Moshe Israelashvili   *Editor*

Prevention of Maladjustment to Life Course Transitions

Springer

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The emergent field of prevention science focuses on the application of theories derived from epidemiologic studies, human development, human behavior, genetics, and neuroscience to develop and evaluate cognitive and behavioral interventions. Research over the past two decades has dramatically changed the impact that preventive interventions have had on a number of problem behaviors including substance use and abuse, sexually transmitted infections including HIV and AIDS, violence and injuries, juvenile delinquency, academic failure, obesity, and even lifestyle-related diseases such as hypertension and cardiovascular disorders, cancer, and diabetes.

This book series was conceived to summarize our accumulated knowledge to date and its application to practice. In addition, the series provides suggestions for both short- and long-term research. Having moved forward knowledge about these social and health areas and how to prevent them with various degrees of success, the editors and authors of the series wish to make these findings available to researchers, practitioners, policy makers, social science students, and the public.

Moshe Israelashvili
Editor

Prevention of Maladjustment to Life Course Transitions

∂ Springer

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*In memory of my parents **Shulamit** and **Baruch Rachmim** whose lights stay on and leaves shall not wither*
M.I.

Preface

Review of the existing literature on adjustment to transition sheds only partial light on related questions. In fact, sometimes the more you read about adjustment, the less sure you are about what it really means. To exemplify the need for further clarifications, let's consider the term *honeymoon*.

Theories and writings on adjustment processes in various contexts frequently use the term honeymoon to describe the early feelings that people have when they make a transition and approach a desired position. The term honeymoon is widely used in the context of transition to marriage; however, scholars in the social sciences use this term with reference to other types of transitions, such as among immigrants (Hashim, 2003), sojourners (Schartner & Young, 2015), workers (Sohier et al., 2021), adopted children (Goodwin et al., 2020), retired people (Wang et al., 2011), and more. Is such a universal use of this term justifiable?

First, let's take a short journey in history. Some people believe that the tradition of going on a honeymoon after getting married comes from the nineteenth-century custom among upper-class couples in the United Kingdom, to go on a journey in which the couple introduces themselves to all of their relatives who couldn't attend the wedding. However, why is it called "honey" and what is the "moon" doing there? These questions gain further mystery in light of the fact that this nineteenth-century tradition was also referred to as a "bridal tour" – and not "honeymoon" – raising the possibility that these two journeys are not identical and that the "bridal tour" is not the origin of the "honeymoon" custom. Moreover, according to the *Oxford English Dictionary*, the first time the word "honeymoon" appeared earlier (spelled "honey moon") is in John Heywood's play (1546) entitled *Dialogue Prouerbes Eng. Tongue – A dialogue conteinyng the number in effect of all the prouerbes in the englishe tongue*. Thus, the question emerges as to the meaning of "honeymoon" back then, in the sixteenth century. Another suggestion, made by the wedding historian Susan Waggoner, is that the term honeymoon comes from the days when it was customary that the groom snatches the bride, hides her away in a secret place, and waits until she becomes pregnant or her family gives up searching for her. Why then is it called honey and moon? These words come from the

(Scandinavian) practice of drinking honey to improve the likelihood of conception, throughout the first month of marriage (represented by one moon cycle).

More important than the historical journey is a "journey" into the meanings that the term honeymoon conveys. Referring to the two possible explanations presented earlier, notably the two explanations share the common components of being separated from familiar people, joining someone who is essentially a stranger, moving from one place to another, going to distant locations, being exposed to new circumstances, being obliged to follow (compulsory) external social or food demands, being expected to like this new person (who kidnapped you) and/or this person's unfamiliar relatives … and, to top it off, getting the message that honeymoon is not the reality – i.e., life after the transition is much less glorious and frequently more stressful. Hence, one cannot ignore the question: Is it a proper term to be used in current theories on transitions to various contexts? Is it true that using the term honeymoon in prevention intervention, which pursues to relieve the burden of transition, might even be misleading? Won't it be better to replace it with a more phenomenological term (rather than a positively or negatively biased term), such as ignorance? Or even detachment? Well, it is believed that many would say "it depends …!" … the usefulness and accuracy of using this term or another depends on the circumstances, on the context, on the people … and so forth.

This book is about how "it depends"; i.e., what are the conditions and circumstances that increase the probability that a transition to new circumstances will be positive and successful? What prevention interventions can be conducted in order to foster people's ability to effectively manage sometimes life-changing transitions they encounter? How can we turn people to become being less vulnerable to the possible negative implications of poorly managed life course transitions?

For the editor of this book, it is a temporary stop in a lifelong professional journey in pursuit of advancing our understanding of adjustment to life course transitions. This journey started many years ago; back in the 1970s, as a young military psychologist in the Israel Defense Forces (I.D.F.), where I was exposed to people who were functioning at almost the entire spectrum of human behaviors. On one edge of the spectrum there were soldiers, not necessarily in elite units, who were completely devoted to their military service, ready to literally give everything, including their life, in order to perform their military role as well as possible. Many of them talked about their (military) work in spiritual terms, e.g., a "mission in the service of my people/home/values …," and their commitment to the I.D.F. was absolute. On the other edge of the spectrum were those soldiers, also in many of the army units and many who were prisoners in a military jail, who were completely unwilling to do anything for the sake of their military role. For them, any opportunity to escape (compulsory) military service was welcomed, to the point of committing risky suicidal behavior (i.e., extreme non-suicidal self-injury [NSSI]), with the (manipulative) goal of being released from military service by getting a psychiatric diagnosis (e.g., "being dangerous to oneself and to others"), which they considered an "achievement." I was very preoccupied wondering what made these people behave so differently. No doubt that there were many personal and background factors that could explain these differences (e.g., family matters). Yet, I thought there might be something else, in addition.

During my military service I was requested to perform a professional (psychological) mission that required me to read hundreds of research reports that had been written by other military psychologists who had served in the Psychological Branch of the I.D.F. (since its establishment in 1948). While reading these numerous reports, I gradually realized that beyond individual differences, the differences between soldiers who are committed to the I.D.F. and those who aren't already emerge within the few first weeks of their military service, after their enlistment. This led to my initiation of a long series of studies on the transition to military service, especially focusing on military basic training. These studies were very enriching, as I revealed plenty of evidence that supported my insights. Field studies – like the ones I conducted as an active participant-observer in various military camps, in which I joined new military recruits and stayed with them for several weeks until they completed their basic training – were eye-opening. In between these studies I repeatedly returned to the social science literature and performed an extensive review of existing explorations conducted by other armies, as well as by civic organizations. This review showed me that many of my own findings were in line with studies conducted in other countries, such as those published in the monumental book on *The American Soldier* during WWII (Stouffer et al., 1949). Based on these experiences and studies, I established a preparation program to prevent maladjustment to military service (e.g., Israelashvili, 1992). When I made the transition to an academic career, I initiated studies on K-12 students' school adjustment (e.g., Israelashvili, 1997, 2017). Finally, I moved on to conduct studies and interventions among people experiencing transitions (see Chap. 7) in general. This extensive exposure to people in transition further strengthened my internal conviction, which started to evolve back then in the context of military adjustment, that there are many similarities across people's experiences in the course of various types of life course transitions. The present book tries to convey this insight to its readers.

In his poem "Everything Changes" (1944), Bertolt Brecht says, "… *Neu beginnen Kannst du mit dem letzten Atemzug* …" ("… You can make a fresh start with your final breath …" [author's translation]). Hopefully, this book will be a "first breath," a fresh start for innovative explorations and interventions that will help in preventing people's maladjustment to life course transitions.

Tel Aviv, Israel   Moshe Israelashvili

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Acknowledgments

My deep gratitude to the distinguished scholars who joined me in the journey to see this volume to completion; their names are listed in the "List of Contributors". These authors were so generous as to contribute their outstanding knowledge and experience in the service of turning this book into a comprehensive text, with numerous comments related to the conceptual, empirical, and applied work on the prevention of maladjustment. It is important to mention that they are also long-standing colleagues of mine, with whom I have had the pleasure of learning from, sharing insights with, disagreeing with (in a positive manner), and also spending pleasant, sometimes much needed, social time together. I am sincerely grateful and appreciative of having their contribution and collaboration.

Special thanks are extended to Irwin N. Sandler, for the many years of generous sharing. Among them is the sabbatical I spent in the Prevention Research Center (PRC; now the REACH Institute), at Arizona State University, of which Irwin was the founder and former Head. It was then that I started writing this book, and I've been extremely privileged to gain Irwin's reflections on early drafts of several of the book's chapters.

I wish to mention and cherish the memory of the late Emory Cowen, formerly of the University of Rochester in New York. Emory, an unofficial mentor and a very dear friend for me, was a pioneer and an outstanding leader in the field of community psychology. His contributions to prevention science and to promote people's wellness are inspirational.

My gratitude is also extended to Donald Meichenbaum, formerly at the University of Waterloo, Canada, and currently the Research Director of the Melissa Institute for Violence Prevention and Treatment (Miami, Florida, USA). Don is globally known as one of the founders of cognitive behavioral treatment (CBT). His work on CBT-based psychological inoculation, and especially the time we spent talking about CBT and related topics, were very contributive to this volume.

Special appreciation and thanks are extended to my dear colleague Zili Sloboda, formerly the president of the Society for Prevention Research (SPR) and currently the president of Applied Prevention Science International. Zili is globally known and highly appreciated for her outstanding contributions to the advancement of

prevention science, including her important leadership in "crossing the oceans" and making prevention science international. Zili, alongside my other colleague Hanno Petras, is also the editor of Springer's book series, Advances in Prevention Science; her lovely personality and true openness to people and new ideas enabled the publication of this book.

Making a sharp chronological change, I wish to also express my deep gratitude to my student and highly appreciated colleague, Shira Freedman-Goldberg. Shira's many years of contribution to the development, exploration, and refinement of ideas about adjustment, and practical support, including a very patient and valuable editorial review of the present book, are appreciated and acknowledged.

My deep appreciation is extended to the many colleagues who gave me the pleasure of discussing the ideas that the present book deals with. I especially wish to thank the hundreds of students who were enrolled in my classes and seminars, and shared their own experiences and insights with me about times of transition, about topics related to adjustment processes, and their reflections on the Transitional Stress and Adjustment (TSA) Model that is introduced in the present book. Among the many students, I wish to acknowledge and thank my former graduate students who joined me in this journey, trusted me, and performed extensive empirical studies under my guidance. The students whose findings and contributions appear in various parts of the book are (alphabetically): Biran (Kashdai) Hadar, Bodker Yaara, Carmen Chen, Cohen Galit, Cohen Rinat, Kaftori Noam, Karisa Lital, Kulik Shimrit, Molodavsky Michal, Nissan Rachel, Nusbaum (Babila) Liran, Reshef Petra, Rozi-Wegman Orit, Shmuel Dikla, Tabechnik-Brodai Ariela, Tavina-Kariv Ruti, Waxman Natali, and Zoref Adi. Each and every one of them devoted much attention to intensive theoretical discussions and considerable efforts to conducting careful empirical study that yielded eye-opening findings and insights.

Last but not least, there are not enough words to express my appreciation and thanks to my family. They are the ones who know the secret of how to turn times of transition, as well times between transitions, into a delightful experience and precious journey. This book was, actually, (spiritually) created by them and dedicated to them.

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Moshe Israelashvili, PhD, is Professor Emeritus at the School of Education, Tel Aviv University in Israel. His studies focus on prevention of maladjustment, coping skills, and resilience promotion. He published over 100 papers and chapters, and co-edited several books, including: *The Cambridge Handbook of International Prevention Science* (2017, Cambridge University Press; with John L. Romano), *Education in the Arab Society in Israel* (2020, Mofet; with Fadia Nasser Abu-Alhija), and *Youth Without Family to Lean On* (2022, Routledge; with Shula Mozes). In recent years, he received the International Collaborative Prevention Research Award from the Society for Prevention Research (SPR), the Lifetime Achievement Award in Prevention from the Prevention Section of the Society of Counseling Psychology (APA-Div. 17), and the Lifetime Career Award from the International Stress, Trauma, Anxiety and Resilience Society (STAR).

Part I
Introduction

Chapter 1
The Need to Prevent Maladjustment to Life Course Transitions

Moshe Israelashvili

Strangely, people have dual attitudes toward transitions. On the one hand, when a major change is imposed on people, many complain and invest considerable efforts in trying to return to the previous situation, feeling very frustrated if they fail to do so. Accordingly, many people will say that they "feel blessed" to continue on with their ordinary, familiar, and routine life. However, on the other hand, at other times, these same people, as well as others, will complain about their "ordinary, familiar, and routine life" and are eager to experience a change. Hence, when the desire to be involved in "a fresh experience" and personal obligations (e.g., work, house, family) do not allow for a major change in life, sometimes, the wish to travel and "see the world" will serve as a replacement. This occurs to many people; according to the World Travel & Tourism Council's (2022) report, prior to the COVID-19 pandemic, travel and tourism accounted for one in four of all new jobs created across the world and for 10.4% of global gross domestic product (GDP).

Although travelling abroad on vacation may not be defined as "a real transition," it sometimes can change people's lives – either by refreshing their personal energy, giving them new memories and stories to share, or even leading them to re-evaluate what matters in their life. More so when people encounter a major life course transition and make a transition to a "new phase" in their life and try to adjust to it. The experience of the psycho-socio-bio changes in times of transitions will vary not only by cultural differences (e.g., gender expectations) but also by the degree to which earlier developmental benchmarks are achieved. Furthermore, how to respond to these changes is guided by family, community, and cultural factors through the socialization process. However, in spite of these individual and societal differences,

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evidently all people in transition share feelings of stress and uncertainty that are sometimes associated with major negative implications.

Several updated examples of studies that provide evidence regarding the possible negative impact of exposure to life course transitions on people's vulnerability to mental health problems are as follows:

- Rice et al. (2021) conducted a longitudinal multi-informant study in which they found that elementary school students are very concerned about the coming transition to *secondary school* and need their family's and teachers' support. Furthermore, Makover et al. (2019) measured symptoms of depression and anxiety upon the transition to **high school**, at five time points over an 18-month period. The study findings demonstrated the extent to which a preventive intervention can reduce the decline in students' mental health.
- The transition to **college** is also associated with mental health problems. Kroshus et al. (2021) reported an increase in students' depression and anxiety from the summer before college through the spring. Shepardson and Hustad (2016) reported an increase in hookah tobacco smoking during the first month of the transition to college. However, notably, the transition from college to work has been found to have a positive effect on young adults' mental health (Geirdal et al., 2019).
- Carra et al. (2021) showed that finding a meaningful occupation is central to health, well-being, and adjustment during the transition from **military service**.
- Huntington et al. (2021) conducted a study with six waves of mailed surveys, spanning over 20 months, and found that unlike existing notions, according to which marriage leads to an improvement in mental and physical health, the transition to **marriage** is stressful, especially for those who are less well-adjusted before the wedding.
- Perry-Jenkins and Schoppe-Sullivan (2019) reviewed the literature and commented that most parents perceive the transition to **parenthood** as one of the most joyous, anxiety-provoking, life-changing, and destabilizing events of their lives. Based on a 2-year longitudinal study on the *transition to parenthood*, Smallen et al. (2021) supported the notion that the transition to parenthood is a chronically stressful life event that can lead to a decline in relationship satisfaction with the spouse. Furthermore, McMillan et al. (2021) showed that during times of environmental stress – i.e., the COVID-19 pandemic – it is especially important to promote the emotional health of couples that are expecting a child.
- **Divorce** is one of the more studied topics in the literature, including its impact on children's and parents' post-divorce adjustment and mental health. A meta-analysis conducted by Auersperg et al. (2019) on the long-term effects of parental divorce on mental health indicated a significant association between parental divorce and every aspect of children's mental health, including depression, anxiety, suicide attempts, suicidal ideation, distress, alcohol use, cigarette smoking, and drug use.

This short depiction of changes and possible negative implications that are associated with adjustment to life course transitions highlights the importance of

conducting preventive interventions before, during, and after transitional periods. Obviously, any undertaking to prevent maladjustment should start with having some agreed-upon insights regarding what qualifies adjustment processes, what differentiates them from other processes (e.g., socialization), and how a positive adjustment process may look like.

Over the years, both large- and mini-scale theories of adjustment to transitions in various contexts have been suggested in the literature. These context-related theories are usually based on two sources of information:

(a) The documentation of *personal experiences* that people have undergone while trying to adjust to a new situation. An example of such a personal report is Misiaszek and Potter's (1984) description of their transition from psychiatric residency to academic psychiatry (i.e., the transition from practice to academia). Another example is Buscherhof's (1998) report, as a psychiatric nurse, of having a stroke and the change that she experienced from being a care provider to the state of needing to be cared for. In this paper, Buscherhof describes eight stages in her journey in emotional recovery and the development of a new sense of self.

(b) Results of *studies on processes of adjustment* to specific context-related transitions. These studies conclude with the researchers' suggestion of several stages of adjustment to the specific transitional event. Several of these studies postulate early assumptions regarding the expected stages of adjustment and later on confirm them; others comment that their suggestion regarding the adjustment stages is derived from the data that they collected.

However, unfortunately, review of the literature on adjustment to transition highlights the need for a kind of "time-out," i.e., a need for a comprehensive and integrative review of the existing knowledge, with the goal of establishing a common ground for future interventions that will pursue the prevention of maladjustment. To this goal, and to supply a better paradigm for prevention interventions that target times of transition, this book will present and discuss possible definitions, models, a generic approach, and various examples of the related topics.

Figure 1.1 presents the general conceptual framework of the major topics that are related to the process of adjustment to life course transition and ways to prevent maladjustment and their relevance to the chapters of this book. However, before going into detail, let us take a short historical journey into social science consideration to the topic of adjustment.

A Historical Perspective on Adjustment to Transitions

Following an extensive career as a leading historian, Stern (1950) suggested an insight regarding what can be learned from history, saying, "History offers us no more than a continuous change." The extent to which this notion summarizes the essence of history lessons may be a subject of debate. However, to some extent, this

Personal characteristics

Social characteristics

Situational characteristics

Exposure to Transition

Perception of Transition

Cognitive, emotional and Behavioral Evaluations of the New Situation

Pursuing Adjustment

Disengagement

Pursuing Escape

Situational explorations of ways to (*stay or leave*) implement orientation
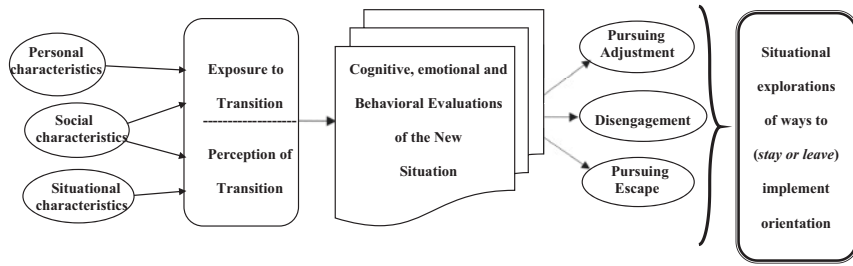
The book contents…

Process of Adjustment	Chapters 2 – 3 : Definitions and Theories	Chapters 4 – 7 : Components, Comprehensive Model and Evaluation
Prevention of Maladjustment	Chapters 8 – 15 : Transition to… Parenthood; Divorce; School; College; Deployment; Veterans; Immigration	
Expanded perspective	Chapters 15 - 16: Social Inclusion; Paving the Way Forward	

Fig. 1.1 The Book's conceptual framework and major topics

notion suggests an important insight that should not be ignored, i.e., looking back at individuals' and communities' histories reveals that changes were constantly occurring and hence there was – and still is – a constant need to adjust. Individuals and societies who are unable to adapt/adjust to the changing times will not endure; they will become another historical relic.

Actually, this is not a novel idea, and references to the topic of transitions and adjustment already appeared in the literature of ancient times. For example, in the Indo-Iranian mythology, this idea is represented in the concept of *fta* – i.e., the harmonious order of the cosmos and the battle between its supporters and opponents – and the horse figure that symbolizes the transition from darkness to light (Skjaervø, 2008). In Roman mythology, *Janus* (Holland Goldthwaite, 2013) was the god of beginnings and transitions, who governed both physical passages (e.g., doors and gates) as well as psychological passages and periods of times (e.g., the transition from war to peace). *Janus'* name is well known to all, as it was selected to mark the beginning of the new year – January. Notably, *Janus* was the most important god, as he was responsible for motion, change, and time, including the beginning of the world. Janus is said to have two faces: one looking toward the past and the other one toward the future. Being aware of the past and the future, *Janus* was responsible for guarding the gates of heaven.

In Judaism, it was God's call to Abraham, in the Jewish Bible, to move from his homeland – i.e., as he was not adapted to this heathen environment – that initiated the creation of the Jewish people (also known as the "Hebrew people" – i.e., representing, in the Hebrew language, those who crossed the river and stood on the other bank).

In modern times, early references to transitions and adjustment in the social science literature can be traced back to the mid-nineteenth century, with Spencer's (1855) and Fiske's (1874a, b) discussions of Darwin's theory of evolution. These

scholars have a relatively broad view of the importance of adjustment processes, suggesting that human and non-human beings' existence is a result of their continuous search for adjustment, which they refer to as "equilibration of the organism with its environment." Hence, unsurprisingly, Fiske (1874b) made the claim that "life is adjustment."[1]

Freud's psychoanalysis theory is highly relevant to matters of adaptation to transitions. Hence, soon after Freud postulated his theory, additional psycho-educational discussions on matters of adjustment emerged, in which a Neo-Freudian orientation was advocated. These discussions focused, for example, on the role of formal and informal education in the prevention of, or treatment of, children's maladjusted behavior. Titles such as "Education as Adjustment" (O'Shea, 1902), "Adjustment of a Disturbed Equilibrium" (Cock, 1915), "Child Adjustment, in Relation to Growth and Development" (Inskeep, 1920), and "Personality in relation to social maladjustment" (Porteus, 1921) and discussions on "The Child in America" (Thomas & Thomas, 1928) all refer to the nature of adjustment processes and ways of dealing with maladjustment. Notably, these discussions already suggested that not all adjustment problems stem from the individual's personality or personal assets; some adjustment problems are the result of the environment's way of functioning, or in Richards' (1920) terms, "the psychic environment." For example, Thomas and Thomas (1928) suggested differentiating between two causative factors that lead to maladjustment: (a) "the organic peculiarities of the individual" – physical, mental, emotional endowments, and deficiencies – and (b) "the learning process," the acquisition of habits and attitudes. These authors go on to claim that it is the parents' and education systems' responsibility to prevent children's maladjustment.

Interestingly, the idea of dual connections between perceptions of change (i.e., in people's lives) and activation of the adjustment process was already mentioned by Bolton (1908) in his paper on "meaning as adjustment." In this paper, Bolton suggested that the adjustment process, following exposure to an event or object, shapes the meaning that a person attributes to that event/object. Moreover, Bolton suggested that the impact of the event is not restricted to a specific aspect of the individual's entity, but rather, following a first body response to the event, a wave of responses may emerge across the entire body and mind. Bolton's (1908) concluding notion can be described as the ultimate reason why the topic of adjustment deserves the attention of social scientists – "Each perception creates fresh situations and the meanings implied in them will be revealed in other adjustments. An attainment of complete or absolute meaning is never possible" (p. 171).

With the breakthrough of the psychoanalytic theorem and especially following World War I's impact on greater awareness to mental health problems (e.g., shell shock; Crocq & Crocq, 2000), discussions on adjustment problems expanded from references to children to references to the entire population, such as the discussion of women's adjustment problems (Suttie, 1922). Moreover, Van Waters (1928)

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[1] Unfortunately, this standpoint has led people to have racist opinions against those who cannot adjust.

suggested that "Illness…is thought to be a response of the organism to some life-situation" (p. 280). Based on this notion, support for people with adjustment problems was one of the core goals of the "mental hygiene" movement. This movement focused on matters of prevention (White, 1930); accordingly, scholars who were related to this movement made suggestions about how to promote adjustment, such as Altaraz's (1938) suggestion to use recreation as a way of helping individuals with emerging adjustment problems.

As the nature of adjustment problems changes over time, both in individuals' lives and in public life, following the end of World War II (WWII), topics related to social inclusion of newcomers, including the case of soldiers' homecomings, were the focus of publications on transitions and adjustment (e.g., Schuetz, 1944, 1945). Another topic of interest that has gained further attention in the post-WWII literature was children's adjustment to their environment and its implications in relation to the emergence of children's mental health problems and their ability to thrive (Louttit, 1953). Interest in this topic has intensified over time for several reasons, including reports on adjustment and maladjustment among children who were evacuated from their homes due to the Nazi's blitz on the UK (Jackson, 1985). This very brief historical review of early studies on adjustment indicates that this topic was of interest to social scientists long ago. In addition, its demonstrates that the specific topics of research in the field of adjustment to transitions were closely connected to actual social events.

During the twentieth century, the number of explorations and discussions on the nature of adjustment to life course transitions increased and expanded to all domains of social interest. Based on PsycNET (January 1, 2022), the more prominent topics in the field of psychological adjustment to transitions in the research literature are adjustment to (in descending order) school, work, college, illness, immigration, marriage, divorce, death, pregnancy, kindergarten, war, retirement, army, parenthood/motherhood, natural disaster, rape, and relocation. An examination of studies on adjustment to transitions based on Google Scholar, in order to include studies from other fields of the social sciences, indicates that the most prominent types of adjustment addressed in the literature (in descending order) are adjustment to natural disasters, pregnancy, rape, school, work, college, illness, marriage, divorce, immigration, kindergarten, parenthood/motherhood, and relocation.

In the 1960s, 1970s, and 1980s of the past century, a stream of books was published on the general role of adjustment processes in shaping or representing various aspects of human behavior; see Table 1.1 for examples.

Interest in adjustment and life transitions during this period was not only a matter of scientific exploration. From the early 1950s, leaders in the field of vocational education issued a call for "life adjustment education." Their call (George, 1951) was based on the assumption that what matters is not what is taught at school, but rather the ability to implement school knowledge in youth's future lives as adults. This movement gained much attention and accordingly much critique; as Wraga (2010) puts it, "life adjustment education has become, for historians, an anathema representative of the worst reform impulses in American education" (p. 200). The main reason for the storm of critiques was the notion that such an approach leads to

Table 1.1 Books' title on adjustment as a major life-long mission

Date	Author(s)	Title
1970	Tucker	*Adjustment: Models and Mechanisms*
1970	Symonds	*The Dynamics of Human Adjustment*
1972	Watson and Tharp	*Self-Directed Behavior: Self-Modification for Personal Adjustment*
1975	Magnusson and Zetterblom	*Adjustment: A Longitudinal Study*
1976	Spivack	*The Problem-Solving Approach to Adjustment*
1983	Calhoun and Acocella	*Psychology of Adjustment and Human Relationships*
1984	Kaplan	*Psychology of Adjustment*
1986	Derlega and Janda	*Personal Adjustment: The Psychology of Everyday Life*
1989	Worchel and Goethals	*Adjustment: Pathways to Personal Growth*
1988	Brodsky	*The Psychology of Adjustment and Well-Being*
1988	Feldman	*Adjustment: Applying Psychology in a Complex World*
1989	Meichenbaum	*Exploring Choices: The Psychology of Adjustment*
1990	Allen	*Personality, Social, and Biological Perspectives on Personal Adjustment*
1991	Bruno	*Adjustment and Personal Growth*
1989	Martin and Osborne	*Psychology, Adjustment, and Everyday Living*
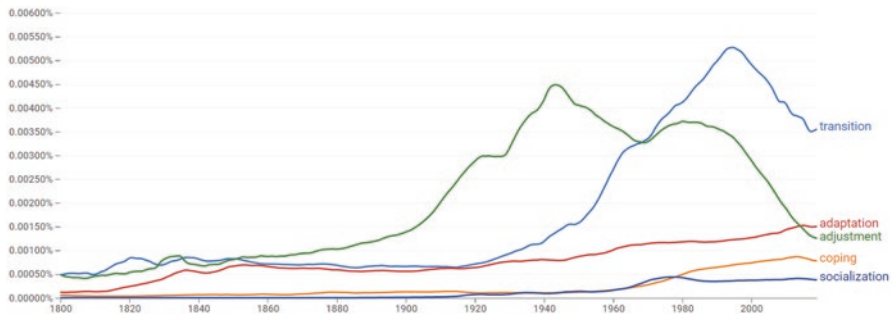
Fig. 1.2 Number of book titles related to adjustment. (*Source*: Google Books Ngram Viewer (January 1, 2022))

an anti-intellectual attitude among children and youth. Eventually, this movement lost its power by the mid-1980s due to objective problems that could not be solved (e.g., measurement of achievement).

Interestingly, parallel to the decline of this movement, since the mid-1970s, there has also been a decline in the number of publications that use the term *adjustment* in their title. This trend is exemplified in Fig. 1.2. Figure 1.2 presents the number of books published between 1900 and 2019, in which various terms that are related to adjustment and transition appeared, based on the Google Ngram program (according to a search conducted on January 1, 2022).

A closer look at the list of publications that incorporate the term *adjustment* in their titles over time reveals that the decline in such publications occurred mainly in publications that use the term *adjustment* as a general representation of the human condition or human conduct. Otherwise, interest in topics related to transitions and adjustment is still active and extensive. Additionally, the terminology used in the titles of publications on these topics seems to be richer than it used to be. Within each domain of human functioning, new models, new concepts, and new terms have been suggested to represent related topics, thus leading to a relative decline in the use of the term *adjustment*. Nevertheless, researchers' basic interest in better understanding the essence and dynamic of individual adjustment has endured. For example, discussions on ways to integrate people with special needs and/or "strangers," like immigrants, are increasingly referred to using the term *inclusion*; explorations of the ways in which people with major illness adjust are referred to using the term *illness management*; studies on the ways in which people adjust to life challenges in spite of the adversity that they face appear under the title of *resilience*; and explorations of adjustment to college are published under the title of *emerging adulthood*. The extensive use of these terms suggests that while interest in understanding adjustment processes has not declined, awareness regarding the need to develop more domain-specific models – i.e., that take the whole context (e.g., age, culture, societal responses) within which the adjustment process takes place into account – has increased.

Prevention Approaches to Maladjustment

Biologic Approaches

As indicated earlier, several mechanisms are in place when transitions occur. It is possible that adjustment to transitions is a derivation of biological systems or mechanisms – e.g., sensory thresholds shape perceptions of change; the neurological system's activity shapes the processing of meanings and possible solutions to perceived change; reactive muscles tense shapes preliminary performance when implementing selected reactions; and when a reaction has not caused the expected "correction" to the change, the personal pain threshold determines the point of adjustment, or adaptation, to the continuing change. Support for such a biological approach comes from recent studies on the impact of the hormonal system on adaptive responses. Been et al. (2021) suggest that specific hormones are involved in preparation of the organism to respond to novel cognitive, emotional, and/or behavioral demands. These hormones shape the neuroplasticity of the central nervous system and hence enable the appearance of adaptive responses. Thus, according to Been et al. such hormones modulate the central nervous system and are subjected to significant fluctuations that occur during major life transitions. For example, Bruno et al. (2020) discussed the case of the transition to parenthood and focused

particularly on the appearance of paternal perinatal depression. According to these scholars, paternal perinatal depression is different from maternal perinatal depression and is associated with the level of the prolactin hormone's activity among men (Torner, 2016). Specifically, they found that during women's pregnancy, the male partner's prolactin level gradually increases and then, after the delivery of the baby, declines. These changes are significant in terms of the father's adjustment to parenthood, as the beginning of the gradual decline in the level of prolactin occurs over the course of an entire year, during which, due to this hormonal change, fathers are more susceptible to negative mood, thus causing difficulties in the parents' mutual adjustment to this life course transition.

Another topic that has been mentioned in the context of people's adjustment to life course transitions is the physical presence of *adaptogens* supplements. These herbal supplements are suggested as adaptogenic substances that, according to some approaches, help the body to return back to physiological stabilization and homeostasis during periods of stress. Those who are in favor of the use of such substances believe that adaptogens are nontoxic, have a general buffering effect against multiple stressors, and are unrelated to a specific pathology, thus having a broad positive impact on people's ability to adjust. Others, however, reject these notions,[2] and a recent literature review suggests that evidence regarding adaptogens' utility is still inconclusive, as the existing findings change from one study to another, based on measurement methods (Gerontakos et al., 2020).

Psychosocial Factors

Existing knowledge in the social sciences on the psychosocial antecedents, processes, and consequences of transitional events is much larger but nevertheless still relatively rich but nevertheless still limited and insufficient. It has become rich due to the prominence of transitional events in everybody's lives, their intense impact on people's behavior, their possible negative implications on people's health. However, it is still limited due to the significant gap between the suggested impression that interventions to prevent maladjustment can be fruitful and the lack of comprehensive theoretical approach outlines that general frame of reference for prevention efforts in this field. Below is a short explanation for the advocacy of the need to prevent maladjustment while addressing psychosocial factors.

Why is there a need for the development of psychosocial prevention interventions to address times of transition? First, times of transition are periods of intensive learning – people must learn a relatively large amount of information in order to approach a comprehensive understanding of what has happened and what should be done. Young (2009) describes it as "cycles of learning within cycles of change."

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[2] The European Medicines Agency rejects these claims and does not permit the marketing of "adaptogenic" substances in the EU.

Second, in times of transition, people's minds and psyches intensively move from one issue to another in relation to the new situation, in an attempt to rebuild a reliable picture of the "new world." In Carl Gustav Jung's terms, this can be described as a process of a de-integration, in response to the occurrence of a significant change in people's lives, followed by a re-integration of their perception of themselves and of the world (Urban, 2005). Third, it seems that people's ability to cope with stress and manage in times of transition is not unlimited. Evidently, human beings exhibit outstanding resilience in the face of stress, trauma, and crisis (Bonnano, 2004). Nevertheless, the more prolonged and extensive the period of threat and stress is (as can occur in times of transition), the less well people are being able to successfully handle such stress. At a certain point, such troubles can "get under a person's skin," and their negative effects on the person's health may emerge. Finally, and strongly related to the previous point, studies on people's reactions to life course transitions repeatedly show that a significant percentage of people (though not the majority) either do not adjust, and express it in various ways that are costly to the individual and/or to the social systems surrounding them, or adjust with some health problems that could have been prevented.

An important observation on cases of maladaptive behavioral outcomes refers to the notion that there is no direct connection between specific types of transitions and specific forms of maladjustment. Namely, the same form of maladjustment (e.g., depression, substance use) might appear in response to difficulties in adjustment to different transitional contexts. One conclusion that can be drawn from this notion is that people's expressions of maladjustment are a matter of personal, or personality, characteristics. However, it seems more plausible to assume that the form of maladjustment is a derivation of both personal characteristics and circumstances or environmental influences. The latter conclusion implies that studying the antecedents of a given form of maladjustment (e.g., acting-out) has secondary importance, or at least secondary priority. The more urgent task would seem to be examining how and why feelings of maladjustment emerge; that is, what made people feel so maladjusted that they resorted to emotionally or behaviorally expressing their maladjustment in such a problematic way?

Prevention science (Israelashvili & Romano, 2017) deals with all aspects of interventions to prevent, delay, or reduce problem behaviors such as depression and suicide, psychoactive substance use, unprotected sexual behavior, criminal and aggressive behavior, academic failure, eating problems, organizational maladjustment, and problems such as school bullying and Internet addiction. In addition to preventing specific behaviors, prevention science also aims to promote positive behaviors or enhance protective factors to improve health and well-being (e.g., physical exercise, healthy eating). One of the prominent areas in which preliminary preventive interventions are needed is during times of transition, i.e., when people comprehend that a major change has taken place in their life. During times of transition, many people are able to properly manage the change; others, however, due to their own vulnerability or to various temporal circumstances, might ineffectively perceive, analyze, or react to the change and may find themselves feeling that they are unable to handle the change, experiencing maladjustment. Notably, feelings of

maladjustment are in themselves a risk factor for additional maladaptive events that might lead to a high vulnerability to engagement in problem behaviors.

Feelings of maladjustment might emerge in the course of time between the people's exposure to the transitional event and the time they make a decision (or are vulnerable to) to become involved in a problem behavior (e.g., joining a marginal social group). This turn represents people's desire to escape not only the (unpleasant) transitional event that they are undergoing but also the feelings of maladjustment that they are experiencing. Hence, feelings of maladjustment should also be a major target for prevention scientists, as they sometimes serve as the catalyst for the appearance of those, well-documented, problem behaviors that the literature on prevention science is so preoccupied with.

In terms of a common approach to prevention efforts, it is thus suggested that the emergence of feelings of maladjustment is among the most prominent variables that differentiate (to some degree) between individuals who are in need of universal prevention efforts and individuals who are in need of selective prevention, or in terms of the Multi-Tiered System of Supports (MTSS; e.g., Jimerson et al., 2015), between individuals who are in Tier 1 and individuals who are in Tier 2. Thus, a preliminary intervention to promote adjustment and/or to prevent maladjustment may make a significant contribution to fostering positive development among children and youth, as well as to better differentiating between the different challenges that prevention programs that address specific maladjustment behaviors (e.g., substance abuse prevention vs. suicidal behavior prevention) may encounter. Moreover, reaching a better understanding of the dynamics of turning to maladjustment and of ways to promote adjustment seems to be very important in order to differentiate better between exclusivity and comorbidity in the context of problem behaviors and ways to prevent them (e.g., Goldberg & Israelashvili, 2017).

Postulates Regarding the Prevention of Maladjustment

Prior to the preparation of the present book, the main author conducted both empirical studies and field interventions that address issues related to periods of transition. Among these activities were annual workshops with students at Tel Aviv University (Israel) on matters related to the theory and practice of counseling people in transition. Over a period of 15 years of running the workshop, each year began with each one of the participants sharing a personal story of adjustment to a transition. The participants could select whatever transition they wished and (simply) elaborated on what happened to them (or is still happening).

Several interesting insights emerged from the participants' reports on their experiences with adjustment to life course transitions, and more importantly, many of these insights recurred over the years and hence are worth mentioning here:

- All participants had stories to share; no one was in the position of being able to say that he or she had never experienced a major transitional event.

- Some of the events were positive, whereas others were negative; some were dramatic and/or had happened across the globe, whereas others were minor and local (e.g., being moved to a different desk at one's workplace); some brought the speaker to tears talking about the event, whereas other events were spoken about with laughter and joy; some were presented in present tense (though it really happened several years ago), while others were spoken about in past tense; some of the events were over, whereas others were still occurring (e.g., for more than 20 years "…since I gave birth to my first child…"); etc. However, all of the events were very significant from the point of view of the speaker.
- Transitional events were initiated either by the individual or by someone else; in many cases, it was a combination of the two – i.e., the individual initiated the transition but then felt no control over the events that followed, some of these events completely in contradiction with the individual's preliminary intention.
- Importantly, some of the reported transitional events occurred to people who the individual was connected to (e.g., spouse's work promotion) and, thus, indirectly involved the individual rather than occurring to him/her personally. However, in such situations, the individual often focused on his/her own experiences to a great extent, or solely, rather than the other person's experiences or their shared experiences.
- Frequently, the transitional event was composed of several, interrelated, transitional experiences (e.g., relocation included adjustment to a new apartment, a new neighborhood, a new occupation or office, renewed social network, major changes in transportation, etc.).
- Much confusion was reported, alongside different emotions; sometimes, the emotions preceded the cognitions and behaviors.
- Many times people only reported parts of the transitional event, as if this was the "whole story." Only after gradual debriefing, by the workshop leader and the other participants, the full report of the transitional event was told. Time and external "stimuli" were necessary in order to enable people to retrieve the entire picture [see Meichenbaum (2019) on "Columbo Questions"].
- All transitional events were related to other people and were solved, or ended up in either adjustment or maladjustment, due to direct or indirect involvement with other people.
- Many of the participants ignored the advantages of the transitional event and primarily focused on the disadvantages (e.g., HE left ME; rather than "…in any case he was unreliable…and I wasn't intending on marrying him…").
- Some of the workshop participants were later on referred to psychotherapy, as it was evident that their personal experience of a transition was not only ongoing but also had major negative implications on their mental health.
- Listening to other participants' reports of their own transitional experiences was eye opening for many of them; again and again, at the end of the report (which usually lasted for 4 h, with about 15–20 participants), people spontaneously said that it gave them a very enriching perspective on both personal and professional matters.

Finally, one important insight regarding the participants' reports that is worth noting here is that in spite of the evident differences in the types of transitions that were described, as well as the timing, location, environment, culture, sex, gender, personal importance, age, etc., many of the transitional experiences had common components. This insight provides support for the search for generic components that comprise the experience of adjustment to life course transitions.

Structure of the Book

The present book primarily focuses on transitional events and the experiences that people have in relation to these events. Specifically, it focuses on events in which people encounter a major change in their life course, which is not developmentally initiated (e.g., puberty) and requires their adjustment. More elaboration on the type of transitional events that the book deals with, their essence, the ways in which people address such events, and what can be done in order to prevent people's maladjustment in relation to these events are all discussed in the book's chapters. Though the topic is not ignored, this book does not focus on interpersonal variance in preliminary awareness to transitions, ways of managing transitions, or people's reactions to the hassles of adjustment to transitions. Rather, the book aims to present the generic components – i.e., across individual and situational differences – of people's ways of managing their encounters with transitional events.

The first step to any future endeavors that deal with the prevention of maladjustment is the evident need to firstly supply a comprehensive review of existing theories on the process of adjustment to transitions. Hence, Chap. 2 summarizes some of the major theories of adjustment to transitions. Clearly, out of the review of the various theories and discussions emerges a need to reach an agreed-upon vocabulary for the concepts and terms to be used in future discussions. We will do this in Chap. 3.

In order to develop such a theory of adjustment to transitions, it is worth noting that in spite of external differences, there are several common components that are shared by many people who are involved in the process of adjustment to a transition.

Such a comprehensive theory of adjustment should be nominal rather than ordinal. Namely, even though stage theories are very popular in the literature on adjustment, as well as in societal and organizational approaches to transitions, they are somehow misleading. Assumptions about the existence of a fixed order – e.g., of stages, phases – are incorrect, as the process of adjustment is dynamic, interactive, and intra-active (i.e., including many internal debates and explorations) and partially spiral, until the process is over. This discussion is covered in Chap. 4.

Chapter 5 calls for reconsideration to the features of stage theories of adjustment and advocates the notion that there are several generic components, which are agreed across the various ideations, that people experience and/or are occupied with along the process of adjustment to life course transitions.

These components are integrated with other well-documented features of the course of becoming aware of a transitional event, dealing with the various aspects of the adjustment process and, finally, approaching a state of either adjustment or maladjustment to it. The integrated description, titled the Transitional Stress and Adjustment (TSA) model, is presented in Chap. 6.

To support the utility of further exploring the utility of the TSA model, for the prevention of maladjustment to life course transitions, examples of TSA-based prevention interventions are presented in Chap. 7. These examples deal with adult and adolescent immigrants' adjustment to their host country and waiters' work adjustment.

Finally, Chaps. 8, 9, 10, 11, 12, 13, 14 and 15 comprehensively review and discuss prevention efforts in several episodes of adjustment to transitions, including those related to the family domain (parenthood and divorce), those related to the educational domain (school adjustment and adjustment to college), those related to the army domain (parental deployment and veterans' readjustment), and those related to the civilian domain (immigrants' adjustment and social inclusion). Together, these eight chapters supply a comprehensive review of the existing knowledge of ways to promote successful adjustment in times of transitions.

Altogether, this book strives to supply the reader with a broader perspective in relation to the entire transitional process, rather than only focusing on the appearance of preliminary indications of maladjustment. It is believed that such a comprehensive and broader perspective, both on the process of adjustment and on the process of turning to maladjustment, is necessary in order to promote prevention scientists' and practitioners' ability to successfully meet the future challenges in this field. This goal has been clearly postulated by Hom et al. (2017) in their review of the literature on employees' turnover. These authors reviewed one hundred years of studies on employees' turnover and reached several important conclusions. One of the conclusions they reached refers to a shift in researchers' attention over the years – "We then track 21st century interest in the psychology of staying (rather than leaving) and attitudinal trajectories in predicting turnover" as "motives for leaving and staying are not necessarily polar opposites" (p. 36).

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Chapter 2
Adjustment to Transitions: Definitions of Terms

Moshe Israelashvili

The expected final step of establishing an evidence-based approach to preventing any phenomenon starts with a clear definition of the given phenomenon and of the intervention's goals in relation to addressing the phenomenon. These definitions are essential, especially in measuring the preventive intervention's utility. Referring to the context of adjustment to transitions, many books have included the term "adjustment" in their titles (e.g., Creer, 1997; Duffy & Atwater, 2008; Feldman, 1988; Meichenbaum, 1989; Nevid & Rathus, 2005). However, a closer look into their contents reveals a broad spectrum of definitions of the term "adjustment" and other related terms. Moreover, it seems that some scholars use the various terms interchangeably and hence vaguely. It is suggested that such a lack of clarity in these terms' definitions is a major barrier to the further development of preventive interventions that can promote successful adjustment to transitions. This chapter emphasizes and demonstrates this ambiguity in definitions, followed by suggestions of more differential definitions for several of the major terms in the context of adjustment to life course transitions, including transition, adjustment, adaptation, coping, and socialization. These differential definitions will then be used to evaluate the existing research and make suggestions for future research in the context of the prevention of maladjustment.

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A Lack of Clear Definition

A common way to define *adjustment* is through its antonym (Gorlow & Katkovsky, 1968). Namely, it is assumed that people have adjusted well as long as they do not exhibit signs or syndromes of *maladjustment* or lack of "poor adjustment" (Snyder & Lopez, 2002, p. 152). A focus on the negative aspects of human behavior is not uncommon in psychology, as the roots of defining a state/position by its negative implications are embedded in the medical model of diagnosis. Namely, a common medical practice is to start by listening carefully to the patient's report of the problem (i.e., the person's complaints about the negative aspects of his/her current position) and then to proceed on to relevant medical examinations. Hence, if a person has no complaints and/or if there are no "objective" signs of a health problem, the MD's ability and inclination to make a medical diagnosis will be very limited; the person is assumed to be healthy (Keyes, 2002). Similarly, is common that as long as there are no negative symptoms the person would be labeled as (more or less) "adjusted". For example, Veroff et al. (1962) conducted a study on the "dimensions of subjective adjustment" and, based on various factor analyses, concluded that the factor structure of both males' and females' perceptions of their level of adjustment is almost identical and composed of the following variables (*italics* added): (1) experiencing psychological *disturbance*, (2) *unhappiness*, (3) social *inadequacy*, (4) a *lack* of identity, and (among males alone) (5) physical *distress*. Another example is Bennett and Okinaka's (1990) definition of college adjustment as the opposite of transitional trauma, which is defined as the level of student's experience (i.e., feeling) of alienation (p. 39).

Interestingly, even in the field of positive psychology, a field that is defined by its reluctance to focus solely on negative behavior and psychopathology (Stalikas & Fitzpatrick, 2008), a clear definition of a state of adjustment is not easily found. Rather, preliminary publications on positive psychology have tended to define adjustment as a kind of umbrella term for various terms that might be interchangeable – e.g., "Children's *positive adjustment* depends in part on…the *socializing c*ontext…organized so that *optimal development* is fostered…to promote children's *mental health* and *well-being*, and we can expand our notions of well-being to include positive markers of school *adaptation*" (Baker & Maupin, 2009, p. 189; italics added). Later on, following Peterson and Seligman's (2004) VIA Classification of Character Strengths (e.g., *vitality*, composed of *zest*, *enthusiasm*, *vigor*, and *energy*), the literature on positive psychology became slightly more balanced. However, the dominant approach (e.g., Park & Baumeister, 2017) still focuses to a greater extent on measuring adjustment through manifestations of stress and maladjustment. A related and more updated example refers to the case of adjustment to cancer. The European Organisation for Research and Treatment of Cancer (EORTC) suggests using the Quality of Life Questionnaire Core 30 (QLQ-C30), which measures people's well-being – i.e., measures cancer patients' present physical, psychological, and social functions (Aaronson et al., 1993; Van Roij et al., 2022). When referring to a state of adjustment (e.g., to cancer), the literature becomes less clear

and more focused on measuring the extent to which the respondents are preoccupied with the problem, such as Park et al.'s (2008) measurement of adjustment to cancer (e.g., "How often do you think about your diagnosis of cancer in relation to living your life on a day-to-day basis?"). Assuming that the terms "well-being" and "adjustment" are not interchangeable, the need to also measure the possible positive aspects of the process of adjustment to cancer, rather than only focusing on the negative aspects, stems from well-documented evidence regarding the possible emergence of positive consequences due to the disease (Adorno et al., 2018).

The literature on stress and coping adds more confusion, as several researchers use the term *coping* when discussing *adaptation* (e.g., Selye, 1956), others use the term *coping* when discussing *adjustment* (e.g., Burman & Margolis, 1992), and some researchers consider the three terms synonymous. An example of such mixed use of the three terms is Zetlin and Morrison (1998) comment that "The term *adaptation* refers to the extent to which an individual is *adjusting* to or *coping* with the challenges in his/her everyday life" (p. 483; italics added).

These problems of defining through its antonym and an interchangeable use of various terms are represented in suggested definitions of adjustment in publications on the ways people manage their encounters with life course transitions, such as the following:

- "Psychological processes used by individuals when coping with everyday stresses and demands…how individuals adapt to stress and anxiety, how they make friends, how they attempt to find meaning in life, and so on" (Derlega & Janda, 1986, p. 5).
- "Functioning effectively within society" (Helson & Wink, 1987, p. 532).
- "The everyday task of coping with ourselves, our environment, and the people we encounter" (Worchel & Goethals, 1989, p. 6).
- "The active process of coping and making choices that affects an individual's well-being and personal growth" (Meichenbaum et al., 1989, p. 6).
- "Achieving and understanding of our own and others' behaviors, thoughts, and feelings that is sufficiently well developed to permit the emergence of strategies for coping with the demands and challenges of everyday life" (Allen, 1990, p. 5).
- "Positive development is based on evaluating developmental changes with regard to their adaptive value and their functionality for the individual as well as the community" (Staudinger & Kunzmann, 2005, p. 321).
- "A process and outcome of resuming roles in family, community, and workplace which may be influenced at different levels of an ecological system" (Elnitsky et al., 2017, p. 2).

Unfortunately, the mixed use of these terms seems to be acceptable by many, such as Lent's (2004) notion that "A variety of terms, such as positive *adaptation*, *adjustment*, and *mental health*, are used in the literature to capture the notion of effective psychological functioning, and I use them **interchangeably** here" (p. 504; *italics* and bold added). However, evidently, as there is no clear definition of *adjustment*, two problems may arise. Firstly, a long list of potential maladaptive behaviors should be rejected before being able to confirm that the person has really adjusted

to the given transition (Corcoran & Roberts, 2000). Secondly, the longer is the list of potential indicators of maladjustment that must be rejected before confirming that the person has adjusted, the higher the risk that a maladjustment problem might mistakenly be either ignored or identified (see also Huppert, 2009). Thus, in pursuit of gaining a better understanding of the process of transitional stress and ways to prevent maladjustment to life course transitions, below is a differential description of five major terms – i.e., transition, adjustment, adaptation, socialization, and coping.

Transition

The term "transition" dates back to the mid-fifteenth century (Etymonline.com) and comes from the Latin word *transitus*, "a going over, passing over"; currently, it relates to the "passage from one state, stage, subject, or place to another" (Merriam-Webster Dictionary, 2008). The term "transition" is extensively used in many fields, such as to describe the sand's response to various waves of water (Testik et al., 2005). Hence, another slightly more general definition of a transition is an "alteration of a physical system from one state, or condition, to another" (Encyclopedia Britannica, 2008).

Focusing specifically on living creatures, it was Cannon (1926) who referred to Bernard's (1865/1957) theorem and suggested that "alterations" in living creatures' state initiate a movement toward homeostasis, as homeostasis is the default state for every living creature. According to this theorem, the term *homeostasis* describes a state of "coordinated physiological processes which maintain most of the steady states in the organism." Later, Selye (1975) introduced an additional term to *homeostasis* – that is defined as "…the maintenance of a normal steady state by means of endogenous (physiologic) responses" – and suggested the term *heterostasis*, which stands for "…the establishment of a new steady state by exogenous (pharmacologic) stimulation of adaptive mechanisms through the development and maintenance of dormant defensive tissue reactions" (p. 26). More recently, Davies (2016) suggested using the term *adaptive homeostasis*, which refers to "The transient expansion or contraction of the homeostatic range in response to exposure to sub-toxic, non-damaging, signaling molecules or events, or the removal or cessation of such molecules or events" (p. 1). Evidently, transitions are complex and involve changes in routines, reactions, roles, relationships, and reflections and cut across normal developmental changes (physical, emotional, cognitive), as well as environmental and social changes. However, all of the above elaborations on *homeostasis* raise the possibility of defining a transition as any movement from one state of homeostatic balance to another state of homeostatic balance (see also Selye, 1956).

