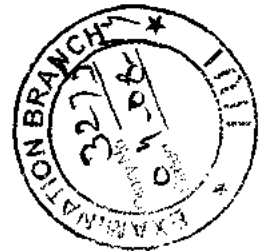


**Dysfunctional Separation-Individuation and Low Autonomy in
Adolescents: Manifestations and Management of Psychological Stress**



By

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INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
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HUMA ZAFAR

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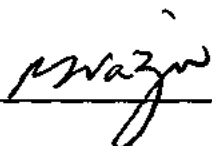
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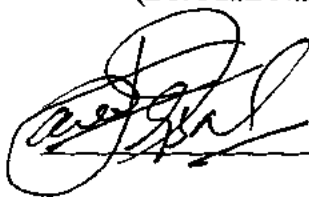


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This research was supported by the Higher Education Commission (HEC) of Pakistan. The researcher was awarded with merit-based Indigenous Scholarship for doing her Ph.D. by the Higher Education Commission, Pakistan.

DEDICATED

TO

MY LOVING PARENTS, SISTER AND BROTHERS

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LIST OF ACRONYMS

BA	Behavior Autonomy
BASR	Board of Advanced Study and Research
BDI	Beck Depression Inventory
DASS	Depression Anxiety Stress Scale
Dep	Depression
DPEC	Department of Psychology, Ethics Committee
DSI	Dysfunctional Separation-individuation
DSIS	Dysfunctional Separation-individuation Scale
HEC	Higher Education Commission
HS	Healthy Separation
IIUI	International Islamic University, Islamabad
PATHSEP	Pathology of separation-individuation
SITA	Separation-individuation Test of Adolescence
SPSS	Statistical Package for Social Sciences

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HUMA ZAFAR

DECLARATION

I, the undersigned hereby declare that this dissertation entitled, 'Dysfunctional separation-individuation and low autonomy in adolescents: Manifestations and management of Psychological stress' is my own work, and that all the sources I have used or quoted have been acknowledged.

HUMA ZAFAR

ABSTRACT

The current research consisted of Study 1 and Study 2. The main purpose of Study 1 was to examine the process of separation-individuation, autonomy development, and psychological stress in adolescents. Grounded in the theory of separation-individuation, Study 1 investigated the developmental tasks of adolescents, from the perspective of early, middle, and late adolescence stages. Theoretical models have eloquently emphasized the importance of these developmental tasks and illustrated the dynamic process of separation-individuation that begins in infancy, continues into adolescence, and has implications over the life span particularly during transition periods. If viewed through the lens of developmental processes in adolescence, separation-individuation and autonomy development stand out as salient tasks that should be attained by adolescents for the optimal adaptive functioning in the years to come. The process of separation-individuation has been considered as a pivotal component for the psychological growth of an individual. It entails an increasing independence from parents which enables an individual to solidify his/her identity and facilitates autonomy. For the current study, it was hypothesized that adolescents facing difficulties in pursuing and managing separation from parents, establishing individuation, and asserting autonomy with parents have stressful life. In order to address these areas of psychosocial development, an adolescents' sample ($N = 300$ males and $N = 300$ females) between the ages of 12 to 18 years was examined. Personal demographic variables were studied in relation to participants' level of separation-individuation, behavior autonomy, and psychological stress with gender variable being of utmost interest. Besides it, age and socio-economic differences in adolescents regarding these variables were also focused. Study 2 of the current

research adopted a pretest-posttest control group experimental design. In order to conduct study 2, a sample consisting of 100 adolescents ($n = 50$ males and $n = 50$ females) between the ages of 12 to 18 years was taken from Study 1, identified as having psychological stress. The important feature of Study 2 was to provide didactic therapy (White, 1989, 2010) to the experimental group in contrast to the control group which aimed at teaching participants how to manage different stresses of life and to assess the efficacy of the therapeutic modality with adolescents in clinical settings. Overall, the results indicated that dysfunctional separation-individuation and low behavior autonomy predicted psychological stress in adolescents. In this context, didactic therapy appeared to be a promising modality for managing stress in adolescents. It offers benefits such as simple administration, cost-effectiveness, brevity, and in bringing positive outcomes. The results of Study 2 revealed that experimental group in contrast to the control group showed significant improvement in their scores on psychological stress at post-test. Furthermore, female participants benefitted more than male participants from therapeutic intervention. Result findings in the context of implications for clinical practice and directions for additional research are also discussed explicitly.

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STUDY 1

Overview of Study 1

Chapter I: Introduction. An overview of this dissertation has been presented in chapter I. The dynamic process of separation-individuation and autonomy development forms the basis of developmental milestones in human development. The aim of this chapter was to review the underlying theoretical basis and burgeoning empirical work regarding the navigation and unsuccessful resolution of these normative developmental tasks and their detrimental effects in the form of psychological stress in adolescence. Accordingly, this chapter focused on the conceptual foundations of separation-individuation, autonomy development and psychological stress by probing the origin of these concepts and history of theoretical ideas relating to these tasks in adolescence. This chapter also illustrated the rationale for conducting the research.

Chapter II: Literature review. A review of literature pertains to the process of separation-individuation, behavior autonomy and psychological stress in the 'vicissitudes' of adolescence. Firstly conceptualization and definition of the variables under study were reviewed and explored. Secondly, it was examined how adolescents' psychological separation from parents or caregivers is vital to the process of individuation, how individuation and behavior autonomy are important as developmental tasks during adolescence, what are the outcomes of these tasks, and how these developmental tasks differ by age, gender and socio-economic status in adolescents.

Chapter III: Methodology. This chapter is related to the problem statement, operational definitions of important variables and terms used in the study, objectives of study and hypotheses formulated for the current study. It also presents the methods and procedures undertaken to collect data and run analyses.

Chapter IV: Results. It displays results of the main study.

Chapter V: Discussion. It relates to the final chapter of this dissertation in which discussion based on the results, limitations of the current study, and recommendations for further research are addressed.

INTRODUCTION

Adolescence is considered to be an intricate period in human life between childhood and adulthood (Byrne, Davenport, & Mazanov, 2007; Damon, 2004; Dixon, Scheidegger, & Mc Whirter, 2009; Macek, 2003) as this period is marked by notable physical, social, and psychological changes that appear with the onset of puberty (Finkenauer, Engels, Meeus & Oosterwegel, 2002; Steinberg, 2005). According to Freud (1946, 1958), adolescence is a period of intense conflicts and turmoil. Erikson (1956) and Blos (1962) also posited that during this developmental period, adolescents experience social alienation and emotional changes. These multidimensional changes obviously impact on adolescents' conceptions and feelings about themselves and their relationships with other people. During this period of development, adolescents are expected to successfully negotiate certain developmental tasks which channel life trajectories. According to a developmental theorist, Havighurst (1953, p. 2), developmental tasks refer to "those things a person is to learn to be a reasonably happy and successful person." The importance of developmental tasks has been emphasized by several theorists (Erikson, 1959; Heckhausen, Wrosch, & Fleeson, 2001; Nurmi, 2004; Oerter, 1986; Salmela-Aro & Nurmi, 1997) who believe that individuals' healthy development depends on previous developmental goals successfully attained by them. Separation and individuation are such normative developmental tasks (Blos, 1979; Josselson, 1988; Tanner, 2005) which are essential for adolescents' adaptation into the environment (McClanahan & Holmbeck, 1992). Recent researches have focused on adolescents' individuation as a

key developmental task (Bray, Adams, Getz, & McQueen, 2003; Ingoglia, Lo Coco, Liga, & Lo Cricchio, 2011) which facilitates autonomous functioning in adolescents. Autonomy development is also believed to be an important developmental milestone which is crucial for adolescents' healthy functioning (Peterson, Steinmetz, & Wilson, 2005). According to Mahler (1963, 1968), separation-individuation is a very complicated process of self-development that takes place during infancy. As a result of this process a child becomes increasingly aware that mother is a separate entity. Blos (1967, 1979) believed that the process of separation-individuation continues in adolescence. He perceived it in terms of ego development, in which adolescents reorganize their ego structure to develop a unique sense of self which enables them to pursue their goals by making use of their own will and resources. He regarded the process of individuation and the development of autonomy as necessary for the adaptive progression of the adolescents' development. Later researchers have also empirically found that critical issues regarding the process separation-individuation are renegotiated in adolescence so as to differentiate one's self image from parents and to establish it on an independent footing (Josselson 1988; Lapsley, Rice, & Shadid, 1989). According to Kalsner and Pistole (2003), separation-individuation is considered successful when the outcome is the establishment of a unique and stable identity. Literature has documented that the successful resolution of the process of separation-individuation and achievement of autonomy during adolescence is predictive of an individual's appropriate adjustment (Holmbeck & Wandrei, 1993; Levine, Green, & Millon, 1986); whereas failure to resolve these fundamental psychosocial developmental tasks successfully results in individual's maladjustment (McClanahan & Holmbeck, 1992) and internalizing symptoms (Eberhart & Hammen,

2006; Quintana & Kerr, 1993). Many researchers have ascertained that an individual's unsuccessful resolution of separation-individuation during adolescence results in serious psychological disturbances (Adams, Montemayor, & Gullotta, 1996; Hoffman, 1984; Silverberg & Gondoli, 1996; Teyber, 1983). It has also been found that unsuccessful resolution of separation-individuation results in self disturbances and relationship problems (Christenson & Wilson 1985) low self-esteem, and depressive symptoms (McClanahan & Holmbeck, 1992; Kruse & Walper, 2008). Previous research findings suggest that adolescents who negotiate the process of separation-individuation successfully are more self-efficacious, have high self-esteem, coping skills, and academic success as compared to those adolescents who fail to resolve this process successfully (Baer, Prince, & Velez, 2004). However, these developmental tasks which include new and varied experiences may give rise to new sources of stress in adolescents (Zimmer-Gembeck & Skinner, 2008). As adolescence is accompanied by drastic hormonal changes (Dorn, Dahl, Woodward, & Biro, 2006; Susman & Rogel, 2004) psychological illnesses (Compas, Orasan, & Grant, 1993; Kessler et al., 2005) and problem behaviors (Alsaker & Dick-Niederhauser, 2006) it seemed appropriate to examine adolescents' developmental tasks and their outcome, as this period of life can overwhelm individuals' capacity to adapt, and may make them vulnerable to stress and maladjustment. Hence the current study was undertaken.

Background of the Study

Separation-individuation and autonomy as developmental milestones.

Separation from parents and development of autonomy are important developmental

tasks during adolescence and young adulthood (Crespi & Sabatelli, 1993; Kalsner & Pistole, 2003; Lapsley, Rice, & Shadid 1989; Lapsley, Aalsma, and Varshney, 2001; Lopez et al., 1988; Mattanah, Brand, & Hancock, 2004; Moore, 1987) and are considered necessary for the adaptive functioning of adolescents (Blos, 1967; Hoffman & Weiss, 1987; Lapsley et al., 1989; Lopez et al., 1988; Scharf & Mayseless, 2007). The concept of 'separation-individuation' has been taken from Mahler, Pine, and Bergman's (1973) theory of infant-toddler separation-individuation. Mahler et al.'s (1973) theory of separation-individuation has been linked to Blos's (1979) theory of individuation. Mahler et al. (1975, 2000) maintained that the salient task of separation-individuation initially takes prominence in infancy. These researchers regard separation-individuation as a dual process by which infants first develop the idea that they are physically separate from a primary caregiver and then self-awareness emerges in them. Hence, it is a process by which internal representations of the self and of others are formed. The first separation-individuation process is likely to be completed by the end of the third year of life. Successful negotiation of separation-individuation in infant-toddler development results in the attainment of emotional object-constancy and awareness of a sense of self. According to Blos (1979), the second separation-individuation process appears during adolescence and continues into emerging adulthood. Erikson further (1980) postulated that the developmental task of separation-individuation is revisited by adolescents. Colarusso (1990) also noted that successful resolution of separation-individuation in infancy paves way for the second separation-individuation that takes place in adolescence. Both these periods of life (i.e., infancy and adolescence) are critical as there is an urgent demand for changes in an individual's structure of self and

personality organization (Blos, 1967). Colarusso (1990) ascertained that after the second phase of separation-individuation, the next phase follows that is referred to as the "third individuation" (p.179) which occurs during late adolescence and emerging adulthood. It requires one to separate from infantile objects and invest one's energies in the developmental tasks of early adulthood. Blos (1967) noted that, "the disengagement from internalized objects opens the way in adolescence to the finding of external and extra familial love and hate objects in the outside world. The disengagement from the infantile objects is always paralleled by ego maturation. The accumulative ego attractions that parallel drive progression accrue in a structural innovation that is identified as the second individuation" (pp.163 & 165). It implies that adolescents, in order to become responsible persons of an adult world, have to separate themselves from the internalized figures of their parents.

The process of separation-individuation has been conceptualized by the researchers in a number of ways. Review of literature suggests that the theory of separation-individuation is embedded in psychoanalytic perspective (Blos, 1979; Kroger, 1998; Mahler, 1963; Mahler & Furer, 1968). However, researchers have found that separation-individuation is believed to be an important task in adolescents' development, however, when it is coupled with negative emotions and dysfunctional coping styles it may lead to poor self-esteem, difficulties in family and peer relationships, depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Bleiberg, 2001; Holmbeck & Leake, 1999; Noam, 1988), eating problems (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), suicidal thinking (Wade, 1987), and problems in the development of identity (Koepke & Denissen,

2012). Hence successful progression of these developmental tasks is important for individuals' optimal healthy functioning.

Theoretical Framework

Separation and individuation are an inevitable component in the maturation of an individual's autonomous ego functioning. The two notable figures or forerunners of the separation-individuation process were Margaret Mahler and Heinz Kohut. The work of Mahler (1979; Mahler & Furur, 1968; Mahler, Pine, & Bergman, 1975) and Kohut (1971, 1977, 1984) tremendously influenced psychoanalysis and contributed to object-relations and self-development theories.

The theory of separation-individuation by Mahler et al. (1975) refers to separation as the intrapsychic achievement which should not be mixed with physical separation. It is aimed in developing individuals' stable identity-formation. This theory of separation-individuation explicitly provides concepts to get a greater understanding of an individual's sense of self as adequate or inadequate. It helps in understanding how individuals have varied recollections of caregivers (parental figures), and how individuals experience same early circumstances in different ways. This also increases our understanding about how struggle for autonomy or control develops in the child and his mother in the early years of child's development, or how the gender of a child affects mother's attitude. All these early experiences influence an individual's capacity for establishing a sense of self and others differently in the developmental years.

Mahler's theory of separation-individuation. Mahler et al. (1975) introduced a developmental theory based on her research with infants. This theory lays foundation for understanding the vicissitudes of normal child's development. Following are the developmental stages of separation-individuation in infants and toddlers: a) normal autistic phase, b) beginning of symbiotic phase, c) normal symbiotic phase, and d) the separation-individuation phase. Separation individuation phase has further four sub-phases: a) hatching / differentiation b) practicing c) rapprochement, and d) consolidation phase / emotional object constancy.

The process of separation-individuation.

The first separation-individuation. Mahler's studies (1963, 1968) focused on the formation of psychic structures and how interpersonal relationships become internalized within the self. These internal representations are formed through interactions with caregivers which may consist of both positive and negative experiences with them. According to Mahler et al. (1975), the normal separation-individuation process results in an individual's integrated sense of self, whereas an individual's inability to integrate pleasurable and frustrating experience with another person can lead to psychopathology.

According to Mahler et al. (1975), development of the child takes place in phases, each with several sub-phases. Each phase involves outcomes and risks. Broadly, the early separation-individuation process is divided into two phases, the *autistic state* and the *symbiotic state*, and the later process of separation-individuation is divided into four sub-phases: *differentiation*, *practicing*, *rapprochement*, and *on the road to object constancy*. As explicated by Mahler (1979), the first separation-

individuation phase begins in infancy which is considered to be the 'psychological birth' or 'hatching' of the child. In other words, there is "rupture of the shell" and the child comes out of an "autistic shell" into a vast world with human connections. Mahler noted that the 'biological birth of the human infant and psychological birth of the individual are not coincident in time. The former is a dramatic, observable, and well-circumscribed event; while the latter is a slowly unfolding intra-psychic process" (Mahler et al., 1975, p.3). Hence the two phases that precede separation-individuation are the normal autistic phase and the normal symbiotic phase which are necessary for the normal development of separation-individuation process. The concepts of 'autism' and 'symbiosis' have been derived from Freud's (1900, 1905, 1915, 1920, 1923, 1926) theories of early development. Normal autistic phase comprises of the first few weeks of life and it refers to the initial state of the infant. The main feature of the normal autistic phase is predominance of sleeping behavior in the neonate. The neonate wakes up in order to satisfy her/his basic needs. During this phase homeostatic equilibrium is achieved through somatopsychic mechanism. Mahler abandoned this phase later on and believed it to be non-existent. The remarkable characteristic of the symbiotic phase is an infant's struggle to achieve homeostasis. Mahler et al. (1975) stated that, "the essential feature of symbiosis is hallucinatory or delusional somatopsychic omnipotent fusion with the representation of the mother and, in particular, the delusion of a common boundary between two physically separate individuals" (p.45). In the normal symbiotic phase the infant is not able to discriminate between the inner and outer world and cannot differentiate between self and other boundaries. However, the infant with the passage of time becomes aware of the need satisfaction that stems from outside the self. This awareness of the need-

satisfying object is precipitated by a symbiotic phase which is characterized by “dim awareness of the need satisfying object” (Mahler et al., 1975, p.44). The availability of mother (i.e. “emotional refueling”) is essential for the proper development of the child during this sub-phase. In this context, mother’s behavior determines the infant’s nature of experiences. It lasts until about 5 months of age in which there is close attachment between the mother and infant but the child does not have any sense of individuality. The infant derives pleasure in interacting with the mother, feels confidence and develops a trusting relationship with her and his own self. This signifies a social symbiosis, denoting a physiological and socio-biological dependency on mother which ultimately leads to differentiation and development of ego. As a result of this differentiation the infant develops body image and a feeling of self around which a sense of identity is later on established. The commencement of separation-individuation phase marks the end of normal symbiotic phase. The outcome of healthy separation-individuation is “the establishment of a sense of separateness from, and relation to, a world of reality, particularly with regard to the experiences of one’s own body and to the principal representative of the world as the infant experiences it, the primary love object” (Mahler et al., 1975, p. 420). Mahler (1972) emphasized that the “mother’s continual emotional availability is essential if the child’s autonomous ego is to attain optimal functional capacity” (p.495). Hence the role of mother becomes increasingly important in framing internal and external experiences of the child. “The mother with the child creates a narrative about the child, about the mother, about their being together. This narrative is woven into the child’s emerging representation of self and the outside world” (Bergman & Harpaz-Rottem, 2004, p.564). Development of individuation and separation from the

caregiver is characteristic of this sub-phase. However, resistance of separation-individuation and increased efforts of the infant to return to mother may be observed. If symbiotic phase is delayed, differentiation (which is the first phase of separation-individuation) is also delayed. This disturbed symbiosis is the outcome of mother's indifferent attitude, ambivalence or intrusiveness towards the infant.

Sub-phases of first separation-individuation.

The first sub-phase: Differentiation (6—10 Months). During this phase, the infant wants to be in close contact with the mother's body, develops dim body awareness, feels his own and his mother's body, and has an increased awareness of the changing stimuli. He is capable of more "permanently alert sensorium" which is "combined with a growing store of memories of mother's comings and goings, of 'good' and 'bad' experiences" (Mahler et al., 1975, pp.53-54). Hence, the differentiation phase of separation-individuation is marked by a permanent sensorium of the mother. In this phase the infants' cognitive and emotional development can be well-recognized. The social smile of the infant reflects the establishment of the specific bond between him and the caregiver. At the age of seven to eight months, the child compares his mother with other figures around him. He recognizes her smell and becomes familiar with how she feels and looks. This is the normal pattern of child's cognitive and emotional development. However, during this sub-phase separation anxiety is manifested in the infant in mother's absence. According to Mahler et al. (1975) favorable mother-child interaction is crucial for the child's harmonious personality development. The differentiation sub-phase is also characterized by self-object differentiation, whereby the infant starts exploring his environment. Hence, this

sub-phase of separation-individuation is characterized by an infant's increased awareness of the self that is separate from others. This emergence of self is the outcome of pleasurable and unpleasurable memory traces of love objects and interactional patterns of the mother and infant. However, availability of the mother or caregiver is necessary for the infant to progress into the next phase.

The second sub-phase: Practicing (10-17 months). The term 'practicing' refers to the child's testing of individual capacities (such as crawling). The practicing sub-phase is marked by child's psychomotor development that enables him to explore his environment actively and gain mastery over his body. The essential characteristic of the early practicing sub-phase is the initial efforts of the infant to crawl and to make motor movements. This locomotion allows him to explore new and interesting sites. Despite the child's autonomous ego functioning he prefers to remain in close proximity to the mother. He tries to keep track of the mother as she moves away. The child's interest in the mother who serves as a 'safe anchorage' lessens initially but he soon becomes frustrated by his environment. As the child's separateness from mother increases, he tries to retreat back to get close to her hence seeking proximity. This is regarded as 'emotional refueling'. Physical differentiation from mother and autonomous ego functioning while remaining close to mother is the striking feature of this phase. The practicing sub-phase is marked by "the child's great narcissistic investment in his own functions, his own body, as well as in the objects and objectives of his expanding reality" (Mahler et al., 1975, p.71). This sub-phase of separation-individuation is characterized by infant's exercise of autonomous ego functioning and is considered to be a period of heightened narcissism that offers the

child to test his mastery of the world. Greenacre (as cited in Mahler 1972, p.491) conceptualized this phase as a 'love affair with the world'. The mother's confidence in the child develops in him a sense of self-esteem, separateness, and autonomy (Mahler et al., 1994). The mother's ability to maintain a supportive presence fosters child's healthy individuation. However, a disturbed practicing sub-phase results in separation anxiety and anarchic depression in the growing child.

The third sub-phase: Rapprochement (17-24 months). The practicing sub-phase is followed by the rapprochement sub-phase. It is in the rapprochement sub-phase, whereby the child seeks autonomy and closeness simultaneously.

Rapprochement is further divided into three sub-phases:

1. *Beginning* in which the child develops a desire to share discoveries with his/her mother.
2. *Crisis* in which the child wants to remain emotionally close to mother and at the same time demands independence from her and explores environment.
3. *Solution* in which there is development of language, advancement in representational thought, and refinement of the superego that enables individual solutions.

The rapprochement sub-phase is characterized by physical separateness of infant from the mother. There is remarkable decrease in infant's tolerance for frustration. He is concerned about the presence of the mother and tries to actively approach her. Separation anxiety in the infant may be manifested as a result of fear of object loss. In the rapprochement sub-phase, there is a strong need in the child for object's love. He demands optimal availability of the mother and wants to share his

discoveries with her. He also shows intense reaction in his mother's absence which is a reflection of his exercising of autonomous behavior. Hence, the previous stages of separation-individuation culminate in a period of rapprochement in which an infant/toddler reconnects to his/her parents with a sense of autonomy (Mahler et al., 1973). Resolution of rapprochement sub-phase enables the child to overcome splitting of the self and to develop an integrated sense of self and object-representations. It has been found that satisfactory resolution of the rapprochement crisis marks the successful separation-individuation process (Quintana & Lapsley, 1990) and as a result, the individuated person achieves a balance between parental identification and enmeshment with family on the one hand and separateness on the other hand. However, unresolved rapprochement sub-phase results in child's clinging and negativistic behavior. Hence, in order to negotiate the process of separation-individuation one has to move through a series of stages. Resolution of rapprochement is characterized by achievement of self and object constancy and the cumulative process of successful separation-individuation entails integration of self-awareness and identity.

The fourth sub-phase: Consolidation of individuality and beginning of emotional object constancy (24-26 months and beyond). The fourth sub-phase of separation-individuation remains active and is never ending. This sub-phase is marked by achievement of individuality and development of object constancy which are the major tasks of this sub-phase. Ego functioning and gender identity advances during this phase. In this second year of life, developmental milestones such as mobility and language are achieved. These achievements are associated with the emergence of a

sense of self that allows for the development of autonomous functioning in toddlers (Erikson, 1963, 1968, 1980; Mahler, Pine, & Bergman, 1975). Erikson (1968) postulated that a balanced parent-child relationship is vital for the development of autonomy in the child.

Mahler et al. (1975) advocated that individual's development progresses sequentially. It initiates from autism and ends in separation-individuation, a process that represents two simultaneous developmental tracks. Separation, being the intra-psychic track, entails boundary formation and distancing from the primary caregiver, while individuation track involves the evolution of individual's intra-psychic autonomy, cognition, perception, and memory. These processes subsequently give way to an internalized self-representation which is different from internal object representations (Mahler et al., 1975). Researchers have noted that "Mahler's interest was less on the optimal circumstances for development of the self and more on the internal forces driving the toddler toward the realization of the separate self, even in circumstances of *less than optimal availability* of the mother" (Bergman & Harpaz-Rottem, 2004, p.561).

Objects relation theory. Object constancy is an individual's ability to perceive and interact with others as real people and not as people who are there to satisfy needs only (Weinberg, 1991). Self-constancy is an individual's ability to maintain one's inner balance by making use of resources within the self (Weinberg, 1991). According to Greenberg and Mitchell (1983), the term "object relations theory" in this broadest sense, "refers to attempts within psychoanalysis to...confront the potentially confounding observation that people live simultaneously in an external

and an internal world, and that the relationship between the two ranges from the most fluid intermingling to the most rigid separation. The term thus designates theories, or aspects of theories, concerned with exploring the relationship between real, external people and internal images and residues of relations with them, and the significance of the residence for psychic functioning." (pp. 11-12).

According to Pine (1990) re-enactment of developmental issues take place in later stages of life. Pine (1990) refers to object relations as "an internal drama" that involves characters and scenes that individuals created in childhood and now have their traces in memory. The childhood experiences with primary caregivers and objects as remembered are enacted in later years of life. However, these are not accurate replications of the events and experiences of childhood. Hence the nature and quality of individual's early experiences with caregivers help in understanding the psychological functioning of an individual in the years to come. This theory plays a key role in understanding the experiences of individual's early relationships.

Winnicott's theory. Winnicott (1968) found that difficulties faced by adolescents are noticeably the same as the problems faced during earlier developmental years. While Mahler et al. (1975) considered mother's availability ("emotional refueling") as a dire need of the child, Winnicott (1986a, 1986b) emphasized "holding" as important for the healthy development of an individual during infancy. "Holding" not only implies physically holding an infant but it also means protecting him from self-injury and providing him emotional nurturance. According to Winnicott (1965), 'holding' refers to the mother's emphatic attunement to her infant's needs. This phenomenon eventually results in infant's ability to

prerequisite to the second individuation process. The initial ego undergoes temporary disorientation and fragmentation so that a reorganization of ego can take place. The adolescent is required to re-encounter infantile ego states. If an initial ego organization is powerful enough the process drives the adolescent to continue ego reorganization in the second individuation phase. However, if the ego structure is defective, the adolescent is required to resolve it appropriately; otherwise it results in developmental impasse, and manifests itself in fixations and infantile objects dependencies. If any issues of the first individuation phase were not resolved in a smooth manner they must be redressed in adolescence.

Josselson writes: 'Successful separation-individuation does not require that the relationships be obliterated in the interest of gaining autonomy; rather, separation modifies relationship. Separation-individuation is one side of the matrix that connects individuals. When we look at the separation side, we see individuals moving away from someone. But when we turn the matrix over to view its other side, we see the separating individual revising, and thus preserving the relationship... Much of the pain of adolescence is in this effort at rapprochement, the fear of putting separation-individuation and relationship at odds' (1988, p.94).

The familial context plays a significant role in the rapprochement phase. There is reworking of family relationships and autonomous functioning without affecting close familial bonds. Healthy differentiated families provide support and guidance to the adolescent and allows him ample opportunity for age-appropriate exploration of the sense of self. The differentiated families remain flexible and help the adolescent to adapt and accommodate the individuation process. However in an undifferentiated family, although the adolescent moves towards independence but he remains disloyal

to the family (Allison & Sabatelli, 1988). The longing for autonomous functioning and self-assertion are to be realized in such a manner that narcissistic isolation in an individual may not result. The adolescent is required to successfully manage and negotiate the dialectic between connectedness and separateness; while withdrawing from the undesirable consequences of enmeshment and fusion, on the one hand, and isolation and detachment, on the other hand (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994; Kins, Beyers, & Soenens, 2013). This dialectical tension according to Bakan (1966) is the "duality of human existence" because it revolves around the agency and communion throughout the life course and not just in the second phase of separation-individuation. He concluded that human development is based on the dialectic between the agentic and communal aspects of the self. Sometimes agentic urges overpower and at other times communion needs dominate. Agentic urges may include mastery, self-assertion, distinctness and separateness while communion needs include connection and dependence. Hence it is assumed that dysfunctional separation-individuation results in personality and relational disturbances throughout the lifespan (Bleiberg, 2001; Holmbeck & Leake, 1999).

It has been widely documented in literature that the process of separation-individuation becomes all the more prominent as the adolescent moves to college where he is faced with numerous transitional issues and challenges regarding adaptation (e.g; Hoffman, 1984; Lapsley et al., 1989; Quintana & Kerr, 1993; Rice, Cole, & Lapsley, 1990). Researchers have reported that adolescents' experiences in the college help them explore their self and develop ideas separate from their parents (Guerra & Braungart-Ricker, 1999). Hoffman and Weiss (1987) found emotional problems in college students who had problematic separation from parents. Rice et

al.'s (1990) findings suggested that positive feelings of college students were associated with successful parental separation. However, Quintana and Kerr (1993) found less depression in adolescents who had supportive relationship with parents, authority figures and peers in contrast to adolescents having unsupportive relationships.

It has been found that individuals who negotiate the process of separation-individuation successfully have a strong sense of self and have resources to cope with challenges and transitions that arise (Mattanah, Brand, & Hancock, 2004). Moreover, these researchers also noted that resolution of this process in a healthy way also included not having bad feelings (e.g., feelings of guilt, anxiety, or expecting rejection) about the changes occurring in the due course. Kruse and Walper (2008) in a study with adolescents, examining types of individuation in relation to parents found that less resolved separation-individuation process has been related to fears of being rejected by mother, manifestations of depressive symptoms, and low levels of self-esteem. Researchers have found that adolescents' individuation is hampered if they remain bound to their parents in order to fulfill their needs (Scharf & Shulman, 2006; Stierlin, 1981). It implies that when parent-child psychological boundaries are blurred or enmeshed the child separation-individuation process is hampered. In a study conducted in UK with high school seniors it was found that blurring of parent-child boundaries or enmeshment may result in lack of identity achievement, anxiety, and depression (Manzi, Vignoles, Regalia, & Scabini, 2006). Parental psychological control inhibits the process of individuation (Baber, 1996, 2002)) and these intrusive practices by parents may lead to adverse outcomes such as internalizing problems i.e. low levels of self-confidence, anxiety, and depression) and externalizing problems

(i.e., antisocial and delinquent behavior; Barber, Stolz, & Olsen, 2005; Barber, Olsen, & Shagle, 1994; Doyle & Markiewicz, 2005; Pettit, Laird, Dodge, Bates, & Criss, 2001).

Autonomy development. Autonomy development is a continuous process that is achieved over the course of childhood and adolescence. Literature documents that an essential feature of the transitional period from adolescence to adulthood is autonomy development (Havighurst, 1948; Grotevant & Cooper, 1986; Steinberg, 2002; Zimmer-Gembeck & Collins, 2003) and it has been considered as one of the major developmental tasks of adolescence (Greenberger, Josselson, Knerr, & Knerr, 1975; Peterson, Cobas, Bush, Supple & Wilson, 2004; Smetana, 2002). Peterson et al. (2005) also found that development of autonomous functioning is a major goal of adolescence as it is important for adolescents to function independently in the adult world where parents no longer take care of them. According to Erickson (1963), resolution of crisis of 'autonomy versus shame and doubt' was a pre-requisite to progress towards the second stage of psychosocial development. Erikson's conceptualization of autonomy can be referred to as 'behavioral autonomy' as a child struggles to act. However, Freud (1958) first developed the psychoanalytic view of autonomy development. The theoretical basis of adolescents' autonomy development has also its roots in the theory of separation-individuation (Blos, 1979). The theory of 'separation-individuation' has linkages with Mahler, Pine, and Bergman's (1973) theory of infant-toddler separation-individuation. Research suggests that during the process of individuation the developing adolescent is required to separate from his/her psychological or behavioral dependence on parents while accepting responsibility for

his/her decisions and actions (Steinberg, 1990). Researchers have revealed that autonomy achievement is a reflection of healthy development (e.g., Mahler, Pine, & Bergman, 1975; Kaliteyevskaya & Leontiev, 2004). Steinberg and Silverberg (1986) also found that an individuated sense of self is salient for the normal and healthy development of adolescents.

Researchers have documented that a major developmental task of adolescents is to function autonomously (Angyal, 1941; Hartmann, 1958; Loevinger, 1976; Ryan, 1991; Shapiro, 1981) as it is an indicator of mental health (Jahoda, 1958), and dysfunctional behavior should be managed by psychotherapeutic techniques (Hare-Mustin & Marecek, 1986; Van Kaam, 1966). Research findings suggest that autonomy development has far reaching consequences. It is related to success in emerging adulthood and helps in individuals' adaptation during subsequent transitions (Masten et al., 2004). Increased autonomous functioning is considered to play an important role in adolescents' development (Dashiff & Bartolucci, 2002; Tanner, 2005). Research has revealed that adolescents' autonomous pattern of behavior is an indicator of successful resolution of developmental crisis in adolescence. This pattern of behavior includes "positive self-attitude, self-support based on personal values, feeling one's responsibility for the results of one's actions" (Kaliteyevskaya & Leontiev, 2004, p.108). Greenberger (as cited in Tilton-Weaver et al., 2001) describes autonomy as an important component of psychosocial maturity; whereby autonomy has been referred to as self-reliance. Some other researchers have also described autonomy as independence or self-reliance, which refers to the extent to which an individual behaves or decides without relying on other people and on parents in particular (e.g., Markus & Kitayama, 1991; Smetana, Campione-Barr, & Daddis,

2004; Steinberg, 2002). Tilton-Weaver and Galambos (as cited in Tilton-Weaver et al., 2001) reported that genuinely mature individuals exhibited low levels of problem behavior, appeared slightly older than their chronological age and possessed highest levels of psychosocial maturity. These individuals were described as independent, self-reliant, and working towards the attainment of their goals. The achievement of autonomy is highly valued in western countries and is regarded as a crucial developmental task during adolescence. Researchers have found that adolescents make continuous efforts to achieve autonomy (Collins & Madsen, 2006; Steinberg, 2001; Steinberg & Silk, 2002). It has also been found that there is a normative increase in autonomy during adolescence which is considered to be important for the adaptive psychosocial functioning of adolescents (Blos, 1979; Steinberg, 2002).

Psychological stress in adolescents. Stress can occur in any period in one's life. However, previous researchers suggest that adolescence is a period in which the growing children are increasingly vulnerable to stressful life events (Stark, Hargrave, Hersh, Michelle, Herren, & Fisher, 2008). De Anda and Bradley et al. (1997) stressed that during adolescence young people are "particularly at risk given the limits of their psychosocial and cognitive development and their life experiences" (p.8). Some researchers suggest that prevalence of anxiety disorders is also common in children and adolescents (Albano, Chorpita, & Barlow, 2003; Beidel, 1991).

According to Burke (1991), "Stress is a relationship between external conditions and the current state of the person; and distress, or anxiety is the internal, subjective response to that relationship" (p. 836). Selye (1974) regarded stress as any stimulus that upsets an individual's bodily balance. Lazarus and Folkman defined

stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being”. Lazarus further regards an individual’s appraisal of the situation as the primary cause of psychological stress (as cited in Caponecchia, 2005). Hence any stressful event in itself is not the cause of anxiety in an individual but how he appraises the threat or harm it poses to him and how he copes with different challenges of life. Appraisals are related to cognitions that help in evaluating an event and further influence an individual’s decision making related to that event (Lazarus & Folkman, 1984). Primary appraisal is concerned with an individual’s evaluation of a particular situation i.e., nature of the situation and whether he/she is at risk in a certain situation or not. Secondary appraisal is concerned with an individual’s evaluation of the situation that he possesses the ability to reduce or cope with the risk (Lazarus & Folkman, as cited in Caponecchia, 2005). According to Lazarus and Folkman (1984), there are following types of stressful appraisals: where damage already occurred (e.g., illness); threat, where harm is anticipated; and challenge, a situation where in an individual feels confident about confronting the situation. A number of factors may influence an individual’s appraisal of the situation. According to Lazarus and Folkman, personal and situational factors are notable in this context. Personal factors may include an individual’s commitments and beliefs about the world, whereas situational factors may include novelty and unpredictability related to the situation (Lazarus & Folkman, as cited in Caponecchia, (2005).

Stress can have far reaching consequences for adolescents if it persists for a long period. Prolonged and poorly managed stress can lead to physical, mental, and cognitive disturbances in children and adolescents (Steinberg, 2005). The negative

outcomes of chronic stress may include poor language skills, memory disturbances, anxiety, depression, and low academic performance (Rosmond, 2005; Farah, Nobel, & Hurt, 2007).

Research conducted with middle class European-American sample demonstrated that adolescents who are not allowed to exercise autonomy by their parents exhibit negative behavior such as depression, unhealthy relationships with peer, and externalizing symptoms (Allen, Hauser, O'Connor, & Bell, 2002; Allen et al., 2006; Lee & Bell, 2003; Soenens & Vansteenkiste, 2005). Some other researchers have reported that failure to individuate and achieve autonomy during adolescence may lead to a variety of problem behaviors and other psychological disturbances (Adams, Montemayor, & Gullotta, 1996; Hoffman, 1984; Silverberg & Gondoli, 1996; Teyber, 1983). The research findings synthesized in the current study suggest that increased stress during adolescence is associated with developmental 'trajectories' of human development as the adolescent years pose numerous demands on the growing adolescents as they move from parents' or caregivers' dependence to independence. However, they are required to adapt to these new challenges and experiences of life (Romeo, 2010; Spear, 2010).

Rationale

Adolescence is a complicated developmental period that is accompanied by numerous challenges (Byrne, Davenport, & Mazanov, 2007; Dixon, Scheidegger, & Mc Whirter, 2009). It is a period of psychological stress as the adolescents are confronted with new experiences (Dekovic & Meeus, 2006; Spear 2000) including

identity development which is enhanced during adolescence (Olsen & Dweck, 2008). However, adolescents for the healthy development are required to successfully negotiate the process of separation-individuation (Blos, 1979; Hoffman, 1984; Hoffman & Weiss, 1987; Lapsley & Edgerton, 2002; Lapsley & Stey, 2010; Levitz-Jones & Orlofsky, 1985; Rice et al., 1990; Teyber, 1983) and autonomy development (Blos, 1979; Peterson, Steinmetz, & Wilson, 2005) which are considered important for their adjustment to adulthood (Holmbeck & Wandrei, 1993; Levine, Green, & Millon, 1986; Steinberg & Silverberg, 1987). During the process of socialization, parents play a distinctive and indispensable role in upbringing their children. However, some parents effectively deal with the transitional changes taking place in their children while others do not (Kins et al., 2011; Stierlin, 1974). Koepke and Denissen (2012) have highlighted the reaction of parents towards the separation of children from them. In this context, most of the parents are not aware that individuation and autonomous functioning have impact on adolescents' life functioning. They do not allow them to participate in decision-making related to their personal and family issues. These parental psychological controls inhibit the process of individuation in adolescents (Baber, 1996, 2002) which is considered as a key developmental task during adolescence (Allen, Hauser, Bell, & O'Connor, 1994; Bray, Adams, Getz, & McQueen, 2003; Ingoglia, Lo Coco, Liga, & Lo Cricchio, 2011). When adolescents do not get an environment which is autonomy granting they remain dependent on adults in their life even for choosing friends, selecting clothes, and setting educational and career goals and hence due to this lack of individuation many adolescents become vulnerable to psychological stress (Hoffman, 1984). Eccles and colleagues (1991) noted the significance of parents in creating a family

environment in which adolescents' participation in decision making kept pace with their autonomy needs. Parental autonomy-granting behavior promotes adjustment in adolescents, as documented by Stewart et al. (2000) in Pakistan and by Sunar (2002) in Turkey. Previous researches have provided empirical evidence that dysfunctional psychological separation from parents is related to psychological distress and personal adjustment problems in a college population (Cooper, Grotevant, & Condon, 1983; Hoffman & Weiss, 1987; Lucas, 1997).

