends on weekend afternoons. Sandy told her mother that she did not like to go to the show with girlfriends because they did not seem to enjoy the movie but were more interested in moving around. The onset of puberty was at eleven years old. Sandy frequently had moderately severe cramps with her period and would sometimes cry for while. Her brother-in-law and sister had explained sex to her in some detail. She denied masturbation or any heterosexual experience. She has dated very infrequently and does not engage in any intimacy with boys. Sandy stated that she only goes out with "nice boys".

#### Reasons for Referral

The present problem started in September 1973 when Sandy had to go home from school because of a crying spell.

She did not know why she was crying. She felt sad and was worrying about several things. However, when pressed she could not remember what this was about. Sandy continued to have repeated crying spells and was unable to return to school. She was seen by a family physician who recommended that she be sent for an evaluation. He apparently recommended this action after Sandy became uncommunicative for several days. Sandy spent one month at a private hospital in October 1973. She had a rather marked relief from her symptoms, that is, her crying spells became fewer and less severe. However, during this time she gained weight and became very self conscious about her figure. She was able to return to school and graduated with her eighth grade class from a private school in Texas.

Sandy had no more difficulties that summer and in the fall enrolled in a public high school and attended it until the middle of October. At that time the crying spells reoccurred and it was necessary for her to leave school. This time the physician recommended that she not attend school for at least a couple of weeks. Sandy received home bound instruction for the rest of her freshman year. She enjoyed this very much and was relieved at not having to return to school.

In September 1975, she enrolled in another high school and after several days began having frequent vomiting spells. At this point she stayed home for five days

and then returned to school. She remained in school until the middle of October when the crying spells returned and she quit school again.

She was seen on an outpatient basis by a psychologist once weekly until her referral for an evaluation. Sandy had been encouraged in outpatient treatment to return to school. She attended for two and one half days but then developed severe headaches, stomach aches, and extreme nervousness. In February of this year a conference with her outpatient therapist was held and it was decided that she shouldn't be pushed any further about going back to school. Again home bound instruction was arranged for Sandy for an indefinite period of time. Early in March of this year, Sandy again became very sick. Her appetite was poor and her mother became more concerned about her condition. It was suggested to Sandy and her mother at this time that she be sent to a state hospital. Both Sandy and her mother were reluctant of this and desired to continue in some sort of out patient treatment. An alternative at this time was that Sandy be given a thorough examination, and she was subsequently referred for evaluation.

#### Family History

Sandy's father suffered his first heart attack before her first birthday. He died of a heart attack shortly after her sixth birthday. Sandy's mother stated that these were

very tough years for Sandy since she lived constantly with the fear that her father might suffer another heart attack and die. Sandy's mother also explained that she was quite concerned at this time and lived under a similar type of worry. The mother related that she frequently reminded Sandy to be good and quiet since the father couldn't be upset in any way.

The mother had been very protective since the father's death. She had little or no understanding of Sandy's problems, and although she hoped that in some way somebody will help her, she seemed reluctant and dubious about Sandy getting better. She did realize that Sandy should go out with boys and girls her own age, but had a difficult time resolving this issue. Both Sandy and her mother still slept in the same bed.

The mother usually spent two days a week doing housework, but the majority of her income was from a pension plan.

There was one sister, age thirty, who was married and lived in another state with her two children. This sister had spent a fair amount of time with Sandy up until the last several years. The sister had been in the family home situation until Sandy was about six years old. She was away only about two years after she married and then returned home when her husband went away for four years of military duty. The sister was very fond of Sandy and played

the major role of caring for her during the first six years of her life. After the sister's husband returned, they established residence near Sandy and her mother so she was able to continue this relationship. The sister and brother-in-law frequently took Sandy and her mother to church and on errands and generally spent a great deal of time at home with them. When Sandy and her sister went out together many people would tell the sister what a darling little girl she had and the sister accepted this without explanation. When the sister and brother-in-law first moved away to a neighboring community they frequently visited. However, since they moved out of state several years ago this is no longer possible. Now when Sandy visits them she openly competes with her sister's children for attention and causes a fair amount of strife.

#### School History

Sandy attended various Catholic schools through the eighth grade. She attended one such school for the first three grades at which time the family moved to a different part of the city. Since the Catholic school in their part of town was not completed, Sandy attended a public school for the fourth grade year. For the fifth through the seventh grade Sandy attended the new Catholic school in her neighborhood. She then went to public school for junior high and a public high school for the past school year.

Sandy was an average student during her early grade school years receiving mostly C's and B's. As noted under Identification Data, Sandy has recently worked harder striving for A's. The mother stated that Sandy was not an outgoing child and usually had only one close friend during her early school years. During her junior high school years, the mother stated that Sandy didn't interact socially with other groups of teenagers. She did not participate actively in any school organization according to the mother.



## Hypotheses

### The Case of Sandy

1. Adolescents with adjustment problems have fewer friends than typical adolescents.
2. Adolescents with adjustment problems do not get along as well with other peers as do typical adolescents.
3. Adolescents with adjustment problems spend more time in childhood with older children than typical adolescents.
4. Adolescents with adjustment problems have a less frequent dating pattern than typical adolescents.
5. Adolescents with adjustment problems have fewer adult figures they can share personal problems with than do typical adolescents.
6. Adolescents with adjustment problems are more concerned with body image than typical adolescents.
7. Adolescents with adjustment problems avoid situations where there are large groups of people more than typical adolescents.
8. Adolescents with adjustment problems more often come from broken homes than typical adolescents.
9. Adolescents with adjustment problems coming from homes where one parent has died usually lost the deceased parent during the early formative years (ages one to five).

10. Adolescents with adjustment problems who seem withdrawn usually have an overly-protective parent more often than typical adolescents.
11. Adolescents with adjustment problems who seem withdrawn do better academically than typical adolescents.

### The Case of Al

Al is a fifteen year old white male high school student. He lives in Nebraska with his mother and stepfather. Siblings in the household include: Lucy, a sister age fourteen, Fred, a brother age ten, Paul, a brother age nine, Sadie, a sister age five, and Glen, a halfbrother age one. Al also has a stepbrother and stepsister, Mark and Janis, both living outside the home. Al was referred because of uncontrollable behavior which frightened his mother.

### Identification Data

Al is a tall, well-built, neatly dressed adolescent male who speaks in a low friendly fashion. He was pleasant and fairly relaxed at the time of the initial interview. Al spent a great deal of time rationalizing his behavior and explaining how others were biased towards him. For instance, he discussed how he had failed history last year but saw no connection between his lack of studying and poor grades. He blamed it on the injustice of his teacher and how she had not provided him with her notes which would have enabled him to study for the examination. He saw his difficulties at home as being the responsibility of his parents and the inconsiderations of his younger siblings and seemed to make little connection between the events that have occurred at home and the part he played in them.

Al was guarded and waited for questions before continuing the conversation. He directed his energy avoiding topics, and spent much of the interview and evaluation time making demands, changing the conversation, stating angrily that he did not want to talk. He became silent for long periods of time when the questions concerned his sexual activity and behavior in recent months.

Al talked alot about his vocational dream of becoming an engineer. He expressed concern that the way things were going for him he would not be able to accomplish this. He spoke about his inability to concentrate, his inability to follow instructions at school, and his fears of not being successful in the classroom. He also talked of his fears that when he became an adult and married, his family life would turn out as unhappy as that of his parents.