Referring to this last notion, the use of analogies from physiology to describe psychological phenomena can be highly enriching. However, in the context of understanding human beings in transition, such comparisons may be irrelevant. While physical objects (e.g., trees) and animals usually encounter transitions that

are imposed upon them by other forces or circumstances, human beings have a much more complicated "relationships" with transitions. Sometimes, people – and some people more than others – are afraid of transitions and wish to remain in familiar circumstances, even though they know it is not the best choice. Yet at other times, these same people may be eager to experience transitions and may even initiate them, considering the lack of transitional events to be a negative situation that is disappointing – e.g., representing "a burden," "monotony," or a "dull" life. Thus, it seems that most human beings have mixed feelings toward transitions – they are partially attracted to them and partially repelled by them (possibly described as an approach-avoidance conflict?). An applied example is the different attitudes and reactions that people have toward immigration and/or toward the transition to retirement, with some restless to experience such a transition, while others (including some of those in the previous category) find themselves restless *after* experiencing the transition.

It is particularly interesting that some people (and sometimes the same person) may regard a given situation as a significant life course transition while other people may consider the same event as a "non-event," depending on the circumstances. For example, the case of people getting married to a long-term partner who they have lived with for many years may be perceived differently by different people. Notably, however, as Schlossberg (1981) mentioned, sometimes the non-occurrence of an event (non-event; e.g., the failure to become pregnant) initiates a state of transition, such as the case when repeated failures of IVF treatments will initiate a major transition in people's lives, as they later decide to register to adopt a child. Finally, transitions typically have no clear starting point, nor a clear ending point; rather, it is a state of acknowledgment that emerges in people's minds, following a perception of change (i.e., in their life circumstances) that will gradually dissipate at some point in the future.

All of these notions lead to the conclusion that unlike cases of developmental periods (e.g., adolescence) and body-related transitions (e.g., menopause), when it comes to life course transitions, involvement in a state of transition cannot be measured by objective (e.g., body-related) parameters alone, nor is it always possible to identify the transition through external observation. Rather, the leading feature of being in transition is people's subjective perception of the occurrence, or the lack of the expected occurrence, of a major change in their life. Thus, it is suggested that a state of *transition* should be defined as "the phase of time between the moment a person perceives that the known reality cannot or will not last forever and the moment that this person feels that he or she has comprehensively adjusted well to the new reality that has emerged." Notably, this definition combines cognitive ("perceives") and affective ("feels") components, both with regard to the beginning point and in relation to the ending point. Accordingly, it means that the examination of people's adjustment to transitions should begin with exploration of cognitive or affective domain(s), even when there are no indications of a change in the behavioral domain. Another point to be highlighted is that according to this definition, the subjective feeling of both the beginning and the ending points of the process of a transition does not represent a state of homeostasis; this is due to the possibility that

sometimes, the subjective feeling of change precedes the shift away from homeostasis and sometimes, the feeling that the transition is already over is not accompanied by a complete return to homeostasis.

Ways of Managing Transitional Episodes

From the moment people begin to (subjectively) perceive that they are entering a state of transition, and throughout the transitional episode, they have two general ways of managing the transition, each of which can be further divided into two general types of behaviors. These ways of managing the transitional episode are either to **depart** from the new situation or to **join** the (emerging) new situation. These two types of behaviors *only partially overlap* with the famous *fight-or-flight* response that is referred to extensively in the behavioral sciences (e.g., Kozlowska et al., 2015), as the *fight-or-flight* term refers to people's immediate response and the presently suggested *depart or join* term refers to people's general attitude toward a prolonged situation. Referring to the *freeze* reaction (Donahue, 2020), it will be mentioned here that a *temporary* state of *freeze* is irrelevant to the current discussion on people's prolonged attitude (see also Agorastos & Chrousos, 2022). However, a *constant* state of *freeze* could be considered as either an expression of departure or an expression of joining (i.e., as the person still stays in, though while not collaborating with, the transitional event) – depending on the person's rationale or motivation behind the *freeze* reaction.

Each of these two ways of dealing with the transition can be subdivided into two major forms: *departure* from the situation has two forms, *escape* and *separation*, and *joining* the situation also has two forms, *adaptation* and *adjustment* to the new circumstances. Figure 2.1 presents a schematic typology of possible responses to an event that has occurred, or not occurred, and is possibly perceived as a significant life change. Firstly, however, it should be clearly stated that a person's choice between these four forms of behavior in response to the perceived transition is not fixed and stable but may change over the course of the (emerging) transitional event, as will be explained below.

The act of *departure* from the new circumstances that have been brought about by the initiation of the transitional event is the behavior that has been studied the most. Departure occurs when people wish to stop their involvement in the emerging transitional circumstances. Such a wish can have two significant forms. One is when people essentially wish to stop experiencing emotions, activities, or visions that the transition has generated. Sometimes, people are willing to do literally almost anything in order to escape the new situation, since remaining in the situation is psychologically painful for them. The most extreme act of wishing to depart from a situation, reflecting either a reluctance to accept the situation or to accept oneself within the existing situation, is to commit suicide as an act of escape (Baumeister, 1990; Martin et al., 2020). In the other form of the wish for departure, although people do not have a very negative perception of the situation, they are not willing

Transition:
An Event
(or non-Event)

No-Change
Perception

Change
Perception

Notice

Joining

Departure

Ignore

Adaptation

Separation

Ignore
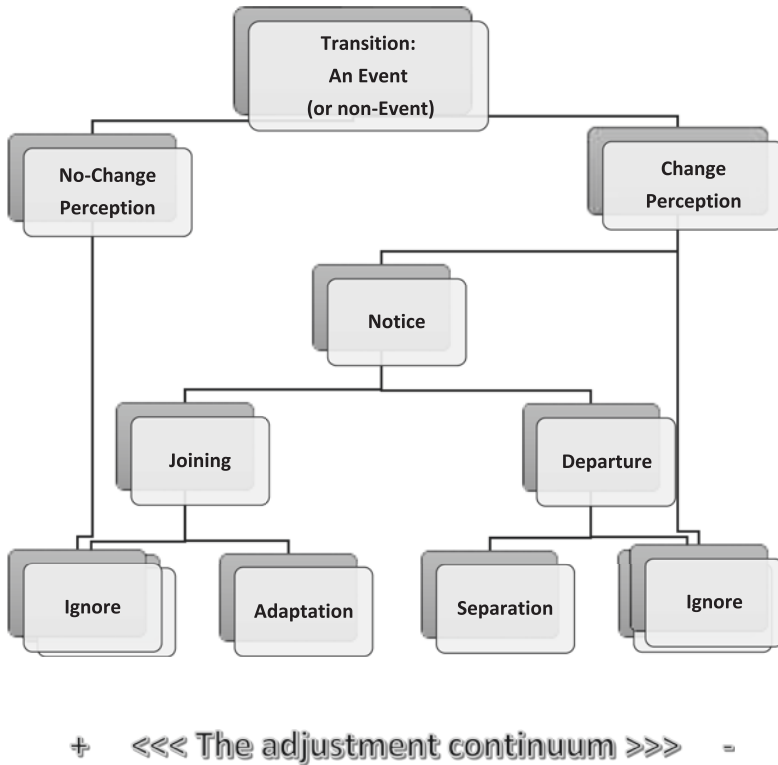
+   <<< The adjustment continuum >>>   -

Fig. 2.1 A schematic typology of possible responses to a change in a person's life

to invest in trying to remain in the new circumstances, possibly as they do not see any benefit or any use in doing so. In this case, remaining in this situation is considered cumbersome, rather than painful, as it was in the previous form. However, most important is the notion that in both cases, people's wish to depart from the transition represents (sometimes, intentionally) maladjustment, although not necessarily a state of psychopathology. It is possible that their wish to depart – in any way, apart from suicidal behavior – represents the way that most human beings would behave in the same situation. Namely, sometimes, people's (strong) desire to escape a transition that was imposed upon them is a normal reaction to the abnormality of the unbearable situation that the transition has produced. The most straightforward example of this is the case of people being transported from their homes to the Nazi concentration camps in World War II; in these circumstances, the wish to escape and/or die is most understandable, whereas resilience and the drive to continue living are the exception and hence deserve homage and scientific exploration (e.g., Frankl, 1946, 1985).

Adaptation vs. Adjustment

The concept of adjustment has been extensively used for a long time (e.g., Hinshaw, 1942). Nonetheless, as mentioned above, it is frequently considered an unclear and rather complex term that is hard to define. For example, Nilsson (2007) found that even professionals, like social workers, were unable to identify a unifying conceptualization of adjustment and considered it a multidimensional term that includes a mixture of themes, such as coping, emotion, subjective meaning, integration, adaptation, support, family focus, and process orientation. Notably, in the literature, the terms *adjustment* and *adaptation* are often used interchangeably, such as in the context of the following (*italics added*):

- **Vocational behavior** – e.g., "…the current research tested hypotheses representing the conceptual formulation that academic and psychological *adjustment* (i.e., *adaptation*) are associated with optimism (i.e., an adapt-ability resource) via engagement coping (i.e., *adapting*)" (Perera & McIlveen, 2014, p. 395).
- **Sojourners' adjustment** – e.g., "…newly arrived students completed questionnaires which monitored depression ('psychological *adjustment*') and social difficulty ('sociocultural *adaptation*')" (Ward et al., 1998, p. 277) or "Flexibility in *coping* is a hallmark of *adjustment* and *adaptation*, which is a lifelong learning process" (Mesidor & Sly, 2016, p. 276).
- **Climate adaptation** – e.g., "*adaptation* is defined as the process of *adjustment* to actual or expected climate and its effects, which seeks to minimize harm or exploit beneficial opportunities" (Maharjan et al., 2020, p. 3).
- **Immigrants' adjustment** – e.g., "These promotive postmigration experiences are fused with youth's unique premigration experiences…to create an *adaptive* culture…, which can then support further *positive adaptation* and *adjustment*" (Juang et al., 2018, p. 806).

However, a closer look at these two terms reveals that *adjustment* and *adaptation* represent different behavioral tendencies, as follows: In *adaptation,* the process is *unidirectional* – people or objects "become fitted to their environment" (Encyclopedia Britannica, 2008); that is to say, people must change (e.g., their behavior) in order to have their needs met in the new environment, "for existence under the conditions of their environment" (Merriam-Webster Dictionary, 2008). In processes of *adjustment*, the process is **mutual**: people/objects and the environment (or other people/objects) "…are adjusted to one another…" (Merriam-Webster Dictionary, 2008) – i.e., people change the environment and the environment changes people – in order to reach an "equilibrium among their various needs or between their needs and the obstacles of their environment's variation" (Encyclopedia Britannica, 2008).

Hence, it is suggested that the term *adaptation* be defined as "people's and frameworks' (e.g., organizations, families, communities) tendency to only change themselves in response to the emergence of a change in the situation or relationship." Alternatively, *adjustment* can be defined as "people's and frameworks' tendency to change themselves in response to the emergence of a change in the situation

or relationship, *alongside* efforts to make some changes to the situation in a way that will better meet their own preferences."

Generally speaking, the difference between a person who is adapting to a changing situation and a person who is adjusting to the same situation could stem from various sources, including personality differences (e.g., the person's tendency to self-enhancement, which leads to more active participation in social encounters and better adjustment to life events; Taylor et al., 2003); cultural differences (e.g., the culture's attachment of valence to individual self-perceptions that affect the person's affective, behavioral, and cognitive characteristics; Rosenmann & Kurman, 2019); parental socialization (e.g., parental marital conflict strategies; Miga et al., 2012); and situational determinants (e.g., the spouse's reaction to the transition; AboJabel et al., 2021).

The definitions mentioned above are not necessarily similar to other definitions that can be found in the literature (e.g., Bussolari & Goodell, 2009). Nevertheless, they seem to correspond better with both the dictionary's distinction between these terms, as presented above, as well as with the use of these terms in social science. For example, the suggested distinction between adaptation and adjustment is embedded in the ways that various personality theories comprehend the essence of people's relationship with their reality. This can be exemplified by comparing Freud's and Rogers' outlooks to the case of lack of fit between people's internal desires and actual experiences.

As described in Chap. 3, according to Freud's psychoanalytic theory (1926), people (i.e., newborns) have no choice but to obey the norms that are imposed on them by the situation (i.e., their parents' home). Hence, pursuing satisfaction of their own basic – biologically driven – needs should be made within these norms and limits. In other words, Freud suggests that adaptation – i.e., simultaneously behaving in accordance with the circumstantial limitation while trying to gratify own needs – is the major challenge for all human beings. Expectedly, early textbooks on ego theory, which emerged from Freud's psychoanalytic theory, used the word *adaptation* for their titles. One example is Hartman's publication (1958), *Ego Psychology and the Problem of Adaptation*. Another example is Vaillant's book (1977), *Adaptation to Life*, in which the author writes "Since the focus of the study is upon adaptation to life, much attention will be devoted to ego mechanisms of defense" (p. 7); namely, the focus of attention is on people's protective, rather than proactive, processes of *adaptation* to life and not on their *adjustment* to life.

Rogers' (1947) humanistic theory of personality and his client-centered therapy represent the other way of conceptualizing the challenge of dealing with life transitions. Like Freud, Rogers (1947) also focuses on events in which there is incongruence between the persons' expectations or desires and the reality that they have experienced. According to Rogers (1942), "There is no doubt that for most people the term mental health has only a vague meaning. As generally used, and as used in this study, it is almost synonymous with the phrase good adjustment. The child who is adjusting in a healthy fashion…has the basic elements of good mental health" (p. 29). In client-centered therapy, events of maladjustment – described as events in which the circumstances are incompatible with the persons' actual self-image or

ideal self-image – the therapists are expected to help the client reaching "…a more realistic and more comfortable adjustment to life" (Rogers, 1946, p. 418). However, unlike Freud, for Rogers (e.g., Rogers, 1944, 1959), a state of mental health means that the person is not only "defending oneself" from situations but also "taking action" in situations. Namely, individuals should strive to have mutual relationships with their environment and not only being occupied with defending themselves. Hence, Rogers (1946) further recommends several principles according to which the counselor should operate, like "…the principle that the individual is basically responsible for himself…" and the principle that "…the client has a strong drive to become mature, socially adjusted…independent" (p. 146). Thus, the counselor's role is to support the client in returning to a state of (dialectical and mutual) adjustment, rather than (defensive) adaptation, to his/her situational circumstances. At the more practical level, interventions that are based on Rogers' conception of adjustment strive to assist clients to approach adjustment through the promotion of the clients' skills for mutually dealing with the environment, rather than defending themselves through mere reactive (usually passive) adaptation to situational circumstances (Cummings et al., 2008), such as in the case of social justice counseling (Ratts, 2009).

It is suggested that the above-mentioned distinction between *adjustment* and *adaptation* can further shape the understanding of current knowledge on people's encounters with transitional states. One example is Sharpe and Curran's (2006; see also Curran et al., 2017) model of adjustment to illness. In their model, Sharpe and Curran emphasize that finding positive meaning in the illness experience is a major component of the adjustment process. When no positive meaning can be found, their model suggests that the adjustment process will include attempts to change the situational meaning, attempts to change the intermediate beliefs (i.e., schemas and conditional rules, attitudes, and assumptions that shape the manner in which people live their lives and respond to life's challenges; Beck, 2011), and changes in their assumptive world (i.e., self- and/or illness schema); if all of these efforts fail, negative outcomes will begin to emerge. Notably, Sharpe and Curran's (2006) model does not offer any problem-focused or active ways of coping but rather focuses on cognitive-focused ways of coping. While some people might consider this notion a pitfall in the model, it seems more plausible to suggest that Sharpe and Curran's model describes how people adapt themselves to the appearance of a chronic illness (p. 1154), that they are unable to do anything about it except for accepting it. This, in turn, might suggest that their model is insufficient in describing the process of adjustment to those illnesses in which the person can try to minimize or change the problem by investing efforts and using problem-focused ways of coping.

Another example of the possible contribution of the differentiation between adaptation and adjustment is the existing definitions of acculturation. For example, in their conceptual introduction to the Acculturation Rating Scale for Mexican Americans (ARSMA), Cuellar et al. (1995, p. 278) highlight Redfield et al.'s (1936) definition of acculturation as a process that "…comprehends those phenomena which results when groups of individuals having different cultures come into continuous first-hand contact…," as well as acculturation at the individual level, labeled

psychological acculturation, as "…changes in attitudes, behaviors, beliefs, values, and the like in individuals as a result of acculturation." Following this, the authors refer to Berry's (1980) differentiation between four end states of the acculturation process – i.e., assimilation, integration, separation, and marginalization. As presented and discussed later in Chap. 14 of the present book, a differentiation between adaptation and adjustment could better shape various processes that are embedded in the acculturation process. For example, is it possible that people who finally reach each one of the acculturation states have actually been through different experiences of adaptation and/or adjustment? To illustrate this: it is possible that repeated unsuccessful attempts to become integrated in a new society by making efforts *to adjust* (i.e., including active, yet unsuccessful, efforts to change the environment) might lead to feelings of frustration, helplessness, and marginalization, whereas other people may be trying to become integrated in the same new society by trying *to adapt* (i.e., having no expectations and/or illusions regarding the environment's readiness/ability to change itself) and are hence less frustrated during the process of acculturation, leading them to one of the other three states of acculturation, as mentioned above.

Thus, it is suggested that adaptation and adjustment are not interchangeable terms; rather, *adaptation* is internally directed, whereas *adjustment* represents a mutual, internally and externally directed, way of dealing with, or managing, a change that represents the initiation of a transition in people's lives.

Socialization

Be it *adjustment* or *adaptation*, exposure to a transition implies that something has to be changed either in the object/person, the situation, or both. However, there is another and different case, in which people are not expected to change themselves (i.e., adapt) and/or to produce a change in the situation/environment (i.e., adjust), but rather to be receptive to learning new things that the new situation has generated. In such cases, people are not supposed to give up or change any of their previous conceptions, behaviors, etc., as the existing ones are irrelevant to the new situation and/or they have no idea what (e.g., behavior) is needed; what they are mostly supposed to do is to acquire additional new ones. In this case, the term *socialization* would be more appropriate to use than the terms *adjustment* and *adaptation*. The term *socialization* refers to "the process by which a human being…acquires the habits, beliefs, and accumulated knowledge of society through education and training for adult status" (Merriam-Webster Dictionary, 2008). Thus, the major preliminary difference between situations in which either adaptation or adjustment is needed and those in which socialization is needed relates to the person's preliminary expectations. That is, does the person hold any conceptions regarding the situation which are relevant to the new situation and whether these existing conceptions are well-established, and hence need to be adapted or adjusted? or possibly – and this is the case of socialization – the person has no preliminary

expectations regarding the new circumstances, or is departed from the previously existing ones and is opened to learn and acquire new ones.

This suggested difference between the terms fits well with developmental psychologists' conceptualization of socialization. For example, Rheingold (1985) noted that infants have fewer adjustment problems than older children and adults, as they have fewer preliminary expectations regarding life, regarding themselves, and regarding various situations. More recently, Maccoby (2014) defined socialization as the "…processes whereby naive individuals are taught the skills, behavior patterns, values, and motivations needed for competent functioning in the culture in which the child is growing up" (p. 3). Maccoby emphasized that the major difference between past and present theories of socialization relates not to the emphasis and conceptualization of socialization as a learning process (with reinforcement, impulse control, etc.) but to the way the family dynamic is conceptualized. Namely, the present theories advocate that the socialization process is more democratic, in which the parents are less authoritative and give more space to the child's input and reflections to the family dynamic in comparison with the past. In terms of our earlier description of the nature of the socialization process, Maccoby actually suggests that the (modern) family dynamic is different than before, as it has become more egalitarian and democratic (see also Olson et al., 2019), focuses less on unidirectional processes of *socialization*, and enables more bidirectional processes of *adjustment* (i.e., a more interactive process with mutual influence of all participants), with children having greater impact than they used to. Notably, Maccoby also differentiates between socialization and adjustment in saying that "A child who is 'well socialized' is not necessarily one who is 'well adjusted'" (note 1, p. 27), as a dysfunctional family may raise a child who has been well socialized to this family's code of (abnormal) behaviors, but these behaviors are not necessarily those that are needed to manage life course transitions well.

Returning to transitions in general, it is worth mentioning that frequently people only have very vague expectations about the meaning of the transition that they are experiencing (e.g., the transition to siblinghood; Volling, 2005). Moreover, there are cases in which people suddenly encounter a completely new situation, which they had never thought about previously. A common example of this is the case of a new employee joining a working place and the other employees having no idea who he or she is, etc. Another extreme example of lack of expectations is the case of a person who has been involved in a plane crash, finding him/herself on an isolated island, surrounded by "strange" people from an unknown tribe who he or she has to live with in order to survive. "Stockholm syndrome" – namely, the change from extreme fright to victims' total subservient to their perpetrators (e.g., the possible case of young athletes and their abusive athletic coaches; Bachand & Djak, 2018) – if it exists (Namnyak et al., 2008), could represent a case of such absolute socialization and identification processes. Thus, in all of these types of cases, the person faces the transition with no early expectations and hence is open to learn about the new situation without having major personal difficulties. However, by the same token, it should be mentioned that usually people's expectations emerge relatively quickly, regardless of their age and level of preliminary ignorance, and hence, the process of socialization is more prevalent at an early age.

Coping

In the behavioral science literature, numerous definitions of the term *coping* have been suggested, such as efforts to manage demands that are appraised as taxing or exceeding people's resources (Lazarus & Folkman, 1984), or striving to retain and protect resources that are valued (Hobful, 1988). In essence, the majority of coping definitions share the understanding that coping is a response to a threatening event that was not initiated by the person and that the goal of coping is to regain something that has been lost or threatened. Thus, the resolution of the coping process can be defined in terms of the elimination of the cause of the loss, or as the elimination of the threat either psychologically (e.g., by reinterpretation of the event) or by actually changing the situation. Based on these understandings, the scope of relevance of the term *coping* to times of transitions is rather focused and relatively limited. This is due to the differences between the focus of coping and adjustment or adaptation; that is, sometimes, transitions are initiated by the person (e.g., divorce), and the goals are not necessarily to regain something that has been lost but rather to function well under the new circumstances.

Importantly, in addition, one of the major differences between coping and adjustment relates to the temporal dimension – i.e., the term *coping* describes the first and immediate reaction that people have to a given situation; the term *coping style* refers to people's typical way of reacting when they first encounter different situations. Unlike *coping*, the terms *adaptation* and *adjustment* describe a series of reactions that appear over the course of time after people's exposure to the change; some of the reactions may appear immediately after the exposure to change, while others may appear much later and can be completely different from, and even contradictory to, their initial reactions. These notions lead to a major feature of processes of *adaptation* or *adjustment* – these process are loaded with mini-scale events (e.g., daily hassles) that call for people's coping on the spot; gradually, based on these coping encounters and people's other cognitive and affective reactions, the process of adaptation or adjustment proceeds until a state of (mal)adjustment is reached.

Table 2.1 presents the suggested definitions of the major terms that have been discussed in this chapter.

Only a few scholars have made any reference that is related to the above suggested distinction between the related various terms. Foster (1997) was among those who tried to clarify that distinction. Foster defined coping as "a complex response to a stressful or challenging situation that is often defensive in character" and adaptation[1] as "a somewhat broader term which moves beyond defensive or protective responses, to ones that deal with improving or maximizing environmental fit." Another researcher who addressed the same distinction, yet from a different perspective, was Terr (1991), who made the distinction between traumas that are short term and unexpected (Type 1), in which an immediate response is required, and a series of traumatic events or exposure to a *prolonged* trauma (Type 2), in

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[1] Regardless of the current chapter's suggested differentiation between adaptation and adjustment.

Table 2.1 Definitions of major terms in the context of adjustment to life course transitions

Term	Suggested definition
Transition	The phase of time between the moment a person perceives that the known reality cannot or will not last forever and the moment that this person feels that he or she has comprehensively adjusted well to the new reality that has emerged
Adaptation	People's and frameworks' (e.g., organizations, families, communities) tendency to only change themselves in response to the emergence of a change in the situation or relationship
Adjustment	People's and frameworks' tendency to change themselves in response to the emergence of a change in the situation or relationship, **alongside** efforts to make some changes to the situation in a way that will better meet their own preferences
Coping	The first and immediate reaction that people have to a given, different and possibly threatening, situation
Coping style	The term *coping style* refers to people's typical way of reacting when they first encounter different situations
Socialization	A learning process whereby naive (i.e., that have no preliminary solid expectations) individuals are taught the skills, behaviors, and values needed for competent functioning in the culture

which a continuing or changing response is required (for more elaboration, see also Hamburger, 2021). Thus, using the terms of the present discussion, the distinction between Type 1 and Type 2 traumatic events represents the distinction between *coping*, a term that represents a short-time and focused reaction, as required when encountering Type 1 traumas, and *adjustment*, a term that represents a process, or a list of reactions, that is required when encountering Type 2 traumas. To some extent, the differentiation between coping and adjustment or adaptation[2] fits well into Bonnano's (2004, 2008) findings on trauma, grief, and resilience. One of Bonnano's major theories is the claim that unlike the popular impression regarding trauma and loss, most people are resilient and find a large variety of ways to manage times of grief and trauma. Thus, Bonnano recommends using more longitudinal research designs in explorations of the long-term impact of stressful and extreme life events on people's mental health and behavior, such as the case of the recent global outbreak of COVID-19 (Chen & Bonnano, 2020). Using the above differentiation, it can be said that for better understanding people's reaction to trauma and grief, Bonnano recommends moving away from models on (acute) stress and (immediate) coping and using more models on prolong (one-side) adaptation and (interactive) adjustment.

A Closing Comment

The above suggested differentiation between *adaptation*, *adjustment*, *coping*, and *socialization* does not suggest that (always) each one of these processes occurs or is being activated separately. Rather, often these four processes co-occur and even

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[2] Regardless of the current chapter's suggested differentiation between adaptation and adjustment.

complement each other. For example, adjustment to parenthood requires that parents adapt their hours of sleep to those of the newborn (*adaptation*). In addition, parents are obliged to react immediately when they see the baby approaching dangerous positions (*coping*). However, they also invest efforts in teaching the baby all kinds of things, such as drinking from a bottle and not only relying on breastfeeding (*socialization*), an act that will change part of the transitional stress that mothers encounter (*adjustment*) by enabling them to leave the house when they wish and have someone else feed the baby. Hence, in pursuit of drawing a general theory of adjustment to transitions, an effort should be made to further describe how these themes are related to one another and/or interchangeably influence the whole transitional process.

An organic theory of adjustment to transitions, in which *coping, adaptation, socialization,* and *adjustment* are integrally incorporated, has already been suggested by Louis (1980) in the "Surprise and Sense-Making Model" (see Chap. 2). However, the above suggested definitions and distinctions between the terms *adaptation*, *adjustment*, *socialization*, and *coping* indicate that the different activities should be explored based on more differential research paradigms. As mentioned in Chap. 1, adaptation and socialization processes might be a topic of research that is based on an interactional perspective, whereas the process of adjustment (in which people are not only trying to adapt themselves to the new circumstances but are also trying to change the environment to suit their expectations) requires a transactional, or at least organismic, perspective as a frame of reference. Notably, in such a transactional model of exploration, the establishment of pre-transition expectations, and their content and volume, shapes the sequence of the whole process of adjustment, from the starting point of defining it as a transition up to the ending point of trying to join the new circumstances (which were brought about by the transition) or to depart from them. Hence, expectedly, the role of preliminary expectations has been researched and discussed extensively in the literature on adjustment to transitions. This topic will be further elaborated after common components of the many theories on adjustment to transitions are outlined. However, prior to that, another examination of existing stage theories of adjustment will be presented, and their utility will be reconsidered.

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Part II
Adjustment to Transitions

Chapter 3
Theories of Adjustment to Transitions

Moshe Israelashvili

A preliminary step in establishing preventive interventions is reaching a comprehensive understanding of the process that people go through before a given problem behavior begins to emerge. The existing literature suggests numerous mini-scale and larger-scale theories on the process of adjustment to life course transitions and the factors that lead to maladjustment. This chapter will describe several of the more prominent types of theories in this context. This description will provide knowledge on past explorations of these issues. However, due to space limitations, it is important to consider the various theories that are outlined below with caution; they neither comprise all of the existing theories nor is the description of these theories all-inclusive. Notably, the following review of theories on adjustment to transitions includes references to personality and personality-trait theories, typological theories, stress theories, process theories, interactive theories, and chaos theories. Although stage theories of adjustment are also mentioned, they are presented and discussed more thoroughly in Chap. 4.

Nevertheless, this review highlights several of the features that are later incorporated in the proposed conceptualization of the generic components of the process of adjustment to transitions and ways to prevent maladjustment in Chap. 4 of this book.

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Personality Theories

After making an introductory declaration about this book's focus on the generic components of adjustment to transitions (i.e., moving to a new *situation*), it may seem slightly odd to begin the survey of existing theories with reference to personality theories (i.e., *personality*). However, personality theories will be presented for two reasons. First, many well-known and leading theories on personality and personality change are related to the topic of adjustment to transitions. Hence, these theories' references to the adjustment processes will be mentioned, with the explicit intention of giving the reader a sense of the expanded implications that the present book's discussions may have. Second, personality traits should not be ignored. There are several conceptualizations, alongside screening tools, that suggest interpersonal differences in people's preliminary ability to adapt or adjust to transitions. Namely, various sources suggest that the role of related personality traits should also be taken into account as a generic component in all explorations of people's adjustment to transitions.

In describing the relevance of personality theories in understanding adjustment to transitions, two examples will be presented, though there are several more. The common feature of these personality theories is the suggestion that engagement in processes of adaptation or adjustment is a major part of people's lives. Hence, these theories claim that an effort to understand the way a person deals with a given transitional event should be based on a more comprehensive exploration of this person's life-long pursuit of adjustment.

Freud's Psychoanalytic Theory

One way to describe the essence of Freud's psychoanalytic theory (1926) is the notion that individuals are constantly in a state of mourning and adaptation (Pollock, 1961), as they are obliged to react to life course transitions. According to this theory, people are born with biological drives that need to be expressed and satisfied. However, simple satisfaction of these needs is not always possible within the societal norms and environmental expectations. Hence, individuals (i.e., newborns) are obliged to adapt to the given environmental situation that they encounter (i.e., their parents' home), in a way that will enable them to gratify their needs while keeping up with the environmental norms and expectations. In Freud's (1951) terms, people are supposed to find an equilibrium between two principles in mental functioning: the pleasure principle and the reality principle. Such an equilibrium is likely to be damaged when people encounter life course transitions (e.g., school entry). Thus, under such circumstances, people must find a revised and adapted way of gratifying their own needs. Anxiety emerges whenever the chosen method of compromising between the two principles does not lead to the expected results and/or people lack the ability to adapt to real circumstances. Freud's perception of human beings is

fatalistic and actually dictates a life-long engagement in efforts to adjust. From birth until death, people's ability to receive simple and direct gratification of their needs is interfered with by the presence of others, who are actually in need of gratifying their own needs. Furthermore, especially at a young age, individuals are frequently forced to adapt themselves to new circumstances and to other people's behavior, rather than adapting the (new) situation to their needs. Thus, a major question addressed by Freud's psychoanalytic theory is: How do people behave when no equilibrium is found between the search for personal pleasure and the obligation to follow the circumstantial regulations and norms? Sometimes this is the question that, once no answer is found, turn people to maladjustment to life course transitions.

Rogers's Client-Centered Therapy

Rogers (1951) is well known for his humanistic theory and client-centered therapy. Within this conception, Rogers attributes a major role to processes of adjustment. As early as his publication (1944) on the psychological adjustment of post-World War II discharged service personnel, Rogers discussed various difficulties in adjustment due to vocational readjustment, hostilities, disturbances to self-esteem, uncertainty regarding their purpose, combat residuals, marital and family adjustments, and adjustment to handicaps. Referring to these problems, Rogers suggested several principles that should guide the treatment of adjustment problems, including considering the whole individual; acknowledging the importance of emotionalized attitudes, encouraging people to see their situation more clearly, and fostering the discovery of what will be satisfying purposes for them. These guidelines represent Rogers's key perception and therapeutic goal, to support people in becoming "fully functioning people" (Bohart, 2013) – i.e., open to experience; in touch with different experiences as they occur; trusting their own feelings and decisions; being creative thinkers and being willing to take risks; being well-adjusted and having the ability to adjust to changes; and being satisfied with life, but nevertheless looking for new experiences.

According to Rogers (1951, 1959), psychological adjustment exists when there is congruency between people's concept of self (actual and ideal) and their experiences in life. Alternatively, maladjustment – the source of psychological tension and mental health problems – exists when people deny life experiences and do not integrate them into their self-structure. Hence, a major goal in the therapeutic process, and the challenge to the therapist, is to support people in meeting and integrating past experiences into their self. For Rogers, client-centered therapy is the best practice in creating an environment that fosters the establishment of such congruency between the self and life experience (Ellingham, 2001).

More updated literature further suggests that people's personality can explain the variation in individuals' adjustment to transitions, such as in the transition to retirement (Serrat et al., 2018), the transition to college (Larose et al., 2019; Lilgendahl & McLean, 2020), the transition to parenthood (van Scheppingen et al., 2018), sojourners' adaptation (Geeraert et al., 2019), and more.

Personality Trait Theories

One of the conceptualizations regarding the role of personality in times of transitions suggests (Graziano et al., 1997) that personality plays a mediating role in shaping people's preliminary inclination to (not) become integrated in new situations as well as their ways of managing them. Table 3.1 lists several of the more prominent personality traits that have been suggested in the literature as mediators in explaining people's reactions during times of transition.

Thus, generally speaking, it is suggested that some people have a preliminary personality inclination to manage well in times of transition. Based on items presented in Table 3.1, these people can be characterized as follows: perceive life as manageable and meaningful; inclined to constructively regulate psycho-emotional-behavioral functions and to show conventional behavior; have psychological energy and inclination to continue coping in the presence of adverse life experiences; willing to encounter new situations and diverse social settings; explore possible future scenarios; have no socially inhibitions in expressing negative emotions; and lack symptoms of past negative experiences.

Notably, the idea of evaluating people's ability to adjust to transitions is highly appealing, especially when exposing the wrong person to a transitional event might be very costly (e.g., for the person and/or for work organizations). Moreover, in terms of preventive interventions, it is important to differentiate between those who may need some universal intervention and those who are in need of a slightly different (e.g., indicative) preventive intervention in relation to their possible maladjustment to a transition. Accordingly, there are various suggestions about the relevance of a person's psychological capital (e.g., self-efficacy, optimism, hope, and resiliency; Luthans et al., 2006; Luthans & Youssef, 2007) for their state of adjustment and well-being. Nevertheless, several cautions regarding the use of the above-mentioned (and similar) scales should be mentioned. For example, in a recent research project on the differential adaptive, versus maladaptive, power of several self-perceptions, Humberg et al. (2019) showed that slightly more favorable (vs. accurate) self-perceived intelligence and interpersonal adjustment were associated with more positive indications of adjustment and greater well-being. In addition, it is important to remeber that personality traits are directly or indirectly (Caspi & Roberts, 2001) responsive to major situational changes, such as those that take place in times of transition (Bleidorn et al., 2021; Furnham & Robinson, 2022). Hence, it seems that the possible contribution of psychological traits alone, in explaining the overall variance in persons' adjustment or maladjustment to life course transitions, is relatively limited, though it should not be ignored.

Stress Theories

Stress theories of adjustment picture transitional events as stressful situations, in which the person feels threatened and is obliged to cope until the threat is removed. Below is a description of three such theories.

Table 3.1 Personality traits that mediate people's reactions during times of transition

Personality traits		
Title	Description	Scale
Adjustment	Positive self-perception of own ability to manage life	*CPI–A: The California Psychological Inventory – Adjustment Scale* (Gough, 1956)
Adaptability		
Occupation	Tendency to show conventional behavior, stability, predictability, and psychological energy	*WAIS* – Vocational Adaptability (Schofield & Kunce, 1971)
Career	Willingness to encounter and inclination to initiate career transitions, including the following: Concerned about the future, prepare for the future, explore possible selves and future scenarios, and have confidence in pursuing aspirations	*CAAS – Career Adaptability* (Savickas & Porfeli, 2012)
General	Capacity to constructively regulate psycho-behavioral functions in response to new, changing, and/or uncertain circumstances, conditions, and situations	*Adaptability Scale* (Martin et al., 2012; Martin 2017)
Disorder	The presence of emotional or behavioral symptoms in response to an identifiable stressor, which occurred within 3 months of the beginning of the stressor/s	*ADNM; ADNM-20* (Einsle et al., 2010; Lorenz et al., 2016)
Resilience		
Ego control	Ability to change from, and also return to, the individual's characteristic level of ego control once the stressful encounter is over	*The Ego-Resiliency Scale* (ER89; Block & Kremen, 1996)
Emotional control	Ability to adapt one's level of emotional control to most effectively encounter, function in, and shape immediate and long-term environmental contexts	*ER* (Block & Block, 1980)
Continue coping	Inclination to continue coping in the presence of adverse life experiences	*CD-RISC* (Connor & Davidson, 2003)
Coherence	Inner feeling of being able to manage the stream of environmental stressors, divided into comprehensibility, manageability, and meaningfulness	*SoC* (Antonovsky, 1979, 1987)
Self-monitoring	Self-observation and self-control of expressive behavior and self-presentation, which are guided by situational cues to social appropriateness	*SM* (Snyder, 1974, 1979)
Type D personality	A tendency to experience greater negative emotions and thoughts while simultaneously socially inhibiting their expression	*DS-14* (Denollet et al., 1996)
Cultural intelligence	Capability to function and manage effectively in culturally diverse situations and settings	*CQ* (Earley & Ang, 2003)

Selye's (1975) Homeostasis Model

Selye's theory relied on Bernard's (1865/1957) concept of the internal environment (*milieu intérieur*) and on Cannon's (1939) theory of homeostasis. According to Bernard, despite the fact that the body needs the external environment, it is relatively independent of it as well due to the transition of fluids in its internal system. Bernard continued on to suggest that differences in living creatures' survival are to a great extent related to their ability to keep a stable internal environment. Such stability was referred to by Cannon (1939) – who also coined the term "fight or flight" – as homeostasis. Homeostasis is a state in which the internal self-regulation of bodily processes works well, in a balanced way.

Based on animal models of stress-related disorders, Selye (1936, 1956) developed these notions and suggested a general adaptation syndrome (GAS), involving automatic physiological changes (i.e., the triad of enlarged adrenal glands, lymph node and thymic atrophy, and gastric erosions/ulcers) that the body experiences when exposed to stress. Selye described the GAS as including a pattern of responses in three stages: (1) *alarm*, an initial reaction in which the body initiates a fight-or-flight response; (2) *resistance*, a response that appears when the stressful stimulus continues, in which the body stays activated at a higher metabolic level; and (3) *exhaustion*, after prolonged exposure to a stressor, in which there is a depletion of the body's resources that can lead to illness (e.g., digestive problems, depression, and diabetes). According to Selye, living creators strive to return to a state of homeostasis, in which bodily functions run smoothly and a state of physiological balance is regained. Selye suggests that the body invests adaptation energy, which is the living creature's use of a resource, in pursuit of achieving adaptation and homeostasis (Gorban et al., 2016). Another notion made by Selye is the suggestion that the adaptation process has the potential of causing either negative or positive effects, as a prolonged adaptation process might lead to physical and mental illness and even to death; however, it may also improve the body's resistance to unfavorable conditions (Selye, 1936). Later on, Selye made a change in his theory, by acknowledging the difference between *distress*, the stress response that is activated by negative and unpleasant stressors, and *eustress*, the stress response that is triggered by positive emotions (Selye, 1974).

Selye's theory outlines several suggestions regarding the essence of the adjustment process: (a) it is conceptualized as an event that significantly disrupts people's state of internal balance; (b) it automatically activates physical and mental reactions; (c) these reactions aim to stop the stressful encounter and restore an internal state of balance; (d) the longer the stressful episode continues, the more people are vulnerable to physical and mental illness; (e) when people return to their preliminary state of balance, the episode is over. At the practical level, these suggestions may have direct implications for the definition and description of the process of adjustment to transitions. For example, the theory highlights people's tendency to stay in, and wish to return to, a state of homeostasis; this notion might lead to the conclusion that all transitional events are unwelcome and are actually imposed on people, as leaving a balanced state is never a voluntary act. In reality though, there

is daily and empirical evidence that people are sometimes eager to depart from a state of homeostasis and willingly engage in a transition.

In addition, several criticisms have been raised against Selye's conceptualization of the general adaptation syndrome. One of them (McCarty, 2016) referred to the notion that there is a general (automatic) and nonspecific set of reactions that appear in response to all kinds of stressful encounters. This notion has been replaced with the suggestion of more differential sets of reactions, based on empirical indications of unique neuroendocrine signatures to different stressful events. Finally, Selye was criticized for making no further suggestions regarding *distress* and *eustress* – "Unfortunately, Selye did not tell us clearly what the differences were, psychologically and physiologically" (Lazarus, 1993; p. 5). Nevertheless, this theory's conceptualization of stress and transition in terms of the departure from, and return to, a state of equilibrium is still echoed in the literature on stress and adjustment, as is partially presented below.

Lazarus's Transactional Model of Stress and Coping

Lazarus's (1966; Lazarus & Folkman, 1984) original *transactional model of stress and coping* highlighted the role of cognitive processes in stress recognition and definition and in shaping the ways that people cope with events they encounter. The model assumes the existence of transactions between the person and the environment, which mutually shape the perception of stress, as well as the paths to solve it. Figure 3.1 presents the original and basic components of this model.

Lazarus clearly stated aspects of learning and development, namely, that during the process of encountering a stressful event, people are changed in response to environmental reactions to their efforts to cope. Hence, each stressful encounter is an opportunity to gain new insights about when and how to address stressful events. However, Lazarus (1961) did not differentiate between a short stressful encounter and a long, or prolonged, one; rather, he proposed that with regard to all cases, the schema presented in Fig. 3.1 is relevant, and the more prolonged the stressful episode is, the more iterations of the schema the person will experience during the course of the episode. Thus, the process of adjustment to transitions is considered a series of stressful encounters, the basic elements of which are presented in Fig. 3.1. The exception is that after each encounter, people address the new encounter in a slightly different way, based on their insights and conclusions from the previous encounters.

However, the applicability of Lazarus's transactional model of stress and coping to explaining the process of prolonged and repeated coping with stress, such as in the case of exposure to transitions, is not entirely clear. For example, Kendall and Terr (1996) suggested that more variables, especially those related to the person's characteristics and circumstances before the exposure to a medical intervention (e.g., self-esteem, family style, social support, injury severity), should be taken into account in the model in order to explain people's social-psychological adjustment to closed head injury (CHI). In a similar study, Rutterford and Wood (2006) explored

Person's   **Environment's**

characteristics   **characteristics**

A Stimulus

Primary Appraisal:

Do I have a problem?

Re-Appraisal

Secondary Appraisal:

What can be done to solve the

problem?

Labeling the event: — ·· — ·· ➤

A threat or a challenge?

Tertiary Appraisal:

Has the problem been solved?
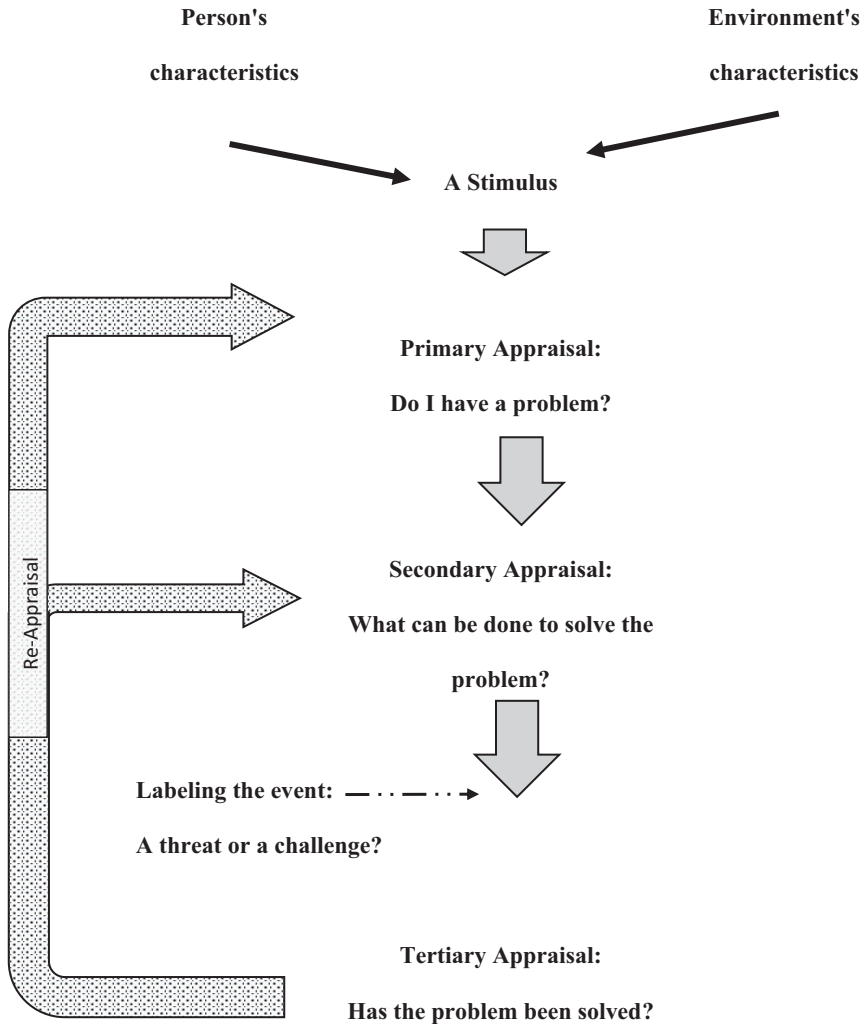
Fig. 3.1 Lazarus's transactional model of stress and coping

the utility of Lazarus's model in explaining the variance in recovery from brain injury. The study was conducted among 131 participants, who were more than 10 years post injury (mean = 15.31 years). The study finding failed to support this theory and showed that personality variables, such as perceptions of self-efficacy, had a significant added value to explaining the variance in these people's adjustment.

Later on, Lazarus (1993) and Folkman (Lazarus & Folkman, 1987; Folkman and Lazarus, 1988) still highlighted the mediating role that cognitive appraisals play in shaping stress perception and coping but, in addition, gave higher priority to the emotions that appraisals and coping methods evoke and to the additional role that emotions have in shaping the course of stress encounters. In Lazarus's (1993) words,

"Psychological stress should be considered part of a larger topic, the emotions (p. 10) …Coping shapes emotion, as it does psychological stress, by influencing the person-environment relationship and how it is appraised" (p. 15). Accordingly, there are two general ways of coping: (a) problem-focused coping, in which the individual tries to change the situation, in relation to the person and/or the environment, and (b) emotion-focused coping, in which the individual tries to change either what has already been achieved or how it is appraised. Thus, Lazarus's updated conceptualization incorporates cognitive, emotional, and motivational aspects and relates to coping as a more interactional process, between the person and the environment, rather than an internal cognitively oriented process that the person experiences.

As will be suggested later on, in our discussion of the terms related to the process of adjustment, this updated approach fits well with the requirements that an adjustment theory, unlike a coping theory, should meet. Practically, these requirements entail multidimensionality of the processes that are involved, interactional processes of mutual change, evaluations of gains and pay-offs, and emerging emotions that gradually govern the way that people manage the transitional event (see Chap. 6 on the TSA Model).

Hobfoll's COR Model

Hobfoll's (1989, 1998, 2001; Hobfoll et al., 2018) *conservation of resources* (COR) theory emerges from the notion that individuals have an inherent drive to obtain, retain, and protect their resources. To this goal, they invest efforts and conserve resources. According to the COR theory, resource loss is disproportionately more salient than resource gain. Moreover, effective management of resources directly influences people's self-esteem; hence, when people's resources are exhausted, they enter a defensive mode – sometimes even becoming aggressive and irrational – in an effort to preserve the self.

Thus, stress occurs when resources are threatened or lost, including cases when people invest resources without receiving adequate return. Alternatively, when resources are well preserved and/or when there is adequate return for the resources that have been invested, people's self-esteem and self-efficacy are fostered. Resources – i.e., the objects that are valued by individuals – fall into four categories: (a) object resources (e.g., car, apartment, computer), (b) condition resources (status, marriage, employment), (c) personal characteristics (adaptability, religion, efficacy), and (d) energy resources (time, money, knowledge). Those who have less resources are more vulnerable to stress, as they have less assets to use when encountering a threat to their present (small amount of) resources. Hence, their chances of being threatened again are higher, leading them to an increasing risk of exposure to additional stress encounters. Those with more resources have the developmental conditions – referred to as *caravan passageways* – which lead them to better social inclusion.

In recent years, the COR theory has gained empirical and applied attention in relation to a relatively wide spectrum of topics, such as organizational behavior (Sullivan & Al Ariss, 2021) and the global COVID-19 virus (Chang et al., 2021). However, three additional comments should be mentioned here: (a) Several criticisms of the COR theory have been raised, such as it being embedded in an elitist set of assumptions and ignoring power differentials and the role of oppression (Schwarz, 2018). (b) In his review of the COR theory, Lazarus (2001) claimed that the COR roots are well-grounded in the transactional model of stress and coping. Moreover, Lazarus points to the need for further elaboration of the COR argumentation since it "…doesn't explain the connection between resources and major life goals…Are resources more important than such goals in the stress process?" (p. 383). (c) The COR theory's stance regarding individuals' tendency to seek out a state of homeostasis (see Selye above) is unclear. On the one hand, Hobfoll advocates that individuals wish to increase their repertoire of resources, and hence, returning to the same amount of resources that they had before coping is not considered favorable (see also Gorgievski-Duijvesteijn et al., 2005). However, on the other hand, Hobfoll's basic claim is that losing a resource evokes feelings of stress that lead the individual to invest resources in regaining it (and all the other resources that have been invested for this purpose), which actually means a basic drive to return to homeostasis, at least among those who have a high level of resources. (d) Finally, referring to times of transition, Hobfoll's COR theory suggests that the impact of exposure to a transition upon the individual is highly dependent on the impact of the transition on the individual's resources. To simplify the argument, for example, it could be assumed that the stress of marital adjustment for a wealthy partner (either financially, socially, etc.) will be lower than the stress of marital adjustment for a partner who does not bring such resources to the couple's new situation. In terms of this book's suggestion of the TSA model (to be outlined in the coming chapters), Hobfoll attributes special importance to the role that rewards play in adjustment to transitions. Such an overwhelming emphasis on the estimation of rewards/resources over other components in the context of the process of adjustment to transitions (i.e., unlike the state of coping with an immediate threat) is not entirely and universally clear and hence deserves further exploration and justification.

Holmes and Rahe's Stressful Life Events Approach

In introducing their approach, Holmes and Rahe (1967) reported that their initial attention to the *stressful life events* (SLE) approach emerged from the fact that many of their clients, who contacted mental health institutions to receive help, were complaining about similar – either positive or negative – changes in their lives. One of the common denominators among all of those changes was that their appearance was confounded by an abrasive demand to adjust to new circumstances that had been imposed on the person (i.e., the client). Hence, Holmes and Rahe assumed that there is cluster of events that universally requires a change in people's ongoing life,

in pursuit of finding the appropriate way of adjustment. They also speculated that this cluster of events is mostly confounded with changes in people's social life and that at a certain level of intensity, its appearance will "account in part for the time of onset of disease" (p. 213). Once exposed to such a level of intensity, people either manage by themselves or – if they are unable to adapt or adjust – seek professional help.