It has been found that the outcome of healthy separation-individuation is autonomous functioning (Collins, Gleason, & Sesma 1997; Steinberg & Silverberg, 1986) which has important implications for the mature and healthy development of an individual (Steinberg & Silverberg, 1987). Behavior autonomy is an important domain of autonomous functioning. It implies the "extent to which adolescents acquire freedom of action from parents" (Peterson, 1986, p.232). Peterson et al. (1999) regarded behavior autonomy as the most important dimension of autonomy in adolescents. A large body of research on developmental variables illuminates the expected stresses that hinder the optimal functioning of adolescents (Blos, 1967, 1979; Hoffman, 1984; Hoffman & Weiss, 1987; Lapsley & Edgerton, 2002). In this context, it has been found that individuals who remain unsuccessful in negotiating the process of separation-individuation do not develop identity (which is akin to autonomy) as compared to their age mates who pass this trajectory of adolescence successfully (Barrera, Blumer, & Soenksen, 2011). According to Erikson (1950, 1968), lack of identity results in delinquency, psychotic incidents, increased identification with other people, isolation, and depression. Similarly, researchers have documented that lack of autonomy in adolescents also results in psychological

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vulnerabilities in them that may manifest in internalizing (Beck, 1983) and externalizing problems (Ryan, Deci, & Grolnick, 1995). On the contrary, research provide evidence that an autonomous individual characterizes positive mental health, high self-esteem, positive self-concept, and is found to be self-motivated, self-initiating, and self-regulating (Zimmer-Gembeck, 2001). It implies that individuals with healthy separation-individuation, autonomous functioning, and without the unhealthy stresses of life can develop enhanced perspective-taking and can envisage the consequences of their thoughts and actions in a better way. Based on previous research findings, it was hypothesized for the current study that dysfunctional separation-individuation and low levels of autonomy have an impact on adolescents' psychological and social health. The current research was also designed with a possibility that parent-adolescent psychological separation might prove to be instrumental in executing the developmental task of individuation in adolescents and the impediment of which might result in detrimental outcomes in the form of internalizing symptoms such as anxiety, depression, and psychological stress. Contrary research findings also exist for example, Mayseless et al. (1998) and Berger and Thompson (1995) noted that adolescents' psychological separation from parents is not necessary to become individuated. Research findings also suggest that adolescents' individuation does not imply that they lose emotional bonding with their parents rather it includes maintenance of harmonious relations to parents (Silverberg & Gondoli, 1996). Furthermore, some researchers noted that adolescents' excessive strivings for psychological separation from parents was related to poor family functioning and unhealthy adjustment (Beyers & Goossens, 1999; Holmbeck & Leake, 1999; Ryan & Lynch, 1989). As there is no consensus among researchers as to

what separation-individuation and autonomy exactly refer to, and how these developmental processes affect adolescents; hence further research is needed to understand these psychological constructs. A number of studies have revealed the adaptive and maladaptive aspects of separateness which has helped in understanding these constructs in conceptualization and implications (e.g., Beyers & Goossens, 1999; Beyers, Goossens, Van Calster, & Duriez, 2005; Beyers, Goossens, Vansant, & Moors, 2003; Buhl, 2008a; Kagitcibasi, 2005; Kins et al., 2009; Lamborn & Groh, 2009; Noom, Dekovic, & Meeus, 2001; Parra & Olivia, 2009; Van Petegem, Beyers, Vansteenkiste, & Soenens, 2011) but numerous studies have addressed these developmental tasks using American college students as participants (e.g., Gnauhati & Heine, 2001; Hoffman, 1984; Kenny & Donaldson, 1992; Kobak & Sceery, 1988; Lapsley & Edgerton, 2002; Rice et al., 1990) which may not be representative of individuals living in developing countries. Hence, little effort has been made to examine the combined effect of dysfunctional separation-individuation and low autonomy on the psychological stress in adolescents in Asian countries especially in Pakistan. As there was no substantial data that could provide apparent evidence regarding these developmental tasks in the cultural context; therefore it was all the more important to empirically examine these constructs with adolescents in Pakistan. This study would be worthwhile in preventing the occurrence and lessening the negative impact of dysfunctional separation-individuation and low autonomy in adolescents. Here question can be raised as to whether positive influence of autonomous functioning is a prerogative of the western societies based on the concept of individualism. Hence a unique feature of the current study is that it will help in enriching the existing body of literature by studying the important developmental

milestones. Moreover, addressing separation-individuation and autonomous functioning with respect to adolescents' gender, ages, and socio-economic status would be insightful and provocative in many respects and would help in clarifying the meaning and implications of these complex developmental 'trajectories' of adolescence.

Significance of the Study

The current research has theoretical and practical significance. It would be helpful for parents, adolescents, teachers, mental health professionals and society at large as it would help them in understanding how the adolescents develop a sense of themselves as capable and healthy people. It would help them learn about how the separation-individuation process works and how it is important in making an individual autonomous and psychosocially adjusted in life. It would be helpful for the adolescents in coping and managing with stressful challenges of life. This study would add to the literature by understanding how people interacting with adolescents can help in making them individuated, autonomous and psychosocially adjusted. Moreover, examining the association between adolescents' dysfunctional separation-individuation, low autonomy and psychological stress would not only be beneficial for health-promotion but also in devising preventive strategies for them.

LITERATURE REVIEW

Adolescence generally refers to the second decade of life (Lerner & Steinberg, 2004) which is marked by major changes (Meeus & de Wied, 2007). It refers to the period between childhood and adulthood (Macek, 2003). Byrne, Davenport, and Mazanov (2007) regarded adolescence as the most unbridled transitional phase of all the life stages as it involves many changes. Erikson (1968) viewed adolescence as a period of 'identity crisis' and regarded it as the most difficult and complex transitional period in human life as it is accompanied by physical, cognitive, social, and emotional changes. In addition it is a crucial period for biological and social changes (Arnett, 1997; Schulenberg, Magges, & Hurrelmann, 1997), physical and hormonal changes (Archibald, Graber, & Books-Gunn, 2003), and cognitive and behavioral changes (Rodgers & Bard, 2003). Besides coping with these physical changes and psychological experiences, the adolescents are also required to adjust themselves to the responses of other people during these developmental changes (Archibald et al., 2003). Research findings suggest that it is a period during which adolescents first begin to challenge parental authority (Chandler, 1987) in order to form a sense of self. Researchers have demonstrated that in establishing one's identity and developing a sense of self, separation from one's parents is a pre-requisite (Berzonsky & Kuk, 2000; Berzonsky et al., 1990; Fullwinder-Bush & Jacobvitz, 1993; Noller, 1995; Moore, 1987). Hence, it is important to examine the developmental process of this transitional period of life extensively as the adolescent experiences concomitant

changes (Blakemore, 2008; Casey, Getz, & Galvan, 2008a; Casey, Getz, & Galvan, 2008b).

Views on Adolescence

Different theorists have viewed adolescence differently. Some prominent views have been highlighted.

G. Stanley Hall's views on adolescence. Hall (1904) described adolescence as a period characterized by "storm and stress". He believed that during this conspicuous stage of life the human body undergoes drastic changes. Not only there are physiological changes but at the same time there are also changes in the cognitive, emotional and behavioral domains of an individual. Hall stated in his book "Adolescence" that "individual growth recapitulates the history of the race" (as cited in Balk, 1995). According to Thornburg (1982), adolescence is not only a transitional stage between childhood and emerging adulthood but also an evolutionary stage during which an individual becomes a complete organism. During these developmental years adolescents are expected to develop their identity, set goals for themselves, and to determine what they want from life.

Psychoanalytic views on adolescence. Freud's (1946, 1958) psychoanalytic theory like Hall's theory considers adolescence as a period of intense conflicts as it is accompanied by physical and psychological changes. The unconscious drives and instinctual demands make adolescence a turbulent period. The superego forbids an individual to act on these instinctual and unconscious drives to achieve sexual release.

However, adolescents develop mature ego functioning, stabilize defenses and give up infantile parental attachments if they successfully resolve psychological complexes that occur during the psychosexual development (Balk, 1995). Freud (1969) regarded adolescence as a time of developmental disturbance. Like Sigmund Freud, Anna Freud also regarded adolescence as a period of turbulence (Balk, 1995).

Peter Blos's views on adolescence. Blos (1962) explained adolescence as: "...the sum total of all attempts at adjustment to the stage of puberty, to the new set of inner and outer endogenous and exogenous conditions which confront the individual. The urgent necessity to cope with the novel condition of puberty evokes all the modes of excitation, tension, gratification and defense that ever played a role in previous years that is during the psychosexual development of infancy and early childhood. This infantile admixture is responsible for the bizarreness and the regressive character of adolescent behavior; it is the typical expression of the adolescent to struggle to regain or retain a psychic equilibrium which has been jolted by the crisis of puberty. The significant emotional needs and conflicts of early childhood must be recapitulated before new solutions with qualitatively different instinctual aims and ego interest can be found. This is why adolescence has been called a second edition of childhood" (p.11).

Adolescence is the 'second phase of separation-individuation' (Blos, 1967, 1979) during which the adolescent is expected to establish a sense of self that is distinct and individuated, thereby reducing psychological dependence on parents. The theory of separation-individuation presented by Blos (1967) states that adolescents in order to achieve individuation have to give up the internalized representations of

caregivers formed in childhood which paves the way for maturity. Blos (1967, 1979) proposed that second separation-individuation represents an individual's disengagement from infantile images of caregivers as sole figures of authority. He believed that in order to negotiate the process of separation-individuation and to achieve autonomy an adolescent has to differentiate certain parts of the self that are enmeshed with parents or caregivers. As separation-individuation and autonomy development are salient developmental tasks during adolescent years these are examined in the light of different developmental theories.

Separation-individuation and Autonomy—A Developmental Perspective

The psychodynamic theories about adolescence and separation-individuation maintain that during adolescence there is 'the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world' (Blos, 1979, p.142). Research further suggests that disengagement from parental dependencies lead to ego maturation (Blos, 1979). Weinberg (1991) supported Blos's (1979) view that the process of separation-individuation helps an individual to develop a distinct sense of self. Josselson (1980) also maintained that the process of separation-individuation establishes an individuals' sense of self and strengthens boundaries and feelings of separateness from other individuals. Hence the process of separation-individuation facilitates an adolescent to become capable of functioning independently. Smollar and Youniss (1989) also considered individuation as a salient feature of adolescent development. Chun and Mac Dermid (1997) believed that individuation is a process through which

an individual develops a separate identity, distinct from his/her family that results in autonomy (as cited in Hung, 2006). Mahler (1975) also posited that successful separation-individuation in children results in a differentiated sense of self (as cited in Nichols, 2006).

Some researchers believe that this autonomous functioning should enable an individual to have harmonious relationships with people without being engulfed by them (Erikson, 1968; Karpel, 1976). Many adolescents who remain dependent on their parents (legally or financially) do not function autonomously although they may consider themselves capable of taking up the responsibility (Arnett, 2004a b; Buhl, 2007; Kins et al., 2009). They may perceive parental authority as a threat to function autonomously (Lichtwarck-Aschoff et al., 2008). Berzonsky et al. (1990) refers to individuation as the ability of adolescents to make independent decisions. In this context, involvement of adolescents in family decision-making plays an indispensable role in making them individuated and autonomous. Previous researches suggest that parent-adolescent joint decision-making is more adaptive for better adjustment than adolescent alone decision-making (Haase et al., 2008; Lamborn, Dornbusch, & Steinberg, 1996; Smetana, 1995; Smetana et al., 2004).

Separation-individuation is akin to the process of identity development as both are linked to the development of individuation (Adams & Marshall, 1996). Josselson (1988) stated that 'individuation, autonomy, and identity formation are discrete though indivisible phenomena' and that 'we cannot look at one without implying effects on the others' (p.129). Erikson (1968, 1980) believed development of identity as a central part of separation-individuation process. Hoffman (1984) also regarded separation-individuation as a complex dynamic developmental process that plays a

pivotal role in the development of individuals' identity. Hence the salient developmental milestone of adolescence is to achieve psychological separation that results in increased autonomy and subsequently in identity formation. Erikson (1980) posited that achievement of individuation is the essence of psychological maturity. Researchers suggest that adolescents distance themselves from parents because they perceive parental influence to be negatively intervening with their autonomy (Luyckx, Goossens, Soenens, & Beyers, 2006; Perosa et al., 1996, 2002). Noller (1995) proposed that families should emphasize individuation during adolescence that promotes identity exploration. According to Karpel (1976), individuation takes place when 'a person becomes increasingly differentiated from a past or present relational context' (p. 66).

Separation-individuation encompasses not only intrapsychic but also interpersonal dynamics. Christenson and Wilson (1985) identified separation-individuation to be essential for intrapsychic and interpsychic autonomy development. Many authors have challenged some researcher's focus on separation only and instead emphasized the need to take into account the role of attachment also in individuals' psychological development. Friedman (1989) views individuation in the context of relations which is linked to differentiation. Blatt and Blass (1990) have made dialectic here. They discoursed that individuation may not simply be the result of successful separation, but instead an outcome of successful balance of attachment and separation. Buber regards "distance and relating" as two "ontological movements essential to human existence" (Friedman, 1989, p.450). According to Boszormenyi-Nagy (1966), personal existence cannot be separated from relationship with others. Studies using Hoffman's (1984) Psychological Separation Inventory found positive

relationship between adolescent's independence and adjustment (Beyers & Goossens, 2003). Hoffman (1984) advocated that there are four types of adolescents' psychological separation from parents. They are: functional independence which refers to an individual's ability to manage his/her life without the assistance of a parent. Attitudinal independence refers to an individual's ability to recognize the differences in beliefs, values, and attitudes between self and his/her parents. Emotional independence refers to an individual's freedom from an excessive need for closeness, approval, or togetherness. Conflictual independence refers to an individual's freedom from excessive mistrust, responsibility, anger, and anxiety in relation to his/ her parents.

However, conflictual independence as one aspect of independence appeared to be adaptive which implies being free from guilty feelings and hostility towards parents (Lapsley & Edgerton, 2002; Rice et al., 1990). Conflictual independence in this context refers to the quality of parent-child relationship and not to the intrapsychic process of becoming independent. Taken in this way, it implies that autonomy in adolescent develops if parents provide support to children (Grotevant & Cooper, 1986). Other studies provide contrary findings, suggesting negative relationship between dimensions of independence and adjustment (Lopez, Campbell, & Watkins, 1988). Berger and Thompson (1995) do not consider detachment of adolescents from parents as important for the process of individuation. They suggest that parents' persistent support of their adolescent children is necessary for the nourishment of individuation in them. Researchers have found that involvement of parents influences the behavior of adolescents (Grotevant, 1998; Sartor & Youniss, 2002). Sabatelli and Mazor (1985) maintained that the degree of individuation is

reflected in an individual's level of emotional bonding with the family of origin. From this it can be inferred that socialization may play a role in fostering individuation and facilitating autonomy in adolescents. Minuchin's (1974) structural theory views family as a laboratory in which two components of identity --- a sense of belongingness and a sense of separateness are mixed and dispensed. He states that a healthy family is neither enmeshed nor disengaged; rather a balance exists between the two extremes. Sullivan and Sullivan (1980) affirmed that an important developmental task of adolescence is to strive for independence from parents and at the same time maintain connection with them.

However, it is widely held by developmental theorists and researchers that unhealthy process of separation-individuation poses important challenges for adolescents (Lapsley & Edgerton, 2002; Lapsley & Stey, 2010) and may result in a myriad of problems such as differentiating self from others (Christenson & Wilson 1985; Hoffman, 1984).

Dysfunctional Separation-Individuation

Individuals' failure to attain or their capacity to attain a small degree of separation-individuation has been characterized as an indicator of dysfunction or maladjustment (Blos, 1967, 1979). Pine (1979) believed that dysfunctional separation-individuation in adults is manifested in two ways. A lower order dysfunction has a distinctive feature of uncertainty in self-other boundaries; a feeling of fusion with another person and a loss of sense of existential self. A higher order dysfunction is characterized by lack of ability to tolerate loneliness 'by an attempt to re-establish

coercive omnipotent control over others' and experiencing problems in object constancy. On the grounds of this developmental theory, Christenson and Wilson (1985, p.562) noted that dysfunctional separation-individuation manifests itself "in difficulty in differentiation of self from others, in splitting of the self and other internal representations into 'good' and 'bad,' and in relationship disturbances in aloneness tolerance, coercion and object constancy."

These theoretical views of ego psychologists (Mahler, Pine, & Bergman, 1975) are congruent with Bowen's family theory (Bowen, 1961). The proponents of ego psychologists theorized that individuals' successful completion of developmental tasks (separation and attachment) make him/her differentiated from a family (Colarusso, 1990). Bowen (1961) maintained that tolerance of family system for autonomy and intimacy tends to be associated with its level of differentiation. The successful renegotiation of separation-individuation in adolescence not only reflects healthy development of an individual but is also indicative of the family system. Bowen (1986) viewed the process of psychological separation as finding a balance between adolescents' enmeshment with parents and complete disengagement from them. Family system theory proposed that families have varied levels of tolerance for developing individuation in children. Well-differentiated families adapt to the needs of the growing child. In contrast, poorly differentiated families do not tolerate individuation and cast deleterious effect on family. Hence differentiation is considered to be a family system variable which is supposed to impact individuation. Researchers have found that adolescents who were successful in balancing the needs of dependence and independence in relationship with parents had better relations with family, peers and personal adjustment (Lamborn & Steinberg, 1993; McClanahan &

Holmbeck, 1992; Smetana & Gettman, 2006). A large body of research findings suggests that unsuccessful resolution of the separation-individuation process manifests itself in difficulties in adolescence and adulthood. These individuals undergo personal, emotional and certain academic difficulties in college adjustment (Hoffman & Weiss, 1987; Rice et al., 1990; Teyber, 1983), depression in college (Levitz-Jones & Orlofsky, 1985), psychological disturbances (Hoffman, 1984; Teyber, 1983), and difficulty pertaining to overall success in work and love relationships (Hoffman, 1984). Hence successful negotiation of the separation-individuation process in adolescence and young adulthood is crucial to the healthy development of one's mental, psychological and relational health (Hoffman, 1984; Hoffman & Weiss, 1987; Levitz-Jones & Orlofsky, 1985; Rice et al., 1990; Teyber, 1983). Researches provide ample evidence that dysfunctional separation-individuation show a low profile of university students, who are seen in university counseling centers for therapeutic interventions (Blustein, Walbridge, Friedlander, & Palladino, 1991; Friedlander & Siegel, 1990; Hoffman, 1984; Lapsley, Rice, & Shadid, 1989; Rice, 1992). Similarly, earlier research findings reported an alarming number of clients with psychopathological symptoms in college counseling centers (Robbins, May, & Corrazzini, 1985) which suggest that dysfunctional psychological separation from parents is related to psychological distress and personal adjustment problems in college population (Cooper, Grotevant, & Condon, 1983; Hoffman & Weiss, 1987; Lucas, 1997). Recent research found difficulties in separation-individuation to be associated with varying psychopathologies (DeRoss, 2011). These research findings also suggest that individuals who resolve the developmental task of separation-individuation are able to use their inner resources in times of stressful situations and

can avoid or minimize psychological symptoms. Christenson and Wilson (1985) noted that the process of separation-individuation can be related to psychopathology including manifestation of depressive symptoms. Rose and Del Maestro (2012) believed that individuation process is hampered by the incompleteness of separation process. In this context, the adolescents' separation-individuation conflict needs to be examined in order to devise treatment strategies to relieve their psychological problems.

Autonomy as a developmental task

Autonomy is highly valued in adolescent's development and is considered as an important developmental milestone of adolescence (Blos, 1979; Grotevant & Cooper, 1986; Steinberg & Silverberg, 1986). Some researchers regard development of autonomy in adolescents as a process of separation-individuation (Blos, 1979; Levy-Warren, 1999). These researchers are of the view that adolescents' individuation process includes two salient features: psychological separation from parents and autonomous functioning. Hence development of autonomy in adolescents is a double movement. On the one hand they physically and emotionally distance themselves from their parent (separation), and on the other hand they take responsibility for themselves without relying on their parents (individuation). As a result of healthy separation-individuation and establishment of autonomy adolescents become independent and gradually learn to make their own decisions (Blos, 1979).

Different Views on Autonomy Development

Autonomy has been regarded as a critical developmental task in adolescence by many developmental theorists (Hill & Holmbeck, 1986; McElhaney, Allen, Stephenson, & Hare, 2009; Ryan, 1993; Steinberg, 1989). However, inconsistent definitions and controversies regarding the term 'autonomy' exist (Goossens, 2006; Hmel & Pincus, 2002; Steinberg & Silverberg, 1986; Zimmer-Gembeck & Collins, 2003). It has been operationally defined in different ways (Chen & Dornbusch, 1998; Frank, Pirsch & Wright, 1990; Noom, Dekovic, & Meeus, 1999).

This term 'autonomy' has been indicative of adolescent's detachment from parents (Freud, 1958); the consequence of adolescent's individuation (Blos, 1979); adolescents not yielding to parental or peer pressure (Berndt, 1979; Brittain, 1963; Devereux, 1970); the subjective sense of autonomy in adolescents (Elder, 1963; Kandel & Lesser, 1972); adolescent's participation in family decision-making (Douvan & Adelson, 1966; Kandel & Lesser, 1972); adolescents' self-governance (Elder, 1963; Greenberg, 1984; Hill & Holmbeck, 1986); adolescents' reasoning ability in any problematic situation (Adelson, 1972; Kohlberg & Gilligan, 1972; Lewis, 1981); and adolescents' volitional or self-endorsed functioning (Ryan, 1993, 1995; Deci & Ryan, 1985, 2000; Ryan, La Guardia, Solky-Butzel, Chirkov, & Kim, 2005; Ryan, Deci, Grolnick, & La Guardia, 2006; Vansteenkiste, Zhou, Lens, & Soenens, 2005; Vallerand, 1997; Vansteenkiste, Ryan, & Deci, 2008). Noom, Dekovic, and Meeus (1999) viewed autonomy as "the ability to give direction to one's own life, by defining goals, feeling competent and being able to regulate one's actions

(p.771). Hence these multiple uses of the same construct suggest that autonomy is a multidimensional construct that explains adolescents' psychosocial development.

However, different views regarding autonomy development in adolescents can be broadly categorized as: a) organismic-maturation view b) self and motivational views, and c) social relationship views.

Organismic-maturational views. As adolescents advance in age people have different expectations from them and functioning autonomously is one of them. These "altered expectations and reactions, rather than physiological changes per se, contribute to behavioral and emotional changes" (Collins, Gleason, & Sesma, 1997, p.82). Blos (1979) emphasized the impact of organismic maturation on the development of autonomy. The organismic views state that development of the organism prompts adolescents' detachment and individuation from parents (Zimmer-Gembeck & Collins, 2003). Hence developing differentiation from parental dependencies is a pre-requisite to function autonomously (Blos, 1979). The psychodynamic perspective which refers to autonomy as separating oneself from parents emphasizes that emotionally distancing from parents plays a pivotal role in the healthy development during adolescence (Freud, 1958). The psychoanalytic view of autonomy development is the consequence of urges that rise in adolescents. These urges make the adolescents detached and separated from their parents. Researches conducted in the present decade also affirm that psychoanalytic school of thought regards adolescents' individuation as detachment from parents (Beyers, Goossens, Vansant & Moors, 2003; Bray et al., 2001).

Self and motivational views. Self and motivation views stress that individuals have an inborn and intrinsic need for autonomy development (Cohler & Geyer, 1982; Ryan & Deci, 2000). According to this approach, autonomous functioning results when individuals act according to their interests, desires and values (Deci & Ryan, 1985, 2000a; Ryan, 1995). Zimmer-Gembeck and Collins (2003), state that “an innate need for autonomy energizes and motivates all individuals to seek their own course of behavior, while a need for relatedness to others simultaneously promotes behaviors that maintain connections with other” (p.183).

Social and relationship views. Social and relationship views state that autonomy develops in a bidirectional way. This view maintains that the development of autonomy does not hamper parent-child relationship; instead adolescents revise their relationship with parents that allow them to maintain a balance between their connectedness with parents and their autonomous functioning (Zimmer-Gembeck & Collins, 2003).

Domains of Autonomy

Autonomy can be distinctly demarcated and perceived in three domains: cognitive, affective/emotional, and behavioral (Collins, Laursen, Mortensen, Leubker, & Ferreira, 1997; Sessa & Steinberg, 1991; Zimmer-Gembeck & Collins, 2003).

Cognitive autonomy is based on the social-cognitive model and takes into consideration perspective-taking and social reasoning (Hill & Holmbeck, 1986). It refers to one's ability to make decisions based on individually held principles. An

individual is believed to be self-reliant and has potential control over his/her own life (Zimmer-Gembeck Collins, 2003; Collins, Gleason, & Sesma, 1997). Research has found that cognitive autonomy refers to the 'belief that one has control over his or her life, and subjective feelings of being able to make decisions without excessive social validation' (Sessa & Steinberg, 1991, p.42). 'Cognitive autonomy entails changes in the adolescents' beliefs, opinion, and values and has been studied mainly by looking at how adolescents think about moral, political, and religious issues' (Steinberg, 2011, p. 294). Noom et al. (2001) refers to cognitive autonomy as attitudinal autonomy. They define attitudinal autonomy as 'the ability to specify several options, to make a decision, and define a goal' (p.578). Decision-making refers to one's ability to make decisions regarding one's behavior (Bosma, Jackson, Zijsling, Zani, Cicognani, Xerri, Honess, & Charman, 1996).

Emotional autonomy refers to personal feelings and emotions that are distinct from parents. It implies adolescents' decrease dependence on parents and individuation from them. Researchers have described it as a process by which adolescents deidealize their parents and tend to develop mature conceptions of them as people (Zimmer-Gembeck & Collins, 2003; Collins, Gleason, & Sesma, 1997). Steinberg (2002) defines it as independence or self-reliance, which refers to the extent to which an individual behaves or decides without relying on other people. Research has documented that emotional autonomy relates to "feeling independently and thinking independently" (Steinberg, 2011, p.278). Noom et al. (2001) regard emotional autonomy as "a feeling of confidence in one's own choices and goals" (p.581). Steinberg and Silverberg (1986) while measuring emotional autonomy in adolescents documented that maintaining emotional distance from parents has far

reaching consequences because it makes them to rely on their own inner resources instead of depending on other people. These researchers highlighted adolescents' autonomy development in relation to parents, and stated four specific processes: decreasing dependencies on parents, perceiving parents as people, deidealization of parents, and increasing individuation from parents. According to them emotionally autonomous adolescents develop a more mature and realistic conception of their parents. They perceive their parents as 'real people' and not only as parents. Steinberg and Silverberg (1986) inspired by Blos's theory of individuation posited that during early adolescence, an individual detaches from parents and becomes vulnerable to peer pressure. However, with the due course of adolescence, an individual achieves greater level of emotional autonomy. According to these researchers adolescents' greater emotionally autonomous functioning combined with parental support is positively related to resistance to peer pressure and self-reliance.

Behavior autonomy. Behavior autonomy is an important developmental task to be accomplished during adolescence (Beyers et al., 2003; Hektner, 2001; Spear & Kulbok, 2004) as adolescents are expected to make decisions independently for life courses (Arnett, 2001; Blos, 1962). Behavior autonomy refers to regulation of one's own behavior and making decisions for oneself (Goossens, 2006; Smetana, Campione-Barr, & Daddis, 2004). According to Bosma et al. (1996), behavior autonomy refers to an individual's capacity to make decisions independently with respect to all kinds of behaviors. Hence behavior autonomy sometimes implies decisional autonomy. Spear and Kulbok (2004) referred to behavior autonomy as a process in which the caregivers give up decision-making authority and desist from responsibilities throughout adolescence. Steinberg (1985) proposed that autonomy is

manifested in three areas. These include emotional, behavioral, and value autonomy. He regards value autonomy as the development of morality. It refers to the principles regarding what is ethically right or wrong. Greenberg (1984) operationalized behavior autonomy in terms of self-reliance. Hoffman (1984) refers to it as functional independence. Markus and Wurf (1987) conceptualized behavior autonomy as a self-regulating behavior. Flammer (1991) views it as personal control. Ryan (1993) further refers to it as a non-conforming behavior. Koestner and Losier (1996) attempted to examine behavior autonomy by referring it to as reflective autonomy. Some researchers viewed behavior autonomy as an individuals' ability to make independent decisions, self-reliance and intrinsically motivated behavior (Harter, 1980; Silverberg & Gondoli, 1996). Behavior autonomy has also been defined as overt manifestations of functioning independently, and self-regulation of behavior in relation to parents and peers, and acting on personal decisions (Zimmer-Gembeck, 2003; Collins, Gleason, & Sesma, 1997). Peterson et al. (1999) regarded behavior autonomy as the most important dimension of autonomy in adolescents. According to Peterson (1986), behavior autonomy implies making independent decisions and to act upon those decisions. It has been documented in previous research that adolescents try their utmost to gain personal freedom (Nucci, Killen, & Smetana, 1996). Hill and Holmbeck (1986) defined behavior autonomy as "pertaining not to freedom from others, but freedom to carry out actions on one's own behalf while maintaining appropriate connections to others".

Research has found that taking responsibility for one's actions and functioning independently are the features of behavior autonomy in adolescents (Douvan & Adelson, 1966). Some researchers have suggested that autonomy and relatedness is

related to the adjustment of adolescents (Allen, Hauser, Bell, & O'Connor, 1994; Grotevant & Cooper 1986). Research findings suggest that presence of autonomous functioning in adolescents is indicative of their healthy development whereas absence of it may lead to negative outcomes (Zimmer-Gembeck & Collins, 2003). Hoffman (1970) reported that parental constant manipulation of children makes adolescence a difficult period as the developing adolescents find it difficult to recognize their own capabilities or trust their own ideas. White (1989) noted that restrictive opportunities for self-regulation develop lack of self-worth in adolescents and as a consequence they fail to take initiation and do not become self-reliant. Lack of opportunity for adolescents to participate in decision-making develops low autonomy in them (Dornbusch et al., 1985). This lack of opportunity to participate in making decisions can also develop low self-esteem (Litovsky & Dusek, 1985) and low self-regulating behavior (Grolnick & Ryan, 1989), and that it can further inhibit behavior autonomy in adolescents. Research findings suggest that adolescents whose autonomy is undermined in families do not learn to assert their individuality or express their opinions (Steinberg, 1990), and hence depend on others for decision-making (Eccles et al., 1991). Hence it implies that self-reliant adolescents are less influenced by others for making decisions. Kelly and Goodwins' (1983) research show consistent results. Noom et al. (1999) regarded regulatory dimension of autonomy as functional autonomy. These researchers regard functional autonomy as "the ability to develop a strategy to achieve one's goals" (p.581). Hence different researchers have examined behavior autonomy construct with a different label.

The role of behavior autonomy in making an individual self-governing remained a focus of interest in a number of studies (Collins, Gleason, & Sesma, 1997;

Hill & Holmbeck, 1986; Silverberg & Gondoli, 1996; Steinberg, 1990; Zimmer-Gembeck & Collins, 2003). The current study will focus on behavior autonomy in adolescents.

Autonomy as Independence

Autonomy has been defined differently by different theorists. Some theorists believe that autonomy is an important normative developmental task that is found to be closely related to individuation and identity formation (Blos, 1967; Steinberg & Silverberg, 1986; Ryan & Lynch, 1989; Steinberg et al., 1992; Smetana & Asquith 1994). Blos applied psychoanalytic theory to the adolescents' identity development process. Blos (1968) maintains that successfully individuated person has a consolidated sense of self, stable self esteem, and an ability to tolerate ambiguity. Autonomy as independent functioning is rooted in psychoanalytic theory which refers to the second phase of separation-individuation (Blos, 1967, 1979). Adolescents during this process are expected to give up their childish internal object-representations, hence reducing psychological dependencies on parents for approval and standards of conduct (Boles, 1999; Levy-Warren, 1999). This independent functioning of adolescents is a reflection of successful resolution of the separation-individuation process which takes place in the context of harmonious ongoing parental support (Grotevant & Cooper, 1986; Josselson, 1980). Hence independence does not imply severing bonding with parental figures. Rather, it implies transformation of relationship with parents. Steinberg (1999) states: "Although we often use the words autonomy and independence interchangeably, in the study of

adolescence they mean slightly different things. Independence generally refers to teens' capacity to behave on their own way. The growth of independence is surely a part of becoming autonomous during adolescence, but autonomy means more than behaving independently. It also means thinking, feeling, and making moral decisions that are truly your own, rather than following along with what others believe".

Development of Individuation and Autonomy in Adolescence

A large body of research has found that autonomy plays a key role in the development of adolescents and there are associations between how young adults desired and achieved separation from his / her parents and their psychopathology (Fleming, 1992; Chou, 2000; Pavlidis & McCauley, 2001; Frank et al., 2002). Theorists have posited that navigation of adolescence is a disruptive process in which there is a conflictual parents-adolescent relationship (Freud, 1946, 1958; Blos, 1962). However, these parent-adolescent conflicts play a prominent role in autonomy development (Smetana, 1988). The developmental theories play a distinctive role in understanding the relationship between parents and adolescents (Laursen & Collins, 1994; Steinberg, 1990) that help in understanding the dynamics of individuation and autonomy development. Early conception of psychoanalytic perspective emphasized that achievement of maturity in adolescents is only possible through conflictual relations with parents (Steinberg 1990). Evolutionary perspective considered hormonal changes at puberty as a cause of heightened conflict between parents and adolescents (Collins & Madsen, 2006). However, the cognitive developmental models emphasize that adolescents' new perception about themselves and their parents alters

their behavior towards them that eventually results in heightened conflict (Collins & Laursen, 2004; Laursen & Collins, 1994). Smetana (1988) posited that parent-adolescent conflict is related to the adolescents' levels of social reasoning. He believed that parents and adolescents define conflict differently. He argued that parents define issues keeping in view the social conventions, whereas adolescents treat issues as a matter of personal liking. Research also provides empirical evidence that these parent-adolescent conflicts result in family dysfunction or mental illness in individuals (Offer & Offer, 1975). However, after adolescence more harmonious interactions are resumed.

Adolescent's Separation-Individuation and Autonomy Development in Family Context

The theory of separation-individuation by Mahler, Pine, and Bergman (1975) was expanded by Blos. Adolescence is considered to be a period when "second-individuation" takes place (Blos, 1979; Bornstein, 1995). With the onset of puberty, a drive in adolescents emerges toward separation-individuation. Psychoanalytic theorists assume separation-individuation as universal tasks of development from infancy to adult years of life and approach this process by understanding the individual experiences and dynamics. According to classical psychoanalytical theorist (Freud, 1958), there is increasing evidence of adolescents' disengagement from their infantile representations of caregivers especially parents. During this stage of development, adolescents learn to manage in an independent manner from their caregivers, maintaining a psychological distance from them in a practical way

(Lapsley & Edgerton, 2002). However, negotiation of separation-individuation and development of autonomy in families is considered to be important in multiple ways. It has extensive repercussions for an individual's identity development and socio-emotional adjustment. Ego development is an important harbinger to the establishment of successful separation-individuation in adolescents. During childhood, one relies on the parent's developed ego for support and guidance; however, as an individual advances in age from late childhood to adolescence and adulthood, one must develop his own ego and identity so as to become an autonomous and contributing member of society (Blos, 1967). It has been documented that there is a gradual increase in behavior autonomy as adolescents advance in age (Bartle et al., 1988; Bosma et al., 1996; Dornbusch et al., 2001; Douvan & Adelson, 1966; Greenberg, 1984; Peppitone, 1980; Pipp et al., 1985). Research findings suggest that late adolescents achieve a higher level of autonomy with respect to the choice of friends and occupation, managing one's own money, and activities performed outside the family home (Douvan & Adelson, 1966; Bosma et al., 1996). Research findings also indicate that late adolescents gain higher abilities for social integration (Greenberg, 1984). Moreover, Cooper and Peterson maintained that late adolescents actively participate in peer and adult-oriented activities (as cited in Silverberg & Steinberg, 1987). Behavior autonomy in adolescents has been found to be related to decrease in parental influence (Smith, 1985) and affiliation with peers (Peppitone, 1980). Parent-adolescent relationship is a determining factor that optimizes adolescent's individuation and autonomy development. Boles (1999) studying the process of individuation with 18-22 years old participants noted that 'the quality of an individual's parental representations can facilitate the process of individuation'

(p.508). Research has also found that encouragement of parents facilitates individuation and autonomy in adolescents and parental undue restrictions for a prolonged period have drastic consequences on adolescents' autonomous functioning and decision making ability (Noller, 1995). Numerous researches have reported that individuation is facilitated by supportive and nurturing parents (Josselson, 1988; Lapsley & Edgerton, 2002; Levy, Blat, & Shaver, 1998). On the contrary, Rice et al. (1995) found contradictory results. He found a negative relationship with independence and secure attachment. He further suggested that adolescents' psychological separation from parents may be an indication of detachment with them rather than a measurement of healthy autonomous functioning. Kruse and Walper (2008) in their study with German adolescents and young adults aged 10-20 years found fewer difficulties in their separation-individuation when there was high maternal empathy and low maternal over-protection. Cohen et al. (2003) found that parental tolerance for adolescents' individuality is associated with low levels of stress in adolescents. Bartle-Haring, Brucker and Hock (2002) documented in literature that mothers' high tolerance for adolescents' autonomy provides a secure base to adolescents to achieve identity. Lapsley and Edgerton (2002) found more resolved separation-individuation process in American college students with a secure or dismissing attachment style of parenting as compared to college students with a fearful or preoccupied attachment style of parenting. These results demonstrate that an individual's view of parenting and their attachment style influences on the process of separation-individuation.

Family decision-making has been recognized as a predictor of autonomy development in adolescents. Parents who allow their adolescents to have their say in

family decision-making are likely to have more social competence (Lamborn, Mounts, Steinberg, & Dornbusch, 1991) whereas adolescents whose parents are overly intrusive may face problems in individuating from them, which may further lead to anxiety, depression, and less social competence (Lamborn et al., 1991). Decision-making by parents alone, jointly by parents and adolescents, or solely by adolescents (about adolescents and family life) reflects the family processes and contributes to the later development of adolescents (Dornbusch et al., 1985). Adolescents' self-governance in terms of their involvement in family decision-making has been examined in several studies (Dornbusch, Ritter, Mont-Reynaud, & Chen, 1990; Fuligni & Eccles, 1993; Lamborn, Dornbusch, & Steinberg, 1996). Dornbusch et al. (1990) studied the effect of adolescent-alone, parent unilateral, and parent-adolescent joint decision-making on adolescents' academic performance. The results indicated that adolescent-alone decision-making was related to poorer academic performance, and on the contrary joint decision-making was related to more positive academic performance. In another study with high school students Lamborn et al. (1996) examined the impact of adolescent-alone, parent unilateral and parent-adolescent joint decision-making on adjustment variables that included psychological development (including self-esteem, self-reliance, and work orientation), deviance (including school misconduct, antisocial behavior, and drug and alcohol use), and academic competence (including time spent on doing homework, GPA, and academic expectations). Lamborn et al. study indicated that joint decision making predicted less deviance, whereas adolescent alone decision-making was related to negative consequences. However, these research findings were moderated by ethnic background and community context.

Parents become all the more important whose support and guidance facilitates autonomous functioning in their offsprings. Researches conducted in United States provide empirical evidence that parental autonomy-granting behavior results in adolescents' improved academic achievement, increased work orientation, positive self-concept, and higher psychosocial maturity (Herman, Dornbusch, Herron, & Herting, 1997; Silk et al., 2003). It has been claimed that parental psychological control and intrusiveness may interfere with the successful resolution of separation-individuation (Barber, 1996; Wood 2006, Mayseless & Scharf, 2000; Kins et al., 2011). It has also been reported that parental psychological control and coercive and punitive parenting restricts individuation and develops parental dependency in adolescents (Barber, Olsen, & Shagle, 1994; Grolnick, 2003). Barber and Harmon (2002) found that parental psychological control hampers with adolescents' optimal development and interferes with their identity development, personal integrity, and sense of independence. Smetana, Daddis, and Chuang (2003) found that parental attempts to manipulate and exert control over personal zones of adolescents lead to psychological maladjustment. Research suggests that an adequate degree of psychological autonomy is important in adolescence (Barber, Olsen, & Shagle, 1994). In this context, role of parenting is of utmost importance which contributes to the developmental outcome of adolescents (Jones Forehand, & Beach, 2000; Steinberg, 2001). It has been found that parents' excessive psychological control can frustrate an adolescent's need for autonomy (Barber et al., 1994; Barber & Harmon, 2001) which may interfere with his/her process of individuation (Barber et al., 1994). The process of individuation is important as it contributes to identity formation, which is an essential developmental task in adolescence (Cooper, Grotevant, & Condon, 1982;

Steinberg & Silverberg, 1986) and depends on parent-child relationships (Palladino, Schultheiss & Blustein, 1994; Pittman, Keiley, Kerpelman, & Vaughn, 2011). Research has suggested that adolescents' development can be enhanced if parents grant a reasonable psychological distance between themselves and their child and involve him/her in decision-making (Silk, Morris Kanaya, & Steinberg, 2003).

Psychological control effects the emotional and psychological development of the child (Barber, 1996) and is positively associated with adolescents' internalizing problem behavior (Albrecht et al., 2007; Barber et al., 1994; Barber & Harmon, 2001; Conger et al., 1997; Rogers et al., 2003) and specifically to depressive symptoms (Barber, 1996; Soenens, Luyckx, Vansteenkiste, Duriez, & Goossens, 2008). In a study it was found that low levels of autonomy granting manifests in higher levels of psychological and somatic symptoms (Herman, Dornbusch, Herron, & Herting, 1997). Some research findings suggest that there is a negative relationship between autonomy granting and internalizing and externalizing problem behavior (Barber & Olsen, 1997; Eccles et al., 1997; Gray & Steinberg, 1999; Hermon et al., 1997). In a study it was found that supportive family environment predicted more decision-making in adolescents (Peterson, Bush, & Supple, 1999). Family decision-making unfolds how family members interact, communicate and solve problems mutually (Grotevant & Cooper, 1986; Lamborn et al., 1996).

Autonomy is also conceptualized as adolescents' perception of parental provision of freedom regarding behavioral and relational domains. These may relate to adolescents' choice of peers, dating partners, and clothes (Peterson, 1986). It has been found that autonomy supportive behaviors by parents occur in relation with warm and supportive parent-adolescent relationships rather than separation or

detachment from parents (Grotevant & Cooper, 1986). Research findings suggest that parental psychological control may result in anxiety, depression, and maladaptive perfectionism in children, adolescents, and emerging adults (Barber, 1996; Barber & Harmon, 2002; Soenens & Vansteenkiste, 2010). Hence it inherently stifles with an individual's independence and restricts child's space to search and express his individuality (Barber, 1996, 2002), make the child vulnerable to separation anxiety (Barber, 1996; Wood, 2006) and overly dependent on other people (Soenens et al., 2010). Grotnick (2003) suggests that autonomy-supportive parenting should be promoted. As the process of separation-individuation takes place in the context of family, hence tolerance of family for the successful resolution of this developmental milestone is important.