Al made a comment about his rapid growth and what he perceived as a certain awkwardness. When he was asked if this had been one of his concerns he made an angry denial, then very quickly resumed the pleasant stance. As the interview continued Al was more frequently sullen, often becoming angry, especially when some request was denied, threatening to leave or not talk.

Al frequently spoke of being embarrassed at the prospects of discussing more intimate aspects of his life, and generally refused to do so. He stated that he always felt uncomfortable when talking about himself.

### Reasons for Referral

When asked about his reason for referral Al stated, "I've got a terrible temper. I want to learn to control it. I quit going to private school because I couldn't concentrate and I was afraid I couldn't pass. I had a terrible feeling of pressure in my head and couldn't follow what the teacher was saying. I went back to public school but didn't like it either. I went to my doctor and he said I was running. I wish I hadn't quit but I was afraid I couldn't make it and I want to find out about that, too."

Until approximately three and one half years ago Al was a good student, showing responsibility at home and school. Several things occurred at age twelve which seemed related to the onset of his present behavioral problems. He reached puberty and his mother began dating her present husband. Al's grades, which up to that point had been good, began to suffer and his conduct, which had been satisfactory, became a source of irritation to his teachers and his mother. At this time he began to have temper tantrums.

In May of 1974, Al's mother married her present husband. She stated she did this after consulting with Al and his sister and that they had expressed no objections to this marriage. Al's grades at school continued to go down. He seemed increasingly more dictatorial and aggressive with his younger brothers and sisters, and, would on occasion strike them. With the mother working at this time, she

encouraged Al to assume responsibility for his brothers and sisters and customarily left him in charge when she was not at home.

Al later became openly defiant of his stepfather and would talk back to him. One year ago the patient became quite angry at the dinner table because one of the younger children had not set the table properly. Al began cursing and belittling the child and consequently the stepfather intervened. The patient threatened him and the stepfather struck Al several times. By the time their argument had reached this level they had both lost control.

Following this incident, Al became resistant to any direction from his parents. According to the mother, the stepfather withdrew contact with Al, communicating with him through the mother. In the fall of 1975, Al, who had always attended private school, entered public school. About this time he and his siblings were adopted by the stepfather and Al changed his name. Although done at his request, Al stated he resented this and wanted another name. He began missing a great deal of school, sometimes staying at home saying that he was ill. He complained continuously about not liking his peers at school, and the incompetence of his teachers. He increasingly showed violent outbursts of temper when his desires were thwarted in any way and especially when the mother refused to purchase or obtain something for him which he wanted. By November 1975,

Al requested that his parents make arrangements for him to enter a private school in another community. When they finally agreed, he refused to go and instead demanded to go back to the private school he had previously attended. Arrangements were made and Al transferred to the high school in January 1975. His mother cited this as being typical of her son's behavior. Al would demand something and when it was agreed to, he would back down, claiming he didn't want it. She cited several instances where he had requested toys that seemed to be far below his years. When these items had been obtained he would keep them for a period of time, then sell them, or make arrangements for his mother to buy them back in order to give them to younger siblings. In addition to the things she had considered somewhat inappropriate, he also sold some of his own possessions, often at a great loss.

At home his attitude became increasingly belligerent towards his younger siblings to the point that the mother stated she was afraid to leave him alone with them. After completion of school in the spring of 1975, the patient's stepbrother, Mark, came to spend the summer. The patient stated that he liked Mark and in general got along well with him, but deeply resented his stepfather's constantly referring to the exemplary qualities of Mark's behavior and comparing him to Al. The patient during the summer continued essentially the same pattern of acting out. Because of the

patients attitude the mother also stated that during the last year and one half she had been leaving Lucy, Al's younger sister, in charge of the home rather than Al.

During the summer Al had a variety of jobs, none of which he kept for any length of time. Also during this period of time, there were some incidences where Al was suspected of stealing. The mother stated that he always had a wide variety of "trinkets" which she suspected as being of uncertain origin in regards to how he had obtained them. She also began to notice that some small personal things would be missing from her room. She would find them in Al's things.

In mid-summer, because of her increasing concern for him in regards to the younger siblings, she requested an evaluation. Al refused this and no follow-up took place. The mother related that recently her older daughter reported to her that one evening Al had asked her to turn around and look at him. He was standing naked in the living room and made some remark to his sister about seeing what a big man he was. He then ran from the room. Nothing was said to him about this behavior. When Al was asked about the behavior reported by his parents he became quite angry, denying and accusing others of lying, and explained their "misconceptions" of what has occurred.

With the beginning of the school year Al requested to continue at private school and stated that he made a



resolution with himself to do well. He attended school for approximately two weeks in the fall of 1975. Al related that it was again becoming increasingly difficult for him to concentrate, and abruptly one day, left school. He told his parents he did not feel he could continue there and re-entered public school. However, Al stated that he was extremely unhappy at public school because it was made up of a bunch of trouble makers. He had few friends and felt that he must constantly be aware of the trouble that might cause him to enter into fights. After only a few days, he came home and told his mother he felt he should be examined by a physician because again he felt pressure, unable to concentrate, and had been having more trouble in falling asleep. He was taken to a family physician who examined him and found nothing wrong, but told Al that he was trying too hard to concentrate and this was his problem. The doctor told him that he had just been running when he left private school and recommended that he return. He also gave him, according to his mother, some "sugar pills" because of his insistence that he needed something to help him sleep. These did not help and in a few days the physician was contacted and sent over a prescription for a mild tranquilizer. The mother stated that these did help rest and he began going to bed at ten o'clock and for a few days seemed to be better.

Al's mother who was a receptionist, returned to work temporarily the weekend before Al's referral. While she was

at work she received a phone call from her neighbor stating that Al's younger brother, Fred had just come to her house saying that Al was threatening Lucy. The incident was related as follows: Al had been to the bank and withdrew some money to bring home. After being home for a while he started to leave and his sister accused him of stealing the grocery money and not planning to leave it at home as the mother had instructed him to do. Al became angry and presumably threatened to strike her. She locked herself in her room and Al left. The mother was then called from work, and on returning, found Al gone. She located him at the corner drug store. She told him to keep out of the house until she returned from work that evening. Shortly before seven that night, Al returned home and fixed himself some food which was in the refrigerator. Lucy told him that he could not eat it as it was dinner that had been saved for their mother. Again another outburst of temper frightened Lucy and Fred. Fred ran from the house screaming to the neighbor that he had been struck by Al and that Lucy had been threatened. The neighbor called the mother who in turn called the police. By the time the mother arrived things had settled down. She talked with the police officer about her feeling that Al needed help and about his refusal to seek consultation. Al stated that he was quite angry and embarrassed by his mother's open discussion with strangers about his problems. According to Al he left the home shortly

thereafter and did not return until later when things were quieter. The following day there was continued discussion with his mother about the need for evaluation. Al stated that he finally agreed because his mother told him if he did not she would have him court committed to a state hospital. He and his mother then came for an evaluation.

### Family History

Al's real father was described by his mother as being a pleasant, warm, fun loving, irresponsible man. He married Al's mother in 1960. He moved from his home on the East coast to Nebraska, at the time of the marriage and worked for business firm. Al's mother stated that the first three years of her marriage were quite satisfying to her and that she loved the warmth, good times, and the sometimes irresponsible behavior of her husband. He was an accomplished artist, salesman, and could out talk anyone. During the third year of their marriage, after moving to Louisiana, the father quit his job and sent his family back to Nebraska stating that he would send for them. Al's mother later learned that he was trying to get a girl, whom he had presumably married in Louisiana while still married to Al's mother, to move to Pennsylvania with him. Several months later Al's mother and her children went to Pennsylvania and rejoined her husband. Six months later he left Pennsylvania saying he would again send for them

but after several months had not done so. He had abandoned them without funds and the mother had found it necessary to sell her furniture and finally return to her family in Nebraska. She had some contact with him by letter but received no child support from him.