Holmes and Rahe examined medical records of 5000 patients and established a list of 43 life events, such as the death of a spouse, divorce, marriage, being fired from work, pregnancy, and vacation. Each one was attributed a relative score of intensity, called a Life Change Unit (LCU). This list was used to compile a questionnaire in which the respondents indicate which of the listed events they have encountered in the recent 6 months; a sum of the indicated events' LCUs is calculated, and respondents are considered to be "at risk" if their score approaches 300 LCUs and above. Holmes and Rahe (1967) named this questionnaire the "Social Readjustment Rating Scale" (SRRS). Subsequent validation of the SRRS supported the links between stress and both physiological and mental health disorders. For example, Boden et al. (2014) conducted a longitudinal study in which the associations between measures of exposure to stressful life events and alcohol dependence (AD; see DSM-5: Alcohol Use Disorder) were collected from a longitudinal birth cohort (aged 18–30; n = 987). The study results indicated persistent linkages between the level of exposure to stressful life events and AD. In another study, Tibubos et al. (2021) demonstrated the association between SRRS and mental health and general subjective health among a sample of 12,947 participants (35–74 years old) in Germany. Thus, generally speaking, an accumulating body of empirical studies supports the SRRS' rationale and its impact on people's behavior (e.g., Hobson et al., 1998; Cuevas et al., 2022).

Holmes and Rahe's SRRS and findings have been criticized for various reasons, e.g., being biased toward certain groups of the population (i.e., mid-SES), for its relatively low level of contribution to explaining variance in the time of onset of illness, etc. Further explorations did indicate cultural differences in the level of LCUs for given events among people of different ethnicities (e.g., higher LCUs for divorce among Caucasians versus others; Rahe, 1969). In addition, findings have indicated that daily hassles, rather than major stressful life events alone, have an accumulating impact on people's health (Holm & Holroyd, 1992). In this study, Holm and Holroyd found that daily hassles can be divided into several major categories – including financial concerns, time pressures, work hassles, environmental hassles, family hassles, and health hassles. Notably, the most prominent concerns were those that relate to people's inner world, such as concerns about inner conflicts, feeling conflicted over what to do, regretting past decisions, being lonely, being unable to express oneself, fear of rejection, having troubling thoughts about one's future, and fear of confrontation. These hassles, or concerns, are especially interesting as they seemed to be very typical to a person who is undergoing a state of adjustment to a transition. However, to comprehensively understand the relevance of the stressful life events approach for better understanding people's adjustment to transitions, a more detailed understanding of its premises is needed.

The SLE approach, and related findings, illuminates several aspects of the way that people cope and adjust, including the following insights: (a) There are certain life events that cause stress, regardless of individual differences (see cultural notes below). (b) These events could be either positive or negative. (c) Most of these events are related to people's social world (and hence, the scale is called the Social Readjustment Rating Scale). (d) The impact of one event is not necessarily identical to the impact of other events. (e) Nonetheless, events have an accumulative impact when they occur within a given period of time (e.g., recent 6 months). (f) When the accumulative impact reaches a certain level of impact, people are unable to deal with additional events. (g) This last notion means that people's capability of coping and/or adjustment is limited. (h) Setting a cutoff score of 300 LCUs means that there is a universal level of capability to deal with changes and challenges. (i) When approaching this cutoff score, people become vulnerable to all kinds of illness; namely, the differentiation between physical and mental health problems is secondary to the importance of not crossing the cutoff point. (j) A major challenge for all medical and behavioral scientists is to find ways to slow down, or even stop, the accumulating impact of repeated stressful encounters. (k) Both major and minor stress encounters have an accumulating impact on the person's life.

These notions have direct implications for the study of adjustment to transitions and the prevention of maladjustment. For example, it raises the possibility of describing transitional events as an accumulating and prolonged process of exposure to either minor or major stressful events, which the person is obliged to deal with. That being the case, efforts to prevent maladjustment should address (a) all stress encounters, whether they are major or minor events, that the person has been exposed to; (b) the flow (e.g., intensity) of those events, if possible; (c) possible ways to reduce the number of expected events that the person is likely to experience (e.g., by a preliminary intervention that will try to reframe the relevance or importance of several/many expected events to the person's well-being); and (d) the need to teach people the skills that may help them properly manage (some of) the events that are likely to emerge. The importance of addressing these features is valid across the board, regardless of the coming transitional event's importance, since what also matters is the added impact of the events (i.e., even if the added value is low), rather than a single event's absolute importance (in LCUs).

These are only examples of the relevance of the SLE approach for better understanding the nature of the universal process of adjustment to transitions. Expectedly, the SLE approach has been implemented to understand adjustment to various transitional processes, such as the adjustment of breast cancer survivors (Low et al., 2006) and the transition to parenthood (de Mello et al., 2020). Moreover, in Louis's (1980) model of adjustment to transitions, the idea of repeated exposure to stressful hassles is one of the model's cornerstones, as described below.

Typological Theories

Schlossberg: Human Adaptation to Transitions

In her presentation of the adaptation model, Schlossberg (1981, 1989) relied on extensive experience as a counselor, alongside a thorough review of the literature on existing models. Schlossberg (2008) describes transitions, whether positive or negative, as "vicissitudes that disquiet us" and usually put people, generally speaking, in a marginalized and defensive position. However, people are continuously exposed to transitions and react differently from one another; sometimes, the same person may react differently to encounters with various life course transitions. To explain the variance among – and within – individuals, Schlossberg suggests simultaneously analyzing individual characteristics and external occurrences. Using an eclectic approach, Schlossberg aims to "catalog and categorize the tremendous number of variables which seem to affect the outcome of the transition of an adult" (1981; p. 5). Based on this categorization, the *human adaptation to transition* model suggests three general sets of variables that interact and yield the person's type and level of adaptation; these groups of variables are: (a) perception of the particular transition, including role change, affect, timing, and duration; (b) characteristics of the pre-transition and post-transition environment, including the internal support system, family, network of friends, and physical setting; and (c) individual characteristics, including psychosocial competence, sex, age, state of health, ethnicity, socioeconomic status, value orientation, and previous experiences with transition of a similar nature. These interacting variables shape people's adaptation – i.e., moving from being totally preoccupied with the transition to integrating the transition into their life – by "the perceived and/or balance of resources to deficits, in terms of the transition itself, the pre-post environment, and the individual's sense of competency, well-being and health" (1981; p. 5–6). Schlossberg (2008) continues on to suggest that individuals can adapt better to a transition by gaining, either with professional help or through their own insights, a comprehensive understanding of the four S's – situation, self, support, and strategies.

Schlossberg's *human adaptation to transiti*on model is highly cited and applied to understand various states of transition (Anderson et al., 2011), such as the transition to college among African-American gifted students (Sewell & Goings, 2020) and caregivers' adjustment (Unson et al., 2020). The interactive and social emphasis of the model fits well with the general, both naive and scholarly, agreement regarding the complexity of the transition process and the major role that others play in shaping the outcomes of the process. Moreover, many of Schlossberg's theories about the essence of a transitional event and its features fit well with present related conceptions – such as the notion that the non-occurrence of a (much expected) event can also evoke a process of transitional adjustment (e.g., a failure to get married, infertility, not being promoted). Although the model suggests an important typology of the related and interacting variables, it makes no declaration regarding their possible order, relative intensity, reciprocal relationships, or accumulating effects. This

last notion is not a critique of the model, but rather a comment that highlights its phenomenological nature and its departure from suggestions that might make it a (highly criticized) stage model of adjustment.

Berry's Acculturation Model

This model deals with immigrants' acculturation. However, it can be applied, at least partially, to other types of life course transitions (Berry, 2006). The basic premises of the theory are based on the notion that contact between members of the immigrant group and the host group leads to a dual process, leading to greater cultural and psychological change among the nondominant group. During this process, the two group members' preferences about whether to keep or change their cultural identity and whether to have contact with the other group finally lead to four possible positions: (a) *assimilation*, i.e., complete identification with the other (usually the host) culture; (b) *integration*, combining elements from the two cultures; (c) *separation*, i.e., keeping the old culture and living separately from the other group; and (d) *marginalization*, giving up both cultural identities and becoming "cultureless." This typology of acculturation types was the major focus of exploration and development, following Berry's *acculturation model*. According to Berry (2007), integration – i.e., preferring to maintain one's cultural heritage while seeking to participate in mainstream society – is the most prevalent and the most adaptive position. For more elaboration on this model, see Chap. 14.

Notably, Berry's model raises several important notions regarding aspects of the adjustment process, among them: (a) The model assumes that there is a dual impact between the newcomer and the host environment. Obviously, sometimes, one of the partners in the adjustment process is unwilling to either influence or even to consider being influenced by the other partner. In this case, the choice is of the other partner – either to adapt him/herself completely to the partner's expectations or to depart from the situation. (b) The model presents the possible emergence of a "new" and combined – i.e., integrated – self-identity, as a result of the adjustment process. For example, such an integrated self-identity is also expected from a new parent, who is willing to completely identify with the new parental role while not giving up his/her previous pre-pregnancy identity as a working/independent person (Reshef & Israelashvili, 2020).

Bridges's Model on Managing Transitions

Bridges's (1991; Bridges & Bridges, 2017) model on managing transitions is directed to managers who are facing a period of organizational change. The concepts and proposed model are application oriented and suggest various "DOs" and "DON'Ts" that are supposed to help managers to deal with the planned transition

effectively. As to the process of adjustment to the transition, the model suggests three components to this process: (a) *the ending*, departure from the old, the familiar, and sometimes the loved person/activity/concept, etc.; (b) *the natural zone*, in which people have already ended their commitment to the past but are not yet ready to face the challenges and facts that the new situation entails; and (c) *the beginning*, a gradual interactive engagement with the new circumstances. Importantly, the model suggests that both the ending period and the natural zone period do not suddenly disappear; rather, they continuously occupy people to some extent during the entire process of adjustment. Finally, according to Bridges, the best timing for preventive intervention is during the natural zone, as people are not bothered by the past (i.e., the ending) or by the future (i.e., the beginning) and hence are more open to external intervention.

This model highlights these three phases of the transition and does give various applied suggestions, but overall, its scope of reference and the information provided regarding the dynamic within each one of the three phases are limited. Nevertheless, its discussion of the ending phase is unique, as most of the other models mention the impact of pre-transition characteristics and circumstances but do not pay enough attention to the process of departure from the previous, sometimes good and loved, circumstances. This notion is especially evident in counseling sessions with people in transition (see Chap. 2), who are obliged to depart from an ex-partner/ex-manager/comfortable life situation and address the transition to new circumstances (e.g., work promotion, work relocation, retirement, divorce, marriage, a school transition (especially the transition to the first grade), etc.).

Process Theories

Brammer: Coping with Life Transitions

In the *coping with life transitions* model, Brammer (1992) discusses other existing models from that period and, while relying on Hopson's (1981) "Seven-Phase Model of Stages Accompanying Transitions" and reflecting on his previous publications (Brammer, 1991; Brammer & Abrego, 1981), suggests an integrative model of adjustment to transitions.

Brammer defines life transitions as "sharp discontinuities with the previous life events" (p. 239). Though they are a "normal part of living" (p. 241) and are sometimes chosen, they evoke feelings of being lost…uncomfortable…grief (p. 240). The suggested integrative process model, entitled "Phases in Reaction to a Transition," addresses cognitive, emotive, and behavioral processes. These phases progress along a timeline, starting with *disruption* (shock, confusion, and destabilization), to a cyclical change in emotions, from elation to despair and back, which is followed by *incubation* (minimization of feelings that accompanies self-doubt, low self-esteem, sadness, and even depression) and *transformation* (the individuals

approach a state of "letting go" of the past and "taking hold" of the future), which finally leads to *action* (starting to test new options, searching for meaning in the event, experiencing insightful "ah-ah" events, gradually internalizing the change, and sometimes even finding themselves thriving from the transitional event). Brammer goes on to discuss ways to support people in transition and highlights the major role that coping skills (including building support networks, cognitive reconstructing, problem-solving, and stress management) play in the promotion of individuals' adjustment.

Brammer's model has the limitations that process and stage models have in common (see Chap. 4) and is aware of them – see also Hopson's (1981) comment on this topic. Nevertheless, several aspects of the model deserve close attention, including the notion that exposure to a transition initiates cognitive, emotive, and behavioral processes; that these processes are both parallel to one another and interact with each other; the notion that preliminary characteristics of the situation (e.g., chosen or imposed) and the individual (e.g., mastery of coping skills) shape the development of the adjustment process; and the role that the individual's emerging attitude toward the transitional event has in determining the general direction of the adjustment process – i.e., toward internalization and even growth or toward extended crisis, maladjustment, and withdrawal.

Chaos Theories

Chaos theory suggests that many systems, both physical and organic, are dynamic and hence capable of change. However, the nature of their change is nonlinear, dynamic, interactive, self-organizing, and fractal. Two of the basic premises of chaos theory, labeled also as complexity theory, are the notions that (a) certain processes, and changes, are characterized by a nonlinear dynamic, and (b) nevertheless, these processes may have some order, but this order is of high complexity and not easy to deduce. Additional premises are the interconnected notions that during the process of change, small factors can have larger effects on the system; that feedback within a system can lead to unpredictable results; and that when a system departs from a state of equilibrium, it can be related to both external causes as well as internal and higher-order causes.

Much attention is devoted, in chaos theory, to the first element which the whole system emerged from (Penrose, 1994). This is due to the argumentation that the nature and interactions between this first element and the entire system actually shape the system's progress. Moreover, it is also argued that changes within the system and over time, which seem to behave in a chaotic way, are sometimes the results of inter-system characteristics and determinants, partially related to the first element and not necessarily related to external occurrences. Thus, an understanding of the nature of the first element and its relationships with the entire system, followed by an identification of in-system-related mechanisms that shape the system progress regardless of external events – is all hard to conceive. Hence, it seems as if the system is chaotic while it is actually based on a higher-level order of lawfulness.

Applications of chaos theory in the behavioral sciences have gained attention in the literature (Evans & Wachs, 2010; Masterpasqua & Perna, 1997). In the social sciences, chaos theory is suggested for describing the process by which people, as complex adaptive systems, change and grow. The basic assumption is that the components of people's lives interact with the environment, eventually leading to the emergence of a new and unpredictable feeling, cognition, and/or behavior. For example, studies have explored chaos theory to reach a better understanding of children's development within household chaos (Andrews et al., 2021; Tucker et al., 2017).

In line with chaos theory's general emphasis on change processes, more direct applications of chaos theory in the context of how people engage and adjust to life course transitions have been made. For example, in the context of adaptation to disability, Livneh and Parker (2005) mention several notions that are shared by chaos models in this field, including (a) cognitive appraisals, emotional experiences, and behavioral responses interacting to play a dynamic role in the process of adjustment to disability. (b) The mutual impact of these three domains is recursive. (c) In the beginning, the dynamic of the three domains does not match each other. (d) The process of adaptation to disability is largely shaped by preliminary characteristics and circumstances right after the onset of the disability. Even minor events in one domain may significantly influence the dynamic in other domains. (e) Gradually, chaos will give way to order and to the emergence of congruence between the three domains. (f) Like an oncoming wave, the impact of becoming disabled will progress and comprehensively invade into various aspects of people's lives. (g) The progress of the adaptation process is directed by a dialectic-interactive process between the internal world and the prevailing social–physical context of the external world. (h) A major life event, such as the emergence of a disability, can lead to secondary changes in other patterns of life management (for elaborations, see Pohjola, 2020).

A comprehensive discussion of the application of chaos theory in counseling people in transition was suggested by Bussolari and Goodell (2009). Their approach is based on the premise that the focus of attention in counseling people in transition should be shifted from the medical model, which focuses mainly on the possible pathology within people, to a dual focus on the individual, alongside the (complex) environments he or she lives in. Thus, chaos theory is proposed as an alternative model in which an adjustment disorder, unpredictability, and lack of control are integrated as normal phenomena in the transition process. Moreover, chaos theory is regarded as a meaning-making approach that hence can support people in going beyond a simple state of adjustment to a comprehensive transformation of the transitional event – i.e., and possibly future similar ones – in one's life span. On the basis of this conceptualization, Bussolari and Goodell (2009) highlight the dynamic nature of adjustment to transitional processes and accordingly the role of counseling people in this situation: "As a transition unfolds, the new possibilities emerge that were not previously perceived or expected. Although these bifurcations are not always observed within the moment, they quite often become clear at a later point" (p. 103).

Finally, among the several applications of chaos theory to describe psychotherapeutic interventions, it is important to note the suggestion that Freud's conception of people's state of adaptation (i.e., approaching an equilibrium between the person's needs and the environmental circumstances) is only one segment in the whole chaotic process of people's search to fulfill their inner needs (Goldstein, 2014). Notably, this alternative conception is relevant to other adjustment models that have been described above, such as Selye's equilibrium model and Hobfoll's COR model.

Interactive Theories

Dawis and Lofquist's Person-Environment Fit

The notion about the need for, and positive implications of, fit between the person (P) and the environment (E) is one of the more prominent arguments in scholarly publications about adjustment to transitions. The earliest theorizing about P-E fit is credited to Parsons (1909), who suggested considering the match between personal attributes and environmental characteristics as a basis for making vocational choices. Later on, Lewin (1935) suggested the eq. (B = f (P, E)); that is, behavior is a function of the interaction and congruence between the person and the environment. However, more precise consideration of the context of adjustment was offered by Dawis and Lofquist (1984), in their book titled A Psychological *Theory of Work Adjustment* (TWA). In this theory, person-environment fit is proposed as a method for understanding the process of adjustment between occupants and their work environments.

The three basic principles of P-E fit theory are as follows (van Vianen, 2018): (a) the person and the environment together predict human behavior better than each of them does separately; (b) outcomes are optimal when personal attributes (e.g., needs, values) and environmental attributes (e.g., supplies, values) are compatible; and (c) a lack of fit between the person and the environment, no matter why, is the antecedent of maladjustment. P-E fit occurs when the employee has abilities required by the organizational work processes and the environment satisfies the employee's needs and preferences. Figure 3.2 presents the P-E fit schema.

Notably, these basic principles seem to be simple, but they have elicited many debates (De Cooman et al., 2019; van Vianen, 2018) regarding various issues, including the meaning of "fit"; whether fit can be measured through objective data or whether it is a subjective evaluation; how different constructs (i.e., individual attributes and environmental demands or expectations) can be compared and how they should be measured; assuming that the interaction between the person and the environment is reciprocal – what is the right timing for measurement of the fit between them? Given research findings that show that P-E fit can manifest itself in different ways (Kristof-Brown & Billsberry, 2013), how should fit be measured in a given situation? etc.
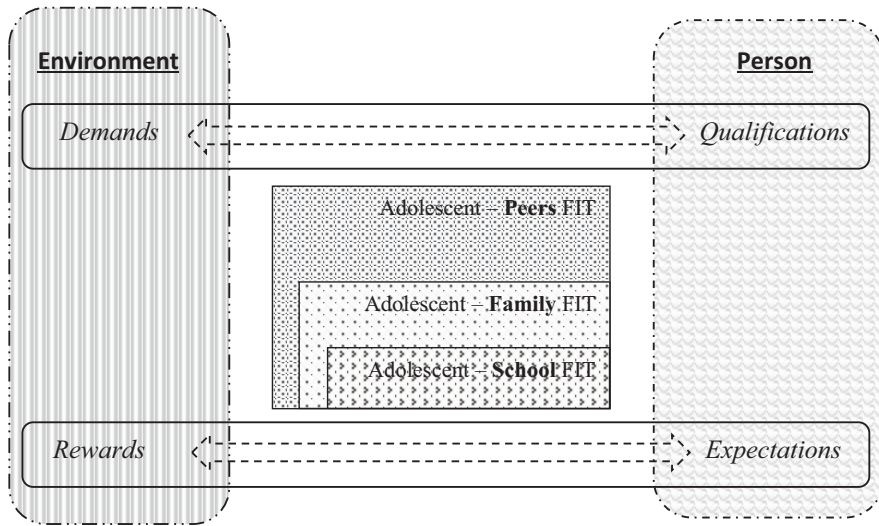
Fig. 3.2 The Person-Environment (P-E) fit schema, with reference to (e.g.,) multiple domains in adolescents' life

Finally, when considering cases of adjustment to transitions, frequently, people are engaged in several processes of adjustment at the same time; for example, following work relocation, a person has to adjust to a new occupational role, new colleagues, and a new manager, as well as a new organizational culture; following relocation, people need to adjust to a new country, community, and culture, as well as new neighbors, a new social network, new/different family life, and/or connections with family; etc. Hence, how should a person's fit with the new situation be measured? This point is also demonstrated in Fig. 3.2.

As mentioned above, in spite of the major questions that still need additional clarification, the P-E fit theory has been implemented in various contexts of adjustment to transitions. For example, in the context of school adjustment, a prominent approach to understanding the adjustment problems of junior high school students is Eccles et al.' (1993; Simpkins et al., 2015) conception of the school-student meeting in terms of P-E misfit; that is, according to Eccles, the needs of junior high school students as adolescents are unmet in the school system, leading to feelings of alienation and a decline in academic achievement (see also Chap. 10).

Louis's Surprise and Sense-Making Model

Louis (1980) refers to newcomers' experience in unfamiliar organizations and tries to integrate knowledge on organizational socialization and voluntary turnover. Louis assumes that people are rational and approach transitional events with

expectations regarding themselves and the situation. These preliminary expectations can either be met or unmet, depending on how realistic the expectations are, as well as on the individual's previous job experiences. The individual's organizational socialization, then, is "the process by which an individual comes to appreciate the values, abilities, expected behaviors, and social knowledge essential for assuming an organizational role and for participating as an organization member" (p. 229). During this process of organizational socialization, the individual, gradually, not only learns the new role and organizational culture but also has to depart from the old one(s). This process occurs over the course of a loop of events in which preliminary expectations are validated or rejected. In practice, at a certain point in time after entering the organization, people are exposed to an event that they were not expecting. This creates a sense of surprise and the need to respond to the event – actually, to cope with the event. More importantly, people then need to engage in "sense-making" – i.e., understanding the origins of the gap between their preliminary expectations and the organizational reality. This should be followed by drawing conclusions about the cognitive, emotional, and behavioral implications that could be derived from it. Based on this process, accordingly, individuals update their expectations and behavior. Only through the process of sense-making of the (unexpected) event can people be prepared – i.e., not surprised – when such an event occurs again in the future. However, there might be other additional events that were not expected, and people may find themselves surprised again and again. After coping with each surprising event, people undergo the same process of sense-making and updating expectations and behavior until they reach a state of realistic expectations and a proper understanding of their role and of the organizational culture. Figure 3.3 presents Louis's model.
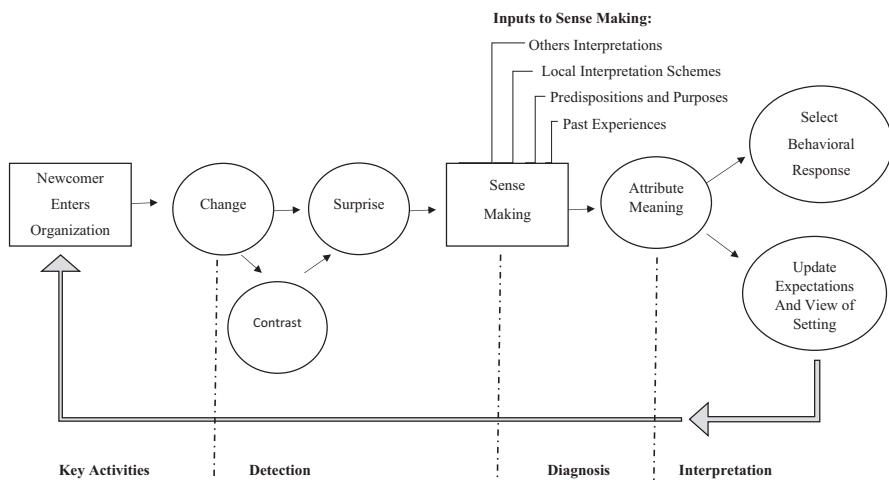
Fig. 3.3 Louis' surprise and sense-making model. (Retrieved from Louis (1980), with permission of SAGE Publishing)

Louis's sense-making model was established based on previous conceptions and insights from the literature. However, it integrates them into a comprehensive picture of the entire process of organizational entry, from as early as the pre-entrance period (expectations) to the decision to depart from the organization, based on an interactive model of events. Hence, this model has received much empirical and conceptual attention, including more advanced versions of the model (e.g., Maitlis & Christianson, 2014; Cristofaro, 2021) and its application in other domains. For example, a very similar model to Louis's (1980) "surprise and sense-making model" was suggested by Brennan (2001) in the context of adjustment to cancer. Brennan writes about cognitive maps that people have regarding the way the world functions. These maps are formed on the basis of assumptions that people acquire about the world and serve as the person's assumptive world. Any disconfirmation of the person's expectations about the world leads to stress, followed by an adjustment of assumptions regarding the real world. In the context of exposure to the experience of being diagnosed with cancer, the expectation and belief in personal control, which are integral to an adult's sense of safety, self-concept, and self-esteem, are threatened. In response, the person may react with a negative mood, mourning, and poor coping, or alternatively, by updating his/her expectations in order to adapt to the new reality and be resilient. Brennan (2001) relates his model to social cognitive theories and named it "the Social-Cognitive Transition Model of Adjustment" (SCT).

Notably, Louis's (1980) model has many possible applications, such as its relevance to the prevention of maladjustment. According to this model, not being surprised is the initial step to approaching a state of adjustment. Thus, preliminary interventions in which all the – previously explored, validated, and documented – possible "surprising events" (i.e., that people are usually unaware of) are presented to people who are about to enter a new life course transition (e.g., to parenthood, relocation) to help them manage the transitional process better. This notion seems to be well understood and widely implemented in various interventions. However, what is not always clear is that "surprising events" are not necessarily the "big events" that everybody talks about, nor are they similar in all settings within the same organization (e.g., or within all places of relocation). Moreover, frequently, people are not aware of the accumulating impact of repeated exposure to these surprises. In this context, the connection between Louis's (1980) sense-making model and Holmes and Rahe's (1967) stressful life events model is worth noting.

Bonnano's Resilience Model

Bonnano's (2004, 2008) *resilience model* emerged in the context of trauma and grief, but its implications go well beyond this context and are relevant to transitional events in general. One of Bonnano's major theories is the claim that unlike the popular impression regarding trauma and loss, most people are resilient and find a large variety of ways to manage times of grief and trauma (see also Masten, 2001). Thus, Bonnano recommends using more longitudinal research designs in exploring

the long-term impact of stressful and extreme life events on people's mental health and behavior, such as in the case of the recent global outbreak of the COVID-19 pandemic (Chen & Bonanno, 2020). Bonnano recommends that in order to better understand people's reactions to trauma and grief, it is essential to move away from models on (acute) stress and (immediate) coping and replace them with models that discuss a prolonged (one-sided) adaptation and (interactive) adjustment. To some extent, this notion fits well with the present book's suggestion (see Chap. 3) to more clearly differentiate between coping, adaptation, and adjustment. Moreover, Bonnano's critique of stage theories of grief is in line with the suggested TSA model, as will be outlined below.

Stage Theories

Stage theories are especially popular in descriptions and conceptualizations of the adjustment process to life course transitions. For example, a very popular stage theory is Kübler-Ross's (1969) model of grief. According to Kübler-Ross, adjustment to grief includes the following stages: (1) denial ("No, not me"), (2) anger/resentment ("Why me?"), (3) bargaining ("If I do this, you'll do that"; with God, family relatives, etc.), (4) depression ("It's really happened"), and (5) acceptance ("This is what happened"). Kübler-Ross's model on grief has been applied to several other transitional life course events (e.g., immigration; Smith & Kearney, 2016) but has also been subjected to critique for its misrepresentation of the relatives' process of bereavement (Parkes, 1985) and for its methodological limitations and a relatively small residual explanatory value (Bonanno & Boerner, 2007). However, critiques of stage theories in general, including those dealing with adjustment to transitions, are much more profound. Hence, they will be discussed in Chap. 4, and their residual value for understanding the generic components of adjustment to life course transitions will also be suggested.

A Word of Apology

As mentioned earlier, the above review of theories on adjustment is partial, limited, and succinct. Its main goal is to give preliminary insight into several of – and not necessarily all the leading – theories in this domain. Obviously, there are many other theories on this topic (e.g., Bernardi et al., 2019; Feldman, 1976; Haslam et al., 2021; Higgins et al., 1995; Moos & Schaefer, 1986; Musamali, 2018; Ruble, 1994; Ruble & Seidman, 1996; Stewart, 1982; Taylor, 1983; Wanous, 1977; Wheaton, 1990), some of which are mentioned in other sections of the present book. However, the space limitation and the main goals of the present discussion impose restrictions on the amount of descriptions of all of the theoretical conceptions and models that ideally should have been reviewed. Nevertheless, it is believed that this

preliminary acquaintance with several central theories will pave the way for better understanding several of the principles, components, and notions that are presented in the following chapters.

The following chapters, in which the suggested generic components of adjustment to transitions are presented, will be based on an integration and secondary analysis of the above-listed theories of adjustment. The presentation of the generic components of adjustment will be followed by a description of related empirical preliminary indications that encourage its further exploration. Finally, a description of interventions to prevent maladjustment to transitional events will be described, with references and connections to the suggested generic conceptualization.

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Chapter 4
Reconsidering Stage Theories of Adjustment

Moshe Israelashvili

Numerous large- and mini-scale stage theories of adjustment to transitions in various contexts are suggested in the literature. Several of these studies postulate early assumptions regarding the expected stages of adjustment and later on confirm them; others comment that their suggestion regarding the adjustment stages is derived from the data that they collected. In Chap. 3, stage theories of adjustment to transitions were intentionally only mentioned without including further elaboration on them. This was done in order to address the presently accepted caution in the social sciences in relation to stage theories, which has led scholars to ignore these theories' residual contribution to the understanding of adjustment processes. Hence, this chapter will begin with a reminder of the cautions against stage theories. Following that, a general rationale will be outlined regarding when and how the reconsideration of stage theories could have some merits in the scientific exploration of how people adjust to transitions. Finally, an analysis of 100 stage theories will be presented, and several common components will be highlighted. This secondary analysis of stage theories is the basis for the proposal of several generic components that seemed to be relevant across various types of adjustment processes to life course transitions. Thus, this analysis constitutes a step forward toward building the framework for preventive interventions.

Why Refraining From Stage Theories of Adjustment

Generally speaking, advocating the existence of a stage model is a risky matter. It is currently widely acknowledged that claims and theories on universal stages have questionable empirical support. For example, recently, Morss (2020) reviewed the empirical status of Piaget's stage theory of intellectual (cognitive) development, Freud's theory of psychosexual stages, and Hall's stage theory of individual development. Although Morss mentions some validity to Piaget's and Freud's argumentations about the existence of developmental stages, the review found no solid basis to describe human development as proceeding along a series of stages. According to

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Morss (2020), these stage theories of development represent the scientific reality in the early twentieth century and should be perceived as artifacts.

Referring specifically to studies on the process of adjustment to transitions, several scholars, researchers, and practitioners have made the same proclamation and also criticized the use of the "stage conceptualization" in this context. For example, Barrett and Schneweis (1981) interviewed 193 widowed community residents as part of a needs assessment survey. They revealed that the stresses of widowhood persist for years after the spouse's death and concluded that there is no evidence to confirm the existence of separate stages of adaptation. In the context of adjustment to divorce, Rossiter (1991) summarized both studies and clinical observations and concluded that "recovery from" (i.e., adjustment to) divorce could not be described as a stage process. Another example is Holland and Neimeyer's (2010) concluding comments about the results of their study of adjustment to grief, saying that only limited support was found for a stage theory of adjustment to grief.

There are several reasons for refraining from describing processes as a sequence of stages, the main one being that often the stages evidently do not follow one another in a clear and linear sequence (Commons & Richards, 2002). In addition, there is accumulating evidence that individual differences play a major role in shaping the development of personal growth, behavior, and the sequence of progress (Hughes et al., 2020). The same restrictions seem to be relevant to the context of adjustment to transitions; that is, evidently, it might be extremely problematic to describe the process of human personal adjustment to transitional events as a list of sequential stages. This is due to several contextual, cultural, gender, and age differences (HyunHee et al., 1998) that are highly significant in shaping people's comprehension of their experiences during the transition from one state to another. Actually, proposing a generic stage theory of adjustment to transitions might be even more problematic than in other contexts, as in addition to individual differences, there seem to be major differences among various transitional events (i.e., contexts).

Inside Stage Theories: A Search for Commonality

Nevertheless, there are three justifications why it is worthwhile to attempt to form some generalizations across different types of transitions:

(a) Comparisons between different transitional experiences that people undergo and especially between different transitional experiences that the same person has experienced in the course of his/her life (i.e., before the present transitional event began) can sometimes be eye opening and beneficial.
(b) In the literature, in spite of all "warnings," both researchers and practitioners repeatedly document their personal process of adjustment to a given transitional event by using types of stage models. Somehow they find it relevant. Hence, it calls for a reconsideration of the restriction of describing adjustment processes through definite stages.

(c) The most interesting justification for exploration of generalizations across different types of transitions is that a comparison between the different stage models uncovers several common components.

Below is a short discussion of each of these three justifications.

- *Conducting a comparison between people is a powerful tool for the prevention of maladjustment*: Existing programs that aim to prevent maladjustment to transitions take advantage of the comparisons that people make between themselves and other people who are involved in the same, or even different, processes of transition. The reason for such comparisons is the fact that transitions always include exposure to the unfamiliar – e.g., new people, new situations, new standards, and new roles. Hence, as suggested by the theory of social comparison (Festinger, 1954; Suls et al., 2020), in these cases, a major tool for understanding how to behave and what is normal is through comparisons with other people who are also involved in the same situation. For example, a program that uses comparisons in order to promote children's adjustment to divorce is the "Children in Between" program (https://www.childreninbetween.com/). This program was developed at Ohio University (USA), originally entitled *Children in the Middle*. Later on, The Center for Divorce Education was established (Ohio), the program was updated, and an online version of the program was developed (https://online.divorce-education.com/), which is currently entitled *Children in Between*. The basic premise of the *Children in Between* program is that children from divorced homes are often caught in the middle of parental conflict, in which they may feel helpless and torn between loyalties. The children find themselves in this position because divorcing parents frequently use their children as a tool in their efforts to manipulate and/or control each other. This tactic increases the stress and anxiety experienced by children and can lead to children's problem behaviors. The *Children in Between* program seeks to alleviate children's problems using videos, some for parents and others for children, in which typical issues are presented, including financial problems, long-distance parenting, children delivering messages from one parent to another, parents quizzing children about the other parent, putting the other parent down, and parents who were never married. Each video presents the problem in its "naturally occurring way" and then moves on to show how the same conflict could have been solved in a more collaborative way. When the video ends and the children realize that others share the same problems that they are experiencing, suggestions of alternative ways to react in such situations are presented to them. This is followed by a collaborative discussion on how to implement such solutions. Gordon and Arbuthnot's follow-up studies indicated the positive contribution of the program, even for parents who participated in it as a mandatory divorce education class (Arbuthnot et al., 1997; Kramer et al., 1998). This program is an example of the possible benefits that may emerge from encouragement of people to make comparisons between themselves and others, as well as between themselves in the given transitional context and themselves in previous transitional events (e.g., what lessons can you learn from your previous work transition(s) to better manage your transition to parent-

hood?). In the same manner, a comparison between personal reports on the process of adjustment to different types of transition may be fruitful.

- *The extensive presence of stage theories in the context of adjustment*: In spite of the risk of suggesting a stage theory of adjustment, surprisingly, an extensive review of the literature on adjustment to transitions highlights an exceptional number of stage theories that have been suggested to describe transitional processes. Moreover, in addition to the large number of stage theories, it is surprising how many of the descriptions of the stages of transitional events – suggested by laypersons, practitioners, and scholars – are overlapping. Such an overlap seems unlikely to be a random phenomenon.

  One might ask why a significant number of different people, facing or examining different transitional events, have felt comfortable using very similar sets of terms (referred to by many of them as *stages*) in order to describe their various understandings of seemingly different events. This notion calls for additional thought concerning the possibility that in the case of adjustment to transitions, some kind of order may in fact exist. This is not to say that there are clear and linear fixed stages that people undergo. Rather, it is suggested that a complex order exist, though it includes various trajectories, repetition in addressing the various components, an expanded occurrence of parallel events in the cognitive, affective, and behavioral domains, and occurrences at both the individual level and the situational level, which constantly shape individual progress in this complex order.

- *Recurrent components in various theories of adjustment to transitions*: While paying homage to the significant critiques regarding stage theories, the possible agreement among different scholars and/or practitioners deserves further exploration, as it represents the wisdom of the crowd. Wisdom of the crowd (*WoC*) refers to the collective intelligence that arises when our imperfect judgments are aggregated (Surowiecki, 2004). This means that the collective opinion of a group of individuals, as represented by the central tendency of many independent estimates (i.e., rather than that of a single expert), is often quite accurate. Hence, group decisions based on plurality voting can frequently be surprisingly wise. Explorations of WoC have demonstrated that in spite of several restrictions as to its general relevance (e.g., Hertwig, 2012), it is a useful approach to comprehending how people conceptualize topics (e.g., what is the definition of wisdom and a wise person; Weststrate et al., 2019) and/or how people evaluate what is the actual situation in various contexts (e.g., the rise of online reputation systems that collect, maintain, and disseminate people's ranking of reputations; Kremer et al., 2014). Thus, in light of its relative accuracy, the WoC approach is gradually gaining greater attention in the social sciences.

Applying the above rationale to the context of theories of adjustment to transitions means that should a consensus exist regarding the relevance of (several) similar components or characteristics – even though each one of these models emerged with regard to a different type of transition and in spite of differences in the relevant ages, populations, cultures, and contexts – it would indicate that these components

are worth further consideration. Thus, when different existing stage theories of adjustment to transitions seem to converge in the same direction, it can serve as solid ground for outlining the generic components of transitional adjustment and devoting efforts to further explorations of their validity and utility.

Practically speaking, it seems that the literature does support the notion regarding the possible existence of several common components, across a variety of transitional events. One example is various scholars' freedom in using a model that was originally established with regard to one context of transition and applying it to a different context. The most prominent example is the usefulness that several researchers have found in relying on Kubler-Ross' (1969) model of adjustment to bereavement when trying to describe other processes of adjustment to transitions. This includes Mękarski's (1999) model of adjustment to sport injury, Zell's (2003) model of adjustment to organizational change, Mumby and Whitworth's (2013) model of the adjustment process in chronic aphasia after experiencing a stroke, and more. Another examples of researchers' application of a transitional model from one context to another are Withrow and Shoffner's (2006) use of Lofquist and Dawis's theory of work adjustment (1969; TWA) to counsel clients with symptoms of anorexia nervosa and the use of the TWA model in explaining students' school adjustment and academic motivation (Eccles & Midgley, 1989; Gutman & Eccles, 2007; Scherrer & Preckel, 2019).

Finally, further support for the notion that some generalizations can be drawn across various types of transitional adjustment processes comes from several existing models that have already been suggested in the literature. These models have usually been based on literature reviews (e.g., Brammer, 1991; Nelson, 1987; Ruble, 1994). Several of these theories were briefly presented earlier (see Chap. 2). In addition, support for the possibility of pursuing generic components across types of adjustment to transitions comes from work done by other scholars, whose aim was to highlight the generic components of people's ways of dealing with demands to make a significant change in their lives (e.g., Jacobs et al., 2013; Maes & Van Hootegem, 2019; Singh et al., 2021; Wetzel & Gorp, 2014; Young, 2009), such as due to life course transitions. However, currently, no model is widely accepted as a starting point for the articulation of the process of adjustment to various life course transitions, nor is there any comprehensive model that serves as a solid basis for the generation of future interventions for the prevention of maladjustment.

A Schematic Summary of Stage Theories

The Transitional Stress and Adjustment (TSA) model (see Chaps. 5 and 6) is suggested to this end; namely, it is a representation of the generic components of the adjustment process that people experience when encountering a life course transition. The suggested generic components emerged out of an analysis of 100 small-scale theories of adjustment to transitions. These 100 theories are not a definite presentation of the existing theories in this context, but more like a representative

sample of them. The purpose of presenting them is to reveal what seems to be a common understanding across different people, who have studied different types of life course transitions, regarding the essence of the adjustment process to transitions, based on their intuitive understanding, empirical studies, or literature reviews and meta-analyses.

A schematic summary of these theories, organized according to the context of the transitional event which the theories relate to, is presented in Table 4.1. The theories are presented while generally divided into six contexts: health, education, occupation, family, relocation, and others.

At a glance, there are several aspects in the theories that are presented in Table 4.1 that deserve further attention:

1. Most of the theories were suggested during the 1970s–1980s. Nevertheless, more theories are continuously being published, though at a lower frequency than in the past.
2. A number of transitions have been investigated more thoroughly, while others have almost been ignored. Among the more prominent transitions that have been intensively investigated are the transition from one country to another (i.e., immigration), the transition to work, and the transition to college or university. Transitions that have been more or less ignored are the transition to widowhood and the transition to marriage. The absence of stage models on the transition to marriage is extremely interesting, as there are a vast number of studies on both adjustments to marriage and school adjustment, but almost none from a stage-model perspective.
3. The number of transitional stages is limited and ranges between three and six.
4. Several stage theories are very popular as a departing point to exploring people's transitions to a variety of transitional events. Among the more prominent theories are Kubler-Ross's (1969) description of mourning, Oberg's (1960) description of international students' experiences, and Lofquist and Dawis's model (1969) on the transition to work.
5. In line with the previous point, researchers use transitional stage models that were developed by scholars in other transitional contexts. Thus, according to these researchers, there is room to assume that people who encounter a transitional event, regardless of the differences among the various types of transitions, share some common cognitive/emotive/behavioral experiences.
6. Different terms are used to indicate a positive ending of the adjustment process, including acceptance, acknowledgment, adaptation, adjustment, competence, equilibrium, independence, integration, integrative maturity, mastery, reconstruction, reintegration, relaxation, reorganization, settlement, settling down, and stability or stabilization.

However, what is more important than these general reflections in Table 4.1, and with reference to notion #5 described above, is a content analysis of the various stages that have been suggested by these theories. Such common components, that seem to emerge out of the theories presented in Table 4.1, are suggested and

Table 4.1 Components of stage models of adjustment to transition, organized by the topic of transitional event

		Stages' sequence…				
Adjustment to …	Reference	#1	#2	#3	#4	#5/6
Occupational context						
Work	Lofquist and Dawis (1969)	Fulfillment of requirements	Exploring of rewards	Looking for correspondence		
	Graen (1976)	Role expectations	Role ambiguity	Role conflict	Negotiation	Role definition
	Johnson and Graen (1973)	Reading of role preferences	Arrival at a common definition	Satisfaction with the role	Satisfaction with the newcomer	
	Fridman (1976)	Expectation-reality congruence	Role definition and initiation	Resolution of conflicts	Mutual influence	Satisfaction and motivation
	Wanous (1977, 1980)	Confronting organizational reality	Role clarification	Self-position in the organization	Selection and activation of successful adjustment	
	Louis (1980)	Surprise	Sense-making	Attribute meaning	Select behavior	Update expectations
	Taylor (1983)	Search for meaning	Efforts to regain mastery	Efforts to restore self-esteem		
	Feldman (1976)	Getting-in	Breaking-in	Settling-in		
	Nelson (1990)	Anticipatory socialization	Encounter	Change and acquisition		
	Trice and Morand (1989)	Separation	Transition	Integration		
	Wendlandt and Rochlen (2008)	Anticipation, gathering information and establishing expectations	Adjustment, becoming familiar with the culture, learning skills, developing role clarity	Achievement, adopting new norms, altering self-image, commitment		

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Retirement	Atchley (1976, 1982), Reitzes and Mutran (2004)	Honeymoon: Euphoric feeling of freedom	Disenchantment: Face the reality of the everyday life	Reorientation: Development of a realistic view of the circumstances	Stability: Achieving a certain accommodation and adjustment to retirement	[termination: Eventual loss of independence due to illness and disability]
	Victor (2004)	Growing interest as retirement approaches	Initial euphoria	Some stress	Dealing with adjustments to a new lifestyle	Settling down
	Andreu et al. (2010)	Preretirement: Fantasies about retirement life	Retirement: Euphoria continuation of leisure time and rest period	Disenchantment: Involves some disappointment due to the gap between fantasy and reality	Reorientation: Accepting and constructing a more realistic vision about retirement	Stability: Accommodation and adjustment
Academia	Misiaszek and Potter (1984)	Termination	Adjustment	Identity formation	Consolidation	
Novice teachers	Sabar (2004)	Fantasy	Reality (culture) shock and crisis	Adjustment through mastery, leading to influence	Anticipation and preparation	
Military basic training	Wanous (1967)	Environmental shock	Engagement	Attainment	Termination	
Team adaptation	Ramos-Villagrasa et al. (2019)	Situation assessment: The perception of an environmental cue by one or more team members	Plan formulation: Also known as transition processes, consists of decision-making to face a situation	Plan execution: Also called action processes; the performing phase of team adaptation	Team learning: The team evaluates past performance, develops lessons, and makes decisions	
Organizational change	Nicholson and West (1989)	Preparation	Encounter	Adjustment	Stabilization	

Educational context		Acknowledgment	Acceptance	Actualization	Mastery
College	Hughes (1991)	Acknowledgment	Acceptance	Actualization	
	Risquez et al. (2007)	Honeymoon	Culture shock	Adjustment	Mastery
School adjustment	Cotterell (1982)	Anticipatory coping	Initial reaction	Consolidation	
	Elliot and Punch (1991)	Confusion	Seeks to make some sense	Searching for a secure place among the others	Seeks to maintain an identity
International students	Lysgaard (1955)	Adventurous	Cultural shock and loneliness	Adjustment	Mastery
	Oberg (1960), Gullahorn and Gullahorn (1963)	Honeymoon	Crisis and hostility	Recovery	Adjustment
	Torbiorn (1994)	Fascination	Shock	Satisfaction	Adjustment
	Zhang et al. (1999)	Shock	Awareness	Change	Competence
	Major (2005)	Expectations	Dissonance	Adjustment	
	Quan et al. (2016)	Overconfidence at pre-arrival stage	Stress of academic conventions	Engagement and adaptation	Gaining academic confidence
	Jamal and Wok (2020)	Euphoria	Culture shock	Culture adjustment – Navigation becomes easier, friendships are established, and local language becomes more recognizable	Culture adaptation – Realization that complete understanding is not necessary to function

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Relocation context						
Immigration	Scott and Scott (1989), Sluzki (1979), Tyhurst (1977)	Incubation, overcompensation or euphoric	Major crisis	Gradual improvement of mental health		
	Kim (1998), Kim (2003)	Cultural shock: Exigency	Resolution and optimism; mastery gain	Stagnation: Life satisfaction remains or even decreases		
	Ward et al. (1998)	Incubation	Crisis	Recovery	Total recovery	Reverse culture shock
	Smoli (1972)	Fascination	Hostility	Lessening tension	Biculturalism	Fascination
	Hertz (1988)	Pre-immigration: Motivation for change; rationalization	Impact: Elation, relief, and feeling of fulfillment	Rebound: Disappointment, anger, aggression, and dysthymic mood	Coping: Learning and mastery; development of familiarity	Settlement: Readiness to accept compromises with the new environment
	Markovizky and Samid (2008)	Deterioration, honeymoon	Low Well-being: Homesickness, culture shock, and difficulties in adapting	Recovery: Coping, gradual transition to a feeling of confidence		
	Mohamed (2017)	Orientation and autonomy: Learning new skills	Transitions of self-worth: stress and ambivalence between complying with and resisting to new demands	Consolidation of role identity: awareness of various systems	Competence and integrative maturity: Development of hope and confidence	

Expatriates	Farh et al. (2010)	Motivation to seek support from actors in the host country	Seek advice from an actor he or she perceives to possess task-relevant expertise	Selection of and support seeking toward actors	Utilization of received support	Addition of actors to networking
	Lundy (1999)	Pre-move	During move	Post-move crisis	Post-move adjustment	
Sojourner	Adler (1975)	Contact: Excitement and euphoria	Disintegration: Tension, confusion, alienation, depression, and withdrawal	Reintegration: Rejection of the second culture, defensive projection of personal difficulties, limitation of relationships to fellow nationals	Autonomy: Increasing sensitivity, skill and understanding of the host nationals and culture, and a feeling of expertise	Independence: Cherishing of cultural differences and relativism
	Grove and Torbiörn (1985)	Euphoria	Culture shock	Noticing a significant degree of consonance between one's behavior and that of host nationals	The applicability of the person's behavior is quite good, and the clarity of the mental frame of reference is better	Applicability and clarity may continue to improve toward optimum
Nursing home	Wilson (1997)	Overwhelmed	Adjustment	Initial acceptance		
	Lee (2001), Lee et al. (2002)	Orienting	Normalizing	Rationalizing	Stabilizing	
	Thomae (1992)	Adjustment to institutional aspects	Cultivation of social contacts	Achievement-related behavior	Adjustment to the needs of others	
Displaced family adjustment	Peek et al. (2011)	Family unity	Prioritizing safety (parents) and missing home (children)	Confronting reality (parents) and feeling settled (children)	Reaching resolution	

(continued)

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Homecoming	Faulkner and McGaw (1977)	Attaining disengagement from the war	Reentering civilian home life	Achieving a new level of self-integration		
	Terziev and Dimitrova (2014)	Preparatory: Psychological tension before discharge	Acute mental reactions to entry into "civilian life"	Acute mental reactions to exit out of "military life"	Re-adaptation	
Family context						
Marriage	Nadelson (1984)	Disappointment and realization	Productivity	Post-parental remerging		
Divorce	Kressel and Deutsch (1977)	Pre-divorce decision period: Dissatisfaction and tension; attempts at reconciliation; decline in marital intimacy; break in the facade of marital solidarity	Decision period: Relief; anxiety and panic at the prospect of separation; renewed marital intimacy; renewed outbreaks of marital fighting; final acceptance of the inevitability of divorce	Mourning: Feelings of guilt and self-reproach; sense of failure; diminished self-worth; loneliness and depression; anger at the spouse; acceptance of the positive as well as the negative side of the marriage. Realistic sadness	Re-equilibration: This is a period of heightened self-growth and diminished dwelling on the marriage	
	Herman (1974)	Denial, anger, bargaining, depression, and acceptance	Denial, anger, bargaining, depression, and acceptance	Denial, anger, bargaining, depression, and acceptance	Denial, anger, bargaining, depression, and acceptance	Denial, anger, bargaining, depression, and acceptance
Motherhood	Rubel (1994)	Construction	Consolidation	Integration		

Giving birth to a child with developmental disability	Goff et al. (2013)	Intense preliminary emotion	Extreme grief and loss experience	Search for information and support from medical professionals, information/education, and faith/religion		
Fetal anomaly diagnosis	Lalor et al. (2009)	Assume normal	Shock	Gaining meaning	Rebuilding	
Step-grandparenthood	Henry et al. (1993)	Acceptance of losses	Acceptance of the adult child's single status	Accepting the adult child's entrance into a new relationship	Establishing new relationships within the family context	
Family members of transgender individuals	Emerson and Rosenfeld (1996)	Denial	Anger	Bargaining	Depression	Acceptance

(continued)

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Cancer in the family	Northouse (1984)	Emotional tension	Problems with adjusting to lifestyle changes	Role strain, communication problems, feelings of loss		
	Chen et al. (2016)	Fear: Frightened about permanent separation from family, chemotherapy, and the disease getting worse	Hardship: Experience physical suffering and mental torment	Adjustment: Fight against the disease, find methods for adjustment, and get assistance from supporting systems	Relaxation: Release from both the physical and mental sufferings and acceptance of the disease-related change in their lives	
	Nasiri et al. (2016)	Turbulence after confrontation with the disease: "Internal unrest," "concerns about disease management," and "sensing the beginning of disorganization in family life"	Disorganization of family life: "Disturbance of family life," "attempt to get rid of tension," and "resistance against family life disorganization support" categories	Struggle to reorder family life: "support to the wife," "revision in communications with relatives," and "seeking external support" categories		
Sexual adjustment of cancer patients	Benoot et al. (2017)	Denial	Acknowledgment	Acceptance		
Family adjustment to heart transplantation	Mishel and Murdaugh (1987)	Immersion – Waiting for a donor	Passage – Hospitalization	Negotiation – Recovery		

Birth of a child with mental retardation	Menolascino (1968) (see also Blacher, 1984)	Shock, denial, guilt	Denial, guilt, projection, reaction formation	Intellectual and emotional acceptance	Search for adequate treatment and services	
Grief	Kubler-Ross (1969), Cordaro (2012)	Shock and denial	Anger	Bargaining	Depression	Acceptance
Heath context						
Disability	Livneh (1986)	Initial impact of the trauma	Defense mobilization	Initial realization	Retaliation	Reintegration
	Shontz (1975), Calabro (1990)	Shock and denial	Bargaining behavior, anxiety, and depressed mood	Combinations of anxiety and depressive and hostile affect		
	Kerr (1977)	Shock	Expectancy of recovery	Mourning	Defense	Adjustment
	Hollingsworth et al. (2002)	Initial impact	Defense mobilization	Initial realization	Retaliation	Reintegration
Chronic illness and disability	Livneh and Antonak (1997)	Earlier reactions: Shock, anxiety, and denial	Intermediate reactions: Depression, internalized anger, and externalized hostility	Later reactions: Acknowledgment and adjustment		
	Cohn-Kerr (1961), Dunn (1975), Falek and Britton (1974), Fink (1967), Shontz (1965)	Shock, denial	Anxiety, anger	Acceptance and reorganization		

(continued)

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Child's traumatic brain injury	Fumiyo et al. (2009)	Avoidance	Closed	Support seeking	Withdrawal	Reconstruction
Head injury rehabilitation	Silver et al. (1991)	Denial	Bargaining	Depression	Accommodation	Moving toward resolution and integrating the family
Chronic fatigue syndrome	Jason et al. (2000)	Crisis: Experience the traumatic aspects of a new illness	Stabilization: Continues to experience chaos and dissembling, followed by the eventual stabilization of symptoms	Resolution: Moves into the resolution mode as he or she works to accept the chronicity and ambiguity of this chronic illness and create meaning out of the illness experience	Integration: Able to integrate pre- and post-illness self-concepts and respond to the illness in a more planful way	
Chronic pain	Gullacksen and Lidbeck (2004)	Frustration and chaos	Sorrow and loss, and the picture of the future faded	Constructive use of past experiences, competence and control increased		
Sport injury	Pedersen (1986), Gordon (1986)	Denial	Anger	Bargaining	Depression	Acceptance; reorganization
	Rose and Jevne (1993)	Acknowledging the injury	Dealing with the impact of the injury	Achieving a physical and psychosocial outcome		

		Denial	Anger	Bargaining	Depression	Acceptance
Vision loss	Bergeron and Wanet-Defalque (2013)	Denial: By which the reality of what is happening is denied	Anger: People are emotionally upset and can be angry with themselves or with others	Bargaining: Wherein the individual tries to negotiate a compromise with some form of deity	Depression: With the individual feeling sadness, regret, fear, and uncertainty	Acceptance: Occurring when the individual comes to terms with his or her situation
	Hayeems et al. (2005)	Diagnostic experience and reactions	Meaning and sense-making	Personal identity	Course of action: Resolving personal identity	Behavior change
	Wan (2001)	Initial emotional reactions	Discontinuation of work or school	Estrangement from personal relationships	Search for information	Participation in vocational training and return to society
Chronic aphasia after stroke	Mumby and Whitworth (2013)	Loss	Emotional reactions (positive and negative)	Growth (independence, confidence)	Coming to terms (transition, reminiscence and reflection, rationalization, peer support, acceptance)	
Medical diagnosis of a serious somatic condition	Mękarski (1999)	Shock, denial	Procrastination	Bargaining	Depression, anger	Adaptation
Alcoholism	Jackson (1956)	Attempts to deny the problem	Attempts to eliminate the problem	Disorganization	Attempts to reorganize in spite of the problem	Efforts to escape from the problem (i.e., alcoholic spouse)

(continued)

Table 4.1 (continued)

Adjustment to …	Reference	Stages' sequence…				
		#1	#2	#3	#4	#5/6
Other contexts						
Small group	Moreland and Levine (1982)	Recruitment	Accommodation	Role negotiation	Commitment	
Life transitions (general)	Felner et al. (1982)	Identifying specific types of changes	Recording of assumptive world	Role definition	Reorganization of social network	Reestablishing routine life
	Stewart (1982)	Disorientation	Efforts at autonomy	Acceptance and realistic orientation	Integration	
	Bridges (1991)	Letting go	Neutral zone	Launching a new beginning		
	Brammer (1992)	Shock, fear, despair, disorganization of self	Surprise, sadness, despair, relief	Denial, rationalization, anger, minimization of feelings	Depression, sadness, low self-esteem, self-doubt	Taking new tasks, making plans,
	Hopson (1981)	Shock, confusion, destabilization	Elation and despair	Minimization	Depression, low self-esteem, self-doubt	Testing new options
	Ruble and Seidman (1996)	Prior state	Onset	Change	Equilibrium	
	Allen (1982)	Antecedent condition	Role transition	Role strain	Reaction	Consequences
	Nicolson (1999)	Preparation	Encounter (occurrence)	Adjustment (short-term)	Stabilization (long-term)	
	Van Gennep (1909/1960)	Separation from the old relationship	Transition period	Incorporation into the new role		
	Cowan (1991)	Conflict, loss, uncertainty	Testing new alternatives	Equilibrium		

explained in Chap. 5. These components will later on be used as the TSA model's building blocks.