Research has documented that autonomous functioning is manifested when adolescents develop greater connections to other people, such as peers. Research reveals that as a consequence of adolescents' autonomous functioning parent-adolescent ties are not severed (Peterson, Bush, & Supple, 1999). An adolescent makes important choices regarding career, family belief, and values, commences sexual relationships, establishes social maturity which altogether contribute to the development of his/her identity (Erikson, 1968, 1980). Classic theorists, Freud (1958) and Blos (1979) believed that adolescent's conflicts with parents during this transitional stage of life are normal for the development of autonomy. Researchers have found that when the process of separation-individuation becomes disturbed or goes awry, individuals manifest problems in establishing their identity, experience a sense of ill-being, and encounter difficulties in interacting with people (Dolan, Evans, & Norton, 1992; Lapsley & Edgerton, 2002). Hence it is important to explore the

plausible antecedents of problematic separation-individuation and its developmental outcomes. Psychological control is an important dimension of parenting (Barber, Stoltz, & Olson, 2005). Psychologically controlling parents are not responsive to the needs of their children and pressurize them to meet their standards (Barber, 1996). Researchers have found that adolescents' positive and negative attitude is a reflection of social environment in which they interact (Peterson & Skiba, 2000; Zafar, Nabeel & Khalily, 2013). Bronfenbrenner's (1999) ecological theory is the most popular framework that helps in understanding the development of an individual within the context of his or her environment. Bronfenbrenner (1993, 1999) noted that there are five domains of environment that influence on child's development; a) micro system, b) mesosystem, c) exosystem, d) macrosystem, and e) chronosystem. The family of the developing child forms the microsystem. Mesosystem involves interactions between adolescents and settings that facilitate their development, such as educational institutions and peers. Exosystem refers to a system that forms connections between other systems for e.g., it may involve interactions between home and the workplace of parents and home and school. These indirectly affect the person. Macrosystem includes the micro, meso and exosystems. This system consists of the culture, ideologies, beliefs, lifestyle etc. Lastly, chronosystem relates to changes in the environment of the developing child over a certain time period.

Some researchers claim that adolescents can maintain healthy relations with their parents while establishing their individuality (Dunlop et al., 2001; Grotevant & Cooper, 1986; Mayseless, Wiseman, & Hai, 1998; Montemayor & Hanson, 1985; Ryan & Lynch, 1989). However, separation-individuation is an ingredient for healthy development and has far-reaching consequences for the adaptive functioning of an

individual, with specific challenges pertaining to infancy, adolescence, and early adulthood (Lapsley & Stey, 2010). This process involves a re-definition of the self and relationship with parents. Herein, there is a possibility that dysfunctional separation-individuation may take place when need for relatedness is emphasized at the cost of need for independence. Problems in separation-individuation may also occur if an individual is preoccupied with an urge for independence and avoids connectedness. Kenny and Donaldson (1991) pointed out that individual development takes place within a family context. An individual's dysfunctional behavior is reflective of a dysfunction in the family system. Bowen's theory of differentiation mirrors the theory of individuation. According to Bowen (1991), "differentiation of self" is reflective of an individual's "solid self" (p.97) indicating the degree to which an individual has achieved differentiation from his/her parents in adulthood.

Researchers have documented the reorganization of parent-adolescent relationship in adolescence as a salient developmental task (Josselson, 1980; Silverberg & Gondoli, 1996; Youniss & Smollar, 1985). Puberty is considered to be a normative stressor for adolescents. Parent-adolescent conflicts may imply adjustments to this normative stressor (Hill, 1988). Researchers have reported that adolescents develop frustration in response to the pressing drive to attain autonomy that is in some way undermined by parents (Allen, Aber, & Leadbeater, 1990; Hagan, Hollier, O'Connor, & Eisenberg, 1992; Kobak & Ferenz-Gillies, 1995). In this context, parenting strategies can help facilitate autonomous functioning in adolescents. These can further help in rearing and socializing the children to become responsible members of the adult world. In a research with adolescents both male and female adolescents reported high amount of conflict with mothers than fathers (Campione-

Barr & Smetana, 2009). Parenting that supports autonomy in adolescents has been associated with positive psychosocial functioning (Steinberg, Lamborn, & Dornbusch, 1991). According to Steinberg (2001), autonomy granted by parents helps in providing warmth and protection to adolescents.

Research has found that psychological separation from parents is more important than parental attachment as it helps in identity development in men (Schultheiss & Blustein, 1994). Some theorists argue that parent-adolescent closeness is important for the healthy process of individuation (Mattanah, Brand, & Hancock, 2004). The process of separation-individuation begins in childhood whereby a child develops a sense of different identity from the mother (Mahler, 1963). Hence the process of separation-individuation is important for identity-formation (Josselson, 1980). Parents who provide a secure atmosphere to adolescents that encourage their expression of individuality helps in negotiating this process successfully (Lapsley & Edgerton, 2002) and promote identity development (Cooper, Shaver, & Collins, 1998). Research has found that unresolved separation-individuation process may be an important factor of the underlying problems seen in college counseling centers (Rice, 1992) as it is a cause of psychological stress for adolescents.

It has been documented that individuation in girls increased with the passage of time but the girls who received harsh environment remained less individuated as compared to other girls who did not receive such environment. Moreover, girls who face new challenges and cope with them successfully develop separation and individuation (Mayseless & Scharf, 2009).

Supportive parents who encourage self-regulation raise adolescents who think and act autonomously (Allen, Hauser, Bell, & O' Connor, 1994). Studies conducted

on adolescents' individuation in Europe, United States and Slovenia reported that adolescents whose families provide support to them do not find any difficulty in separating from their parents (Kruse & Walper, 2008; Puklek Levpuscek, 2001, 2006; Puklek Levpuscek & Gril, 2010; Smetana & Gettman, 2006). Researches conducted on Slovenian adolescents suggest that majority of adolescents experienced autonomy in the family as they had been granted ample opportunities to decide personal issues on their own (Puklek Levpuscek, 2001, 2006; Puklek Levpuscek & Gril, 2010; Ule, Rener, Mencin-Ceplak, & Tivadar, 2000). It has been found that children do not accept parental authority if it falls within the preview of personal domain (Nucci, 1981, 1996). "Personal" refers to all those actions that entails one's private life, for example one's preferences and choices regarding hair style, choice of dress, music and friends, contents of one's diary etc. Research findings suggest that adolescents' demanding personal jurisdiction that parents consider social-conventional may lead to parent-adolescent conflict which further results in greater autonomy in adolescents (Smetana, 1989; Smetana & Asquith, 1994; Smetana, Daddis, & Chuang, 2003; Smetana & Gaines, 1999). However, if adolescents' autonomous functioning is undermined by parents, they may become vulnerable to psychological stress.

Psychological Stress

Adolescence is the most critical period of life which is filled with new, challenging, and stressful experiences and is often considered to be perplexing for the growing adolescents (Byrne, Davenport, & Mazanov, 2007; Dixon, Scheidegger, & Mc Whirter, 2009; Macek, 2003). It entails significant changes in physical, emotional,

cognitive, and social development (Buist, Dekovic, Meeus, & Van Aken, 2004; Laible, Carlo, & Raffaelli, 2000). Hence it becomes stressful for adolescents (Freud, 1946, 1958).

Lazarus and Folkman (1984) defined stress as 'a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well being'. Richard Lazarus referred to stress as "a fluid, dynamic, and constantly changing bidirectional relationship between the person and the environment and as such is considered an ordinary component of everyday living" (Lazarus, 1984, p.128). Selye (1978) further elaborated on Lazarus's findings regarding stress; that human body is apt to react in specific ways to extra demands (physical emotional or intellectual) made upon it. Selye (1978) referred to people, events or situations that produce these extra demands as 'stressors'. He further added that human beings have "adaptation energy" that enables them to meet the demands of these stressors. Different kinds of stressors require different amount of "adaptation energy." Selye (1978) refers to these demands as 'any unusual demand for adaptation that forces us to call upon our energy reserves over and above that which we ordinarily expend and replenish'. These demands produce "stress response" which may occur from emotional overload, resulting in physiological, cognitive, emotional, and social responses (Selye, 1978).

Erikson (1968) claimed that stress during adolescence is a normative developmental characteristic for adolescent's identity formation. He believed that adolescents experience "identity crises" during this period of development. Increasingly, during adolescent years of life, adolescents begin to question parental

rules and authority (Collins, 1990; Bornstein, 1995). Adolescents, in order to establish individuality and to seek autonomy may become vulnerable to stress.

Washburn Ormachea and Hillman et al. (2004) claimed that “acute stressors and minor daily hassles have been associated with adolescent maladjustment and the later development of dysfunction and psychopathology” (p.31). Hains (1994) found that stress in adolescents give rise to psychological problem which may include eating disorders, anxiety, depression, decreased self-esteem, delinquent behavior, and suicidal tendencies. Schmitz and Hipp (1995) found emotional stress to be a predictor of suicide among adolescents.

Adolescents’ stressors. Typically adolescents are faced with several life stressors. In a study it was found that “stressors for adolescents appear in various forms including catastrophic events, personal loss, daily aggravations, and normal developmental transitions” (Hains, 1994, p.114). According to Compas (1987), stress can be classified as acute and chronic. He referred to acute stress as a single event for e.g., a life transition (such as sickness, a first date, or any kind of trouble in school). He described chronic stress as re-occurring demands for e.g., academic concerns, financial problems, or any kind of disability.

Hammen (1991, 1992) described a stress generation model that makes distinction between dependent and independent life events that precipitates stress. In dependent life events an individual makes his contribution in some way in causing stress. However, independent life events are outside the control of an individual such as death of a loved one. Rudolph and Hammen (1999) in a study focused on both dependent and independent life events that presumably cause stress. Elkind (1998)

differentiated three kinds of stressors: i) foreseeable and avoidable ii) foreseeable and unavoidable, and iii) unforeseeable and unavoidable. In the first kind of stressor, the individual anticipates the stressor and can prevent it from happening for e.g., going on a date. In the second kind of stressor, the individual is aware that the stressor is approaching but he cannot prevent it for e.g., puberty. In the last kind of stressor, the individual does not know that the stressor is ascending and is also unable to prevent it for e.g., road accidents, death of a loved one.

Types of Stress

Stressors in adolescents can be broadly categorized in the following ways:

Family stressors. These have a great impact on the lives of adolescents as they still depend on their families. According to Schmitz and Hipp (1995), major causes of family stressors include family changes which may be due to parental divorce or separation, remarriage of a parent, birth of a child, death of any family member, or any pet, and financial crises. Kessler et al. (2000) noted that physical and sexual abuse may be a cause of stress in adolescents. Arnold (1990) claimed that parental stress such as psychological illness, marital conflicts, low socio-economic status, and unemployment can have a great impact on adolescents.

Social stressors. Discordant relationship of adolescents with peers (De Anda, 1998) and dating (Hains, 1992) become causes of stress in adolescents. According to

Schmitz and Hipp (1995), physical developmental changes in relation to adolescents' peer group may be a determining factor in causing stress in adolescents.

Academic stressors. School environment, expectations and demands in academic settings play a central role in causing stress in adolescents. Arnold (1990) found that transitions from elementary to middle and high school may be stressful for adolescents.

Positive stressors. Santrock (1990) reported that some researches have been conducted on stress that occurs because of positive experiences. Selye (1983) referred to this kind of stress as "eustress."

Compounds stressors. Santrock (1990) documented that many challenging events at a time become a cause a stress. Hence the effects on adolescents become compounded. Rutter (1979) found that adolescents who were facing more than one life stressor simultaneously were four times more in need of psychological services than those dealing with one stressor.

Culture, age, gender, and socio-economic status

Developmental tasks in adolescents may be colored by factors such as culture, age, gender, and socio-economic status. Helwig's (2006) review provides evidence that developmental trajectories towards autonomy are same across different cultures.

He further states that parental over-restriction of personal autonomy has negative consequences for children in both individualistic and collectivistic cultures. Roland (1987) documented that in non-western cultures where individuals' autonomy is not valued, autonomous functioning is not considered a developmental task therefore parental promotion of autonomy or psychological control should not be viewed as a yardstick for measuring adolescents' psychosocial adjustment. Trommsdorff (2005) in a study found that parenting that discourages autonomy in children does not represent a risk factor for anxiety, depression and other problems. According to Segal (2000), interdependence is encouraged and individuation is inhibited in collectivistic cultures as compared to individualistic cultures. In the collectivistic culture, the importance of relations and connections affect the developmental patterns. These may also affect the psychic structure thereby leading an individual to autonomous functioning within relational context. The study of dysfunctional separation-individuation and autonomy is an important topic of research because these variables are defined by developmental psychologists in the cultural context. Miller (1999) also claimed that many psychologists believe that the role of autonomy in human behavior is best understood in the cultural context. Society has numerous expectations from the growing adolescents. In a research it was found that "these expectations and desires vary among cultures within and outside of the United States" (Zimmer-Gembeck & Collins, 2003, p.193). Larson and Wilson (2004) also believed that autonomy development is a major goal of adolescence in western countries and especially in the United States. However, further research is required to corroborate these findings. Some researchers are of the view that in collectivist cultures adolescent may function autonomously while maintaining harmonious relationship with their parents (Hill &

Holmbeck, 1986; Mayseless et al., 1998; Steinberg, 1990). Most researchers regard separation and individuation as linked processes (Kroger, 1985; Kroger & Haslett, 1988; Lopez, Watkins, Manus, & Hunton-Shoup, 1992; Lucas, 1997). Several researchers have attempted to study identity formation and autonomy development in American adolescents (Bartle-Haring, 1997; Berzonsky & Kuk, 2000; Grotevant & Cooper, 1985; Makros & McCabe, 2001; Samuolis, Layburn, & Schiaffino, 2001; & Stegarud, Solheim, Karlsen, & Kroger, 1999; Steinberg & Silverberg, 1986). However, Bond and Smith (1996) noted that insufficient research has been conducted on Southeast Asian cultures regarding these developmental tasks.

Research findings suggest that individualistic cultures (European Americans) value autonomy (Shweder, 1990) whereas collectivistic cultures (Chinese, Korean, and Japanese) emphasize connectedness, interpersonal harmony, and group goals (Pye, 1992). However, according to Oyserman, Coon, and Kemmelmeier (2002), no culture is entirely individualistic or collectivistic. Research findings suggest that individualistic values like autonomous functioning, self-containment, and freedom, or collectivistic values like one's commitment to social responsibilities and obedience to authority (parents or elders) exist in every culture (Neff, 2001; Wainryb & Turiel, 1994). In interviews with American college students, Raeff (2004) found that they described themselves as self-reliant, psychologically separate from others, and at the same time related to societal concerns. Yau and Smetana (2003) found Chinese adolescents to be autonomous regarding their personal domain and stand for their rights to question parental authority over issues as adolescents in the west. In view of these findings, autonomy in adolescents needs to be reviewed.

Research has reported that individuation is considered to be a normative developmental task that requires adolescents to manage transitional challenges and demands to function autonomously (Pallas, 1993). As autonomy is highly valued in the western culture, parents in the west socialize their children for autonomy and responsible behavior. This autonomous behavior increases with age. Their socialization process makes the adolescents self-supporting and inculcates decision making in them. Researchers have also found that parents have varied timetables for allowing autonomy to their children in different cultures including Asian culture (Feldman & Quatman, 1988; Feldman & Rosenthal, 1990; Fuligni, 1998). In a study conducted by Daddis and Smetana (2005) it was found that more freedom was granted to boys than girls.

Stegarud et al. (1999) claimed that American culture inculcate individualistic values in adolescents. Likewise Kashima et al. (1995) noted that western societies endorse individualistic sense of self in comparison to eastern cultures. Research has documented that social class, socio-economic status, and type of work influence family functioning in numerous ways (Duncan & Magnuson, 2003). Moreover, research also suggests that conflicts between parents and adolescents may not be important for the separation-individuation process (Schlegel & Barry, 1991). Parental promotion or restriction of autonomy varies with respect to socio-cultural contexts. Research conducted with American samples found that there is an association between styles of autonomy granting and adolescent adjustment (Allen et al., 2002; Collins & Steinberg, 2006; Zimmer-Gembeck & Collins, 2003). This research demonstrated that autonomous functioning in adolescents is harmonious where there is a warm parent-adolescent relationship.

Smetana, Compione-Barr, and Daddis (2004) while studying autonomy in middle class African American adolescents found association between low academic performance, lower self-worth, and more deviance and parental psychological control. In middle class families, adolescent healthy adjustment was associated with more parental psychological control. Another research conducted with African American families found that parental decision-making alone, without adolescents' input is associated with positive outcomes in adolescents (high academic performance and less deviant behavior). However, contrary results were found with European American families with the same style of decision-making (Lamborn, Dornbusch, & Steinberg, 1996). Hence parent's promotion or restriction of autonomy in adolescents differs in cultural context (Lansford et al., 2005). Researchers have noted that adolescents from the collectivistic culture are increasingly influenced by the western values (Stewart, Bond, Deeds, & Chung, 1999) and adolescents' attitudes and preferences are in contradiction with the traditional cultural beliefs and ideals passed down by parents (Esteinou 2004; Lau & Yeung, 1996; Verma & Saraswathi, 2002). In this connection, Biwa's (1992) noted that in India the traditional pattern of life and values that connected families are weakening and adolescents are gradually becoming autonomous.

Developmental tasks are influenced by many factors such as biological, psychological and social factors. The role of these factors differs across culture and social contexts (Baltes & Silverberg, 1994; Raeff 2006). Previous studies have found that parents living in poor neighborhoods exert controls on the behavior of their children and hence inhibit their autonomy (Dearing, 2004; Garbarino, Bradshaw & Kostelny, 2005). Research has also documented that parents from low socio-

economic status want their children to conform to the expectations of society and parents from high socio-economic status want their children to develop independent thinking (Hoff-Ginsberg & Tardiff, 1995), whereas parents belonging to middle socio-economic class use "reasoning, induction, and personal appeals" with their children (Burleson et al., 1995, p.57). Research findings suggest that parents belonging to high socioeconomic status value self-direction in their children and allow freedom in their actions whereas parents from low socio-economic status value conformity in their children (Luster, Rhoades & Haas, 1989; Tudge, Hogan, Snezhkova, Kulakova, & Etz, 2000; Weininger & Lareau, 2009). In collectivistic culture, autonomy granting behavior by parents is found to be in parents who are highly educated and reside in urban areas (Kagitcibasi, 2005; Stewart et al., 1999; Verma & Saraswathi 2002).

Researches argue that autonomy in adolescents does not develop in a linear manner. Allen and Land (1999) maintained that adolescents' pathway to independence from their parents has "twists, detours, dead ends, and difficulties" (p.324). However, some research findings suggest that autonomy increases with progression in age (Enright et al., 1980). Researchers have reported older adolescents to be more autonomous than younger adolescents (Beyers & Goossens, 1999; Mayseless et al., 1998; Noom et al., 2001). Erikson (1968) noted that individuals who are in late adolescence conceive a better sense of identity than those who are in early and middle adolescence. Research findings indicate that individuation is more stressful for younger adolescents are compared to older adolescents (Beyers & Goossens, 1999; Lamborn & Steinberg, 1993).

Frank et al. (1988) reported an age-related increase in individuals' ability to make personal decisions. Research has documented that self-reliance, decision-making, initiative behavior, and learning ability in the classroom increase as the child progresses in age (Holmbeck, Paikoff, & Brooks-Gunn, 1995). Research has reported that Slovenian adolescents experienced higher levels of attitudinal and behavioral autonomy in relation to family and peers with increasing age (Puklek Levpuscek, 2001). It has been found that individuals' autonomous functioning is more balanced in later adolescence as compared to early adolescence (Josselson, 1980; Puklek Levpuscek, 2006). Research has also documented that the level of stress increases from pre-adolescence to adolescence (Rudolph, 2002).

Literature documents no relationship between adolescents' emotional independence from parents and their age (Douvan & Adelson, 1966). However, Greenberg (1984) in a study with adolescents found greater functional autonomy with increase in age. Same findings were suggested by Douvan and Gold (1966). They found a linear increase in adolescents' behavior autonomy suggesting that older adolescents are good at regulating their daily activities as compared to younger adolescents.

Children as they advance in age and mature are desirous of more freedom to function autonomously. Hence they continually make negotiations with their parents regarding their personal boundaries (Nucci, Killen, & Smetana, 1996) which may give rise to conflicts between parents and adolescents (Smetana, 1995). Hence adolescents' quest for autonomous functioning may trigger conflict within parents-child relationship. According to Collin and Laursen (1992), these conflicts between parents and adolescents are the hallmark of this transitional stage. Smetana (1989) studied

various domains of conflicts prevailing in families having children of 5th through 12th grades. He found increasing number of conflicts relating to 'doing chores, getting along with others, regulating activities, and personality characteristics'. He also documented that girls experienced more conflicts with mothers than boys. Although conflict between parents-adolescents is not a necessary condition for gaining behavior autonomy but it is a precursor because in this way adolescents' healthy conflict eventually facilitates autonomous functioning. It has been reported that early adolescents are desirous of making more decisions regarding their behavior and hence challenge parental decision-making power (Smetana, 1988). Research has reported that parents try to exercise control and retain authority with younger adolescents than with older adolescents over a number of issues pertaining to personal and other domains (Killen & Smetana, 2005). Researchers have also found that older adolescents' decision-making predicted behavioral adjustment, having low levels of depression and greater levels of self-world (Smetana, Campione-Barr, & Daddis 2004). Maccoby (1984) found that development of autonomy is a gradual process that involves parent-child co-regulation, with independent decision-making found in emerging adults. Brody et al. (1994) in a sample of 11 to 16 years old adolescents found early adolescents' involvement in family decision-making to be associated with good adjustment. During the period of late adolescence and young adulthood an individual is assumed to develop independence from parents and caregivers (Lopez, Campbell, & Watkins, 1986; 1988; Moore, 1987).

Researchers have suggested late adolescence to be a significant developmental period during which young adults are considered to develop an autonomous identity separate from parents (Bowen, 1986; Erikson, 1968; Marcia, 1980). The degree of

achieved separation-individuation varies according to the age of the young individual (Youniss & Smollar, 1985). Cohen, Kasen, Chen, Hartmark and Gordon (2003) studied the process of separation-individuation in Americans aged 17-27 years and found older participants to be exhibiting more independent functioning. Separation and independence are considered to be more adaptive in late adolescence. Achieving a certain degree of independence with increasing age (i.e., the age between 18 and 25 years) is viewed as a normative developmental task which is important toward optimal functioning. However, striving for independence at an early (during early and middle adolescence) 14-18 years age reflects detachment from caregivers (Goossens, 2006; Levy-Warren, 1999). Some other researchers have also found that behavior autonomy tends to increase gradually, with older adolescents exhibiting greater independence in making decisions (Holmbeck, 1996; Dowdy & Kliever, 1998). Previous studies have suggested that emotional autonomy increases with age (Steinberg & Silverberg 1986) but not as rapid as that of behavior autonomy (Greenberg, 1984).

Researchers have found that parents and adolescents characterize domains of autonomy differently, like prudential issues (e.g., comfort and safety), conventional issues (e.g., social norms), personal issues (e.g., one's choice regarding making friends, choosing leisure time activities, privacy and tastes), and multifaceted issues (e.g., overlapping between personal and some other issues) (Smetana, Campione-Barr, & Daddis, 2004; Smetana, Crean, & Campione-Barr, 2005). Researchers have concluded that older adolescents begin to view decisions that relate to personal and multifaceted issues as falling under their jurisdiction and outside of parental purview (Smetana, 1988; Smetana & Asquith, 1994). Hence empirical evidence suggests that

the behavior of adolescents changes in a measurable way as they cognitively separate from their parents. Researchers suggest that adolescents are granted more freedoms as they get older (Killen, & Smetana, 2005; Nucci, Killen, & Smetana, 1996). It has been documented that adolescents are more desirous of obtaining behavior autonomy at earlier ages but parents do not allow them independent functioning in early adolescence (Feldman & Quatman, 1988; Feldman & Wood, 1994). Research findings suggest that adolescents must negotiate this developmental task successfully and gain behavior autonomy throughout adolescent years (Smetana et al., 2004), as holding back or relinquishing it may lead to internalizing and externalizing difficulties (Holmbeck & O'Donnell, 1991). Researchers have reported that autonomous functioning was found to be stronger in older adolescence as compared to early and middle-adolescence (e.g., Mazor & Enright, 1988; Smetana & Asquith, 1994; Smollar & Youniss, 1989; White et al., 1983; Wintre et al., 1995). Likewise, longitudinal studies have documented that there is a progressive trend in separateness in late adolescence and emerging adulthood (Beyers & Goossens, 2002; De Goede et al., 2009; Smetana, Crean, & Campione-Barr, 2005). Researchers suggest that parents grant more autonomy to adolescents as they advance in age (Holmbeck & O'Donnell, 1991; Smetana, 1989; Smetana & Asquith, 1994). It has also been found that in some cultures adolescents are given the rights of adulthood earlier. According to Ge et al. (1994), adolescents in individualistic cultures are expected to achieve autonomy at an earlier age than adolescents in collectivistic cultures. Feldman and Rosenthal (1991) reported that Australian and US adolescents had earlier expectations for autonomous functioning than did Hong Kong adolescent. Moreover, female adolescents had later expectations for autonomous functioning than male adolescents

across the three cultures. Hence demographic differences exist regarding autonomous functioning.

As far as gender differences are concerned regarding adolescents' autonomous functioning, socialization process plays a significant role. Some researchers have found that autonomy development is more stressful for females than for males (Beyers & Goossens, 1999; Lamborn & Steinberg, 1993). It has been documented in previous researches that girls exhibit higher levels of separation anxiety than boys (Beyers & Goossens, 1999; Lamborn & Steinberg, 1993) which reflects their lower capacity to achieve behavior autonomy. Matos et al. (1999) affirmed that male adolescents are reared toward separateness, whereas female adolescents are socialized toward conformity. This study supports previous research findings which documented that male adolescents maintain separateness from parents whereas female adolescents maintain connectedness while struggling for self-development (Rich, 1990). Research findings provide some evidence for differences in gender when analyzing separate dimensions of individuation (Puklek Levpuscek, 2006; Walper, 1997). Research has also found that the process of autonomy development varies with respect to gender and family structure (Steinberg & Silk, 2002). Separation from parents is experienced by male and female adolescents differently (Moore, 1987). Archer and Waterman (1988) emphasized that both male and female adolescents irrespective of gender are capable of exhibiting autonomous functioning and reported no gender difference in adolescents' scores on individuation. This research finding also demonstrated that individuality fostered in males and females depends on the socialization of adolescents. Reddy and Gibbons (1999) found that families of upper class in India foster individuation in adolescents, whereas families of lower class emphasize

collectivism and conformity in male and female adolescents. Hence gender differences are apparent with respect to adolescents' separation-individuation, autonomy, and stress.

Researchers have documented that females report more stressful experiences during adolescence as compared to males which are manifested in terms of their negative relations with family, peers and romantic partners (Hampel & Peterman, 2006; Hankin, Mermelstein, & Roesch, 2007). This gender difference tends to increase from middle to late adolescence (Compas, Connor-Smith, & Jaser, 2004; Kim, 2003; Ranta et al., 2007). Male adolescents are socialized in a manner that they are allowed more freedom and autonomy than their female counterparts (Dhawan, Roseman, Naidu, & Rettek, 1995; Esteinou, 2004, Verma & Saraswathi, 2002). Researchers have found that male adolescents showed more functional, emotional and attitudinal autonomy from parents than their female counterparts (Lapsley, Rice, Shadid, 1989; Lopez, Campbell, & Watkins, 1986). Using Christenson and Wilson's inventory (*PATHSEP*), Chrystal and Dolan (1994) reported more signs of pathology of separation-individuation in men than in women. However, Allen and Stollenberg (1995) found no gender differences when examining the process of separation individuation. Steinberg and Silverberg (1986) found female adolescents to be more emotionally autonomous than boys between fifth and ninth grade. Giligan (1982) found loss of voice (an inability to express opinions and attitude) and false-self behavior (feeling that one is not exhibiting the true self while interacting with people) in young female adolescents. However, Harter (1999) reported no gender difference in difficulty with voice in middle and high school adolescents. Gender differences have been reported with regard to the process of separation-individuation (Lapsley et

al., 1989). Researchers have found that adolescents belonging to traditional cultures tend to show respect for parental desires and hence delay in autonomous functioning occurs (Feldman & Quatman, 1988; Feldman & Rosenthal, 1991). Recent research suggests that boys demand more autonomy than girls (Zhang & Fuligni, 2006). However, Daddis and Smetana (2005) found no significant difference with respect to gender. Frank et al. (1988) found female adolescents to be less emotionally autonomous than male adolescents. It is consistent with the findings of Ryan and Lynch (1989). Bandura et al. (1996) found no gender difference regarding academic, social, and self-regulation domains. Research suggests that internalizing symptoms are more pronounced in females than males; who tend to exhibit more externalizing symptoms (Leadbeater, Kupermine, Blatt, & Hertzog, 1999). Previous researches have documented that internalizing problem behavior is higher in female adolescents as compared to their male counterparts (Hankin et al., 1998; Silverman, LaGreca, & Wasserstein, 1995). It has been reported that on average females experience these developmental changes 12 to 18 months earlier than males, and hence pubertal maturity can influence the adolescents differently (NRC, 2002). Enright, Lapsley, Drivas, and Fehr (1980) found male adolescent's scores higher on autonomy as compared to scores of female adolescents. Hence males and females fulfill culturally prescribed standards and norms. Previous studies have found that decision-making is moderated by gender (Bumpus, Crouter, & Mc Hale, 2001). However, previous research findings differed on the basis of gender, family structure, and ethnic background.

Literature review suggests that separation-individuation and autonomy in adolescence are surrounded by myriad of psychosocial variables. There are links

between adolescent's unresolved separation-individuation, levels of autonomous functioning, and psychological problems including psychological stress but most of the researches have not revealed these developmental pathways as similar in all cultures. Researchers who outlined the parameters of separation-individuation (Mahler et al., 1975; Blos, 1979; Lapsley et al., 2001) and behavior autonomy (Peterson, 1986) provided definition of the terms but in order to discern relationship between the study variables in the cultural context further exploration is needed. Furthermore, examining differences in dysfunctional separation-individuation, level of autonomy and psychological stress with reference to adolescents' gender, ages, and socio-economic status would make the current study worthwhile.

METHODOLOGY

This chapter basically relates to the methodology used to examine the hypotheses and to elucidate concepts operationalized in the current research. It consists of the research design, procedures for conducting research, data collection, measuring the variables, testing of hypotheses, and statistical analyses of data. The variables of interest employed in this study are: a) dysfunctional separation-individuation; b) healthy separation; c) behavior autonomy; d) psychological stress; e) age; f) gender; and g) socio-economic status. Study 1 of the current research employed a descriptive research design using quantitative analysis of data in order to examine the differences in separation-individuation, behavior autonomy, and psychological stress in adolescents.

Objectives of the Study

The current study was designed on previous findings, which suggested that dysfunctional separation-individuation and lower levels of autonomy predict higher levels of internalizing symptoms (Edidin & Gaylord-Harden, 2009).

Following objectives were designed for the current study:

1. to measure dysfunctional separation-individuation, level of autonomy and psychological stress in adolescents
2. to examine the association between dysfunctional separation-individuation, low level of autonomy and psychological stress in adolescents

3. to determine whether dysfunctional separation-individuation and low level of autonomy during adolescence predict psychological stress
4. to examine the process of dysfunctional separation-individuation, level of autonomy and psychological stress among male and female adolescents
5. to find out the differences in dysfunctional separation-individuation, level of autonomy and psychological stress on other variables such as age, gender, and socio-economic status in adolescents
6. to assess the effects of dysfunctional separation-individuation and low autonomy on the psychological stress of adolescents in order to extend the existing knowledge base of developmental tasks during this transitional period

Hypotheses

Following hypotheses were formulated for current study.

1. Dysfunctional separation-individuation in adolescents is positively correlated with psychological stress.
2. Low autonomy in adolescents is positively correlated with psychological stress.
3. Dysfunctional separation-individuation and low level of autonomy predict psychological stress in adolescents.
4. Dysfunctional separation-individuation, low level of autonomy and psychological stress is high in female adolescents as compared to male adolescents.

5. Dysfunctional separation-individuation, low level of autonomy and psychological stress is high in early adolescents (12-14 years old) as compared to middle (15-16 years old) and late (17 to 18 years old) adolescents.

Operational Definitions

Adolescents. According to Erikson (1968), adolescence is a period in life that corresponds to age range 12 to 18 years. In the current study adolescents between this age brackets (12 to 18 years) were studied. The adolescents were categorized as:

Early adolescents. Adolescents between the ages of 12 to 14 years.

Middle adolescents. Adolescents between the ages of 15 to 16 years.

Late adolescents. Adolescents between the ages of 17 and 18 years.

Separation. It refers to the differentiation between the adolescent and the caregivers. In this developmental task, teenagers begin to break away from parental dependencies. Based on Blos's (1979) theory of individuation, adolescents' separation-individuation was studied.

Individuation. It refers to the development of the adolescent's ego, sense of identity, and cognitive abilities. It is the process by which teenagers develop their own unique identity. The process of individuation is the outcome of "psychic restructuring" (Blos, 1968, p.245). Individuation gives an individual a sense of direction, purpose, and meaning to life.

Adolescents' dysfunctional separation-individuation will be measured by using 'Dysfunctional separation- individuation scale' (Lapsley et al., 2001).

Behavior autonomy. Behavior autonomy involves a capacity to act for one's self. It refers to making one's own decisions after having considered outcomes and consequences. Based on Peterson's (1986) definition of behavior autonomy, adolescents' behavioral autonomy was studied. It has been defined as the "extent to which adolescents acquire freedom of action from parents" (Peterson, 1986, p.232). Behavior autonomy refers to the "ability to act independently" (Steinberg, 2011, p.287). Adolescents' behavior autonomy will be measured by using 'Behavior autonomy scale' (Peterson et al., 1986).

Psychological stress. It is a process by which individuals perceive and respond to certain events that they appraise as threatening or challenging. It may occur when people perceive an inability to cope with a "challenge" of some kind. Adolescents' psychological stress will be measured by using 'Depression Anxiety Stress scale' (Lovibond & Lovibond 1995).

Instruments

The following instruments were used for the study:

1. Demographic Questionnaire (It was administered to collect information regarding age, gender, and socio-economic status of the adolescent sample).
2. Dysfunctional Separation-individuation Scale

3. Healthy Separation Scale
4. Behavior Autonomy Scale
5. Depression Anxiety Stress Scale

Demographic Questionnaire. A short demographic questionnaire was developed for the current study to gather descriptive data about the participants such as institutional affiliation, gender, age, and socio-economic status (See Appendix H).

Dysfunctional Separation Individuation Scale (DSIS). Lapsley et al. (2001) developed a self-report scale to measure dysfunctional separation-individuation. For the current research, Dysfunctional Separation Individuation Scale was translated by researcher into Urdu language (See Appendix I). The scale comprising of nineteen items is used to assess difficulties in self-other differentiation, splitting and relational disturbances. Many instruments have been developed to measure the dynamic process of separation-individuation but Dysfunctional Separation-Individuation Scale (Lapsley et al., 2001) seems to be more promising. Dysfunctional separation-individuation is assumed to manifest personal and relational disturbances throughout the life span. The participants are required to rate their self-descriptiveness along a 10 step continuum ('very characteristic of me' to 'least characteristic of me.' This instrument yields scores that range from 19 to 190, based on a respondent's score on a 1-10 point continuum. The items of the scale tap the desired variables of separation-individuation. It is a useful diagnostic assessment tool that measures dysfunctional separation-individuation in adolescents in clinical and non-clinical settings. High scores on the scale indicate more dysfunction in separation-individuation. That is,

people with higher scores tend to show more problems in adjustment than do people with lower scores. Score in the mid-range on Dysfunctional separation-individuation scale indicates that an individual has neither achieved separation nor become individuated. In other words, the individual is neither enmeshed nor disengaged. Cronbach's alpha reliability for this scale is .90.

Dysfunctional separation-individuation scale is a screening tool that possesses strong psychometric properties. It has strong internal consistency ($\alpha = .90$) and acceptable convergent and discriminant validity. It was strongly and positively correlated with PATHSEP; SITA measures of separation anxiety ($r = .52$), engulfment anxiety ($r = .28$) and with dependency denial ($r = .45$) and negatively correlated with SITA subscale of healthy separation ($r = -.46$). It demonstrated strong test-retest reliability and has encouraging evidence for construct validity. Some of the advantages of Dysfunctional separation-individuation scale are that it is parsimonious, economical and, has good internal consistency reliability. The construct validity of DSIS was explored by examining its patterns of correlation within indices of college adjustment scales that measure interpersonal relations, family and self-esteem problems (Lapsley & Horton, 2002).

Christenson and Wilson (1985, p.562) noted that pathology related to separation-individuation manifests "in difficulty in differentiation of self from others, in relationship disturbances in aloneness tolerance, coercion, and object-constancy". Christenson and Wilson (1985) initially devised a 65 item scale to measure pathology related to separation-individuation. The scale is denoted as "PATHSEP". The construction of this scale was based on Mahler's (Mahler et al., 1975) work on the process of separation-individuation in infants. Subsequently, this scale was reduced to

39 items. Many studies using this scale provided strong evidence of its reliability and validity (e.g., Kins, Soenens, & Beyers, 2011; Kins et al., 2013; Lapsley & Edgerton, 2002; Lapsley, Varshney, & Aalsma, 2000). However, this 39 item scale was further reduced into a single factor scale that consisted of 19 items so that it could assess more efficiently the process of separation- individuation and may serve as a diagnostic tool for developmental dysfunction. In this regard, Lapsley et al. (2001) documented two studies that attempted to reduce the 39 items scale into 19 item scale that chart evidence for the reliability and validity of this measure. Further studies (Lapsley & Horton, 2002; Horton, 2003) suggested that DSIS is psychometrically a good and clinically effective measure of dysfunctional separation-individuation. Later on, Lapsley and Stey (2012) reported Dysfunctional Individuation Scale to be internally consistent and having concurrent, convergent, and discriminant validity in early and late adolescents' samples.

Healthy Separation Scale (Subscale of SITA). Issues of separation and individuation were assessed by Healthy Separation Scale (subscale of The Separation-individuation Test of Adolescence) (SITA; Levine, Green, & Millon, 1986) for the current study. Healthy Separation Scale was translated by the researcher for the current study (See Appendix L). It is a self-report scale which is also aimed to measure manifestations of psychological separation-individuation during adolescents' development and to analyze their family functioning, relationship with peers and psychological adjustment. The subscale contains 7 items with scores derived from a five point Likert scale ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). High

scores indicate healthy separation. The Cronbach's alpha reliability of Healthy Separation Scale is .64.

Behavior Autonomy Scale. For the current research Behavior autonomy scale (Peterson, 1986) was translated by the researcher into Urdu language (See Appendix J). This is a 10-item self-report behaviorally focused scale. It has been developed to capture how parents (mothers and fathers) foster and encourage behavior autonomy in adolescents in the family. The measure assesses adolescents' perception regarding how much parents encourage and allow growing developmental needs of adolescent for behavior autonomy and decision-making. The scale captures the decision-making ability in family interactions. Hence adolescents' interactional patterns have been emphasized which are reflective of their personal boundaries and the degree of autonomy and support in relationship with both parents. These behaviors are indicative of family functioning because intrusions represent inhibitions of age appropriate autonomy. Participants' responses to each item measuring behavior autonomy are measured on a 4-point Likert-type scale ranging from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*) separately for mothers and fathers. The participants are asked to endorse any one statement that they find most self-descriptive. Higher scores on these Likert-type responses connote higher perceived behavior autonomy, whereas lower scores indicate lower behavior autonomy. The scale has good reliability and validity. Cronbach's alpha reliability for this scale is $\alpha = .87$ which is quite adequate. Cronbach's alphas for previous researches utilizing this scale ranged from .81 to .87 in Chinese, Mexican, and U.S samples (Bush et al., 2004; Peterson et

al., 1999; Peterson et al., 2005). The behavior autonomy scale seemed to discern more internal consistency than other scales measuring the same construct.

Depression Anxiety Stress Scale (DASS). For the current research the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) was translated by the researcher into Urdu language (See Appendix K). Each of the three DASS scales contains 14 items. Subjects are asked to use 4-point severity/frequency scales to rate the extent to which they have experienced each state over the past week. Scores for Depression, Anxiety and Stress are calculated by summing the scores for the relevant items. The scales of the DASS have high internal consistency and yield meaningful discriminations in a variety of settings. Depression, Anxiety, Stress Scale is used as a screening instrument. It has been extensively employed as a measuring tool in both research and clinical settings (e.g. Anthony, Bieling, Cox, Enns, & Swinson, 1998; Brown, Chorpita, Korotitsch, & Barlow, 1997; Lovibond, 1998; Page, Hooke, & Morrison, 2007). The scales meet the needs of both researchers and clinicians who wish to measure current state or change in state over time (e.g., in the course of treatment) on the three dimensions of depression, anxiety and stress. Items measure symptoms of each emotional state, and associated physical arousal, during the past week and are scored on a 0 to 3 scale with (0) *did not apply to me at all* and (3) *applied to me very much, or most of the time*. Higher scores on this measure suggest higher levels of depression, anxiety, and stress. The scale has good reliability and validity.

Lovibond documented that Cronbach's alpha coefficient for DASS subscales ranged from .84 to .91. This measuring instrument has adequate psychometric

properties with Cronbach's alpha of .91 for the Depression subscale and .84 for the Anxiety subscale and .90 for the Stress subscale (P. F. Lovibond & S. H. Lovibond, 1995). There is evidence of convergent and discriminant validity also. The depression subscale of DASS is highly correlated with Beck Depression Inventory ($r = .81$) (BDI; Beck et al., 1996). The psychometric properties of all the scales used in the current research are reflective of their credibility as reliable and valid measures.

Research Design

The current research comprised of Study 1 and Study 2. Study 1 was a descriptive study which was carried out in three parts.

1. Part I (dealt with translation and determination of psychometric properties of the scales)
2. Part II (comprised of the pilot study)
3. Part III (consisted of the main study).

Study 2 adopted a pretest-posttest control group experimental design.