He was divorced by Al's mother in December 1971. Al has had no further contact with him and imagined that he was in prison somewhere. Al's mother believed this might be possible since she has made many efforts to locate him through the Internal Revenue Service. They had not been able to find a return file in recent years and she seemed to have made it clear that she had expected them to prosecute him because of this. However, she said she still loved him and in spite of all that had happened would return to him if he asked. Al said that he would rather be like his real father and be with him than anywhere else and that he planned to try to locate him. During the past year Al had tried to write and phone in attempts to locate his father. He stated that he would like very much to be with him and his family because he believed they cared about him. He said that inspite of what his mother has said to him, that his father was irresponsible, a bigamist, and a deserter, he still felt that his dad was a great person and would like to be like him. Al's mother stated that her son is very much like his real father. "Al is similar to

his real father in appearance, in his manner of dealing with people, and in his ability to work people for his own benefit."

Al very abruptly described his stepfather, as a bastard. He said he argued all the time, used foul language and sometimes drank. The mother said he was an insecure man who could not tolerate his directions being ignored. She stated he did not like the way she kept house and the way she disciplined the children. There were apparently many open arguments over these topics.

The stepfather is a sales representative and has a better than average income. He was married previously and had two children, a boy and a girl. The son was seventeen years old and the daughter was twenty and married. The mother stated that she did not feel that she really loved him and had considered divorce but did not feel this was possible because of their mutually heavy indebtedness. She expressed doubt as to his motives for marrying her. She believed that he had done this because of property he thought her mother owned and was considering his security for the future. She stated that he got along reasonable with the other children.

The stepfather was a large muscular man who talked quite freely in a very gruff and direct way. He seemed to delight in pointing out his adopted son's difficulties and spent much of the time comparing Al to his own son, Mark.

He also talked a good deal about his military career, how it was interrupted, and his pride in his own son who planned to follow a military career. It seemed as if the stepfather was relieved to have someone to talk to and express his own resentments about Al's behavior. He stated he saw the boy as being very selfish, unreasonably demanding, and irresponsible. The mother stated that both she and her husband had lost the respect of the children because of their hot tempers and the rather constant arguments that went on.

Al's mother attended college and worked many years both before and after her first marriage. She stated that she was a very poor, somewhat lackadaisical, housekeeper, and was very indulgent with the children to a point, but could then be very firm with them. She stated she never used spanking as a means of control.

She was heavily burdened with financial obligations and was not happy in her marriage because her husband was somewhat irresponsible with his finances also. She controlled both the checking and savings accounts and doled out an allowance to him weekly. She had many arguments with her husband about his leniency in signing notes and giving money to his daughter who is seen by Al as being irresponsible.

Al's mother appeared neat and nicely dressed. She tended to blame a great many of her difficulties on her husband and to attribute much of her son's difficulty to her husband. She described her son as being much like her first

husband and gave the impression that much of his behavior, particularly his defiances of the stepfather, were not altogether to her disliking.

The mother stated that they have only minor disciplinary problems with Lucy and that she is generally reliable. Because of her son's behavior, Al's mother left Lucy in charge of the family. Al was extremely affectionate toward Lucy until he reached eleven. Then it seemed that he started to resent her more and more, especially her being in charge.

Lucy attended school and was apparently doing well. Al stated of her that "she's the crazy one", but did not go on to substantiate this. During this past year he and Lucy again began to draw close to one another but after the incident described previously he drew away from her.

Al's other brothers, Fred and Paul, were the two children who most often had been struck by Al and the two with whom he had the least patience.

Sadie, the sister who was conceived during the brief reconciliation attempt between the mother and her first husband, had been somewhat resented by Al. Al had many questions of the mother as to why she had this child after having been separated from the father for so long. She explained the situation to him in terms of then still being married but Al still seemed somewhat embarrassed by

this child. Glen, was a product of the mother's current marriage and Al reportedly showed him a great deal of affection. Al reported that he loved Glen very much and that he was the only one in the family who seemed to return his love. Al apparently did a great deal in terms of caring for Glen and in playing with him. Al, as reported by mother, was quite pleased by the birth of this child.

Mark, Al's stepbrother lived with his mother in Kansas but spent the last summer with his father. Al's stepfather said that Mark was an ideal child, very bright in school, a conscientious worker and careful with his money. He stated that Mark had realistic plans for the future. Al said that he liked Mark and did not resent him being in the home but resented his stepfather's constant comparing of the two. The mother said that Mark was a fine young man although immature. She stated that she was much prouder of her own son because of his independence and his not being a momma's boy. She felt that her husband idealized Mark and made unwarranted comparisons between Mark and Al.

Janis, according to Al's mother, was irresponsible, a bad influence, and a girl who had spent a good deal of time living in their home. Al's mother cited examples of how Janis and her husband had taken advantage of them financially. Al felt that Janis was taking advantage of



her father because she and her husband were constantly asking for money and help.

Al's mother stated Al spent a good deal of time with Janis discussing Al's mother and stepfather's pre-marital behavior. According to Al's mother they were trying to break up her marriage but they didn't succeed because she and her husband were aware of what they were trying to do. She said she made an effort to keep the children away from Janis and succeeded with all but Al.

Al stated that his home situation was pure hell and there was constant bickering and arguing between his parents. He said he did not plan to live in the home situation much longer and that he couldn't tolerate the disagreements and unpleasantness that existed there. He stated that it was not only what went on between his parents but the general madhouse that existed with all the children and their bickerings.

#### Developmental, School and Social History

Al was born in January of 1961, the product of a nine month gestation period. Al's mother said that both she and her husband wanted the child and were pleased about her pregnancy. Al was breast fed during the first week of life, but these feedings were discontinued for an unremembered reason. Al was then placed on the bottle and took his food well with no difficulties.

The family continued living in Nebraska after Al's birth until he was nine months old, when the family moved to another city. She said this was a very pleasant period of their life. When Al was fourteen months old he began walking and when he was eighteen months old, Lucy was born. He was separated from his mother for the first time for five days during the birth of Luch. Al's mother remembered very little about Al's attitude toward the new baby but did remember that when Lucy was a few months of age she and Al played together a great deal. When Al was two years old the family moved to Louisiana where her husband had obtained a job in public relations. The family lived in a apartment and Al reportedly had many playmates and a good place to play. He loved to play baseball and was always wanting her to play with him. Her husband was gone a good deal of the time. However, when he was there he spent much of his time with Al and Lucy, often bringing presents including toys such as a red wagon and an electric train for Al.

Al received his bowel training when he was about two years old. Al's mother said she simply let it go until he was old enough to understand and that there were no problems associated with it. Al did not talk much until he was about three years old. During the first years of his life Al's mother remembered him having two or three falls but none which required medical attention.

After moving to Pennsylvania in 1967, Al began school. The school was about six blocks from their home and the mother stated that after showing him the way, Al was able to go back and forth on his own. She explained this as an example of his maturity and independence which had been in evidence and something she had fostered throughout his early development. Al stated he remembered Pennsylvania and going to school there and enjoying it. Again one of his fantasies was possibly going to Pennsylvania someday to live. During this stay in Pennsylvania Al made one trip with his father to the coast where he lived for a short time with his father's relatives. He remembered this as an exciting time with his father showing him around and taking him places, and considered it one of his most pleasant early memories.