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Chapter 5
Adjustment to Transitions: Common Components

Moshe Israelashvili

The prominent existing discussions on processes of adjustment to life course transitions were reviewed in the previous chapters of this book. However, in spite of the relatively vast amount of studies and models on this issue, it seems that several of the seemingly well-accepted working assumptions among scientists and practitioners in this field should be reconsidered. One such assumption is the interchangeable use of terms like adjustment, adaptation, coping, and socialization. Another such assumption regards the warning to refrain from relying on stage theories of adjustment, as there are major limitations to their use. As presented earlier, the suggested approach in this book calls for more cautious references to these two notions. Specifically, in Chap. 4, several similarities across the many stage theories of adjustment to life course transitions were suggested as emerging components, though not stages or phases, of a possible theory on the generic components of adjustment to transitions. In this chapter, more elaboration on each one of these common components is presented. Later on, in Chap. 6, the entire model will be presented – i.e., these components, alongside related aspects from existing theories, will be integrated into a comprehensive theory of the process of adjustment to life course transitions, entitled the Transitional Stress and Adjustment (TSA) theory.

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Awareness of the Transition

Awareness of the appearance of a transition is a prerequisite for the initiation of a process of adjustment to the new circumstances. Notably, the term *appearance* is purposely used here (rather than other terms, such as occurrence), with reference to Schlossberg's (1978, 1981, 1995; Anderson et al., 2022) definition of a transition, i.e., any *event or non-event* that results in changed relationships, routines, assumptions, and roles. Namely, awareness of the need to adjust may emerge on the basis of a change that has *occurred* in one's situation, as well as on the basis of a change that has *not occurred* (e.g., the failure of IVF fertility treatment). Thus, as defined earlier, the term "appearance of a transition" represents the moment when people become aware of the new situation, which is a prerequisite for the internal recognition of the possibility that there may be a need to adjust to the given (new or unchanging) circumstances.

This notion indicates the need to outline the circumstances that trigger such *transitional awareness*. Referring to the context of the prevention of maladjustment, understanding the characteristics that trigger transitional awareness is crucial, as it is vital for the design of related preventive interventions and their timely implementation.

The Appearance of Awareness

The literature on transitions and adjustment doesn't provide a direct or comprehensive discussion of the circumstances that result in awareness of the occurrence of a change and the need for adjustment. However, it seems plausible and useful to examine those features of circumstances that foster the general perception of change, including context, relevance, comprehensiveness, and positivity.

Context One example is Tversky's (1972; Goldstone & Son, 2005) argument regarding the features of similarity, i.e., how people make judgments regarding the similarities and differences between objects. According to Tversky, human cognition is inherently context dependent. Hence, when items are compared, the diagnostic value of a feature depends on the overall context (i.e., the cluster of items within which the feature appears). Thus, in similarity judgments, different features of stimuli will be taken into account, depending on their context. Tversky also suggested the *diagnosticity principle*, according to which the salience of a feature (e.g., a change in one's life) is determined by two types of factors: intensity and diagnosis. That is to say, the more intensive and diagnostic (i.e., representative of the given cluster of items) the feature is, the greater the power this feature has in judgments regarding similarities and differences.

Relevance Kiecolt's (1994) model on people's decision to change themselves provides an indirect alternative approach to the circumstances that initiate awareness to

the appearance of a change in one's life. This model refers to the well-documented phenomenon of people's reluctance to seek help (e.g., Newman et al., 2001) and/or make a change in their lives (e.g., McCrickerd, 2012). Specifically, Kiecolt's model suggests several determinants of people's decision to change themselves, including, among others, awareness of a chronic stressor that "invades" their lives and has an impact on their self-esteem. An example of such changes is the "shocks" or jarring events (e.g., unfairly passed over for promotion) that Lee and Mitchell, in their "Unfolding Model" of worker's turnover (1994), suggest as those that prompt employee's thoughts about leaving.

Comprehensiveness Luhmann et al.'s (2020) taxonomy of major life events (MLEs) provides another possible way of defining the circumstances that lead to the perception of a change that calls for adjustment. Luhmann et al. were interested in finding out why several MLEs are more significant than others in leading to various psychological outcomes (e.g., post-traumatic growth). Luhmann et al. (2020) suggested that the relative significance of a MLE is determined in relation to the following domains:

- *Adjustment and change*: The level of coping that is required when experiencing the event
- *Anticipation*: The extent to which the event was expected and predictable vs. surprising
- *Challenge*: The amount of stress and anxiety associated with the event
- *Change in world views*: The extent to which the individual's views changed due to the event
- *Controllability and attribution*: The extent of control over whether, when, or how the event occurred
- *Emotional significance*: The emotional impact and stressfulness of the event. The extent to which the event elicited strong feelings
- *External control*: The extent to which the event was controlled or caused by others
- *Extraordinariness*: The extent to which the event was ordinary or extraordinary
- *Familiarity*: The extent to which there was prior exposure to the event
- *Impact*: The extent to which the individual's life changed due to the event
- *Intensity and frequency*: The observable impact and duration of the event
- *Predictability*: The extent to which the event occurred suddenly or was predictable
- *Social status change*: The extent of change in the person's social status and dependence on others resulting from the event
- *Valence*: The extent to which the event is perceived as desirable/positive vs. undesirable/negative – positive and negative aspects of the event

Applying these insights, on the concept of MLEs and their typology, to the context of awareness regarding the appearance of transition suggests that awareness of the need to adjust is greater when the individual evaluates the given set of circumstances as representing a greater change and having greater implications and valence, as well as being more surprising, challenging, controllable (especially in relation to internal control), emotionally significant, extraordinary, unfamiliar, impactful, intense, unpredictable, and socially relevant.

As mentioned above, all of these points of reference can serve as good starting points for further explorations of a very fundamental aspect of adjustment to transitions – namely, the circumstances that lead people to become aware that a transition has begun and that this transition deserves attention and may call for possible changes and adjustment. Many examples can be presented to exemplify the importance of this question, such as the following: Is the given (e.g., political) situation too risky for me, and should I escape my hometown and immigrate? Is it the time to quit work?

Lack of Awareness

Sometimes people ignore changes that have occurred in their lives and continue behaving as if everything is "normal." At other times, people are aware of the change that took place but don't believe that adjustment is needed. Nonetheless, it is important to remember that, as mentioned earlier, only some changes in people's lives call for adjustment. Moreover, a rapid and/or comprehensive reaction to any change in life is in itself a sign of excessive stress or even maladjustment. However, at other times, ignoring a major change in one's life may be problematic.

Generally speaking, it seems that there are three interrelated causes for people's reluctance to acknowledge a significant change that has occurred in their life: (a) fear of departing from the previous situation, (b) fear of the new circumstances and a general resistance to change, and (c) beliefs that people have about the world and themselves.

Fear of Departing from the Previous Situation

Bridges (1986, 1991, 2001; Bridges & Bridges, 2019) is one of the scholars who emphasized the fact that a major barrier to adjustment is people's reluctance to depart from their past situation. According to Bridges (1991), "people don't like endings" (p. 19) and hence don't want to let go of their current situation. Referring to the context of organizational transitions, which Bridges addressed in most of his publications, he suggests identifying "who's losing what" (p. 20). In other words, a change in the organization (e.g., integration of technology in the classroom; Hannafin & Savenye, 1993; Hixon & Buckenmeyer, 2009) – and more so organizational change (Stouten et al., 2018; Weick & Quinn, 1999) – could have various implications for people who belong to the organization. Specifically, for some of these people, acknowledgment of the change means losing significant merits that they may be unwilling to give up. Moreover, while for some people the occurrence of a change may mean a loss of financial merits, for others, acknowledgment of the change might mean the end of their connection and/or relatedness to the organization. This is why Bridges is not exaggerating when he quotes the French writer,

Anatole France (1881), "…what we leave behind is part of ourselves; we must die to one life before we can enter another." With the same line of reasoning, Zell (2003) articulates organizational change as "a Process of Death, Dying, and Rebirth" and proceeds to use Kübler-Ross's (1969) model of the process of mourning to explain difficulties in implementing organizational change in professional bureaucracies (i.e., organizations that are governed by "autonomous professionals," rather than administrators, such as hospitals and universities). Another well-documented example in this context is the case of young children's denial of their parents' decision to get divorced, as the children are afraid that their basic needs (i.e., physiological needs and their needs for security, love and belonging, and self-esteem) won't be provided for in the postdivorce family (Franklin et al., 1990; Malhotra & Kumar, 2020; Parish & Taylor, 1979).

Fear of the New Circumstances

Some people are "sensation seekers" (Giannini & Loscalzo, 2020) and would gladly embrace any extreme experience or opportunity to explore unknown territory. Some researchers even supply evidence that sensation seeking has biological and genetic antecedents (e.g., Benjamin et al., 1996). However, most people are not delighted to enter "an unknown jungle," where they have no idea what dangers they might possibly encounter. One of the more studied topics in this context relates to nursing students. Several studies among nursing students have indicated that the main source of stress for them, especially in their first year of studies, is the fear of unknown situations (Admi et al., 2018; Pulido-Martos et al., 2012). Other examples, which refer to ordinary people, include reluctance to walk down an unknown road, try unfamiliar food, use an unfamiliar car, change residential areas, get married or divorced, etc. Generally speaking, sticking with the familiar is safer and easier to manage. Interestingly though, maintaining exactly the same types of activities day after day for a very long period of time might be boring, which is also a source of stress and a drive to change. Sometimes this is the major problem in adjustment to retirement (e.g., Tomlinson et al., 2020); that is, people have dreamt about going into peaceful retirement for years, but quickly after going into retirement, they feel that the external peace is actually a source of internal irritation and frustration.

Such a reluctance to acknowledge the pregnancy and accept full responsibility for its maintenance has been documented especially in relation to teen pregnancies and was one of the targets of Olds' (1986, 2014) preventive intervention among pregnant adolescents. In this well-documented evidence-based prevention program, Olds implemented a comprehensive program including prenatal and postpartum nurse home visitation. The program targeted unmarried adolescent girls from inner-city neighborhoods and, generally speaking, focused on encouraging and directing these girls to take their pregnancy seriously. For example, a major barrier for these girls in properly preparing themselves for the coming delivery is the fear of the family's response to the unplanned and unexpected pregnancy. Thus, for these girls, the

fear of future difficulties in confronting family members' reactions was a trigger to ignore the momentous approaching change in their life, or at least not to consider it properly and not to adjust to the new circumstances (e.g., the immediate demand to change food habits and eat healthily, which is essential for the fetus's healthy development).

Beliefs That People Have About the World and Themselves

Another prominent force that interferes with people's ability to face the changing circumstances in their life is their implicit theories (i.e., internal beliefs about the way the world runs and about their place within the world; Dweck, 1996, 2017). Based on processes of family socialization and life experiences, people have different assumptions about the world and about themselves. As has been extensively studied and discussed in the literature on social behavior and on cognitive behavioral therapy (Riso et al., 2007; Taylor et al., 2020), such core beliefs or cognitive schemas (James et al., 2004) are major determinants of people's perceptions and behavior. The following are three examples:

(a) One of the well-studied assumptions that people have is trauma-related cognitions. For example, in a study on people's assumptive world, Janoff-Bulman (1989) compared people who had been exposed to various traumatic events (e.g., rape) to those who had not been exposed to such events. The study findings indicated that victims perceive themselves more negatively and the impersonal world as more malevolent. Janoff-Bulman suggests that exposure to trauma leads people to expect less mastery over life events. This topic has been studied extensively by Foa and her colleagues (e.g., Foa et al., 1992; Mu et al., 2020), who argue that feelings of uncontrollability and unpredictability are of major importance in understanding the emergence of maladaptive symptom clusters in PTSD.

(b) A related example of preliminary expectations, yet not based on an extreme event, but rather on accumulative life experience, is people's belief, or lack of belief, in "a just world." Namely, some people believe in a just world, which means that their inherent assumption is that in the long run they will receive what they truly deserve (Lerner, 1980; Bartholomaeus & Strelan, 2019). In contrast, others believe that "the world" is an unjust place and that chaos governs social exchanges. Accordingly, Bartholomaeus and Strelan (2021) compared a sample of female prisoners and a sample from the general population who were matched in terms of gender, age, and ethnicity. The study findings indicated positive associations between the belief in a just world, power, and mental health among both samples. Hence, Bartholomaeus and Strelan (2021) suggest that the general belief that there is justice in the world helps people feel more empowered and invest more in finding ways to adapt to changing situations.

(c) Finally, a recent study (Israelashvili & Hannani Nahhas, 2022) demonstrated that people have different beliefs about their ability to prevent adolescents from being involved in problem behaviors. The study findings yielded differences according to age, sex, and culture but altogether reached the conclusion that some people feel powerless when encountering and/or trying to effectively navigate (complex) human-related situations.

Thus, practically speaking, people who have well-established beliefs about the way the world "works" may be more reluctant to acknowledge an emerging change in their lives, if that change relates to their (strong) beliefs.

A Note on the Honeymoon Period

Several researchers have described the first period, or stage, of adjustment as a kind of honeymoon. Naturally, these terms and notion have only been mentioned when two prerequisites exist: (1) when people's expectations regarding life following the transition are very positive and (2) when people are eager to make the transition in the context of the given time and circumstances. The simple example is the newly married couple's honeymoon – a period of time that was (originally) meant to be devoted to mutual acquaintance and sharing within a pleasant relaxed environment. Thus, the assumption is that spending the couple's first days in pleasurable circumstances will foster their acceptance of the transition, followed by their readiness to invest more in making the transition successful. Another example, frequently described in the literature, is students (especially international students) who are accepted into an ivy league college/university after a long process of being tested and screened, usually with high family expectations of them (e.g., López, 2021). In fact, scholars from many other fields have found the notion of a "honeymoon period" to be an applicable term to describe people's positive feeling during the process of adjustment to transitions, including the process of managing franchising (Thaichon et al., 2020), the transition to a CEO position (Levinson, 2021), children's transition from foster-care families back to their biological families (Malvaso & Delfabbro, 2020), veteran's readjustment to civilian life (Pessoa dos Santos et al., 2021; Vogt et al., 2020), and many other transitions. It seems that the notion of a preliminary honeymoon period during the first moments/days after the transition can also be applicable to transitions that have not been discussed in the academic literature in this context, such as the transition to military service. In this case, though for many people the term "honeymoon" might be perceived as irrelevant to the context of military service, the honeymoon period might be relevant to those recruits who finally enter the military unit they were eager to join after a long process of exploration, screening, and fear of being enlisted to the "wrong military occupation" (according to their subjective perception).

However, obviously, the honeymoon period might lead to negative outcomes, including increased feelings of frustration, reduced motivation to stay and adjust to

the transitional event, and the investment of less effort to manage well in the new circumstances. These negative outcomes are referred to as a "honeymoon hang-over" (Khalil et al., 2021; Lattuch & Ruppert, 2021) in the literature and occur when people, relatively quickly, realize that the two previously mentioned prerequisites – i.e., positive expectations regarding the timing and the impact of the transition – are proven to be invalid. In such cases, the higher the preliminary expectations were and the quicker they are proven to be invalid, the more negative people's reactions tend to be. For example, Wanous's studies (1976, 1980; Popovich & Wanous, 1982; Premack & Wanous, 1985) on realistic job expectations examined this phenomenon. As mentioned earlier, workers' unrealistic and overly positive expectations of their new workplace lead to greater disappointment and lower work retention. Alternatively, more realistic job expectations lead people to either avoid making the transition (e.g., reluctance to apply for the job) or to more adaptive coping when entering the situation. Accordingly, a possible way of enhancing people's ability and probability of adjusting well to a transition would be to provide information on the new situation and to ensure that they have realistic expectations. In the context of job entry, Shibly (2019) suggests that in order to promote people's realistic job expectations, five key attributes of their expectations should be considered:

- *Accuracy*: The information conveyed should be accurate.
- *Specificity*: The information should be specific, rather than general, and should include details that reinforce better understanding of the future situation.
- *Breadth*: Usually there is a tendency to describe the more generic components of the new situation and especially those that are common to most of those making the transition. However, a broader scope, which presents a larger variety of details about the transition/organization, actually supports people's ability to comprehend the prospective circumstances.
- *Credibility*: Both the content of the message as well as other characteristics of the context in which the message is delivered (e.g., the tone of the message, the messenger's credibility) play a major part in the impact that the information has on people entering a new situation.
- *Importance*: Assuming that only a limited amount of information can be conveyed in a given amount of time and intervention, information that combines common topics with new topics, rather than only addressing common topics, is of greater value for people's future adjustment. Hence, it is important to explore the information that is available from other sources and address those important aspects that people might not be exposed to elsewhere.

Thus, in conclusion, several conditions must exist, in order for the preliminary honeymoon feelings, when entering a new life course transition, to be a beneficial – rather than misleading – period of time in the process of adjustment; these conditions are accuracy, specificity, broadness, credible delivery, and the importance of the (cognitive) information prior to the transition, accompanied by positive (emotive) feelings during the transition (referred to as the "honeymoon period"). Otherwise, the "honeymoon period" seems to be improbable and of low impact on people's future feelings and actual adjustment to the transition.

Notably, this point has recently been raised by Maddux et al. (2021) in their discussion of the impact of exposure to, or interactions with, elements or members of a different culture. Based on Geeraert and Demoulin's (2013) study, in which Belgian adolescents were followed during a one-year cultural exchange program, Zhu et al.' (2016) study of employees' 9-month process of adjustment to work, and their own "Structure-Appraisal Model of Multicultural Experiences," Maddux et al. (2021) question the validity of the general notion of an initial "honeymoon" period. Instead, they suggest that the impact of exposure to a new and different culture is highly dependent on people's appraisal of the situation, which in itself depends on their preliminary assumptions regarding the other culture (i.e., situation).

Thus, in light of the limited generalizability of the honeymoon period in adjustment to transitions, and especially due to the notion that the emergence and impact of the honeymoon period are highly dependent on people's preliminary expectations, it is suggested that this period is the sign of an ending, rather than a beginning. Namely, referring to Bridges' (1980) distinction between the "ending" and the "beginning" (see Chap. 2), it is suggested that when the honeymoon period appears, it actually represents the end of the period and situation that preceded the transition, rather than representing the beginning of the actual process of adjustment to the new situation (transition). This notion fits well with recent findings regarding the appearance of the honeymoon period before, rather than after, the beginning of the actual process of transition (e.g., prior to international students' departure from their homeland and their transition into the new university; López, 2021).

The common components that have been identified will now be explained and exemplified while reviewing the stage theories of adjustment (see Table 4.1). These components become relevant when people are aware of the appearance of a major change in their lives, are ready to react to and/or manage that change, and have already moved on from their initial honeymoon feelings and/or, in Bridges' words, progressed on from the state of *ending*.

Shock and Confusion

References to Table 4.1: Adler, 1975; Allen & Van De Vliert, 1984; Atchley, 1976; Bergeron & Wanet-Defalque, 2013; Bridges, 1991; Calabro, 1990; Chen et al., 2016; Cotterell, 1982; Cowan, 1991; Emerson & Rosenfeld, 1996; Goff et al., 2013; Gordon, 1986; Graen et al., 1972; Grove & Torbiörn, 1985; Gullacksen & Lidbeck, 2004; Gullahorn & Gullahorn, 1963; Herman, 1974; Hertz, 1988; Hollingsworth et al., 2002; Jackson, 1956; Jamal & Wok, 2020; Kerr, 1977; Kubler-Ross, 1969; Lalor et al., 2009;. Livneh & Antonak, 1997; Livneh, 1986; Louis, 1980; Lysgaard, 1955; Major, 2005; Markovizky & Samid, 2008; Mękarski, 1999; Menolascino, 1968; Mumby & Whitworth, 2013; Nadelson et al., 1984; Nasiri et al., 2016; Nelson, 1990; Nicolson, 1999; Northouse, 1984; Oberg, 1960; Pedersen, 1986; Quan et al., 2016; Ruble & Seidman, 1996; Sabar, 2004; Shontz, 1975; Silver et al., 1991; Sluzki, 1979; Smoli, 1972; Stewart, 1982; Terziev & Dimitrova, 2014; Torbiorn, 1994; Victor, 2004; Wan, 2001; Wanet-Defalque et al., 2012; Wanous, 1976; Ward et al., 1998; Wilson, 1997; Zhang et al., 1999

Feelings of shock and confusion are mentioned as the preliminary stage in many theories of adjustment to transitions. The scientific literature on chaos and human behavior is accumulating slowly (Andrews et al., 2021; Witherington & Boom, 2019). Accordingly, the ability to draw various rules or general conclusions is still limited. Nevertheless, it seems plausible to suggest that, frequently, people who have been exposed to a new situation feel as if they "…do not understand what is going on…." Such a feeling of lack of clarity seems to be unavoidable to some degree, as exposure to a novel situation (i.e., departure from the familiar and clear past state to new and unfamiliar circumstances) is a fundamental characteristic of transitional events.

For example, in a review of research dealing with the experience of shock in transitions, Black et al. (1991) refer to the sense-making model in the adjustment process and explain that when people are in a new situation in which what they expect to happen does not happen, this leads to a state of cognitive dissonance, which is characterized by feelings of confusion, tension, and even anxiety (Festinger, 1954); they must, then, put efforts into attempting to understand the situation. In other words, when a change occurs, people become aware of discrepancies between the past and the present, which lead them to feel confused and to wish for clarification and understanding. The number of surprising events and people's reaction to those events determine how great the confusion will be. Another reference to the emergence of cognitive confusion comes from Personal Construct Theory (PCT), which describes the emotional experience of people when constructing new meaning. The theory is "…a theory of man's personal inquiry—a psychology of the human quest" (Kelly, 1970, p. 3). According to this theory, new information is processed in a series of phases, beginning with confusion. Confusion increases as the person encounters more incompatibilities and inconsistencies within and between information. The growing confusion leads to doubt in the validity of the new information. If the new information is threatening enough, it will be discarded. Otherwise, the person will form a testable hypothesis in order to integrate the new information into existing information.

Additional and more specific theories on adjustment to transitions, which characterize the preliminary reaction to transitions as a state of shock and confusion, are:

- In the context of *immigration*: The use of the term *culture shock* refers to the stress experienced by people when they move to a new country. On these cases, many immigrants find that the skills with which they managed their lives in the previous country are not suitable for the new country. They are then forced to adjust to cultural values, role expectations, and behavior patterns that were not part of their socialization. Zapf (1991) explains that a culture is a network of shared meanings. Sometimes when people move from one culture to another, they assume that the new culture will have the same meaning structure as their previous culture. Hence, they continue to react and interpret the environment the way that they used to until conflicts emerge, due to differences in rules, meanings, and values between the new and old cultures. According to Zapf (1991), culture shock is perceived as an emotional reaction to losing perceptual reinforcement

from one's own culture and being exposed to new cultural stimuli that have little meaning for one, as well as misunderstanding new experiences. In these cases, a U-curved shape describes the course of adaptation to the change: At baseline, people generally have a high level of well-being, which declines when they arrive in the new country and experience culture shock. The levels of well-being and adjustment continue to decline until people begin to settle in the new country. At this point, things begin to improve, in a stage called *recovery*, until they reached the end of the year and recover their well-being (Zapf, 1991). Referring to the same context, Berry et al.'s (1987) discussion on acculturative stress also suggests that one possible result of entering a process of acculturation is lower mental health, which is described as confusion, anxiety, and depression.

- In the case of *adjustment to work*, new teachers often experience "transitional shock" when they start teaching and find that they don't know how to apply the theories and strategies that they learned in university (Corcoran, 1981). The shock is explained as the condition of not knowing: being among many strangers, not knowing who or where to turn to, and being in a new place with new norms and rituals. New teachers are overwhelmed with all of the unknown things they experience and go into a state of shock. An element that complicates matters further is the need to appear competent and confident because being a teacher means being knowledgeable. Thus, new teachers are faced with the conflict of being new and insecure and needing to be in control and confident. This conflict leads to paralysis and confusion, rendering new teachers unable to transfer their previous knowledge to the new situation. This occurs every time they are faced with something unknown (Corcoran, 1981).

- Studies that analyze stages of *family crisis* when a newborn is diagnosed as a handicapped child also describe the family's first reaction of shock and disorganization. This occurs when the family gets a final and definite diagnosis of the child's handicap that they cannot deny. At this point, the family members immediately become aware of several (major) problems, which they don't know how to solve or to cope with, leading to feelings of shock and confusion. The other stages in family adjustment to the birth of a handicapped child are (in chronological order) denial, grief, focusing outward, and closure (Fortier & Wanless, 1984).

These theories, which refer to chaos and confusion as common components in adjustment to transitions, actually suggest that there may be two origins to the experience of "chaos":

1. An environmental component, in which the situation is in flux so that events are indeed unpredictable, such as cases in which people transition into an environment that is in a state of change (e.g., postdivorce, bereavement, and disasters) or is permanently disorganized (e.g., household chaos; Andrews et al., 2021).
2. An internal component that represents "confusion" – people's lack of knowledge regarding what is happening. In this case, confusion can occur either when the situation is in fact chaotic or, alternatively, when although the situation is clear and ordered and it is possible to predict the development of events, the newcomers don't comprehend the situational rules and/or are unfamiliar with them.

Notably, even when people are eager to make the transition, their ability to process all of the new informational cues that they are exposed to is limited, making the new circumstances unclear and, hence, confusing. For many, the emergence of feelings of confusion and chaos might be stressful in itself, as a feeling of lack of clarity is often confounded with a range of affective disorders and feelings of lack of control (Cooper et al., 2018). Hence, at this point in the process, some people may be inclined to think that the new situation lacks any logic and is chaotic, to some degree. Unfortunately, this may well be the case under certain circumstances. For example, when the existing members (e.g., employees) in an organization/setting were not prepared for the "appearance" of a new person in "their" organization, these people's reactions toward the newcomer might be inconsistent and unplanned, creating a (temporary) situational disorder, which hinders the newcomer's ability to adjust.

Breznitz (1977) elaborated on this issue in a discussion of the "terms of adjustment." According to Breznitz, not all situations are necessarily governed by order or any kind of lawfulness; other situations are governed by such order, but this order may be so complicated that an ordinary person, who has not been well prepared, would be unable to easily reveal this order. For example, it might be difficult to adjust to living with a person who is schizophrenic. That person's shifts from reality to illusions and vice versa might be highly, or somewhat, unpredictable. Hence, moving in with such a person might be objectively confusing, necessarily leading to shock, at least at the beginning. Two related examples should be mentioned here:

(a) Some situations might lead people to behave in an unpredictable way, such as an extreme threat to their life. Thus, adjusting to the battlefield might be a much more complex mission in comparison with adjustment to basic training, due to the fact that other soldiers' behavior might be completely unpredictable when under fire. Hence, heroism in the battlefield (Gal, 1981) might be characteristic of those (few people) who are able to see some order in such a general chaotic situation.

(b) Children of schizophrenic parents (Garmezy, 1974; Oyserman et al., 2000) have been one of the major triggers of research in the field of resilience, as the environment that such parents unwillingly create can be extremely chaotic and can lead to children's maladjustment to life. According to several researchers (e.g., Evans et al., 2005), it is also important to take chaos into account in order to better understand poor children development.

Exploration of the Situation's Lawfulness (and Sense-Making)

References to Table 4.1: Bickerdike & Littlefield, 2000; Cowan, 1991; Felner et al., 1982; Goff et al., 2013; Grove & Torbiörn, 1985; Hollingsworth et al., 2002; Kerr, 1977; Kubler-Ross, 1969; Lalor et al., 2009; Lee et al., 2002; Livneh, 1986; Louis, 1980; Mękarski, 1999; Menolascino, 1968; Peek et al., 2011; Ramos-Villagrasa et al., 2019; Shontz, 1975; Calabro, 1990; Wan, 2001; Ward et al., 1998; Zhang et al., 1999

The component of lawfulness refers to people's ability to articulate several insights regarding the rules or mechanisms that govern the new situation. Notably, lawfulness refers to people's (internal) ability to verbalize these rules, though not necessarily the ability to practically use them. The term *lawfulness* is not well addressed in the literature but actually represents one of the two major aspects of sense-making – a topic that is extensively discussed in the literature – and that is the comprehensibility of the situation. Under the title of *lawfulness,* the term *comprehensibility* will be presented below as one of the generic components of adjustment to transitions.

With reference to the state of shock and feelings of chaos, as described above, an extreme and ongoing situation with endless surprises and constant lack of clarity is cognitively and mentally unbearable. This situation was the focus of both the Psychological Reactance model and the Learned Helplessness model. According to Brehm's model of Psychological Reactance (1966), people react to ongoing lack of clarity with frustration, hostility, and aggression, which could be preliminary signs of mental health difficulties, referred to by many as representations of externalized mental health problems. According to Seligman's Learned Helplessness model (1975), such situations cause despair, helplessness, and an apathetic reaction to whatever comes, which could also be preliminary signs of mental health difficulties, referred to by many as internalized mental health problems. Thus, these two models refer to the same situation, in which a stream of uncontrollable and negative events occurs, which result in people's inability to manage the situation, but they yield different predictions regarding people's reaction to this situation. Wortman and Brehm (1975) suggest integrating these two models and emphasize that while uncontrollable situations are difficult for everyone, individual reactions are dependent on people's expectations – i.e., preliminary expectations of having control lead to aggressive reactions, whereas having no expectations or low expectations regarding controllability leads to a helpless reaction. This integrative perspective has gained support from various studies (e.g., Mikulincer, 1988; Halabi et al., 2021) and, hence, gives some insight into the role that the discrepancy between early expectations and later actual events has in the emergence of maladjustment to transitions.

A current example of the possible negative implications of being in a continuous state of lack of clarity is people's reaction to the COVID-19 pandemic outbreak. Namely, the global unfamiliarity with the virus (including its later derivations) has brought about feelings of anxiety among people, related to possible ways of protecting themselves and especially their loved ones (48% and 62%, respectively, of all Americans; American Psychiatric Association, 2020). This has led some people to feel frustrated and helpless (e.g., healthcare staff; Shaw et al., 2020) and others to become hostile and aggressive (e.g., opposing pandemic-related limitations, opposition to the lockdown; Kowalewski et al., 2020).

References to sense-making, as a major component of the process of adjustment, have been made by many scholars who discussed and explored people's responses to transitions (e.g., Louis, 1980). Actually, meaning-making following encounters with stressful events and states of transition is "a near-universal experience" (Park, 2010; Davis et al., 2012). For example, as part of a theory of cognitive adaptation to

threatening events, Taylor (1983) mentioned "the search for meaning in the experience" as one of the three themes around which the process of cognitive adaptation to threatening events is centered; the other two are an attempt to regain mastery over the event in particular and over one's life in general and an effort to restore self-esteem through self-enhancing evaluations. According to Taylor, and with reference to Attribution Theory (Kelley & Michela, 1980; Muschetto & Siegel, 2021), following a dramatic event, "people will make attributions so as to understand, predict, and control their environment" (p. 1162). The question that preoccupies people is, "What caused the event to happen?" (p. 1161), and the goal of asking this question is not to reach a final and definite answer, but rather to approach a plausible explanation (i.e., "causal meaning itself is the goal of the attributional search", p. 1163). A relatively similar perspective on search for meaning has been suggested by Baumeister (1991), who defined meaning as a "mental representation of possible relationships among things, events, and relationships. Thus, meaning connects things" (p. 15).

Another prominent example is Weick's (1995) theory on sense-making in organizations, in which the definition and conceptualization of sense-making are comprehensively discussed. Weick argues that the process of sense-making is initiated whenever organizations, or people, realize the inadequacy of their present understanding of events. The search for meaning can be either belief-driven (i.e., what members of the organization believe in) or action-driven (i.e., what members of the organization do), but in any case, it is a constant and central cognitive function that people process in all settings. Weick defines sense-making as a process involving "a developing set of ideas with explanatory possibilities, rather than as a body of knowledge" (p. xi), which includes "placing items into frameworks, comprehending, readdressing surprise, constructing meaning, interacting in pursuit of mutual understanding, and patterning" (p. 6). According to Weick, processes of sense-making are: (1) ongoing, (2) retrospective, (3) social, (4) refer to individual and organizational identity, (5) assume that the environment is "reasonable," (6) based on cues from and in the environment, and (7) driven by the relative evaluation of possible interpretations.

Another example of a theory-related discussion of the centrality of the process of sense-making is Klein et al.'s (2007) "Data-Frame Theory of Sensemaking." This discussion begins with the notion that the growing complexity of new sociotechnical systems and their more dynamic functions make the stimuli that people encounter (e.g., in their occupations) more complex and hence demand a constant investment of comprehensive sense-making regarding the fluency of events, referred to as "macro cognitive" comprehension. Klein et al. (2007) define sense-making as "the deliberate effort to understand events…typically triggered by unexpected changes or other surprises that make us doubt our prior understanding" (p. 114).

Noteworthy, based on an integrative review of the role of meaning-making in adjustment to stressful life events, Park (2010) pointed out major difficulties in the literature on sense-making. According to Park, there is a significant gap between the relatively developed theories that have been suggested in this field and the empirical work that has explored them. This gap is due to the empirical research's lack of

standardized language, use of imprecise language, failure to comprehensively examine meaning making, problematic assessment time frames, and more. Thus, Park suggests several differentiations within the processes of sense-making, such as a differentiation between global meaning and situational meaning. Global meaning refers to "individuals' general orienting systems… that is consisted of the individual's global beliefs, goals, and subjective feelings…regarding justice, control, predictability, coherence, and so on, as well as individuals' self-views" (p. 258); situational meaning refers to "meaning in the context of a particular environmental encounter" (p. 258).

Referring specifically to our earlier notion regarding the need to differentiate between sense-making and meaning-giving, Park (2010) mentions another distinction, suggested earlier by Janoff-Bulman and Frantz (1997), between the search for comprehensibility (i.e., attempts to make the event makes sense or fit with a system of accepted rules) and the search for significance (i.e., determining the "value or worth of an event"; p. 260). A distinction between the search for *comprehensibility* – i.e., the wish to understand how the given circumstances operate – and other types of sense-making also appears in Park's notion regarding "meanings made," which are the products of meaning-making processes. Namely, two of the several "meanings made" that Park lists (p. 260) are "sense of having 'made sense'" and "reattributions and causal understanding." These two products of the sense-making process actually represent the person's better comprehensibility of "what is going on" and are separated from other forms of "meanings made" that are included in Park's list. A later study by Park et al. (2012) supplied some support for the notion that sense-making in terms of comprehensibility and in terms of meaning giving and post-traumatic growth are partially different processes. In their study, among a nationally representative sample of 1004 US adults, approximately six weeks after the September 11 attacks, Park and colleagues found that having made sense of the attacks and perceived growth were positively correlated. However, comprehensibility was perceived more as an active way of coping, which leads to reduced levels of stress, whereas perceived growth was related to the investment of coping efforts in general and was related to greater feelings of stress.

Nonetheless, a detailed and in-depth reading of the existing literature on sense-making reveals that frequently the search for comprehensibility is presented in conjunction with other aspects of sense-making, especially the aspect of giving some meaning to the course of events and/or (new) circumstances that the person has encountered. For example, in their review of the literature on meaning in life, King and Hicks (2021) comment that scholarly definitions of meaning in life share common features and, as examples, quote two such definitions. The first example is King and colleagues' (2006, p. 180) suggestion that "Lives may be experienced as meaningful when they are felt to have significance beyond the trivial or momentary, to have purpose, or to have a coherence that transcends chaos." The other example, suggested by Steger (2012, p. 165), describes meaning as "the web of connections, understandings, and interpretations that help us comprehend our experience and formulate plans directing our energies to the achievement of our desired future. Meaning provides us with the sense that our lives matter, that they make sense, and

that they are more than the sum of our seconds, days, and years." King and Hicks (2021) suggest that these two definitions share common features.

However, another look at these two definitions clearly reveals that while the first one relates to the "comprehensibility of life" (i.e., "that helps us comprehend our experience and formulate plans"), the second one refers to "meaning in life" (i.e., "Lives may be experienced as meaningful"). The present discussion follows this distinction and suggests two generic components of adjustment to transition process: One component deals with people's exploration of how the (new) situation is managed, until approaching at least preliminary insights into the situation's lawfulness, which leads to some level of comprehensibility. The second component deals with people's development of better insights about the new situation's pros and cons, which enables them to identify either practical (e.g., financial) or psychological (e.g., meaningful life) benefits in their new situation after the transition.

It is essential to emphasize that comprehensibility is not necessarily followed by positive introspection, or reframing, that leads to finding new meaning or significant benefits in the new circumstances. Rather, people may begin to comprehend the new situation that has been imposed on them but dislike the situational lawfulness that they have revealed. In this case, they may "technically" be able to manage in the new situation, but may "psychologically" feel attached to the past, and/or they may explore ways of departing from the new circumstances.

This notion indicates the importance of differentiating between the extent to which people *comprehend* the new situation and the extent to which people *like* the new situation. Notably, approaching a state of comprehensibility, as exemplified by the ability to attribute lawfulness to the new situation, is in itself a preliminary indication of progressing toward a state of adjustment. The same goes for finding any benefits in the new situation, as this motivates the person to invest efforts into adjustment. Thus, it can be suggested that both comprehensibility and benefit perception can serve as an indication of a person's progress forward, toward full (usually defined as "positive") adjustment. However, by the same token, these two observations are almost orthogonal and represent different aspects of people's level of adjustment to the new situation.

Focusing back on the component of comprehensibility, at the practical level, the TSA model (see Chap. 6) highlights the role of "if-then" contingencies in promoting comprehension of the new circumstances' lawfulness, as well as comprehending the lawfulness of the way that new people behave (e.g., a new boss at work). Such "if-then" contingencies, or what Beck (2011) termed, "intermediate beliefs," are conditional rules, attitudes, and assumptions that people establish based on their personal experiences and according to which they manage their lives in different domains (e.g., family, work, organization) and respond to upcoming life events. Clearly, these rules should be both valid and flexible enough to enable people to react appropriately to changing life circumstances.

The role of "if-then" expectancies in constructing people's self-esteem (Baldwin, 1997) and social behavior (Ahn et al., 2021), and as a self-regulation planning strategy (Bieleke et al., 2021), is well documented. Moreover, there is evidence that prompting people to engage in "if-then" planning facilitates the attainment of

desired goals (e.g., overcoming addictions; McWilliams et al., 2019). In the context of adjustment to transitions, there is evidence that people's use of "if-then" contingencies significantly shapes their level of adjustment to transitions, such as in the case of students' transition to middle school (Zoromski et al., 2020).

Prevention of maladjustment may then be achieved by providing support to the newcomers in uncovering the circumstantial lawfulness, either through preliminary guidance about the importance of situational lawfulness and ways of revealing it or through post-transition assistance in articulating situational lawfulness. Practically speaking, this means supporting people in stating conditional "if…then…" sentences that seem to govern the new circumstances that they have been exposed to. For example, in the case of the transition to parenthood, a conditional statement could be "If the baby cries, then it's a sign that s/he needs something" (rather than simply being a stimulus that annoys or bothers you). In the case of immigrants' transition to the USA, a conditional sentence could be "If the cashiers say 'How do you do?' then it means that they are trying to be polite" (rather than really wanting to know how you are doing). In the case of the transition to marriage, a conditional statement could be "If your new partner comments about your appearance, then it means that s/he cares about you" (however, sometimes it means that the partner is actually criticizing you and wishes to fight with you; hence, you need to get to know your partner to find out the lawfulness of his/her behavior).

In relation to "the other" – people or entire organization that the newcomer has joined – it is important to note that while the newcomer is expected to pursue sense-making in terms of articulation of the new situation's lawfulness, the other (new) person/environment also has a role in the newcomer's adjustment. Namely, the environment should support the newcomer's understanding of the organizational lawfulness, as well as trying to understand the lawfulness of the newcomer' behavior (e.g., how the newcomer would react if…). An important example of this can be found in studies on first graders' adjustment to elementary school. In a study by Kellam et al. (1998), the researchers compared elementary school students who adjusted well to school with those who exhibited more problematic behaviors, ranging from problem behaviors in the classroom to school dropout. The study findings indicated that those first graders who had been placed in a first grade class that was managed by the teacher in a relatively calm and organized climate adjusted better to school, whereas those who had been placed in classes that were more competitive and chaotic had higher rates of problem behaviors.

Reassessment of Personal Rewards

References to Table 4.1: Adler, 1975; Bergeron & Wanet-Defalque, 2013; Bridges, 1991; Gullacksen & Lidbeck, 2004; Hayeems et al., 2005; Hollingsworth et al., 2002; Jackson, 1956; Livneh & Antonak, 1997; Lofquist & Dawis, 1969; Louis, 1980; Mohamed, 2017; Northouse, 1984; Peek et al., 2011; Ramos-Villagrasa et al., 2019; Shontz, 1975; Calabro, 1990; Silver et al., 1991; Tyhurst, 1977; Wanet-Defalque et al., 2012

It seems that the notion regarding people's willingness to remain in situations that provide them with significant (financial, practical, social, moral, etc.) rewards needs no academic references, as it is well known and documented. However, several related notions should be mentioned in this regard. Firstly, as suggested above, the discussion on assessment of personal benefits is perceived here as part of the person's process of sense-making of the new situation. In addition, the use of the term benefits in its plural form refers both to practical benefits as well as to psychological benefits (e.g., meaningful life). Secondly, even one reason can be enough to make a person stay in a given situation and invest effort in dealing with situational hassles (i.e., try to adjust). It was Frankl (1946; 1985) who made a reference to Friedrich Nietzsche's dictum[1] and said "He who has a why to live for can bear almost any how" and suggested the power of even a single reason to survive, as a "guiding motto" for understanding people's ability to survive and adjust even in the most dreadful human-made situations, such as Nazi concentration camps during the Holocaust. Thirdly, people are different in their appreciation of the value of various possible incentives. For example, different social motives can lead to different reactions to changes in the pay system (e.g., Fulmer & Shaw, 2018), and the same goes for cultural differences in perceptions of the pay-for-performance reward system (Hayek et al., 2016). Fourthly, the amount of time before the reward is gained (i.e., delay of gratification) can be extremely large (e.g., "In spite of my lack of pleasure, I'll keep working here in order to receive my pension upon retirement"), and its effect varies between peoples, ages, and cultures (e.g., Ding et al., 2021).

Embedded in past and current leading psychological theories is the notion that reward and/or resource management is a central determinant of people's interpersonal behavior, including states of stress and adjustment. For example, under the umbrella of social exchange theories (e.g., Cook et al., 2013), Thibaut and Kelley (1959) assumed that satisfaction with an exchange in a relationship partially depends on the available outcomes; hence, social interactions must be reinforced in order to endure. Accordingly, they analyzed the development of interpersonal interactions in terms of rewards and costs for the participants. According to their theory, rewards are defined as the pleasures, satisfactions, and gratifications that people gain from participating in a relationship, and resources are commodities, material or symbolic, that people can reward each other with. Furthermore, people are conceptualized as rational beings who constantly compare their expected outcomes in given relationships to a comparison level of alternatives (*CLalt*) and base their decision to remain in (i.e., adjust) or depart from the relationship on the results of such calculations. Based on these comparisons, people may remain in a certain situation/relationship as long as the alternatives are not favorable. However, their level of interpersonal commitment (Adams & Jones, 1999; Cook et al., 2013; Langlais et al., 2017) in the relationship will be low.

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[1] In Nietzsche's words: "Whoever has a why to live for can cope with almost any how," in "Maxims and Arrows," which is part of *Die Götzen-Dämmerung* (Twilight of the Idols).

Another leading theory that incorporates the topic of rewards as a central theme is Hobfoll's Conservation of Resources (COR) Theory (1989, 2018). The COR Theory postulates that "people strive to obtain, retain, foster, and protect those things they centrally value" (2018, p. 104). Thus, when a central resource is either threatened, lost, or unavailable, people become stressed and try to obtain the resource. Moreover, people are motivated to gain additional resources in order to prevent the loss of central resources. Thus, the COR Theory suggests that resources (i.e., the ability to protect resources and/or to attack those who threaten one's resources) are the major motivating power in people's stress encounters. An example of the applicability of COR Theory in explaining the ways that people manage transitions is the case of voluntary inter-role career decision-making processes (Sullivan & Al Ariss, 2021). In this case, a change in work conditions (e.g., a change in the reward system in the workplace) is perceived by employees as a significant organizational change that leads them to "fight or adjust." Namely, the change causes them to reassess their personal/group resources (e.g., Kessler et al., 1999), sometimes leading to feelings of stress in some or all of the employees (e.g., due to their other financial obligations or due to the relative change in their power within the organization). Then, based on each employee's evaluation of the alternatives outside of the workplace, some may be inclined to fight for an improved salary ("…otherwise I'll leave this position and join the other company"), while others (those whose occupational alternatives are worse) will adjust to the organizational transition that was imposed on them.

As mentioned above, exploring the rewards of remaining in the new situation does not necessarily relate to financial or practical rewards. Rather, it can relate to different types of rewards including psychological ones, such as gaining new meaning in life during the process of adjustment to bereavement (Neimeyer et al., 2002; Holland & Niemeyer, 2010) or a combination of various types of rewards (King & Hicks, 2009).

People's evaluation of the possible rewards in a new situation may have implications beyond the question of staying in the situation or leaving. For example, Cooper-Thomas and Wilson (2011) suggest a model of new employees' adjustment tactics. The term *adjustment tactics* represents the ways that newcomers pursue their own organizational adjustment. Examples of such tactics are seeking feedback, redefining the job, questioning third parties, delegating responsibilities, experimenting/trial and error, copying a role model, leaning on or using support offered, talking to someone, working longer hours, negotiating job changes, networking, rationalization, physiological palliation (e.g., smoking), etc. According to Cooper-Thomas and Wilson (2011), every newcomer can potentially use an endless number of adjustment tactics. However, each newcomer chooses the tactic that is best suited to him/her, based on consideration of the following three factors: (a) the repertoire of possible tactics that the newcomer has access to, based on past experiences and other circumstantial characteristics (e.g., family status), (b) the newcomer's individual characteristics, and (c) the role and organizational context. However, while consideration of these three factors constrains which tactics the newcomer perceives as feasible in the given setting, the actual and final selection of the

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preferred tactic (among the feasible ones) is a derivation of the newcomer's cost-benefit analysis in relation to each tactic, in terms of its benefits in relation to performance, ego, and social dimensions, which are influenced by individual and contextual factors.

Finally, it is suggested that once people comprehend the general situational lawfulness and identify rewards that are worth staying in the situation for, they are likely to also try to identify and adopt those (minor) socialization tactics that work well in the given situation. Moreover, they are likely to reconsider their general values, beliefs, behaviors, and feelings in pursuit of approaching the best fit with the situation. These mechanisms are considered in the following component of the P-E (person-environment) fit process.