Part 1: Translation and Determination of Psychometric Properties of the Scales

Objectives of the study

The scales in the source language (English) were translated in the target language (Urdu) keeping in view the following objectives:

1. To make the measuring instruments comprehensible
2. To communicate the meaning of the original scales in the best possible way to
3. the respondents
4. To maintain the structural and conceptual elements of the source language of the scales while translating them in the target language
5. To minimize differences in grammar usage and dialect
6. To ensure measurement equivalence (item and scalar) across the culture
7. To determine the psychometric properties of the scales in order to increase the quality of results

Translation and adaptation of the scales

All the scales used in the current study (i.e., Dysfunctional separation-individuation scale, Healthy separation scale, Behavior autonomy scale, and Depression Anxiety Stress Scale) were translated and adapted into Urdu language that comprised of many steps. First and foremost, all the authors of the scales were contacted to seek their consent for translation of scales. They graciously accorded the permission to translate their scales into Urdu Language. In order to maintain the

structural and conceptual elements of the source language of the scales, oblique translation techniques (Mason, 1994) seemed appropriate to translate the scales into Urdu language. For this purpose, four bilingual experts (college/university professors) who had profound knowledge of both languages (Urdu and English) were approached individually and were requested to translate the scales into Urdu language. Hence, these experts along with the researcher translated the scales in the target language for the current study. The aim of translating the scales into Urdu language was to communicate the meaning of the original scales in the best possible way to the respondents so that they could understand and respond to the items of the scales easily. After translation of the scales from English into Urdu language, committee approach was conducted for the selection of the translated items. A committee comprising of four bilingual experts and three senior professors in psychometrics reviewed and evaluated the feasibility and appropriateness of the scales to be used in current research. They evaluated and selected each and every item of the scales with reference to the context, giving due consideration to the meaning, grammatical usage and wordings of the items. They made their best effort to maintain equivalence of all items in original languages and their translations. After going through this process, recommended alternations were made accordingly. Bilingual experts helped in reaching a consensus regarding final versions of translation. The translated versions of all the scales were adjudged by the committee members and after a unanimous decision the scales in Urdu language were finalized. Translation-back translation procedure was further adopted so as to make the questionnaires comprehensible, minimize differences in grammar usage, and dialect. The Urdu versions were back translated into English by three bilingual experts. In order to examine the concepts used in research and to ensure measurement equivalence across the cultures, back-translation method is used extensively and the results derived from back-translation

are disastrously marvelous (Jowell, 1998). Back-translation helped immensely in reducing errors and maintaining the originality of the meanings of the translated scales. Then a comparison was made between the back translated versions of the scales with the original scales so that the closest meanings of statements could be maintained and ambiguities in meaning could be removed. Further, these translated versions of the scales with the original scales were assessed by four experts and after weighing the appropriateness of the items, the scales were unanimously approved to be tested for reliability and validity. This careful scrutiny of the most appropriate items helped in finalizing the scales.

Determination of Psychometric Properties of the Scales

Sample

Psychometric properties of the translated Urdu versions of the scales were determined for the current study on 150 adolescents (male $N = 75$ and female $N = 75$) between the ages of 12-18 years. The sample was drawn from the desired population through convenience sampling technique from different schools and colleges of Rawalpindi and Islamabad (Pakistan).

Instruments

The translated Urdu versions of the following instruments were used in order to determine their psychometric properties.

1. Dysfunctional Separation-individuation Scale (Appendix I)
2. Healthy Separation Scale (L)

3. Behavior Autonomy Scale (Appendix J)
4. Depression Anxiety Stress Scale (K)
5. Demographic Questionnaire (It was administered to collect information regarding age, gender and socio-economic status of the adolescents' sample). Demographic questionnaire was developed by the researcher to gather information regarding personal variables (see Appendix H).

Procedure

The current study was initially approved by the Board of Advanced Study Research, IIUI (Pakistan). Ethical approval was sorted out from the Department of Psychology, Ethics Committee (DPEC). After seeking permission from the head of the institutions, the participants were approached in groups from each institution by visiting in person. The researcher introduced herself to the groups and provided them with necessary information regarding the purpose of the study. The participants were asked to give their consent to participate in the study. Further they were assured that all the information taken from them would be kept confidential and only be used for the research purpose. The scales were administered on the sample according to the standard instructions. Following psychometric properties were determined.

1. Cronbach's Alpha Coefficient / Alpha reliability coefficient
2. Item total correlation
3. Inter-scale correlation
4. Test-retest reliability
5. Convergent, Discriminant and Cross language validities

Results

The statistical analyses in order to determine the psychometric properties of the scales used in the study are displayed here.

Table 1

Mean scores, Standard deviations, Alpha Reliability Coefficients, kurtosis and skewness of Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (N=150)

<i>Variable</i>	<i>No. of Items</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>Kurtosis</i>	<i>Skewness</i>
DSI	19	71.5	12.7	.63	-.20	.07
HS	07	20.8	4.8	.52	-.24	.31
BA	10	18.0	3.5	.61	-.20	.36
DASS	42	102.4	13.1	.86	-.96	-.24
Depression	14	33.9	5.1	.68	-.87	-.23
Anxiety	14	33.9	4.9	.66	-.65	-.33
Stress	14	34.5	4.6	.65	-.51	-.28

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation scale; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale.

Table 1 indicates number of items, mean scores, standard deviations, Alpha reliability coefficients, kurtosis and skewness of Dysfunctional Separation-Individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales. The Alpha coefficients of Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale and Depression Anxiety Stress

Scales have acceptable reliabilities of .63, .52, .61, and .86 respectively. The alpha reliability coefficients of the subscales of DASS range from .65 to .68.

Item total correlation. In order to determine the internal consistency of the scales used in the current study, item total correlation was calculated.

Table 2

Item Total Correlation of Dysfunctional Separation-individuation Scale (N=150)

Item No	<i>r</i>	Item No	<i>r</i>
1	.34**	11	.34**
2	.28**	12	.42**
3	.28**	13	.37**
4	.29**	14	.46**
5	.31**	15	.38**
6	.38**	16	.38**
7	.42**	17	.21**
8	.42**	18	.38**
9	.31**	19	.53**
10	.32**		

** $p < 0.01$

Table 2 presents the item total correlation of Dysfunctional Separation-individuation scale. There is a significant positive correlation between all the items of Dysfunctional Separation-Individuation Scale and the total score of the scale ($p < 0.01$).

Table 3*Item Total Correlation of Healthy Separation Scale (N=150)*

Item No	<i>r</i>	Item No	<i>r</i>
1	.60**	5	.52**
2	.58**	6	.49**
3	.48**	7	.45**
4	.44**		

***p < 0.01*

Table 3 shows Item total correlation of Healthy Separation Scale. There is a significant positive correlation between all the items of Healthy Separation Scale and the total score of the scale ($p < 0.01$).

Table 4*Item Total Correlation of Behavior Autonomy Scale (N=150)*

Item No	<i>r</i>	Item No	<i>r</i>
1	.61**	6	.49**
2	.40**	7	.58**
3	.45**	8	.37**
4	.45**	9	.56**
5	.36**	10	.46**

***p < 0.01*

Table 4 shows Item total correlation of Behavior Autonomy Scale. There is a significant positive correlation between all the items of Behavior Autonomy Scale and the total score of the scale ($p < 0.01$).

Table 5

Item Total Correlation of DASS (Depression Anxiety Stress scale) (N=150)

Item No	R	Item No	r	Item No	r
1	.36**	15	.42**	29	.21**
2	.44**	16	.42**	30	.32**
3	.40**	17	.40**	31	.49**
4	.44**	18	.46**	32	.23**
5	.46**	19	.36**	33	.49**
6	.37**	20	.32**	34	.28**
7	.45**	21	.41**	35	.37**
8	.41**	22	.45**	36	.40**
9	.43**	23	.30**	37	.33**
10	.57**	24	.34**	38	.36**
11	.46**	25	.48**	39	.30**
12	.32**	26	.31**	40	.26**
13	.43**	27	.28**	41	.23**
14	.47**	28	.56**	42	.31**

***p < 0.01*

Table 5 shows Item total correlation of DASS. There is a significant positive correlation between all the items of DASS and the total score of the scale ($p < 0.01$). The table shows that all the items of DASS are internally consistent measures.

Table 6

Item Total Correlation of Depression (subscale of DASS) (N=150)

Item No	<i>r</i>	Item No	<i>r</i>	Item No	<i>r</i>
3	.49**	17	.49**	34	.31**
5	.50**	21	.54**	37	.41**
10	.55**	24	.46**	38	.32**
13	.52**	26	.34**	42	.31**
16	.36**	31	.51**		

**** $p < 0.01$**

Table 6 shows Item total correlation of Depression. There is a significant positive correlation between all the items of Depression scale and the total score of the scale ($p < 0.01$).

Table 7

Item Total Correlation of Anxiety (subscale of DASS) (N=150)

Item No	<i>r</i>	Item No	<i>r</i>	Item No	<i>r</i>
2	.49**	19	.41**	30	.30**
4	.46**	20	.41**	36	.43**
7	.55**	23	.37**	40	.31**
9	.48**	25	.47**	41	.27**
15	.48**	28	.58**		

**** $p < 0.01$**

Table 7 shows Item total correlation of Anxiety. There is a significant positive correlation between all the items of Anxiety scale and the total score of the scale ($p < 0.01$).

Table 8*Item Total Correlation of Stress (subscale of DASS) (N=150)*

Item No	<i>r</i>	Item No	<i>r</i>	Item No	<i>r</i>
1	.42**	14	.58**	32	.35**
6	.49**	18	.52**	33	.47**
8	.51**	22	.47**	35	.34**
11	.41**	27	.32**	39	.33**
12	.46**	29	.29**		

** $p < 0.01$

Table 8 shows Item total correlation of Stress. There is a significant positive correlation between all the items of Stress scale and the total score of the scale ($p < 0.01$).

Test retest reliabilities of the scales. In order to determine the test retest reliabilities of Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (Depression, Anxiety and Stress); these were administered after a four week period to the same sample onto which it was administered earlier.

Table 9

Test retest reliability of Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (depression, anxiety and stress) (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation Scale	19	.86**
Healthy Separation Scale	7	.87**
Behavior Autonomy Scale	10	.82**
DASS	42	.94**
Depression scale	14	.91**
Anxiety scale	14	.93**
Stress scale	14	.90**

** $p < 0.01$

Table 9 shows good test retest reliability of Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (depression, anxiety and stress). A significant positive correlation exists between time 1 and time 2 measures of Dysfunctional Separation-individuation Scale ($r = .86, p < 0.01$), Healthy Separation Scale ($r = .87, p < 0.01$), Behavior Autonomy Scale ($r = .82, p < 0.01$), DASS ($r = .94, p < 0.01$) and its subscales Depression ($r = .91, p < 0.01$) Anxiety ($r = .93, p < 0.01$) and Stress scale ($r = .90, p < 0.01$).

Validation of the scales. The theory of separation-individuation focuses on early events of life that prepare the ground for the formation of self and shape patterns

of viewing and relating to other people in the world. This process is highly individualized and unfolding (Mahler et al., 1975). McClanahan and Holmbeck (1992) found healthy separation to be associated with positive functioning and psychological adjustment. Previous research has demonstrated that adolescents who negotiate separation-individuation successfully have a high level of self-efficacy, more self-esteem, coping skills, and academic success (Baer et al., 2004). It has also been found that self-efficacious individuals are capable of managing prospective situations in a better way (Bandura, 1977). Based on these research findings adolescents' scores on Dysfunctional Separation-Individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale and DASS were correlated. In addition to these, adolescents' scores on study variables were also correlated with their scores on General Self-efficacy scale, developed by Schwarzer and Jerusalem (1995) and later translated and adapted in Urdu by Tabassum, Rehman, Schwarzer and Jerusalem (2003), and Aggression scale, developed by Buss and Perry (1992) and later translated and adapted in Urdu by Ashraf (2004).

To determine convergent validity of Dysfunctional Separation-individuation scale, it was correlated with Depression Anxiety Stress scale (DASS) and the Aggression scale. There is an ample empirical support for the view that adolescents' healthy relationship with parents increases prosocial behavior and decreases aggressive behavior (Coie & Dodge, 1998; Eisenberg & Fabes, 1998). Previous research also demonstrated that impairment of adolescents' autonomy may lead to intense hostility when the youngster reaches early adulthood (Allen et al., 2002).

Table 10

Correlation between Dysfunctional Separation-individuation scale and Depression Anxiety Stress scale (DASS) (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation scale	19	.51**
Depression Anxiety Stress scale (DASS)	42	

** $p < 0.01$

Table 10 shows that a significant positive correlation ($r = .51, p < 0.01$) exists between Dysfunctional Separation-individuation scale and Depression Anxiety Stress scale (DASS). The analysis demonstrated a strong relationship between the scores obtained from the two different scales measuring the same construct; hence providing evidence of convergent validity. Adolescents who scored high on Dysfunctional Separation-individuation scale also scored high on Depression Anxiety Stress scale (DASS). The results are indicative of convergent validity.

Table 11

Correlation between Dysfunctional Separation-individuation scale and Depression scale (DASS) (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation scale	19	.46**
Depression scale (DASS)	14	

** $p < 0.01$

Table 11 shows that a significant positive correlation ($r = .46, p < 0.01$) exists between Dysfunctional Separation-individuation scale and Depression scale (DASS). The analysis demonstrated a strong relationship between the scores obtained from the

two different scales measuring the same construct; hence providing evidence of convergent validity. Adolescents who scored high on Dysfunctional Separation-individuation scale also scored high on Depression scale (DASS). The results are indicative of convergent validity.

Table 12

Correlation between Dysfunctional Separation-individuation scale and Anxiety scale (DASS) (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation scale	19	.46**
Anxiety scale (DASS)	14	

** $p < 0.01$

Table 12 shows that a significant positive correlation ($r = .46, p < 0.01$) exists between Dysfunctional Separation-individuation scale and Anxiety scale (DASS). The analysis demonstrated a strong relationship between the scores obtained from the two different scales measuring the same construct; hence providing evidence of convergent validity. Adolescents who scored high on Dysfunctional Separation-individuation scale also scored high on Anxiety scale (DASS). The results are indicative of convergent validity.

Table 13

Correlation between Dysfunctional Separation-Individuation Scale and Stress Scale (DASS) (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation scale	19	.45**
Stress Scale (DASS)	14	

** $p < 0.01$

Table 13 shows that a significant positive correlation ($r = .45, p < 0.01$) exists between Dysfunctional Separation-individuation scale and Stress scale (DASS). The analysis demonstrated a strong relationship between the scores obtained from the two different scales measuring the same construct; hence providing evidence of convergent validity. Adolescents who scored high on Dysfunctional Separation-individuation scale also scored high on Stress scale (DASS). The results are indicative of convergent validity.

Table 14

Correlation between Dysfunctional Separation-individuation scale and Aggression Scale (N=150)

Scales	No of items	<i>r</i>
Dysfunctional Separation-individuation scale	19	.31**
Aggression Scale	29	

** $p < 0.01$

Table 14 demonstrates that there is a significant positive correlation ($r = .31, p < 0.01$) between Dysfunctional Separation-individuation scale and Aggression Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Dysfunctional Separation-individuation scale scored high on Aggression Scale.

Table 15

Correlation between Healthy Separation scale and Behavior Autonomy Scale (N=150)

Scales	No of items	<i>r</i>
Healthy Separation scale	7	.38**
Behavior Autonomy Scale	10	

** $p < 0.01$

Table 15 demonstrates that there is a significant positive correlation ($r = .38, p < 0.01$) between Healthy Separation scale and Behavior Autonomy Scale. Positive correlation between the two tests measuring the positive constructs provides evidence of convergent validity. Adolescents who scored high on Healthy Separation scale also scored high on Behavior Autonomy Scale.

Table 16

Correlation between Healthy Separation scale and General Self-efficacy Scale
($N=150$)

Scales	No of items	r
Healthy Separation scale	7	.43**
General Self-efficacy Scale	10	

** $p < 0.01$

Table 16 demonstrates that there is a significant positive correlation ($r = .43$, $p < 0.01$) between Healthy Separation scale and the General Self-efficacy Scale. Positive correlation between the two tests measuring the positive constructs provides evidence of convergent validity. Adolescents who scored high on Healthy Separation scale also scored high on the General Self-efficacy Scale.

Table 17

Correlation between Behavior Autonomy Scale and General Self-efficacy Scale
($N=150$)

Scales	No of items	r
Behavior Autonomy Scale	10	.29**
General Self-efficacy Scale	10	

** $p < 0.01$

Table 17 demonstrates that there is a significant positive correlation ($r = .29$, $p < 0.01$) between Behavior Autonomy Scale and the General Self-efficacy Scale. Positive correlation between the two tests measuring the positive constructs provides

evidence of convergent validity. Adolescents who scored high on Behavior Autonomy Scale also scored high on the General Self-efficacy Scale.

Table 18

Correlation between DASS and its subscales (depression, anxiety, stress) (N=150)

Variable	No of items	1	2	3	4
1. DASS	42	-	.89**	.90**	.88**
2. Depression	14		-	.70**	.67**
3. Anxiety	14			-	.69**
4. Stress	14				-

Note. DASS=Depression Anxiety Stress Scale.

**** $p < 0.01$**

The above table displays the results of bivariate correlation analyses on DASS and its subscales (depression, anxiety and stress). The table shows positive and significant correlation among DASS and its subscales at $p < 0.01$. DASS is highly and positively correlated with its subscales; depression ($r = .89, p < .01$) anxiety ($r = .90, p < .01$) and stress ($r = .88, p < .01$). The table demonstrates that there is a significant positive correlation ($r = .70, p < 0.01$) between Depression Scale and the Anxiety Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Depression

Scale also scored high on Anxiety Scale. There is a significant positive correlation ($r = .67, p < 0.01$) between Depression Scale and the Stress Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Depression Scale also scored high on Stress Scale. Likewise, table also demonstrates that there is a significant positive correlation ($r = .69, p < 0.01$) between Anxiety Scale and the Stress Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Anxiety Scale also scored high on Stress Scale.

Table 19

Correlation between Depression Anxiety Stress Scale and Aggression Scale (N=150)

Scales	No of items	<i>r</i>
Depression Anxiety Stress Scale	42	.32**
Aggression Scale	29	

** $p < 0.01$

Table 19 demonstrates that there is a significant positive correlation ($r = .32, p < 0.01$) between Depression Anxiety Stress Scale and the Aggression Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Depression Anxiety Stress Scale also scored high on Aggression Scale.

Table 20*Correlation between Depression Scale and Aggression Scale (N=150)*

Scales	No of items	<i>r</i>
Depression Scale	14	.27**
Aggression Scale	29	

**** $p < 0.01$**

Table 20 demonstrates that there is a significant positive correlation ($r = .27, p < 0.01$) between Depression Scale and the Aggression Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Depression Stress Scale also scored high on Aggression Scale.

Table 21*Correlation between Anxiety Scale and Aggression Scale (N=150)*

Scales	No of items	<i>r</i>
Anxiety Scale	14	.31**
Aggression Scale	29	

**** $p < 0.01$**

Table 21 demonstrates that there is a significant positive correlation ($r = .31, p < 0.01$) between Anxiety Scale and the Aggression Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Anxiety Scale also scored high on Aggression Scale.

Table 22

Correlation between Stress Scale and Aggression Scale (N=150)

Scales	No of items	<i>r</i>
Stress Scale	14	.28**
Aggression Scale	29	

** $p < 0.01$

Table 22 demonstrates that there is a significant positive correlation ($r = .28$, $p < 0.01$) between Stress Scale and the Aggression Scale. Positive correlation between the two tests measuring the same constructs provides evidence of convergent validity. Adolescents who scored high on Stress Scale also scored high on Aggression Scale.

Discriminant validity.

Table 23

Correlation between Dysfunctional separation-individuation scale and Healthy separation scale (N=150)

Scales	No of items	<i>r</i>
Dysfunctional separation-individuation	19	-.42**
Healthy separation scale	07	

** $p < 0.01$

Table 23 demonstrates that there is a significant negative correlation ($r = -.42$, $p < 0.01$) between Dysfunctional separation-individuation and Healthy separation scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Dysfunctional separation-individuation scored low on Healthy separation scale.

Table 24

Correlation between Dysfunctional separation-individuation scale and Behavior Autonomy scale (N=150)

Scales	No of items	<i>r</i>
Dysfunctional separation-individuation	19	-.30**
Behavior Autonomy scale	10	

** $p < 0.01$

Table 24 demonstrates that there is a significant negative correlation ($r = -.30$, $p < 0.01$) between Dysfunctional separation-individuation and Behavior Autonomy scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Dysfunctional separation-individuation scored low on Behavior Autonomy scale.

Table 25

Correlation between Dysfunctional separation-individuation scale and General self-efficacy scale (N=150)

Scales	No of items	<i>r</i>
Dysfunctional separation-individuation	19	-.38**
General self-efficacy scale	10	

** $p < 0.01$

Table 25 demonstrates that there is a significant negative correlation ($r = -.38$, $p < 0.01$) between Dysfunctional separation-individuation and General self-efficacy scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Dysfunctional separation-individuation scored low on General self-efficacy scale.

Table 26*Correlation between Healthy separation scale and DASS (N=150)*

Scales	No of items	<i>r</i>
Healthy separation scale	07	-.39**
DASS	42	

**** $p < 0.01$**

Table 26 demonstrates that there is a significant negative correlation ($r = -.39$, $p < 0.01$) between Healthy separation scale and DASS. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Healthy separation scale scored low on DASS.

Table 27*Correlation between Healthy separation scale and Depression scale (N=150)*

Scales	No of items	<i>r</i>
Healthy separation scale	07	-.30**
Depression scale	14	

**** $p < 0.01$**

Table 27 demonstrates that there is a significant negative correlation ($r = -.30$, $p < 0.01$) between Healthy separation scale and the Depression scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Healthy separation scale scored low on Depression scale.

Table 28*Correlation between Healthy separation scale and Anxiety scale (N=150)*

Scales	No of items	<i>r</i>
Healthy separation scale	07	-.33**
Anxiety scale	14	

** $p < 0.01$

Table 28 demonstrates that there is a significant negative correlation ($r = -.33$, $p < 0.01$) between Healthy separation scale and the Anxiety scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Healthy separation scale scored low on Anxiety scale.

Table 29*Correlation between Healthy separation scale and Stress scale (N=150)*

Scales	No of items	<i>r</i>
Healthy separation scale	07	-.41**
Stress scale	14	

** $p < 0.01$

Table 29 demonstrates that there is a significant negative correlation ($r = -.41$, $p < 0.01$) between Healthy separation scale and Stress scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Healthy separation scale scored low on the Stress scale.

Table 30*Correlation between Behavior Autonomy scale and Aggression scale (N=150)*

Scales	No of items	<i>r</i>
Behavior Autonomy Scale	10	-.21**
Aggression Scale	29	

** $p < 0.01$

Table 30 demonstrates that there is a significant negative correlation ($r = -.21$, $p < 0.01$) between Behavior Autonomy scale and the Aggression scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Behavior Autonomy scale scored low on the Aggression scale.

Table 31*Correlation between Depression Anxiety Stress scale and Behavior Autonomy Scale (N=150)*

Scales	No of items	<i>r</i>
Depression Anxiety Stress scale	42	-.28**
Behavior Autonomy Scale	10	

** $p < 0.01$

Table 31 demonstrates that there is a significant negative correlation ($r = -.28$, $p < 0.01$) between Depression Anxiety Stress scale and Behavior Autonomy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Depression Anxiety Stress scale scored low on Behavior Autonomy Scale.

Table 32*Correlation between Depression scale and Behavior Autonomy Scale (N=150)*

Scales	No of items	<i>r</i>
Depression scale	14	-.23**
Behavior Autonomy Scale	10	

** $p < 0.01$

Table 32 demonstrates that there is a significant negative correlation ($r = -.23$, $p < 0.01$) between Depression scale and Behavior Autonomy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Depression scale scored low on Behavior Autonomy Scale.

Table 33*Correlation between Anxiety scale and Behavior Autonomy Scale (N=150)*

Scales	No of items	<i>r</i>
Anxiety scale	14	-.27**
Behavior Autonomy Scale	10	

** $p < 0.01$

Table 33 demonstrates that there is a significant negative correlation ($r = -.27$, $p < 0.01$) between Anxiety scale and Behavior Autonomy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Anxiety scale scored low on Behavior Autonomy Scale.

Table 34*Correlation between Stress scale and Behavior Autonomy Scale (N=150)*

Scales	No of items	<i>r</i>
Stress scale	14	-.25**
Behavior Autonomy Scale	10	

**** $p < 0.01$**

Table 34 demonstrates that there is a significant negative correlation ($r = -.25$, $p < 0.01$) between Stress scale and Behavior Autonomy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Stress scale scored low on Behavior Autonomy Scale.

Table 35*Correlation between Depression Anxiety Stress Scale and General Self-efficacy Scale (N=150)*

Scales	No of items	<i>r</i>
Depression Anxiety Stress scale (DASS)	42	-.33**
General Self-efficacy Scale	10	

**** $p < 0.01$**

Table 35 demonstrates that there is a significant negative correlation ($r = -.33$, $p < 0.01$) between Depression Anxiety Stress scale (DASS) and the General Self-efficacy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Depression Anxiety Stress scale (DASS) scored low on the General Self-efficacy Scale.

Table 36*Correlation between Depression Scale and General Self-efficacy Scale (N=150)*

Scales	No of items	<i>r</i>
Depression scale (subscale of DASS)	14	-.27**
General Self-efficacy Scale	10	

** $p < 0.01$

Table 36 demonstrates that there is a significant negative correlation ($r = -.27$, $p < 0.01$) between Depression Scale and the General Self-efficacy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Depression Scale scored low on the General Self-efficacy Scale.

Table 37*Correlation between Anxiety Scale and General Self-efficacy Scale (N=150)*

Scales	No of items	<i>r</i>
Anxiety scale (subscale of DASS)	14	-.31**
General Self-efficacy Scale	10	

* $p < 0.01$

Table 37 demonstrates that there is a significant negative correlation ($r = -.31$, $p < 0.01$) between Anxiety Scale and the General Self-efficacy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Anxiety Scale scored low on the General Self-efficacy Scale.

Table 38*Correlation between Stress scale and General Self-efficacy Scale (N=150)*

Scales	No of items	<i>r</i>
Stress scale (subscale of DASS)	14	-.29**
General Self-efficacy Scale	10	

* $p < 0.01$

Table 38 demonstrates that there is a significant negative correlation ($r = -.29$, $p < 0.01$) between Stress Scale and the General Self-efficacy Scale. Negative correlation between the two tests measuring the different constructs provides evidence of discriminant validity. Adolescents who scored high on Stress Scale scored low on the General Self-efficacy Scale.

Cross language validity of the scales. The equivalence of English and Urdu versions of the scales was assessed by administering both the versions (English and Urdu) of the scales on adolescent sample ($N = 80$). For this purpose male and female adolescents (12-18 years) were taken from different schools and colleges of Rawalpindi and Islamabad (Pakistan). The sample ($N = 80$) was divided into four sub groups ($N = 20$). Each group was administered the scales twice with an interval of one week in the following manner.

Groups	<i>N</i>	1 st Administration	2 nd Administration
Group 1	20	Urdu	English
Group 2	20	English	Urdu
Group 3	20	Urdu	Urdu
Group 4	20	English	English

The results of Cross Language validity are displayed in the below mentioned tables.

Table 39

Cross Language Validity of Dysfunctional Separation-individuation scale (N=80)

Groups	N	1 st Administration	2 nd Administration	r
Group 1	20	Urdu	English	.58**
Group 2	20	English	Urdu	.62**
Group 3	20	Urdu	Urdu	.84**
Group 4	20	English	English	.87**

** $p < 0.01$

The above table shows that correlation between Dysfunctional Separation-individuation scale Urdu and Dysfunctional Separation-individuation scale English versions are significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

Table 40

Cross Language Validity of Healthy Separation scale (N=80)

Groups	N	1 st Administration	2 nd Administration	r
Group 1	20	Urdu	English	.66**
Group 2	20	English	Urdu	.62**
Group 3	20	Urdu	Urdu	.81**
Group 4	20	English	English	.85**

** $p < 0.01$

The above table shows that correlation between Healthy Separation scale Urdu and Healthy Separation scale English versions are significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

Table 41

Cross Language Validity of Behavior Autonomy scale (N=80)

Groups	N	1 st Administration	2 nd Administration	r
Group 1	20	Urdu	English	.83**
Group 2	20	English	Urdu	.81**
Group 3	20	Urdu	Urdu	.94**
Group 4	20	English	English	.97**

** $p < 0.01$

The above table shows that correlation between Behavior Autonomy scale Urdu and Behavior Autonomy scale English versions are significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

Table 42

Cross Language Validity of Depression Anxiety Stress scale (N=80)

Groups	N	1 st Administration	2 nd Administration	r
Group 1	20	Urdu	English	.88**
Group 2	20	English	Urdu	.91**
Group 3	20	Urdu	Urdu	.93**
Group 4	20	English	English	.94**

** $p < 0.01$

The above table shows that correlation between Depression Anxiety Stress scale Urdu and Depression Anxiety Stress scale English versions are significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

Discussion

Part I of the current study deals with determining the psychometric properties of the scales. For this purpose, the measuring instruments have been examined by computing cronbach's alpha coefficients, test-retest reliabilities, convergent, discriminant and cross language validities of the instruments used in the current study. Internal consistencies of the measuring instruments have been estimated by computing Cronbach's alphas. The psychometric properties of all the measures have appeared to be fairly satisfactory. The significant item-total correlations have raised our confidence in current psychometric properties of the scales. However, due to adopting a convenience sampling technique, the results of the current study should be interpreted and generalized with caution. Reliability and validity analyses of the

scales have revealed satisfactory results. The measures have provided strong support for convergent, discriminant, and cross language validities and have also demonstrated strong test-retest reliabilities.

The Dysfunctional Separation-individuation scale appeared to be quite complex for the respondents to answer, and some issues were involved in scoring the scale. However, the instrument has successfully identified the dysfunctional developmental patterns in adolescents. Dysfunctional Separation-individuation scale has demonstrated strong internal consistency. The preliminary psychometric analysis, using Cronbach's Alpha Coefficient has yielded an internal consistency coefficient of .63 of the scale. The Dysfunctional separation-individuation scale (Lapsley et al., 2001) is the revised version of the PATHSEP (Christenson & Wilson, 1985). For the current study, the translated Urdu version of Dysfunctional separation-individuation scale has shown acceptable test-retest reliability ($r = .86, p < 0.01$) over a four week period. Hence it has appeared to be highly consistent.

Discriminant, convergent and cross language validities of all the scales have yielded good validity estimates. Dysfunctional separation-individuation scale has shown negative correlation with Healthy Separation Scale ($r = -.42, p < 0.01$) and positive correlation with overall DASS scale ($r = .51, p < 0.01$) and Aggression scale ($r = .31, p < 0.01$). There was a negative association of Dysfunctional separation-individuation scale with General self-efficacy scale ($r = -.38, p < 0.01$). The cross language validity of Dysfunctional Separation-individuation scale is significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

The Healthy Separation scale has yielded a Cronbach's alpha of .52. Content validity of the measure has been achieved through a review by senior experts in the field. The instrument by using test-retest reliability method has yielded an alpha

coefficient of .87, $p < 0.01$. Convergent and discriminant validity of the scale has been assessed by relating it with scales measuring the same construct and relating the scale with scales measuring an unrelated construct respectively. In establishing convergent validity, Healthy Separation scale has been correlated with Behavior Autonomy Scale (Peterson, 1986), and General self-efficacy scale (Schwarzer & Jerusalem, 1995). Healthy separation scale has shown negative correlation with Dysfunctional Separation- individuation scale ($r = -.42$, $p < 0.01$) DASS scale ($r = -.39$, $p < 0.01$) and Aggression scale ($r = -.21$, $p < 0.01$). There was a positive correlation of Healthy separation scale with General self-efficacy scale ($r = .43$, $p < 0.01$) and Behavior Autonomy scale ($r = .38$, $p < 0.01$). The cross language validity of Healthy separation scale is significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version.

Cronbach's Alpha Coefficient of Behavior Autonomy Scale is .61. Analyses have been run in an effort to measure convergent, discriminant and cross language validities of the scale which revealed satisfactory results. The cross language validity of Behavior Autonomy scale is significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version. The instrument by using test-retest reliability method has yielded an alpha coefficient of .82, $p < 0.01$. However, our result showed a positive correlation of Behavior autonomy with Healthy separation scale ($r = .38$, $p < 0.01$), and General Self-efficacy Scale ($r = .43$, $p < 0.01$), and negative correlation with Aggression scale ($r = -.21$, $p < 0.01$). Measurement of behavior autonomy is comparatively easier than assessment of emotional or cognitive autonomy. Moreover, models of behavior appear to be successful in training programs.

Depression Anxiety Stress Scale (DASS) as a measuring instrument has been evaluated to determine the validities and reliabilities of the scale. DASS is a

comprehensive scale that assesses and captures stress and stress-related disorders. Internal consistency reliability estimates of DASS ranged from an alpha of .65 to .68. The instrument by using test-retest reliability method has produced an alpha coefficient of .94 which seems to be quite good. This score signifies the reliability with which DASS can be administered to the same adolescent group twice under same conditions after a certain period of time. Hence four week test-retest reliability score indicates the consistency of the measure over time. Face validity of the scale is also quite satisfactory. Trained and expert judges have indicated agreement on the items of the scale. The concurrent validity of the scale reveals that the measure is positively correlated with DSIS (.51, $p < 0.01$), and Aggression scale (.32, $p < 0.01$) and negatively correlated with General self-efficacy scale (-.33, $p < 0.01$), Healthy separation scale (-.39, $p < 0.01$) and Behavior Autonomy scale (-.28, $p < 0.01$). The cross language validity of Depression Anxiety Stress scale is significant ($p < 0.01$). The highest correlation value exists on English version and next highest correlation value exists on Urdu version. The reliability coefficient estimates for depression, anxiety and stress (subscales of DASS) are .68, .66, and .65; thereby indicating the efficacy of the instrument.

Hence psychometric properties of all the measures have been established.

Part II (Pilot Study)

Part II of the study consisted of pilot study.

Objectives of the study

Following were the objectives of the pilot study

1. To pre-test the adequacy of the translated versions of the research instruments in order to ensure that they are reliable and valid measures of the constructs of interest
2. To detect potential problems in research design in order to assess whether the research protocol is workable
3. To identify problems using proposed methods
4. To determine the feasibility and resources (expenses and personnel) needed for a planned study
5. To assist in the preparation of a more comprehensive research

Sample

The sample for the pilot study comprised of 150 adolescents (male $N = 75$ and female $N = 75$) between the ages of 12-18 years. The sample was drawn from the desired population through convenience sampling technique from different schools and colleges of Rawalpindi and Islamabad (Pakistan).

Instruments

The translated Urdu versions of the following instruments were used for the pilot study:

1. Dysfunctional Separation-individuation Scale (DSIS)
2. Healthy Separation Scale (HS)
3. Behavior Autonomy Scale
4. Depression Anxiety Stress Scale (DASS)
5. Demographic Questionnaire (It was administered to collect information regarding age, gender and socio-economic status of the adolescents' sample).
Demographic questionnaire was developed by the researcher to gather information regarding personal variables (see Appendix H).

Procedure

Initially the Board of Advanced Study Research (BASR) approved the current study. Ethical approval was sorted out from the Department of Psychology, Ethics Committee (DPEC), IIUI. The sample for the pilot study comprised of 150 adolescents between the ages of 12-18 years. The sample was taken from the educational institutions of Rawalpindi and Islamabad (Pakistan). Before starting the administration of the scales, permission was sorted out from the head of the institutions. The participants were then approached in each institution by visiting in person. They were introduced to the current research and were assured that all the information taken from them would be kept confidential and only be used for the research purpose. It was made sure that the identifying information of the participants

would not be revealed. The scales were administered on the sample according to the standard protocol set for this study grounded by the instructions from their manuals. The participants were asked to give their responses as honestly as they could and not to leave any item unanswered.

Results

Means and standard deviations were calculated for the study variables. T- test was conducted to find gender differences regarding study variables. Pearson product moment correlation was run to test bivariate associations between variables.

Table 43

Mean scores, Standard deviations, Kurtosis and Skewness of Dysfunctional Separation-individuation scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (depression, anxiety, stress) (N=150)

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>α</i>	<i>Kurtosis</i>	<i>Skewness</i>
DSI	73.9	12.7	.66	-.42	-.06
HS	19.4	4.9	.58	-.09	.46
BA	17.1	3.5	.55	-.12	.50
DASS	103.2	12.2	.84	-.56	-.44
Depression	34.1	5.0	.67	-.73	-.30
Anxiety	34.2	4.8	.63	-.28	-.50
Stress	34.7	4.3	.60	-.06	-.48

Note. DSI=Dysfunctional Separation-Individuation; HS=Healthy Separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress Scale.

The descriptive statistics for the variables used in the current study are displayed in Table 43. The table shows mean scores, standard deviations, alpha reliability coefficients, kurtosis and skewness for Dysfunctional separation-individuation, Healthy separation, Behavior autonomy, DASS and its subscales depression, anxiety and stress.

Table 44

Correlation matrix between Dysfunctional Separation-individuation scale, Healthy Separation Scale, Behavior Autonomy Scale, DASS and its subscales (depression, anxiety, stress) (N=150)

Variable	1	2	3	4	5	6	7
1 DSI	-	-.49**	-.27**	.53**	.45**	.43**	.51**
2 HS		-	.37**	-.42**	-.29**	-.36**	-.46**
3 BA			-	-.33**	-.26**	-.27**	-.33**
4 DASS				-	.87**	.89**	.85**
5 Depression					-	.65**	.60**
6 Anxiety						-	.66**
7 Stress							-

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale.

** $p < 0.01$

Table 44 shows that adolescents' scores on Dysfunctional separation-individuation scale are significantly positively correlated with adolescents' scores on

DASS and its subscales (depression, anxiety, and stress). However, a significant negative correlation exists between Dysfunctional separation-individuation and Healthy separation, and Dysfunctional separation-individuation and Behavior Autonomy.

Table 45

Mean scores, Standard Deviations and t- values on Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale and DASS with its subscales (depression, anxiety, stress) (N=150)

Variable	Male (n=75)		Female (n=75)		t(n=148)	p	95%CI		Cohen's D
	M	SD	M	SD			LL	UL	
DSI	66.6	11.3	81.1	9.6	8.44	.000	17.9	11.13	1.38
HS	22.0	4.5	16.7	3.7	7.77	.000	3.97	6.68	1.27
BA	18.3	3.3	16.0	3.3	4.10	.000	1.16	3.32	0.67
DASS	97.3	13.5	109.1	7.0	6.73	.000	15.3	8.37	1.10
Dep	32.2	5.3	36.1	3.7	5.18	.000	5.39	2.41	0.74
Anxiety	32.2	5.3	36.3	3.0	5.73	.000	5.48	2.67	0.76
Stress	32.8	4.5	36.7	2.9	6.13	.000	5.11	2.62	0.85

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale; Dep = Depression CI = Confidence interval; LL = Lower limit; UL = Upper limit

*df=148, ***p < 0.001 **p < 0.01, *p < 0.05*

Table 45 displays the gender differences regarding study variables. The table shows significant results on all scales with respect to gender. Mean scores of female

adolescents are higher on Dysfunctional Separation-individuation Scale and DASS and its subscales (depression, anxiety, stress) as compared to male adolescents. However, scores of male adolescents are higher on Healthy Separation and Behavior Autonomy Scale as compared to female adolescents. Statistically significant difference was found in relation to dysfunctional separation-individuation ($t = 8.44, p < .001$) healthy separation ($t = 7.77, p < .001$) behavior autonomy ($t = 4.10, p < .001$) DASS ($t = 6.73, p < .001$) Depression ($t = 5.18, p < .001$) Anxiety ($t = 5.73, p < .001$) and stress ($t = 6.13, p < .001$). Hence significant statistical differences exist between male and female adolescents on these scales.

Discussion

Pilot study was conducted on a sample of male ($N = 75$) and female ($N = 75$) adolescents fulfilling the criteria for the current study. Pre-testing on adolescents was required in order to assess the effectiveness and applicability of the measuring instruments. There was limited data from previous studies in Pakistan to inform this process; hence a large sample for pilot study was taken. Research suggests that with large sample size there are less chances of random error with regard to self-reporting (Rothman, 2002). This pilot study was worthwhile in making improvements to the study design and the research process. Specific concerns were also under consideration such as testing the adequacy of the research instruments, identifying potential practical problems in following the research procedure for example, whether the participants understood the questions and were prepared to answer them, whether closed questions would offer suitable options, and whether open questions were also

needed to elicit unpredictable responses. Convenience sampling technique was used to take the sample from the targeted population. The use of convenience sampling technique presents limitations in terms of generalizability, however the practice is quite common in other studies exploring this transitional period, as well as when examining variables like the ones in the current study (Cross et al., 2000; Manzi et al., 2006; Rice et al., 1990).

The research questionnaires consisted of 78 self-report items. A separate demographic questionnaire was developed for the research that required information from the participants of the study regarding their age, gender, and socio-economic status. All these demographic variables were used to describe the characteristics of the sample.

The pilot study was conducted to pre-test the measuring instruments in order see the trends and directions of the study. The results have indicated that Dysfunctional Separation-individuation scale is a strong and promising measure and a clinical screening assessment tool which has clear utility for therapists in clinical settings and counselors in practice. It has differentially unveiled healthy and dysfunctional separation-individuation in individuals. Other objectives of this study were to examine how adolescents perceive their parents and how their perception of parents impacts their own behavior autonomy. In this context, the results of the pilot study have provided substantial data. Depression Anxiety and Stress Scale has also proved to be effective in measuring the negative emotional states of adolescents. The findings of the pilot study have provided a general understanding of the variables to be studied in the main study. The analyses have shown meaningful correlations

among all the scales and the findings of the current study are in the expected direction.

The effect of gender on dysfunctional separation-individuation, healthy separation, behavior autonomy and psychological stress were also examined which has provided potential results. Results have revealed that males and females differ with regard to dysfunctional separation-individuation, healthy separation, behavior autonomy and psychological stress. Overall, female adolescents have scored higher on dysfunctional separation-individuation and psychological stress as compared to male adolescents. Although the results of the current study are in the hypothesized direction but due to cultural differences it may not be possible to reach at any conclusion on the basis of the findings of the pilot study and results of the main study would provide a clear picture.