In 1968, Al's mother and the children moved back to Nebraska. Al did well in school during this period of time, joining various clubs and organizations such as little league and scouts. The mother stated that she was active in attending those activities in which Al took part. The situation with her husband during this period of time remained ambiguous and she made no clear statement to the children as to what was going on between her and her husband.

In August of 1970, the patient was nine years old. Al's mother made the trip back to the east and attempted a

reconciliation with Al's father. The reconciliation did not work out, but Sadie had been a product of the attempt. She stated that when she came back from the trip the father sent many presents back to all the children but that she had ended up paying for them.

In February 1971, Al was ten. The mother and children moved in with the grandmother to share expenses which meant changing schools and leaving no playmates for Al and Lucy. Al was in the fourth grade and very unhappy about these changes. Al was growing up and the mother encouraged him to assume responsibility in the family, often giving him authority over the other children.

When Al was twelve years old he began his first job as a paperboy and, as has been characteristic of him, made many friends on the route and was given various presents during Christmas and vacation times. By this time some bossiness with the children was apparent but the mother was not unduly disturbed. Al was doing well in school and in July 1971, Said was born. Al expressed concern about why she was having a child after being separated for so long and wondered what others would think about her. Al's mother explained this to him, but Al's feelings about this have continued. When Al was angry at her he called her a number of blasphemous names.

In September, they again moved to their old neighborhood and in December Al's mother finalized her divorce

from her husband. In November 1972, because of his paper route, Al was allowed to buy a bicycle which was subsequently stolen two weeks later. Al's present stepfather heard of this and offered to buy him a new bike. Dating with Al's mother followed. She stated this was another example of Al's luck of having things given to him which had persisted throughout the years. She related that at Christmas time on his paper route he received many nice gifts and money from his customers then quit shortly thereafter. However, the following year, 1973, shortly before Christmas he again took a paper route and then terminated that route shortly after the vacation. During the time of his paper route he won a variety of prizes for obtaining new customers as part of contests involving various promotional deals.

During this same year between the ages of eleven and twelve, Al entered puberty. He was extremely evasive in discussing anything about his sexual feelings or practices either at that time or any time since. Al goes on to state that he was quite shy when on a date with a girl but not so in group contacts.

Since the age of eight or nine Al had always associated with children older than himself. He stated he did this because he considered them more mature and understanding. When Al was twelve years old and developed an interest in golf he became a good friend with a man in his early twenties

who played golf with him. Al's mother became concerned that this man was a homosexual and talked to Al about it. She prevented Al from continuing this association and Al stated that he has been embarrassed and somewhat angry by this act, and felt that his mother had not been justified by her actions. Al stated that during this and up until the present, he had had many acquaintances but few people he felt he could be intimate with.

Al stayed increasingly away from home following the marriage of his mother, becoming more argumentative and belligerent as has been noted. He stated he had a girl friend who worked at a store nearby and spent a good deal of time talking with her and that he occasionally ran around with boys from the high school. He seemed proud of the fact that he studiously avoided getting into kinds of fights outside the home.

Psychological tests result indicated that Al was functioning in the average range of intelligence and there were several indications that his capacity lay beyond this range. Although his performance on various intellectual tests was generally at the same level, his maximum performance was in abstracting ability and poorest performance and lowest scoring was on tests requiring some social sensitivity or ability to accept other's point of view. Feeling that his difficulties had been imposed on him by an external

environment, Al particularly attributed suffering to his parents, whom he saw as rejecting him.

## Hypotheses

### The Case of A1

1. Adolescents with problems exhibited greater mood swings in relationship to adults and authority figures than normal adolescents.
2. Adolescents with problems are less disclosing about themselves than adolescents showing average adjustment to their development.
3. Adolescents with problems are less accepting of their body image and sexual identity than those adolescents exhibiting acceptable adjustment.
4. Adolescents exhibiting unusual behavior see their future as presenting more uncertainty and conflict than normal adolescents.
5. Disturbed adolescents have more problems in getting along with siblings than normal adolescents.
6. Adolescents with adjustment problems do not show a higher number of problems prior to puberty than typical adolescents.
7. Progress in school both socially and academically, is an accurate predictor in forecasting that adolescents are having adjustment problems.
8. Adolescents with problems have a higher frequency of truancy in school than typical adolescents.



9. Adolescents with problems have more difficulty in interpersonal relationships with peers and adults than typical adolescents.
10. Adolescents with adjustment problems are more inclined to blame others for their mistakes and failures than typical adolescents.
11. Adolescents with adjustment problems have more sleep disturbances than typical adolescents.
12. Adolescents with adjustment problems come from broken homes more often than typical adolescents.
13. Adolescents with adjustment problems having exhibited homosexual behavior, usually come from home situations where there is a noticeable absence of the father figure.
14. Adolescents with adjustment problems from broken homes tend to idolize the absent parent more than the remaining parent.
15. Parents of adolescents with adjustment problems are more inconsistent in the discipline they administer than parents of typical adolescents.
16. Adolescents with adjustment problems have a lower frequency of dates than typical adolescents.

### The Case of Judy

Judy is a seventeen year old black female who is a junior in high school. She lives at home with her mother, stepfather and fifteen year old sister. According to her parents she was sent for evaluation because of severe depression that she was experiencing.

### Identification Data

Judy was referred by her family physician in June 1976 for an evaluation. Judy is a slightly built, pale and sad looking young woman who appears to be younger than her seventeen years. Her large innocent brown eyes, sad appearance, light brown curly hair, and dejected posture leaves the impression of one who would elicit sympathetic concern in the heart of almost anyone. Prior to referral, Judy was living at her parents home in Kansas. Her real father is an alcoholic whom her mother divorced several years ago. Her stepfather is a teacher and her mother is not currently employed.

Judy perceived the objective world appropriately and accurately. The content of her thought processes appeared appropriate and relevant. She left the impression of being at least average or above average in intelligence. There did not appear to be any obsessional or delusional thinking or any unaccountable lapses in memory. Her speech was clear, understandable, grammatically correct, and of a conceptual level one would expect from a high school girl.

### Reasons for Referral

In the summer of 1974, Judy first met her fiancé, Ron, then eighteen years old. Their first meeting was when a group of boys came over to visit Judy and her friends. Ron called her shortly afterwards and came over to visit her. At the first meeting with her parents, he spent about two hours talking with them about himself, and paid little attention to Judy who drifted in and out of the room during their conversation. Before much time had passed, Ron had developed an astonishingly dependent relationship with Judy's parents who somehow felt at a loss as to how to block this and yet permit a relationship to continue. Judy's parents said that Ron would speak to them in baby talk and expect them to wait on him. He very seldom went to his own home because he felt his parents neither understood nor wanted him. For all practical purposes, he lived most of the time at Judy's residence. Judy went along with his demands, also, and became rather subservient to him. Ron ate with the family much of the time, drove Judy's parent's car, and because he seldom seemed to have any money, he depended on Judy to take him places. Ron started classes at a technical training school in Kansas and would usually come home on weekends and stay at Judy's home. He also would frequently appear during the week. At this time he would request Judy's parents not to inform his parents

relationship which Ron had established with them. Rather than kick him out all together they decided to permit him to stay. They hoped that Judy could see what he was really like under this arrangement. Judy's stepfather felt that if he insisted that Ron leave, Judy would go with him.