Role Clarification and P-E Fit

References to Table 4.1: Adler, 1975; Allen & Van De Vliert, 1984; Andreu et al., 2010; Atchley, 1976, 1982; Bridges, 1991; Chen et al., 2016; Cotterell, 1982; Elliot & Punch, 1991; Farh et al., 2010; Felner et al., 1982; Fridman, 1976; Goff et al., 2013; Gordon, 1986; Graen et al., 1972; Grove & Torbiörn, 1985; Gullacksen & Lidbeck, 2004; Gullahorn & Gullahorn, 1963; Hayeems et al., 2005; Henry et al., 1993; Herman, 1974; Hertz, 1988; Jamal & Wok, 2020; Jason et al., 2000; Johnson & Graen, 1973; Kerr, 1977; Kim, 1998; Kim, 2003; Lalor et al., 2009; Lee et al., 2002; Livneh, 1986; Lofquist & Dawis, 1969; Louis, 1980; Lysgaard, 1955; Menolascino, 1968; Moreland & Levine, 1982; Mumby & Whitworth, 2013; Nasiri et al., 2016; Nelson, 1990; Nicolson, 1999; Northouse, 1984; Oberg, 1960; Pedersen, 1986; Peek et al., 2011; Quan et al., 2016; Ramos-Villagrasa et al., 2019; Rose & Jevne, 1993; Ruble & Seidman, 1996; Sabar, 2004; Silver et al., 1991; Sluzki, 1979; Stewart, 1982; Taylor, 1983; Terziev & Dimitrova, 2014; Torbiorn, 1994; Victor, 2004; Wan, 2001; Wanous, 1980; Ward et al., 1998; Wendlandt & Rochlen, 2008; Wilson, 1997; Zhang et al., 1999

P-E fit is generally defined as a state of similarity, match, or congruence between the person and the environment (Lofquist & Dawis, 1969). The general notion that adjustment represents a state in which the person and the circumstances fit well together is not a new one to the literature on adjustment to transitions (e.g., Parsons, 1909; Blackford & Newcomb, 1916; Griffith, 1934). Of special interest is the expansion of the P-E fit terminology to many aspects of human functioning, such as the Dorland's Medical Dictionary (2003) definition of adjustment as "the relative degree of harmony between an individual's needs and the requirements of the environment" (p. 32). This definition is remarkable as it represents a departure from the more common medical definition of adjustment as a return of the body and/or mental state to homeostasis (Steinberg & Ritzmann, 1990; Jackson et al., 2014; Viner, 1999).

However, in the current context of outlining the suggested generic components, and with reference to Kristof-Brown et al.'s (2005) discussion on "person-job, person-organization, person-group, and person-environment fit," we shift from regarding P-E fit as a general notion about adjustment. Rather, it is used as a descriptive term for the daily, and sometimes even momentary, encounters that people in

transition – who have already gained some understanding of the situational lawful-ness and have preliminary motivation to adjust to it in light of the possible benefits that they may receive if they remain in the situation – manage when trying to reach a practical understanding of what adjusting to the transition means *for them* in *the given circumstances*. Notably, we also shift away from Louis's (1980) description of the newcomers' "surprise and sense-making" process, as Louis's model focuses more on the newcomers' efforts to make sense of the general situation, as has been mentioned above in association with the component of exploration of lawfulness and comprehensiveness. Alternatively, in this section, we examine the next step – after newcomers have already made sense of the situation and are not really sur-prised by various organizational or situational events – and apply the P-E fit concept to the process of identifying what needs to be done in order to approach a state of complete adjustment to the given transition.

A major goal of P-E fit is role clarification. Greater role clarification is associated with increased adjustment and decreased turnover rates in workgroups (e.g., Hassan, 2013; Hudson et al., 2017); obviously this term also applies to other roles, such as the parental role (Plews-Ogan et al., 2021) and school students' role (e.g., Kaplan & Garner, 2017). In the context of the P-E fit process, role clarification is achieved by better articulating the precise elements of internal (e.g., reconsidering personal val-ues) and external (e.g., increase the intensity of social communications) changes that people are required to make in order to reduce discrepancies between them-selves and their environment. These changes are supposed to be made while taking into account other people's behavior changes, so as to fit well with them. Fitting in well with other people in the environment means that not only do newcomers need to explore other people's expectations of them but also to explore other people's mutual expectations of each other. Moreover, they should also properly evaluate what needs to be done (if anything) in order to change other people's expectations of them (i.e., of the newcomers). Namely, newcomers need to understand how they must change, as well as how they can possibly change other people (i.e., other new-comers and/or non-newcomers), in order to adjust the environment/situation to fit their needs and preferences.

Finally, as mentioned above, the relevant knowledge that is required for being able to address this question is a matter of continuous P-E fit, in which people gain new knowledge and improve their ability to exhibit expected behaviors when the incentives to do so are significant. Occasionally, during the process of P-E fit, the new knowledge that people acquire leads them back to a state of feeling chaos and confusion, the need to re-comprehend the situational lawfulness, or the reassess-ment of personal rewards in the transition. Thus, the process of adjustment to the transition involves people moving from one component to another in a dynamic and fluctuating manner, rather than in a linear order, but nevertheless progressing toward adjustment or maladjustment and departure. This notion, and the above suggested description of the P-E fit process, as has been outlined and described in this chapter, corresponds well with recent developments in the general field of P-E fit and spe-cifically with Guan et al.'s (2021) interdisciplinary integration of the person-environment fit theory.

Emergence of Personal Commitment

References to Table 4.1: Faulkner & McGaw, 1977; Johnson & Graen, 1973; Moreland & Levine, 1982; Scott & Scott, 1989; Stewart, 1982; Taylor, 1983; Ward et al., 1998

When being engaged in a new situation, and more so when attempting to reach fit with the new environment, people do not remain indifferent to the situation. Both questions regarding their self-esteem and self-identity, as well as questions regarding their attitude toward the situation, repeatedly emerge. This is due to the interactive nature of the process, which includes shifting back and forth from the person to the situation. Answers to these questions may reflect people's perceptions about themselves and/or about the situation. Gradually, people may begin to perceive themselves differently within the new transitional situation; the two separate entities (i.e., the individual and the environment) may merge, at least to some extent. When this occurs, people begin to feel some level of commitment to the (new) situation.

The term "commitment" has been widely discussed and is considered a key factor in models of organizational behavior. One definition of the commitment construct is "the choice to persist with a course of action" (Cooper-Hakim & Viswesvaran, 2005, p. 241); another definition is "intent to persist in a relationship, including long-term orientation toward the involvement as well as feelings of psychological attachment" (Rusbult et al., 1998, p. 359). Herscovitch and Meyer (2002) suggest a three-component model of commitment (to change) that includes: (a) *affective commitment*, an emotional attachment to the organization; (b) *normative commitment*, feelings of obligation toward the organization; and (c) *continuance commitment*, the costs of a decision to leave the organization. Considering, for example, items from Rusbult et al.'s (1998) *Scale of Commitment*, a person's high sense of commitment will be expressed by agreement to statements like "I feel very involved in our relationship – like I have put a great deal into it," "I am committed to maintaining my relationship with my partner," and "I want our relationship to last forever."

Theories of commitment processes (Adams & Jones, 1999; Brickman, 1987; Levinger, 1965; Mowday et al., 2013; Sungu et al., 2020) advocate the notion that commitment is a key term in shaping human relationships. Specifically, feelings of commitment are a powerful determinant of people's tendency to remain in touch with others, be it in either personal, intimate, familial, or organizations' contexts (e.g., Boisvert & Poulin, 2017; Rusbult et al., 2012). Moreover, the accumulative data show that once feeling commitment, people are not only "remaining in" the given relationships but actually "sticking to" these relationships, even when the circumstances are extremely unpleasant (e.g., abusive relationships; Rusbult & Martz, 1995).

In their *The Investment Model of Commitment Processes*, Rusbult et al. (2012) suggest that feelings of commitment are established on three cornerstones: (a) feelings of dependence (e.g., in supplying important needs), (b) satisfaction with the relationships, and (c) quality of alternatives. Thus, the person's feelings of

commitment to a given person or state could be changed by (external) debating of one of the three components. For example, outlining what alternatives really exist and what is their relative value to the given person could foster this person's readiness either to stay or to depart, depending on the contents of such a message.

Referring to the context of adjustment to transitions – a process that is being initiated, as mentioned above, by the perception of a (significant) change in one's life – awareness should be given to the fact that three kinds of commitments are playing a role in shaping persons' progress along this process:

(a) Commitment to the *old* (i.e., being less committed to the past) that shape the person's readiness to depart from the past. In terms of Bridges (1986) theory, this kind of commitment can be named "commitment to ending."
(b) Commitment to the *process* of adjustment (Herscovitch & Meyer, 2002), described by Conner (1992) "the glue that provides the vital bond between people and change goals" (p. 147).
(c) Commitment to the *new*, which is suggested here as an emerging sign that represents one, however crucial, component in persons' adjustment to the transition that has happened.

Notably, the literature suggests several additional terms – e.g., involvement (e.g., Highhouse et al., 2017), engagement (e.g., Schaufeli, 2017), mattering (e.g., Prelleltensky & Prelleltensky, 2020), and belonging (e.g., Craggs & Kelly, 2018) – that represent, with slight differences, the same idea that persons' care and attachment feelings to a given relationship explain much of these people's behaviors. In the current discussion, the *commitment* component resembles the following terms: (a) *belonging* to a certain degree, which is defined as "perceiving that there is an interpersonal bond or relationship marked by stability, affective concern, and continuation into the foreseeable future" (Baumeister & Leary, 1995, p. 500) or the "perception of quality social interactions and relationships that are positive, satisfying, and durable" (Allen, 2020), and (b) *engagement*, which is defined as being absorbed, interested, and involved in one's (e.g., work) environment (Seligman, 2011).

People's feelings of commitment are not a unidimensional construct, but rather a multidimensional (Bouckenooghe et al., 2015). Hence, approaching a comprehensive feeling of commitment to the new circumstances, following a life course transition (e.g., to marriage), is a matter or gradual and prolonged mutual involvement and care from all of those who are involved in the transition. Accordingly, as mentioned in Chap. 2, Bridges (1986, 2001) emphasizes that the initiation of the process of adjustment to a new situation depends on people's ability to stop (or reduce) feelings of commitment to the previous situation that they were in before the transitional event began (labeled as *ending*). An example of that would be the possible conflict between a previous work commitment and a new marital commitment (e.g., Ladewig & McGee, 1986; Perrone et al., 2006).

To Conclude

As discussed above, an extensive review of the literature indicates that many publications outline models that represent the authors' insights about the sequence of the process of adjustment to various transitional events. Interestingly, many of these models repeatedly mention several similar components. This similarity across models is apparent in spite of the evident differences between these models, in terms of the domain of the transition, the age and/or culture of the people undergoing the transition, the authors' professional background, and the timing of the publication. Yet, in light of the pitfalls of *stage* conceptualizations, an exploratory decision was made to move away from a linear sequential *stage* conceptualization to a more loosely ordered *component* conceptualization. By doing so, the identified generic components can serve as the building blocks for the establishment of a model of adjustment to life course transitions. The model that describes these generic components is entitled the Transitional Stress and Adjustment (TSA) model.

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Chapter 6
The Transitional Stress and Adjustment (TSA) Model

Moshe Israelashvili

A literature review of theories on adjustment to transitions evokes the feeling of being "unable to see the forest for the trees"; namely, there are so many considerations, suggestions, and elaborations on the topic of adjustment to transition, to the point that it's hard to make general conceptual conclusions about the essence of the adjustment process. It seems that as a result of this vague situation, efforts to prevent maladjustment are relatively scattered and their utility is limited. This situation is at odds with the scope and intensity of people's exposure to life course transitions and hence calls for further exploration of those generalizations that could possibly be deduced from the existing knowledge.

The Transitional Stress and Adjustment (TSA) model, as presented in Chaps. 3, 4, 5, 7, and this chapter, aims to serve as a working model for future intervention in the context of prevention of maladjustment to life course transitions. This is being done by suggesting more precise definitions of related terms (Chap. 3), followed by outlining a list of common components (commonalities) of transitions that many scholars in the literature seem to agree upon (Chap. 4). Based on these two theoretical lines of reasoning, the TSA model advocates for the importance of referring to these definitions and components in future studies and discussions on adjustment to life course transitions (Chap. 5), as well as in the design of future interventions to prevent maladjustment (Chap. 7 and section "An evaluation of the TSA model's structure").

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The Premises of the Transitional Stress and Adjustment (TSA) Model

Based on an analysis of the existing literature on models of adjustment to various life course transitions, the TSA model advocates three general premises:

1. There are several generic components, across most types of life course transitions, that are essential for the understanding of, and intervention in, transitional episodes. These components can serve as the building blocks of interventions to prevent maladjustment, when properly identified, approached, and promoted in the case of a given life course transition. The TSA model assumes that awareness of these components – or "building blocks" – is important for two complimentary reasons: (a) These components are the tiles that pave people's roads to understanding the new circumstances that are supposed to adjust to or depart from. Thus, referring to these components at a particular moment in people's transition can enable a better understanding of their position and, accordingly, the establishment of preventive or reactive interventions to prevent maladjustment. (b) The extent to which the environment – be it other people who are involved in the given life course transition (e.g., spouse; boss), the new environment, the new organization, the new country (e.g., regulations), etc. – either supports, or even fosters, people's adjustment to the transition or inhibits, and even disrupts, people's positive adjustment to the transition. As mentioned, the TSA model suggests that people's perspectives and the environment's functioning are both significant in understanding adjustment to life course transitions and ways to prevent maladjustment.
2. The suggested components are of a mixed nature and include cognitive, emotive, and behavioral dimensions. There are complex relationships between these dimensions that have an accumulating impact on people's readiness and ability to adjust.
3. The TSA model shuns away from claims about universal stages or phases. Rather, the model acknowledges the possibility that at any given moment, during the process of adjustment, people may be occupied by each one of the above-suggested components, or even simultaneously by several of them. However, it is also suggested that adjustment processes do progress along a general axis of internal (i.e., cognitive and/or emotive) events, starting with awareness of the change that has occurred (i.e., the emergence of a transitional event), followed by addressing the various components, described above, eventually leading to the decision *not* to depart from the situation, which is connected to the emergence of some level of commitment to the situation (e.g., other people in the setting) and continuous efforts to approach mutually satisfying relationships.

These three general premises of the TSA model are illustrated in Figs. 6.1, 6.2, and 6.3. Specifically, integrating these various generic components, Fig. 6.1. presents the general process of adjustment to life course transitions while focusing on **the person** alone; Fig. 6.2 presents the process while focusing on **the environment**

The person

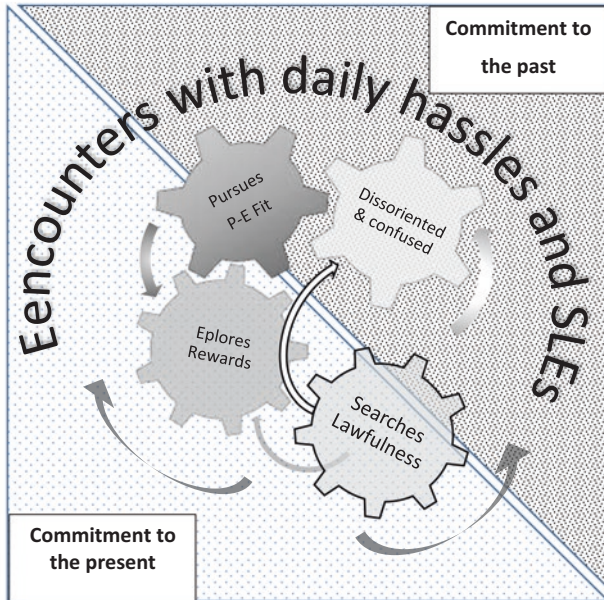Awareness of the Transition

Fig. 6.1 A model of Transitional Stress and Adjustment – *the person*

The other (person, organization; etc.)
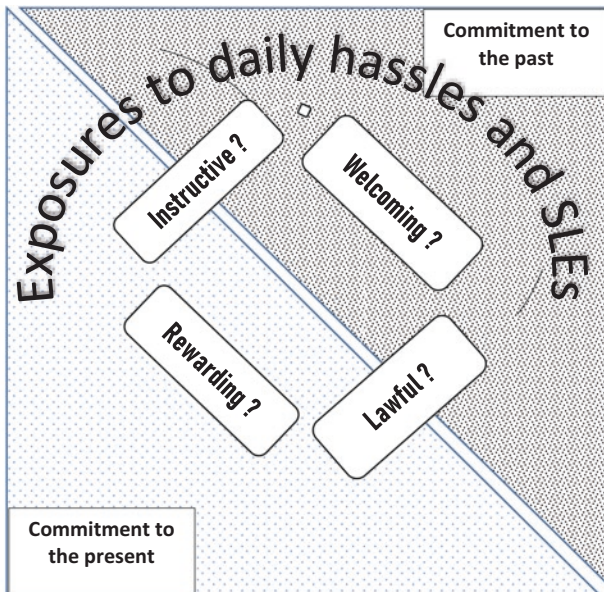
Awareness of the Transition

Fig. 6.2 A model of Transitional Stress and Adjustment – *the environment*
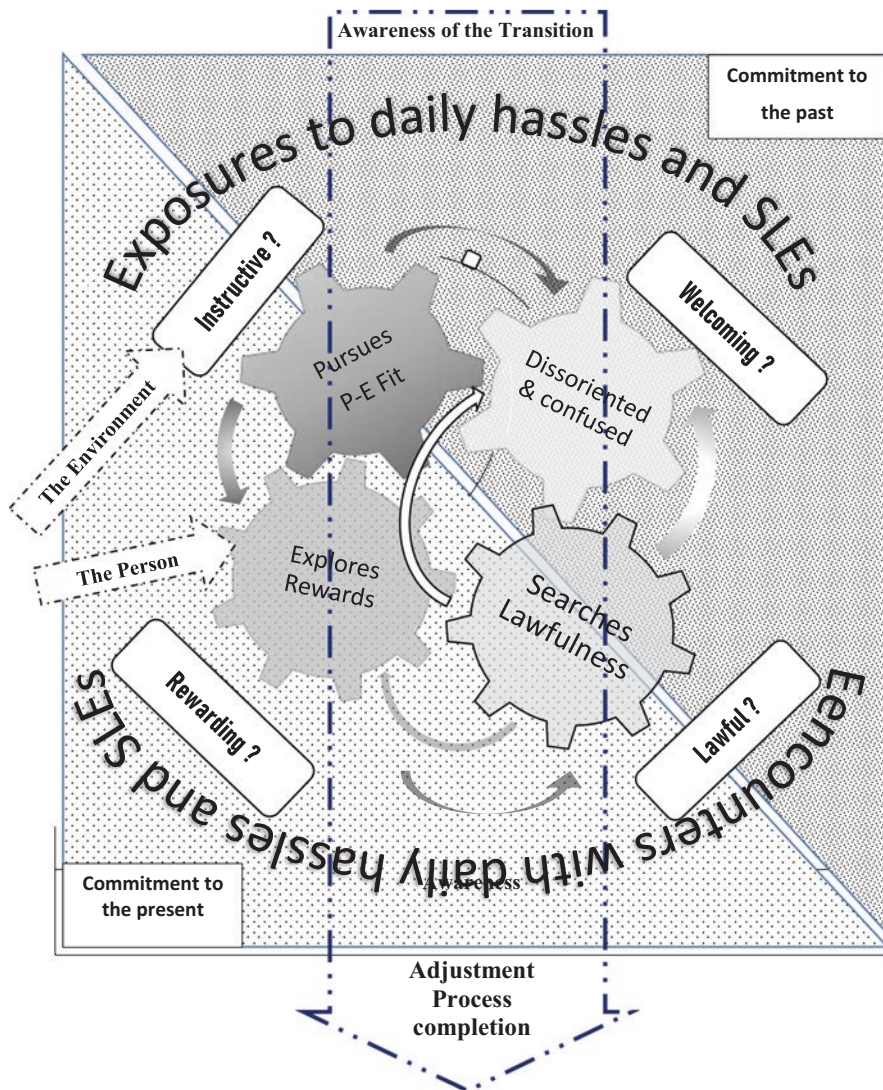
Fig. 6.3 A supermodel of Transitional Stress and Adjustment (TSA) – *the person and the environment*

alone; and Fig. 6.3 presents an integrative representation of **both the person's and the environment's roles** in the process of adjustment.

The Transitional Stress and Adjustment (TSA) model does not present a new approach to conceptualizing the process of adjustment to transitions. Rather, it leans on, and stems from, existing models of adjustment to transitions. Yet the TSA model strives to move one step forward and to generate an integrative working model that will foster scientific exploration, as well as applied preventive interventions, in this

field. The TSA model aims to do this by suggesting more precise definitions of related terms, followed by outlining a list of common components that many scholars in the literature seem to agree upon.

Notably, the suggested TSA model goes along other solid theoretical basis, including the *life-span* approach and the *theory of planned behavior*. Below are a few examples of these perspectives:

- The *life-span orientation* (Baltes et al., 1980; Baltes, 2019) takes an integrative approach to human development, as it suggests the involvement of strong contextual and interactive effects, alongside a dynamic relationship between individual development and the evolutionary history of society. Behavior involving a process of change has to be understood within the context of the entire course of a person's life, including processes associated with cultural (e.g., socialization), genetic (e.g., fertility), and social (e.g., distribution of societal resources) transmission. It also suggests that change and developmental processes could be either linear, multilinear, or discontinuous. Finally, it assumes the combined operation of three systems in people's life-span development: normative age-graded, normative history-graded, and non-normative life events. To some degree, these assumptions are shared by the adjustment model that will be outlined in the present book. Namely, in line with the life-span approach, it is suggested that life course events that require adjustment occur across people's lives, are influenced by contextual and sociocultural factors, possibly lead to positive and/or negative implications, and are shaped by multidisciplinary contextual and sociocultural determinants.

- The suggested model is also in line with the *theory of planned behavior* (Ajzen, 1991, 2020). This theory discusses the determinants of people's behavior. The theory suggests the *principle of compatibility*, according to which the four relevant elements that shape behavior – i.e., the target, the action involved, the context, and the time frame – must be compatible with one another. Hence, people's behavior when encountering a transitional event is shaped by these four elements. Moreover, if a person's goal is to adapt rather than to adjust, or vice versa, it will have significant implications on the way that s/he manages the transitional event. Another of the theory's assumptions is referred to as proximal determinants of behavior and represents the idea that past experiences and present circumstances shape a person's ability to behave in a desired way. For example, previous exposure to life course transitions and, especially, awareness of the common components of various types of transitions facilitate a person's ability to gain control over the event and approach the desired form of adjustment. A major determinant of individuals' behavior is their behavioral intentions. These intentions are determined by people's (a) attitude toward the behavior, (b) subjective norms concerning the behavior, and (c) perceived behavioral control. Similarly, the suggested model attributes a major role to people's behavioral intentions in the context of adjustment to life course transitions, in two ways: (1) *preliminary intentions*, people's ability, or readiness, to depart from the past, as

well as, following that, their preliminary expectations regarding the new circumstances, which in turn shape people's preliminary behavioral responses to various events, and (2) *subsequent intentions*, people's intention to depart from the ongoing transitional event – i.e., not to adjust (e.g., get divorced) – or, alternatively, the emergence of feelings of commitment that represent people's intention to invest more in adjusting to the new circumstances in spite of difficulties that may arise.

The Nature of Maladjustment

The TSA model's premises, as outlined above, enable preliminary articulation of the ways in which people express their maladjustment in the context of a given transitional event. Maladjustment might stem from difficulties (sometimes as a kind of "fixation") with *each one* of the suggested generic components of the adjustment process. For example, for some people or in some circumstances, subjective feelings of chaos and difficulty finding order within the "confusing (new) situation" can lead to the emergence of an inclination to depart from the new situation (i.e., maladjustment). For other people or in other circumstances, a lack of perceived benefits and rewards from adjustment to the new situation may lead to maladjustment (Israelashvili, 2012).

Hence, an accurate measurement of people's level of adjustment to a transition, as well as proper evaluation of the determinants that have led to their maladjustment, requires explorations of people's state in relation to each one of the suggested generic components, as outlined above. Moreover, it is important to explore the environment's state in relation to all of the generic components. Thus, only such a comprehensive mapping of both the person and the environment, in relation to these components, will supply a solid ground for understanding what has happened (i.e., that has led to maladjustment), how to treat the maladjusted person, and, especially, how to prevent other people's maladjustment. Obviously, such preventive efforts should be based on preliminary studies conducted to reveal the more prominent (set of) components (among those suggested by the TSA model), either in the person or the environment, that lead people to have difficulty adjusting to the given transition (e.g., retirement).

A speculative assumption that deserves future exploration would be that there may be a kind of connection, or relationship, between the specific components of the adjustment process which a person is having difficulty with and the manifestation of the person's maladjustment. For example, it is possible that having difficulty with those components that are more "internal" (i.e., feelings of chaos; failure to find lawfulness; prominent commitment to the past rather than to the present) will be related to internalized expressions of maladjustment (e.g., internalized mental health problems), whereas difficulty with the other components will be related to externalized expressions of maladjustment.

From Conceptualization to Empirical Tests

The TSA model was then tested through several lines of exploration:

1. Firstly, several small-scale studies were conducted, in which the validity of each one of the components was examined.
2. Secondly, the applicability of the TSA model in describing the actual, in vivo, experiences of people in transition was explored. This exploration was conducted among approximately 250 people, who were asked to openly report about their experiences and later on to reflect on the relevance and utility of the TSA model for better understanding the processes they had experienced. More information and a description of the interview process appear in Chap. 7.
3. Thirdly, several studies were performed to empirically support the TSA model's claims about the validity of the suggested components, the loose order between the components, and the utility of using the model for the establishment of preventive interventions. More details on these studies are supplied in Chap. 7.

Generally speaking, these three lines of exploration were supportive of the TSA model's claims and yielded satisfying results. These findings support the investment of additional efforts to further implement the TSA model as a conceptual framework of studies in this field, as well as an applied point of reference for future initiatives to prevent maladjustment to normative life transitions.

The following chapter will supply preliminary empirical support for the TSA model's validity and usefulness. Later on, the chapters in Part II of the book will discuss various episodes of life course transitions and will summarize the current knowledge on the nature of these episodes, describe existing preventive interventions to prevent maladjustment to these episodes, and highlight the relevance of the TSA model in relation to these preventive efforts.

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Chapter 7
Preliminary Explorations of the TSA Model's Validity

Moshe Israelashvili and Shira Freedman-Goldberg

It is a long way, literally a life-long mission, to explore the validity and utility of any model in the social sciences. This is true in relation to exploring the TSA model, which requires an extended process of evaluation and validation. Meanwhile, preliminary indications of support for the TSA model's relevance and possible contributions have already started to accumulate both from the reflections of people in transition, as well as from our own exploratory empirical studies.

The TSA model emerged from theoretical component analysis of existing theories on adjustment to transitions (see Chap. 4). In addition, over a period of 10 years, we interviewed more than 250 people (80% females), who were engaged in a state of transition, either to a new workplace (25%), parenthood (22%), a new place of residence (16%), separation (16%), new intimate relationship (11%) or adjustment to illness (10%). These interviews served, firstly, to explore for any additional components beyond those that have been identified and, later on, for qualitative validation of the TSA Model components. Across the interviewers and interviewees, there was a general agreement regarding the relevance and possible contribution of the TSA Model for better understanding of persons' process of adjustment to transitions and ways to support it.

In this chapter, a sample of the existing data on the TSA model is described. Generally speaking, the presented findings are supportive of the model and hence emphasize the importance of rallying efforts to explore the generic process of adjustment to life course transitions, and especially ways of preventing maladjustment, based on the Transitional Stress and Adjustment Model.

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Preliminary Empirical Explorations

Aside from the conceptual analysis, through which the TSA Model was developed, and the evaluation process made while counseling people in transition, several empirical explorations were conducted, either to examine one of the TSA Model's components or in order to explore the construct or implications of the TSA Model as a whole.

Below is a sample of mini-scale research findings that refer to the TSA Model's argumentations. It seems that these findings support further exploration of the TSA Model. Furthermore, naturally, it is important to explore the TSA Model's validity and utility further.

Perceptions of Chaos

Studies on novice teachers indicate the importance of supporting them in their school adjustment. Well-documented daily hassles, alongside major problems in school management, make teachers' turnover rate a major problem for most educational systems globally. According to Redding and Henry (2019), 6% of early career teachers leave their job during their first year at school. After 3 years of work, the rate of teachers' turnover is as high as 46–71%, depending on the urban district (in the USA; Papay et al., 2017). Studies among Israeli school counselors have reported a turnover rate of about 20% (Arbib-Alyashib & Zimeman, 2013) to 60% (Erhard, 2008) within the first 5 years of work.

In a study on Israeli novice school counselors' adjustment to work (Israelashvili & Kulik, 2013), an effort was made to evaluate the determinants of school counselors' turnover, in order to improve counselors' academic education and training. The study population was the entire cohort of novice Israeli school counselors, who started their first day of working on the same (first) day of a given school year ($N = 280$). After a long process of exploration, the research team only managed to successfully retrieve, from the Israeli Ministry of Education's files, the emails of half of the cohort of these novice school counselors. An invitation to participate "…in a study on school counselors' feelings and needs" was sent to them ($N = 140$). Finally, 91 out of them (a response rate of 65%) anonymously completed the questionnaire. The participants logged on to a special website, where the questionnaire was presented. The link to the questionnaire could only be used once to ensure that each completion of the questionnaire would be made by a different respondent.

In terms of the study design, these school counselors were investigated about 4 months later, after having been engaged in the adjustment process for a considerable amount of time. The study participants were requested to complete a questionnaire, which included the following scales: feelings of chaos at work (Maslach & Jackson, 1981; MBI; $\alpha = .83$) and Shirom-Melamed vigor measure (Shirom, 2005, 2011; $\alpha = .78$).
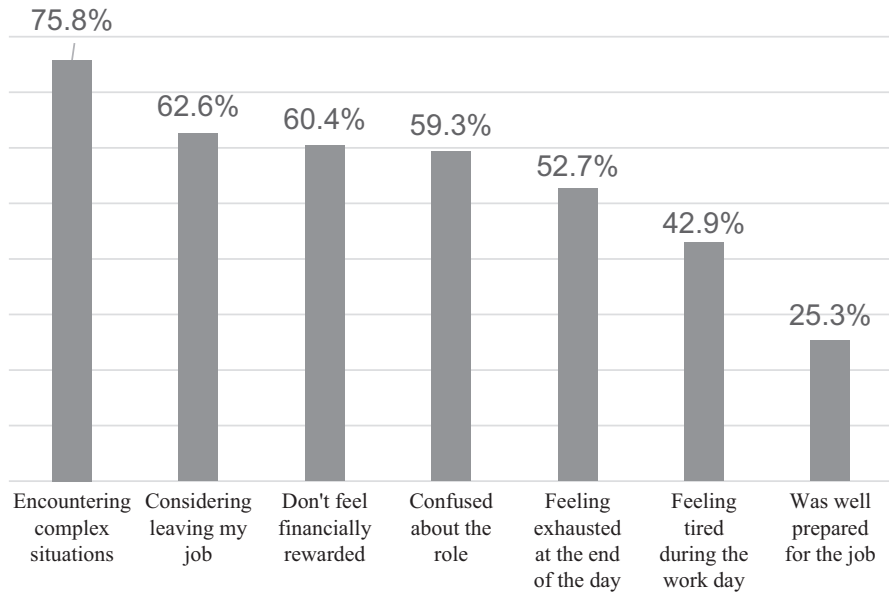
Fig. 7.1 Percentages of negative feelings among Israeli novice school counselors ($N = 91$)

Figure 7.1 presents the rate of school counselors who reported negative feelings regarding their position after about 4 months of working in a school setting.

The correlation between respondents' perceptions of chaos in their organizational role and their feelings of burnout was .28 ($p < .01$); the correlation between perceptions of chaos and vigor was −.59 ($p < .00$); and the correlation between burnout and vigor was −.18 (n.s.). These correlations support the notion that perceptions of chaos are associated with newcomers' maladjustment, as expressed in their reduced feelings of vigor and increased feelings of burnout. Both of these feelings are major determinants of the decision to quit one's job (e.g., Allen & Mueller, 2013).

Perceptions of Lawfulness

The TSA Model suggests that perceptions of lawfulness, also referred to as comprehensibility, are one of the significant components of adjustment to transitions. This notion was subject to validation in two contexts: immigration and school adjustment.

The first study was conducted among 70 immigrants to Israel (35 females and 36 males; aged 25–45; mean years since immigration: 4), mainly from the Former Soviet Union. The participants completed the Affectometer2, which is a measure of well-being (Kammann & Flett, 1983), and they were asked to openly write as many rules as they could suggest regarding "…the proper way to behave in order to adjust

to Israeli society." The number of "rules" suggested by the participants ranged between 1 and 8 ($M = 3.3$). There was a significant correlation ($r = .56$, $p < .00$) between the respondents' levels of well-being and the number of rules that they suggested. The most prominent rules suggested by the participants include: "If you learn Hebrew, then you'll adjust faster"; "If you express interest in locals' social events, then they'll accept you"; and "If you make friends with native Israelis, then they'll help you to adjust better."

The second study was conducted among school students and explored the associations between rule identification and school adjustment. The study included three steps. At Step 1, individual interviews were conducted with 169 school students who had been involved in a school transition in the course of the previous 4 months. The participating students came from a representative sample of elementary and secondary schools in Israel and were interviewed by undergraduate education students, as part of their enrollment in a course on "school adjustment." In the interview, the first questions were open and dealt with the school students' feelings of well-being, followed by a request to describe the first week of their school adjustment in detail, and finally the interviewees were asked to suggest "laws or recommendations that are phrased as '*if-then*' sentences, that could be useful for (other) new students in school."

The interviewees produced dozens of rules, such as: "If you want to adjust to this new school, then you have to forget the previous school"; "If I succeed in learning, then the teachers will pay attention to me"; "If you are good at sports, then you'll become socially accepted." The *if-then* contingencies were ranked by a group of 10 graduate students in school counseling, in terms of their *accuracy* (i.e., representing the truth), *ethics* (i.e., appropriate for presentation to school students), and *relevance* to measuring students' comprehensive perception of their school system (i.e., addressing various aspects of school life). Based on these rankings, a list of 25 "rules" was prepared to be used in a "rule-perception" questionnaire, asking respondents to indicate the extent to which they think such a rule is present in their school, on a 5-point Likert scale (1, *irrelevant*; 5, *representing my school*). Thus, the more rules the students perceive to be present in their school, the greater the extent to which they perceive their school environment as relatively structured and well-regulated.

At Step 2 of the study, the correlation between law perception and feelings of adjustment to school was calculated. In one secondary school, the students ($N = 81$) completed the abovementioned Law-Perception scale and a measurement of their school adjustment. The Pearson correlation between the number of identified laws at school and feelings of adjustment was .2 (*n.s.*). However, when examining Israeli-born students (55%) and immigrant students (45%) separately, significant correlations were found among the immigrant students between the duration of time since immigration to Israel (range: 1–5 years; $M = 4$; $SD = 1.27$) and both their law-perception ($r = .41$) and school adjustment ($r = .36$).

At Step 3, Israelashvili and Chen (2007) explored whether elementary school children perceive their school as a lawful environment (i.e., an environment in which one can comprehend order and connections between behavior and events),

the extent to which they follow these laws, and the teachers' evaluation of these students' school adjustment. The study sample consisted of 220 4th–6th graders, who learned in 9 different classes in the same elementary school. The participating students varied according to their ethnic background (18% immigrants), family status (18% divorced), and sex (52% females). The students completed a questionnaire that was composed of two parts: Part 1 was specifically designed for this study and asked for the respondents' subjective evaluations of the following variables: (1) *Law Perceptions*, their subjective perceptions of the existence of laws in their school and class, and (2) *Law Adherence*, the level to which they take these laws into account in their own school behavior. Part 2 was the *School Membership* scale (PSSM; Goodenow, 1993) that represents general feelings of school adjustment. Parallel to the students' completion of these scales, each one of the 9 classes' homeroom teachers ("educators") ranked each one of their students in relation to their: (1) academic school adjustment and (2) social school adjustment. The teachers made their evaluations on a standard measurement scale of students' school adjustment, which is widely used in Israel (Smilansky & Shfatya, 2001).

Examples of laws were included: in the *Law Perception* scale, "There are clear laws about how to behave during school time"; in the *Law Adherence* scale (i.e., "to what extent you personally think that such a rule is applicable to your school"), "I follow the school laws," and "I behave nicely to my classmates." Participants were asked to respond to the two scales on a 5-point Likert scale (1, *not at all*; 5, *to a great extent*). Cronbach-α for the scales that the students completed were the following: "*Law Perception*," .70; "*Law Adherence*," .74; and "*School Adjustment*," .84.

The study findings showed gender differences but no age or ethnicity differences in the students' responses. Table 7.1 presents the Pearson correlations between the study variables:

The above-described correlations are in line with the general suggestion that perceptions of, and compliance with, situational lawfulness are generally connected to (school) adjustment. These findings are also in line with Olweus' advocacy of the connection between the school's level of organization and students' bullying (Olweus, 1994; Olweus & Limber, 2010; Boregn et al., 2021).

Table 7.1 Pearson correlations between students' and teachers' evaluations of the students' school adjustment

Students' evaluations of themselves			Teacher's evaluations of the students	
	Law adherence	School adjustment	Academic adjustment	Social adjustment
Law perceptions	.32**	.26**	.01	.04
Law adherence	–	.55**	.31**	.10
School adjustment	–	–	.34**	.25**

**p < .01

Perceptions of Situational Rewards

Military enlistment is compulsory for Israeli Jewish males and voluntary for Jewish females and non-Jewish youth. Annually, many of those who are not enlisted in the army volunteer on doing National Service for 1–2 years. Studies on Israeli youth's motivation to enlist in the army indicate that most of them, regardless of the changing temporal circumstances, are highly motivated to join the army (e.g., Girsh, 2019). These studies indicate that their high motivation is fueled by several factors, the major one of them being the belief that, by joining the army, people protect their family and community (Elran & Sheffer, 2016).

Preparation programs to prevent maladjustment to the Israel Defense Forces (IDF) have been developed in response to the requests of both high school students and their parents (Israelashvili, 1992). These programs' main goal (e.g., Israelashvili, 1992, 2006; Israelashvili & Wegman-Rozi, 2007) is to foster recruits' resilience, especially in the course of the first 3 months of military service (Israelashvili, 2002). One way of doing so is to expand the recruits' comprehensive perspective on their life, i.e., to encourage them to consider their coming military enlistment as a valuable phase in building their adult life (post-military service). To this aim, a study was performed on the possible benefits and personal assets that IDF soldiers can gain from their compulsory military service.

Participants in the study (Karisha, 2017) were two convenience samples, with one sample of 101 high-school students (54% females; mean age: 17) who are supposed to enlist the I.D.F. within about 6 months and a second sample of 103 people (45% females; mean age: 24) who had been released from active military service within the last 18 months. The study questionnaire included various scales and topics, most of them dealing with future plans and personal career aspirations. Among them was a group of questions that asks that the respondents to indicate "…where, if at all, there are higher chances for people like you to gain each one of the following advantages…in the army, or in civilian life." Table 7.2 presents the items and rate of agreement among the two groups of participants.

The results presented in Table 7.2 indicate that a relatively high rate of people from both groups perceive military service as an opportunity to gain many significant benefits. The more prominent perceived benefits are to gain experience as a leader, to experience having responsibility, to experience new situations, to become more psychologically mature, to learn self-control, and to have interesting life experiences.

A comparison between the two groups' perceptions of the benefits inside the army indicates that those who are about to enlist the army have greater expectations regarding their *personal* thriving, whereas those who have completed their service retrospectively evaluate the *interpersonal* benefits as greater than the personal ones. Accordingly, using two-way (group X sex) MANOVA, another comparison was made between the two groups in relation to the amount of overall benefits perceived inside and outside the army. The MANOVA results indicate that the difference

Table 7.2 The rates of participants who thought that there were higher chances of gaining each one of the benefits inside the army – a comparison between pre- and post-enlistment

	Greater chances in the army...	
	Post-enlistment (N = 103)	Pre-enlistment (N = 101)
To gain social prestige	51	58
To show others your abilities*	23	39
To contribute to your nation*	65	90
To gain experience as a leader	55	51
To have responsibility*	48	65
To show yourself your personal qualifications	29	47
To promote your life plans*	20	43
To gain significant friendships	50	46
To experience new situations	56	70
To learn new life skills*	44	58
To direct your life in accordance with your wishes	15	26
To express your preferences and life experience	20	19
To have an impact on your nation's future	53	65
To become more psychologically mature*	65	84
To gain an occupation*	9	34
To increase your self-confidence	53	51
To learn self-control	63	68
To have interesting life experiences	51	66
To have more experience in running your own life	49	50

Note. *Two-sided χ^2 (1), $p < .01$

between the respondents' general evaluation of the possible benefits gained inside the army and outside the army was insignificant. However, the two groups' perceptions of the general benefits that a person could gain outside of the army, in civilian life, were higher among those who had completed their military service and transitioned to civilian life [Wilks' Lambda $F(19,158) = 2.39$, $p < .00$; $\eta^2 = .224$].

These findings demonstrate the importance of exploring the actual reward expectancies among any given (group of) people who are in a state of transition, as their expectations can be significantly different in various contexts. As for the prevention of maladjustment, it seems that the best practices that should be taught in interventions that promote adjustment to military service are those related to communal coping. In communal coping, people give priority to shared appraisals (i.e., perceptions of problems as shared, rather than individual, difficulties) and to collaboration with others, more than to individual encounters with stressful events (Helgeson et al., 2018; Lyons et al., 1998).

An Evaluation of the TSA Model's Structure

Alongside the growing body of knowledge regarding immigrants' stress and difficulties, the literature remains somehow unclear regarding the processes that are involved in shaping immigrants' adjustment to the host country. For example, referring to Berry's model of psychological acculturation (Berry, 2001), the question still exists as to what the antecedents of (see Chap. 14) assimilation vs. separation vs. integration vs. marginalization are.

To this end, a study was conducted among immigrants to Israel, in which the potential added value of the components and general premises of the TSA Model were explored, in order to reach a better understanding of immigrants' adjustment. As described earlier, the TSA model suggests that there are several generic components in every event involving a transition from one situation to another. Practically, this study explored an early version[1] of the TSA model, in which the suggested components were as follows: (a) *shock and confusion*, (b) *search for situational lawfulness*, (c) *reassessment of personal rewards*, (d) *search for role clarification*, (e) *emergence of personal commitment*, and (f) *pursuit of person-environment fit*. The TSA model also assumes that these components have a relatively loose order of appearance. This means that the components' appearance is not necessarily hierarchical or linear, but nonetheless their order of relevance describes the general direction of the transition from awareness of exposure to a transitional event to a state of commitment to the new circumstances that are embedded in that event. These notions were explored in the context of immigrants' adjustment to Israel and with reference to Berry's model of acculturation. Thus, the study's research questions were the following:

1. Does analysis of a TSA-related questionnaire reveal the separate components that the model depicts?
2. What is the relationship between person's level of adjustment, as qualified by the TSA model, and cultural identity, as defined by Berry (2001)?

Study Hypotheses

1. Participants' responses to the TSA-related questionnaire will reproduce similar components and relationships to those presented by the TSA model. This hypothesis was based on the notion that the TSA model is universal.
2. Those with the lowest levels of adjustment, as measured by the TSA questionnaire, will have a high marginalization score and vice versa. This hypothesis was based on the consistent finding that marginalization is negatively related to adjustment (Berry, 1997, 2005; Kovacev & Shute, 2004; Phinney et al., 2001).

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[1] The final version of the TSA, as presented earlier in this book (Chap. 6), incorporates components 2 and 4 as one component in which an understanding of the way that the situation is run and an understanding of one's role within this situation are integrated into one component. This was done in light of the present study's findings.

Methods

Participants

The study sample consisted of 533 people who had immigrated to Israel in the last 11 years. The sample included 3 groups of participants: (1) Anglo-Saxon immigrants (n = 171), coming from the USA (69.1%), the UK (15.2%), Canada (9.7%), Australia (3.6%), and South America (2.4%); (2) French-speaking immigrants (n = 229), coming from France (85.1%), Belgium (6.5%), Canada (4.7%), Switzerland (3.3%), and Morocco (0.5%); and (3) immigrants from the Former Soviet Union (FSU; n = 133), coming from Russia (53.8%), Ukraine (20.8%), Belarus (6.6%), Moldova (5.7%), Uzbekistan (4.7%), Kazakhstan (4.7%), Azerbaijan (2.8%), and Estonia (0.9%). Background information for the overall sample as well as for each of the subsamples. Significant differences were found between the subsamples for many of the background variables. Relatively speaking, participants from the FSU were found to include a higher proportion of males, significantly older participants, who had immigrated at an older age, reported a significantly larger amount of time since immigration on average, more of whom defined themselves as secular, and less who had done army service in the IDF compared to the Anglo-Saxon immigrants and French-speaking immigrants.

Measures

Transitional Stress and Adjustment. This questionnaire relates to the intrapersonal adjustment of new immigrants to their new homeland (Israel, in this case) and is based upon the TSA model. The questionnaire was developed and underwent double translation from Hebrew into English, French and Russian, so that immigrants could complete the questionnaire in their mother tongue. Each component of the model was represented by 6–10 statements which the participants were asked to rate their agreement with, on a Likert scale from *not at all* (1) to *extremely* (5).

The questionnaire items underwent exploratory factor analysis. Based on the results of this analysis, the final items to be included in the advanced analyses were selected. Table 7.3 presents the items that were selected for inclusion in the final version and their factor loadings. Reliability scores for the various TSA components and among the various groups (Anglo-Saxons; French speaking; and FSU) were moderate; most of them .70–.80 (range: .63–.95).

Cultural Identity/Psychological Acculturation. This questionnaire was slightly adapted from a questionnaire used by Horenczyk (1996; Ben-Shalom & Horenczyk, 2000), which was based on Berry's model (1990) of psychological acculturation. The questionnaire is made up of 12 items; each of which is a statement which the participant rates his agreement with on a 5-point Likert scale from *strongly disagree*

Table 7.3 TSA questionnaire items and factor loadings

Items	M	SD	Measurement coefficient	Estimated errors
Factor 1: Shock and confusion				
Many things in Israel seems unclear to me	2.84	1.08	0.677	0.736
It's hard for me to follow the pace of events in Israel	2.20	1.05	0.499	0.866
My life abroad was much simpler	2.73	1.33	0.450	0.893
Often, it takes me a long time to understand what people in Israel are expecting from me	2.36	1.11	0.756	0.655
Factor 2/4: Search of situational lawfulness/role clarification				
I know the "rules of the game" of living in Israel	3.10	1.02	0.516	0.856
It's clear to me what one has to do to adjust to life in Israel	3.26	0.97	0.842	0.539
I know what I have to do to succeed at work in Israel	2.95	1.13	0.654	0.757
Factor 3: Reassessment of personal rewards				
The number of reasons I have for living in Israel is greater than the number of reasons I have, for leaving Israel	3.91	1.19	0.666	0.746
The good things in Israel outweigh the hard things	3.74	1.13	0.840	0.542
Factor 5: Emergence of personal commitment				
I love living in Israel	4.17	0.99	0.856	0.518
I feel more at home in Israel now, than in the country from which I emigrated	3.73	1.36	0.764	0.645
I am willing to invest a lot in the State of Israel	3.67	1.11	0.568	0.823
If I (would) travel abroad, I (would) miss Israel.	3.89	1.15	0.768	0.640
Factor 6: Pursuit of person-environment fit				
This effort to try and act as expected of Israeli citizens is really exhausting me	3.78	1.19	0.629	0.777
I guess I'll always be a "new immigrant"	3.14	1.32	0.605	0.797

Note. N = 531

(1) to *strongly agree* (5). The items are divided into 4 sections (integration, separation, assimilation, and marginalization), with each section including an item relating to each of the following domains: (1) friendship, (2) language, and (3) culture. Example items include "I want to have both Israeli and FSU friends" (integration); "I prefer my close friends to be FSU immigrants, and not Israelis" (separation); "I prefer my close friends to be mostly Israelis" (assimilation); and "I don't wish for either Israeli or FSU friends" (marginalization). An average score for each of the four sections was calculated (the average score for each subsection). Reliability scores were moderate to high; most of them .67–.75.

Procedure

In a pilot study, a preliminary version of the TSA-related questionnaire was developed to measure adjustment in the context of immigration (Freedman, 2006). At the first stage of the current study, the adjustment questionnaire was improved according to lessons learned from the pilot study. This was done by changing questions which were found to be problematic in the pilot study and shortening the questionnaire. All of the study questionnaires then underwent double translation into English, Russian and French by native speakers of those languages and were given to two other native speakers (immigrants) who reviewed it and commented on any unclear or problematic questions. The questionnaires were then administered to the study sample. Participants were informed that the questionnaire is intended to explore immigrants' adjustment to life in Israel. In addition, they were informed that the questionnaire is completely anonymous.

The study sample was a convenience sample, recruited through a variety of methods; e.g., support of the Haifa Association of Immigrant Absorption assisted in collecting questionnaires from immigrants from the Former Soviet Union learning Hebrew in Haifa. While the last method involved participants completing hardcopies of the questionnaire, most of the participants completed the questionnaire over the Internet through Survey Monkey software. In all cases, the participants' anonymity was preserved.

Statistical Analysis

In order to examine whether the participants' answers revealed the separate components that the TSA model depicts, Pearson correlations between the components, a multidimensional scaling (MDS) analysis of the component items, and structural equation modeling (SEM) were conducted. In order to examine the association between adjustment and cultural identity, correlations between the TSA components and acculturation categories were conducted.

Results

Multidimensional scaling was performed in order to plot the items two-dimensionally to gain an understanding of the distance between the items and their clustering graphically. As can be seen in Fig. 7.2, eight out of nine of the component 1 (*shock and confusion*) items were clustered together, four out of six of the component 2/4 (*exploration of situational lawfulness/role clarification*) items were clustered together, and seven out of eight of the component 5 (*emergence of personal commitment*) items were clustered together. In contrast, component 3 (*reassessment of*
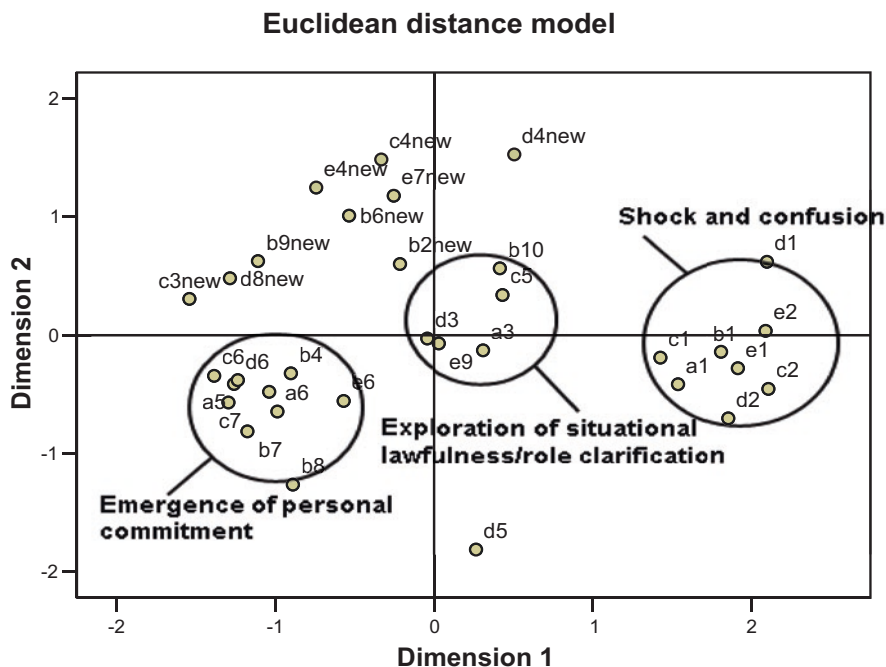
Derived Stimulus Configuration

Euclidean distance model

Fig. 7.2 Multidimensional scaling of TSA items

personal rewards) items and component 6 (*pursuit of person-environment fit*) items were dispersed less closely to one another, although some pairs of component items were located close to one another.

The scatter-plot of the linear fit, presented in Fig. 7.3, shows that the Euclidean distance model was close to a straight line, indicating that the scaling was successful in mapping the items.

Structural equation modeling was performed to examine the proposed TSA model. The results are presented in Fig. 7.4 and Table 7.4.