Part III (Main Study)

Part III pertains to the main study. It was conducted to examine the objectives and to test the hypotheses formulated for the current research. The process of dysfunctional separation-individuation, healthy separation, behavior autonomy, and psychological stress was examined among adolescents ($N = 600$) in the main study.

Study 1

Study 1 was carried out on an adolescent sample ($N = 600$) between the ages of 12-18 years in order to study the process of dysfunctional separation-individuation, healthy separation, behavior autonomy and psychological stress among adolescents and to identify adolescents having high levels of psychological stress. Ethical approval for conducting the research was sorted out from the Department of Psychology, Ethics Committee (DPEC), IIUI. In order to conduct this study, convenience sampling technique was chosen to select the adolescents' sample (male $N = 300$ and female $N = 300$). This sample was taken from Urdu medium (male and female) government educational institutions, Government Colleges (male and female), and from English medium (male and female) private educational institutions of Rawalpindi and Islamabad (Pakistan). These educational institutions were categorized according to socio-economic status. After seeking permission from the respective head of the institutions, the respondents fulfilling the requirements of the study were approached from each institution. They were briefed about the research

procedure and informed consent was taken from them. The scales were administered on the prospective sample and hence data was collected from them.

Participants

600 adolescents (male $N = 300$ and female $N = 300$) between the ages of 12 to 18 years ($M = 15.14$, $SD = 1.98$) were taken from different educational institutions of Rawalpindi and Islamabad (Pakistan) for the current study. This study utilized convenience sampling (non-probability sampling technique) for selecting the sample. All participants were of the Pakistani nationality. The demographic variables were the adolescent's ages, gender, and socio-economic status. Information regarding these demographic variables was collected from the participants. The adolescents were further categorized into three age groups: 12 to 14 years of adolescents were considered as belonging to the early adolescent group, 15 to 16 years of adolescents belonged to the middle adolescent group, and 17 and 18 years of adolescents belonged to the late adolescent group. The participants were taken from upper, middle, and low socio-economic status. Low socio-economic status group was taken from Urdu medium (male and female) high schools, middle socio-economic status group was taken from Government (male and female) colleges, and high socio-economic status group was taken from English medium (male and female) private educational institutions.

Selection of participants. The following selection criteria were adopted for the sample:

1. The size of the sample was $N = 600$.
2. An equal number of male and female high school and college students between the ages of 12-18 years.
3. Participants' demographic variables were:
 - a) age b) gender and c) socio-economic status.

Participation in the current study was voluntary. On the basis of the above criteria school / college students were approached in person. The process involved introductory letter to the head of institutions explaining the purpose of the research and seeking their permission to collect data from their respective institutions. Consent was sorted out from the selected head of educational institutions. They made special arrangements and scheduled days to manage data collection. Eight head of the institutions initially complied with our request in data-collection from their institutions but later on two schools / colleges after an initial internal process of review by the administrative staff declined approval.

Demographic information. Demographic information included the target adolescent's age, gender and socio-economic status. These demographics were used as "control variables" in the current study.

Participants; $N = 600$ adolescents (male $N = 300$ and female $N = 300$).

Age (12-18 years)

Socio-economic status (Upper, middle and lower)

Instruments

Translated Urdu versions of the following instruments were used for Part III of the study.

1. Dysfunctional Separation-individuation Scale.
2. Healthy Separation Scale.
3. Behavior Autonomy Scale.
4. Depression Anxiety Stress Scale.
5. Demographic Questionnaire (It was administered to collect information regarding age, gender and socio-economic status of the adolescents' sample).

Dysfunctional Separation-individuation Scale. Dysfunctional Separation-individuation Scale (DSIS: Lapsley et al., 2001) is a self-report measure used for the current study. It was translated into Urdu language by the researcher. The measure comprises of 19 items with a minimum score of 19 and a maximum score of 190. The items are presented as declarative statements, based on 10 point response scale format ranging from 1('not / least characteristic of me') to 10 ('very characteristic of me'). High scores on the scale indicate greater dysfunction in separation-individuation. The measure had internal consistency of .63 as determined by Cronbach's alpha for the current study.

Healthy Separation Scale. Healthy Separation Scale (HS: Levine, Green, & Millon, 1986) was developed to assess healthy separation in adolescents. The translated Urdu version of the scale was used for the current study. It is a 7 item, self-

administered scale, designed for the adolescents and general adult population with likert scale response format. Responses are made on a 5 point Likert-type scale. High scores on the scales indicate healthy separation. The administration of the scale requires 4 minutes on average. There is no recoding of items. Alpha reliability of the scale for the current study is .52.

Behavior Autonomy Scale. Behavior Autonomy Scale (Peterson, 1986) is an instrument for use with adolescents. It was translated into Urdu language for the current study. It is a 10 items self-report measure. Responses are made on a four point likert scale response format. Responses range from 1 (strongly disagree) to 4 (strongly agree). High scores on the scales indicate high behavior autonomy. The Cronbach's Alpha reliability of the scale is .61 for the current study.

Depression Anxiety and Stress Scale (DASS). Depression, Anxiety and Stress Scale (DASS; Lovibond & Lovibond, 1995) is a 42 item self-report instrument, designed to measure negative emotional states (depression, anxiety and stress) in adolescents. It was translated into Urdu language for the current study. It is a measure with a four point likert scale response format. Response options range from 0 to 3 scale with (0) *did not apply to me at all* and (3) *applied to me very much, or most of the time*. The respondents are required to rate the extent to which they have experienced each state over the past week. The scores of respondents are evaluated according to the severity-rating index. For the current study Cronbach's Alpha reliability of the scale is .86 and the alpha reliability co-efficient of its subscales ranges from .65 to .68.

Procedure

Initially the Board of Advanced Study Research (BASR) approved the current study. Approval of the research proposal by the BASR indicates that the study was in concordance with the code of research ethics. The potential participants provided their consent for taking part in the research and took responsibility for any kind of potential risks or benefits of participating in the research. It was followed by taking pertinent information of the participants of the current study on a brief demographic questionnaire (see Appendix H). However, the specified guidelines and ethical practices further provided by the BASR were followed. The procedures of research prior to implementation were also approved by the review board of all institutions that allowed data collection. The translated Urdu versions of the scales (i.e., Dysfunctional Separation-individuation Scale, Healthy Separation Scale, Behavior Autonomy Scale, and DASS) were used for the current study. The ages of the adolescents' sample (male $N = 300$ and female $N = 300$) ranged from 12 to 18 years. The technique chosen for selecting the sample was convenience sampling. The participants' ages were further categorized into three groups: 12 to 14 years of adolescents were considered as belonging to the early adolescent group, 15 to 16 years of adolescents belonged to the middle adolescent group, and 17 to 18 years of adolescents belonged to the late adolescent group. The sample was taken from upper, middle, and low socio-economic status. Low socio-economic status group was taken from Urdu medium (male and female) high schools, middle socio-economic status group was taken from Government (male and female) colleges, and high socio-economic status group was taken from English medium (male and female) private educational

institutions. The demographic variables were the adolescent's gender, age, and the socio-economic status. The researcher as per research ethics sought permission from the head of institutions to recruit students to participate in the study. When the permission was granted by the head of the institutions, the respondents were approached in groups, categorized according to the socio-economic status. The script of recruitment (consent) appears in Appendices (see Appendix F). The participants were briefed about the research being carried out and were assured that all the information taken from them would be kept confidential and only be used for the research purpose. The participants were instructed to read a covering letter before responding to the questionnaires. They were provided with a debriefing sheet that described the purpose of the study (See Appendix N). In addition, the participants were asked to give their consent for participation in the research. Upon gaining the participants' consent, they were requested to provide certain demographics about themselves. The demographic questionnaire was developed for the current study in order to obtain participants' pertinent information about their gender, age, and socio-economic status. The participants were given instructions outlining ethical issues such as consent, confidentiality, voluntarily participation, and anonymity. Complete confidentiality and security of data was ensured to the participants. The participants were given the right to decline participation at any stage of the study after intimating the researcher. Participants were notified about the length of the tests prior to test administration. Questionnaire booklets were distributed among the participants and they were asked to complete the questionnaires in their classrooms during school / college hours. Once the respondents were comfortable, the instructions were given to them about the scales. They were asked to complete a set of questionnaire and to give

their responses as honestly as they could. The participants were requested to rate items on all the scales and try not to leave any item of the scales unanswered. The participants on an average took one hour to complete the questionnaires. The data was personally collected by the researcher. The questionnaire booklet used for the current study contained the following questionnaires:

1. Demographic questionnaire
2. Dysfunctional Separation-individuation Scale
2. Healthy Separation Scale (HS)
3. Behavior Autonomy Scale
4. Depression Anxiety Stress Scale (DASS)

The questionnaires were administered on the adolescents' sample. No monetary or any other incentive was given to the students for their participation in the research. After data collection all the questionnaires were compiled and entered into SPSS (version 17). This was followed by cleaning the data. Hence as per requirement of the research, data was collected for the main study.

RESULTS

The research findings were analyzed in the following pattern.

1. Relationship between adolescents' dysfunctional separation-individuation, healthy separation, behavior autonomy, depression, anxiety, and stress.
2. Gender differences in adolescent's dysfunctional separation-individuation, healthy separation, behavior autonomy, depression, anxiety, and stress.
3. Age differences in adolescents' dysfunctional separation-individuation, healthy separation, behavior autonomy, depression, anxiety, and stress.
4. Socio-economic differences in adolescents' dysfunctional separation-individuation, healthy separation, behavior autonomy, depression, anxiety, and stress.

The data for the current study was analyzed using SPSS for windows version 17 (SPSS for windows, 2007).

Data Analyses

After data screening, preliminary analyses were conducted to find descriptive analyses of the population. Statistical comparisons were made for adolescents' gender, age, and socio-economic status (upper, middle and lower). Pearson correlations, multiple regression analyses, t-test and ANOVA were used to examine the variables. Hierarchical multiple regression analyses were used to test prediction. All the results of these analyses are presented below in tabular form.

Table 46

Mean scores, Standard Deviations, Alpha Reliability coefficients, Kurtosis and Skewness on Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale, DASS and its subscales (N=600)

<i>Variable</i>	<i>Mean</i>	<i>SD</i>	<i>α</i>	<i>Kurtosis</i>	<i>Skewness</i>
DSI	67.7	12.5	.66	-.04	.44
HS	23.3	6.2	.64	-.66	.09
BA	20.1	5.2	.77	-.39	.41
DASS	97.6	12.5	.83	-.79	.07
Depression	32.1	5.1	.63	-.79	-.02
Anxiety	32.4	4.8	.60	-.61	-.10
Stress	33.0	4.4	.60	-.53	-.10

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale.

Table 46 displays the descriptive statistics of key variables in study 1. The table shows the mean scores, standard deviations, kurtosis and skewness of adolescents' scores on major study variables. The mean scores and standard deviation of the adolescents on DSIS are $M = 67.7$ and $SD = 12.5$, the mean scores and standard deviation scores of adolescents on Healthy Separation Scale are $M = 23.3$ and $SD = 6.2$, the mean scores and standard deviation scores of adolescents on Behavior Autonomy Scale are $M = 20.1$ and $SD = 5.2$, the mean scores and standard deviation scores of adolescents on DASS are $M = 97.6$ and $S = 12.5$, mean scores and standard deviation scores of adolescents on Depression (subscale of DASS) are $M = 32.1$ and

$SD = 5.1$ mean scores and standard deviation scores of adolescents on Anxiety (subscale of DASS) are $M = 32.4$ and $SD = 4.8$, mean scores and standard deviation scores of adolescents on Stress (subscale of DASS) are $M = 33.0$ and $SD = 4.4$.

Table 47

Correlation matrix between Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale, DASS and its subscales (depression, anxiety, stress) (N=600)

Variable	1	2	3	4	5	6	7
1. DSI	-	-.42**	-.40**	.52**	.45**	.44**	.46**
2. HS		-	.52**	-.46**	-.38**	-.39**	-.43**
3. BA			-	-.46**	-.38**	-.42**	-.40**
4. DASS				-	.88**	.87**	.84**
5. Depression					-	.65**	.61**
6. Anxiety						-	.61**
7. Stress							-

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale.

** $p < 0.01$

Table 47 displays the results of bivariate correlation analyses on Dysfunctional separation-individuation scale, Healthy separation scale, Behavior autonomy scale, composite score on DASS and scores on depression, anxiety and stress (subscales of DASS). The table reports a matrix of correlation coefficients that addresses our first

hypothesis regarding the relationship between dysfunctional separation-individuation, autonomous functioning and psychosocial stress in adolescents. The table shows significant correlation among all scales and subscales at $p < 0.01$. All the study variables are highly correlated. DASS is highly and positively correlated with its subscales; depression ($r = .88, p < .01$) anxiety ($r = .87, p < .01$) and stress ($r = .84, p < .01$). Depression scale is positively correlated with Anxiety ($r = .65, p < .01$), and Stress scale ($r = .61, p < .01$). Healthy separation and behavior autonomy are moderately correlated ($r = .52, p < .01$). Dysfunctional Separation-individuation and DASS have a positive significant relationship ($r = .52, p < .01$). Respondents who reported high dysfunctional separation individuation also reported high depression, anxiety and stress. The results reveal that Healthy separation has an inverse significant relationship with dysfunctional separation individuation ($r = -.42, p < .01$), DASS ($r = -.46, p < .01$), depression ($r = -.38, p < .01$), anxiety ($r = -.39, p < .01$) and stress ($r = -.43, p < .01$). Behavior autonomy also has an inverse significant relationship with dysfunctional separation individuation ($r = -.40, p < .01$), DASS ($r = -.46, p < .01$), depression ($r = -.38, p < .01$), anxiety ($r = -.42, p < .01$) and stress ($r = -.40, p < .01$).

Table 48

Hierarchical Multiple Regression Analyses predicting Psychological Stress from Dysfunctional separation-individuation and Behavior Autonomy (N=600)

Predictor	B	SE(B)	β	R^2	ΔR^2	F	Sig
Step 1							
Constant	62.522	2.405					
DSI	.517	.035	.519	.269		220.060	.000
Step 2							
Constant	85.302	3.542					
DSI	.396	.036	.396			220.060	.000
BA	-.720	.086	-.303	.346	.077	70.460	.000

Note. Step 1. Predictor: DSI=Dysfunctional separation-individuation; Step 2. DSI= Dysfunctional separation-individuation, BA=Behavior Autonomy; Criterion: DASS= Depression Anxiety Stress scale.

**** $p < 0.001$**

Table 48 shows the proportion of variance explained by Dysfunctional Separation-individuation and Behavior Autonomy on Psychological Stress. Results revealed that Dysfunctional separation-individuation positively and significantly predicts Psychological Stress whereas Behavior Autonomy negatively predicts Psychological Stress. Dysfunctional Separation-individuation accounted for 27 % variance in Psychological Stress whereas Behavior Autonomy accounted for 8% variance in Psychological Stress. The combined effect of dysfunctional separation-individuation and behavior autonomy accounted for 35% variance in adolescents' psychological stress.

Table 49

Hierarchical Multiple Regression Analyses predicting Depression from Dysfunctional separation-individuation and Behavior Autonomy (N=600)

Predictor	B	SE(B)	β	R ²	ΔR^2	F	Sig
Step 1							
Constant	19.617	1.032					
DSI	.185	.015	.451	.203		152.468	.000
Step 2							
Constant	27.094	1.557					
DSI	.145	.016	.353			152.468	.000
BA	-.236	.038	-.242	.252	.049	100.744	.000

Note. Step 1. Predictor: DSI=Dysfunctional separation-individuation; Step 2. DSI= Dysfunctional separation-individuation, BA=Behavior Autonomy; Criterion: Depression.

**** $p < 0.001$**

Table 49 shows the proportion of variance explained by Dysfunctional Separation-individuation and Behavior Autonomy on depression. Results revealed that Dysfunctional separation-individuation positively and significantly predicts depression whereas Behavior Autonomy negatively predicts depression. Dysfunctional Separation-individuation accounted for 20 % variance in Depression whereas Behavior Autonomy accounted for 5% variance in Depression. The combined effect of dysfunctional separation-individuation and behavior autonomy accounted for 25% variance in adolescents' depression.

Table 50

Hierarchical Multiple Regression Analyses predicting Anxiety from Dysfunctional separation-individuation and Behavior Autonomy (N=600)

Predictor	B	SE(B)	<i>B</i>	<i>R</i> ²	ΔR^2	<i>F</i>	Sig
Step 1							
Constant	21.051	.975					
DSI	.168	.014	.437	.191		141.135	.000
Step 2							
Constant	29.532	1.450					
DSI	.123	.015	.319			141.135	.000
BA	-.268	.035	-.293	.263	.072	106.487	.000

Note. Step 1. Predictor: DSI=Dysfunctional separation-individuation; Step 2. DSI= Dysfunctional separation-individuation, BA=Behavior Autonomy; Criterion: Anxiety.

**** $p < 0.001$**

Table 50 shows the proportion of variance explained by Dysfunctional Separation-individuation and Behavior Autonomy on Anxiety. Results revealed that Dysfunctional separation-individuation positively and significantly predicts Anxiety whereas Behavior Autonomy negatively predicts anxiety. Dysfunctional Separation-individuation accounted for 19 % variance in Depression whereas Behavior Autonomy accounted for 7% variance in Anxiety. The combined effect of Dysfunctional Separation-individuation and Behavior Autonomy accounted for 26% variance in adolescents' anxiety.

Table 51

Hierarchical Multiple Regression Analyses predicting Stress from Dysfunctional separation-individuation and Behavior Autonomy (N=600)

Predictor	B	SE(B)	β	R ²	ΔR^2	F	Sig
Step 1							
Constant	21.853	.893					
DSI	.165	.013	.461	.212		161.336	.000
Step 2							
Constant	26.677	1.342					
DSI	.128	.014	.359			161.336	.000
BA	-.216	.033	-.254	.266	.054	44.020	.000

Note. Step 1. Predictor: DSI=Dysfunctional separation-individuation; Step 2. DSI= Dysfunctional separation-individuation, BA=Behavior Autonomy; Criterion: Stress.

**** $p < 0.001$**

Table 51 shows the proportion of variance explained by Dysfunctional Separation-individuation and Behavior Autonomy on Stress. Results revealed that Dysfunctional separation-individuation positively and significantly predicts Stress whereas Behavior Autonomy negatively predicts Stress. Dysfunctional Separation-individuation accounted for 21 % variance in Stress whereas Behavior Autonomy accounted for 5% variance in Stress. The combined effect of Dysfunctional Separation-individuation and Behavior Autonomy accounted for 27% variance in adolescents' stress.

Demographic Variables

Independent t-test and one-way analysis of variance (ANOVA) were performed to analyze the difference between participants on the independent variable based on the demographic variables. Demographic variables were participants' gender, age and socio-economic status.

Table 52

Mean scores, Standard Deviation and t-values on Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale and DASS and its subscales (depression anxiety stress) with respect to gender (N=600)

Variable	Male		Female		<i>t</i> (<i>n</i> =598)	<i>p</i>	95%CI		Cohen's
	(n=300)		(n=300)				<i>LL</i>	<i>UL</i>	<i>D</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>					
DSI	65.9	11.7	69.6	13.0	3.61	.000	5.65	1.67	0.294
HS	24.0	6.2	22.5	6.1	3.02	.003	.537	2.52	0.258
BA	20.1	4.9	20.1	5.6	.093	.926	.806	.886	0.007
DASS	96.1	13.1	99.0	11.6	2.85	.005	4.89	.900	0.233
Depression	31.6	5.1	32.6	5.0	2.19	.029	1.74	.095	0.180
Anxiety	32.0	5.1	32.8	4.4	1.83	.067	1.49	.051	0.150
Stress	32.3	4.6	33.6	4.1	3.47	.001	1.97	.546	0.285

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

The above table displays gender differences regarding study variables. Table 52 shows statistically significant results on Dysfunctional Separation-individuation Scale (DSIS) ($t = 3.61, p < .001$), Healthy Separation Scale (HS) ($t = 3.02, p < .001$), DASS ($t = 2.85, p < .001$) and its subscales; depression ($t = 2.19, p < .05$); and stress ($t = 3.47, p < .001$) with respect to gender. However, mean scores of female adolescents are high on Dysfunctional Separation-individuation Scale and DASS as compared to male adolescents' mean scores. Hence significant statistical differences exist between male and female adolescents.

Table 53

Mean scores and Standard Deviation showing differences with respect to age groups on Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale and DASS with its subscales (depression anxiety stress) (N=600)

Variable	Group 1		Group 2		Group 3						
	12 & 14 years		15 & 16 years		17 & 18 years						
	Early (n=232)		Middle (n=164)		Late (n= 204)		95% CI				
	M	SD	M	SD	M	SD	F	i-j	SE	LL	UL
DSI	69.6	12.9	66.8	11.8	66.4	12.4	4.35*	1>2>3	.512	66.8	68.8
HS	21.5	6.3	24.3	6.1	24.4	5.6	15.7***	3>2>1	.254	22.8	23.8
BA	19.3	5.0	20.8	5.6	20.5	5.1	5.18**	2>3>1	.215	19.7	20.6
DASS	99.3	12.5	97.4	13.0	95.7	11.7	4.67*	1>2>3	.510	96.6	98.6
Depression	32.7	5.2	32.1	5.3	31.5	4.7	2.92*	1>3>2	.210	31.7	32.6
Anxiety	33.1	4.6	32.3	4.8	31.7	4.8	4.15*	1>2>3	.197	32.0	32.8
Stress	33.5	4.4	32.9	4.5	32.4	4.4	3.56*	1>2>3	.183	32.7	33.4

Note. DSI=Dysfunctional separation-individuation; HS=Healthy separation; BA=Behavior Autonomy; DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

df= 597, *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Table 53 shows high mean scores on dysfunctional separation-individuation scale and DASS among adolescents categorized as the early adolescents as compared to middle and late adolescents. One way ANOVA indicated that late adolescents (17 to 18 years) reported healthy separation ($M = 24.4$, $SD = 5.6$; $F(15.7) p < .001$), and middle adolescents (15 to 16 years) reported behavior autonomy ($M = 20.8$, $SD = 5.6$; $F(5.18) p < .01$) as compared to other age groups.

Table 54

One way ANOVA indicating Mean scores and Standard Deviation on Dysfunctional Separation-individuation Scale (DSIS), Healthy Separation Scale (HS), Behavior Autonomy Scale and DASS with its subscales (depression anxiety stress) with respect to SES (N=600)

Variable	Group I		Group II		Group III		F	i-j	SE	95% CI	
	Low (n=200)		Middle (n=200)		High(n =200)					LL	UL
	M	SD	M	SD	M	SD					
DSI	73.5	12.8	67.8	11.4	62.0	10.4	48.9***	1>2>3	.512	66.8	68.8
HS	19.3	5.0	24.0	6.2	26.4	5.0	85.4***	3>2>1	.254	22.8	23.8
BA	17.5	3.6	20.5	5.5	22.4	5.2	50.6***	3>2>1	.215	19.7	20.6
DASS	103.9	12.1	98.9	10.7	90.0	10.3	80.5***	1>2>3	.510	96.6	98.6
Depression	34.3	4.8	32.6	4.6	29.4	4.5	56.4***	1>2>3	.210	31.7	32.6
Anxiety	34.4	4.6	32.8	4.2	30.0	4.4	50.7***	1>2>3	.197	32.0	32.8
Stress	35.0	4.3	33.4	3.9	30.5	3.9	63.8***	1>2>3	.183	32.7	33.4

Note. DSI = Dysfunctional separation-individuation; HS = Healthy separation; BA = Behavior Autonomy; DASS = Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit; SES = socio-economic status

df=597, *** $p < 0.001$, ** $p < 0.01$, * $p < 0.05$

Low, middle and high socio-economic status groups were equivalent in number of participants. In order to find socio-economic differences among low, middle and high socio-economic status groups on all main variables, ANOVA was run which yielded significant differences. Table 54 shows highly significant results on dysfunctional separation-individuation, healthy separation, behavior autonomy and DASS and its subscales. Overall, dysfunctional separation-individuation, low behavior autonomy and psychological stress (depression, anxiety and stress) is seen in adolescents belonging to low socio-economic status group as compared to adolescents belonging to middle and high socio-economic status groups.

Table 55

Low Behavior Autonomy group Gender Cross tabulation

BA groups		Male (N = 92)	Female (N = 110)
Low BA group	Percentages within BA group	45.5%	54.5%

Note. BA = Behavior Autonomy

Table 55 displays the percentages of male and female adolescents in low behavior autonomy group.

Table 56

High Behavior Autonomy group Gender Cross tabulation

BA groups		Male (N = 106)	Female (N = 105)
High BA group	Percentages within BA group	50.2%	49.8%

Note. BA = Behavior Autonomy

Table 56 shows the percentages of male and female adolescents in high behavior autonomy group.

Table 57Percentages of demographic characteristics of the participants (*N* = 600)

Demographic variable	Percentages
Gender	
Male	50%
Female	50%
Age	
12-14	38.7 %
15-16	27.3 %
17-18	34 %
Socio-economic status	
Upper	33.3%
Middle	33.3%
Lower	33.3%

DISCUSSION

The aim of the current research was an attempt to obtain an understanding of developmental tasks in adolescence and elucidate the process of separation-individuation and autonomy in adolescents. It has been illustrated in the current study that developmental trajectories place adolescents at risk, impede their life functioning, and develop psychological stress in them. The findings are assumed to be consistent with previous researches conducted to explore and test variables employed in the current study. However, differences in results were anticipated due to cultural variations which have been discussed in this chapter of the current study.

Adolescence is a fascinating period of life that is marked by numerous pubertal changes and developmental tasks. These developmental tasks involve the process separation-individuation and autonomy from one's parents. The successful negotiation of separation-individuation encompasses increasing autonomous functioning, achieving more self-reliance, relinquishing parental dependencies, and forming one's own sense of individuation. Adolescence is a period of incredible changes and varied experiences that can lead individuals to potential risks and rewards. The major developmental tasks of adolescents such as separation-individuation and autonomy development are regarded as prerogatives of the western culture. There is limited research on how these development tasks occur in Asian-American families (Ying & Lee, 1991; Agbayani-Siewert, 2004). Moreover, little attention has been devoted to systematically examine the linkages among these variables in adolescents and the deleterious effects that result due to the unsuccessful

negotiation of these tasks in the cultural context. Hence, the focus of the current study was to find whether dysfunctional separation-individuation and low autonomy predict psychological stress in adolescents. Literature review has revealed that separation and individuation are the major goals of adolescence (Hoffman, 1984; Hoffman & Weiss, 1987; Levitz-Jones & Orlofsky, 1985; Rice et al., 1990; Teyber, 1983). Researchers also regard behavior autonomy as an important developmental milestone to be achieved during this period of life (Peterson, Steinmetz, & Wilson, 2005). Hoffman (1984) found that unresolved developmental tasks, such as dysfunctional separation-individuation and low autonomy are considerable sources of psychological stress in adolescents. Previous researches have provided empirical evidence that dysfunctional psychological separation from parents is related to psychological distress and personal adjustment problems in a college population (Cooper, Grotevant, & Condon, 1983; Hoffman & Weiss, 1987; Lucas, 1997). However, it is an individual's ability to respond to various physical, mental, and emotional stressors of life adequately. Individuals' inability to respond effectively to the developmental changes and transitional experiences enhances their susceptibility to psychological stress. The nature and intensity of stress impacts healthy functioning of adolescents. Although current researches do not regard adolescence as a time of 'storm and stress' (Grotevant, 1998; Steinberg & Silk, 2002) yet it is a difficult stage of development as the adolescents are faced with new and varied challenges (Zimmer-Gembeck & Skinner, 2008).

The first hypothesis of the current study was formulated in an attempt to demonstrate the relationship of separation-individuation with autonomy and psychological stress in adolescents. Analyses of the data provides evidence of

significant robust correlations among the study variables and as hypothesized results of the current study indicate and provide convincing evidence that there is a significant association between dysfunctional separation-individuation, low behavior autonomy and psychological stress in adolescents. Consistent with the separation-individuation theory (Blos, 1967, 1979), the current research has increasingly demonstrated that separation-individuation and autonomy development are important tasks that adolescents are required to accomplish. It can be assertively stated that what is considered normative and "age-appropriate" is somehow culture-based. Different theoretical perspectives have helped us in understanding whether these psychological constructs are indicators of psychological health or not. However, it is potentially important to acknowledge the distinctive part played by separation in fostering individuation and autonomy in Pakistani adolescents also. The findings of the current study further revealed significant negative correlation between adolescents' dysfunctional separation-individuation and healthy separation. The results of the current study have also yielded a positive correlation between adolescents' healthy separation and behavior autonomy.

Like separation-individuation, autonomy development also helps in facilitating optimal functioning in adolescents. The second hypothesis of the current study that low autonomy in adolescents is positively correlated with psychological stress as compared to high autonomy in adolescents has also been approved. Previous research regarded autonomy development in adolescents as prerogative of the western culture (Markus & Kitayama, 1991). However, the findings of the current study lend support to Helwig's (2006) review that provided ample empirical evidence that developmental trajectories towards autonomy are same across different cultures. However, our

research findings have yielded trends for moderate separation-individuation and autonomous functioning in adolescents. Kagitcibasi (2006) also documented that the process of separation-individuation takes place in every culture but the need for autonomous functioning is high in individualistic cultures. Previous researches have unfolded unprecedented advances in understanding the dimensions and diversity of ways in which autonomy as a psychological construct has been conceptualized. The role of autonomy as a developmental task cannot be understated. Delegation and sharing of family responsibilities with the adolescents and involving them in making decisions regarding personal and family issues are normative in many societies and cultures as these help the adolescents to gain competencies. In the current study, adolescents' perception of parental autonomy granting was not separately assessed for mothers and fathers that could have revealed interesting results in the cultural context.

The third research hypothesis that dysfunctional separation-individuation and low autonomy predict psychological stress in adolescents has also been supported. The results of hierarchical multiple regression analyses are found to be in the hypothesized direction and have revealed that dysfunctional separation-individuation and low behavior autonomy have a significant influence on adolescents' psychological stress. Every individual begins a dependent life in which he has to rely on caregivers for the fulfillment of his needs but in order to function autonomously in an adult world; his transition from dependence to independence is all the more important. Difficulties in separation-individuation and establishing autonomy in adolescents play a role in the development of psychological stress. Previous researches have attempted to document developmental significance of such antipathies and provided opportunities to highlight the importance of these

developmental processes in the optimum functioning of individuals for e.g., Edidin and Gaylord-Harden (2009) found that dysfunctional separation-individuation and low autonomy predict higher levels of internalizing symptoms. Consistent with previous research which indicates that adolescents who lack autonomy suffer from psychological vulnerabilities that may lead to internalizing problems (Beck, 1983), our research findings have also suggested that low autonomy predict psychological stress in adolescents. Kobak, Sudler, and Gamble (1991) also suggested that lack of opportunity to develop autonomy may contribute to a vulnerability to psychological stress during adolescence. Furthermore, the current study has revealed that adolescents have reported moderate psychological separation-individuation and autonomy attributes. These findings are consistent with previous researches (Hoffman, 1984; Hoffman & Weis, 1987). Researchers have found that autonomy development is a basic need of individuals for personal and interpersonal growth (Cohler & Geyer, 1982; Ryan & Deci, 2000). However, the type of autonomy for a certain culture may have different weightage (Markus & Kitayama, 2003; Ræff, 2004; Kagıtcıbası, 2005). Hence, the findings of the current study correspond to previous research findings. When all the independent variables were entered into the regression equation hierarchically, dysfunctional separation-individuation and behavior autonomy appeared as significant contributors of stress among adolescents. Behavior autonomy has a significant incremental effect on stress after the effect of dysfunctional separation-individuation was accounted for. It can be summarized that the current findings denote that dysfunctional separation-individuation and low behavior autonomy are critical factors that contribute in the development of stress in adolescents. It can also be implied that dysfunctional separation-individuation and

low behavior autonomy are risk factors for stress among adolescents. Frank, Poorman, Van Egeren, and Field (1997) found that dysfunctional separation-individuation predicted both interpersonal and self-critical concerns. Pakistani adolescents socialized in a family context that values interdependence and societal norms perceive themselves as a part of that supportive family environment. Most of the adolescents respect their parents' ideas and decisions and show compatibility when interacting with parents and adults. The moderate levels of separation-individuation and behavior autonomy in adolescents as revealed through the results of the current research suggest that levels of separation-individuation impede the development of autonomy in adolescents. A large body of research on the dysfunctional psychological separation from parents has been linked to psychological symptoms of distress in a college population (Cooper, Grotevant, & Condon, 1983; Hoffman & Weiss, 1987; Lucas, 1997; Rice, Fitzgerald, Whaley, & Gibbs, 1995). The current study has revealed moderate levels of separation-individuation and behavior autonomy in adolescents which suggest that Pakistani society somehow values connectedness and cohesion between parents and children. However, the results of the current study are also indicative of the changing trends. Kwak (2003) and Kagiticibasi (2003) concluded that individuals belonging to collectivistic families develop autonomy with a slow pace than those from individualistic cultures. Likewise, Tseng and Hsu (1991) posited that Asian children may not attain the level of psychological maturity until they are in their 30s. The moderate levels of separation-individuation and behavior autonomy in Pakistani adolescents can further be analyzed in the cultural context. In this connection, researchers have demonstrated the impact of social changes and the trends of globalization on the adolescents' physical, social and psychological development

separation-individuation, low level of autonomy and psychological stress is high in female adolescents as compared to male adolescents has also been approved. In the current research, the researcher has introduced arbitrary cutoff points to determine the low and high level of behavior autonomy. For this purpose 33% upper and 33% lower cases were selected. The contribution of gender variable was assessed by performing t-test. The analysis confirmed the hypothesis and elicited significant gender differences on the dysfunctional separation-individuation, healthy separation, behavior autonomy, and psychological stress scales. The findings of the current study are in line with the theoretical assumptions and previous research findings. Previous researches reported that the patterns of dysfunctional separation-individuation are not same for male and female adolescents (Lopez, Campbell, & Watkins, 1988; Moore, 1987). Previous study has also found that girls are given less freedom than boys (Beveridge & Berg, 2007). Moreover, in Asian families, females are expected to be submissive, compliant, and more restricted than their male counterparts (Shrake & Rhee, 2004). Research has also found that girls are encouraged to remain connected to their families; whereas for boys separation from parents and individuation are considered important tasks to be negotiated during adolescence (Josselson, 1996). This reflects that males are given more opportunities for individuation and autonomous functioning. Hence culture may play a determining role in the achievement of these developmental tasks. Our results have revealed that male and female adolescents display dysfunctional separation-individuation, healthy separation, behavior autonomy, and psychological stress at different levels. Healthy separation and behavior autonomy is more pronounced in boys than in girls. The findings of the current study suggest that gender-related expectations play a vital role in the process

of socialization. Gender discrimination and inequality is inherent in the Pakistani culture. Hence, the influence of culture and socialization regarding these variables cannot be ruled out (Baltes & Silverberg, 1994; Raeff, 2006). The findings of the current study follow similar patterns for male and female adolescents as suggested by previous researches regarding the developmental changes, social experiences and health outcomes. It has also been found that gender norms, social discrimination, poor socio-economic status and abuse can increase the risk for negative impact on young girls and make them more vulnerable to negative health outcomes than boys (UNDESA, 2003). Jacobs, Bleeker, and Costantino (2003) found that parental thinking patterns concerning the abilities according to gender can effect adolescents' perceptions about their own abilities. In this respect, programmes for adolescents should be designed and made flexible to cater the differing needs of males and females. Moreover, further investigation is required to consider gender differences while implementing programmes for adolescents as females and males are valued differently in different cultures. Research has reported that male adolescents (12 to 18 years old) develop behavior autonomy earlier as compared to female adolescents (Noom et al., 2001). In another study conducted on 10th and 12th grade students, it was found that male adolescents displayed more behavior autonomy as compared to female adolescents (Dowdy & Kliwer, 1998). In this context, researches provide evidence that becoming autonomous was a more stressful experience for females than for males (Beyers & Goossens, 1999; Lamborn & Steinberg, 1993). Gender differences, from the perspective of development emerge overtime. Previous researches have reported that female adolescents start manifesting higher levels of depressive symptoms than male adolescents between the ages range of 13 to 15 years

(e.g., Allgood-Merten, Lewinsohn, & Hops, 1990; Angold, Costello, & Worthman, 1998; Angold, Weissman, John, Wickramaratne, & Prusoff, 1990. Aro & Taipale, 1987; Avison & Mc Alpine, 1992; Ge, Lorenz, Conger, Elder, & Simons, 1994; Hankin et al., 1998; Kessler, Mc Gonagle, Swartz, Blazer, & Nelson, 1993; Lewinsohn et al., 1994; Mc Gee, Feehan, Williams, & Anderson, 1992; Peterson, Sirigiani, & Kennedy, 1991; Wichstrom, 1999). These research findings are consistent with our research findings. The current study also found psychological stress to be more prevalent in females than in males. It has been found that as girls experience early menarche therefore they are at greater risk than boys for depressive experiences (Brooks-Gunn & Reiter 1990). The diathesis-stress model states that individual differences interact with environmental variables that effect human development (Caspi & Bem, 1990; Elder, 1998; Magnusson, 1988). Challenging life experiences account for rise in levels of depression in adolescents (Brooks-Gunn & Warren, 1989; Compas, Howell, Phares, Williams, & Giunta 1989; Compass, Slavin, Wagner, & Vannatta, 1986; Petersen et al., 1991). As far as the findings of the current research are concerned, gender differences are substantially apparent in adolescents in experiencing of negative emotional states. The current research found that during early adolescence girls reported more depression than boys. Previous researchers have also documented that girls at pubertal transition are more pressured to conform to feminine role, whereas boys are granted more freedom and therefore face less difficulty in adapting to masculine role (Gove & Herb, 1974; Simmons & Blyth, 1987). Hence, pubertal changes and socialization factors cannot be overlooked while interpreting the results.

The impact of age was also studied in relation to the study variables. The fifth hypothesis formulated for the current study that dysfunctional separation-individuation, low level of autonomy and psychological stress appear in early adolescents (12-14 years old) as compared to middle (15-16 years old) and late (17 to 18 years old) adolescents addresses the relationship between participants' ages and their scores on all scales. In conducting analysis of variance, adolescents' ages were treated as independent variables and dysfunctional separation-individuation, behavior autonomy and psychological stress were taken as dependent variables. It partially supported the hypothesis that separation-individuation and behavior autonomy are developmental tasks that increase with age. Post hoc ANOVA analysis identified the amount of variance each variable contributed to differences between groups.

The current study has revealed that adolescents belonging to 17 to 18 years showed higher levels of successful separation-individuation and autonomous functioning than adolescents in the age range 12 to 16 years. These findings support previous researches which suggested that during the period of late adolescence and young adulthood an individual is assumed to develop independence from parents and caregivers (Lopez, Campbell, & Watkins, 1986, 1988; Moore, 1987). Results of the current study are thus supportive of the developmental trajectories of separation-individuation and autonomy development in adolescents. Our results have indicated that early adolescents have found to underscore psychological separation from parents as compared to middle and late adolescents. It implies that early adolescents emphasize filial norms and conformity to parents and remain psychologically dependent on their parents and caregivers for a considerable period of time. Previous research has revealed that the level of healthy separation increases as the adolescents

mature in terms of age (Ponappa, 2012). However, Kruse and Walper (2008) reported small age trends for the process of separation-individuation in adolescents and young adults (age ranging from 10 to 20 years). Most of the studies cited in literature involved college students as participants. Erikson (1968) research findings in similar vein suggested that adolescents develop a stable sense of self in late adolescence. Noom et al. (2001) found a significant increase in autonomous functioning with age in Dutch adolescents between the ages of 12 to 18 years. Steinberg and Silverberg (1986) and Mc Bride-Chang and Chang (1998) also found a linear increase in adolescents' autonomy. Steinberg and Silverberg (1986) studied 5 through 9 grade adolescents, whereas McBride-Chang and Chang (1998) studied participants between the ages of 12 to 20 years. Previous researches indicate that late adolescents achieve a higher degree of autonomy than early adolescents (Douvan & Adelson, 1966; Allen et al., 2002). Decision-making power is delegated by parents to older adolescents as compared to younger adolescents. Hence, findings of the current research are consistent with findings of the previous studies.

Psychological stress in adolescents may be a reflection of adolescents' failure in resolving the stage-salient developmental tasks. Previous research has documented that adolescents are more vulnerable to depression in early and middle adolescence (Hammen & Rudolph, 2003) than in late adolescence. Some other researchers have found that during early adolescence negative emotions are quite common (Pine et al., 2001; Silveri et al., 2004; Steinberg, 2005) as early adolescents may not be psychologically prepared for multiple challenges. Researchers have documented that once an individual manifests high levels of depressive symptoms, he or she is more susceptible to such depressive experiences in the years to come (e.g., Ge Conger,

Lorenz, Shanahan, & Elder, 1995; Susman et al., 1991). Previous research has also found that during mid-adolescence hostility may emerge as a result of failure in attaining critical developmental tasks at earlier stages of development (Sroufe & Jacob-Vitz, 1989). Furthermore, the findings of the current study have revealed that gender differences in depression, anxiety, and stress are more pronounced in early adolescence (12-14 years age). Early adolescence entails significant developmental changes and hence more stressors. The consistencies in the findings reported here with researches conducted previously raise our confidence level in results of the current study.