By the middle of the summer Judy was beginning to tire of the relationship which was beginning to be more like having a son than a husband. For a time she dated another boy who was attending a nearby college. While Judy was out on these dates, Ron would stay home with her mother and often follow her around the house. In August, Judy began seeing another boy and talked with her mother about breaking off with Ron.

In the later part of 1975, Judy's stepfather accepted a teaching position in a neighboring community. Judy's mother offered to allow Judy to remain at home with her and complete high school there, but Judy decided to go on with the setpfather to their new home. Judy's mother was to join her family later since her present employment would not permit her to accompany them initially. Ron became extremely anxious and upset that Judy and her parents were leaving. He became increasingly more hostile and abusive toward them.

In October, Judy and her younger sister, Lory, both moved with their stepfather to the neighboring city. Judy

that he had come home on week days. In the middle of September 1974, Ron wrote Judy asking if she would like to get married secretly. She agreed to this and he arranged the ceremony which was performed in October 1974. Judy did not know where the marriage was performed, but at the time believed that she was somewhere in eastern Kansas. She said that she just wasn't asking any questions about the whole affair and believed that Ron actually knew that it was not a legal ceremony. It is interesting to note that Judy's parents had forbid her to marry before she had graduated from high school. Judy admits that she went through with the secret marriage partly to prove to her mother that she could do things on her own, and so that her mother could be shown that she was not the shallow, transparent person that her mother thought she was.

During the later part of 1974, Ron returned and stayed at Judy's home because his parents had been out of town and had locked the house. For reasons which are unclear, he gave Judy an engagement ring at this time. Early in the year, Ron would come home from school and bring clothing for Judy to wash and iron. Judy's mother didn't understand this and wondered why Judy would undertake this responsibility. At the end of the spring semester, 1975, Ron flunked out of school, got a job with the state, and began staying at Judy's home. By this time Judy's parents were rather frightened at the proportions of the dependency

assumed responsibility of doing the housework and cooking in the new home.

Throughout the summer Ron had worked at a good paying job and regularly turned over his money to Judy's mother, asking her to bank the money for him which she did. His excuse for not doing it himself was that he didn't trust himself and that he didn't have anytime to do the banking. There also appeared increasing friction between Ron and Lory. Judy's mother felt that Ron wanted to displace Lory to make room for himself. Both Judy's parents found it impossible for them to cope with Ron's apparent oblivion to his over extending the bounds of their hospitality. They felt frustrated and helpless and, at the same time, sorry for him.

After the move, Judy's relationship with Ron became even more tenuous, and she frequently saw the other boy she had started dating before. In November 1975, Judy and Ron went out for the first time together in a couple of weeks and Judy assigned the time of her conception to that date. Lory knowing of the secret marriage all along, let the secret slip to an aunt who informed Judy's mother who in turn directly confronted her daughter with this information. Judy denied that she was married. Late in November, Judy wrote letters to Ron and the other boy indicating her desire to break off with Ron and to continue

her relationship with the other boy. The other boy responded to this by temporarily withdrawing from the relationship so Judy could make up her mind. Ron continued his efforts in keeping the relationship with Judy.

In December, Judy missed her first menstrual period and began experiencing nausea and vomiting. Early in January her pregnancy was confirmed and Judy confided in her aunt about the marriage and the pregnancy. Shortly thereafter, Judy told her parents about it and in questioning her they explained to her that the marriage was obviously invalid because of the procedures that were followed. Judy then called Ron at the request of her mother to ask about the legality of the marriage. A short time later Ron called back to say that it was not legal. At this Judy became increasingly anxious, distraught, and depressed, and insisted that she did not want to continue the pregnancy. She was then referred for an evaluation.

### Family History

Judy was born in February, 1959, to middle class parents who had been married for two years. The father worked for a produce company where he started as a stock clerk and worked himself up to a position of some responsibility. The father was the youngest child with three older sisters. Judy's mother characterized her first husband's family as people who enjoyed fighting all the time.

She felt they apparently didn't care for her either. She stated that her ex-husband drank very little when they first got married. She was seventeen and he was twenty-two. His drinking habits worsened in 1962. He was described as a sober, very quiet individual who was well mannered and likable. When he drank he was crude, insulting, and obnoxious. He was never fired from a job for drinking and Judy's mother stated he was more sober on the weekdays that he was in the evenings or on weekends. When asked what precipitated the end of the marriage, Judy's mother said many tangible things besides drinking contributed to the breakup. She confided she did not feel free of guilt, but felt when two people got to the point where they were as destructive as they had been, divorce was the only answer. Judy said of the real father that he was never really around very much and didn't care that much for her or her sister. About all she can remember of him was that he was drunk all the time and the girls would frequently be left alone when he was suppose to be staying with them.

Judy's stepfather who is age thirty-nine, is currently employed as a teacher. He has known Judy's mother for over fifteen years, first meeting her in high school. They dated for several months and were married in 1970, six months after her divorce. Judy's stepfather has a brother three years older, and two younger sisters.



The oldest of the sisters is the aunt referred to previously, and had become close to Judy. Right after high school Judy's stepfather went into the army for two years. He then returned to college until May 1960. In 1961, he began teaching in a junior high school in Kansas. After obtaining his masters degree he accepted a position at a junior college. This was the second marriage for Judy's stepfather. The data on his first marriage was not available. He is a thin man of average height with dark receding hair line and a sober expression on his face most of the time. During the interview he was quiet and interrupted very little. When he was addressed directly, he would be interrupted after a few remarks by his wife who would then continue the conversation. He displayed little anxiety and reacted little to any of the conversation.

Judy's mother is thirty-eight years old and grew up in Kansas. She has two brothers, four and five years older, and one younger sister. Her parents are both living and her father is a retired railroad conductor. In her early childhood, she was bothered by hay fever and asthma, and every year her mother would take her on a trip during the summer months leaving her father behind. When asked how her parents reacted to the separation every year, she stated, "My parents were not people to show emotion, especially about being upset." She has not had any severe illnesses and her last asthma attack was in 1969, when her

doctor told her it was her nerves and it was time for her to get hold of herself. She has a high school education which she obtained in Kansas and has taken some additional courses in business. Her father is characterized as a very hot tempered individual who is gruff but tender hearted. He tried not to let people see that he has emotion although he shows anger easily. So far as expression of affection was concerned, Judy's mother stated that she never saw her parents showing affection towards each other, but she had the feeling that they still felt very close to one another. She said she could ask either one of them for anything she needed and was quite close to both of them. She left home when she got married at age seventeen. She had obtained some employment before that saying that her father felt that she should be able to stand on her own two feet. Judy's mother is a rather attractive woman, well dressed and groomed. Her total appearance is somewhat marred by the manner of her facial expression which is rigid. Her voice and carriage convey to one a rather cold and businesslike person. She is verbal, articulate, and easily dominates the conversation.

#### Developmental History

Judy's mother recalled no unusual difficulty during her pregnancy with Judy. At birth Judy was small and delicate, weighing only four and one-half pounds, but

healthy. This was suppose to be a birth at eight months but the mother said that she was right and the doctors were wrong and Judy was actually a nine month baby. Judy was breast fed about four weeks. Judy's mother said that her milk didn't agree with her daughter and she was starving. She also had allergies. Judy was begun on baby food between the fifth and sixth week. The mother commented that if Judy didn't eat at precisely the time she became hungry she became upset and, in fact, still does. The weight at one year was sixteen pounds. Mrs. L. said that before Judy left the hospital after the delivery she was already pushing herself up into a prone position to elevate her chest off the bed. She commented that Judy was walking alone outside at age ten months and saying words before she was walking. She began toilet training by herself at seven months because she couldn't stand dirt on her. Judy had no problems with her toilet training. According to her mother she was both clean and dry by fifteen months. Bedwetting began at age four and occurred occasionally until the child was five, then spontaneously stopped.