The SEM model's goodness of fit is assessed through a number of tests including a chi-square test, which measures the model's misspecification; Bentler's Comparative Fit Index (CFI), which assesses the model's fit in comparison with an independence or null model that has no relationships between the variables; and Steiger's root mean square error of approximation (RMSEA), which corrects for the model's complexity (Weston & Gore Jr., 2006). Models are considered to have good fit if the chi-square test (an indicator of model inaccuracy) is nonsignificant and if they have a CFI greater than 0.95 (range 0–1.0) and an RMSEA score lower than 0.10 (a score of 0.00 indicates exact fit; Weston & Gore Jr., 2006). The model had
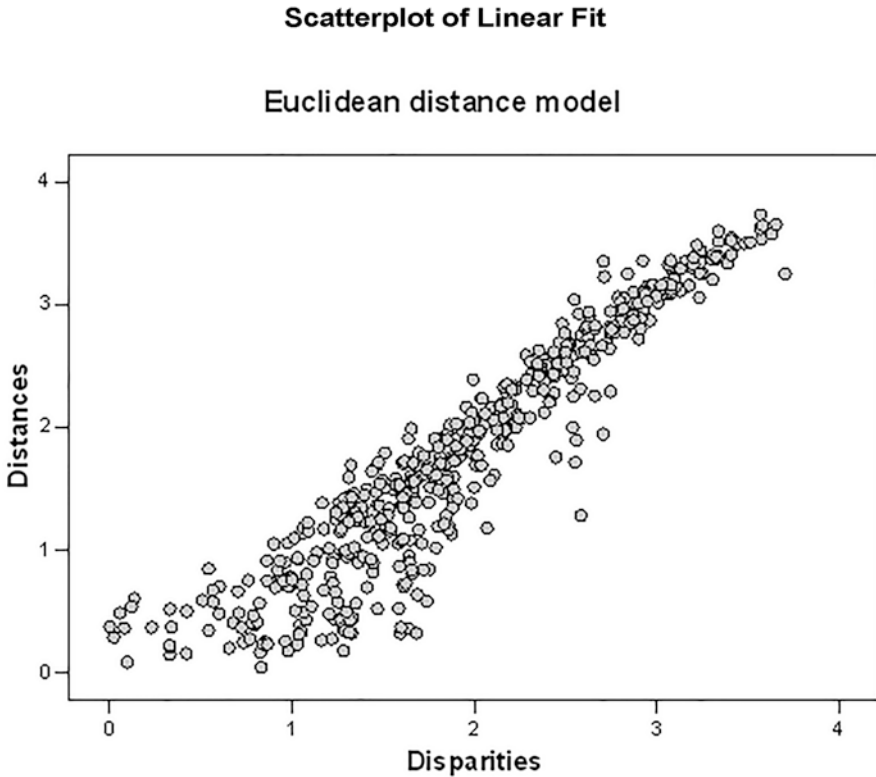
Scatterplot of Linear Fit

Euclidean distance model

Fig. 7.3 Euclidean distance model

very good fit (χ^2 (1) = 0.43, p > 0.05; CFI = 1.00, RMSEA = 0.00), and its findings confirmed the paths leading from component 1 (*shock and confusion*) to component 2/4 (*exploration of situational lawfulness/role clarification*), from component 2/4 (*exploration of situational lawfulness/role clarification*) to component 3 (*reassessment of personal rewards*), and from component 5 (*personal commitment*) to component 6 (*search for person-environment fit*). Greater feelings of shock and confusion led to less exploration of the environment, which in turn led to less reassessment of personal rewards. Finally, greater feelings of personal commitment led to greater pursuit of fit with the environment. Additional direct paths that were established by the model are presented in Table 7.5.

These paths were from component 1 (*shock and confusion*) to component 3 (*reassessment of personal rewards*), from component 1 (*shock and confusion*) to component 6 (*search for P-E fit*), from component 3 (*reassessment of personal rewards*) to component 6 (*search for P-E fit*), from component 5 (*personal commitment*) to component 2/4 (*exploration of situational lawfulness/role clarification*), from component 5 (*personal commitment*) to component 3 (*reassessment of personal rewards*), and bidirectionally between component 5 (*personal commitment*)
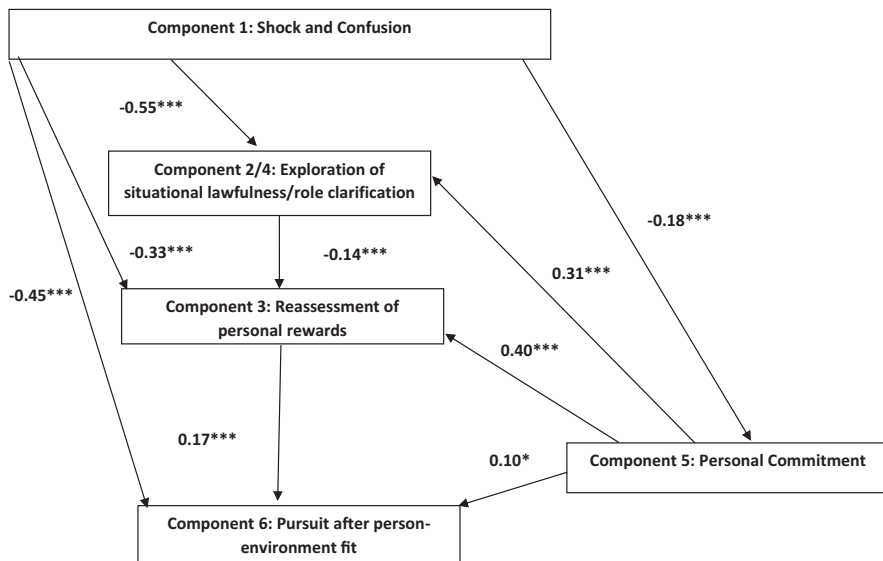
Fig. 7.4 Results of SEM path model of the TSA model

Table 7.4 Total, indirect, and direct effects of the TSA components on teach of the predicted variables

Latent variables	Total effects			Indirect			Direct		
	U	SE	S	U	SE	S	U	SE	S
Predicted variable: Factor 2/4 (exploration of situational lawfulness/role clarification)									
Factor 1	−0.24*	0.05	−0.33*	–	–	–	−0.24*	0.05	−0.33*
Predicted variable: Factor 3 (reassessment of personal rewards)									
Factor 1	−0.20*	0.06	−0.21*	−0.11*	0.03	−0.12*	−0.09	0.07	−0.09
Factor 2/4	0.46*	0.10	0.36*	–	–	–	0.46*	0.10	0.36*
Predicted variable: Factor 5 (emergence of personal commitment)									
Factor 1	−0.29*	0.08	−0.23*	−0.26*	0.08	−0.21*	−0.03	0.06	−0.02
Factor 2/4	0.68*	0.12	0.41*	0.50*	0.11	0.30*	0.18*	0.09	0.11*
Factor 3	1.08*	0.09	0.83*	–	–	–	1.08*	0.09	0.83*
Predicted variable: Factor 6: (person-environement fit)									
Factor 1	−0.84*	0.09	−0.89*	−0.02	0.02	−0.02	−0.82*	0.09	−0.87*
Factor 2/4	0.02	0.09	0.02	0.10*	0.04	0.08*	−0.08	0.09	−0.07
Factor 3	0.13	0.07	0.14	0.25	0.16	0.26	−0.11	0.19	−0.12
Factor 5	0.23	0.15	0.31	–	–	–	0.23	0.15	0.31

*$p \leq 0.05$

Table 7.5 Unstandardized weights, standardized weights, and significance level of structural equation model of the TSA model (standardized errors in parentheses)

Parameter estimate	Unstandardized (*SE*)	Standardized
Component 1→Component 2/4	−0.34 (0.04)***	−0.33***
Component 1→Component 3	−0.63 (0.04)***	−0.55***
Component 1→Component 6	−0.54 (0.05)***	−0.45***
Component 1↔Component 5	−0.10 (0.02)***	−0.18***
Component 2/4→Component 3	−0.16 (0.04)***	−0.14***
Component 3→Component 6	0.17 (0.05)***	0.17***
Component 5→Component 2/4	0.29 (0.04)***	0.31***
Component 5→Component 3	0.41 (0.04)***	0.40***
Component 5→Component 6	0.11 (0.04)*	0.10*

Note. *$p \leq 0.05$, ***$p \leq 0.001$; $N = 531$

and component 1 (*shock and confusion*). These additional findings indicate that greater feelings of shock and confusion led directly to less reassessment of personal rewards and to less pursuit of person-environment fit. Greater engagement in a reassessment of personal rewards led to greater pursuit of person-environment fit. Greater personal commitment led to greater exploration of situational lawfulness/role clarification and greater engagement in a reassessment of personal rewards. Lastly, less shock and confusion was associated with feelings of greater personal commitment (and vice versa). These findings support the TSA notion regarding the dialectical relationships that exist between the TSA components.

Means, SDs, and Pearson correlations of the TSA components and the cultural identity questionnaires are presented in Table 7.6, alongside the intercorrelations between these variables.

The findings in Table 7.6 show that:

- *Shock and confusion* (component 1) were significantly and negatively correlated with all of the other components. That is to say that people who were experiencing shock and confusion in relation to their immigration experience tended to be less occupied with the more advanced components of the model, namely, exploration of the environment and personal rewards from it, emergence of personal commitment toward the new environment, and pursuit of fit with the environment.
- *The search for situational lawfulness/role clarification* (component 2/4) was positively correlated with *reassessment of personal rewards* (component 3), *emergence of personal commitment* (component 5), and *pursuit of person-environment fit* (component 6). Those who were higher in exploration of the environment tended to be higher in seeking incentives to remain in the environment, feeling a sense of personal commitment toward the environment, and pursuing fit between themselves and the environment.
- *Reassessment of personal rewards* (component 3) was positively correlated with *emergence of personal commitment* (component 5) and *pursuit of person-environment fit* (component 6). In other words, those who were more preoccu-

Table 7.6 Pearson correlations between the TSA components and acculturation attitudes

	M (SD)	Component 1	Component 2	Component 2/4	Component 3	Component 5	Component 6
Component 1	2.75 (0.71)	–	–0.16***	–0.39***	–0.57***	–0.18***	–0.56***
Component 2	2.98 (0.68)	–	–	0.56***	–0.26***	0.21***	0.47***
Components 2 and 4	3.28 (0.70)	–	–	–	0.22***	0.38***	0.27***
Component 3	3.42 (0.74)	–	–	–	–	0.45***	0.47***
Component 5	4.09 (0.65)	–	–	–	–	–	0.26***
Component 6	3.38 (0.78)	–	–	–	–	–	–
Integration	4.25 (0.66)	0.05	0.17***	0.20***	0.00	0.27***	0.02
Separation	1.92 (0.87)	0.29***	0.03	–0.20***	–0.24***	–0.10*	–0.35***
Marginalization	1.16 (0.53)	0.13**	0.05	0.24	–0.09*	–0.02	–0.14**

Note. *$p \leq 0.05$, **$p \leq 0.01$, ***$p \leq 0.001$; $N = 532$

pied with an assessment of their personal rewards tended to also feel a sense of commitment toward the environment and to seek fit with the environment.

• *Emergence of personal commitment* (component 5) was positively correlated with *pursuit of person-environment fit* (component 6), meaning that those who felt a greater sense of personal commitment toward the environment also tended to seek fit with the environment.

• The correlations between *assimilation* and *integration* and the TSA components are positive, except for the *shock and confusion* component; the opposite is true for the *marginalization* and *isolation* components. That is to say that greater engagement in more advanced components of the TSA model, exploration of the environment and of personal rewards, feeling a sense of commitment, and seeking fit with the environment were related to greater feelings of cultural assimilation and less feelings of cultural marginalization. Furthermore, greater engagement in a reassessment of personal rewards and pursuit of fit with the environment were associated with less feelings of cultural marginalization.

To further explore the relevance of the TSA model in explaining the variance in participants' acculturation attitudes, participants were first assessed in terms of the acculturation category (section) that best described them according to their self-report: participants were first considered to be high or low in each of the acculturation categories if they were more than a standard deviation above (high) or below (low) the entire participants' average score in that category. Those who were high in a certain category, and were not high in any of the other categories, were considered to belong to that category. Thus, 262 of the participants could be sorted into distinct acculturation categories, with 41.6% belonging to the integration group, 28.2% to the separation group, 28.2% to the assimilation group, and 1.9% to the marginalization group. The marginalization group was excluded from the following analysis due to its small size.

A MANOVA was conducted with acculturation group (integration, separation, and assimilation) as the independent variable and the TSA components as the dependent variables. The MANOVA indicated significant differences between the three groups, Wilks' Lambda $F = 4.65$, $p < .001$, $\eta^2 = .09$). Table 7.6 presents the means for each of the various TSA components in each one of the acculturation groups and the results of Scheffe post hoc analyses. These findings in Table 7.7 show that the assimilation and integration groups were significantly higher than the separation group in their search for situational lawfulness and role clarification ($\eta^2 = .08$). The assimilation group, in comparison with the integration and separation groups, was lower in shock and confusion ($\eta^2 = .05$) and higher in their reassessment of personal rewards ($\eta^2 = .08$); and the assimilation group was higher than the separation group in their pursuit of P-E fit ($\eta^2 = .06$) and in the emergence of personal commitment ($\eta^2 = .07$).

To sum up, a number of the results provided support for the research hypothesis. The majority of the components were found to be reliable according to the TSA questionnaire; the MDS analysis confirmed that items were clustered to represent 3 of the 5 components; the correlations indicated that shock and confusion

Table 7.7 Means of the TSA components in the acculturation groups and results of Scheffe post hoc tests

	Integration (1)	Assimilation (2)	Separation (3)	Scheffe post hoc tests
N	109	74	74	
Shock and confusion	2.70	2.41	2.79	1,3 > 2
Search for situational lawfulness	3.37	3.53	3.01	1,2 > 3
Reassessment of personal rewards	3.44	3.83	3.24	2 > 1,3
Pursuing P-E fit	3.90	4.13	3.67	2 > 3
Emergence of personal commitment	3.39	3.67	3.16	2 > 3

was indeed negatively associated with the other more advanced components of the model; the SEM analysis verified the hypothesized direction of the TSA model; and the TSA components were logically related to the immigrants' clusters of acculturation. In addition, the study findings support also the second research question. Based on the consistent finding that marginalization is negatively related to adjustment (Berry, 1997, 2005; Kovacev & Shute, 2004; Phinney et al., 2001), the hypothesis was that those with the lowest levels of adjustment, as measured by the TSA questionnaire, would have a high marginalization score and vice versa. The study findings indicated that the TSA component of shock and confusion was associated with greater marginalization, whereas the advanced components of the TSA model, which indicate positive processes of adjustment, were related to being in a status of integration or assimilation (Berry, 2005). Hence, the TSA model may explain why immigrants relate to one status of acculturation (Berry, 1997, 2005) rather than the others.

This study has a number of limitations. For example, the majority of the participants was recruited through Internet forums for immigrants and completed the questionnaire online. Thus, the sample necessarily included people who had computer and Internet access and used it to receive information and support from other immigrants, which represents their positive attempts to cope and succeed at adjusting to the transition. Secondly, this was a cross-sectional study, and causality cannot be simply inferred. Longitudinal studies are needed to examine the process of adjustment to immigration over time and, within these studies, the relevance of the TSA model.

However, while not ignoring the study limitations, overall the present study findings are in line with the hypothesized direction. Hence, these findings can be regarded as preliminary support for the potential utility of using the TSA model as a frame of reference for better understanding the variance in immigrants' adjustment.

Intervention Studies

A TSA-Based Intervention to Prevent Work Maladjustment Among Waiters

Work adjustment is the most studied topic in the context of life course transitions. Accordingly, the literature supplies numerous discussions on this topic (e.g., Laird et al., 1983; Saks & Gruman, 2018; Strauser et al., 2021; Wanous, 1980, 1992; Zhu et al., 2016), especially in relation to explorations of organizational behavior and career counseling and the highly cited P-E Fit model of work adjustment (Dawis & Lofquist, 1984; Swanson & Schneider, 2020). The following description is a report on a TSA Model-based intervention to prevent the maladjustment of waiters working in coffee shops and restaurants.

The USA Bureau of Labor Statistics defines waiters and waitresses as (https://www.bls.gov/oes/current/oes353031.htm) employees who "take orders and serve food and beverages to patrons at tables in dining establishments. This excludes 'Fast Food and Counter Workers' (35-3023)." The Bureau of Statistics reports that there are about 2 million people working in this occupation, especially in restaurants. Thus, out of the total number of 128.85 million full-time employees in the USA (2020), waiters and waitresses only account for about 1.5% of employed people, most of them being female (thus, they will be referred to below as "waitresses"). Notably, waiters' rights are frequently violated. According to the Department of Labor's Wage and Hour Division's report, intentionally or unintentionally, restaurants often shortchange or underpay waiters; 84% of full-service restaurants that the bureau investigated between 2010 and 2012 violated labor standards (e.g., failing to pay minimum wage; miscalculating overtime; including cooks, owners, and kitchen workers in the tip pool; holding waiters responsible for business expenses, like uniforms). Hence, currently a federal law, entitled the Fair Labor Standards Act (FLSA), states (https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/whdfs2.pdf) that restaurant and coffee bar workers' minimum wage shouldn't be less than $7.25 per hour (effective July 24, 2009). The FLSA accepts tips as part of their wages but states that the employer must not pay less than $2.13 an hour in direct wages and must ensure that the amount of tips received is enough to complete the remainder of the salary.

Currently, most of the published papers on waiters are qualitative studies (e.g., Haley-Lock & Ewert, 2011; Hearn & Stoll, 1975; Jerez-Jerez et al., 2021; Rose, 2001), with almost no references to waitresses in most of the quantitative studies on occupational psychology. The occupational status and rights of waiters in countries outside of the USA are much better in some countries and even worse in others. For example, in Argentina and France, being a waiter is considered a lifelong prestigious occupation. In Israel, where the present study was conducted, waiting tables is generally considered a temporary occupation, usually for youth (e.g., university students) under the age of 25, who choose this job over other options especially due

to the flexibility of working hours and the possibility of taking a break during periods of university examinations.

Rose (2001), who performed a qualitative study on the role of waitresses, described several of the job demands that waitresses encounter, among them: *cognitive and physical demands*, due to the need to remember several clients' reservations in parallel and serve them efficiently and quickly (see also Ericsson & Polson, 1988); *social-emotional demands*, as the waitress is obliged to communicate well and be nice to clients; *appearance demands*, as clients expect their waitresses to be well-dressed and even good looking (Jiang & Galm, 2014); and *obedience*, as the waitresses' role is to serve others. In addition, frequently employers are strict and even tough with waitresses, as they are "the face" of the business, and much of the place's prosperity depends on their efficient functioning. The combination of the job demands and the pressure from the employer gives some insight into the causes of the high turnover rate among waitresses.

The present study (Nissan & Israelashvili, 2020) focused on the prevention of waitresses' maladjustment. Practically, new waitresses' entrance to their job was accompanied with periodical supportive electronic communication (via WhatsApp), in which information, advice, behavioral recommendations, and related data – all based on the TSA Model – were presented to participants. The study design was a controlled short-term longitudinal study, in which an intervention group was compared to a control group twice – upon entrance to work and 1 month later. The research question was whether such a TSA-based intervention would foster waitresses' occupational adjustment. The general hypothesis was that participants in the intervention group, in comparison with the control group, would report higher job satisfaction and less intentions to change their occupation after the intervention.

Method

Participants

Participants in the study were recruited from 23 coffee shops, out of 70 coffee shops that were approached regarding the study. Applications were sent to the coffee shops' managers concerning the study. Most of them strongly supported the study (even when they refused to collaborate), saying that they thought it could foster their employees' greater commitment to their job. Coffee shop managers who agreed to collaborate were asked to send the application to the novice waitresses at their shop. When waitresses agreed to participate in the study, the coffee shop manager gave the research team their contact information. Altogether, 200 waitresses were contacted by the research team, out of whom 130 agreed to participate and completed the pre-intervention questionnaire. Later on, 20 of the 130 left their job due to various reasons (e.g., difficulties in time management) and the complete data set, including pre- and post-intervention measurements, were collected from 110 of them.

The 110 study participants were all Israeli residents (91% females), aged 19–35 (M = 24.21, SD = 2.53), 65% of whom were students at college or university or other institutions of higher education. Among the participants, 48% reported that it was their first time working as a waitress, whereas others had some previous experience working as a waitress (M = 1.67 years; SD = 2.34). Nonetheless, all of the participants had no intention of working as a waitress long term and considered it a temporary occupation, mostly for the purpose of earning money (60%) or to gain more experience in "working under pressure" (17%). The 110 participants were randomly divided into intervention and control groups, based on a table of random numbers.

Measures

In addition to their personal background data, the study participants anonymously completed a questionnaire that was composed of the following scales:

- *Work Adjustment* (Nissan, 2017).
- *Future orientation* (Seginer et al., 1991).
- *The Maslach Burnout Inventory* (MBI) (Maslach & Jackson, 1981).
- *Job satisfaction* (Schnake, 1983).

Procedure and Intervention

Following the managers' agreement to collaborate and the waitresses' agreement to participate (see above), a face-to-face or telephone conversation was individually conducted with each of the participants. In this conversation, the general topic of the study and the ways in which it would be implemented were presented to them. In addition, the waitresses were asked to give the last four digits of their ID number, in order to enable pre-post comparisons; the anonymity and secrecy of all data was promised. When all of the conversations were completed, the participants were randomly divided into intervention and control groups, based on the last number of their ID. All of the participants were then requested to complete the pre-intervention questionnaire, composed of the *work adjustment* and *future orientation* scales, followed by several background questions (e.g., "Have you ever worked as a waitress before?," "When?," "For how long?," etc.). The questionnaires were completed via the Internet through a Google Docs Form.

Once the questionnaires were completed, participants in the intervention group received information on "best practices in work adjustment," which represented topics and issues that are included in the TSA Model. Practically, the intervention consisted of a three-step program through WhatsApp documents that included the following materials:

Step 1: Right after the completion of the questionnaire, the participants received a 5-page PDF document in which descriptions of the following issues were outlined: (a) common difficulties in adjustment to work as a waitress, including difficulties referred to in the TSA Model's components (i.e., feelings of chaos, trying to comprehend situational lawfulness, reward evaluation, P-E Fit, feelings of commitment, and quitting). These components were addressed in contexts like: ways to introduce yourself to clients, remembering clients' orders, submitting the orders to the kitchen in an efficient way, serving several clients in parallel, dealing with other waitresses (e.g., who wish to send their orders to the kitchen before yours), managing relations with the coffee shop manager (or the individual in charge of the waitress), how to get better tips, tiredness, work-life conflicts, etc.

Representations of the TSA Model's components in relation to the waitresses' work were prepared in collaboration with a skilled waitress who had more than 10 years of experience in several coffee shops and restaurants, to whom each one of the TSA Model's components was first described and then collaboratively translated into scenarios that present each component "in vivo." After presentation of the difficulties, there were descriptions (b) of skills and ways of coping that help waitresses manage their work life, (c) a general description of how adjustment to work as a waitress looks, and (d) suggestions regarding situations in which the waitress should consider leaving work or perhaps even make a career change. These suggestions were also based on the TSA Model's components (e.g., being unable to comprehend the manager's expectations of your performance).

Step 2: A week later, the intervention group participants received a short video that presented difficulties in waitresses' work alongside a 1-page PDF document that lists ways to adjust to work as a waitress. Several of the suggestions were made for the second time, as they had already been recommended at Step 1. The additional suggestions referred to each one of the TSA Model's components. For example, in relation to *chaos and confusion*, the participants were directed to look at other waitresses' clothing and to consider whether they were dressed alike, to make a list of tasks during a given hour (including cleaning the toilet), and to think about the best paths to move from one table to another. In relation to *lawfulness*, the participants were told to make a list of the orders and behavioral expectations that are usually made by frequent clients, to list each one of the managers' main concerns, and to consider the common factor among the issues that one is dissatisfied with at work. In relation to *rewards*, participants were asked to reflect and think about the ways in which they had improved at work, if at all, since they started working in the coffee shop, to think about whether there are any additional benefits that other waitresses speak about that they haven't yet gained or noticed, and to consider whether their "memory skills" are being exercised in their current job. In relation to *P-E Fit*, participants were asked to write down two topics that could significantly contribute to their work adjustment (e.g., Saks & Ashforth, 2000) and to think what could be done to change other waitresses' attitudes toward them (a common reason for waitresses' turnover)

and what can be done to increase their tips (e.g., don't "suggest desserts"; rather "ask what their preferred desserts are…" and do it before removing the dishes from the table). Finally, in relation to *commitment*, participants were asked to think about who they care for among the other employees and whether there were any moments outside of work in which they felt that they were missing the work environment. In addition, the participants were encouraged "…to ask for any advice, or share any difficulties that they encountered in their work with the researchers."

Step 3: Two weeks later, the intervention group participants received another short video that described difficulties and ways to manage in order to adjust to work as a waitress. This time the additional suggestions referred to the possibility of moving from adaptation to adjustment – i.e., from an effort to fit in with the new situation to efforts and possible ways of making a change in the work place to make it more acceptable and easier to manage for the new waitress (e.g., "try to suggest some improvement in the environment – decoration, order of tables," etc.).

Participants in the control group didn't receive any of these materials, though it is possible that participants in the intervention group shared them with participants from the control group. The only support that the participants in the control group received was the option of contacting the researchers "…to ask for any advice, or share any difficulties they encountered in their work." This possibility was suggested to them right after the completion of the pre-intervention questionnaire.

A week after *Step 3* of the intervention – i.e., 1 month after the first pre-intervention measurement – respondents in both groups were asked to complete a questionnaire that included the following scales: work adjustment, MBQ, job satisfaction, and personal data, including the last four digits of their ID number.

Completion of the questionnaires, at both data collection times, lasted up to 20 min. Participants in the study, in the two groups, were offered no (concrete) reward. However, a week after the completion of the post-intervention questionnaires, all participants, in both groups, received a PDF document which presented a summary of all of the above-listed "best practices in work adjustment." The study's general hypothesis was that a pre-post comparison would indicate that the TSA-based intervention had a positive contribution, as would be evident in the intervention group's higher levels of work adjustment and job satisfaction and lower level of burnout, in comparison to the control group.

Results

A comparison of the intervention and control groups in the pre-intervention measurement indicates almost no difference in the two groups' perceptions and evaluations, except for a higher level of future career orientation ($F(1,108) = 10.12$, $p = .002$; $\eta^2 = .08$) and a higher level of worry about the possibility of achieving their future goals (i.e., future orientation) ($F(1,108) = 4.2$, $p = .04$; $\eta^2 = .03$) among participants in the control group. These differences indicate that, before the intervention had

started, participants in the control group were more motivated to succeed at work. Table 7.8 presents the pre- and post-means and SDs in work adjustment for the intervention and control groups, as well as the means and SDs in job satisfaction and burnout for the two groups according to the post-measurements.

Using one-way MANOVA, the group (intervention vs. control) effect was assessed, regarding the three dependent variables (i.e., work adjustment, job satisfaction, and burnout). The results significantly supported the expected group effect for job satisfaction ($F(1,108) = 19.58, p = .000, \eta^2 = .15$) and burnout ($F(1,108) = 6.29, p = .01, \eta^2 = .05$). In addition, the group effect for work adjustment was also in the expected direction, although it wasn't statistically significant ($F(1,108) = 3.53, p = .06, \eta^2 = .03$).

Another two-way MANOVA with repeated measures examined the possibility of a group X time interaction effect on work adjustment. This analysis yielded a non-significant interaction effect; however, the differences between the two groups' pre-post means were in line with the expected direction. Figure . 7.5 presents the means

Table 7.8 Means and standard deviations in the intervention and control groups, before and after the intervention

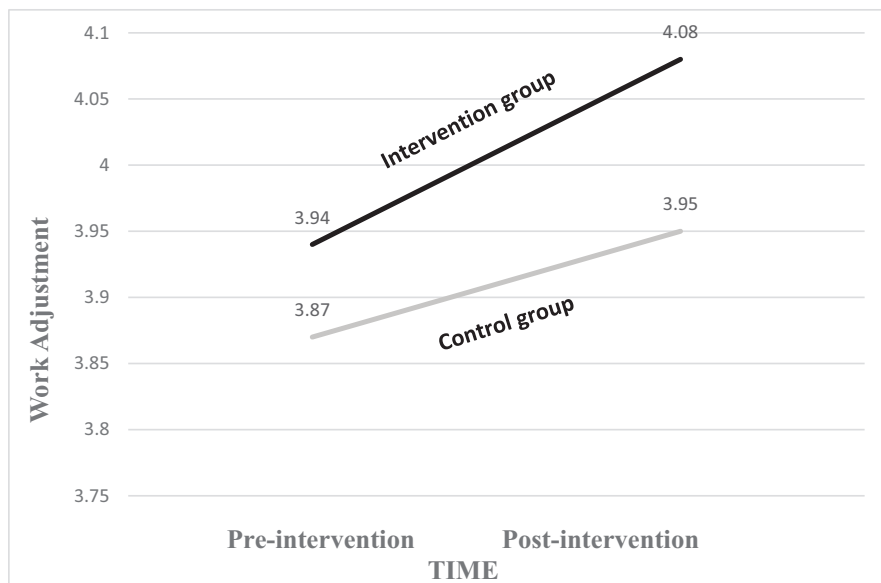|	Intervention group (N = 57)				Control group (N = 53)			
	Before		After		Before		After	
Measurement	M	SD	M	SD	M	SD	M	SD
Work adjustment	3.94	.39	4.08	.39	3.87	.37	3.95	.29
Job satisfaction	–	–	3.63	.51	–	–	3.23	.40
Burnout	–	–	3.64	.53	–	–	3.98	.84

Fig. 7.5 Work adjustment: Means among the intervention and control groups, before and after the intervention

Table 7.9 Results of a linear stepwise regression analysis predicting burnout ($N = 110$)

Variable	Model			
	B	$S.E.$	β	T
Study group	.45	.421	20.3	3.24**
Post-intervention:				
Work adjustment	−.14	.25	−.07	−0.56
Future orientation – hopes	−.40	.14	−.45	−2.87**
Future orientation – fears	−.75	.12	−.08	−0.62
Future orientation – career plans	.41	.15	.35	2.71**
Job satisfaction	.15	.16	.11	0.95
R^2	.26			

**$p < .01$

found for work adjustment in the two study groups and at the two (pre and post) measurements.

Finally, a stepwise multiple regression analysis was performed in which the effects of the study group (intervention/control), preliminary future expectations, post-intervention work adjustment, and post-intervention job satisfaction on burnout were examined. As presented in Table 7.9, this analysis indicated a significant cumulative contribution ($F(6, 101) = 4.47$, $p = .000$) of participants' preliminary future orientation hopes ($\beta = .45$, $p = .005$), future orientation career plans ($\beta = .35$, $p = .008$), and participation in the intervention group ($\beta = .32$, $p = .002$) to the prediction of burnout at Time 2 (post-intervention).

Taking into account the small number of participants, the remote intervention, and the limited duration of the intervention (only 1 month), these findings give some indication regarding the possible power of a TSA-based intervention in promoting adjustment. Below is another example of using the TSA Model as a conceptual framework for an intervention to promote people's adjustment in times of transition in relation to young immigrants' school adjustment.

A TSA-Based Intervention to Promote Immigrants' School Adjustment

Contemporary Israel society is a mosaic of people coming from literally all countries in the world (e.g., Halamish, 2018; Leshem et al., 1998). Among the waves of immigrants to arrive in Israel in the recent years, one of the largest and most influential groups to arrive was the residents from the former Soviet Union during the early 1990s. Within a few years, about 1 million immigrants arrived in Israel, leading to an increase of about 20% in the Israeli population. Among these immigrants, there were hundreds and thousands of children and adolescents, who had to face major barriers, as a result of a lack of support from other Israeli school students and the general public.

To foster immigrant adolescents' school adjustment, a program was suggested and explored (Waxman & Israelashvili, 2002) based on the TSA model. As specified in the TSA model's description, the notion that various states of transition share several common features can enable the prevention of maladjustment by drawing people's attention to the similarities across various situations, alongside promotion of their awareness regarding the general topics that should be addressed in order to understand the given transitional event properly. In the context of immigrant students' cultural and school adjustment, such an approach seemed to be promising, as (a) it could draw on the immigrant students' past experience as school newcomers in their former homeland, and (b) it could enable an exploration of the applicability of formerly used adjustment strategies to the new context of Israeli society and Israeli school settings. In order to address the comprehensive process of preparation for stressful encounters, Meichenbaum's (1985, 2009) Stress Inoculation Training (SIT) was utilized in addition to the TSA model. Generally speaking, the SIT approach suggests three general steps in the process of promoting individual resilience, including: (a) reconceptualization, helping people acquire the proper and accurate terminology for conceptualizing the stressful encounter that they are facing; (b) acquisition, teaching people a relatively large variety of possible ways of coping with the given stressor, among which they will select the ones that are best for dealing with their own (subjective and circumstantial) stressful encounters; and (c) simulation, training people in using both the concepts and procedures that were introduced at the first two stages. The intervention program's components that focus on immigrant adolescents' school adjustment are outlined in Table 7.10.

The intervention was implemented and evaluated in a short-term follow-up study, in which a group of immigrant high-school students from the former Soviet Union participated in a program with the aim of preventing school misadjust and were compared with another group of immigrants who didn't participate in the program. This intervention was developed by incorporating the components of two models: Firstly, based on preliminary explorations with immigrant youth, all components of the TSA model were adapted for inclusion in a program that aims to foster immigrant youth's school adjustment, as well as their cultural adjustment. For example, in line with the TSA model's suggestion that people's recall of the positive incentives for engagement in the given transitional event promotes their motivation and efforts to adjust – the group leader intentionally addresses this topic (see session # 2 in Table 7.10) and encourages the participants to suggest and share possible positive rewards that immigrant youth may gain from trying to adjust to their new school and new country of residence. Obviously, as frequently the decisions to immigrate to the specific country and enroll in the specific school were not made by the child, some of the participants might find it difficult to think of even a single benefit of adjusting to the new school. Nevertheless, during this session, being exposed to others' suggestions (i.e., possible benefits), and a group discussion on the suggested benefits, is likely to make all participants reconsider the costs and benefits of entering the new country and school. Moreover, as presented in session # 2 (Table 7.10), the discussion on costs and benefits is not limited to the participants (i.e., adolescent students) alone but, rather, focuses on them alongside their families. Hence, it is

Table 7.10 A TSA-based preventive intervention to foster immigrant adolescents' adjustment

Session #	Contents	Description
1	Introduction	
	Presentation of one's personal journey as an immigrant	Each of the participants tells their own story of their transition to Israel
	Goal sharing and establishment of the group's regulations	The other participants are encouraged to (1) listen (carefully); (2) ask any questions they wish to, as long as the question is asked to better understand the "transitional story"; and (3) reflect on the story if they think that it helps to better comprehend the storyteller's current difficulties
	Administration of questionnaires (pre-)	
2	Reasons for immigration – personal and other	Focus is put on the participants' personal "place" in the context of their parents' decision to depart from their homeland (e.g., the parents' wish to ensure a better life for their children; major daily hardships that the family suffered in their homeland). Following that, each person is requested to outline his/her view of the cost vs. benefits of joining his/her parents
	The process of departure from the homeland	
	A comparison between the homeland and the host country (Israel)	
	Discussion of personal difficulties in the transition to the host country vs. other family members' (especially parents') difficulties	
3	Understanding the term "culture shock"	The participants watch a short segment of a movie on cultural transitions and collaboratively analyze the daily hassles that the protagonist in the movie encounters during the transitional process
	Listing minor personal difficulties in managing daily life in Israel	Then, all major terms – especially "transition," "stress," "coping," and "adjustment" – are gradually and collectively defined until a group consensus is reached regarding their "correct" definition. Naturally, this process is directed and reflected on by the group leader, who introduces and directs the participants toward the TSA model's definitions of these terms
	Coping: what does it mean?… and what does it mean to you personally?…	
4	Sharing of typical (personal) reactions to stressful encounters	Each one of the participants introspectively reflects on his/her personal "frequent or typical ways of reacting to stressful encounters." After sharing a few of these reflections, a list of all possible ways of coping with stress are outlined on a board. The goal is to present as many coping mechanisms as possible and then to justify the use of (almost) all of them, as long as they fit into the given circumstances
	Collaborative grouping of the various coping mechanisms into clusters	
5	Past experiences with transitions – When? Why? How?	A group discussion is held on frequent current problems that the participants experience in their adjustment to the new school and culture, alongside a discussion of the applicability of the various ways of coping, as discussed in the previous meeting (the blackboard with all the previously mentioned ways of coping is kept and presented)
	What adjustment techniques and ways of coping are applicable in the current (immigration) experience?	

(continued)

Table 7.10 (continued)

Session #	Contents	Description
6	Self-talk: the idea, techniques, and applications	Referring to the CBT approach, the topic of self-talk is presented mainly as a step in adaptive decision-making regarding the best way to cope. Within this context special attention is given to the postulation of situational "laws" – i.e., articulating "if-then" sentences that foster efficient self-talk and adjustment
	Rational and irrational axioms about Israelis	
	Articulating "laws" about how Israeli adolescents behave	
7	Entering a new class or social meeting: Emotions, self-talk, laws, and ways to behave	Practicing the above session topics in the context of school adjustment
8	The problem solving model and its application in daily difficulties is presented by the participants (# 3)	This session is devoted to simulation of the concepts and practices that have been discussed so far
9	Meeting immigrant adolescents who moved to Israel a while ago – how have they adjusted to their new school and community?	A presentation that exemplifies how all (or several of) these terms, practices, and suggestions could be applied "in the real world"
10	Help-seeking – When? From whom? How?	
	Writing a letter of encouragement and "adjustment instructions" for their own parents	In this letter, the participants are encouraged to insert as many of the previously discussed terms, practices, and suggestions as they can
11	Discussion of minor daily events that await the participants "…outside of the group" (e.g., a student refuses to sit next to you) – what are the possible ways of reacting?	Using "vignette-cards," the participants discuss possible ways to react to daily events in the school setting
12	Participants raise possible future problems: Group discussion – which one of the already discussed ways of coping and/or adjustment is applicable to solving these problems?	An opportunity for the participants to raise any topic that has not yet been discussed in the program and explore ways to address this topic
13	Participants' reflections on the program	Participants are encouraged to share their feelings regarding the program including the group leader, the other participants, and the State of Israel. The goal is to encourage additional "emotion-sharing" between the group participants, with the aim of turning them into a support group (or "a peer-support group")
	Personal reports on events in which suggested ways of adjustment were – successfully or unsuccessfully – applied	
	Sharing emotions toward each other	
	Questionnaires administration (post-)	

assumed that the immigrant child will adopt a broader perspective on the "family's decision to immigrate," hopefully leading to the child's greater acceptance of the parents' decision to immigrate, which is likely to be followed by greater cooperation with parental needs and expectations. Finally, as mentioned above, another model which the program was based on is Meichenbaum's SIT model (see above). Thus, special attention was given to having proper representation of the three SIT components – i.e., conceptualization (e.g., session # 2), skill acquisition (e.g., session # 3), and simulation (e.g., session # 8) – in the suggested program.

Once the program was developed, a pilot study of the program's efficacy was conducted among a representative group of immigrant adolescents from the Former Soviet Union who had arrived in Israel within the last 24 months. This group of adolescents studied in the only junior high school in a city in Israel, located in the center of the country, where a large number of immigrants from the Former Soviet Union were directed to (by the Israeli Ministry of Immigration) upon their arrival in Israel. The school's population is mixed, composed of about 50% Israeli-born students and 50% students who were born in the Former Soviet Union, learning in mixed classes and spending their free time in non-mixed groups (e.g., during school recesses). The study included immigrant students who were randomly divided into two groups – an intervention group and a control group. More details regarding the pilot study, in which a preliminary evaluation of the program's contribution was measured, are outlined below.

Participants and Procedure

Participants in the study were 101 junior high school students (aged 12–14) who immigrated to Israel within the last 24 months. All participants were students at a junior high school located in a medium-sized Israeli city, which the Israeli Ministry of Immigrants directed many newcomers from the Former Soviet Union to. The students were recruited based on their class relatedness; i.e., they were all enrolled in "new immigrant classes" (equivalent to ESL classes in the USA). Application for participation in the program was offered in two classes that the school team management described as "equal in their characteristics, qualifications, and adjustment problems." The school counselor presented the purposes and framework of the program to these two classes, alongside an invitation to participate on a voluntary basis; the students were guaranteed that there would be no implications in relation to their school achievements or school membership should they refuse to participate. All of the immigrant students in these two classes were willing to participate and all of their parents signed the consent form. Hence, in order to reduce problems in other school activities, the classes were randomly assigned to an "intervention group" ($N = 55$; 26 females and 29 males) or a "waiting-list group" ($N = 46$; 23 females and 23 males) that would participate in the same program after the first round was completed (i.e., after 4 months). Based on random selection, the "intervention group" was then divided into four subgroups, each one comprised of 12–17 students, and

the intervention was implemented in parallel among these four groups, with each group meeting once a week.

The program was administered by a trained school counselor, who was also intensively involved in the development of the program. In addition, the program's implementation was monitored by another external researcher, who met the school counselor on a weekly basis and mutually discussed the content and events of each session. Thus, all together the intervention's fidelity was high.

Measures

Note: all of the scales listed below were double-translated from their Hebrew version to Russian, by bilingual (Hebrew and Russian) professional school counselors.

Independent Variables

- *Psychological Sense of School Membership* (PSSM; Goodenow, 1993)
- *Reynolds Adolescent Adjustment Screening Inventory* (RAASI; Reynolds, 2001).
- *School Adjustment* (Israelashvili, 1997).
- *Ways of coping* (COPE; Carver & Scheier, 2001).

Results

Table 7.11 presents the study variables' means, SDs, and intercorrelations, as measured at the two stages of data collection, before and after the intervention. Notably, all measurements of adjustment, either to school or in general, were significantly and positively correlated with each other. Table 7.12 presents the means and SDs of the study variables separately for each of the study groups (intervention/control) and measurement times (before/after the intervention).

To examine the significance of the changes in the participants' ways of coping, school belonging, and well-being, we performed several two-way (Time X Group) ANOVAs, separately on each one of the study variables. These analyses yielded consistent results, according to which an interaction effect (Group X Time) was found for problem-focused coping ($F(1,99) = 40.60$, $p < .05$, $\eta^2 = .29$), emotion-focused coping ($F(1,99) = 18.36$, $p < .05$, $\eta^2 = .16$), disengagement coping ($F(1,99) = 36.26$, $p < .05$, $\eta^2 = .27$), school adjustment ($F(1,99) = 11.78$, $p < .05$, $\eta^2 = .11$), school membership ($F(1,99) = 17.88$, $p < .05$, $\eta^2 = .15$), and adolescent adjustment ($F(1,99) = 4.32$, $p < .05$, $\eta^2 = .04$). The interaction effects are presented in Fig. 7.6.

Notably, following the intervention, participants who were enrolled in the intervention group were more inclined to use all three general coping styles, rather than

Table 7.11 Means, SDs, and intercorrelation of the study variables, before and after intervention

Variables	Before		After		Intercorrelations					
					Before the intervention					
	M	SD	M	SD	1	2	3	4	5	6
1. Problem-focused coping	2.80	.50	3.01	.46	–	.54*	.10	.35*	.30*	.06
2. Emotion-focused coping	2.43	.53	2.55	.47	**.38***	–	.18	.31*	.28*	−.06
3. Disengagement coping	2.09	.55	2.28	.55	**.19**	**.21***	–	.05	−.04	−.20*
4. School membership	3.56	.63	3.63	.58	**.39***	**.20***	**.10**	–	.46*	.43*
5. School adjustment	3.80	.65	3.68	.71	**.37***	**.14**	**−.10**	**.54***	–	.47*
6. Adolescent adjustment	2.32	.30	2.36	.27	**.17**	**.02**	**−.27***	**.37***	**.37***	–
					After the intervention					

Note.$*p < .001$

Table 7.12 Means and SDs of adjustment scales among participants in the intervention group and the control group

Group	School membership				School adjustment				Adolescent adjustment			
	Intervention		Control		Intervention		Control		Intervention		Control	
Time	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
Before	3.39	.70	3.76	.48	3.57	.66	4.07	.53	2.25	.33	2.40	.26
After	3.60	.60	3.66	.55	3.62	.59	3.76	.83	2.33	.27	2.39	2.7
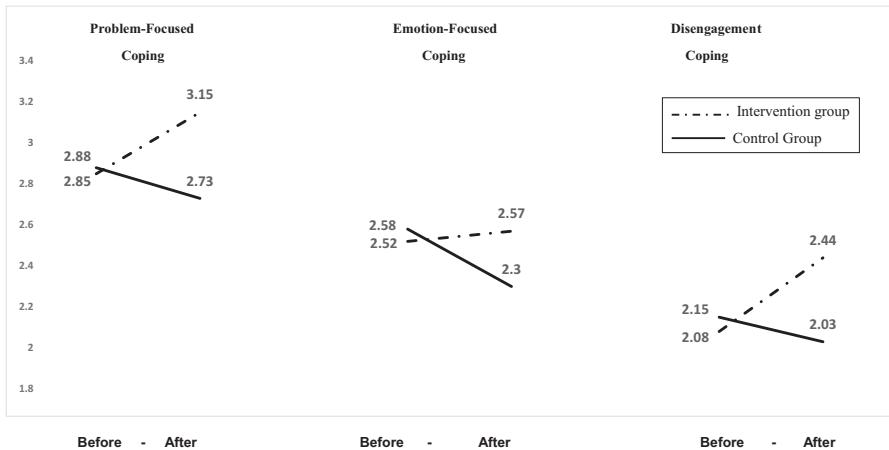
Fig. 7.6 Means for the intervention and control groups, before and after the intervention

only the problem-focused. Such an expansion of the ways of coping a person uses is usually referred to as the more efficient way of coping (Cong et al., 2021; Frydenberg & Lewis, 2002) and actually is associated with more resilience. Anyhow, this greater tendency to use all types of coping mechanisms is in line with the TSA

model's suggestion, according to which when people have the desire to adjust, all possible tactics are relevant and should be explored in pursuing their adjustment to the transitional event.

Finally, in light of the high and significant correlations between the three variables that measure the main intervention outcomes (i.e., school adjustment, school membership, and adolescent adjustment), an additional two-way MANOVA was performed in which the analysis was applied to the three dependent variables together. The results of the MANOVA support the notion that the difference between the study groups is not sporadic, as the group X time interaction effect was significant across the three dependent variables, $F(1,99) = 22.96$, $p < .05$, $\eta^2 = .19$. Multiple regression analysis indicated that participation in the intervention group significantly explained variance in the students' feelings of adjustment and membership and explained 29% of the variance in the three variables.

To sum up, clearly much more research is needed to verify the suggested program's efficacy and effectiveness. Nevertheless, the results of the above-described preliminary study provide solid ground to advocate the utility of exploring this suggested path of intervention. Namely, it is worthwhile to examine the possible method of promoting immigrants' adjustment by encouraging them to compare their current experiences as people in transition with previous transitional experiences that they have had. During this process, the general components of the adjustment process are highlighted, elaborated, and addressed to meet their needs in adjusting to the current transition that they are experiencing.

Concluding Comment

This chapter presents a sample of studies that explored various aspects of the TSA Model. Most of these studies are described briefly, and, obviously, none of them gives striking evidence regarding the TSA Model's validity. Yet, each one of them illuminates the value of further exploration of the TSA Model.

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Chapter 8
The Transition to Parenthood: From Adjustment to Personal Growth

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One of the topics which have been studied extensively in psychology is the general topic of parenting and specifically the determinants of the successful transition to parenthood. Probably, one of the reasons for this interest is the universal belief that a successful transition to parenthood is essential for the positive development of the newborn (Shonkoff & Fisher, 2013; Saxbe et al., 2018). Moreover, from the parent's point of view, parenthood is widely perceived as a difficult and stressful undertaking, which parents only have partial control over. A well-known African proverb highlights this notion saying, "it takes a village to raise a child." Scientific explorations of the transition to parenthood support this naïve impression and describe the transition to parenthood as a process that is shaped by a complex set of interrelated factors (Kuersten-Hogan & McHale, 2021). Hence, a large body of studies has also documented the possible negative implications of maladjustment to parenthood, such as the emergence of postnatal depression, impaired well-being, or parental burnout (i.e., overwhelming exhaustion, emotional distancing, and a loss of personal effectiveness and pleasure in the parental role; Roskam & Mikolajczak, 2020).

Due to the vast literature on these topics, providing a comprehensive review of the literature on the transition to parenthood and ways to prevent maladjustment during this transition is beyond the scope of the present chapter. Rather, firstly, several updated insights on the transition to parenthood will be suggested. Secondly, a description of a sample of existing interventions that aim to prevent maladjustment to parenthood will be outlined. Finally, the topic of personal growth following parenthood will be reviewed, and related implications for the prevention of parental

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maladjustment will be presented. In particular, the relevance of potential postpartum personal growth to the TSA model's considerations regarding people's motivation to adjust to transitions will be discussed.

A Brief Description of Parents' Characteristics in the Present Day

The global rate of matrimony among emerging adults is constantly decreasing, and those who get married tend to do so at an older age (Bongaarts, 2017; Williams & Wolniak, 2020). In addition, the birth rate among young adults in all regions of the world has declined, and several regions of the world (Europe) already have a negative birth rate (i.e., more deaths than births; United Nations, 2015), whereas other regions (Asia, South America, and the Caribbean) are expected to have a negative birth rate within 30–40 years. These data are presented in Fig. 8.1.

Back in the early 2000s, Cabrera et al. (2000) described four trends in parenthood that have emerged in the twentieth century: (a) greater cultural diversity in the US population that questions existing knowledge on what constitutes "typical parents"; (b) the increased absence of partners in the lives of children as a result of the increased divorce rate (see Chap. 9); (c) women's increased labor force participation, a trend that actually began to emerge in the second world war and has intensified due to several other factors (e.g., the higher rate of single-mother families); and (d) fathers' increased involvement in intact families, which can be partially perceived as a reaction to (working) mothers' decreased presence at home and/or a change in women's sense of empowerment and attitudes toward participation in household decision-making (e.g., Haque et al., 2021).

In addition to this list of trends, there are additional trends that have emerged during the recent 20 years that should be mentioned in relation to the transition to parenthood, including: (e) a higher rate of births among unmarried women, which constitute (since 2007) almost 40% of all conceptions, both in the USA and Europe (e.g., Martin et al., 2021); (f) an increase in parents' (mean) age; i.e., when pregnancy occurs, it is usually at an older age than before, with an increasing rate of women conceiving after the age of 35–40 (Correa-de-Araujo & Yoon, 2021). That means to say that, during pregnancy, a relatively higher rate of both women and men have already started building their career, eventually leading an increased rate of them to experience work-home conflict (and eventually sometimes to care more about their occupation and personal career; Newson et al., 2005); (g) finally, and very importantly, is the significant change in the family setting, with a higher rate of children born to new types of families (e.g., Golombok, 2015, 2020). This means that the rate of heteronormative nuclear families (i.e., with one woman, one man, and one infant) is lower these days, and there are increasing rates of other forms of families, such as single-parent by choice families (Chasson & Taubman – Ben-Ari, 2020; Tsfati & Segal-Engelchin, 2022), same-sex families (e.g., Leal et al., 2021),
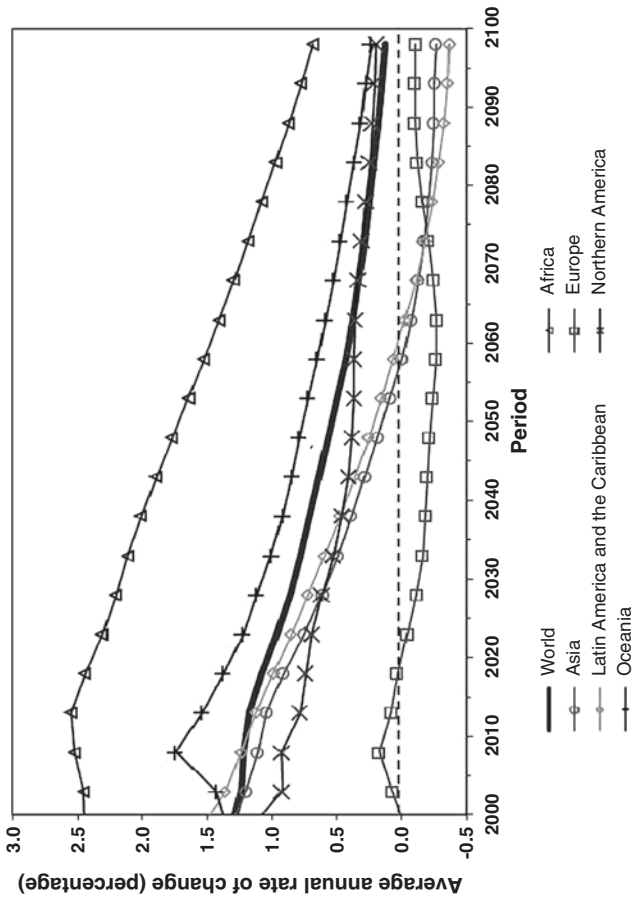
Fig. 8.1 The average annual rate of population change by major area, estimates for 2000–2015, and medium-variant projection for 2015–2100. (From *World Population Prospects: The 2015 Revision, Key Findings and Advance Tables*. Working Paper No. ESA/P/WP.241. Department of Economic and Social Affairs, Population Division, © 2015 United Nations. Reprinted with the permission of the United Nations)

blended families (whereby two divorced adults get married or live together and combine their families;), custodial grandparent families (among children whose parents are unable to raise them), adolescent parents, hetero-gay families (Erera et al., 2021), and more. Noteworthy is that new types of families add to the already increasing variance in family characteristics that has implications for the transition to parenthood, such as IVF and other assisted reproductive technologies (Ranjbar et al., 2020), the birth of a child with special needs (e.g., Mantri-Langeveldt et al., 2019), adoptive parents (e.g., Frost & Goldberg, 2020), surrogate families (Rubio et al., 2020), birth after previous miscarriage, etc.