One of the objectives of the current study was to find out the differences in dysfunctional separation-individuation, level of autonomy, and psychological stress with reference to socio-economic status in adolescents. The results of ANOVA to assess the impact of upper, middle, and lower socio-economic status on dysfunctional separation-individuation, healthy separation, level of behavior autonomy, and psychological stress produced significant differences. Hence the current study has provided substantial results and generated significant differences between groups, suggesting that adolescents who belong to high socio-economic status show less dysfunctional separation-individuation, high behavior autonomy, and less psychological stress as compared to adolescents belonging to middle and low socio-economic status. Our research findings have also revealed that socio-economic status also appear to be a significant predictor of separation-individuation, autonomous functioning, and psychological stress in adolescents. Researchers have found that individualistic qualities are displayed by adolescents belonging to higher socio-economic status (Reddy & Gibbons, 1999; Triandis, 1989). The overwhelming and

unprecedented transitional challenges combined with insufficient and limited family resources aggravate the problems for adolescents. These challenges of life are perceived as inherently damaging. Hence each family's environment, dynamics, resources, and constraints must be taken into account while studying these developmental pathways.

Conclusions

The current study empirically tested the possible role of dysfunctional separation-individuation and low autonomy in the development of psychological stress in adolescents and provided promising and substantial results. It has revealed that healthy separation- individuation and autonomy development help in facilitating optimal functioning in adolescents. The current study has offered a cultural perspective regarding developmental tasks in adolescence. It has revealed moderate levels of separation-individuation and behavior autonomy in adolescents which suggest that Pakistani society somehow values connectedness and cohesion between parents and children. However, the results of the current study are also indicative of the changing trends. It has also been found that adolescents' separation-individuation and autonomous functioning is affected by variables such as gender, age and socio-economic level.

Scope and Delimitations

There are numerous noteworthy limitations of the current study that point to directions for future research.

1. Firstly, the sample size of the study was small.
2. The study inducted adolescents between the ages of 12 to 18 years.
3. An important factor which cannot be overlooked and might have influenced the results of the current study could be participants' selection bias. Site selection may be regarded as another limitation of the current study because several educational institutions did not grant permission for data collection. The sample of the current study was fairly homogenous. The participants were school and college going students and they belonged to schools and colleges located in Rawalpindi and Islamabad (Pakistan). Lack of diversity in the sample limits the generalizability of results.
4. Convenience, non-random sampling technique was used in selecting the sample of the current study. Convenience sampling does not guarantee any assurance that the sample is representative of the population. Hence, the sample may not be representative of the population.
5. It has been suggested that cross-sectional data has to be used with caution when conclusions are to be drawn. Data was collected from diverse age groups at a single point in time. It would not be accurate to assume that the variables under study changed as the adolescents advanced in age. However, it can be concluded that adolescents had different levels of variables at different ages in the current study.

6. Self-report measures were used in the study that reflects how the participants perceived the construct being measured. The use of multi-methods, including qualitative and quantitative studies and employing interviews, questionnaires, and observational approaches provide enriched data and yield valuable results (Sprenkle & Piercy, 2005). Multiple methods approach instead of only self-report measures would be considerably beneficial and would definitely enhance the worth and quality of the research. Future researches should be oriented to examine the developmental processes (separation-individuation and behavior autonomy) and negative emotional states with multi-method approach.
7. Behavior autonomy variable was not measured separately for mothers and fathers. It is important to measure adolescents' behavior autonomy in relation to both parents. Previous research has found that adolescents of different cultural backgrounds (including Chinese, Filipino, Mexican, and European ethnicity) disagree with their mothers over several issues than with their fathers (Fuligni, 1998). The rationale for including responses from adolescents regarding both parents separately, rather than combining them, is that it allows us to measure the separate contributions of the influence of mothers and fathers on autonomy from parents. It is also suggested that future studies should include parents' reports also in order to have a better understanding of the trajectories of adolescent's development, as parents and adolescents may have different perception of the same happening or issue.

8. The Depression Anxiety Stress scale overall measures an individual's generalized negative emotional states rather than individual's stressful state alone.

Despite these limitations of research design, sampling issues, and the nature and complexity of variables employed in the current study, it is anticipated that this study would contribute to the existing knowledge regarding the nature of research variables and would elicit information about the correlates to these complex developmental tasks during adolescence.

Suggestions and Recommendations

The current research will open new and productive avenues in understanding the dynamic processes of separation-individuation and behavior autonomy at length as these processes are instrumental in sustaining the well-being of a family and health of future generations.

1. In order to gain more information about these developmental tasks, sampling can be addressed with more diversity and randomness. Cultural diversity would help in exploring pathways of adolescents' individuation and autonomy development. Future researchers should also pay attention to the exploration of differences in the developmental processes across cultures.
2. Detection of endogenous and exogenous variables operating in relation to these complex developmental tasks can be explored by future researchers. The hypotheses in the study were tested using correlation and regression analyses.

Future researches should be designed in such a way that causal analyses can be performed to study the developmental trajectories at length.

3. Regarding the sample of the current study, the participants came from the same geographic area; hence anecdotal observations can only be possible. Efforts should be made to obtain a diverse sample.
4. Further research in this area that replicates our research findings, using qualitative data is however needed.
5. Longitudinal research design instead of cross-sectional study for further research is suggested as it would help in determining the correct time order between the study variables and enable the researchers to infer causality. These studies would allow researchers to explore the developmental changes in the formation of individuation and autonomy development in adolescence. Longitudinal studies should also be undertaken in order to focus on the multiple aspects of these developmental tasks in adolescents and to have a better understanding of these psychological constructs which this study lacks because of temporal restrictions. These longitudinal studies would help in examining a link between psychological separation-individuation, behavior autonomy, and psychological stress; indicating the changes that occur over time and might increase our understanding about the trajectories of adolescents at different developmental stages. There is a dire need for further research to explore this way of reasoning, as well as to make the direction of hypothesized relationship of the study variables more clear.
6. One of the caveats to the results of the current study is the use of self-report measures upon which the conclusions are based. Research findings based on

self-report measures only do not allow researchers to reach at firm conclusions with regard to study variables. The element of socially desirability should be given due consideration as this may affect the results of the study. Hence it is all the more important to study and understand the dynamics of developmental tasks from multiple perspectives (not just from adolescents' reports). More research is needed to gain better understanding about the prevalence, manifestations, and outcomes of dysfunctional separation-individuation, low autonomy and psychological stress in adolescents.

7. Further dysfunctional separation-individuation would be interesting to study as a mediating variable between parental intrusiveness and developmental outcomes.
8. In addition to self-report measures, physiological stress measures are also recommended. These would provide more insight in understanding different aspects of stress.
9. Emerging adulthood (19 years and beyond) would be a salient period to examine separation-individuation and behavior autonomy when greater variability in these developmental gains may be more apparent across families. Further research is needed to elucidate the pathways to individuation and autonomy development that may predict the transition to independent adulthood. This would be worthwhile and helpful in gaining a better understanding concerning these critical developmental milestones.
10. Scarce literature exists regarding the determinants of behavior autonomy development (Silverberg & Gondoli, 1996); hence additional research is warranted to examine how parenting practices, family environment, and social

relationships facilitate in achieving these challenging developmental tasks successfully.

11. Due to lack of prior research studies on adolescents' separation-individuation and autonomous functioning in Pakistan, future researchers are suggested to examine these developmental processes in the cultural context. It would help in gaining further clarification and provide substantial evidence regarding these developmental tasks.
12. Future research should endeavor to take into consideration the multiplicity of course that lead to adolescents' dysfunctional and unsuccessful resolution of the process of separation-individuation, low autonomy, and psychological stress. It was a delimitation and beyond the scope of the current study to incorporate the data from parents, which could be taken into consideration for further research. Family dynamics can be viewed by using the framework of separation-individuation in adolescents. It may take into account and focus on family environment, parenting styles, parenting practices, parent-child relationships, family disorders, communication patterns, and triangulation while studying these developmental tasks in adolescence. It is also suggested to probe the underlying factors operating in hindering or facilitating these salient developmental tasks in adolescence. Parent-adolescent conflicts at this stage in life need to be examined in this context. Helping parents to understand their role in adolescents' individuation and autonomy development can make adolescents' transitional phase successful. A family that keeps a balance between autonomy and intimacy needs among its members provides a safe developmental context in which an adolescent develops healthy separation.

This needs to be examined at length. Healthy Separation implies adolescents' desire to remain connected with the family but not at the expense of compromising their individuality. However too much of autonomy (separateness) or intimacy (connectedness) in the context of family leads to incomplete individuation in adolescents which is associated with risk factors (such as problems in identity formation, runaway behavior, initiation of sexual activity at an early age, companionship with delinquent peers, development of anxiety and depression) (Allison & Sabatelli, 1988; Sabatelli & Anderson, 1991). Healthy separation in adolescents requires reorganization of family interaction patterns in order to accommodate adolescents' process of identity formation, self-esteem and egoistic needs (Allison & Sabatelli, 1988; Bartle-Haring, 1997; Sabatelli & Anderson, 1991). Family interaction patterns need to be reorganized in order to accommodate adolescents' individuation and autonomous functioning needs. The reorganization of family interactional patterns and parents' tolerance for their adolescents' developmental needs would have a positive influence on their children's psychological health. Using separation-individuation as a trajectory for understanding dysfunctional family patterns and the way these might be casting their affects on an adolescent's ability to function adaptively can ameliorate many problems.

13. Further research might examine the distinctive role played by dimensions of autonomy (cognitive, emotional and behavior) in adolescents' outcomes and which parenting practices are considered to be the risk factors for internalizing and externalizing problems and psychopathology. It will help in providing a

richer understanding of the dynamic process of separation-individuation and autonomy development.

However, the findings of the current study add to existing research on dysfunctional separation-individuation, behavior autonomy, and psychological stress in adolescents. It is anticipated that this study endeavor will motivate researchers to explore the trajectories of adolescents cross-culturally and incorporate their research findings to the existing literature on these developmental processes.

Implications of the Current Study

Several notable theoretical and clinical implications can be drawn from the results of the current study.

1. Separation and individuation are two parallel processes of development during adolescence. The framework of developmental tasks and psychopathology in adolescents would sharpen and increase our understanding of the well-established findings in this domain, and reveal directions for future research. By addressing and identifying dysfunctional developmental patterns, the current research can foster awareness regarding the value of separation-individuation and autonomy development in adolescents. Information on these crucial developmental processes will help family therapists and counselors working with adolescents.
2. Separation- individuation and autonomy development are conceived as crucial developmental tasks for adolescents that prepare the youth for adult roles.

Adjustment of adolescents depends on how successfully they achieve these tasks (Silverberg & Steinberg, 1987). However, inability to negotiate these normative tasks successfully may become stressful for adolescents. It is further hoped that these processes would not be undermined and under-valued in the upbringing of children and adolescents.

3. The results indicate that lack of individuation and self-reliance lead to psychosocial problems. Focusing on these domains during childhood may prevent future psychosocial difficulties during adolescence and emerging adulthood. Huang (1997) noted that culturally based clinical research with Asian-American adolescent should be undertaken for further exploration of these tasks. However, the current study is an endeavor designed to study how Pakistani adolescents navigate their journey of adolescence with these developmental tasks. It examined the relative contribution of dysfunctional separation-individuation and low autonomy in the prediction of adolescents' psychological stress. Stress during adolescence can have enduring implications on mental health. Hence, early identification and treatment of psychological stress among adolescents is important. In this regard, didactic therapy is an effective treatment strategy in order to cope with psychological stress in adolescents (White, 2010).

Hence, study 1 holds considerable implications for therapeutic intervention with adolescents. It would help in mitigating the potential risk of stress continuity in adolescents. Use of didactic therapy that has been suggested would further help the adolescents to manage their psychological stresses; and it is anticipated that they

would develop the ability to cope with the challenges and stresses of life in a healthy way.

STUDY 2

Overview of Study 2

Study 2 of the current research focused on providing intervention to the adolescents who were identified with psychological stress in the above mentioned study 1. These adolescents were selected so as to train them to manage their psychological stresses. For this purpose we explored didactic therapy (White, 2010). It was executed to assess its effectiveness for stress management in adolescents through clinical-based trial. The literature review explored psychological stress, its definition, causes, and types. Secondly, it was discussed why adolescents are vulnerable to stress and what are the strategies that adolescents can use to manage stress. Gender differences were incorporated in the study so as to examine its relation with participants' psychological stress. Further, the impact of didactic therapy to manage stress in adolescents was also being discussed. The results of the current study provide support for the adoption of didactic therapy for stress management in psychological practice.

INTRODUCTION

The current study pertains to providing intervention to those adolescents who met research diagnostic criteria for psychological stress. The inclusion criteria applied to study 2 was: male and female adolescent participants' between the ages of 12 to 18 years; pretest posttest control group design; random assignment of participants to the intervention; and use of standardized measure for the assessment of psychological stress in adolescents. The hypothesis of the current study was that didactic therapy would be effective for stressful adolescents. The participants of Study 2 who belonged to different schools and colleges in Rawalpindi and Islamabad (Pakistan) were assigned to one of two groups (control and experimental groups). Experimental group served as the treatment group, and the control group was used as a reference.

Participants responded to the DASS in a group setting, according to standardized instructions. The time of testing ranged from 25 to 30 minutes. Data collection took place during regular class times. The participants were asked to complete the research instrument (DASS) along with a brief demographic questionnaire. The participants voluntarily participated in the study and provided informed consent prior to completing the questionnaires. They were assigned to six sessions (90 minutes durations each) of didactic therapy. Didactic therapy (White, 2010) in the form of groups was used as an intervention for coping psychological stress in adolescents. The therapy addressed the needs of adolescents undergoing stress. A comparison of the groups conveyed us about the effects of the treatments. The variability of means between the groups reflected both individual (chance) differences and differences due to the treatment.

LITERATURE REVIEW

Adolescence

Adolescence basically spans between childhood and adulthood (Grotevant, 1998). It is considered to be stressful for both the growing children and adolescents (Dekovic & Meeus, 2006) as they are overwhelmed by the inevitable complex normative changes. These multidimensional changes which include physical, emotional, cognitive, and social changes often make the adolescents difficult to cope with the challenges and stressors of life. Pubertal changes and the societal expectations regarding adolescents' new roles and responsibilities make them pertinacious and vulnerable to stress. It has been documented in literature that the onset of many psychological illnesses increases with a due course from childhood to adolescence (Compas, Orasan, & Grant, 1993; Kessler et al., 2005). Researchers have documented that early adolescence is accompanied by drastic hormonal changes (Dorn, Dahl, Woodward, & Biro, 2006; Susman & Rogel, 2004). Developmental changes such as separation-individuation and autonomy development often require restructuring of self. Gladding (1999) argued that "adolescents must cope with crisis in identity, extraordinary peer pressures, dramatic personal changes, impending career decisions, the desire for independence and self doubt" (p.264). Hall (1904) suggested that adolescence can produce significant levels of stress in adolescents and regarded it as a period of 'storm and stress.' Freud (1958, 1968, 1969) supported Hall's views. She, like Hall, noted "storm and stress" as universal during adolescence and the absence of it signified psychopathology. According to turmoil theory put forward by Hall (1904), adolescence is believed to be the "age of ... rapid fluctuation of moods"

(Vol.1, p. xv). This viewpoint regards adolescence as a turbulent period because children develop a desire to separate themselves from the shackles of their parents. According to Freud (1946), normal maturation is inevitable without crisis and turbulence. Freud (1969) regarded adolescence as an ontogenetic period of developmental disturbance and normative crises. Freud (1946, 1958), Erikson (1956), and Blos (1962) noted that during this developmental period, adolescents experience social alienation, depressive symptoms, and mood swings. Supporters of turmoil theory view parent-adolescent relationship as conflictual (Blos, 1979; Coleman, 1980). These deficit models pertaining to the distinctive qualities of adolescence were based on biological reductionist models of maturational determination (Erikson, 1959, 1968), followed by describing adolescents as “broken” or at risk of becoming broken (Benson, Scales, Hamilton, & Sesma, 2006), and as “problems to be managed” (Roth, Brooks-Gunn, Murray, & Foster, 1998). Gladding (1999) regarded adolescence as “a time of unevenness and paradoxes marked by personal change” (p.473). Research has documented that adolescents experienced internalizing disorders (anxiety, insecurity, and depression) and risk-taking behavior more than elementary school children (Buchanan & Holmbeck, 1998). According to Steinberg (1987), regulation of adolescents’ growing independence is the consequence of their turbulent behavior. However, this storm and stress theory has been rejected by a number of psychologists who claimed that stress in adolescents is not universal and inevitable (Eccles et al., 1993; Offer & Schonert-Reichl, 1992; Petersen et al., 1993; Steinberg & Levine, 1997). Many researchers have found that most adolescents experience a harmonious transition into adulthood (Bandura & Walters, 1959; Douvan & Adelson, 1966; Kandel & Lesser, 1972; Offer, Ostrov, & Howard, 1981; Richardson, Galambos, Schulenberg, & Peterson, 1984). Although adolescence is not so stressful for many adolescents yet Sullivan (2003) noted that during adolescence ‘there still appears to be

a tendency for adolescents as a group to experience higher levels of stress than individuals in older and younger age groups' (p.6).

Stress in Adolescence

Adolescence as a period of "storm and stress" remains an important topic of debate. According to Spear (2000), adolescence is a period of intense stress as the growing adolescent experiences concomitant changes. These changes include physical maturation, brain development, drive for autonomous functioning, and social changes (Blakemore, 2008; Casey, Getz, & Galvan, 2008; Casey, Jones, & Hare, 2008). The pubertal growth accompanied by social expectations, roles and responsibilities aggravate adolescents' reactivity to stress and interferes with their cognitive strategies to manage stressful experiences. The findings of numerous studies offer empirical evidence for stress in adolescents. Hall (1904) referred to adolescence as a period of "storm and stress", experimentation, heightened emotionality, and a period during which adolescents develop an urge for independence. Hall further depicted adolescence as a period of emotional turmoil and regarded these years as the most complex troubling years of life in which the role of "raging hormones" play a distinct role. However, recent theorists (Steinberg & Silverberg, 1986) do not view adolescence as a time of 'storm and stress'. They claim that due to immense physical, hormonal, and social changes that characterize adolescence, it becomes an extremely vulnerable time for problematic progress. Erikson (1950, 1968) made important contributions in understanding the issues concerning adolescent's identity formation. Adolescents are required to successfully cope with the challenges that adolescence evokes and if they are unable to cope well with these challenges, they undergo what Erikson (Erikson, 1950; Durkin, 1995, p.517) refers to as "identity confusion". This

identity crisis in adolescence appears to be a catastrophe. Research has documented that continuous striving of adolescents to gain more autonomy may be a cause of discomfort for some parents (Arnett, 2000).

Symptoms of Stress

Symptoms of stress in adolescents are displayed in several different forms. Elkind (2001) documented that "how children respond to chronic stress depends upon several factors, including the child's perception of the stress situation, the amount of stress he or she is under, and the availability of effective coping mechanisms" (p.186). According to Selye (1976), people respond to physiological stress in a stereotypical way. There is irregularity in heartbeat, blood pressure becomes low, and the temperature of body drops in the initial stage of shock. After this stage, there occurs the counter shock stage in which individuals are prepared for defense referred to as the "fight or flight response." Santrock (1990) found that physiological chronic stress is manifested in profuse sweating, sleeping problems, gloomy mood, frequent headaches or stomach aches, and over or under eating. Moreover, prolonged stress results in long term physiological problems such as high blood pressure, ulcers, allergic attacks, asthma, and cancer. Selye (1974, 1983) noted that psychological symptoms of stress in adolescents result in lack of interest in activities previously enjoyable, boredom, aggression, rebellion, passive and irritable mood, withdrawal, isolation, anxiety and worry, and difficulty in concentration.

Gender Differences

Literature review suggests that male and female adolescents have different vulnerabilities for psychological stress. Frydenberg (1997) found that boys and girls perceive and cope with stress differently. According to Sullivan (2003), girls report family and social stressors as problematic, whereas boys cite more stressors related to school. Frydenberg (1997) found that "girls report experiencing more stressful events and they are more affected by stressful events than are boys" (p.13). Jose and Radcliffe (2004) noted that "girls reported significantly more stressful events from age 12 to 17 than boys and girls showed higher levels of internalizing from age 13" (p.145). Frydenberg (1997) found that girls appraise stressful events more "four times more threatening than do boys" (p.89). According to Frydenberg (1997), gender socialization plays a role in managing of stress in boys and girls. Washburn-Ormachena, Hillman, and Sawilowsky (2004) noted that girls manifest stress and seek help for stressful issues more than boys as they are socialized to express their feelings and emotions more than boys. Frydenberg et al. (2004) emphasized the need for counselors to "be conscious of the differential ways in which stress management and coping programs might benefit boys and girls and the need to adopt both the content and the process of their particular needs (p.34). De Anda (1998) argued that adolescents are not properly taught stress management strategies so they deal with stressors ineffectively.

Coping

An individual's managing with stress involves coping. Lazarus and Folkman (1984) referred to coping as 'constantly changing cognitive and behavioral efforts to

manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (p.141). According to Frydenberg (1997), coping "is made up of the responses (thoughts, feelings, and actions) an individual uses to deal with problematic situations that are encountered in everyday life and in particular circumstances" (p.25). Lazarus (1984) distinguished two types of coping--- problem-focused and emotion-focused coping. The former deals with the issue, for e.g., solving the problem (Frydenberg & Lewis, 2004). In the latter type, the individual changes the way in which he deals with the stress. It may include selective attention, withdrawal, regression, denial, and cognitive restructuring of the stressor (Washburn-Ormachea, Hillman, & Sawilowsky 2004). Numerous researches claim that the most effective strategies of coping involve accepting and facing the stress (Santrock, 1990). Other successful strategies of coping with stress may include problem-solving, support-seeking, relaxation, physical activity, monitoring, self-talking, and cognitive restructuring (Donaldson, Prinstein Danovsky, & Spirito, 2000). 'Research on child coping indicates that children and adolescents typically utilize more than one strategy in response to stress' (Donaldson et al., 2000 p. 351). Santrock (1990) found that 'adolescents who have a number of coping techniques have the best chance of adapting and functioning competently in the face of stress' (p.579).

Seiffgy-Kernke (2000) claims that children's coping styles (functional and dysfunctional) significantly increase during adolescence. Frydenberg and Lewis (2004) also found that adolescents have a growing need to cope successfully with different kinds of stressors, and in this context social support is the foundation stone to manage stressors. Elkind (1998) described the significance of teaching effective coping strategies to adolescents. He claimed that "how we learn to deal with (stress) in childhood and adolescence determined how well we handle it in our later years"

(p.189). Schmitz and Hipp (1995) claimed that teaching effective coping strategies and life skills during adolescence make students more equipped to successfully manage stress and challenging life events that may occur in later years of life. Hains (1994) added that "the acquisition of coping strategies by adolescents seems to be critical to their efforts to manage stress" (p.114).

Research has found that social support which can be in the form of advice, guidance, emotional support, and assistance can help fight stress (Hair, Jager, & Garrett, 2002). Likewise, researchers have found that mentoring helps in promoting healthy social development (Rhodes, Grossman, & Roffman, 2002). Relaxation exercises and breathing techniques also help people to cope with stress (Helpguide, 2009). These techniques help in fighting stress and relieve bodily pains (Christensen & Fatchett, 2002). It has been found that adolescents' involvement in extra-curricular activities help them in positive development (Zarrett & Lerner, 2008).

Learning to regulate one's emotions and to behave in adaptive and socially appropriate manner is an important part of human development (Morris, Silk, Steinberg, Myers, & Robinson, 2007). Previous studies focusing stress-management in schools documented that school children most frequently manifest stress symptoms (Compas, 1987; Currie et al., 2004). In this connection, group therapy has been found to be more effective than individual therapy (Chaffin, Bonner, Worley, & Lawson, 1996; Tillitski, 1990). Furthermore, researchers suggest that group therapy is effective for adolescents having deficits in social skills (Mishna, Kaiman, & Little, 1994; Calhoun, Bartolomucci, & McLean, 2005; Foy, Erickson, & Trice, 2001; Glodish & Allen, 1998) and experiencing other psychological problems such as anxiety and depression (Edelman & Remond, 2005). Coppock and Dwivedi (1993) added that "group work in the school setting offers the opportunity for the work to be carried out in an environment which is often more acceptable to both parents and pupils alike"

(p.278). According to Gladding (1999), groups 'can provide support, facilitate learning, help ease internal and external pressures, and offer hope and models for change' (p.265).

Previous research has documented that 'improving child and adolescent adaptation to stress has been identified as one of the most promising approaches to preventing the development of problems of childhood and adolescence' (Sandler et al., 1997, p.3).

Psycho Education as Evidence Based Practice

Didactic group therapy. Didactic therapy is embedded in clinically based psycho-education. This therapeutic intervention module meets the criteria required for empirically based psychological interventions. The broad application of didactic therapy for stress management has been acknowledged by mental health professionals and has the potential for ameliorating various life challenges. Psycho-education integrates various theories of clinical practice. These may comprise of cognitive-behavioral theory, ecological systems theory, social support models, learning theory, stress and coping models, group-practice models, and narrative approaches (Anderson, Reiss, & Hogarty, 1986; Lukens, Thorning, & Herman, 1999; McFarlane, Dixon, Lukens, & Lucksted, 2003).

Cognitive behavioral techniques incorporated with role-playing prove to be more effective in managing stress and coping with life challenges (Anderson et al., 1986; McFarlane, 2002). Psycho-education may be practiced individually or in group settings and helps in social learning, reinforcement of groups for bringing positive change in life and building networks (Penninx et al., 1999). In narrative models, people are asked to recount their life experiences they are currently facing. These help

in recognizing their personal strengths and generating possibilities for action (White, 2010). Psycho-education has the potential for decreasing symptomatology and improving social functioning of the clients (Dyck, Hendryx, Short, Voss, & McFarlane, 2002; Dyck et al., 2000; Montero et al., 2001).

The psychological interventions are designed for adolescents so that they may deal with their psychological stressors in a healthy way. In order to achieve positive outcomes of these interventions it is important to understand adolescents' actual stressors, the way they interpret stressful events, and how they react to and manage their stresses and problems. Herein, typical developmental tasks are focused by taking into consideration adolescents' emerging experiences and how they differ by age, gender and socio-economic status. Most of the adolescents experience daily hassles as well as chronic stressors. These stressors may be regarding school (such as academic problems, problems with teachers, and victimization and bullying by peers) and interpersonal relations (such as problems with parents, other family members, and peers; Donaldson, Prinstein, Danovsky, & Spirito, 2000; Williamson et al., 2003). Hence adolescents face many new and potentially challenging experiences. These experiences escalate throughout adolescence. Research has found that many stressors of adolescence are related to mental and behavioral problems. These may include internalizing (such as anxiety and depression) and externalizing behaviors (such as aggressive and antisocial behavior; Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001). Perception and impact of any stressful event depends on the objective stressors themselves as well as on adolescents' subjective appraisal (Lazarus, 1991). Stressful experiences are one of the factors causing distress in adolescents because they challenge their autonomy, sense of belongingness and perceived competence (Skinner & Wellborn, 1994). These are salient considerations during adolescent years, as these relate to major developmental tasks, such as identity

development; development of close relationships outside the family; and autonomy development (Zimmer-Gembeck & Collins, 2003). Support-seeking is desired by adolescents in times of stress when it fulfills their needs for autonomy (Zimmer-Gembeck & Locke, 2007). Research has also found that rumination about stressors escalates in teen years (Jose & Brown, 2008). Poverty has been found to elevate stress in adolescents while undermining their stress-management capacities (Tolan, Sherrod, Gorman-Smith, & Henry, 2003). Review of researches highlights the impact of didactic intervention. Didactic therapy has well-deserved and well-established popularity. It is a comprehensive intervention blended with a wide range of coping strategies targeting at the reduction of stress in individuals. Cognitive-behavioral techniques utilized in this approach for depressed children have evidence in its support (Reynolds & Coates, 1986).

Rationale

Adolescence is a period in which an individual undergoes significant physical and psychological transformations. This period is accompanied by pubertal growth, separation and individuation from parents and identity formation. Stress during this period is normative but the irony is that there is no provision of adequate programs to guide young people during this period of life. The situation becomes all the more critical when they are labeled by different people or groups differently. Parents regard them as 'stubborn' people, judges call them 'delinquents', social workers and counselors perceive them as 'introverted' and 'withdrawn', and teachers label them as 'rebellions' (Adima, 1989). It is pertinent to note that some adolescents struggle with their inner turmoil alone. Their problems may appear in the form of anxiety, psychosomatic illnesses, depression and changes in their mood and behavior. As

revealed from Study 1, some adolescents have failed to establish a sense of individuation and autonomy and this might have made them vulnerable to depression, anxiety, and stress. Previous research has found that during adolescence adjustment problems are more common which may come as a response to stress, characterized by temper outbursts, irritability in mood, and persisting depression (Mc Coy, 1982). Moreover, coping with multiple challenges and stressors of life simultaneously is difficult for adolescents (Compas, Ey, & Grant, 1993; Rutter, 1991; Simmons & Blyth, 1987).

Recent psychologists have endeavored to develop therapies that may assist such emotionally disturbed individuals. Didactic therapy is one of those therapies to manage stress in individuals. The parents and teachers lack the skills and strategies to deal with emotional problems of adolescents. In order to pursue this aim, the current study has attempted to establish the effectiveness of didactic therapy (White, 2010) in rehabilitating stressful adolescents. Research has reported that psychiatric problems in adolescents have risen substantially over the last 50 years (Collishaw, Maughan, Goodman, & Pickles, 2004). Among these disorders, anxiety and depression are mostly reported by adolescents (Hyman, 2001; Shaffer et al., 1996). It has also been documented in literature that enduring stressful life events and prolonged negative moods can increase the risk of physical illness and early deaths (reviews by Booth-Kewley & Friedman, 1987; Cohen & Williamson, 1991; Schneiderman et al., 1989) (as cited in Koenig & Cohen, 2002). This part of the current research addressed a very important issue i.e., to evaluate the effectiveness of didactic therapy in improving adolescents' coping skills for stress-management. The age range i.e., 12 to 18 years has been selected for the study; which is the most critical age range as adolescents belonging to these ages are faced with multiple challenges and stresses of life. Substantial research on adolescents' stress-reduction is lacking (Zinck & Littrell

2000). Research has been conducted on theoretically based interventions to teach anxiety and stress reduction techniques (Kingery et al., 2006). Kessler et al. (2000) noted that interventions conducted with children and adults include “cognitive-behavioral therapies, relaxation training, meditation, hypnosis, bio-feedback, and psychopharmacology” (p.152).

The purpose of the study was to ascertain whether or not didactic therapy helps adolescents in managing stress. White (2010) has been practicing didactic therapy with great success. Didactic therapy for stress-management is available in Urdu version also. It effectively addresses the needs of emotionally disturbed children and adolescents. It was anticipated that the participants provided with didactic therapy would gain awareness of the stressors in their lives and learn stress management strategies. There are a large number of adolescents who experience stress but their problems are not recognized and treated. Substantial work has been done in the context of adolescents’ stress but in Pakistan there is still a need to investigate and study how adolescents perceive, appraise, and manage stress. Investigating this phenomenon would provide a foundation for psychological intervention services. These services are assumed to improve adolescents’ capacities to cope adaptively with stressful situations and life events. Research has found that school-based stress management programs help children in developing healthy strategies so as to deal with the stressors of life (Romano, 1992). In the Pakistani culture, differences may exist in the socialization of male and female adolescents which need to be explored extensively. Hence, recognizing the significance of separation-individuation and autonomy in the healthy development of individuals, it seemed productive to address these psychological constructs.

Significance of the Study

1. The findings of the current study will immensely benefit parents, educationists, counselors, social-workers, clinicians and government personnel.
2. It will help them in setting out plans for the disturbed and stressful adolescents and train them to become productive individuals of society.

METHODOLOGY

Objectives of the Study

The objectives designed for the current study were as follows:

1. To use didactic therapy as a treatment strategy for coping psychological stresses in adolescents so that they may be able to deal appropriately with the challenges of life.
2. To find out the differences in adolescents' psychological stress with respect to gender variable.
3. To assess the outcome of didactic therapy in the management of psychological stress in adolescents.

Hypotheses of the Study

Hypotheses formulated for current study were as follows:

1. Experimental group (managed with didactic therapy) will have significantly low scores on the scale of psychological stress than participants in the control group.
2. Female adolescents' scores at pretest and posttest will be higher on the scale of psychological stress as compared to the scores of male adolescents.

Sample

The adolescent sample ($N = 100$) comprised of 12 to 18 years old school and college students (male $N = 50$ and female $N = 50$) residing in Rawalpindi and Islamabad (Pakistan). These adolescents were identified and scrutinized on the basis of their high scores on DASS in Study 1 of the current research.

Procedure

For Study 2, a sample consisting of 100 adolescents ($N = 50$ males and $N = 50$ females) between the ages of 12 to 18 years was taken from Study 1, identified as having psychological stress. Didactic therapy (White, 2010) designed for stress management in adolescents was adopted to assess the efficacy of the educational program. The design of the current study was reviewed and got approved by the Psychology Department, IIUI (Pakistan). Ethical considerations according to APA guidelines were followed in conducting research with participants of the study. It was hypothesized that participation in didactic therapy for stress reduction would be helpful in facilitating a positive diagnostic change and ameliorate the psychological functioning compared to the control group (that would receive no treatment). An explanation of the purpose of the study as well as testing procedure was also conveyed to the participants of the study. Interested participants were required to give their consent prior to further proceedings of the study. Participation in the study was on voluntary basis and anonymity to them was guaranteed. They were allowed to disengage themselves from the current study whenever they desired without any

penalty. Data was collected from the participants in the context of collective testing sessions organized by the educational institutions. The therapeutic intervention was conducted under the supervision of a licensed clinical psychologist. The study adopted a pretest-posttest control group experimental research design. Participants, number of sessions, and duration for the therapy were specified.

The total adolescent sample ($N = 100$) was divided into four subgroups; two female (experimental and control) and two male (experimental and control) adolescent groups for the therapeutic sessions. Each group i.e., female (experimental and control) and male (experimental and control) comprised of 25 participants. DASS (Depression Anxiety Stress scale) was used as a measuring instrument. The participants of the experimental and control group were administered DASS four weeks before the experimental treatment was carried out. The participants of the control group did not differ largely from the participants in the experimental group in terms of their scores on DASS at pretest. The information booklet regarding stress was disseminated to the experimental group with didactic therapeutic sessions; whereas the control group was provided a brochure highlighting stress as a problem without any additional information or therapeutic sessions. The experimental group was exposed to six didactic therapeutic sessions in a classroom format, spread over eight weeks with an average of 90 minutes duration per session. Didactic therapy was provided to the experimental group that basically focused on cultivating stress management and disrupting the stressful condition in adolescents identified as experiencing and manifesting stress symptoms. The intervention for the experimental group comprised of a prescribed curriculum that focused on stress management strategies (appraisal and coping) related to health care, obtaining social support,

relaxation, and cognitive behavioral techniques. Didactic therapy was aimed at teaching participants how to manage different stressors and stressful life events. The therapeutic sessions comprised of didactic presentations, and practice assignments. Those presentations and assignments basically focused on predominant issues among adolescents that included life transitions, self-image, and difficulties in interpersonal relationships. They were taught muscle relaxation techniques and various other coping skills to meet the challenges of life. During the group sessions the participants were given practice work sheets that dealt with regulation of emotions and behavior. Practice worksheets were discussed by the group. After reviewing the worksheet new topic was introduced to them. Relaxation techniques were practiced at the end of each session. The didactic therapy also incorporated cognitive-behavioral techniques which proved effective in promoting positive learning in adolescents. Hence the current research focused on the impact of group intervention to manage stress in adolescents. The didactic group intervention mainly focused on the following therapeutic agenda:

- i. Identification of upsetting emotions
- ii. Developing skills to interact with others assertively.
- iii. Accomplishing targeted goals effectively
- iv. Practicing role-playing for use in real-life situations.

The post-test was carried out one week after the last treatment session.

Ethical Approval by Board of Advanced Study and Research

The current study was approved by BASR.

Measures

Training material. DASS was used to measure stress in adolescents. It was administered on the participants of the study in the pretest and the same measure was administered in the post-test at the end of therapy. The group sessions were scheduled from the plan outlined in the stress management booklet devised by Jim White (2010). In the group sessions, the participants in the experimental group were taught strategies to deal with stressors. All the participants in the control group were given some material about stress in the form of text. Responses on DASS were obtained and assessed from the participants at two assessment points (pre-test and post-test).

Proceedings of didactic group intervention module. The didactic therapy consisted of six sessions. This eight-week group therapy was delivered in a classroom setting as per requirement of the therapy where the effects of the various stress management strategies on the adolescent students were assessed. The adolescents completed the DASS prior to and after completing the didactic group intervention module. It was assumed that the experimental group who would undergo didactic therapy would be able to manage their stress than the control group who would receive no treatment. The results were obtained by a pre-test and post-test experimental design for checking the significant differences as a way to measure the

effectiveness of didactic therapy for stress management. The participants were tested before (Time-1 or Pre-test) intervention module and after (Time-2 or Post-Test) the tailored intervention session using standard administration practices. 100% attendance was mandatory for attending the didactic therapy sessions. It was planned that if conditions demanded later on students with more than 75% of attendance throughout the therapy sessions would be included in the study. Lecture classes were further divided into four groups. The participants were divided into two male adolescent groups (experimental and control) and two female adolescent groups (experimental and control). Hence each experimental and control group comprised of 25 students. The same delivery style was repeated for the experimental groups. The participants were asked to give their informed consent in the introductory meeting and then they were actively involved in the therapy afterwards. Each session consisted of 90 minutes' duration. At the end of each session the facilitator gave the participants a practice worksheet that focused on assessing stress in participants. The detailed account of the proceedings could be better understood from the designed outline of sessions below:

Session one

Topic: Identifying and recognizing stress. In the first session of the therapy there was an introduction of the facilitator to the participants and to one another as group members. The facilitator at the start of the therapy established rapport with the participants and assured them confidentiality of treatment. They were asked for their co-operation on full participation throughout the therapeutic sessions. The participants

were encouraged to ask questions so as to clear any doubt if they arose at any stage of the therapy. Their queries were welcomed and entertained and they were satisfied regarding their problems. During this session focus was on developing self-awareness i.e., identifying and recognizing stress in oneself and the sources of stress.

Sessions two

Topic: Orientation to didactic therapy (introduction and explanation of stress intervention plan). The facilitator explained didactic therapy and its basic assumptions, the purpose of didactic therapy, and its relevance in managing stress in individuals.

Sessions three

Topic: Didactic therapy in coping stress. This session focused on self-help skills and a range of good ideas a person can use to control stress. The participants were advised to believe in their worth, set goals for themselves, and take positive action.

Sessions four

Topic: Muscle relaxation training. Muscle relaxations, physical exercises and meditation as self-management activity were discussed with the participants. The facilitator also explained the steps involved in didactic therapy for e.g. relaxation

training, and self-help skills. At the end of the interaction, all participants were asked to list sources of stress which they intended to overcome. The facilitator also explained 'Deep Muscle relaxation training' to the participants. It is the most frequently used technique to counter stress. The participants learnt deep muscle relaxation by first tensing and then relaxing their muscles. The goal of deep muscle relaxation was to learn to discriminate between tension and relaxation, which helped the participants to achieve relaxation.

Sessions five

Topic: 'Enumeration of six steps and 10 words in bringing change in one's life.' 'Stress Control in 10 words', '22 ways to control stress' and 'eight quick control skills' by Jim White (2010). In order to control stress, participants were asked to face their fears, keep themselves active, and manage their diet plan.

The participants were given following tips to cope with stress.

1. Deal with the problems on the spot.
2. Develop confiding relationships that can help in fighting stress.
3. Manage work and time.
4. Do not undertake things simultaneously.
5. Avoid 'Must's' and 'Should's' in life.
6. Get rid of monotonous routines and activities.
7. Learn from your mistakes.
8. Eat healthy foods such as fruit and vegetables.

9. Avoid eating too much.
10. Try to look calm and relaxed.
11. Say 'NO' if you can't agree.
12. Stop smoking.
13. Do not worry about those situations which you can't change.
14. Enjoy leisure time.
15. Prioritize your activities.
16. Never try to be perfect.
17. Trust others.
18. If you have a problem, imagine how you would react if someone else comes to you with the same problem.
19. Organize your activities for each day
20. Avoid taking pills for stress reduction.
21. Learn skills to manage stressful situations.
22. Work should not overpower you. Take rest to regain energy.

Further participants were told about some stress control skills.

Sessions six

Topic: Administration of DASS to obtain Post-test scores. The concluding session mainly focused on termination and consolidation of treatment gains. The adolescents were asked to prepare a list of reasonable goals for future. DASS was administered to the participants to obtain the post-test scores. The facilitator then

expressed gratitude to the group members for their co-operation and thanked them for their active participation in the intervention study. Lastly all the participants were debriefed about the intervention module.

The Control Group. No treatment was applied to the control group. This group was provided with a leaflet highlighting stress related issues.

Observations Made During Didactic Therapy Sessions

The participants in general showed some common indicators of stress such as sitting in a tense posture, low and passive mood, excessive worrying over trivial matters, difficulty in concentration, getting tired without any physical activity, feeling hopeless and worthless, losing pleasure in life, having headaches and pains in the body, tearful, and finding it hard to cope with the challenges of life. Female participants in contrast to male participants appeared to be quite submissive and had feelings of insecurity. Managing their work at home and concentrating on their studies were a common problem reported by them. They had family issues such as conflicts in the family and parents not allowing them to commute alone. Some participants were allowed to study but not to think about having a career. Overall, participants appeared to be shy, confused and speechless most of the time. They had flat expressions, feelings of discomfort and showed signs of embarrassment.

RESULTS

The results of the current study were analyzed using SPSS. Statistical analyses were run to test the significance of the results. These statistical analyses included paired t-test.

For the current study change in mean was calculated from pretest to posttest on depression, anxiety, and stress. Participants' score on the DASS from pre-test to post-test group intervention were analyzed using t-test for paired samples in order to find whether changes reached any significance. Male and female participants' scores were examined to study the effects of treatment.

Baseline measures (demographic and pre-test characteristics of the study sample are shown in tables). The control group did not differ on baseline and post-test measures as the outcome analyses revealed.