Judy was seldom around children her own age until her sister, Lory, was born. Judy was three years old at that time. Her mother stated that Judy seemed possessive about Lory and Lory was considered her baby, and she was not at all jealous. Judy had never been away from her mother until she went to the hospital to have Lory and this upset Judy

very much. When asked if Judy made any extra demands on her mother after she returned from the hospital with the baby sister, she said that Judy required about the same amount of attention she always had. She further related that Judy helped take care of the baby, even though Judy had first made up her mind she wasn't going to like the baby.

Judy mostly watched other kinds as a pre-schooler, preferring to stay on the fringe of the activities. She enjoyed art work and coloring books during this time. She never played with dolls. She went through a tomboy stage before starting school and refused to wear dresses. Her mother said that Judy was always close to her grandmother whom she still calls Momma. Similarly she addresses her grandfather as Poppa.

#### School and Adolescent History

Initially, Judy was very shy and bashful with other children at school. Prior to the third grade she discovered she could use her rather frail appearance in a manipulative way. Apparently, her third grade teacher recognized this propensity and worked with her. The teacher was confused about her, stating that Judy was overly concerned about her school work. Her mother related that this was a trait Judy exhibited all the way through school. When Judy was in the fourth grade she started dance classes at school but her

mother took her out of these because Judy was upset over the teacher's demands. However, Judy's mother really preferred that Judy go just to enjoy it and did not want her to have to worry about developing into a professional dancer. She did not want that to be conveyed to Judy. The same thing seemed to have happened to her artistic talents. Her teacher seemed to very enthusiastic about her abilities but her mother did not want her pushed. Her mother said, "She could develop her talents any time. Maybe this is where I have been a little over protective." Judy remained at the same grade school from the first thorough sixth grades. Then at the time of the divorce was sent to another school for one half year, staying with her mother's family in another part of the state. Judy was very unhappy about this but then returned to her hometown shortly after her mother's remarriage.

In the eighth grade, Judy learned that her father was living nearby and requested that she be transferred to another school and her mother arranged this at mid-semester. It was during this time that she began experiencing some difficulty in separating her own identity from those of her classmates. She became very close to several classmates and at time expressed that she had difficulty telling her feelings from those of friends.

Psychological test results shows that this young woman's cognitive functioning indicates a reasonably bright

young person with average intelligence. Judy uses her cognitive resources primarily for the purpose of keeping herself bound up with the concrete aspects of her environment. Her resources are employed primarily for the purpose of responding to only conventional, occasionally trivial and detailed elements presented in the environment. Judy simply does not function in a manner that allows her to obtain perspective of what is happening around her or to herself. Nor does she strive to produce in an independent, imaginative manner. The range of Judy's interests is limited in a quality that is more consistent in a person much younger than she.

## Hypotheses

### The Case of Judy

1. Adolescents with adjustment problems come from broken homes more often than typical adolescents.
2. Adolescents with adjustment problems take a passive role in relationships with the opposite sex more often than typical adolescents.
3. Adolescents with adjustment problems who seem to form dependent relationships with the opposite sex are more promiscuous than typical adolescents.
4. Adolescents with adjustment problems have parents who are more withdrawn than typical adolescents.
5. Adolescents with adjustment problems come from families where one parent is extremely dominant.
6. Adolescents with adjustment problems have fewer friends during their childhood than typical adolescents.
7. Adolescents with adjustment problems show more extreme fluctuation in peer friendship patterns than typical adolescents.
8. Adolescents with adjustment problems show more evidence of concrete types of thinking in relation to their environment than typical adolescents.
9. Adolescents with adjustment problems show interest patterns of those assumed to be more consistent with younger children.

### The Case of Sam

Sam is a fourteen year old white male who is in the ninth grade. He lives at home with his mother, stepfather and eighteen year old sister. He has a twenty-seven year old stepbrother who lives in another state. Sam was referred because of his poor impulse control and violent temper.

### Identification Data

Sam is a well developed adolescent who presented a normal physical appearance. He is of average height and weight for his age. He presented himself in a rather aggressive manner. His hair is sandy colored, his eyes are brown. He moved about slowly with his head usually down and slightly hunched-backed. His dress was casual and there was an expression of defiance and sadness on his face.

Sam tended to minimize, deny, or avoid talking about matters of emotional difficulty. He presented his problems in a pseudo-intellectual way, mentioning problems of adjustment to adolescence, to the changes in his voice, etc. He was preoccupied throughout the interview with getting a thorough physical checkup. Anytime Sam's viewpoint was disagreed with, his facial expression and posture registered his disapproval.

There was a minimum but significant looseness of associations so that at times he was hard to follow. He would occasionally misuse words and it was difficult to be certain why this was so.



Physical and neurological examination are within normal limits.

#### Reasons for Referral

There was a history of increasing disorganization and loss of behavioral controls over the past eight months together with a lifelong history of adjustment problems. This past year a military school setting had provided the opportunity for him to learn many anti-social behavioral habits and Sam listed such activities as cursing, smoking and drinking. The parents noted a homosexual involvement during this period of time and severe difficulties at home, particularly when things did not go Sam's way. When Sam didn't get his way, he would curse, scream and carry on in a disruptive fashion. The parents said that during these tantrum spells they were frightened and tended to withdraw without setting limits.

Recently there was an episode which seemed to be of most concern to the mother where Sam attempted to force a thirty year old part time housekeeper to have sexual relations. When she resisted he exposed himself to her saying, "You don't think I'm a man, do you?" According to both parents this display of "loss of control" was one of the triggering factors that made the patient a candidate for referral. Sam stated, "I came in here because I am overly tense, overbearing, have a bad temper, and I don't

really get along with my mother. I want to find out if there is anything wrong with me." When the parents were questioned as to why Sam had been referred the mother volunteered about how difficult it became for Sam to change school after sixth grade, and how impossible it became for him to continue at a private school. The mother also related that Sam had taken things from her and his sister only to give them to somebody else. She also objected to his dress and general appearance.

#### Family History

After high school Sam's mother moved to New Mexico and lived with an aunt and began to work for a doctor. It was during this period of time that she met her first husband. Her parents were upset over this when finding out that he was just a construction worker. They married after a few weeks because, according to her, he was afraid he might lose her if he waited too long. She also said he drank heavily. There was a child of this marriage, Tom, who was nine years old when she divorced this first husband and married Sam's father. Tom was adopted by him shortly after their marriage.

Sam's mother underwent a hysterectomy three years ago. Sam described her as always suspicious, wanting to know everything that he did and all the details. She stated that she tried to be affectionate and helping toward her

son. She referred to herself as "normal" but experiencing some difficulties after her hysterectomy.

Sam's father was born an only child and raised on a farm in Missouri. He was a veteran having served three years of active duty. He graduated from high school and started work shortly thereafter. He was in his late forties and an accountant with a large business firm. Sam's mother described him as efficient and methodical in his work, almost a perfectionist. During the initial interview Sam's father was passive in his interchanges with his wife. She stated that he drinks whenever she is gone for even short periods of time.