The larger variance in present-day parents' personal and familial characteristics mentioned above has yielded larger variance in the "parental environment" into which newborns enter, as well as in the possible characteristics of the newborns that parents raise (Imrie & Golombok, 2020). This larger variance calls for a reconsideration of older findings and models of the transition to parenthood and perhaps the establishment of more complex and differential models.

Postnatal adjustment research primarily addresses the birth of the first child (i.e., the transition to parenthood). However, some studies have identified the birth of subsequent children (following the first child) as also leading to psychological distress and overall adjustment difficulties in both women (Kuo et al., 2017) and men (Volling et al., 2020). These findings broaden the scope of discussion on the transition to parenthood, suggesting that there may be various types of transitions to parenthood and hence indicating the importance of considering birth order as a possible determinant of postnatal adjustment. However, the present chapter will primarily focus on the case of a first newborn entering a nuclear parents' family, with a mother and father, which is still the most prevalent family structure today (Martin et al., 2021) while acknowledging the growing number of other family structures.

The Transition to Parenthood

Recent studies on the transition to parenthood are characterized by two methodological approaches: (a) Quantitative research designs, either longitudinal (e.g., 20-year follow-up studies) or comprehensive system approaches (e.g., Lau et al., 2020), and (b) qualitative designs, exploring "the parents' perspective" on various topics. Importantly, in spite of the above-reported recent changes in parent and family types, it seems that the essence of the already existing knowledge on the transition to parenthood is still relevant and valid.

The birth of a child is a significant life event, often met with excitement and positive anticipation (Harwood et al., 2007). Nonetheless, it also involves increased stress levels and requires a process of adjustment (Kuersten-Hogan & McHale, 2021; Lederman & Weis, 2020a, b). Hence, for some new parents, there may be a negative gap between their preliminary expectations and postnatal reality, leading to negative outcomes, ranging from frustration to depression and other mental health problems (Harwood et al., 2007; Hansen, 2012). Obviously, parental distress and

maladjustment significantly affect the (two) parent(s), the infant, and even the extended family (e.g., Baker et al., 2020; Cummings et al., 2005).

In fact, the transition to parenthood is considered by many as THE most significant life transition that a person may undergo (e.g., Leversque et al., 2020; Pearson, 2019). This notion is not an exaggeration, as evident from Saxbe et al.'s (2018) description of the comprehensive change that the person – either the mother or the father – experiences during the transition to parenthood, including changes in: the person's brain activity, body functioning (e.g., sleeplessness), cognitive activity, emotional reactivity, social relationships, and other behavioral changes that together make the person more vulnerable to mental health problems.

The multidimensionality of the experience of the transition to parenthood can be exemplified by data on the Prenatal Self-Evaluation Questionnaire (PSEQ) (Lederman et al., 1985; Lederman, 1995; Lederman & Lederman 1987; Lederman & Weiss, 2020a, b). The PSEQ consists of 79 items that refer to three periods – pregnancy, childbirth, and maternity – and are divided into "the seven dimensions of maternal development" (Lederman & Weiss, 2009, 2020a, b), including: the mother and infant's well-being, acceptance of the pregnancy, identification with the motherhood role, preparation for labor, control during labor, the mother's relationship with her mother, and the mother's relationship with her partner. These dimensions were almost identically replicated in Lin et al.'s (2009) findings, in which the PSEQ was culturally adapted for administration among Chinese women. The only dimension that was not replicated in Lin et al.'s study was "control during labor"; however, this finding fits well with expected cultural differences (USA-China) in relation to perceptions of control (e.g., Ji et al., 2000). Notably, the multidimensionality of the mother's experiences during the various stages of the transition to parenthood adjunct to findings about the father's emerging feelings of change when a baby is born (Levy-Shiff & Israelashvili, 1988).

The importance, multidimensionality, and comprehensive experience of becoming a parent have led to a vast number of studies that have explored determinants of parental maladjustment. Some have referred to difficulties in marital relations (e.g., Cox et al., 1999) and to the parent's interaction with and care for the infant (e.g., Solmeyer & Feinberg, 2011), whereas others have referred to the parent's inner state, such as antenatal depression and anxiety (e.g., Grote & Bledsoe, 2007) or low parental self-efficacy (Howell et al., 2006). Still other studies have found that unmet expectations predict greater depressive symptomatology and poorer relationship adjustment (Harwood et al., 2007; Lawrence et al., 2007).

One of the major topics that researchers have explored in the context of the transition to parenthood is the possible implications of the lack of mutual social support between the couple and/or from their social networks (e.g., Leal et al., 2021). Clearly, social support is a major protective factor in times of stress. In the context of the transition to parenthood, the partner's support (when there is a partner) gains special importance as, practically speaking, the spouse's support is needed not only in taking daily (and nightly) care of the baby, but also in implementing decisions regarding the abovementioned stressors (e.g., solving home-work conflicts). Thus, each one of the parents expects the other to take responsibility for an equal share in

task division (Meier et al., 2020). The spouse's willingness to support his/her partner reflects not only acceptance of responsibility for the newborn and the family's reorganization but also the acceptance of, and care for, the partner in, and sometimes "…in spite of…," the new circumstances. Somehow, this represents the need to experience positive emotions that are initiated by the other person (Don et al., 2021), who is supposed to be a partner at all times and under all circumstances. Two additional important points that should be mentioned are that (1) both parents expect to receive social support – and its implicit meaning of emotional support – during their adjustment to the new situation (e.g., Smallen et al., 2021; Wandersman et al., 1980), and (2) this expectation is not directed toward the partner alone but also toward the extended family, such as an expectation to be supported and understood by the "in-laws" (Lau et al., 2020), friends (Chasson & Taubman – Ben-Ari, 2021), and the various social networks (Leal et al., 2021).

The multiple roles, or meanings, that social support takes on in the context of parenthood may be the reason why some researchers prefer to replace social support with the term *partner responsiveness* – i.e., the degree of understanding, validation, and care that partners display toward one another (Reis et al., 1988; Smallen et al., 2021). Lack of responsiveness is a major determinant of postpartum depression (e.g., Meier et al., 2020). However, recent studies indicate that a relatively large number of partners do support each other during the transitional process and try to become positive (i.e., successful) parents (Huss & Pollmann-Schult, 2020).

Another major aspect of the transition to parenthood, in addition to the physical, behavioral, and interpersonal aspects, is the possible intrapersonal difficulties that many parents, especially women, experience in the course of the transition to parenthood. Such intrapersonal difficulties might stem from the relatively common belief that postnatal adjustment requires woman's selflessness. As been elaborated by Reshef and Israelashvili (2021), one of the myths that still prevails in contemporary society is that "good mothers" are those who feel fulfilled in their new social role and selflessly and happily attend to infant tasks (Woollett & Marshall, 2000). It appears that this social discourse regarding mothers' endless selflessness is not only a lay-person's invalid belief but rather a stand point that some professionals support (Reshef & Israelashvili, 2021). For example, in 1956, Winnicott defined the primary maternal preoccupation as a state that develops during pregnancy and lasts for a few weeks after birth, in which the mother is completely preoccupied with fulfilling her infant's needs. Winnicott (1956), though paying homage to new mothers' situation, claimed that a mother's inability to put her needs aside and "feel herself into the infant's place" (p. 303) might pose a threat to the baby. Research, however, shows that this dominant ideology does not reflect the typical realities of most mothers (Barclay et al., 1997; Stern, 1999). Rather, for many women, the transition to motherhood is accompanied by sorrow, anger, and frustration (Bartleet, 2009). Moreover, it seems that trying to live up to the expectations derived from this myth requires considerable effort and may lead to extended feelings of distress and guilt (Choi et al., 2005; Hennekam, 2016).

These difficulties have recently been articulated by Lévesque et al. (2020) as a paradox in parenting social norms. In their study, Lévesque and colleagues

interviewed new (Canadian) parents of a child aged 6–18 months about "the challenges in assuming the parenting role and maintaining relational well-being." Analysis of the interviewees' reports indicated differences according to gender and other personal characteristics. Yet, among all of the new parents, three central challenges emerged during the transition to parenthood: (1) loss of individuality and couplehood, given the primary identity as parent, (2) parental equality in terms of childcare and the associated tasks as a significant source of irritation, and (3) managing expectations, the influence of social norms and judgments on parental self-development. Parents of both genders shared these challenges, representing the need to combine and balance the different roles and identities that each parent, as an adult, wishes and is expected to manage – i.e., parent, self, and partner. Lévesque et al. (2020) highlight the paradox in parenting social norms. On the one hand, there is strong social pressure to devote oneself to the baby, while, on the other hand, there is strong social pressure to be more than just a parent and to continue to accomplish things in other life spheres.

The "comorbidity" of new mothers' stressful encounters is well outlined in Chasson and Taubman – Ben-Ari's (2021) recent proposal of the *Maternal Compassion Preoccupation*. Based on their studies, Chasson and Taubman – Ben-Ari suggest that the term *Maternal Compassion Preoccupation* includes three subcategories – i.e., compassion fatigue, compassion satisfaction, and self-compassion – that represent three well-documented aspects of caregiving: difficulty (including: emotional detachment, dissociation and derealization, loneliness, feeling stifled, anxiety and intrusive thoughts, and helplessness), pleasure and satisfaction (including: infant's responsiveness, infant's dependency, competence, and meaning and belonging), and concern for personal needs (including: kindness and attention to self, and flexibility and reducing self-criticism).

Thus, the transition to parenthood includes a complex set of both physiological and psychological demands that accordingly lead to, among other things, psychological implications. Turner-Zwinkels and Spini (2019) exemplified the connection and mutual impact of the interpersonal and the intrapersonal domains in shaping adjustment to the transition to parenthood. In their study, Turner-Zwinkels and Spini (2019) differentiated between parenting, domestic, and provider identities and followed 213 Swiss couples for a period of about 3 years, pre- through post-birth of their first child. Based on the participants' reports about themselves and their partners in relation to their parenting, domestic, and provider identities, the researchers concluded that a process of identity coordination takes place in couples, leading to better adjustment to parenthood. Hence, enhancement of the future parents' collaboration, communication, and support is important not only for their future relationships but also for their rearticulation of their (individual) identity. As mentioned above, such a rearticulation of self-identity seems to be crucial for the new parents' ability to cope with societal pressures (e.g., the extended family, social norms, and expectations), for their ability to make occupational and familial decisions, and for planning and pursuing their personal development as adults.

However, it is noteworthy that the route to rearticulation of the parent's self-identity is complex and also highly dependent on the parent's life circumstances

(e.g., society, culture). The complexity of new mothers' search for rearticulation of their self-identity, following birth, has recently been demonstrated in a study by Reshef and Israelashvili (2021). This study emerged on the basis of the assumption that complete parental selflessness is neither possible nor healthy. Alternatively, they suggested that the challenge for new parents – and actually for other people in times of transition as well – is finding a *balanced state* between *being selfless* while still *differentiating the self* from others. Namely, this involves shunning away from either extremes of the self – i.e., complete selflessness OR complete differentiation from others (and from the newborn) – and finding a (personal) way to integrate these two orientations in a way that will partially hold and partially departing from both. The study participants were 218 Israeli women (Mage = 31.45, SD = 4.21) who were recruited via Internet discussion forums on birth and maternity.

The participating mothers gave birth to their first (52%), second[1] (28%), or third (20%) child (53% boys), from 6 to 32 weeks (*M* = 16.77, SD = 6.42) prior to the completion of the study questionnaire. The study questionnaire was composed of several scales, including: differentiation of self (DSI, Skowron & Friedlander, 1998), selflessness (SS, Bachar et al., 2002; OST, Jensen et al., 1991), maternal adjustment (Kumar et al., 1984), postnatal depression (EPDS, Cox et al., 1987), and a TSA-Pregnancy scale, which measures the level to which the new mother has already approached a relatively stable state regarding each one of the TSA-model components (see Chap. 7).

The study findings showed that both selflessness and differentiation of self each have a significant direct effect on postnatal depression and on the mother's attitude toward her baby. However, a quadratic effect of selflessness was only found for maternal attitudes, and an interaction effect was not found. An additional hierarchical regression analysis was conducted on the TSA-scale scores, showing the same pattern of findings to be applicable to explaining the variance in participants' adjustment to the transition to parenthood, as measured by the TSA-scale. Namely, both selflessness and differentiation of self-contributed to the TSA scores, along with the birth order of the present (i.e., recent) baby. These findings are presented in Fig. 8.2 below.

Reshef and Israelashvili (2021) study's findings support the notion that new mothers' drastic shift to ignoring their personal needs and personal (pre-delivery) preferences – i.e., becoming completely selfless – neither is an irrelevant expectation nor is it a healthy one. Rather, differentiation of self is also a powerful tendency that, at least partially, contributes to women's successful transition to parenthood. However, further explorations are needed to understand how these two dimensions are integrated into a comprehensive and successfully adjusted sense of self-esteem among mothers.

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[1] Giving birth to a second child, which is connected to the first child's transition to siblinghood, is sometimes as stressful as the first delivery, though for different reasons, and requires adjustment (e.g., Volling et al., 2019).
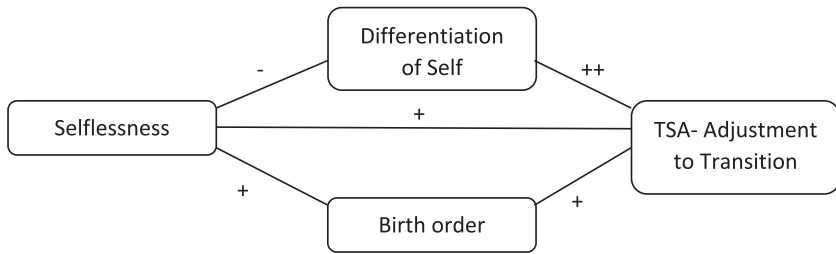
Note.

+   a significant positive association;

++ a significant and strong positive association

-   a significant negative association:

Fig. 8.2 Regression predicting TSA adjustment to parenthood according to selflessness, differentiation of the self, and birth order

Prevention of Maladjustment to Parenthood

A relatively large body of studies has found associations between the new parents' reactions and adjustment to parenthood and their past and present life circumstances (Kuersten-Hogan & McHale, 2021). Referring to the parents' early years, for example, the association between adjustment to parenthood and the parent's attachment and attachment style has been extensively explored. These studies have indicated possible bidirectional connections between attachment and adjustment to the transition to parenthood: Firstly, findings have indicated that an adult's attachment anxiety shapes the associations between his/her early childhood emotional maltreatment and his/her later responsiveness to his/her partner's needs during the transition to parenthood (Cao et al., 2020). Secondly, a reversed connection has been found between expectant mothers' and fathers' level of attachment anxiety and their later level of jealousy of the infant-partner relationship at 3 months postpartum (Olsavsky et al., 2020). In addition, support has been found for the notion that avoidant attachment is connected to men's perception and attitude toward co-parenting (Alves et al., 2019; Pinto & Figueiredo, 2019) and that parents characterized by insecure partner-attachment styles are more vulnerable to maladjustment to parenthood (Fredriksen et al., 2019; Simpson & Rholes, 2019). Finally, demonstrating effects in the opposite direction, several studies have shown that becoming a parent leads to a decline in avoidant attachment (Rholes et al., 2021; Smallen et al., 2021).

This line of studies contributes to a better understanding of the origin of mental health difficulties that sometimes arise during the transition to parenthood. For example, it can be assumed that, when both partners' attachment styles are secure, each one of them will experience greater psychological safety – i.e., feeling comfortable taking positive interpersonal risks (Wanless, 2016). This, in turn, will

enable each one of them to manage better during the transition to parenthood, as they will be capable of exploring additional ways to cope with the new circumstances involved in the transition to parenthood. This psychological safety promotes not only individual adjustment to the transition to parenthood but also the couples' co-parenting – i.e., negotiations between the parents about roles, rules, responsibilities, and contributions in relation to their shared child (Tadros & Ogden, 2020). This way they better coordinate their parenting, support or undermine each other, and manage conflicts regarding child rearing (Van Egeren, 2004) – such as encouraging them to exhibit supportive co-parenting (Schoppe-Sullivan et al., 2016). Thus, in terms of interventions to prevent maladjustment to parenthood, the accumulating knowledge on the future parents' attachment styles could be valuable for the possible early identification of those people and/or couples who are in need of preliminary preventive intervention. Namely, early screening could be used to identify those (individuals and/or couples) who might be at-risk for the emergence of mental health problems following childbirth, e.g., due to the prominence of an insecure attachment style (i.e., avoidant and anxious; Handelzalts et al., 2021).

Moreover, the literature on prevention of maladjustment to parenthood is rich and addresses several other aspects that relate to features of the transitional process. Generally speaking, there are three general groups of programs that aim to prevent maladjustment to parenthood: (1) *child-focused programs,* (2) *child-and-parent-focused programs*, and (3) *transitional programs*. The first group of programs focuses on adapting the parents' behaviors to the newborn's needs; the second type of programs acknowledges the parents' difficulties and aims to adapt the parents' behaviors while considering both the newborn's and the parents' needs; the third type of programs moves the perspective from the parent-child postnatal interaction and considers the whole process of transition, starting from the period prior to the pregnancy, through the periods of pregnancy and labor, and up to the parenthood period. Below is a short discussion regarding each of these types of programs.

Child-Focused Programs From the perspective of the transition to parenthood, child-focused programs are those that aim to promote adults' parenting skills. Several of the more eminent and empirically supported programs include: The Incredible Years (IY) Program (Webster-Stratton, 2000), Parent Management Training (PMTO; Forgatch & Patterson, 2010), Parent-Child Interaction Therapy (Fernandez & Eyberg, 2009), and The Triple P-Positive Parenting Program (Sanders, 2008). These preventive interventions, also referred to as Behavioral Parenting Training (BPT), are built upon the premises of Social Learning Theory (Bandura, 1971) and address various behavioral, cognitive, and developmental principles in order to help parents become more competent in their daily care of the newborn. Specifically, these programs strive to improve the quality of parent-child interactions, to increase reliance on positive reinforcement to motivate desired behaviors, and to encourage parental use of effective alternatives to physical discipline (Barkley & Robin, 2014; McNeil & Hembree-Kigin, 2011).

Notably, due to the higher rate of parents who give birth while already preoccupied with promoting their professional careers, some parents are reluctant to attend

these parenting programs. That is to say, sometimes those parents who are especially in-need of such an external intervention are too busy with earning their living. Hence, since the early 1990s, a significant number of governments have established a special ministry or a wing within a ministry that is in charge of promoting parenting skills and/or the partnership between parents and professionals. An example of that is the Australian Government's Department of Health, which launched a website on "Pregnancy Care Guidelines" (https://www.health.gov.au/resources/pregnancy-care-guidelines), in which various suggestions and resources are provided (e.g., "preparing for pregnancy, childbirth, and parenthood") as an act of promoting public health.

In their review of the literature on this topic, Sanders et al. (2014) conclude that there is no consensus regarding how parenting skills can be promoted at a societal level (see also Gilmer et al., 2016). Nevertheless, on a local basis, the BPT programs are widely recognized as the best practice in promoting newborns' positive development (Mingebach et al., 2018; Serketich & Dumas, 1996). Yet, recently, Weisenmuller and Hilton (2021) presented major barriers that still exist, in running and/or effectively implementing PBT programs for individuals in-need. These barriers are firstly structural (e.g., available funds for service delivery resources, sustainability of funding resources over time, the dearth of mental health service professionals) and professional (e.g., professionals' lack of training and/or experience to provide PBT interventions, limited availability of ongoing supervision, the mode of delivery). Furthermore, Weisenmuller and Hilton (2021) highlight additional factors that have yet to be comprehensively considered in past studies on PBT programs and seem to have a major impact on their utility, especially for parents in rural and underserved communities. These barriers are the parents' culture, religion, family tradition (e.g., education of the eldest child; Tunde-Ayinmode & Adegunloye, 2011), experience in being parented, intra-individual characteristics (e.g., stress, psychopathology), and stigma regarding help-seeking. Several of these limitations have also been noted by Smith et al. (2020), in their review of the literature on the implementation of parenting interventions in primary care.

Thus, although PBT programs have been extensively implemented and explored, evidence regarding their utility is still partial. The major limitations of current knowledge, before being acknowledged as achieving population-level impact, relate to problems of confidentiality in their implementation, as well as the relatively limited scope of reference to the large variance within the parent population.

Child-and-Parent-Focused Programs   Unlike the regular PBT programs that focus primarily on the child's needs – by providing emotional and practical support to parents and investing in parental education and enrichment of the newborn – in child-and-parent-focused programs, the focus of attention shifts to the parent as well. This shift is represented in Einzig's (2002, 2013) differentiation between parent training and parenting education; i.e., while the prior's goal (as described in the previous section) is to supply parents with support in parenting, the latter's additional goal is to supply support for the parents. Thus, child-and-parent-focused programs address the child and the caregiver's capabilities in an integrated way and try

to improve parenting skills while addressing potential problems (such as child behavior problems or parental psychopathology) that may disrupt the parent-child bond (Shonkoff & Fisher, 2013). The rationale for such a shift of attention stems from the developmental psychopathology theorem, according to which the child is embedded in an environment. Hence, if the environment (e.g., the parental behavior and feelings and/or the home regulations) are characterized by high stress, frustration, and even chaos, it might direct or regulate the child to develop negative, but nevertheless adaptive, strategies and ways of behavior that fit well into one's family system but not to others (outside) contexts. These strategies might have a long-term negative impact on the individual and/or society (Ellis & Bjorklund, 2012). Thus, when a parent's behavior is abusive or negative, investment in promoting the child's positive development will be in vain (Evans & Kim, 2013; Kim & Watamura, 2015).

Common topics that are addressed in child-and-parent-focused programs are (Einzig, 1996, 2002, 2013): parent's self-esteem, parent-child communication, the parent as an ex-child (personal history), the search for individualistic (adult) development, the term "good-enough" parent/child, the parents' relationships, communication skills, periodical introspective self-check (as a parent/an adult), stress-management, etc.

An example of such a preventive intervention is the *Nurturing Prenatal Parenting Program* (Bavolek, 2015; Greeno et al., 2021). This program (https://www.nurturingparenting.com/about.html) is designed to build nurturing parenting skills and child-rearing practices. Bavolek assumes that parental abusive behavior emerges due to several reasons that have to be considered and appropriately changed, as follows: (1) inappropriate parental expectations of the child, (2) lack of parental empathy to the child's needs, (3) parental appreciation of physical punishment efficacy, (4) parent-child role reversal, and (5) parental oppression of the child's power and independence. The program for prenatal families is based on 9 group sessions (each of which lasts 2 ½ h) in which pregnant women and their partner (or a family member) learn about improving their own and their partner's quality of life, as well as the quality of their well-being as a couple, and learn about the prenatal and postnatal child's development, proper nutrition, brain development, illicit drugs, etc.

Another example of this type of preventive intervention to support the transition to parenthood is those programs that aim to better engage the partner in the emotional and practical experiences of the pregnant spouse. This kind of program is mentioned within the context of child-and-parent interventions as it considers the newborn but attributes equal importance to the pregnant women's (and partner's) needs. As mention above, the idea of focusing on the partner doesn't replace the major care for the newborn's positive development; rather, it also acknowledges the importance of the parent's well-being as an important goal, both in itself, as well as being a major determinant of the environment that the newborn is (about) to enter. A prominent example of this type of program is interventions to prevent women's postpartum depression/mental health difficulties.

Recently, Alves et al. (2018) reviewed the content and utility of partner-inclusive interventions designed to prevent or treat postpartum depression (PPD) in women.

The review describes a qualitative analysis of 24 interventions, in terms of the interventions' type, content, attendance, assessment, and the effects on the women's response to the interventions. Analysis of the interventions' session content demonstrates the behavioral orientation of these programs; below is an integrative list of the content that is included in these interventions (in alphabetical order):

- Anxiety
- Assessment of the partner's needs
- Baby's behavior management issues (e.g., sleep needs, settling strategies)
- Baby-care tasks
- Changes resulting from the baby's birth
- Cognitive and behavioral strategies for coping with depression and anxiety
- Cognitive restructuring
- Communication skills and strategies
- Community network contacts for relevant services
- Coping plans to manage symptoms
- Coping skills and strategies
- Couple's relationship changes and concerns (e.g., normative relationship changes, communication skills)
- Culture
- Detection of early and late warning signs of depression
- Emotional changes
- Equality within the household
- Expectations about parenting
- Facilitating change
- Family members
- Family relationships and support
- Father-baby interactions and relationships
- Help-seeking
- Housework
- Intimate concerns between partners (e.g., sexual)
- Involvement in baby-tasks
- Mood monitoring
- Mutual support
- Parental mental health
- Parenthood expectations, losses/gains
- Parenthood-related changes
- Parenting activities (e.g., strategies to assist infants when stressed)
- Partner's contribution to childcare
- Partner's coping and available resources
- Partner's postpartum concerns
- Perinatal emotional health
- Postpartum issues (e.g., breastfeeding)
- PPD – risk factors, symptoms, causes, adverse consequences, treatment options
- Pregnancy

- Preterm infants and how best to parent them
- Problem-solving strategies
- Readjustment in intimate relations
- Relaxation and exercises
- Self-confidence
- Sources of help
- Support strategies (giving/taking)
- Where to get treatment
- Women's difficulties and partner's perceptions

Alves et al. (2018) conclude that the existing programs in this context are mostly based on psychoeducation about PPD and parenthood, aiming to promote coping, problem-solving, and communication skills, and the partner's emotional and instrumental support. As for the interventions' utility, they comment that existing findings are still mixed and need further exploration. A similar conclusion emerges from another review (Xiao & Loke, 2021) of the effects of co-parenting interventions during the postpartum period. According to Xiao and Loke (2021), co-parenting interventions have positive effects on co-parenting support, co-parenting undermining, couple communication, parent-child interactions, and maternal depression, but they have less positive effects on issues related to childrearing, division of labor, and parents' (especially fathers') well-being and self-efficacy.

Transitional Programs A third type of interventions is those that consider the transition to parenthood as a longitudinal process. Namely, they begin at an early stage and support the parent(s) over time in addressing the differential needs that usually emerge over the course of the entire process. These programs are relatively structured and are prepared on the basis of preliminary comprehensive and longitudinal explorations among related populations, conducted during the periods of pregnancy, delivery, and early parenthood.

One of the prominent interventions that follow this rationale is David Olds' *Nurse-Family Partnership* (http://www.nursefamilypartnership.org). Originally, Olds was interested in understanding the determinants of low birth-weight newborns (Olds, 2006). The focus on the newborn's weight was based on the notion that this happens to be an important determinant of the newborn's later development (e.g., health problems). Based on preliminary studies, Olds and his team of researchers revealed that the rate of underweight newborns is higher among young (many of them adolescent) unmarried women, who live in low-income neighborhoods. Additional studies indicated that this population is troubled by numerous questions regarding their new situation (i.e., pregnancy) – e.g., Who is the father? Will he be willing to recognize and take responsibility for his fatherhood? How will my family members react? Should I have an abortion? How will I financially support the newborn? In light of the many questions they are coping with, these young women sometimes prefer to "ignore" their pregnancy, as a kind of avoidant way of coping. As a result, these young women neglect to attend important medical checkups and

other monitoring procedures, leading to a higher rate of births of preterm or low-weight newborns.

This finding led to the conclusion that a comprehensive intervention is needed in order to support these young women's ability to address all of these topics, to make proper decisions, and to implement the decisions in an optimal manner. To meet these goals, *The Nurse-Family Partnership* (NFP) was established. The NFP program targets first-time, low-income mothers, early in pregnancy. In this program, registered nurses or related paraprofessionals (e.g., social workers) engage the pregnant women and their families in activities, with the following three goals:

- *Improving pregnancy outcomes, including:*
    - Helping clients obtain prenatal care from their physician
    - Helping clients reduce their use of cigarettes, alcohol, and illegal drugs
    - Teaching clients about healthy nutrition during pregnancy

- *Improving children's health and development, including:*
    - Helping parents provide more competent care of their children during the first 2 years of life
    - Teaching parents how to care for their children and provide them with a positive home environment
    - Teaching parents how to nurture their children
    - Helping parents create a safe environment, both within and around the home, where their child can live and thrive
    - Teaching parents safe and consistent practices of child discipline
    - Helping parents get proper health care for their child

- *Improving maternal life course development, including:*
    - Teaching young mothers to keep their lives on track and develop a vision for their own future
    - Helping mothers make reasoned choices about their partners, family, and friends who are involved with their child
    - Helping mothers plan future pregnancies
    - Helping mothers continue their education and reach their educational goals
    - Helping mothers find adequate employment

Ideally, visits begin early in the second trimester (14–16 weeks gestation). In the first month, the nurse visits weekly and, afterwards, every other week until the baby is born. After the baby is born, visits are weekly for the first 6 weeks and then every other week until the baby is 20 months old. When the child is 20 months, visits occur monthly until the child is 2 years old.

Clearly, the nurse – or paraprofessional who conducts the intervention – is a key figure in shaping the intervention's utility (Beatson et al., 2021). Hence, it is essential to cultivate the nurse's professional capacity. This, for example, has been found in a recent study (Williams et al., 2021) in which the reasons for attrition from the program were explored. The study findings indicated reasons like being assigned to

a new nurse or feeling that one no longer needed the service (which may be connected to a change in the accompanying nurse).

Generally speaking, Olds and colleagues estimated that the program's implementation would lead to long-term reductions in public-benefit costs, especially for mothers with initially higher psychological resources. This estimation was supported; preliminary evaluations of the costs of Home Visiting Programs (Olds & Kitzman, 1993) indicated that it costs between $229 and $1750 per family per year, depending on the region, intensity, and other features of the intervention that is implemented. Obviously, going to scale with this program might require a large budget that is not always available. However, a comparison between the program's cost and the potential costs that might be needed in order to treat both the newborn's and the mother's future problem behaviors – if the program were not implemented – sheds light on the program's effectiveness in reducing public health expenses. For example, in a recent study, Olds et al. (2019) found that while the program's costs were $12,578 per family, participation in the program saved between $17,310 and $28,847 in public benefit costs, depending on the participant's preliminary level of engagement in psychological problems.

This reduction in the public health costs stems from the program's achievements, as measured in many studies (e.g., Miller, 2015; Molloy et al., 2021; Olds & Yost, 2020):

- Improved prenatal health
- Fewer childhood injuries
- Fewer subsequent pregnancies
- Increased intervals between births
- Increased maternal employment
- Improved school readiness
- Mothers' fewer arrests, fewer convictions, and fewer days in jail
- Reduction in child abuse and neglect
- Reduction in children' arrests
- Reduction in adjudications as PINS (person in need of supervision) for incorrigible behavior

To illustrate the content of short-term transitional programs, the topics of an intervention program that is based on Lederman and Weiss' (2020a, b) findings on the (previously mentioned) Prenatal Self-Evaluation Questionnaire (PSEQ) are listed below. The program was developed and tested in Turkey, by Aba and Kömürcü (2017), and is intended for couples during the 12th–37th gestational weeks. The intervention includes the following segments: women's and men's reproductive system anatomy and physiology and pregnancy physiology, fetal growth and development, necessary tests and follow-up during pregnancy, changes that occur in the mother during pregnancy and recommendations, nutrition among pregnant adolescents, necessary exercise during pregnancy, labor, the postpartum term, nutrition during the postpartum term, exercise during the postpartum term, family planning methods, the postpartum term and sexuality, the importance of mothers' milk, lactation and breastfeeding, and neonatal infant care.

Finally, another transitional program that has gained much empirical support and has been adapted to other countries is Mark Feinberg and colleagues' *Family Foundations* (FF) program (Feinberg & Kan, 2008; Feinberg et al., 2010, 2014, 2016a, b). Based on early studies on the nature and structure of co-parenting (e.g., Feinberg, 2002, 2003), Feinberg suggested a framework for preventive interventions in order to promote couple relationship quality, parenting quality, and child self-regulatory capacities. Evaluation studies of the FF program's contribution have indicated that it has a positive impact on co-parenting, leads to lower levels of parental depression and anxiety, reduces distress in the parent-infant relationship (see also Feinberg et al., 2016a), and promotes the parent's competence in infant regulations (e.g., sleep). The impact of the FF intervention on co-parenting was especially significant and indicated a positive impact across all domains: parents' mental health and adjustment, co-parenting and couple relations, parenting quality, and family violence (Feinberg et al., 2016b). A greater impact was found on parents with lower levels of education, especially for fathers who reported insecure attachment in close relationships, and no moderation of the family income (Feinberg et al., 2009; Kan et al., 2012). Follow-up studies that were conducted when the child approached the age of 3 (i.e., 3.5 years after baseline) indicated the intervention's positive impact on parental stress and self-efficacy, co-parenting, harsh parenting, and children's emotional adjustment (Feinberg et al., 2010; Kan & Feinberg, 2014). Moreover, follow-up studies after 6 years showed lower levels of internalizing problems (for both sexes) and lower levels of externalizing problems (for boys) among the children whose parents participated in the FF program (see also Solmeyer et al., 2014).

The program includes nine parenting classes – five of which occur before the child is born, and four after birth. The content of the classes are as follows:

Before the birth of the child:

1. Building a family: Promoting communication while focusing on the positive parenting strengths of the team.
2. Feelings and conflicts: Discussing how parents' emotions affect the child and how parents can avoid and manage conflict.
3. Good sport teamwork: Identifying behaviors and negative storylines that upset each partner and learning how to change those thoughts.
4. Working it out: Practicing communication skills and how best to conduct difficult conversations.
5. Here we go!: Seeing each other as supportive partners and building each other's confidence as parents.

After the birth of the child:

6. New parents' experiences: Discussing the challenges of adjusting to parenthood, recognizing the normalcy of these experiences, and learning how to recognize the child's temperament and moods.
7. Security: Attachment and security between the parent and child.

8. Problem-solving: The dynamics within the parenting team and couple problem-solving.
9. Keeping things positive: Learning how it is best to encourage feeling of security in the child-raring, how couples handle sex and intimacy, and how parents can be supportive by communicating appreciation to their partner.

Thus, the FF program is established upon several important characteristics that seem to be essential for the successful transition to parenthood: perceiving the transition as a collective, rather than an individual (e.g., relating only to women), process; awareness of matters relating to personal feelings and security (e.g., attachment); attention to the importance of, and ways to implement, "group work" (i.e., co-parenting); timing the intervention before the actual transition to parenthood occurs (i.e., before delivering the baby); follow-up of the couple in a type of mentoring process; and normalization of the parents' experiences and distress by running the program in small groups.

In sum, there is a large selection of preventive interventions that are directed to support couples' adjustment to the transition to parenthood. As is described above, the interventions are different in their focus, length, timing, and purposes, and yet, many of the interventions are evidence-based and hence call for wider implementation. Nevertheless, it seems that one component is missing in most of the existing programs, that is, they do not comprehensively address the reasons for becoming a parent. That is to say, it is important to consider the extensive implications of the reasons for becoming a parent not only in terms of the immediate implications of keeping the pregnancy (i.e., versus having an abortion; see Klann and Wong's (2020) model of Pregnancy Decision-Making) but also in terms of the short-term and long-term implications of parenthood on the parents-to-be. For example, this is relevant in addressing the topic of potential flourishing due to parenthood. Namely, proper awareness regarding the reasons why one should adjust contributes to the amount of energy and motivation that an individual (or group) is willing to invest in pursuing positive adjustment to any transition. Accordingly, the TSA model suggests that a common component in people's adjustment to transitions is their evaluation of the new circumstances in terms of (among other variables) the potential benefits that could emerge from adjustment.

In the context of preventing maladjustment to parenthood, studies on people's perceptions of parenthood reveal that many have an idealized perception of postnatal well-being and happiness, which is detached from new parents' actual well-being (Hansen, 2012) and can lead to feelings of frustration and despair (e.g., Domoney & Trevillion, 2021). However, longitudinal studies also show that in the long run – i.e., already after the first year of the transition to parenthood (e.g., Torche & Rauf, 2021), and especially when the child(ren) leave home and the nest is empty, parents report higher levels of well-being and happiness in comparison with adults who are not parents (Becker et al., 2019).

In light of these findings, it seems important that interventions to prevent maladjustment to parenthood help parents-to-be to reframe and reconceptualize (see

Meichenbaum, 1985) the transition to parenthood as both intensive and demanding and hence a stressful period of time (e.g., Smallen et al., 2021) but nevertheless also as a period of time that could potentially lead to personal growth and/or even greater happiness over time. It can be assumed that awareness regarding postnatal parental flourishing, at least among some parents, may intensify later motivational efforts in pursuing positive adjustment to parenthood, potentially preventing later parental burnout (Roskam & Mikolajczak, 2020).

Flourishing Due to Parenthood

In light of the stress and difficulties that are frequently mentioned as associated with raising a child, the question arises as to the reasons why a person would be willing to have a child, and sometimes even go through a complicated process (e.g., IVF; adoption; surrogacy). Actually, this question has not only emerged in some people's minds but has even gained scholarly, philosophical, and social attention.

The philosophical standpoint that advocates against childbearing is named *Antinatalism.* This approach suggests a moral stand that was already raised in ancient Greece. Supporters of this approach use various moral, theological, and practical reasons to support their viewpoint. For example, David Benatar, a South African philosopher, in his book "*Better Never to Have Been: The Harm of Coming into Existence*" (2006), argues that it is morally wrong to have children, as the newborn will definitely be exposed to a certain amount of suffering, which will exceed the level of pleasure that life could bring. Hence, by creating a child, the parent is not only responsible for this child's suffering but is also (partially responsible) for the suffering of other children that this child will have in the future.

Although the popularity of this moral viewpoint has increased slightly, young adults still tend to adopt the more traditional approach and have positive affect toward young children (Nelson-Coffey & Cavanaugh, 2021). Thus, to this day, even among young adults who are open to new types of families and/or to new ways of perceiving their personal life goals, the wish to have a family and a child prevails (Baxter et al., 2009; Holtzman, 2008). This view is prominent even in countries with low fertility rates; for example, Hu and Chiang (2021) conducted a study in Taiwan, where the total fertility rate is among the lowest in the world. The study explored young adults' reasons for having children. The study findings show that young adults in Taiwan do not consider economic utility as a primary value for having children and that they attribute different values to the first, second, and third child. Looking at the other side of the prism, many people experience considerable stress when they discover their infertility (Galst, 2018).

A major question is why? Why would infertility be so troubling? What are the motives that drive people to wish to have a child of their own? In their book titled

"Pregnancy, birth, and parenthood," Grossman et al. (1980) describe several of the more common reasons why adults strive to have children. These common reasons are the following:

- *Societal expectations*: A response to the feeling that society expects adults to have a child, leading to the wish not to be different.
- *Continuation of self*: The knowledge that every human being passes away causes extreme feelings of stress. According to "terror management theory" (Greenberg et al., 1986; Routledge & Vess, 2018), everyone eventually comprehends that immortality is impossible, leading to feelings ranging from anxiety to terror. One way of overcoming the "existential crisis," initiated by the knowledge of unpreventable death, is the emergence of a desire to leave "a piece of oneself" in the world. This "piece of oneself" can be a monumental act (sometimes – a crime), an unforgettable piece of art (including music, a film, or a painting), and so forth – including leaving behind a child who will actually follow in one's footsteps.
- *Religious obligation*: Religious people of all the major religions feel obliged, and sometimes are literally expected (e.g., in Judaism), to have children.
- *Expression of love and affection*: For happily married couples, the collaborative "creation" of a child is a symbol of approaching the highest level of partnership.
- *Achievement and creation*: Giving birth is an act of achievement. This is particularly true when the young adult – especially female, but sometimes also male – lives in a disadvantaged area and has no other significant achievements to be praised for or sees no other possible option for social advancement (Kearney & Levine, 2012).
- *Power and influence*: Especially in underdeveloped communities, having more children can bring about more societal power and influence. This is a simple numeric calculation, i.e., your "presence" in the community is greater and, accordingly, your ability to make – sometimes, to impose – decisions is also greater.
- *Financial reasons*: Having a child leads to financial advantages, such as daily support in running household matters, help in running one's own business, a greater monthly income (salary), protection when getting older, care in old age, etc.

However, as mentioned above, there is an additional benefit that should be mentioned in the context of the transition to parenthood and that is the experience of self-enriching (e.g., Levy-Schiff & Israelashvili, 1988) and positive growth (e.g., Cooke, 2004). Namely, that – under proper circumstances – parenthood can be an uplifting personal experience that some people advocate is incomparable and exceeds all other positive experiences. Below is further elaboration on the topic of thriving following the transition to parenthood.

The Transition to Parenthood: A Pathway to Personal Growth

Personal Growth in Early Parenthood

Every transition involves change and requires adaptation as the individual's roles in life are redefined or discarded in favor of newer ones (Perrig-Chiello & Perren, 2005), but the nature of various transitions may differ. They may be normative or non-normative, anticipated by social expectations or unexpected, controllable or uncontrollable. The transition to parenthood is a normative, usually expected, and positive life transition and is considered the achievement of an important developmental task in adult life (Katz-Wise et al., 2010; Lang et al., 2006). While this transition typically brings joy, fulfillment, and excitement, it challenges many aspects in parents' lives (e.g., Shapiro et al., 2020) thus also highlighting and reflecting loss of independence, a decline in free time, potential damage to intimacy, and in general – an irreversible change from previous life (e.g., Cowan & Cowan, 2000; Howard & Brooks-Gunn, 2009). In other words, parenthood – especially at its beginning – is a complicated period in life, which brings with it substantial challenges to personal identity, the organization of daily activity, and family structure and functioning (Arendell, 2000; Haga et al., 2012), and is typically accompanied by existential anxieties and distress (Koester & Petts, 2017; Taubman – Ben-Ari, 2019). Exposure to transitional stress, even in the context of a welcomed transition, usually conveys uncertainty, doubts, and real or perceived demands to make significant changes in one's life or in others' lives (Bussolari & Goodell, 2009).

Evidence suggests that both men and women may experience a variety of affective disorders during pregnancy and the first year after childbirth (Cameron et al., 2016; Mann et al., 2010; Parfitt & Ayers, 2014), including posttraumatic stress disorder (PTSD). The prevalence of this disorder is 3.3% on average during pregnancy in community samples and an additional 4% postpartum (Yildiz et al., 2017). The prevalence is even higher in at-risk populations, such as following a premature birth, extending to 23–35% in the early months following childbirth (e.g., Horsch et al., 2016; Shaw et al., 2014). This and other mental health problems are of utmost importance, as they do not only affect individual parents but also their spouse and offspring, as well as their extended family members (Ayers et al., 2016; Kingston et al., 2012; Shaw et al., 2009; Webb et al., 2018). Acknowledgment of the challenges that parents face in the transition to parenthood has guided many years of research (e.g., Yim et al., 2015) to focus on parental psychopathology and threatening features, neglecting positive aspects such as well-being, positive emotions, constructive coping, and personal development and growth. The tendency to shed light on positive aspects of threatening events, embedded in the positive psychology tradition (Seligman, 2011; Seligman & Csikszentmihalyi, 2000), promotes the understanding of how certain individuals cope effectively with difficult life events (e.g., Bassi et al., 2017), and on the individual's available resources that can be used in the course of such events. Such resources include, but are not limited to, optimism

(Carver & Scheier, 2001), hope (Snyder, 2002), meaning in life (Steger et al., 2006), resilience (Bonanno et al., 2011), and social support (Schaefer & Moos, 1998).

Along with the promotion of expected adaptive outcomes, such as parental well-being, a significant concept has been developed and extended over the past two decades, which is *personal growth* or *posttraumatic growth* (PTG; Tedeschi & Calhoun, 1995), defined as a positive psychological change experienced as the result of a struggle with challenging life circumstances. In other words, personal growth emerges out of the individual's attempts to cope with their shattered assumptions (i.e., invalidated personal assumptions) about the world (Janoff-Bulman, 1992), in reaction to experiencing threat or trauma. These assumptions or core beliefs (Cann et al., 2010) include the sense that one's life is meaningful, perceptions of one's own worth as an individual, the belief in a just world, a reflection of individuals' way of thinking and acting, the nature of one's relationships with others, recognition of one's abilities and strengths as well as weaknesses, and expectations for the future (Cann et al., 2010). Studies of personal growth principally relate to changes in one or more of five domains in life: (1) **relating to others**, i.e., positive changes in interpersonal relationships, such as increased compassion, openness, or a greater sense of closeness to others; (2) **new possibilities**, i.e., the development of new or increased opportunities in life; (3) **personal strength**, i.e., higher self-reliance and a newly found understanding of ones' capabilities; (4) **apiritual change**, i.e., a better understanding of personal spirituality or stronger religious faith; and (5) **appreciation of life**, i.e., greater acknowledgment and gratefulness in relation to the value of life (Tedeschi & Calhoun, 2004).

The Association Between Perceived Stress and Personal Growth

As a process, a certain amount of stress is required for the experience of personal growth (e.g., Park, 1998; Stanton et al., 2006), although distress and growth can coexist and are not necessarily correlated all the time (Tedeschi & Calhoun, 1995, 2004). In line with this, several studies have indicated that circumstances that are related to higher stress are characterized by higher personal growth. Thus, a study conducted in Japan among women about 1 month following childbirth (Nishi & Usuda, 2017) found that giving birth to a child for the first time provoked higher PTG than giving birth to subsequent children. The authors explain their finding by the fact that first-time motherhood is more challenging and meaningful than having additional children. Similarly, a series of Israeli studies found that giving birth to a premature baby or twin babies, which is a more threatening and stressful event than birth of a full-term infant or full-term twins, was related to higher reported levels of personal growth by mothers about 1 year following childbirth (Noy et al., 2015; Taubman – Ben-Ari et al., 2010). In another longitudinal study, mothers and fathers of premature babies reported greater personal growth than parents of full-term

babies at 1 month, 6 months, and 2 years after the birth of their first child (Porat-Zyman et al., 2017; Spielman & Taubman – Ben-Ari, 2009; Taubman – Ben-Ari & Spielman, 2014), and this held true for mothers even 4 years postpartum (Taubman – Ben-Ari et al., 2019). In addition, for mothers, more intimidating objective features of the infant's condition (in terms of birth at an earlier gestational week, lower birthweight, and lower Apgar scores) were associated with higher personal growth (Spielman & Taubman – Ben-Ari, 2009). In an attempt to understand the conditions which enable this personal thriving, a study found that premature birth was associated with an increase in mental health over time, which, in turn, was positively related to higher personal growth 4 years later (Porat-Zyman et al., 2019). Another stressful condition related to the transition to motherhood which might be associated with greater personal growth is single motherhood by choice, as single mothers have been found to experience a greater sense of burden and accountability (Hertz, 2006). Indeed, a study conducted in Israel revealed that single mothers by choice reported greater personal growth than mothers in a couple relationship up to 2 years following the birth of their first child (Chasson & Taubman – Ben-Ari, 2021).

Evidence of the association between stress and personal growth can also be found in studies which investigated subjective perceived stress (rather than investigating stressful circumstances – i.e., the birth of a preterm baby). Thus, one study of new fathers (up to 18 months following the birth) found a positive association between parenting stress and personal growth (Taubman – Ben-Ari et al., 2018). Another study (Rozen et al., 2018), conducted among mothers, found a curvilinear effect (an inverse U shape curve) between perceived stress shortly after the birth and personal growth at the infant age of 2 months (corrected for prematurity). Namely, mothers who report moderate levels of stress actually experienced higher levels of growth on four of the PTG dimensions. More specifically, low and high levels of perceived stress were not related to growth, whereas medium levels of stress were associated with the highest level of growth for these mothers. Interestingly, this study found no relationship between the objective medical circumstances of the infant and the mother's perceived stress or extent of personal growth (Rozen et al., 2018), highlighting the fact that subjective perceptions are more important indicators than the objective reality (Barr, 2011; Linley & Joseph, 2004; Tedeschi & Calhoun, 2004) and also indicating a nonlinear relationship between stress and growth, also evident in studies examining other realms of stressful events (Coroiu et al., 2016; Dar & Iqbal, 2020; Shakespeare-Finch & Lurie-Beck, 2014; Tsai et al., 2015). On the one hand, a low level of perceived stress may not be sufficient to trigger the meaningful change that leads to growth or may indicate efficient coping capabilities and adaptation in response to the demands of the stressful event. On the other hand, a high level of perceived stress may indicate a struggle with PTSD symptoms or other forms of distress and psychopathology and may require a large investment of mental and cognitive resources to regulate emotions, impeding on the experience of meaningful positive change (Rozen et al., 2018; Taubman – Ben-Ari, 2019).

The Association Between Childbirth Characteristics and Personal Growth Following the Transition to Parenthood

Some studies have explored personal growth following childbirth and found equivocal findings. In a study, conducted in the UK (Sawyer & Ayers, 2009), no significant associations were revealed between PTSD symptoms and growth following childbirth among women up to 36 months after labor. In another study, the same group of researchers (Sawyer et al., 2012) found that growth was unrelated to PTSD symptomatology in the wake of childbirth and that the only birth event that predicted growth among women 8 weeks after childbirth was the type of delivery, with women who had undergone a caesarean section (elective or emergency) displaying higher levels of growth than those who had had a normal vaginal delivery. It seems logical that an obstetric procedure such as a caesarean section may contribute to the stressfulness of the experience and increase the traumatic nature of the event (Olde et al., 2006). As the main predictor of new mothers' personal growth was posttraumatic stress symptoms reported during pregnancy in response to a recent stressful event, it leads to conclude that, for more vulnerable women, childbirth was more likely to be perceived as a crisis, which led in turn to higher growth following the delivery (Sawyer et al., 2012).

In addition, in a study among Israeli mothers up to 1 year following the birth of their first child (Taubman – Ben-Ari et al., 2021), most features of the experience of childbirth, including the length of labor, the pain felt during labor, the baby's birthweight, and the type of delivery were not associated with personal growth. Although a global positive perception of the birth did yield a weak association with higher growth, it did not contribute to the explained variance of personal growth in the regression, above and beyond the other variables.

The Contribution of Personal Resources and Context to Personal Growth

Several types of personal resources have been examined over the years as potential contributors to personal growth: demographic (such as gender, age, and economic status), intrapersonal (including personality, cognitive appraisal, and coping styles), and interpersonal (mostly relating to perceived social support). A more recent addition to the understanding of personal growth is that of the context in which it takes place.

Considering **demographic resources**, parenting is a highly gendered experience. Thus, **men and women** enact parenthood from different starting points, their experiences and trajectories diverging in many ways over time, including the evidence of mothers experiencing a greater decline in marital satisfaction (Shapiro et al., 2000) and higher levels of postpartum depression (Epifanio et al., 2015). Furthermore, findings indicate that the meaning of fatherhood is distinct from that of motherhood (Palkovitz et al., 2014). In other words, life changes are more

intensive and partially different for mothers in comparison with fathers (Nicolson, 1999), and indeed findings among parents follow this logic, and also echo other areas (Vishnevsky et al., 2010), indicating that mothers report higher levels of growth than fathers (e.g., Porat-Zyman et al., 2017; Taubman – Ben-Ari et al., 2014).

In terms of **age**, it is consistently found that younger age, among mothers (e.g., Berman et al., 2021; Sawyer et al., 2015; Taubman – Ben-Ari et al., 2012) or among both parents (Ben-Yaakov & Taubman – Ben-Ari, 2021), is associated with higher levels of personal growth; this is in line with general PTG studies indicating that younger individuals tend to report higher levels of growth than older individuals (Shakespeare-Finch & Lurie-Beck, 2014). This may in part be attributed to the fact that younger people might be more open to learning and changing than older people (Tedeschi & Calhoun, 2004), or that being a younger mother presents particular challenges, which may increase the opportunity for growth (Taubman – Ben-Ari et al., 2012).