The participants' scores of the experimental group showed significant improvements in perceived stress ($p < .001$). The experimental and control group differed significantly on all characteristics ($p > .001$). Paired t-test analyses revealed significant differences between baseline measures (pretest T1) and posttest (T2). Moreover, group differences in participants' scores (differences between experimental and control groups) at post-test were in the hypothesized direction.

Effect of gender was found in other analyses. Stress symptoms were more pronounced in female adolescents than in male adolescents. Female adolescents showed higher levels of stress symptoms as compared to male adolescents. The results were in the expected direction.

Table 58

Descriptive statistics and t-test scores on pre and post-test of the experimental group for DASS, and its subscales; Depression, Anxiety and Stress (N = 50)

Outcomes variable	Paired Differences						95%CI for mean		Cohen's <i>d</i>
	Pretest		Posttest		<i>R</i>	<i>t</i> (49)	difference		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
DASS	102.1	17.7	68.6	4.7	-.006	12.88***	28.27	38.73	2.58
Depression	34.7	5.6	22.9	2.5	.063	13.84***	10.12	13.56	2.70
Anxiety	33.8	6.4	22.6	3.1	-.045	10.79***	9.11	13.29	2.20
Stress	33.5	6.2	23.0	2.5	-0.58	10.73***	8.50	12.42	2.19

Note. DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

*** $p < 0.001$

Table 58 shows pre and post-test mean scores, standard deviations and t-test scores of the experimental group on DASS and its subscales (depression, anxiety, and stress). The mean scores and standard deviation of the experimental group on DASS, depression, anxiety, and stress are $M = 102.1$ and $SD = 17.7$, $M = 34.7$ and $SD = 5.6$, $M = 33.8$ and $SD = 6.4$, and $M = 33.5$ and $SD = 6.2$ respectively; whereas the post-test mean scores and standard deviations of the experimental group on DASS, depression, anxiety and stress are $M = 68.6$ and $SD = 4.7$, $M = 22.9$ and $SD = 2.5$, $M = 22.6$ and $SD = 3.1$, and $M = 23.0$ and $SD = 2.5$ respectively.

Table 59

Descriptive statistics and t-test scores on pre and post-test of the control group for DASS, and its subscales; Depression, Anxiety, and Stress (N = 50)

Variable	Pretest		Posttest		R	t(49)	95% CI for mean difference		Cohen's d
	M	SD	M	SD			LL	UL	
DASS	102.1	16.0	102.5	13.8	.79	.312	-3.27	.2390	0.03
Depression	33.5	5.8	33.9	4.9	.76	.740	-1.49	.686	0.07
Anxiety	33.6	5.8	34.0	5.4	.78	.744	-1.48	.680	0.07
Stress	33.8	5.5	34.5	4.0	.65	1.20	-1.91	.478	0.35

Note. DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

Table 59 shows pre and post-test mean scores, standard deviations and t-test scores of the control group on DASS and its subscales (depression, anxiety and stress). The pretest mean scores and standard deviations of the control group on DASS, depression, anxiety, and stress are $M = 102.1$ and $SD = 16.0$, $M = 33.5$ and $SD = 5.8$, $M = 33.6$ and $SD = 5.8$, and $M = 33.8$ and $SD = 5.5$ respectively; whereas the post-test mean scores and standard deviations of the control group on DASS, depression, anxiety and stress are $M = 102.5$ and $SD = 13.8$, $M = 33.9$ and $SD = 4.9$, $M = 34.0$ and $SD = 5.4$, and $M = 34.5$ and $SD = 4.0$ respectively.

Table 60

Mean scores, standard deviation and t-values on pre and post-test of the experimental group on DASS and its subscales (depression, anxiety and stress) with respect to male participants (N=25)

Variable	Paired				95% CI for mean		Cohen's
	Differences		<i>r</i>	<i>t</i> (24)	difference		
	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
DASS							
Pretest	100.1	17.2	-.143	9.19***	26.06	41.14	2.68
Posttest	66.5	4.0					
Depression							
Pretest	34.1	5.4	-.050	9.84***	9.23	14.13	2.83
Posttest	22.4	2.1					
Anxiety							
Pretest	33.2	6.2	-.092	7.66***	8.27	14.37	2.25
Posttest	21.9	3.3					
Stress							
Pretest	32.7	6.2	-.074	7.64***	7.74	13.46	2.22
Posttest	22.1	2.5					

Note. DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

*** $p < 0.001$

The above table shows the mean scores, standard deviations and t-values of male participants in the experimental group at pre-test and post-test. The results indicate that there was a significant improvement in the scores of male participants in the experimental group which was provided with didactic therapy.

Table 61

Mean scores, standard deviation and t-values on pre and post-test of the experimental group on DASS and its subscales (depression, anxiety and stress) with respect to female participants (N=25)

Paired			95% CI for mean				Cohen's <i>d</i>
Differences			difference				
Variable	<i>M</i>	<i>SD</i>	<i>r</i>	<i>t</i> (24)	<i>LL</i>	<i>UL</i>	
DASS							
Pretest	104.0	18.3	.005	8.83***	25.60	41.20	2.49
Posttest	70.6	4.6					
Depression							
Pretest	35.3	5.4	.112	9.56***	9.41	14.59	2.75
Posttest	23.3	2.7					
Anxiety							
Pretest	34.4	6.7	-.042	7.45***	8.01	14.15	2.13
Posttest	23.3	2.8					
Stress							
Pretest	34.3	6.2	-.163	7.37***	7.43	13.21	2.19
Posttest	24.0	2.2					

Note. DASS=Depression Anxiety Stress scale; CI = Confidence interval; LL = Lower limit; UL =

Upper limit

*** $p < 0.001$

The above table shows the mean scores, standard deviations and *t*-values of female participants in the experimental group at pretest and posttest. The results indicate that there was a significant improvement in the scores of female participants in the experimental group which was provided with didactic therapy.

Table 62

Mean scores, standard deviation and t-values on pre and post-test of the control group on DASS and its subscales (depression, anxiety and stress) with respect to male participants (N=25)

Variable	Paired Differences		<i>r</i>	<i>t</i> (24)	95% CI for mean difference		Cohen's
	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	<i>d</i>
DASS							
Pretest	101.8	15.8	.68	.874	-7.39	2.99	0.14
Posttest	104.0	15.8					
Depression							
Pretest	32.9	5.9	.70	1.14	-2.92	.838	0.18
Posttest	34.0	5.9					
Anxiety							
Pretest	33.6	5.6	.69	.994	-2.83	.990	0.16
Posttest	34.5	6.1					
Stress							
Pretest	35.2	5.2	.65	.283	-1.99	1.51	0.05
Posttest	35.4	4.8					

Note. DASS=Depression, Anxiety, Stress scale; CI = Confidence interval; LL = Lower limit; UL = Upper limit

The above table shows the mean scores, standard deviations and *t*-values of male participants in the control group at pretest and posttest. The results indicate that the condition of male participants in the control group worsened as they did not receive treatment.

Table 63

Mean scores, standard deviation and t-values on pre and post-test of the control group on DASS and its subscales (depression, anxiety and stress) with respect to female participants (N=25)

Variable	Paired		<i>r</i>	<i>t</i> (24)	95% CI for mean		Cohen's <i>d</i>
	Differences				difference		
	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
DASS							
Pretest	102.4	16.5	.97	1.077	-1.210	3.85	0.09
Posttest	101.0	11.5					
Depression							
Pretest	34.2	5.8	.90	.417	-.947	1.427	0.05
Posttest	33.9	3.8					
Anxiety							
Pretest	33.7	6.2	.91	.219	-1.012	1.252	0.02
Posttest	33.6	4.8					
Stress							
Pretest	34.4	5.8	.71	1.424	-.2939	.539	0.26
Posttest	35.6	3.1					

Note. DASS=Depression Anxiety Stress scale; CI=Confidence interval; LL=Lower limit; UL=Upper limit

***p < 0.0, *p < 0.05*

The above table shows the mean scores, standard deviations and t-values of female participants in the control group at pre-test and post-test.

Overall the results reveal that the scores of female participants in the experimental group were comparatively higher than male participants at pretest. Female participants benefitted more than male participants from the treatment provided to them in the form of didactic therapy as the scores of male and female participants at post-test indicate.

DISCUSSION

Study 2 was aimed 1) to help the identified adolescents having stress, 2) to examine the effectiveness of didactic therapy and stress-management strategies, 3) to determine the gender differences in psychological stress, and 4) to assess the training effects. This study adopted a pretest-posttest control group experimental design. The sample of Study 2 was 12 to 18 years old male ($N = 50$) and female ($N = 50$) adolescents, identified as having stress symptoms from Study 1 of the current research. Didactic therapy was tested for depression, anxiety and stress, by randomly assigning 100 adolescents to experimental and control groups. DASS was used as a measuring instrument to identify depression, anxiety and stress in adolescents. The participants of the current study were identified on the basis of their high scores on DASS. The participants who scored high on DASS were eligible for study 2. It was hypothesized that didactic therapy for stress management would be helpful for the experimental group in facilitating a positive diagnostic change and in ameliorating psychological stress compared to the control group (that would receive no treatment). Didactic therapy (an educationally based intervention) was provided to the experimental group in order to teach stress management skills and strategies. The strength of this intervention is instructive across diagnostic group settings.

Didactic therapy (White, 2010) designed to reduce stress in individuals, provides practical information and guidelines for developing coping skills and to plan and learn techniques to manage future challenges of life. It further provides an effective platform for stressful youth to focus on overcoming adaptation challenges in

a group. The results of the current study have revealed that the application of didactic therapy to stressful adolescents proved efficacious in managing their stress. The findings of the current study corroborate previous researches (Dyck, Hendryx, Short, Voss, & McFarlane, 2002; Dyck et al., 2000; Montero et al., 2001; White, 1989) which suggested the efficacy of psycho-educational techniques in the form of Didactic Therapy (1989). DASS was administered to the experimental group at pretest (T1) and after therapeutic sessions at posttest (T2). DASS was also administered to the control group at pretest (T1) to obtain baseline measures and at posttest (T2) without any training. Adolescents in the experimental group as compared to the control group have shown significantly positive outcome of the therapy at posttest. Hence the current study assessing the impact of didactic therapy on the participants of the experimental group in managing their stress has provided promising results. The experimental group has reported significantly less stress and a capability to manage new situations than the control group. The control group has revealed no differences before training (T1) and after studying the information given to them in the form of written material about stress (T2).

The didactic therapy was aimed at increasing assertiveness, providing relaxation, and adequate stress management strategies in an adolescent population. After training for managing stress, adolescents' level of stress significantly decreased. The participants of the experimental group reported less passivity and avoidance in meeting new and challenging situations. These effects are not present in the adolescents comprising of the control group who did not receive any training to manage stress. Following didactic therapy, experimental group has reported

current study. The experimental group, in contrast to control group reported reduced symptoms of depression, anxiety and stress and showed diagnostic improvement in the specified period of the study. Adolescents' acquisition of these stress management skills and strategies has demonstrated the efficacy of didactic intervention. The outcomes for the experimental group are positive, showing significant results which are suggestive of positive training effects. Retrospective pretest data (baseline measurement) has provided a comparison in analyzing the overall results (comparison of T1 and T2). Eight week, didactic therapy for stress management has resulted in a significant change in adolescents' self-reports on DASS. It can be inferred from the results that the levels of stress for both male and female adolescents have decreased through participation in didactic therapy sessions. There has been a significant difference in adolescents' levels of stress after been exposed to didactic therapy. Therefore, it is evident that didactic therapy is an effective approach that helps in reducing stress among adolescents. As revealed from Study 1, the scores on DASS are sufficient indicators of stress-related disorders in adolescents. According to Ollendick et al. (2003), adolescence is such a demanding period in the life of an individual that it may lead to depression. Clinical and non-clinical studies suggest a strong relationship between stressful events of life and depression (Lloyd, 1980). Researchers have found that exposure to the stressful events of life increases chances for developing depression in adolescents (Cole, Nolen-Hoeksema, Girgus, & Paul, 2006).

In the current study male and female adolescents were the independent variables. T-test analysis was done to ascertain gender differences. There is remarkably huge body of research on adolescents' stress demonstrating the existence of gender differences. The findings of the current study reveal that female adolescents

experience more stress, anxiety and depressive symptoms as compared to male adolescents. These findings are consistent with earlier researches (e.g., Dixon-Rayle, 2005; Peterson, Sarigiani, & Kennedy, 1991; Twenge & Nolen-Hoeksema, 2002; Middle, 1992). The results of the current study have clearly indicated that female adolescents are more prone to stresses and challenges related to pubertal transition than male adolescents. The differences in their scores have demonstrated that females as compared to males are more negatively affected with stressful life events.

The negative emotional states impinge on the health of adolescents. Factors that promote the manifestations of stress must be obliterated for the well-being of adolescents. Stress in adolescents is deleterious that may lead to other psychological problems and detrimental consequences. The therapy has provided the adolescents a shared atmosphere for change to cope with a range of stressful events and situations and gain new perspectives to use affective coping mechanisms to manage variety of stressors. It has further helped the adolescents to envision positive options to solve problems and to foster healthy functioning. For the current study didactic therapy has yielded improvements in the experimental group. Deep muscle relaxation exercises and cognitive restructuring proved to be quite effective techniques for stress management. There has been improvement in participants of the experimental group regarding their communication enhancement, social skills, problem-solving skills, relaxation, and reduction in stress. The clinical findings and assumptions put forth are theoretically valuable and practically significant. It is anticipated that the techniques designed for application in treatment settings would work effectively in managing stress in adolescents. Overall the results of the current study are encouraging and provide evidence for the efficacy of didactic group intervention.

Conclusions

The current study focused on a six-session group intervention with male and female adolescents undergoing and manifesting stressful symptoms. Based on the findings of the current study, didactic therapy has appeared to be a promising modality for this population. Therefore, it is recommended that it should be adopted as an effective intervention module to manage stress in adolescents.

Limitations and Future research

Limitations acknowledged regarding the current study are as follows:

1. Issues such as sample size and sampling strategies should be reviewed and efforts are required to address these issues in future studies.
2. Accurate identification of the adolescents' conflicts that leads to psychopathology is of vital consideration. More research is required in order to assess the replicability of the findings. It would be beneficial to examine the efficacy of didactic therapy for stress management with a homogeneous population of male and female adolescents.
3. Didactic therapy has far reaching application for stress-management. The educational institutions should take special measures in identifying students' stress. Further, efforts should be made to provide them appropriate support to minimize their problems. They should be provided with opportunities to learn stress management strategies so that they become capable of analyzing the root causes of their stressors from a positive perspective.

4. One of the most critical aspects of didactic therapy is the time limited aspect. Longitudinal post-intervention-studies with follow-up periods would be beneficial to further examine the endurance of therapeutic effects. Hence, preference should be given to longitudinal studies.
5. Follow-up data may be collected in order to assess the progress of participants and to determine the long term benefits and effectiveness of didactic therapy for stress management in adolescents.
6. Dissemination of information to the control group needs to be revised for future studies.
7. Blinding techniques are recommended for future researches.
8. It would be beneficial for future research if data may be included from multiple sources (such as from caregivers, schools, peers etc) in order to assess the behavioral changes with respect to stress in adolescents.

Implications of the study

There are many anticipated benefits of the study.

1. Stress in adolescence has implications for the healthy development of young people. The current study would certainly enhance our understanding of stress-management techniques and would prove to be effective in understanding the significance that should be ascribed to adolescents' stresses which impede the development during adolescent years.
2. Didactic intervention plan would be of vital importance for future researches.
3. The research findings would be an added value to the existing knowledge.

4. It would be of direct practical use. It would provide understanding and knowledge to parents, adolescents, educationists, health professional, researchers, organizations, and to the community at large.
5. Further, it will go a long way in unveiling the deeper layers of adolescents' mind and behavior.

Summary

Successful resolution of developmental tasks is a pre-requisite for the optimum functioning of adolescents. The current research has demonstrated that dysfunctional separation-individuation is associated with low behavior autonomy and psychological stress. As stress is a major problem in adolescents' lives, therefore it is a dire need to implement stress management programs for adolescents. Didactic therapy aimed at managing stress in adolescents proved to be effective. There is limited research on adolescents' separation-individuation and autonomy development in developing countries. Therefore, there is a need to understand the determinants that impact the process of separation-individuation and autonomy development in adolescents. Researches should be designed to alleviate the negative effect and accentuate the positive effect of these determinants on adolescents' development.

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PERMISSION LETTER

Dear Sir / Madam,

Assalam-o-Alaikum.

I am writing to request permission to conduct a research study at your institution. I am currently enrolled in the Doctoral program at International Islamic University, Islamabad (Pakistan). The study is entitled: 'Dysfunctional Separation-individuation and Low Autonomy in Adolescents: Manifestations and Management of Psychological stress.' The study has been approved by the Ethics Committee (Board of Advanced Study and Research, International Islamic University, Islamabad (Pakistan)). The proceedings of the research have been enclosed for you kind perusal.

I hope that the school / college administration will allow me to recruit students (12-18 years of age) from your institution to anonymously complete questionnaires (copy enclosed). Interested students, who volunteer to participate, will be given a form to be signed by them with the consent of their parents / guardian (copy enclosed) and returned to the researcher at the beginning of the research process. The data received by the participants of this study will remain confidential and anonymous. Should this research be published, only pooled results will be documented. No costs will be incurred by either your institution or the individual participants. However, the research will contribute to the existing knowledge on adolescents' developmental tasks. There are no physical or psychological risks involved in this study.

Your approval to conduct this study will be greatly appreciated. I will follow up with a telephone call next week and would be happy to answer any queries or concerns that you may have. You may contact me at my university address.

Sincerely,

Huma Zafar (Ph.D. Scholar),

Department of Psychology (Female Campus),

International Islamic University, Islamabad (Pakistan).

*Appendix B***DYSFUNCTIONAL SEPARATION-INDIVIDUATION SCALE**

Directions: How well does each of the following statements describe you? Listed below are statements that describe various feelings, attitudes and behaviors that people have. Rate how well each statement describes you using the 10-points scale below. Feel free to use any number on the continuum. Simply put the appropriate number on the line next to each statement.

Not characteristic

Very

Characteristic

1 2 3 4 5 6 7 8 9 10

S. No.	Statements
1	When people really care for someone, they often feel worse about themselves.
2	When someone gets too emotionally close to another person, they often feel worse.
3	It is when people start getting close to someone that they are most likely to get hurt.
4	People need to maintain control over others to keep them from being harmed.
5	I find that people seem to change whenever I get to know them.
6	I find that others often treat me as if I am just there to meet their every wish.
7	I need other people around me to not feel empty.
8	I sometimes feel that part of me is lost whenever I agree with someone.
9	Like others, whenever I see someone I really respect and to whom I look up, I often feel worse about myself.
10	I find it difficult to form mental pictures of people important to me.
11	Whenever I am angry with someone, I feel worthless.
12	If I were able to tell my deepest thoughts, I would feel empty
13	In my experiences, people always seem to hate me.

14	Often, when I am in a close relationship, I find that my sense of who I am gets lost.
15	I find that when I get emotionally close to someone, I sometimes feel that I have lost a part of who I am.
16	Getting physical affection itself seems more important to me than who gives it to me.
17	I find it difficult to really know another person.
18	I must admit that whenever I see someone else's faults I feel better
19	I am tempted to try to control other people in order to keep them close to me.

SCORING DIRECTIONS

Each item is rated on a scale of 1 to 10.

Scores for any person can range from 19 (if he answers '1' for each item) to 190 (if he answers '10' for each item).

*Appendix C***BEHAVIOUR AUTONOMY SCALE**

Please read each statement and circle a number 1, 2, 3 or 4 which indicates how much the statement applies to you. There is no right or wrong answer. Do not spend too much time on any statement.

S. No	Statement
1	I feel that my parents give me enough freedom
2	My parents allow me to choose my own friends without interfering too much
3	My parents allow me to decide what is right and wrong without interfering too much.
4	My parents allow me to decide what clothes I should wear without interfering too much
5	My parents allow me to choose my own dating partner without interfering too much
6	My parents have confidence in my ability to make my own decisions
7	My parents encourage me to help in making decisions about family matters
8	My parents allow me to make my own decisions about career goals without interfering too much.
9	My parents allow me to make my own decisions about educational goals without interfering too much
10	My parents let me be my 'own person' in enough situations.

SCORING DIRECTIONS

Responses options range from 1 (strongly disagree) to 4 (strongly agree).

*Appendix D***DEPRESSION ANXIETY STRESS SCALE**

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There is no right or wrong answer. Do not spend too much time on any statement. The rating scale is as follows:

0 = Did not apply to me at all

1 = Applied to me to some degree, or some of the time

2 = Applied to me to a considerable degree, or a good part of time

3 = Applied to me very much, or most of the time

S. No.	Statement
1	I found myself getting upset by quite trivial things
2	I was aware of dryness of my mouth
3	I couldn't seem to experience any positive feeling at all
4	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)
5	I just couldn't seem to get going
6	I tended to over-react to situations
7	I had a feeling of shakiness (e.g., legs going to give way)
8	I found it difficult to relax
9	I found myself in situations that made me so anxious I was most relieved when they ended
10	I felt that I had nothing to look forward to
11	I found myself getting upset rather easily
12	I felt that I was using a lot of nervous energy
13	I felt sad and depressed
14	I found myself getting impatient when I was delayed in any way (e.g., lifts, traffic lights, being kept waiting)
15	I had a feeling of faintness
16	I felt that I had lost interest in just about everything
17	I felt I wasn't worth much as a person.
18	I felt that I was rather touchy
19	I perspired noticeably (e.g., hands sweaty) in the absence of high temperatures or

	physical exertion.
20	I felt scared without any good reason
21	I felt that life wasn't worthwhile
22	I found it hard to wind down
23	I had difficulty in swallowing
24	I couldn't seem to get any enjoyment out of the things I did
25	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)
26	I felt down-hearted and blue
27	I found that I was very irritable
28	I felt I was close to panic
29	I found it hard to calm down after something upset me
30	I feared that I would be "thrown" by some trivial but unfamiliar task
31	I was unable to become enthusiastic about anything
32	I found it difficult to tolerate interruptions to what I was doing
33	I was in a state of nervous tension
34	I felt I was pretty worthless
35	I was intolerant of anything that kept me from getting on with what I was doing
36	I felt terrified
37	I could see nothing in the future to be hopeful about
38	I felt that life was meaningless
39	I found myself getting agitated
40	I was worried about situations in which I might panic and make a fool of myself
41	I experienced trembling (e.g., in the hands)
42	I found it difficult to work up the initiative to do things.

SCORING DIRECTIONS: The DASS provides three scores, one for depression, one for anxiety and one for stress. The scores of Depression, Anxiety and Stress are obtained by summing the items for each scale.

The depression scale items are: 3, 5, 10, 13, 16, 17, 21, 24, 26, 31, 34, 37, 38, 42

The anxiety scale items are: 2, 4, 7, 9, 15, 19, 20, 23, 25, 28, 30, 36, 40, 41

The stress scale items are: 1, 6, 8, 11, 12, 14, 18, 22, 27, 29, 32, 33, 35, 39

ATTITUDE AND FEELINGS SURVEY

(HEALTHY SEPARATION SCALE)

Listed below are a number of statements which best describe various feelings, attitudes, and behaviors that people have. Read each statement and then mark on your sheet:

- (a) = if the statement is always true for you or strongly agree with it,
- (b) = if the statement is usually true for you or generally agree with it,
- (c) = if the statement is sometimes true for you or slightly agree with it,
- (d) = if the statement is hardly ever true for you or generally disagree with it,
- (e) = if the statement is never true for you or strongly disagree with it.

Please answer all of the questions. If you have difficulty answering a particular question, choose the response which is closest to your feelings on that item, even though you may not feel strongly one way or another.

Please use a # 2 pencil to complete the answer sheet and erase completely any answer you may wish to change. In marking your choices, be sure the number of the statement you have just read is the same number you are marking on the answer sheet.

S.No.	Statement
1	I enjoy being by myself and with others approximately the same.
2	I am friendly with several different types of people.
3	Even when I am very close to another person, I feel I can be myself.
4	My friends and I have some common interests and some differences.
5	Although my best friend does things I do not like, I still care about him/her a great deal.
6	Although I am like my close friends in some ways, we're also different from each other in other ways.
7	While I like to get along well with my friends, if I disagree with something they're doing, I usually feel free to say so.

Healthy separation (Maturity - Pseudo maturity) items are 5, 11, 17, 24, 31, 39, 46.

Scoring formula: (a) = 5, (b) = 4, (c) = 3, (d) = 2, (e) = 1

Total for each scale = (raw score total / # of items in scale) x 10

Appendix-F

Consent Form (Study-I)

اطلاقی اقرارنامہ فارم (مطالعہ نمبر 1)

عزیز طالب علم السلام علیکم!

میرا نام ہماظفر ہے اور میں انٹرنیشنل اسلامی یونیورسٹی اسلام آباد، پاکستان میں ڈاکٹریٹ کی طالب ہوں۔
نوجوانوں کی نفسیاتی نشوونما پر تحقیق کر رہی ہوں، اس امید کے ساتھ کہ آپ اس تحقیق میں دلچسپی اور حصہ لیں گے۔
میری تحقیق کا عنوان ہے:

"Dysfunctional Separation-Individuation

and Low Autonomy in adolescents:

Manifestations and management of Psychological Stress"

آپ کی اس تحقیق میں حصہ لینے کی خواہش رضا کارانہ ہے اگر آپ اس میں حصہ لینے پر متفق ہیں تو آپ کو کچھ
سوال ناموں کے جواب دینے ہوں گے جو کہ آپ اور دوسروں کے خیالات سے متعلق ہوں گے۔ تمام سبیا کردہ
معلومات صیغہ راز میں رکھی جائیں گی اور یہ صرف تحقیقی مقاصد کے لئے استعمال کی جائیں گی۔ اس سے آپ کی تعلیمی
سرگرمیوں پر کوئی منفی اثرات نہیں ہوں گے۔ آپ کی شرکت سے آپ کو اس سے کوئی مالی فائدہ نہیں ہوگا تاہم یہ آپ
کے موجودہ علم کے حصول کے لئے ضرور کارآمد ثابت ہوگا۔ اگر آپ اس سے متفق ہیں تو برائے کرم اس فارم پر دستخط
ثبت کریں۔

مجھ سے رابطہ کرنے میں کوئی ہچکچاہٹ محسوس نہ کریں۔ اگر اس پر کوئی تحفظات ہوں تو آپ اس تحقیقی کام سے کسی
وقت بھی کنارہ کش کر سکتے ہیں لیکن آپ محقق کو اس سے آگاہ فرمائیں گے۔

دستخط محقق:

دستخط طالب علم

Ph.D. Scholar: HUI ہماظفر

Consent Form (Study-II)

اطلاعی اقرانہ۔ فارم (مطالعہ نمبر 2)

عزیز طالب علم اسلام علیکم!

میراثام ہماظفر بے اور میں انٹرنیشنل اسلامی یونیورسٹی، اسلام آباد، پاکستان میں ڈاکٹریٹ کی طالبہ ہوں۔ میں بالعموم کے نفسیاتی دباؤ اور کشیدگی کے حوالے سے تحقیق کر رہی ہوں جس کے ذریعے وہ اپنے دباؤ اور کشیدگی کے عوامل پر قابو پاسکتے ہیں۔ وہ نفسیاتی دباؤ سے نمٹنے کی صلاحیت ایک مکمل معیاری امتحان کے ذریعے ایک تربیتی پروگرام (ٹینشن) میں شامل ہو کر حاصل کر سکتے ہیں۔ اگر آپ اس تحقیق میں حصہ لینا چاہیں تو آپ کو ایک سولہ ماہہ پُر کرنا ہوگا جو کہ آپ اور دوسرے افراد کے خیالات سے متعلق ہوگا۔ تمام یہاں کردہ معلومات صیغہ راز میں رکھی جائیں گی اور یہ صرف تحقیقی مقاصد کے لیے استعمال کی جائیں گی۔ اس سے آپ کی تعلیمی سرگرمیوں پر کوئی منفی اثرات نہیں پڑیں گے۔ آپ کی شرکت سے آپ کو اس سے کوئی مالی فائدہ نہیں ہوگا تاہم یہ ٹینشن آپ کے علم اور ذہنی اور جسمانی صحت کے لیے ضرور کارآمد ثابت ہوں گے۔ اگر آپ اس میں حصہ لینا چاہیں تو براہ کرم اس فارم پر دستخط ثبت کریں۔

مجھ سے رابطہ کرنے میں کوئی ہچکچاہٹ محسوس نہ کریں۔ اگر اس پر کوئی تھنکات ہوں تو آپ اس تحقیقی کام سے کسی وقت بھی بغیر کسی جرمانے کے کنارہ کشی کر سکتے ہیں لیکن آپ محقق کو اس سے آگاہ فرمائیں گے۔

دستخط محقق:

دستخط طالب علم

Ph.D Scholar: HUI ہماظفر

Appendix-H

Demographic Questionnaire (Urdu)

-----	نام:
-----	جنس:
-----	عمر:
-----	تہا مت:
-----	کالج/سکول

Appendix-I

Dysfunctional Separation-Individuation Scale

(Urdu Version)

ہدایات: مندرجہ ذیل فقرات آپ کے بارے میں کتنا بہتر وضاحت کرتے ہیں؟ ذیل میں ان بیانات کی فہرست دی گئی ہے جو کہ لوگوں کے مختلف احساسات/ رویوں اور برتاؤ کو بیان کرتے ہیں۔ نیچے دیئے گئے دس پوائنٹ کی درجہ بندی کو استعمال کرتے ہوئے درجہ بندی کریں کہ ہر بیان آپ کے بارے میں کتنی وضاحت کرتا ہے۔ بعد ازاں استعمال کرنے میں مکمل آزادی محسوس کریں۔ صرف یہ بیان: "آگے دی گئی انہیں پر مناسب نمبر ڈال دیں۔"

بہت خصوصیت

کوئی خصوصیت نہیں

۱۰ ۹ ۸ ۷ ۶ ۵ ۴ ۳ ۲ ۱
10 9 8 7 6 5 4 3 2 1

نمبر شمار	فقرات	منتخب کردہ نمبر
1	جب لوگ حقیقتاً کسی کا خیال رکھتے ہیں، وہ اکثر مہربانہ میں بدتر محسوس کرتے ہیں۔	
2	جب کوئی جذباتی طور کی دوسرے فرد کے زیادہ قریب ہو جاتا ہے، وہ اکثر بدتر محسوس کرتے ہیں۔	
3	ایسا اس وقت ہوتا ہے جب لوگ کسی ایسے فرد کے قریب ہوتا شروع ہوتے ہیں جس سے ان کو تکلیف پہنچ سکتی ہے۔	
4	خود کو نقصان سے بچانے کے لئے لوگوں کو دوسروں پر کنٹرول برقرار رکھنے کی ضرورت ہوتی ہے۔	
5	مجھے لگتا ہے کہ جب بھی میں لوگوں کو جان لیتا ہوں وہ چپقلہ ہوتے دکھائی دیتے ہیں۔	
6	مجھے لگتا ہے کہ دوسرے میرے ساتھ ایسا سلوک کرتے ہیں گویا میں صرف ان کی ہر خواہش پورا کرنے کے لئے ادھر ہوں۔	
7	مجھے اپنے ارد گرد دوسرے لوگوں کی ضرورت ہے تاکہ میں تنہا محسوس نہ کروں۔	
8	جب بھی میں کسی سے متعلق ہوتا ہوں تو کبھی کبھار مجھے ایسا محسوس ہوتا ہے کہ میری ذات کا کوئی حصہ کھو گیا ہے۔	

9	دوسروں کی طرح، جب بھی میں کسی ایسے فرد کو دیکھتا ہوں جس کی میں واقعی عزت کرتا ہوں اور جس کی جانب میں دیکھتا ہوں، میں اکثر خود کے بارے میں بدتر محسوس کرتا ہوں۔
10	میں ایسے لوگوں کا ذہنی تصور تشکیل دینے میں مشکل محسوس کرتا ہوں جو میرے لئے اہم ہیں۔
11	جب بھی میں کسی پر غصہ ہوتا ہوں میں خود کو بے وقعت لانا کارہ محسوس کرتا ہوں۔
12	اُس میں اپنے انتہائی گہرے خیالات بتانے کے قابل ہوں تو شاید میں کھوکھا محسوس کروں۔
13	میرے تجربات میں، ایسا لگتا ہے کہ لوگ ہمیشہ مجھ سے نفرت کرتے ہیں۔
14	اکثر جب میں کسی کے ساتھ قریبی رشتہ میں استوار ہوتا ہوں، مجھے معلوم ہوتا ہے کہ میرا یہ احساس کہ میں کون ہوں، کھو جاتا ہے۔
15	مجھے لگتا ہے کہ جب میں جذباتی طور پر کسی سے قریب ہوتا ہوں، بعض اوقات میں محسوس کرتا ہوں کہ میں نے اپنا ایک حصہ کھو دیا ہے۔
16	جسمانی قرب حاصل کرنا بذات خود مجھے اس فرد سے زیادہ اہم محسوس ہوتا ہے بہ نسبت اسکے کہ وہ مجھے کون دیتا ہے۔
17	دوسرے فرد کے بارے میں حقیقی طور پر جاننا مجھے مشکل معلوم ہوتا ہے۔
18	میں یہ لازماً قرار کرتا ہوں کہ جب بھی میں کسی کی غلطیاں دیکھتا ہوں میں بہتر محسوس کرتا ہوں۔
19	لوگوں کو اپنے قریب رکھنے کے لئے میں دوسروں کو کنٹرول کرنے کی کوشش کرتا ہوں۔

Appendix-J

Behavior Autonomy Scale (Urdu Version)

یہ اسے میری بات پر فخر سے کام لیا کریں اور ایک نمبر 1، 2، 3، یا 4 میں سے کسی ایک کو منتخب کر کے اس پر دہرانا لائیں۔
جو یہ ظاہر کرنے کی یہ بیان آپ پر کسی حد تک لاکھوتا ہے۔ کوئی غلط یا درست جواب نہیں ہیں۔ کسی بھی بیان پر بہت زیادہ وقت
صرف مت کریں۔

نمبر نمبر	فقرے	اجتنابی متفق کے لئے	متفق کے لئے	غیر متفق کے لئے	بالکل غیر متفق کے لئے
1	میں محسوس کرتا/کرتی ہوں کہ میرے والدین مجھے کافی آزادی دیتے ہیں	4	3	2	1
2	میرے والدین نے زیادہ اختلات کے بغیر مجھے اپنے دوست منتخب کرنے کی اجازت دے رکھی ہے	4	3	2	1
3	میرے والدین نے زیادہ اختلات کے بغیر مجھے اس بات کا فیصلہ کرنے کی اجازت دے رکھی ہے کہ کیا درست ہے اور کیا غلط ہے	4	3	2	1
4	میرے والدین نے زیادہ اختلات کے بغیر مجھے یہ فیصلہ کرنے کی اجازت دے رکھی ہے کہ مجھے کون سے کپڑے پہننے چاہئیں	4	3	2	1
5	میرے والدین نے زیادہ اختلات کے بغیر مجھے اجازت دے رکھی ہے کہ میں کسی لڑکے یا لڑکی کو دوست بناؤں	4	3	2	1
6	میرے والدین کو میرے لئے ہونے والی چیزوں پر بھروسہ ہے	4	3	2	1
7	میرے والدین مجھے خاندانی معاملات کے بارے میں فیصلہ کرنے میں میری معاونت (مدد) کی حوصلہ افزائی کرتے ہیں	4	3	2	1
8	میرے والدین نے زیادہ اختلات کے بغیر مجھے اپنے پیشہ ورانہ کے اہداف منتخب کرنے کی اجازت دے رکھی ہے	4	3	2	1
9	میرے والدین نے زیادہ اختلات کے بغیر مجھے اپنے تعلیمی اہداف منتخب کرنے کی اجازت دے رکھی ہے	4	3	2	1
10	میرے والدین نے کسی قسم کی مداخلت میں مجھے اپنی ذات پر بھروسہ کرنے دیا	4	3	2	1

Appendix-K

Depression Anxiety Stress Scale (Urdu Version)

برائے معربانہ فقرے کا مطالعہ کریں اور ایک نمبر 0، 1، 2 یا 3 پر درجہ لگائیں جو یہ ظاہر کرے کہ کتنا شدید یہ بیان آپ پر کس حد تک لاکھوں کوئی غلط یا درست جوابات نہیں ہیں۔ کسی بھی بیان پر بہت زیادہ وقت صرف مت کریں۔

نمبر شمار	فقرے	مجھ پر بالکل بھی لاکھوں ہوتا	مجھ پر کسی حد تک، یا کچھ وقت کے لئے لاکھوں ہوتا ہے	مجھ پر کافی حد تک، یا کافی وقت کے لئے لاکھوں ہوتا ہے	مجھ پر بہت حد تک یا زیادہ تر وقت کے لئے لاکھوں ہوتا ہے
1	میں نے اپنے آپ کو غموں یا غم کی وجہ سے پریشان پایا	0	1	2	3
2	میں اپنا منہ ٹھنک ہونے کے بارے میں جانتا تھا	0	1	2	3
3	میں کسی بھی قسم کے مثبت احساس نہیں رکھتا	0	1	2	3
4	مجھے سانس لینے میں دشواری کا سامنا ہوا (مثلاً سانس کا زیادہ تیزی سے چٹنا، جسمانی مشقت کی غیر موجودگی میں سانس لینے میں دقت ہونا)	0	1	2	3
5	میں خود کو کام کرنے کے لیے مستعد نہ پا سکا	0	1	2	3
6	میرا رد عمل صورت حال کی مناسبت سے شدید ہوتا۔	0	1	2	3
7	مجھے لاکھڑائے/کاپٹنے کا احساس ہوا (مثلاً ہانگوں کا جواب دینا)	0	1	2	3
8	مجھے پر سکون رہنا مشکل محسوس ہوا	0	1	2	3

9	میں نے خود کو ایسی صور حال میں پایا جس نے مجھے بہت پریشان کر دیا۔ میں نے ان کے ختم ہونے پر بہت بہتر محسوس کیا	0	1	2	3
10	مجھے محسوس ہوا کہ میرے پاس آئندہ کرنے کے لیے کچھ نہیں ہے۔	0	1	2	3
11	میں نے محسوس کیا کہ میں جلدی پریشان ہو جاتا ہوں	0	1	2	3
12	میں نے محسوس کیا کہ میں بہت زیادہ اوصالی و تانی استعمال کرتا رہا ہوں	0	1	2	3
13	میں نے خود کو شکستیں کھانے والے محسوس کیا	0	1	2	3
14	جب بھی مجھے کس معاملے میں دیر ہوئی میں نے خود کو بے صبر محسوس کیا (مثلاً لفٹ میں ٹریفک لائٹس کی وجہ سے یا انتظار کروانے پر)	0	1	2	3
15	مجھے بے ہوشی کا احساس ہوا	0	1	2	3
16	مجھے احساس ہوا کہ میں نے ہر چیز میں دلچسپی کھودی ہے	0	1	2	3
17	مجھے احساس ہوا کہ بحیثیت انسان میری کوئی اہمیت نہیں	0	1	2	3
18	مجھے احساس ہوا کہ میں ذرا احساس طبیعت کا مالک ہوں	0	1	2	3
19	زیادہ درجہ حرارت یا جسمانی مشقت کے بغیر بھی مجھے واضح طور پر پسینہ آیا (مثلاً ہاتھوں میں پسینہ آنا)۔	0	1	2	3

20	میں نے بغیر کسی مناسب وجہ کے خوف محسوس کیا	0	1	2	3
21	مجھے احساس ہوا کہ زندگی بڑی بے وقعت ہے	0	1	2	3
22	مجھے کام ختم کرنا مشکل محسوس ہوا	0	1	2	3
23	مجھے نکتے میں دشواری کا سامنا ہوا	0	1	2	3
24	مجھے اپنے کئے ہوئے کاموں سے کسی لطف کا احساس نہیں ہوا	0	1	2	3
25	کسی بھی جسمانی مشقت کی بغیر موجودگی میں، میں اپنے دل کی حرکت سے آگاہ / بااثر تھا (مثلاً دل کی دھڑکن پر جھنے کا احساس، دل کی دھڑکن میں بے تکانگی)	0	1	2	3
26	میں نے بے دلی اور مایوسی محسوس کی	0	1	2	3
27	مجھے احساس ہوا کہ میں بہت چڑچڑاہوں	0	1	2	3
28	مجھے احساس ہوا کہ میری پریشانی حد سے بڑھ گئی ہے	0	1	2	3
29	جب بھی کسی بات نے مجھے پریشان کیا، اس کے بعد مجھے پر سکون ہونے میں دشواری کا سامنا کرنا پڑا	0	1	2	3
30	مجھے اس بات کا ذکر محسوس ہوا کہ میں کسی معمولی مگر بغیر مانوس کام کی وجہ سے نکال دیا جاؤں گا	0	1	2	3

31	0	1	2	3	میں کسی بھی چیز کے بارے میں پرجوش ہونے کے قابل نہیں تھا
32	0	1	2	3	میں نے اپنے کام کے دوران مداخلت کو برداشت کرنے میں مشکل محسوس کی۔
33	0	1	2	3	میں انصافی تناؤ کی حالت میں تھا
34	0	1	2	3	میں نے محسوس کیا میں کافی غیر اہم تھا
35	0	1	2	3	میں نے ایسی کسی بھی بات کو برداشت نہیں کیا جو میرے کام کو جاری رکھے میں مداخلت کرتا تھا
36	0	1	2	3	میں نے خود کو خوفزدہ محسوس کیا
37	0	1	2	3	مجھے مستقبل میں کوئی چیز ایسی نظر نہیں آتی جس کے متعلق میں برا امید ہوں
38	0	1	2	3	مجھے محسوس ہوا کہ زندگی بے معنی ہے
39	0	1	2	3	میں نے خود کو بے چین ہوتے محسوس کیا
40	0	1	2	3	میں ان صورتحال کے بارے میں پریشان تھا جن سے میں خوفزدہ ہو جاتا اور خود کو بے وقوف بناتا
41	0	1	2	3	میں نے کچھ پابست محسوس کی (مثلاً) (ہاتھوں میں)
42	0	1	2	3	میں نے کسی بھی کام کے پیل کرنے میں مشکل محسوس کی