Susan was born about one year after the marriage. Sam's father was very pleased to have a daughter. However, the birth of Sam was a difficult experience for him since he felt that he hadn't succeeded in being a good father. When Sam was five years old, the family moved from New Mexico to Nebraska. After staying there for one year they moved again to Texas. They had lived in Texas for the past nine years. They lived in an upper middle class neighborhood compatible with their income. There were very few things that this couple reported doing together. Sam's mother was active in community organizations, but since her hysterectomy has given this up, spending much of her time in bed.

Sue had plans of leaving for college next fall, Sam required more from his family, and his mother was demanding

more from her husband. He had been uninvolved with the family to date. He seemed used to the comfort of not being bothered and reacted by being more passive.

Tom left the household when Sam was five and joined the army. He had settled in Florida, held a steady job, was married and had one child. He called the family occasionally but rarely visited. Sue, according to the mother, was the smart one in the family, and always got her way. Sam's mother said that Sam and Sue could not stand each other and were constantly fighting, even though Sam said that they got along with each other. She said that Sue was involved with an "undesirable type" of boyfriend last year, but at the family's insistence, quit seeing him. She was now going steady with a "nice" boy. Sue will graduate from high school and will attend college away from home in September. Although she had previously done well in school, her grades during her senior year had not been so good.

#### Development and School History

Sam's mother tried to hide her pregnancy when she was carrying Sam from Sam's father as she believed he couldn't be a good father. During this pregnancy she felt lonely and took in a foster child, Candy, a sixteen year old girl.

Sam was premature, born at eight months and weighing four pounds, six ounces. He lost a pound in the hospital but the doctor said that she could take him home. The

doctor confided in Sam's mother that there was a possibility that Sam might not live. She said she felt this was a challenge and worked at proving to the doctor that she could do it.

Sam was breast fed the first three months and suffered from diarrhea. His mother started him on formula and his diarrhea stopped. Although not healthy the first three months of life, Sam slowly gained weight. She described Sam as a good baby, happy and more alert than her other two children.

Early childhood revealed that Sam walked by age twelve months and according to the mother, "potty trained himself without a problem just before his second birthday". He had several temper tantrums shortly after he learned to walk, but his mother reported this was because Candy spoiled him. Candy left the home when Sam was almost three but continued to be in contact with the family.

Sam slept in his parent's room until six months of age and then was put with Sue. When Sam was five, Tom left home and Sam took over his room.

As a small boy, Sam's only playmates were two little girls who lived near his home. One of the girls, according to his mother at times engaged Sam in sexual play.

Sam began school in Nebraska and attended first and second grade there. When they moved to Texas, he went to

a private school and had to repeat second grade as they were advanced one year according to his mother. He did well in grade school, was liked by his teachers, and received good grades. There was no unusual behavior reported during this time.

From age twelve through fourteen, Sam showed an accelerated growth pattern, exemplified by his going from a shoe size of seven and one-half to ten. During this time Sam had gone to a private military academy for his junior high schooling.

Sam began smoking when he went away to military school. He did not reveal much about his sexual history, and denied any homo- or heterosexual experiences. His mother reported frequent masturbation, at least since the beginning of seventh grade year.

Sam related that he has gone out on dates and claims to have many friends. His mother reported that most of his friends had turned out to be undesirable types. His main interest was working with his father in their home shop doing wood work. Sam stated he would like to get a college degree, get married, and have a family. When questioned on this he was not clear of the procedures or steps he must take to accomplish these goals.

### Hypotheses

#### The Case of Sam

1. Adolescents with adjustment problems have parents who express more difficulty in setting limits than parents of typical adolescents.
2. Adolescents with adjustment problems act out sexual impulses more often than typical adolescents.
3. Adolescents with adjustment problems are more often involved in stealing from family members than typical adolescents.
4. Adolescent males with adjustment problems usually have fathers who are less involved in the family than fathers of typical adolescent males.
5. Adolescents with adjustment problems more often come from broken homes than typical adolescents.
6. Adolescents with adjustment problems come from homes where one or both parents drink alcoholic beverages more often than the parents of typical adolescents.
7. Adolescents with adjustment problems come from families that do less activities together than typical adolescents.
8. Adolescents with adjustment problems have a greater frequency of school changes than typical adolescents.
9. Adolescents with adjustment problems go through an accelerated growth period during this time, more often than typical adolescents.

## CHAPTER V

### CONCLUSIONS

#### Summary

The method of integrating psychological theory with appropriate clinical practice is relevant to the student in the behavioral sciences in helping him to make accurate judgments about causal relationships concerning atypical adolescent behavior. Case study research and accompanying hypotheses afford students the opportunity to see how hypotheses are derived from case data.

This investigation was undertaken to formulate five case studies that were authentic in scope, design, and content, which could be used by students and trainees in the appropriate field of psychology for study and training. The sample of cases would enable students in the behavioral sciences to become familiar with the scientific method as it is used in arriving at cause and effect relationships. As a guide for discussion, students are provided with generated hypotheses regarding atypical behavior which follow each case. These might be used to facilitate discussion of



the elements in each case as related to psychological theory.

Ethical principles of various professional disciplines are briefly reviewed. This has been done to remind students that as professionals, they must be cognizant of the personal worth and dignity of those served. This dedication is a continuous obligation demanding responsibility in protecting the client's right to privacy.

Relationships which were determined as possible causes contributing to adjustment problems of adolescents have been hypothesized. Case study research is one of the greatest sources of knowledge in understanding atypical behavior by calling attention to potential topics for discussion. Often the ordinary person perceives the adolescent stage as a typically disrupted period of development which is challenged by theorist who claim that the average adolescent does not display significant deviations but rather that such behavior is often considered as normal. By positing hypotheses of atypical behavior, the student in the behavioral sciences is provided with material for discussion. Such procedure would enable the student to conjoin psychological theory with clinical practice. Several psychological theories were reviewed in order to present patterns of normal growth and development of adolescence which could be used as a frame of reference for relating hypotheses of atypical behavior to normal development.

### Discussion

Hypotheses have been generated from each case presented. Some hypotheses were unique to a particular case while others were characteristic of the data in two or more cases. Those hypotheses common to most cases were examined from the perspective of theories presented in the literature reviewed.

The family situation where one or both parents had divorced and remarried was characteristic in four of the five cases. With the cases of Sandy, Al, Judy and Sam, the situation of a disruption in their home environment as shown by the divorce and subsequent remarriage of one or both parents was evident. Havighurst (1953) addressed the issue through the task whereby the adolescent sought emotional independence from the parent. If parental roles were changing and stability of parental roles was never clearly established, independence for the adolescent would be difficult to achieve.

Another aspect which was predominate in four of five cases, though not specifically stated in a hypotheses characteristic of a unique aspect, was behavior related to an adolescent's school situation. In the cases of Ted, Sandy, Al and Sam, the data supported various hypotheses regarding extraordinary school situations. The school situation can be looked at in terms of the social element.

With this in mind Erikson's (1959) stages of identity versus role diffusion and intimacy versus isolation suggested the difficulty adolescents experience with peer relations and in part is reflective of the school milieu. Similarly, Gesell (1956) focused on the attachment to peer groups as a noticeable trait of adolescence. Havighurst (1953) suggested that the formation of new relations with peers of both sexes was a task for adolescents.

Hypotheses related to lack of discipline were noted with Ted, Al, and Sam. The difficulty parents have in disciplining adolescents was dealt with by Freud (1946) in speaking of the altercations adolescents experience with families in moving to adult independence. Erikson (1959) dealt with the conflict at an earlier age. Gesell (1956) spoke to the beginning of adolescence as a change involving rebellion against authority figures, usually parents. All three theorists focused attention to conflict of separation and how it exhibited parental conflicts over discipline between the adolescent and parents.

The fact that disturbed adolescents come from broken homes, that there is a lack of discipline in the home of disturbed adolescents, or that adolescents exhibiting atypical behavior experience difficulty in school adjustment is not profound. Nevertheless to look at case studies objectively and to relate the material to psychological theory is of value for the student in training.

### Recommendations

1. Further case studies should be developed and used to train students in formulating diagnoses and in recommending relevant treatment.
2. Case studies with the same diagnosis but distinguished by different therapeutic interventions should be compared and studied to determine if specific treatments are more efficient.
3. The researcher might want to gather data on additional cases in order to confirm hypotheses contained herein and to generate new ones.
4. Studies of cases with the same syndrome should be undertaken to examine if hypotheses generated from each case reflect similar causal factors as an explanation of atypical behavior.

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## APPENDIX A

AMERICAN PSYCHOLOGICAL ASSOCIATION  
ETHICAL STANDARD OF PSYCHOLOGISTS

## Principle 16. Research Precautions

The psychologist assumes obligations for the welfare of his research subjects, both animal and human.

The decision to undertake research should rest upon a considered judgment by the individual psychologists about how best to contribute to psychological science and to human welfare. The responsible psychologist weighs alternative directions in which personal energies and resources might be invested. Having made the decision to conduct research, psychologists must carry out their investigations with respect for the people who participate and with concern for their dignity and welfare. The Principles that follow make explicit the investigator's ethical responsibilities toward participants over the course of research, from the initial decision to pursue a study to the steps necessary to protect the confidentiality of research data. These Principles should be interpreted in terms of the contexts

provided in the complete document<sup>1</sup> offered as a supplement to these Principles.

a. In planning a study the investigator has the personal responsibility to make a careful evaluation of its ethical acceptability, taking into account these Principles for research with human beings. To the extent that this appraisal, weighing scientific and humane values, suggests a deviation from any Principle, the investigator incurs an increasingly serious obligation to seek ethical advice and to observe more stringent safeguards to protect the rights of the human research participants.

b. Responsibility for the establishment and maintenance of acceptable ethical practice in research always remains with the individual investigator. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur parallel obligations.

c. Ethical practice requires the investigator to inform the participant of all features of the research that reasonably might be expected to influence willingness to participate, and to explain all other aspects of the research

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<sup>1</sup>Ethical Principles in the Conduct of Research with Human Participants, available upon request from the American Psychological Association.



about which the participant inquires. Failure to make full disclosure gives added emphases to the investigator's abiding responsibility to protect the welfare and dignity of the research participant.

d. Openness and honesty are essential characteristics of the relationship between investigator and research participant. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to ensure the participant's understanding of the reasons for this action and to restore the quality of the relationship with the investigator.

e. Ethical research practice requires the investigator to respect the individual's freedom to decline to participate in research or to discontinue participation at any time. The obligation to protect this freedom requires special vigilance when the investigator is in a position of power over the participant. The decision to limit this freedom gives added emphasis to the investigator's abiding responsibility to protect the participant's dignity and welfare.

f. Ethically acceptable research begins with the establishment of a clear and fair agreement between the investigator and the research participant that clarifies the responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreement.

g. The ethical investigator protects participants from physical and mental discomfort, harm and danger. If the risk of such consequences exists, the investigator is required to inform the participant of the fact, secure consent before proceeding, and take all possible measures to minimize distress. A research procedure may not be used if it is likely to cause serious and lasting harm to participants.

h. After the data are collected, ethical practice requires the investigator to provide the participant with a full clarification of the nature of the study and to remove any misconceptions that may have arisen. Where scientific or humane values justify delaying or withholding information, the investigator acquires a special responsibility to assure that there are no damaging consequences for the participant.

i. Where research procedures may result in undesirable consequences for the participant, the investigator has the responsibility to detect and remove or correct these consequences, including, where relevant, long-term after effects.

j. Information obtained about the research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that

this possibility, together with the plans for protecting confidentiality, be explained to the participants as a part of the procedure for obtaining informed consent.

k. A psychologist using animals in research adheres to the provisions of the Rules Regarding Animals, drawn up by the Committee and Precautions and Standards in Animal Experimentation and adopted by the American Psychological Association.

l. Investigations of human subjects using experimental drugs (for example: hallucinogenic, psychotomimetic, psychedelic, or similar substances) should be conducted only in such settings as clinics, hospitals, or research facilities maintaining appropriate safeguards for the subjects.

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## APPENDIX B

## CODE OF ETHICS OF THE EDUCATION PROFESSION

## PREAMBLE

The educator, believing in the worth and dignity of each human being, recognizes the supreme importance of the pursuit of truth, devotion to excellence, and the nurture of democratic principles. Essential to these goals is the protection of freedom to learn and to teach and the guarantee of equal educational opportunity for all. The educator accepts the responsibility to adhere to the highest ethical standards.

The educator recognizes the magnitude of the responsibility inherent in the teaching process. The desire for the respect and confidence of one's colleagues, of students, of parents and of the members of the community provides the incentive to attain and maintain the highest possible degree of ethical conduct. The Code of Ethics of the Education Profession indicates the aspiration of all educators and provides standards by which to judge conduct.

The remedies specified by the NEA and/or its affiliates for the violation of any provision of this Code shall be exclusive, and no such provision shall be enforceable in any form other than one specifically designated by the NEA or its affiliates.

## PRINCIPLE I

### COMMITMENT TO THE STUDENT

The educator strives to help each student realize his or her potential as a worthy and effective member of society. The educator therefore works to stimulate the spirit of inquiry, the acquisition of knowledge and understanding, and the thoughtful formulation of worthy goals.

In fulfillment of the obligation to the student, the educator:

1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.
2. Shall not unreasonably deny the student access to varying points of view.
3. Shall not deliberately suppress or distort subject matter relevant to the student's progress.
4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health safety.
5. Shall not intentionally expose the student to embarrassment or disparagement.

6. Shall not on the basis of race, color, creed, sex, national origin, marital status, political or religious beliefs, family, social or cultural background, or sexual orientation unfairly:
  - a. Exclude any student from participation in any program;
  - b. Deny benefits to any student;
  - c. Grant any advantage to any student.
7. Shall not use professional relationships with students for private advantage.
8. Shall not disclose information about students obtained in the course of professional service, unless disclosure serves a compelling professional purpose or is required by law.

## PRINCIPLE II

### COMMITMENT TO THE PROFESSION

The education profession is vested by the public with a trust and responsibility requiring the highest ideals of professional service.

In the belief that the quality of the services of the education profession directly influences the nation and its citizens, the educator shall exert every effort to raise professional standards, to promote a climate that encourages the exercise of professional judgment, to achieve conditions which attract persons worthy of the trust to careers in education, and to assist in preventing the practice of the profession by unqualified persons.

In fulfillment of the obligation to the profession, the educator:

1. Shall not in an application for a professional position deliberately make a false statement or fail to disclose a material fact related to competency and qualification.
2. Shall not misrepresent his/her professional qualifications.



3. Shall not assist entry into the profession of a person known to be unqualified in respect to character, education, or other relevant attribute.
4. Shall not knowingly make a false statement concerning the qualifications of a candidate for a professional position.
5. Shall not assist a non-educator in the unauthorized practice of teaching.
6. Shall not disclose information about colleagues obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law.
7. Shall not knowingly make false or malicious statements about a colleague.
8. Shall not accept any gratuity, gift, or favor that might impair or appear to influence professional decisions or actions.

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