Appendix-L

Healthy Separation Scale (Urdu Version)

بدلیات ذیل میں ان بیانات کی درست دی گئی ہے جو کہ لوگوں کے مختلف رویوں کو بیان کرتے ہیں۔ ہر بیان کا مطالعہ کریں اور پھر اپنی شیٹ پر نشان لگائیں۔

اگر بیان آپ کے لئے ہمیشہ درست ہو یا آپ اس سے بالکل متفق ہوں تو فقرے کے آگے A لکھیں
اگر بیان آپ کے لئے عمومی طور پر درست ہو یا آپ اس سے عمومی طور پر متفق ہوں تو فقرے کے آگے B لکھیں
اگر بیان آپ کے بارے میں کبھی کبھار درست ہو یا آپ اس سے کچھ حد تک متفق ہوں تو فقرے کے آگے C لکھیں
اگر بیان آپ کے بارے میں شاید ہی کبھی درست ہو یا آپ اس سے عمومی طور پر غیر متفق ہوں تو فقرے کے آگے D لکھیں
اگر بیان آپ کے بارے میں بالکل غلط ہو یا آپ اس سے بالکل غیر متفق ہوں تو فقرے کے آگے E لکھیں
برائے مہربانی تمام سوالات کے جواب دیں۔ اگر آپ ایک مخصوص سوال کا جواب دینے میں دشواری محسوس کریں تو اس بارے میں اس رد عمل کو منتخب کریں جو آپ کے احساسات کے قریب ترین ہو، چاہے آپ اس سے بہت زیادہ متفق نہ بھی ہوں۔
برائے مہربانی جو اپنی شیٹ مکمل کرنے کے لئے نمبر 2 کی فیصل استعمال کریں اور اگر آپ کسی بھی جواب کو تھوٹیل کرنا چاہیں تو اس کو مکمل طور پر ہٹا دیں۔ اپنے انتخاب پر نشان لگانے کے لئے اس بات کو یقینی بنائیں کہ آپ نے جس بیان کا بھی مطالعہ کیا ہے اسی نمبر کا ہے جس پر آپ جو فیصلہ پر نشان لگا رہے ہیں۔

نمبر شمار	فقرے	جواب
1	میرا بچہ آپ کے اور دوسروں کے ساتھ تقریباً ایک ہییا لطف اندوز ہوتا / ہوتی ہوں۔	
2	میں مختلف طرح کے لوگوں کے ساتھ دوستانہ رویہ رکھتا / رکھتی ہوں۔	
3	یہاں تک کہ جب میں کسی دوسرے سے بہت قریب ہوتا ہوں، مجھے احساس ہوتا ہے کہ اپنا آپ نہیں کھاتا / کھاتی۔	
4	میرے اوپر سے دوستوں کے اور بیان کچھ شے کہ مفادات اور گیمز اختلافات ہیں۔	
5	ملا لکھ کر / ابھری بہترین دوست اپنے کام کرنا / کرتی ہے جو مجھے پسند نہیں۔ میں ہر بھی اس کا بہت خیال رکھتا / رکھتی ہوں۔	
6	ملا لکھ میں کچھ طریقوں میں اپنے قریبی دوستوں کی انتہا ہوں مگر کچھ طریقوں میں ہم ایک دوسرے سے مختلف بھی ہیں۔	
7	جس دوران میں اپنے دوستوں کے ساتھ کبھی طرح چلتا چلتا / چلتی ہوں، جیوہ کر رہے ہوں۔ میں اگرچہ اس سے اختلاف ہو تو عام طور پر میں کھل کر کہہ دیتا / دیتی ہوں۔	

BROCHURE FOR THE CONTROL GROUP

ڈینی دباؤ: اس کی درست مقدار کے ساتھ کس طرح زندہ رہا جائے

ڈینی دباؤ کے بارے میں کچھ حقائق

ہم سب ڈینی دباؤ کے ماہرین ہیں۔ ہم سب کو کبھی نہ کبھی اس کا تجربہ ہوا ہے، اور کبھی لوگ اس پر ہر وقت تباہ پانے میں کامیاب ہوتے ہیں۔ مسئلہ اتنا عام ہے کہ یہ سمجھنا کہ اس سے کیسا نمٹا جائے نہایت ضروری ہے، اس کتابچے میں ڈینی دباؤ سے متعلق آگہی اور معلومات اور پھر اس سے نمٹنے کے طریقے بتائے گئے ہیں۔

اوپری سطح اور چلی سطح

ڈینی دباؤ کی ایک مشکل یہ ہے کہ یا تو یہ آپ کے حق میں یا آپ کے خلاف کام کر سکتا ہے، بالکل کار کے ایک ماہر کی مانند۔ جب ماہر میں پریشور درست ہو، آپ مرکز پر ہموار طریقے سے گاڑی چلا سکتے ہیں، اگر یہ بہت کم ہو، آپ تمام ڈھکوں کو محسوس کرتے ہیں اور گاڑی کا کنٹرول سست محسوس ہوتا ہے۔ اگر یہ بہت زیادہ ہو، آپ راستے کے گڑبڑوں پر اچھلنے ہیں، اور آسانی کے ساتھ کنٹرول سے باہر ہو سکتے ہیں۔

مشکل یہ ہے کہ کئی لوگ، جب وہ ٹھنڈا محسوس کرتے ہیں، ردائیں کے طور پر اپنی کوششوں کو دوڑانا شروع دیتے ہیں۔ اور یوں ڈینی دباؤ بھی بڑھ جاتا ہے۔ پھر مسائل گنجان اور تیز ہو جاتے ہیں اس طرح آگے کی سوچنا اور ذہن میں آنے والے پہلے عمل پر عمل کرنا مشکل ہو جاتا ہے۔

بیرونی اور اندرونی

ڈینی دباؤ، بیرونی اور اندرونی دونوں طرح سے ہوتا ہے۔ بیرونی ڈینی دباؤ آپ پر موجود دباؤ یا اس وزن کی حکایتی کرتا ہے جو آپ اٹھانے پھرتے ہیں، آپ کی نوکری، آپ کے بچوں یا والدین کے آپ سے مطالبات، آپ کا زمین زمین اور کئی دوسری باتیں۔ ڈینی دباؤ کے بیرونی ذرائع آپ کے ان باتوں پر ردائیں ہیں۔ اگر مطالبات بہت زیادہ نظر آتے ہوں اور آپ کے وسائل کم ہوں، آپ ڈینی دباؤ محسوس کریں گے۔ "ابھی بہت کچھ کرنا ہے۔" "ایسا کوئی طریقہ نہیں کہ میں یہ کر سکوں۔" ڈینی دباؤ کے اندرونی ذرائع میں خواہشات، احساسات اور روپے شامل ہیں۔ اپنی نوکری اچھی طرح کرنے، کامیاب ہونے، چاہے جانے یا دوسرے لوگوں کو خوش رکھنے کی خواہشات آپ پر دباؤ ڈالتی ہیں۔ پریشانی، غصہ یا حسد محسوس کرنا آپ کی توانائی کو سلب کرتی ہے۔ پھر آپ اکثر بے محسوس کرتے ہیں۔ ان میں کوئی بھی رویہ بذات خود دوسرے سے بہتر یا بدتر نہیں ہے۔ مگر بعض اوقات یہ اندرونی ذرائع بیرونی ذرائع کے ساتھ مل جاتے ہیں اور بہت زیادہ ڈینی دباؤ پیدا

کرتے ہیں۔ جب یہ معاملہ ہو، ذہنی دباؤ کو یا تو بیرونی ذہنی دباؤ یا اندرونی ذہنی دباؤ یا دونوں کو کم کر کے گھٹایا جاسکتا ہے (مثال کے طور پر، رویوں کی تبدیلی سے)۔

انی (Annie) تین بچوں، پارٹ نام نوکری، مگر کے زیادہ تر کاموں اور اپنی بوڑھی ماں کے بارے میں پریشان ہونے کے ساتھ نینے کے قابل تھی۔ ایک روز جب واشنگ مشین ٹراب ہوئی تو وہ ٹوٹ پھوٹ کا شکار ہوئی۔ مارٹن نے اپنا کاروبار شروع کیا، وہ معاشی بدحالی کا سامنا کر رہا تھا، وہ ایک مقامی بوتھ کلب میں رضا کار کے طور پر خدمات سرانجام دیتا تھا اور ان مسائل کے زیر اثر تھا۔ جب اس کا اسسٹنٹ کام پر دیر سے آیا تو وہ چھٹ پڑا۔ یہ سب ذہنی دباؤ کے زیر اثر ہوا۔

ذہنی دباؤ کے جسمانی اثرات

ذہنی دباؤ ہماری صحت کے لئے برا ہو سکتا ہے۔ دو طرح کی تحقیق سے ثبوت سامنے آئے ہیں: پہلی انسانوں اور جانوروں دونوں میں ذہنی دباؤ پر فزیالوجیکل رد عمل کی تحقیق ہے، دوسری تحقیق فزیالوجیکل عناصر کا جسمانی پیاریوں کے ساتھ تعلق ہے۔ ذہنی دباؤ کا واحد اہم ترین اثر یہ ہے کہ تقریباً یقینی طور پر یہ دل کے دورے کا امکان بڑھا دیتا ہے۔ مزید ثبوت یہ ہے کہ ایسے افراد جن کو ایک مرتبہ دل کا درد پہنچا ہو ان پر فزیالوجیکل تحقیقوں کی وجہ سے ذہنی دباؤ کم ہونے سے دل کے دوسرے دورے کا امکان کم ہو گیا۔

ذہنی دباؤ جسمانی مسائل کو بھی جنم دے سکتا ہے، نمایاں ترین ہیضہ اور چھت کا درد ہے۔ اسکے ساتھ ساتھ سر درد اور امکانی طور پر یہ ان افراد میں درد کے متواتر دوروں کا باعث بن سکتا ہے جو پہلے ہی درد کی جانب مائل ہوں۔ کئی افراد جو جلد کی خراشوں، گتھیا اور سرگی کی دائمی پیاریوں میں مبتلا تھے، انہوں نے بتایا کہ ذہنی دباؤ کے وقت ان کے مسائل کہیں زیادہ بڑھ جاتے ہیں۔

فزیالوجیکل تحقیق ثابت کرتی ہے کہ ذہنی دباؤ بارہمونی کی سطحوں، ہورمونل فحسی نظام (نظام جو انجیکشن ہورمون اقسام کے کینسر کے خلاف لڑنے میں مدد کرتا ہے) کو متاثر کر سکتا ہے، مگر یہ معلوم نہیں ہے کہ آیا یہ اثرات بیماری کی جانب لے جاتے ہیں یا نہیں۔

کیا آپ بہت زیادہ ذہنی دباؤ کا شکار ہو رہے ہیں؟

ذہنی دباؤ سے نینے کے کلیدی طریقوں میں سے ایک اس بات کو ابتدائی طور پر پہچان لینا ہے کہ آپ بہت زیادہ ذہنی دباؤ کا شکار ہو رہے ہیں۔ مندرجہ ذیل چار اقدام پر عمل کرنے سے آپ کو یہ فیصلہ کرنے میں کامیابی ہو سکتی ہے کہ کیا آپ کے ساتھ یہ ہو رہا ہے۔

قدم 1: اپنی علامات کو پہچاننا سیکھئے

ہر فرد بڑھتے ہوئے ذہنی دباؤ پر اپنے طریقے سے رد عمل ظاہر کرتا ہے۔ کچھ لوگ زیادہ مضطرب اور بے چین ہو جاتے ہیں، دوسرے اپنی چیز گھسیٹتے ہیں اور فیصلہ کرنے سے اجتناب کرتے ہیں۔ دونوں صورتوں میں، ذہنی دباؤ ان کو کم موثر بنا دیتا ہے۔ اہم بات یہ جاننا ہے کہ آپ کیسا رد عمل ظاہر کرتے ہیں۔ جتنا بہتر طریقے سے آپ اپنی علامات کو جان لیں گے اتنا بہتر طریقے سے آپ اس مسئلے سے نمٹ سکتے ہیں۔ ایسے مواقع اور اوقات جن میں آپ ماضی میں ذہنی دباؤ کا شکار ہوئے تھے پر اترنا ذکر کر کے آپ اپنے بارے میں جان سکتے ہیں۔ پھر مستقبل میں آپ ذہنی دباؤ کے قابو سے باہر ہونے سے پیشتر ہی اقدامات اٹھانے کے لئے ان علامات کو جلد پہچاننا سیکھ سکتے ہیں۔ مندرجہ ذیل سوالنامہ آپ کو اپنے رد عمل کی پہچان کرنے میں مدد فراہم کرے گا۔

1. جب آپ ذہنی دباؤ کا شکار ہوتے ہیں تو کیسا محسوس کرتے ہیں؟
 2. یہ کیسے ظاہر ہوتا ہے؟
 3. آپ کے دماغ میں کیا خیالات پیدا ہوتے ہیں؟
 4. آپ کیا کرتے ہیں؟
 5. یہ دوسروں کو کیسے متاثر کرتا ہے؟
 6. ان کے رد عمل آپ کو کیسے متاثر کرتے ہیں؟
- اپنی زندگی میں ذہنی دباؤ کی پہچان کرنے کے لئے، ذیل میں مندرجہ ذیل علامات بیان کی گئی ہیں۔

تبدیلیاں جو ذہنی دباؤ کی علامات ہو سکتی ہیں

احساسات

عدم برداشت، جلد غصہ آ جانا، یا آسانی سے بھڑک اٹھنا
پریشانی محسوس کرنا مثلاً اپنی صحت کے بارے میں، یا کوئی بھی دوسری بات
خوف مثلاً قابو سے باہر ہو جانا

قابل رحم محسوس کرنا یا آنکھوں میں آنسو بھر آنا

سر دھیری یا اشتعال

کثیر تو قیر ذات

بیسیدس الھنا، درد، خاص طور پر سرد درد اور پیٹ درد

تواتر کے ساتھ چھوٹی چھوٹی بیماریوں میں مبتلا ہونا

مناسب طریقے سے نیند نہ آنا
خوراک میں کمی یا اضافہ
السر کا ہونا

خیالات

چیزیں بھول جانا: غلطیاں کرنا
کسی کام پر توجہ دینے میں مشکل محسوس کرنا
کوئی فیصلہ نہ کر پانا
پریشان ہو جانا
تاخیر

بہت آگے کے بارے میں سوچنے سے قاصر ہونا
مسائل کو حل کرنے کی بجائے پریشان ہونا یا غور و فکر کرنا
قابو پر قرار رکھنے کی کوشش میں سخت اور غیر لچکدار ہو جانا

رویے

اپنے وقت کا انتہائی غیر موثر طریقے سے استعمال کرنا
خود کو اور دوسروں کا انتہائی برے طریقے سے منظم کرنا
جلد بازی کرنا
کاموں / مسائل سے جھٹنے سے گریز کرنا
ایسے کاموں میں کمی لے آنا جو آپ خوشی کے لیے کرتے ہیں
اپنے دوستوں سے رابطے کھود دینا
مسئلے کے لیے دوسروں کو مورد الزام ٹھہرانا
کسی کام کو دوسروں پر ڈال دینا
یہ محسوس کرنا کہ آپ کے پاس لطف اندوز ہونے کے لیے وقت نہیں ہے
تشیات کی جانب راغب ہو جانا

اپنے ذہنی دباؤ کی ذاتی علامات کو تلاش کریں اور یاد رکھیں کہ ہر ست میں دی گئی چیزیں عمومی طور پر آثار چھٹاؤ پیدا کر سکتی ہیں۔

دوسرا قدم: ذہنی دباؤ کے حجم کو جانیں

ان تمام ذہنی دباؤ کی علامات پر ایک معروضی نظر ڈالیں ان کا آپ سامنا کرتے ہیں، اور اگر ہو سکتا تو ان کو تحریر کر لیں۔ ذہنی دباؤ کے حوالے سے اہم باتوں (آپ کی نوکری، آپ کے مالی حالات، بور دوستیاں) کے ساتھ ساتھ غیر اہم باتیں (چھوٹی موٹی باتیں) بھی اہمیت کی حامل ہوتی ہیں۔ بوجھ کو کم کرنے کے اس طریقے سے آگاہ رہیں جیسا کہ دوسرے کرتے ہیں، مثلاً "ہر دوسرا دن بھی کم از کم اتنے بوجھ سے تونٹ سکتا ہے" یا پھر "مجھے اس سے ٹپٹے کے قابل ہونا چاہئے، گزشتہ سال میں ایسا کر سکتا تھا"۔ لمبے عرصے تک ایک بھاری بوجھ اٹھانے لکھنا آپ کو آخر میں تڑپھوڑ سکتا ہے، نو مختلف لوگ مختلف باتوں سے ذہنی دباؤ کا شکار ہو سکتے ہیں

تیسرا قدم: اپنی زندگی میں آنے والی حالیہ تبدیلیوں کے بارے میں سوچیں

تبدیلیاں اس بات کا مطالبہ کرتی ہیں کہ آپ ان کو اختیار کر لیں، اس لئے وہ سب چاہئے وہ بہتری کے لئے ہی کیوں نہ ہوں، آپ کے ذہنی دباؤ کی سطح میں اپنا حصہ ڈالتی ہیں۔ ایسی تبدیلیاں بھی تناؤ کا باعث ہو سکتی ہیں جو آپ کے بوجھ میں کمی لاتی ہیں جیسا کہ رہنما رمت کے بعد۔ اہم تبدیلیوں میں سے گھر کی تبدیلی کو سب سے کم خاطر میں لایا جاتا ہے اور اس کا نادانی ہونے میں لاپرواہی ہو سکتی ہے۔

چوتھا قدم: خود میں آنے والی تبدیلیوں کے بارے میں سوچیں

آپ نے اپنی زندگی میں پیش آنے والے حالیہ واقعات کا کیسے سامنا کیا ہے، کیا آپ ایسا سوچتے ہیں کہ اب آپ بہت زیادہ تناؤ کا شکار ہیں؟ کیا آپ نے خود میں ایسی کسی حالیہ تبدیلیوں کو نوٹ کیا ہے جو زیادہ ذہنی دباؤ کا باعث ہو سکتی ہیں؟

ذہنی دباؤ سے نمٹنا

زیادہ تر لوگ جو ذہنی دباؤ کا شکار ہوتے ہیں خود ہی مسائل کو سنبھال لیتے ہیں، اور ان میں سے کافی لوگ کامیاب ہو جاتے ہیں۔ اگر آپ مسئلے کو ابتدا میں پکڑ لیں تو بہتر ہوگا۔

نوٹ

1- اس بات کو یقینی بنائیں کہ جو مل آپ استعمال کریں وہ طویل مدت کے ساتھ ساتھ منقہ مدت کے لئے بھی مددگار ہوں۔ مثلاً جیسے سی مارٹن پروف۔ واریوں میں اضافہ ہوا، اس نے زیادہ شراب پینا شروع کر دی۔ اس سے مارٹن کو آرام ملا، اپنے اضافی کاموں کے لئے، تو مانی پانے کے لئے، اور اپنے مشکل رشتے سے زیادہ پر سکون طریقے سے ٹھننے کے لئے۔ تاہم، ذہنی دباؤ جاری رہا۔ جب اس نے زیادہ پینا شروع کیا، وہ زیادہ بحث کرنے لگا اور پر سکون نیند کا دورانیہ کم ہو گیا۔ جتنا زیادہ وہ ذہنی دباؤ کا شکار ہوتا اتنا زیادہ اس میں پینے کی خواہش ابھرتی۔ یہ بظاہر مل اس کا ایک اور مسئلہ بن گیا۔

ذہنی دباؤ کے واقعات کی مثالیں

2- کیفیں سے خبردار رہیں۔ کیفیں آپ کو ہلکا کر دیتی ہیں، دورانِ اچھے کاموں کی لگی کر دیتی ہے جو آپ دوسرے طریقوں سے کر رہے ہوتے ہیں۔ اپنی ذمہ داریوں کو نبھانے کی کوششوں سے اپنی کے پاس خود کو دینے کے لئے وقت میں کمی آگئی۔ اس نے چائے یا کافی پانے، یا کام پر فانی، یا کام پر فانی ہوئے اور بچوں کی پیرا کی کی کاموں کے دوران ایک دوست کے ساتھ کافی پرفٹنگو کے ذریعے خود کو کام پر رکھنے کے لئے مجبور کیا۔ پریشانی کی وجہ سے اس کے سر میں درد رہنے لگا، اور اسے سونے میں مشکل پیش آنے لگی۔ کیفیں کے شرابوں کو ایک دن میں چار مرتبہ تک محدود کر دینے (شمول چائے، کولا اور کافی بھی) اور شام 6 بجے کے بعد بالکل ختم کرنے کے بعد وہ خود پر زیادہ قابو رکھنے لگی۔ جب آپ اپنے ذہنی دباؤ پر قابو پانے کے قابل نہ ہوں، ان پانچ اقدامات پر عمل پیرا ہونے کی کوشش کریں۔

قدم 1: صورتحال کا بخور جائزہ لیں

جب آپ ذہنی دباؤ کا شکار ہوں تو اس دوران زیادہ کوشش کرنے سے آپ کی کامیابی کا تناسب کم ہو جاتا ہے، کیونکہ زیادہ کوشش دباؤ میں اضافہ کرتی ہے۔ اور کارکردگی میں کمی لاتی ہے۔ جدوجہد نہ کرنے کی جدوجہد بھی غیر پیداواری ہوتی ہے اور پریشانی میں اضافہ کرتی ہے۔

اس لئے پہلا قدم سب سے مشکل ہے۔ سوچنے کے لئے وقت نکالیں۔ جب تناؤ بلند سطح پر پہنچ جائے تو آپ کو وقفے کی ضرورت ہے۔ آپ جتنا بھی دباؤ محسوس کریں، جائزے کے لئے وقت نکالیں۔ یہ وقت کا اچھا مصرف ہوگا کیونکہ یہ چیزیں کو ان کے درست مقام پر رکھنے اور اگلے قدم کی منصوبہ بندی کرنے میں مددگار ثابت ہوگا۔ اگر ہو سکے تو منقہ دورانیے کے لئے آرام کریں، اور پہلے سے بیان کردہ طریقوں میں اپنے ذہنی دباؤ کی سطح کا اندازہ کریں۔ اپنی زندگی کے چار بنیادی پہلوؤں پر غور کریں: کام، کھیل، صحت اور تعلقات (خاندان اور دوست احباب دونوں کے ساتھ)۔ کیا یہ دونوں

آپ کے لئے برآمدہ حقیقت رکھتے ہیں؟ کیا ان میں سے کچھ دوسروں سے زیادہ اہم ہیں؟ خود سے دریافت کریں کہ آپ ان میں سے زیادہ وقت اور توانائی کس پر صرف کرتے ہیں؟ کیا آپ جس طرح اپنے سے وقت گزارتے ہیں اس سے مطابقت رکھتا ہے جو آپ کے لئے اہم ہے؟ زندگی کے ایک پہلو پر اپنا تمام وقت صرف کرنا۔ (خاندان یا کام پر) تناؤ پیدا کرے گا اس کے علاوہ، اگر آپ اپنے تمام اقدار ایک نوکری میں ڈال دیں گے تو مشکل وقت میں آپ کے سہارے کے لئے کچھ نہیں بچے گا۔

قدم 2: اپنے دماغ میں موجود اہتمام سے آغاز کریں

ذہنی دباؤ آپ کے لئے اہم ترین چیزوں کو فوقیت دینے کو مشکل بنا دیتا ہے۔ حقیقت، اس بات کا انتخاب کہ آپ کو اب کیا کرنا ہے اکثر اس قدر مشکل ہو جاتا ہے کہ آپ دماغ میں آنے والی پہلی بات پر عمل درآمد کر بیٹھتے ہیں اور اس بات پر پریشان ہوتے ہیں کہ آپ کے پاس ہر دوسری چیز کے لئے کافی وقت نہیں ہے۔ اگر آپ اپنی اہم ترجیحات کے بارے میں واضح ہوں تو آپ اس عمل میں مداخلت کرنے میں آسانی محسوس کریں گے، اور ایسے فیصلے کریں گے جن کا نتیجہ ایک زیادہ متوازن اور کم تناؤ والی زندگی ہو گا۔

چھوٹے فیصلوں کی رہنمائی کے لئے اپنی ترجیحات کا تعین کریں، جیسا کہ شام کیسے تیز مری جائے، اور اس کے ساتھ ساتھ بڑے فیصلوں کے لئے بھی جیسا کہ اپنی نوکری کی تبدیلی۔ اگر آپ کو معلوم ہو کہ آپ کے لئے اہم کیا ہے، آپ کے لئے اپنے نقصانات کم کرنا آسان ہو جاتا ہے۔ جب ذہنی دباؤ بلند سطح پر پہنچ جاتا ہے پھر آپ اس وقت مدد چاہ سکتے ہیں، مثال کے طور پر، کوئی دوسرا اس کام کی ذمہ داری لےنا پسند کرے گا جو آپ چھوڑ سکتے ہیں۔

اپنی ترجیحات کا تعین کریں اور مندرجہ ذیل تجاویز کو مد نظر رکھیں۔

- 1- ذہنی دباؤ آپ کی یادداشت اور توجہ کو متاثر کرتا ہے۔ چیزوں کو نگھنے کے ذریعے خود کو اس اضافی تناؤ سے نجات دلائیں۔ مثال کے طور پر، ڈائریوں میں، وال چارٹس پر، یا فہرستوں پر۔
- 2- ذہنی دباؤ منسوب بندی اور فیصلوں کو مشکل بنا دیتا ہے۔ منسوب بندی کے لئے خود کو ہر روز وقت دیں۔
- 3- ذہنی دباؤ آپ کو تھکا دیتا ہے۔ خود کو مناسب آرام دیں۔
- 4- ذہنی دباؤ آپ کی بحالی صحت کی رفتار اور بیماریوں کے خلاف مزاحمت کو کم کر دیتا ہے۔ کھانٹوٹ پھوٹ کا شکار ہونے سے قبل خود کو روکنا سیکھیں۔ باقاعدگی کے ساتھ ورزش کریں اور ایک متوازن خوراک لیں۔
- 5- ذہنی دباؤ آپ کو مشکلات یا ان سے غصے سے گریز پر اکساتا ہے، تاکہ وہ حل نہ ہو سکیں۔ اس کے بجائے ان کا سامنا کرنے کی کوشش کریں۔ آپ کا سب سے کم پسندیدہ یا سب سے مشکل کام سب سے پہلے کرنا اکثر بہتر ہو گا۔

6- دہلی دباؤ آپ کی استعداد کا رقوم کر دیتا ہے۔ اپنے وقت کے استعمال کو سیکھیں۔ مثلاً اپنے ماضی کے بارے میں سوچنے یا پھر ایک ڈائری لکھنے کے ذریعے۔ کیا آپ کا گزارا ہو وقت آپ کی قدر اور رابعہ ف سے مطابقت رکھتا ہے؟ اپنی قدر اور تر جیحات کو ذہن میں واضح رکھنے سے یہ سب آسان ہو جاتا ہے۔

قدم 3: "دیرونی" دباؤ میں کمی لائیں: اونٹ کے کوہان کا سبق

دہلی دباؤ افراطی پذیر ہوتا ہے۔ اس لئے چھوٹے مسائل سے نمٹیں (اپنے کمرے کی بے ترتیبی، خطبہ کے جوابات) خاص طور پر اس وقت جب آپ بڑے مسائل میں کچھ زیادہ کرنے کے قابل نہ ہوں (کسی کی بیماری یا سڑکوں پر ٹریفک کا رش)۔ خود پر موجود تمام تر دہلی دباؤ کی وجوہات کی نشاندہی کریں۔ ان میں سے کس دہلی دباؤ کو آپ کم کر سکتے ہیں؟

قدم 4: "دیرونی" دباؤ میں کمی لائیں: دیوہوں میں تبدیلی

دہلی دباؤ اندر کے ساتھ ساتھ باہر سے بھی آتا ہے۔ ہم میں سے ہر ایک کے لئے، اس کا تعین جزوی طور پر اس طریقے سے ہوتا ہے جس طرح ہم دنیا کو دیکھتے ہیں، یا پھر رویوں کے ذریعے۔ ہمارے بہت سارے رویوں کا ماخذ ہمارا بچپن ہوتا ہے۔ بلاشبہ ان میں سے کچھ ہم نے با اختیار شخصیات سے اپنا لئے ہوئے ہیں، خاص طور پر والدین یا والدین کے متبادل اساتذہ سے، اور بھائی یا بہن سے۔ ایسے ابتدائی تجربات بہت اہمیت کے حامل ہوتے ہیں چاہے ہم نے وہ دوسروں کو خوش کرنے کی خواہش میں اپنا لئے ہوں، یا جیتنے کی ایک خواہش میں یا کسی بھی اور وجہ سے۔ اور یہ مختلف رجحانات اور خواہشات ان وجوہات کو متاثر کرتی ہیں جو تناؤ کا باعث بنتی ہیں۔ وہ مرد جو اس بات پر یقین رکھتے ہیں کہ زندگی میں کامیابی کو کام میں کامیابی سے ناپا جاتا ہے، خاص طور پر بیروزگاری کی وجہ سے دہلی دباؤ کا شکار ہوتے ہیں۔ وہ خواتین جن کی پرورش اس یقین کے ساتھ ہوئی ہوتی ہے کہ ان کی توانائیوں کا بڑا حصہ ان کے بچوں کے لئے وقف ہونا چاہئے، خاص طور پر ایک کیرئیر جو ایک خاندان کے مشترکہ مطالبات کی وجہ سے تناؤ کا شکار ہوتی ہیں۔ ایسے رویے بذات خود درست یا غلط نہیں ہوتے، مگر یہ زیادہ یا کم مددگار ہو سکتے ہیں۔ کسی بھی قسم کے غیر مددگار رویے مشکلات پیدا کرتے ہیں اور آپ کے بوجھ میں اضافہ کرتے ہیں، جب کہ مددگار رویے دباؤ کم کرتے ہیں، اس لئے اپنے رویوں کی تشخیص کرنا اور متبادل کی تلاش کرنا ضروری ہے جو کم دباؤ ڈالیں۔ کچھ نام مثالوں کی فہرست نیچے دی گئی ہے جو دہلی دباؤ محسوس کرنے کا باعث بنتی ہیں، اس کے ساتھ کچھ زیادہ مددگار متبادل بھی فراہم کئے گئے ہیں۔

دباؤ ڈالنے والے	دباؤ ختم کرنے والے
مجھے یہ کام ختم کرنا ہے	میں متعین وقت میں جتنا زیادہ کر سکا کروں گا
مجھے مدد نہیں ملتی چاہیے	ہر فرد کو بھی بھاری دیا جاتا ہے، میں بخوشی کسی کی مدد کروں گا۔
یہ واقعی اہم ہے	پانچ سالوں میں اس کی کوئی اہمیت نہیں ہوگی، جب میں ستر مرگ پر ہوں گا تو میں یہ نہیں کہہ سکتا کہ "کاش میں دفتر میں زیادہ وقت دے پاتا"
مجھے لازماً اچھے طریقے سے کام کرنا چاہئے۔	میں صرف ایسا بہترین دے سکتا ہوں۔
دوسرے عرصے کی نسبت کہیں بہتر طریقے سے مسائل حل کرتے ہیں	ہر فرد دباؤ کا شکار ہو سکتا ہے۔ میں اس مسئلے میں کیا نہیں ہوں۔
میں کچھ نہیں کر سکتا	پہلے چھوٹے مسائل حل کرنے کی کوشش کریں
میں پوری طرح ٹوٹ جاؤں گا	مجھے ایک وقفے کی ضرورت ہے، اس لئے میں ایک وقفہ لوں گا۔
میں کسی کو یہ کیٹھن کی اجازت نہیں دے سکتا کہ میں کیسا محسوس کرتا ہوں	کسی سے اپنے احساسات کے بارے میں بتانے سے کچھ فرق نہیں پڑتا

قدم 5: بنیاد درست رکھیں

دبئی دباؤ محسوس کرنا ایک خطرناک اشارہ ہے: ایک علامت کہ آپ اپنے ذہنی کے اختتام پہ پہنچ رہے ہیں۔ دبی دباؤ نہ صرف آپ کی جسمانی صحت کے لئے برا ہوتا ہے بلکہ اس کے ساتھ ساتھ یہ غیر قسطنطنیہ کش کارکردگی میں اضافے اور رشتوں کے بگاڑ کا باعث بھی ہوتا ہے۔ خطرناک بات یہ ہے کہ جب آپ دبی دباؤ کا شکار ہوتے ہیں تو آپ اپنی صحت کا خیال رکھنا چھوڑ دیتے ہیں اور اپنے رشتوں کو بگاڑ میں ڈال دیتے ہیں۔ یہ ایک شیطانی چکر بنا دیتا ہے کیونکہ بری صحت اور مجھڑے رشتے پھر تازہ میں اضافہ کرتے ہیں۔ اس لئے یہ اہم ہے کہ نہ صرف دبی دباؤ پر توجہ مرکوز کی جائے بلکہ اپنی صحت اور اپنے رشتوں کا بھی خیال رکھا جائے۔

خوراک اور ورزش میں باقاعدگی بنانا ضروری ہے۔ آپ کو باقاعدگی کے ساتھ خوراک اور ورزش کرنے کی ضرورت ہے۔ ہمیشہ، اور صرف اس وقت نہیں جب آپ چھوٹے ہوئے اور بڑھ رہے ہوتے ہیں۔ اگر آپ دبی دباؤ محسوس کریں تو اب یہ وقت ہے جب چاکہ چومند رہنے کے ذریعے اپنی قوت میں اضافہ کریں۔

مارنن دفتر پہنچنے کی جلدی میں باقاعدگی کے ساتھ بغیر ناشتے کے گھر سے نکل جانا تھا، دوپہر کا کھانا چھوڑ دینا تھا یا ایک کام سے دوسرے کی جانب جاتے ہوئے راستے میں سے ایک سینڈویچ لے کر کھا لیتا تھا، اور جب وہ نوٹ کرتا کہ وہ پڑھ رہا ہے تو اپنا پیٹ سکٹ، چاکلیٹ اور کافی سے بھر لیتا تھا۔ اپنی باقاعدگی کے ساتھ کھانے اور خاندان کے لئے مختلف

اقسام اور پھر پورا خوراک فراہم کرنے کی کوشش کرتی تھی مگر کھانے کے دوران اسے بچوں کے لئے چیزیں لانے لے جانے کے لئے بار بار اٹھنا پڑتا۔

چنانچہ اس نے اپنی ضروریات کو آخر میں رکھا تھا، اس لئے اس کے بچوں نے اس سے امید لگائی تھی کہ وہ ہمیشہ ان کی خدمت کرتی رہے گی۔ اسے ہشکال یہ یاد تھا کہ پورے کھانے کے دوران سکوت سے بیٹھنے سے کیا محسوس ہوتا ہے۔ مناسب طریقے سے خوراک لینے کا مطلب نہ صرف درست چیزیں کھانا ہے بلکہ درست طریقے سے کھانا بھی ہے۔ درست طریقے سے کھانے سے اپنی مورائن اپنی تازہ زندہ زندگیوں سے زیادہ بہتر طریقے سے نکلنے میں کامیاب ہوئے اور ان کے بچوں کی بھی حوصلہ افزائی ہوئی کہ وہ اپنی ضروریات خود چھری کر سکیں، بلا کھانے کے وقت مدد کر سکیں، ایسا خصوصاً ان کے لئے مددگار ثابت ہوا۔

ورزش کے سلسلے میں اس بات کا اطلاق ہوتا ہے کہ روزانہ صرف دس منٹ کی ورزش بھی فرق ڈالتی ہے۔ اس لئے زیادہ سے زیادہ پیدل چلیں اور کار کا استعمال کم کریں۔ سب سے بہتر یہ ہوگا کہ آپ ہفتے میں دوسرے کم از کم ایک مختصر ورزش کریں۔ یہ ایک اچھے طریقے سے گزارا ہوا وقت ہے، تھکات انگیز طور پر، جس دوران آپ ذہنی دباؤ کا شکار ہوں ورزش کرنا تمہارے دل کی بجائے زیادہ متغوی ہوگا، اور اکثر آپ اس سے زیادہ توانائی محسوس کریں گے۔ مثنیٰ توانائی کے ساتھ آپ نے آگاز کیا تھا۔ اس سے نہ صرف آپ کی جسمانی حالت بہتر ہوگی، بلکہ اس سے رویے میں بھی اہم تبدیلی رونما ہوگی، اپنا خیال رکھنے کی جانب۔

تین R (Rest, Recreation, Relationships): آرام، تفریح اور رشتے۔ ذہنی دباؤ خود اپنا دباؤ ڈالتا ہے۔ خود کو تازہ کی شیطانی پس میں پھنسنے سے بچانے کے لئے، جو آخر کار ذہنی دباؤ کی بلندہ سطحوں کی جانب لے جاتا ہے، آپ کو ضرورت ہے: آرام، اپنی توانائی کی بحالی کے لئے، تفریح، آپ کو خوشی اور اطمینان فراہم کرنے کے لئے، اور رشتے، سماجی استحکام، حمایت اور تناسب قلبی کا ایک ذریعہ۔

1. **آرام۔** ذہنی دباؤ کا تعلق تازہ اور سونے کے برے اوقات سے جوڑا جاتا ہے۔ یہ آرام کے مواقع سے فائدہ اٹھانے کو مشکل بناتا ہے۔ خاص طور پر مختصر دورانی کے۔ اچھے معیار کا آرام آپ کے اچھے موڈ کے ساتھ ساتھ آپ کی استعداد کار کی گنجائش کو بھی بحال کر دیتا ہے۔ اس لئے باقاعدگی کے ساتھ آرام کے اوقات کو ترتیب دیں۔ مختصر دورانی کے آرام کی مثالیں ہیں: ایک دوست کے ساتھ چائے یا کافی چنا، برقی آرام میں 30 منٹ گزارنا۔ لمبے دورانی کے آرام کی مثالیں ہیں: ایک ہفتے کی چھٹی؛ فیملی کے ساتھ ایک دن باہر گزارنا (اگر فیملی تازہ کا ذریعہ نہ ہو تو)۔

2. **تفریح۔** تفریح سے آپ خود کے بارے میں بہتر محسوس کرتے ہیں۔ زیادہ بھرپور، زیادہ مطمئن، زیادہ دلچسپ اور آپ اپنی ذاتی پیشانیوں سے باہر کی دنیا میں زیادہ مشغول ہوتے ہیں۔ تفریح کی بے شمار اقسام ہیں۔ اکثر اوقات دن

میں آرام کرنے کا وقت نہیں ملتا کہ یہ بہت مختصر طلب اور تھکا دینے والی بھی ہوتی ہیں (غالباً یا سکواش کھیلنا، دوستوں کے لئے کھانا پکانا) مگر یہ خوشی اور اطمینان کا ایک ذریعہ ہوتی ہیں اور اپنی مہارتوں کے بڑھانے کا ایک موقع بھی۔

مثلاً نام طور پر پر لطف ہوتے ہیں۔ یہ آپ کو ایک اضافی دلچسپی فراہم کرتے ہیں اور آپ کے ہم خیال لوگوں سے روابط استوار کرنے میں مدد دیتے ہیں۔ ہر شخص کو تفریح کی ضرورت ہوتی ہے، جو کہ تخلیقی یا مفکر، سماجی یا مجرہ ہو سکتی ہیں۔

3. مندرجہ ذیل باکس میں آپ کو وہ مشورے دیئے گئے ہیں جن کے ذریعے آپ اپنے رشتوں سے حمایت حاصل کر سکتے ہیں۔

دوسرے مدد کر سکتے ہیں جب آپ ذہنی دباؤ کا شکار ہوں

- ☆ دوسرے لوگوں سے کٹ کر مت رہیں
- ☆ کسی سے اپنی شکایات اور اپنے احساسات کے بارے میں گفتگو کریں
- ☆ کسی ایسے ساتھ کی تلاش کریں جس سے آپ نام طور پر لطف اندوز ہوتے ہیں
- ☆ دوستوں کے ساتھ رابطے میں رہیں
- ☆ اگر آپ استدلالی ہو رہے ہوں تو اس بات کی وضاحت کریں کہ کیا ہو رہا ہے
- ☆ دوسرے اس کو اپنی ذات پر لے سکتے ہیں جب کہ آپ کا ایسا ارادہ نہ ہو۔
- ☆ اگر آپ کو اپنے لئے وقت کی ضرورت ہو تو ایسا بتادیں۔
- ☆ اس بارے میں سوچیں کہ اگر دوسرے بھی ذہنی دباؤ کا شکار ہوں تو آپ ان کی کیسے مدد کر سکتے ہیں۔

Appendix-N

Debriefing Sheet

میں آپ کی بے حد ممنون و مشور ہوں کہ آپ نے رضا کارانہ طور پر اس تحقیق میں شرکت کی۔ میں مزید آپ کو اس تحقیق کے اہم پہلوؤں کے بارے میں بتانا چاہوں گی۔ یہ تحقیق بنیادی طور پر نوجوانوں کی نفسیاتی نشوونما Separation Behavior Autonomy اور Individuation سے متعلق تھی اگر نوجوانوں کی یہ نشوونما صحیح خطوط پر تشکیل نہ پائے تو وہ نفسیاتی و باؤ Psychological Stress کا شکار ہو سکتے ہیں۔

مزید برآں تجویز کردہ طریقہ علاج Didactic Therapy کے ذریعے تربیت حاصل کر کے وہ اپنے نفسیاتی دباؤ سے طریق اسمن ہر د آزمایا ہو سکتے ہیں اور معاشرے میں بہتر ملاحقت حاصل کر سکتے ہیں۔

اگر آپ اس تحقیق کے بارے میں مزید معلومات حاصل کرنا چاہتے ہیں تو بلا جھجک مجھ سے نیچے دیئے گئے پتے پر رابطہ کر سکتے ہیں۔ ایک بار پھر آپ کے تعاون کا شکریہ

بہائفر

شعبہ نفسیات،

انٹرنیشنل اسلامی یونیورسٹی

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