Finally, personal growth was associated with a lower level of **education** (e.g., Berman et al., 2021; Noy et al., 2015; Rozen et al., 2018) and lower **economic status** among both mothers and fathers (Rozen et al., 2018; Taubman – Ben-Ari et al., 2018), but not systematically, as, in some studies, higher growth has been related to better economic status among mothers (Chasson & Taubman – Ben-Ari, 2021; Noy et al., 2015).

The examination of **intrapersonal resources** includes strengths such as optimism, secure attachment, and resilience. However, findings are inconclusive. On the one hand, higher **optimism** was associated with greater growth among new fathers up to 18 months following the birth of their first child (Taubman – Ben-Ari et al., 2018) and among mothers 4 years following childbirth (Taubman – Ben-Ari et al., 2019). Likewise, greater **resilience** during pregnancy was associated with higher PTG a month after childbirth (Nishi & Usuda, 2017). Along the same lines, higher **self-esteem** was associated with greater personal growth among first-time mothers of 1-month-old pre- and full-term babies (Spielman & Taubman – Ben-Ari, 2009), and self-esteem 1 year postpartum was positively correlated with personal growth 4 years later (Taubman – Ben-Ari et al., 2019). Furthermore, among mothers of preterm infants, more secure attachment (measured as lower attachment anxiety) was related to a higher experience of personal growth on the dimensions of spirituality and personal strength (Rozen et al., 2018).

However, in other studies, higher self-esteem among first-time fathers and mothers in the first 2 years following childbirth was related to lower personal growth (Taubman – Ben-Ari et al., 2014) or unrelated to personal growth among women during the transition to motherhood (Rozen et al., 2018; Taubman – Ben-Ari et al., 2009, 2012; Taubman – Ben-Ari & Spielman, 2014). In addition, attachment avoidance and anxiety, which are signs of less adaptive characteristics, were found to be related to greater personal growth among new mothers and fathers (Porat-Zyman et al., 2017; Spielman & Taubman – Ben-Ari, 2009; Taubman – Ben-Ari & Spielman, 2014).

Other personal characteristics which have been examined in this context include emotions, cognitive appraisal, and coping strategies. Studies revealed that reporting

having both more **positive** and more **negative emotions** was associated with greater growth among first-time fathers (Taubman – Ben-Ari et al., 2018). Concerning **cognitive appraisal**, findings indicate that higher levels of challenge appraisal and lower levels of threat appraisal were related to greater reports of mothers' personal growth (Taubman – Ben-Ari et al., 2009, 2012, 2014). Finally, studies also acknowledge the role of **coping strategies** in PTG. In samples from the UK and Israel, greater use of problem solving and guidance and support seeking strategies was significantly associated with higher levels of personal growth (Sawyer & Ayers, 2009; Sawyer et al., 2015; Taubman – Ben-Ari et al., 2009). On the other hand, greater use of avoidance coping (e.g., denial) was positively related to growth in a Croatian sample (Sawyer et al., 2015).

The interpersonal resource most studied in the context of growth is perceived **social support**, which is acknowledged as an important predictor in the general PTG literature (e.g., Prati & Pietrantoni, 2009; Tedeschi & Calhoun, 2004), as well as in studies examining parenthood (Rozen et al., 2018; Taubman – Ben-Ari et al., in press). Higher levels of support from others, which usually consist of more self-disclosure, and the provision of new perspectives, as well as practical assistance, are consistently related to greater personal growth (e.g., Noy et al., 2015; Taubman – Ben-Ari et al., 2010). More specifically, a better relationship with the spouse and higher perceived spousal support were positively related to personal growth (Noy et al., 2015; Taubman – Ben-Ari et al., 2009, 2010). Likewise, greater perceived support from the mother's mother (the maternal grandmother) was associated with higher reports of the mothers' personal growth (Rozen et al., 2018; Taubman – Ben-Ari et al., 2012). Importantly, the significance of this resource is similarly acknowledged in the adjustment literature, as positive relationships with others are systematically found as contributing to higher well-being among parents in general and new parents in particular (Nelson et al., 2014; Noy et al., 2015).

A relatively new path of investigation relates to **previous events** which may accumulate to precipitate higher personal growth. For example, a study among Croatian and British women found that higher levels of posttraumatic symptoms during pregnancy predicted higher reported growth following childbirth only among the Croatian women (Sawyer et al., 2015). The authors explained their results by suggesting that Croatian women might have experienced posttraumatic reactions to the war they had experienced as children, which affected their well-being (Frančišković et al., 2007), and this greater level of distress triggered greater growth (Sawyer et al., 2015). Yet in another study conducted in Israel, the recent loss of a parent up to 7 years before experiencing the transition to parenthood contributed to greater personal growth among both men and women who had become parents for the first time in the last 12 months (Ben-Yaakov & Taubman – Ben-Ari, 2021). The experience of a previous trauma may challenge the individual's core beliefs, including questions about the fairness of the world, the level of control that people have over their lives, and the meaning that life has (Tedeschi et al., 2018). Such preexisting experiences can disrupt an individual's prevailing assumptions, raise emotional distress (Calhoun & Tedeschi, 2013), and affect the likelihood of personal growth following recent events.

Personal Growth vs. Personal Adjustment

Taubman – Ben-Ari (2019) suggests that the experience of growth in the transition to parenthood depends on a combination of strengths and vulnerability. On the one hand, in order to grow, parents need a certain positive perception of life, as well as resources and capabilities, as reflected in the findings regarding greater optimism, resilience, positive emotions, challenge appraisal, and problem-focused coping. However, while these resources may promote better adjustment to a stressful situation (e.g., Nelson et al., 2014), reflected in higher well-being and life satisfaction (Noy et al., 2015; Taubman – Ben-Ari et al., 2009), some degree of vulnerability is also needed in order to experience growth, a fact that differentiates this concept from that of adaptation and adjustment. This is evident in findings showing that negative emotions and an anxious attachment orientation are associated with higher personal growth as well. Thus, in such stressful life transitions such as the transition to parenthood, parents with greater attachment anxiety feel more threatened and perceive the responsibility for a baby who is totally dependent on them as more intimidating, causing them to feel overwhelmed and experience various negative emotions. This, in turn, may trigger more efforts to attain relief and support from attachment figures and the activation of more direct and active coping strategies. Their ability to successfully handle an experience that they wouldn't have thought they could handle may result in enhanced self-reliance and confidence, a heightened sense of trust in self and others, and a fuller or broader awareness of the meaning of their own life and the value of their family and close friends (Cadell et al., 2003). Such positive changes in perception may be construed as growth (Taubman – Ben-Ari, 2012).

If parents are overwhelmed by worries and experience high levels of distress and depression and do not feel able to handle the requirements of the situation, it may well be that they won't be able to feel any development or change following such a life transition. What they will probably experience is a sense of difficulty to adjust and adapt, reflected by lower well-being and satisfaction in life. Alternatively, if they feel that they are strong to begin with, resilient and capable, and with high self-efficacy and thus expect to be successful in this new mission in life, they will also not be able to experience growth, as there is no vulnerability involved, and they will not feel that they have learned anything new about themselves. They will be recognized by themselves and by others as those who adapt well to this life transition. In other words, various levels of perceived stress combined with a negative life orientation and lower resources or with high resiliency will not result in personal growth for parents. Parents need to experience difficulties, perceived as stressful for them and as a challenge to their abilities, but at the same time they need to be able to embrace some kind of positive view of life to be able to go through the hardship and emerge as somewhat different persons. Only those who manage to harmonize between perceiving stress and embracing a positive, open view may be able to experience personal growth in the transition to parenthood (Taubman – Ben-Ari, 2019).

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Chapter 9
Adjustment to Divorce

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Marriage and divorce are among the most significant events in people's lives. Accordingly, the transition to marriage and to divorce are among the most stressful life events, as demonstrated by Holmes and Rahe's scale (Holmes & Rahe, 1967; Hobson et al., 1998), which measures the extent to which an individual has encountered demands to socially readjust (known as the *Social Readjustment Rating Scale*, SRRS; see also Scully et al., 2000), as well as by other and more recent studies on the experience of divorce (e.g., Strizzi et al., 2021). Naturally, the decision to dissolve one's marriage has implications for the person's entire entity, be it the emotional, cognitive, social, and practical dimensions. However, this decision has major implications not only for the divorcing persons' life but also for the lives of other people who are connected with them (e.g., children, parents, siblings). Hence, the transition of divorce has gained much global attention from both scientists and practitioners in many fields.

The Prevalence of Divorce

Longitudinal studies on the statistics of marriage and divorce highlight several interesting insights. For example, (a) the decision to get married or divorced is shaped by global societal and natural events, such as wars, natural disasters, and economic crises. This notion is exemplified in Fig. 9.1, which presents the marriage

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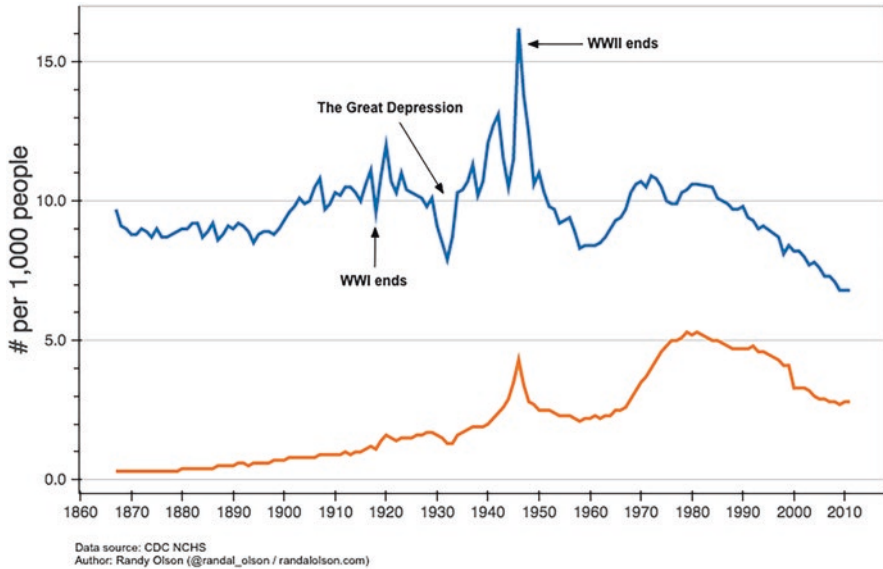
Fig. 9.1 Marriage (*blue*) and divorce (*orange*) rate in the USA. (Retrieved from Olson 2015, with permission. Data source: CDC NCHS)

and divorce rates in the USA for the last 150 years. (b) Obviously, the rates of marriage and divorce are significantly correlated with each other, as fewer marriages yield a lower number/rate of potential divorces. (c) As demonstrated in Fig. 9.2, in the last 40 years, there has been a gradual decline in the number/rate of people who get married, and this phenomenon appears across countries, nations, and cultures. Accordingly, in recent years, there is a decline in the divorce rate. (d) However, the lower rate of divorce is somewhat misleading, implying that a lower rate of divorce should yield a lower rate of children who live in single-parent families. However, the truth is, as presented in Fig. 9.3, that in spite of the lower number of marriages, the rate of single-parent families is increasing. It is beyond the scope of the present chapter to comprehensively discuss the sources and dynamics of the increase in single-parent families, alongside the decreased rate of marriage. Yet, it should be mentioned that the decline found in the rate of divorce is primarily among college-educated couples (Amato, 2010).

Thus, this decreased divorce rate is not necessarily found in families that have children (or a larger number of children). In accordance with this, the statistics indicate that there is a relatively constant rate of children who live with divorced parents. Also, in some countries, there is an increase in couples who get divorced after having their first child. This is due to the "combination" of two factors – (a) a global delay in both males' and females' mean age of marriage and (b) a greater awareness of high-risk pregnancy, as follows: (a) The increase in the mean age of marriage is attributed to an increase in women's educational attainment (Bongaarts,

Marriages per 1,000 people

Number of marriages in each year per 1,000 people in the population
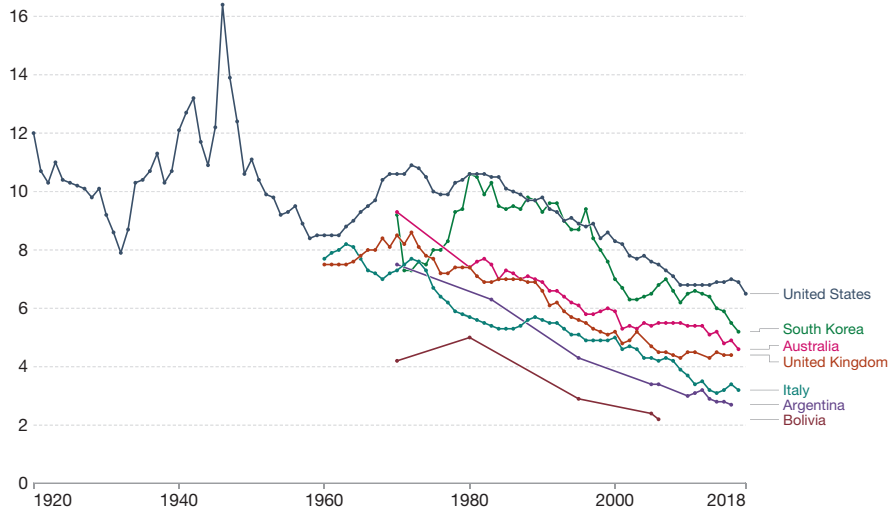
Source: OWID based on UN, OECD, Eurostat and others   OurWorldInData.org/marriages-and-divorces • CC BY

Fig. 9.2 Marriage per 1000 people in various countries. (Retrieved from: Ortiz-Ospina & Roser, 2020 (CC BY). Source: OWID based on UN, OECD, Eurostat and others)

2017), which is associated with two factors that can explain why marriage rates have declined (Schneider et al., 2018): (1) the decreased availability of "marriageable" men (i.e., men with proper economic prospects) and (2) the increased economic standing of women (i.e., women's higher career aspirations); see also (Williams & Wolniak, 2020). (b) The delay in the age of marriage is accompanied with another global trend, namely, an increased awareness of possible complications, during either pregnancy and/or during the child's delivery, especially when the pregnancy occurs after the age of 35–40 (e.g., Cavazos-Rehg et al., 2015). Hence, in light of these two factors, for couples who delay marriage – i.e., mainly those with higher education – concerns about possible age-related pregnancy complications may lead to the choice not to have a child or to have only one child. Altogether, these notions suggest that the decisions (a) to get married, (b) to give birth, and (c) to get divorced occur on a different basis for the various segments of the population (e.g., based on education level) and hence require a more comprehensive understanding of how these decisions are interrelated. Referring to children of divorce, the fact that rates of divorce and birth rates are not equal for all segments of population explains why while the rates of marriage and divorce are globally decreasing the rate of children who are influenced by the parental decision to get divorced is not decreasing in parallel (and in various countries might even be increasing slightly).

Share of households that are single-parent

Percentage of households comprised of a single parent and their dependent children (biological, step, and adopted/foster children).
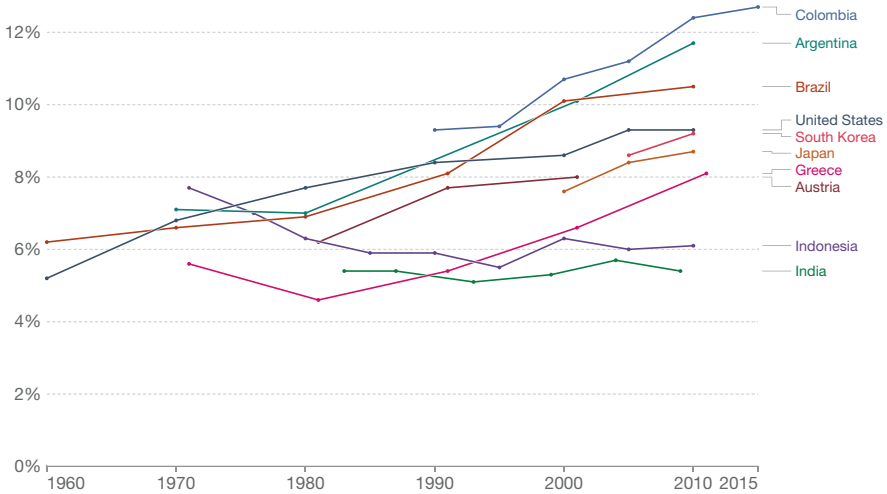
Source: UN Population Division (2018)   OurWorldInData.org/marriages-and-divorces • CC BY

Fig. 9.3 Single-parent household in various countries. (Retrieved from Ortiz-Ospina and Roser 2020 (CC BY). Source: UN Population Division, 2018)

Problem

Parental divorce or separation is the second most prevalent adverse childhood event, after economic hardship (Sacks et al., 2014). Although divorce confers increased risk for problems in multiple domains, most children from divorced families do *not* experience significant adjustment problems (Amato, 2001; Amato & Keith, 1991; Hetherington & Stanley-Hagan, 1999). However, compared to youth in two-parent families, those from divorced families exhibit higher levels of mental health problems (Amato & Keith, 1991; Lansford et al., 2006), problematic substance use (Barrett & Turner, 2006; Brown & Rinelli, 2010; Deleire & Kalil, 2002), suicide attempts (Weitoft et al., 2003), academic problems (Amato & Anthony, 2014; Frisco et al., 2007), and school dropout (Biblarz & Gottainer, 2000; McLanahan, 1999; Strohschein et al., 2009). They are also more likely to engage in early sexual activity (Deleire & Kalil, 2002) and become pregnant in adolescence (Furstenberg & Teitler, 1994; Kiernan & Hobcroft, 1997). In addition, they are more likely to have physical health problems (Bzostek & Beck, 2011; Troxel & Matthews, 2004), such as higher body mass index and increased risk for obesity (Schmeer, 2012; Yannakoulia et al., 2008), accidental injuries (O'Connor et al., 2000; Weitoft et al., 2003), and asthma (Bzostek & Beck, 2011).

For a sizeable minority, these problems continue into adulthood (Cherlin et al., 1998), and some research shows that differences between offspring in two-parent

versus divorced families widens from childhood to adulthood (Cherlin et al., 1998). Parental divorce is related to worse health practices (Larson & Halfon, 2013), more health problems (Hemminki & Chen, 2006; Kraft & Luecken, 2009; Lacey et al., 2013; Luecken et al., 2005; Maier & Lachman, 2000), increased mortality risk (Hansagi et al., 2000; Larson & Halfon, 2013; Schwartz et al., 1995), greater cigarette smoking (Huurre et al., 2006), substance use problems (Huurre et al., 2006), and mental health problems and psychiatric hospitalization (Cherlin et al., 1998; Kessler et al., 1997) in adulthood. It is also related to lower education (Biblarz & Gottainer, 2000; Larson & Halfon, 2013; Sun & Li, 2008), lower job prestige and income (Biblarz & Gottainer, 2000; Larson & Halfon, 2013; Sun & Li, 2008), poorer marital quality (Bohart & Tallman, 1999), and higher rates of divorce (Amato & Sobolewski, 2001).

Several suggestions have been raised regarding age differences in children's reactions to their parents' divorce, yet this topic is still understudied. For example, Ellis (2000) refers to her own findings and those of Johnston and Campbell (1988) and describes the stress responses of children who are exposed to parental divorce as follows:

- Ages 2–3 tend to be sad; react to separation with panic, regression, and dependency; need encouragement; avoid and deny conflict; refuse to separate from parents; and are demanding and oppositional.
- Ages 4–5 try to understand who was right and who was wrong in a particular encounter, what was real and what was not (i.e., a lie), and whether a parent is emotionally and physically well and show concern about their own safety. They try to make sense of their parents' conflict and to obtain some emotional distance from it.
- Ages 6–12 are aware of what is going on between their parents, see that there are two opposing perspectives that may both have some merit, and see both parents as tied up in the battle over winning their loyalty. They react to this situation in one of the following ways: those in late childhood tend to maneuver (i.e., refuse to get involved) or equilibrate (i.e., master their feelings by keeping everything in balance internally and externally); those in early adolescence merge (i.e., consolidate a position with one parent against the other) or diffuse (i.e., are severely disturbed, unable to stay out of or enter into the conflict successfully, and some are self-destructive, whereas others act out severely).

Genetically informed studies have shown that, particularly in relation to divorces with children under age 16, environmental influences specifically associated with the divorce account for most of the association between parental divorce and problems in young adult offspring, including drug and alcohol use (D'Onofrio et al., 2005), internalizing problems (D'Onofrio et al., 2005), emotional problems (D'Onofrio et al., 2005, 2006), and suicidal ideation (D'Onofrio et al., 2006). An interesting example of the impact of parental divorce on children's development comes from a longitudinal study conducted by Terman's group. The Terman Life-Cycle Study (also known as the Genetic Studies of Genius or Gifted Children Study; Terman & Oden, 1947) started in 1921–1922 and included a follow-up of 1,528

preadolescents residing in California. The study's original goal was to explore the developmental trajectories of bright children, nominated by their teachers and tested by Terman. This sample of preadolescents was followed at 5- to 10-year intervals. Friedman et al. (1995; Friedman & Hampson, 2021; Tucker et al., 1997) followed up on Terman's sample of gifted children by collecting and coding death certificates among those who were dead (about half of the sample). Using survival analyses, Friedman et al. tried to predict this sample's longevity and cause of death as a function of several psychosocial factors, including parental divorce during childhood. The findings suggested that parental divorce is a key early social predictor of premature mortality. Children of divorced parents were found to face a 33% greater mortality risk than people whose parents remained married until they were at least 21 years old. The difference between these two groups in the median age of death was 4 years. Hence, Friedman et al. (1995) highlight that the trauma of divorce predicted premature mortality; yet the child's personality was also a significant predictor of longevity. Based on their findings, Friedman et al. conclude that both personality characteristics and socio-environmental stressors (i.e., parental divorce and several factors which are often associated with parental divorce, such as poverty) are highly relevant in explaining longevity. For example, lower parental control that often happens after the divorce may lead some children to become involved in risky behaviors, such as cigarette smoking (Martin et al., 2005), that have an impact on later health and longevity (Amiri et al., 2021; Jappens & Van Bavel, 2019; Larson & Halfon, 2013).

Because these and other outcomes that are associated with parental divorce have significant costs, preventing them will translate into large economic savings. For example, in the USA, abuse of tobacco, alcohol, and illicit drugs costs over $740 billion annually in crime, lost work productivity, and health care (National Institute on Drug Abuse, 2018). These data highlight the importance of scalable interventions that reduce the public health burden of parental separation/divorce.

Models

As noted above, although it has been consistently documented that parental divorce is associated with elevations in risk for problems in multiple aspects of functioning, most children do *not* manifest serious mental health or social adaptation problems after parental divorce. For example, Hetherington et al. (1992) reported that only 25–35% of their divorced group had clinical levels of behavior problems. This, however, is a significantly higher rate of clinical behavior problems in comparison to the rate of 10% for children from two-parent homes.

Several theoretical models have been proposed to explain the variability in children's post-divorce outcomes. The early perspectives, which posited that living with two biological parents was the optimal environment for children's development, focused on father absence as the key causal factor (Hetherington et al., 1998). More recent models emphasize the role of family-level process variables, such as

interparental conflict and parenting practices, and parent and child intraindividual factors, such as child coping and parental depression and antisocial behaviors (Van Dijk et al., 2020).

The most widely adopted model is the divorce-stress-adjustment perspective (Amato, 2000). From this perspective, family processes and individual factors that occur before and after the divorce, rather than family structure per se, are critical determinants of post-divorce adjustment problems. Children's adjustment is hypothesized to be affected by the magnitude and nature of the divorce-related stressors they experience, their interpersonal and intrapersonal resources, and the interplay between divorce stressors and resources. The divorce itself may exacerbate existing stressors, such as interparental conflict, and introduce additional stressors, such as decreased financial resources, thereby leading to increased adjustment problems.

There are many stressors that can occur in the process of divorce, such as children spending less time with one or both parents, changing schools, moving to a new house, and having fewer material resources (Wolchik et al., 1985). Researchers have found that high levels of such stressors are related to poorer adjustment (Sandler et al., 1991). One particularly harmful stressor is exposure to interparental conflict, especially conflict that is frequent, intense, chronic, or centers on issues that involve the child (Amato & Keith, 1991; Shaw & Emery, 1987; Vandewater & Landsford, 2005). Although in many families interparental conflict diminishes during the first year after the divorce, in a sizeable subgroup (estimates range from 15–39%), it continues for several years (Fischer et al., 2005; Johnston et al., 2009).

There is also strong support that high-quality mother-child and father-child relationships, which include communicating a strong sense of acceptance, warmth, concern, and caring to children and use of effective discipline (Biglan et al., 2012), are related to more positive post-divorce adjustment. By communicating a strong sense of warmth, concern, and caring to their children, parents may allay fears of abandonment, which are significantly related to children's post-divorce adjustment (e.g., Kurdek & Berg, 1987; Wolchik et al., 1993) and partially mediate the relations between divorce stressors and adjustment problems (Wolchik et al., 2002a, b). Parent-child relationships characterized by high levels of acceptance may also promote a sense of security (Ainsworth et al., 2015), convey the notion that support or assistance is available, or enhance self-esteem (Rosenberg & McCullough, 1981), all of which may reduce the threat of divorce stressors (Kliewer et al., 1994). Alternatively, high acceptance may facilitate a more varied repertoire of adaptive coping strategies (Hardy et al., 1993). High consistency of discipline may buffer the effects of divorce stressors by affecting children's sense of the predictability of their environments. Interactions in which children's behaviors result in predictable outcomes may promote a sense of control. A heightened sense of control could influence threat appraisals, enhance perceptions of mastery and efficacy, or promote the use of adaptive coping efforts (Skinner &Wellborn, 1994). In addition, high consistency may reduce coercive interactions between parents and children about discipline issues, which could affect children's use of their parents as resources.

Several youth factors have been shown to predict post-divorce mental health outcomes. Avoidant coping has been related to higher mental health problems (Sandler

et al., 1994), whereas active coping and coping efficacy have been related to lower problems (Sandler et al., 2000). Appraisals that events involve high threat (Sheets et al., 1996) and high levels of negative cognitive errors about divorce stressors (Mazur et al., 1992) have been shown to be positively related to mental health problems. Also, fear of abandonment predicted higher levels of mental health problems (O'Hara et al., 2021), whereas higher levels of internal locus of control predicted lower mental health problems (Fogas et al., 1992).

Although most research has examined relations between environmental or individual factors and children's outcomes, a few researchers have examined additive and interactive effects. For example, research has also shown that high-quality parenting mitigated the negative effect of divorce-related stressors on mental health problems (Wolchik et al., 2000a, b). Social support from family adults as well as nonfamily adults mitigated the negative effect of divorce-related stressors on mental health problems (Wolchik et al., 1989). These studies suggest that children's postdivorce adjustment could be improved by increasing protective resources, such as high-quality parenting and social support from nonparental adults.

Prevention

Many interventions have been developed for children from divorced families. However, only a handful of these programs have been rigorously evaluated. In this section, we review programs that have been evaluated in randomized controlled trials, which provide the strongest test of such programs, as well as those that have been evaluated in quasi-experimental trials. The review is organized by whether the program focused on children, parents, or both. The samples in most of the studies included both youth with clinically significant mental health problems and those with subclinical levels of mental health problems at program entry. For example, at pretest, 42% of Stolberg and Garrison's (1985) sample met diagnosis for a mental disorder and 35% of Wolchik et al.'s (2000a, b) sample scored in the clinical range on internalizing or externalizing behavior problems.

Child-Focused Programs Six group programs have been tested in a single trial. Program effects were found on depression and self-perceptions of scholastic competence and athletic competence in a 6-session, multimodal group counseling program (Crosbie-Burnett & Newcomer, 1990). In another 6-session program that focused on identifying feelings, communication skills, and anger management, program effects were found on teacher, but not parent or child, report of behavior problems (Bornstein et al., 1988). In an 8-session program focused on education about divorce, expression of feelings, and problem solving, program effects were found on depression, anxiety, and feelings about the divorce (Gwynn & Brantley, 1987). However, nonsignificant effects were found in three trials that examined depression, anxiety, school behavior, anxiety, and/or self-esteem: a 10-week program focused on cognitive social role taking and communication skills (Roseby & Deutsch, 1985),

a 6-session program focused on coping and feelings about the divorce (Hett & Rose, 1991), and a 6-session program focused on allowing children to share their emotions and correcting problematic beliefs about divorce (Jupp & Purcell, 1992). More recently, an online program, Children of Divorce – Coping with Divorce, which focused on teaching effective coping skills and promoting coping efficacy, found program effects on mental health problems (Boring et al., 2015). This program was especially effective for children who entered the program at a higher level of risk.

Researchers have conducted multiple evaluations of two highly similar group programs, the Children's Support Group (CSG; Stolberg & Garrison, 1985) and Children of Divorce Intervention Program (CODIP; Pedro-Carroll & Cowen, 1985). These manualized, 10–12 session, school-based programs focused on providing emotional support and teaching adaptive coping skills and control beliefs. In a quasi-experimental trial of the CGS, Stolberg and Garrison (1985) found that children significantly improved on self-concept at post-test and the 5-month follow-up compared with nonrandomized, no-intervention controls. However, program effects on mental health problems were nonsignificant. A later experimental trial found program effects on internalizing and externalizing problems. Also, the prevalence of clinically significant levels of mental health problems at post-test and 1-year follow-up was lower for youth in the CSG compared with no-intervention controls (Stolberg & Mahler, 1994).

The CODIP was developed for 4th–6th graders (Pedro-Carroll & Cowen, 1985) and later tailored to the developmental characteristics of kindergarten and first grade children (Pedro-Carroll & Alpert-Gillis, 1997). The basic assumption upon which the program was established, and which was later supported by research (Cowen et al., 1990), was that children who have, or perceive themselves as having, more social support will adjust better to parental divorce in terms of having less post-divorce difficulties, anxiety, and worry and expressing more openness about the divorce and positive resources. The program curriculum has five main goals: (a) to foster a supportive group environment, as meeting with peers who have gone through comparable experiences reduces children's sense of stigma and promotes the feeling that the child is not alone in the divorce situation; (b) to facilitate identification with and expression of divorce-related feelings, as these feelings are sometimes overwhelming, especially for young children who lack the cognitive understanding and coping skills of adults (in particular, an effort is made to enhance children's ability to identify, label, and express feelings appropriately); (c) to promote understanding of divorce-related concepts and misconceptions, such as what is and what isn't the child's role during parental divorce (e.g., the child is not responsible for the divorce, but rather it is the parents' decision); (d) to teach the child problem-solving and coping skills, to be used in their everyday encounters; and (e) to enhance positive perceptions of the self and family, with the goal of eliminating feelings of guilt and of exploring positive family changes that occurred since the divorce or separation.

The 4th–6th graders' version of the program includes 14 group meetings that focus on the following topics: focusing on feelings, getting to know each other,

understanding changes in the family, coping with changes, enhancing coping skills, social problem solving, panel of experts on divorce, understanding and dealing with anger, focusing on families, you're a special person, and ending the group.

Pedro-Carroll and Cowen (1985) found that the program reduced anxiety and learning problems and improved competence at the post-test, compared to a no-intervention control group. Quasi-experimental trials of this program have shown that the program improved competence, shy-anxious behavior, and problem behaviors at the post-test (Pedro-Carroll & Alpert-Gillis, 1997) and that the program helped children identify and express divorce-related feelings and clarify divorce-related concepts and misconceptions, develop relevant coping skills, and have more positive self- and family perceptions (Alpert-Gillis et al., 1989). Also, the program had positive effects on anxiety and classroom adjustment problems at a 2-year follow-up compared with nonrandomized, no-intervention control groups (Pedro-Carroll et al., 1999).

Parent-Focused Programs Six programs for parents have been evaluated using experimental or quasi-experimental designs. Most of these targeted residential mothers as change agents. With one exception, these programs have been tested in a single trail.

The 12-session Single Parents' Support Group aimed to facilitate children's adjustment by improving mothers' adjustment through enhancing identity development, social support, and parenting skills. Each group selected the topics to be covered in their sessions. In a quasi-experimental trial, program effects on children's mental health problems were nonsignificant (Stolberg & Garrison, 1985).

The 14-session Parenting Through Change (PTC) program is a manualized program for mothers that targets improvements in parenting skills. In a randomized controlled trial, the program did not have significant effects on depressed mood, anxiety, or externalizing problems 12 months after program entry (Forgatch & DeGarmo, 1999). However, 30 months after program entry, program effects occurred for noncompliance (Martinez & Forgatch, 2001); a composite of delinquency, noncompliance and aggression (DeGarmo et al., 2004); and a composite of depressed mood, loneliness, and peer rejection (DeGarmo et al., 2004). Program effects also occurred on youth report of delinquency 36 months after program entry (DeGarmo & Forgatch, 2005) and on teacher report of delinquency and police arrest records 9 years after participation (Forgatch et al., 2009).

Two programs for fathers have been evaluated in randomized trials. DeGarmo and Jones (2019) found that their 10-session web-based program resulted in a marginal reduction in adjustment problems. Braver et al. (2005) found that their 8-session program for fathers led to lower internalizing problems, with the effects being stronger for youth who had more problems at baseline.

Pruett et al. (2005) used a quasi-experimental trial to test their co-parenting program, the Collaborative Divorce Project. According to teachers at the 9- to 11-month follow-ups, this program led to less attentional and thinking difficulties. Comparison of program effects across non-White and White parents showed that the program was more effective for White parents.

The parenting program that has been evaluated most rigorously is the New Beginnings Program (NBP), which has been tested in three randomized controlled trials. The NBP is a theory-based preventive intervention designed to improve children's developmental outcomes. The conceptual model underlying this program combines elements from a person-environment transactional framework and a risk and protective factor model. Transactional models posit dynamic person-environment processes underlying individual development across time. Aspects of the social environment affect the development of problems and competencies in an individual, which in turn influence the social environment and development of competencies and problems at later developmental stages (e.g., Cicchetti & Schneider-Rosen, 1986; Sameroff, 1975, 2000). Derived from epidemiology (Institute of Medicine, 1994), the risk and protective factor model posits that the likelihood of mental health problems is affected by exposure to risk factors and the availability of protective resources. Cummings et al.'s (2000) "cascading pathway model" integrates these two models into a developmental framework. From this perspective, stressful events, such as divorce, can lead to an unfolding of failures to resolve developmental tasks and increase susceptibility to mental health problems and impairment in competencies. Parenting is viewed as playing a central role in facilitating children's successful adaptation, and the skills and resources developed in successful resolution of earlier developmental tasks are important tools for coping with future challenges.

The program was designed to modify empirically supported risk and protective factors that have been associated with outcomes in correlational studies of children from divorced families. In reviewing the literature on children's post-divorce adjustment, we found sufficient support to include the following potentially modifiable factors in the NBP: residential parent-child relationship quality, effective discipline, the frequency of non-residential parent-child contact, support from nonparental adults, and negative divorce-related stressors including interparental conflict (see Wolchik et al., 1993) for support for these factors. We think of these factors as putative mediators because we expected that changing them would affect children's problems.

The program in the first trial consisted of 11 group sessions (1.75 hours) and two one-hour individual sessions (Wolchik et al., 1993). Given the lack of positive program effects on father-child contact and nonparental adult support in this trial, the sessions that addressed these components were deleted. Also, after the first trial, we shortened the program by one group session.

The majority of the sessions focused on parenting (five on parent-child relationship quality, two on discipline). The individual sessions focused on helping parents use the skills at home with their children more effectively. Maintenance was promoted throughout the program. Parents were expected to use the skills taught in earlier sessions along with the new skill taught that week and encouraged to set regular times for the activities of Family Fun Time and One-on-One Time so that they became part of the family's routines. The last two sessions addressed other ways to keep using the program skills, such as putting reminders about the program

skills in prominent places, reviewing the workbooks, and checking in with friends or relatives about using the program skills.

In designing our sessions, we used Benjamin Franklin's perspective on learning as a guide, "Tell me and I may forget. Show me and I may remember. Involve me and I will learn." We used active learning principles to maximize involvement and promote learning and strove to make the sessions as engaging as possible. We presented the didactic material in a conversational, interactive style, allowed time for parents to share their experiences, lectured as little as possible, and often asked questions or led exercises to make key teaching points. Through these activities, many of our intended messages emerged through the parents' own ideas and then were discussed and highlighted. By working in this way, the parents were more likely to "own" the material because it emerged from their own thinking and discussion rather than from a group leader telling them what to do. To facilitate high levels of fidelity of implementation, the activities and didactic components of each session were explicitly described in a manual that leaders used to deliver the sessions.

The first two trials included mothers only because, at that time, the vast majority of children lived with their mothers after divorce so groups for fathers were not practically viable. The third, conducted about 20 years after the second trial, included mothers and fathers. The first trial, which used a waitlist control condition, found program effects on mental health problems at post-test (Wolchik et al., 1993). These program effects were moderated by level of children's mental health problems at program entry, with greater benefits occurring for youth with higher versus lower mental health problems.

The second trial included three conditions: a parenting-focused program for mothers, a dual-component program (parenting-focused program for mothers plus a coping-focused program for children), and a literature control condition, in which mothers and children each received three books about promoting children's post-divorce adjustment. Program effects on externalizing problems were found at post-test and a 6-month follow-up (Wolchik et al., 2000b). Also, the proportion of children scoring below the clinical cutoff point for internalizing or externalizing problems was significantly higher in the NBP compared to the literature control condition at post-test (82% vs. 72%). As in the first trial, program effects were moderated by level of children's mental health problems at program entry, with greater benefits occurring for youth with higher versus lower mental health problems. At the 6-month follow-up, youth with higher externalizing problems at program entry showed greater benefit on externalizing problems than those who entered the program with lower externalizing problems (Wolchik et al., 2000b). Also, greater program benefits on externalizing problems occurred at the 6-month follow-up for families in which mothers had lower psychological distress or children had higher self-regulatory skills compared to those with higher psychological distress or lower self-regulatory skills at program entry (Hipke et al., 2002).

Two long-term follow-ups of the sample in the second trial have been conducted. The 6-year and 15-year follow-ups occurred when participants were between 15 and 19 years of age and between 24 and 28 years of age, respectively. Because comparisons of the parenting-focused program and dual-component program showed only

one significant or marginal effect for the 46 outcomes assessed at post-test and short-term follow-up, these conditions were combined and compared to the literature control condition.

At the 6-year follow-up, which occurred when the youth were in mid-to-later adolescence, significant program effects occurred for 12 of the 15 outcomes (Wolchik et al., 2007), including reductions in externalizing problems, internalizing problems, symptoms of mental disorder, alcohol use, marijuana use, other drug use, polydrug use, and number of sexual partners as well as improvements in grade point average and self-esteem. Importantly, the NBP reduced diagnosis of mental disorder in the past year by 37% (14.8% (NBP) vs. 23.5% (literature control)). It also improved educational and vocational aspirations (Sigal et al., 2012) and adaptive coping (Vélez et al., 2011).

At the 6-year follow-up, an index of risk for later problems was tested as a moderator. This index was based on analyses that identified the best pretest predictors of the 6-year follow-up outcomes of youth in the control group of Wolchik and her colleagues' (2000a, b) trial. The index, which consisted of the sum of standardized scores on two measures, pretest externalizing, and a composite of environmental stressors, was highly predictive of multiple outcomes in the control group at the 6-year follow-up (Dawson-McClure et al., 2004). Program effects at the 6-year follow-up were significantly moderated by risk for nine of the 15 outcomes tested: symptoms of mental disorder, alcohol use, marijuana use, other drug use, polydrug use, and competence, parent/adolescent reports of internalizing problems, parent/adolescent reports of externalizing problems, and teacher-reported externalizing problems (Wolchik et al., 2007). For each interactive effect, program benefit was significantly greater for those with higher versus lower pretest risk. Time since divorce moderated program effects on two outcomes at the 6-year follow-up; effects on internalizing problems were greater for youth in families with less recent versus more recent divorces, but effects on diagnosis of mental disorder were greater for those in families with more recent versus less recent divorces (Wolchik et al., 2007).

At the 15-year follow-up, young adults in the NBP had a lower incidence of internalizing disorders in the past nine (7.5% vs. 24.0%) and 15 years (15.5% vs. 34.6%) compared to those in the literature control condition (Wolchik et al., 2013). Much of this effect was accounted for by reductions in major depression. A few program effects were moderated by gender. For males, the NBP reduced the number of substance-related disorders between adolescence and young adulthood and several aspects of substance use, including recent frequency of polydrug use as well as other drug use and substance use problems. For females, program participation led to an increase on one of nine measures of substance use: alcohol use in the last month. However, females in both conditions drank between three and five drinks in the past month, an amount not likely to be problematic. Program effects also occurred on developmentally meaningful competence outcomes, such as attitudes toward parenting (Mahrer et al., 2014), attitudes about marriage and divorce (Wolchik et al., 2019), and work and academic competence (Wolchik et al., 2021). In addition, the NBP reduced use of mental health services and criminal justice

system involvement in the one-year period prior to the 15-year follow-up assessment (Herman et al., 2015).

Not only did the NBP improve a wide range of outcomes for families who participated, it was also cost-effective. A conservative cost-benefit analysis of the NBP conducted for the year prior to the 15-year follow-up showed a cost savings of $1630 per family in mental health and criminal justice system use (Herman et al., 2015).

In the large-scale effectiveness trial of the NBP, never-married as well as divorced and separated fathers and mothers participated (Sandler et al., 2020; Tein et al., 2018). In this randomized controlled trial, families were randomly assigned to the NBP, a two-session program that presented the skills in NBP but did not include home practice of them or no intervention.

At post-test, compared to the two-session program, the NBP improved discipline and monitoring for all parents. However, non-Hispanic White but not Hispanic parents reported improvements on parent-relationship quality and child mental health problems at post-test (Sandler et al., 2020). Age also moderated the program effects. At post-test, younger but not older children whose parents participated in the NBP had fewer internalizing problems than those whose parents participated in the two-session program. At the 10-month follow-up, relative to those in the two-session program, those in the NBP had fewer internalizing problems.

Compared to those in the no-intervention condition, fathers in the NBP, but not mothers, reported significantly higher parent-child relationship quality, lower child exposure to interparental conflict, and fewer child internalizing problems at post-test (Tein et al., 2018). Ethnicity and age moderated the effects on child internalizing problems at the 10-month follow-up. Hispanic but not non-Hispanic White parents and parents of children 9 years old or older but not younger reported significant improvements.

To increase access and reduce costs, the NBP was recently adapted into an online program. A randomized controlled trial of this program indicated that the program significantly improved quality of parenting and reduced interparental conflict from both parents' and children's perspectives. Importantly, the program reduced adjustment problems at post-test according to children and their parents (Wolchik et al., 2022).

Combined Child and Residential Mother Programs Three trials have been conducted on dual-component programs. These programs included a component that targeted empirically supported modifiable risk and protective factors that were primarily controlled by children (e.g., adaptive coping) and one that targeted empirically supported modifiable risk and protective factors that were primarily controlled by mothers (e.g., effective discipline). The involvement of both mothers and children was expected to yield additive program benefits compared to either child-focused or mother-focused programs alone.

Stolberg and Garrison's (1985) quasi-experimental trial did not find benefits of combining their group-based programs for mothers and children that were described earlier. Stolberg and Mahler's (1994) experimental trial that compared their children

program to a condition that included the child program, four parent workshops and a workbook for parents designed to help transfer children's gains to the home, did not yield additive effects on children's mental health problems. Wolchik and her colleagues (2000b) compared their program for mothers to a mother-plus-child condition that included the parenting program and a concurrently run program for children. The child program targeted the following empirically supported correlates of children's post-divorce adjustment: adaptive coping, negative divorce appraisals, and high-quality mother-child relationships. At post-test, the dual-component program did not show additive effects on mental health problems. Although it is plausible that the effects on mental health problems might develop over time as children use the skills taught in the program, additive effects did not occur at the 6-month, 6-year, or 15-year follow-ups (Wolchik et al., 2000b, 2002b, 2007, 2013).

Summary and Future Directions

Over the past 35 years, multiple investigators have developed and evaluated prevention programs designed to reduce children's post-divorce adjustment problems. For both child-and mother-focused programs, significant program effects have been found by two or more research groups. Promising effects of programs for fathers and couples have also been found. Unexpectedly, dual-component programs did not yield additive effects over single-component programs at post-test or follow-ups.

Program effects occurred on a range of outcomes at post-test. Programs led to reductions in mental health problems and improvements in self-concept, competence, academic, and cognitive outcomes. Several evaluations have found program effects at short-term follow-ups that ranged from 6 months to 3 years. The two evaluations of programs for residential mothers that followed children in subsequent developmental periods of adolescence, young adulthood, or both have shown long-term effects on a wide range of outcomes. These program effects included reductions in mental disorder, risky sexual behaviors, substance use, delinquency and involvement with the criminal justice system as well as improvements in academic performance, adaptive coping, and self-esteem. One of the programs, the NBP, has shown multiple program effects on mental health and substance use problems as well as on developmental competencies, such as work competence and attitudes toward parenting, 15 years after mothers participated in the program. The long-term effects of programs for children, fathers, or couples have not been assessed.

However, like many evidence-based prevention programs that have been shown to have positive effects in other populations, none of the programs for divorced families are widely available to families. As suggested by Cookston et al. (2007), high infrastructure costs, such as leader training and recruitment, are likely to be a primary reason for the low implementation.

Rhodes et al. (2021) note that an important research question for future studies involves the development and evaluation of the short- and long-term effects of

shorter programs for divorced/separated parents and their children. Such programs might be more likely to be implemented and lead to reductions in the individual and societal costs of parental divorce. Given that few samples in the evaluations were ethnically diverse, another important direction is ensuring that the programs are culturally appropriate (Rhodes et al., 2021).

Further Comments on Programs to Prevent Maladjustment to Parental Divorce

As Hetherington (1979) mentions, much of the confusion in studying the impact of divorce on children has been a result of a failure to view divorce as a process involving a series of events and changes in life circumstances rather than as a single event. Thus, obviously, adjustment to divorce, both among the parents, as well as among their child(ren), can be conceptualized as a transitional event that has several unique features, such as the commonly experienced feeling of a threat to one's – either the parent's (usually the mother's) and/or the child's – sense of security regarding the future supplementation of one's basic needs, such as basic living expenses (Thomas & Sawhill, 2005). However, there are several other aspects of this transition that are shared by people who encounter other major transitional experiences, such as bereavement or military enlistment, such as changes in living arrangements.

With this notion in mind, it seems reasonable to explore the possibility, which has not yet been studied, that it may be advantageous to help the divorcing parent and/or child compare the (current) transition of divorce with other experiences of transition which they have been exposed to (e.g., school transition). Consider the similarities between a child's exposure to parental divorce and the experience of a school transition. In both transitions, the child is forced to form new social relationships, to manage new environmental demands (e.g., parents' and teachers' expectations), to learn how to cope with repeated stress, to control his/her feelings in front of others, to enlist the support of adults (i.e., grandparents' support during parental divorce; parents' support in times of school adjustment), to redefine the benefits of the new (family/educational) setting, etc. Hence, encouraging children and parents to make such a comparison may be fruitful in fostering their ability to better identify what the major challenges are as well as ways of dealing with them. In fact, making comparisons is one of the essential components of existing group programs. For example, in Pedro-Carroll and Cowen's (1985) CODIP program, the children are enrolled in group meetings in which they have many opportunities to compare themselves to other participating children who experience the same problems and are also looking for solutions to them. Similarly, in the NBP, parents have many opportunities to compare their problems and concerns to those of other parents and learn what has worked well for other parents.

A similar approach, in which a comparison is made between the divorce process, either as a child or as a parent, and various other processes of adjustment would

likely promote divorcing people's ability to manage with this extreme life event. Using the various components that the STA approach outlines (see Chap. 7) and making such comparisons can have positive contribution to a person's adjustment to divorce. The child, for example, would comprehend that not only is s/he not alone in the situation and not only is s/he not the only one to experience negative emotions, dilemmas, and difficulties but also that this situation (i.e., parents' divorce) is not an exceptional event in one's life but rather another event, though extreme, in a sequence of various (adjustment) difficulties in one's life course that one must manage.

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**Part IV
Prevention of Maladjustment:
Educational Context**

Chapter 10
The Transition to Secondary School: A Definition and Conceptualization of Adjustment During Adolescence

Daniel T. L. Shek and Moshe Israelashvili

Focusing on one transitional event while ignoring people's experiences during the previous and the following events may limit our understanding of their ways of dealing with each one of these transitional events. This perspective is especially important when exploring transitional events that are related to the sequence of individual development. This notion relies on "The Life Course Approach" (Mortimer & Shanahan, 2003), which explores "the age-graded sequence of roles, opportunities, constraints, and events that shape the biography from birth to death" (Shanahan & Macmillan, 2008; p. 40). Within the scope of the Life Course Approach, Elder Jr et al. (2013) suggest that adolescence would be better understood if the differences between this stage and the periods of childhood and adulthood were more clearly defined and not only in relation to physical development. According to Johnson et al. (2011), there are three topics that should serve as the guidelines for better conceptualization of the period of adolescence: (a) *Continuity* – Does development during adolescence represent a significant departure from previous development or could it be conceptualized within previous or later developmental processes? (b) *Control* – To what extent does the individual control the selection of experiences s/he is exposed to during this period/stage? (c) *Reference* to broader societal and historical processes – To what extent can characteristics of this stage be embedded in a more comprehensive historical and societal perspective? Johnson et al. (2011) highlight the transition from elementary school to secondary or junior high school as one of the major examples of the importance of using a life course

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perspective when analyzing the features of adolescence. This notion is in line with previous reflections, such as Elder's (1968) argument that the transition to secondary school is the closest that American society comes to a formal rite of passage; Hamburg's (1974) suggestion that: "…the entry into junior high school probably represents the most abrupt and demanding transition of an individual's entire educational career" (p. 23); and Jason et al.'s (1993) comment that even though many schools have established an orientation program to support new students in their efforts to adjust to secondary school, "many transfer students continue to be at risk for later school difficulties" (p. 2).

Scientific attention to the transition from elementary school to junior high school is consistently intensive (e.g., Jindal-Snape et al., 2020). A milestone in the realization of the importance of the junior high school transition was the Milwaukee Public Schools study (Blyth et al., 1978, 1983; Simmons et al., 1987). In this study (Ntotal = 594), a comparison was made between children who learn in kindergarten-through-**eighth**-grade schools and children who learn in kindergarten-through-**sixth**-grade schools. Data on the children's self-esteem, academic achievements, subjective perceptions of school, and extra-curricular activities were collected in the 5th, 7th, 9th and 10th grades. The study findings indicated that, in comparison with K-8 schools, the transition to junior high school (7th grade) led to reduced self-esteem, increased feelings of alienation toward school, and lower extracurricular activities. These findings raised several questions, the most important of which was why is it that the transition to junior high school has such negative implications for children?

The Transition to Secondary School

Rodríguez-Fernández et al. (2016) defined school adjustment as students' "adaptation to the demands and characteristics of the school system, as well as the degree to which they feel committed to and comfortable and accepted at school" (p. 20). Assuming that all schools in the world share the same goal of helping students learn, at first glance, one might conclude that transitions to all types of schools are alike; i.e., all schools require that students arrive on time, behave well during class, follow the teachers' orders, do homework, etc. However, a closer look at these environments reveals that there are significant differences between the various types of school adjustment. Moreover, it seems that the transition to secondary school is one of the more prominent experiences in many students' future development.

Obviously, there are major differences between the various "environments" that are all grouped under the title of "school." For example, there are major differences between schools that are located in different geographical locations (e.g., inner city vs. rural), that are located in different neighborhoods (e.g., poor vs. wealthy), that serve populations that hold different values (e.g., secular vs. religious), etc. However, a differentiation between schools based on students' age uncovers that, across countries and sometimes within the same countries, there are differences in the grade structures within schools. For example, in Canada, each territory (province) has its own grade structure. Hence, for some students (e.g., students in the Province of Yukon,

Canada), the educational system skips secondary schools, and the students move directly from elementary school (grades 1–8) to high school (grades 9–12). In other places, students move from elementary school to a school that includes both junior and senior high school wings (e.g., The Province of Quebec, Canada). However, in other parts of Canada (e.g., the Province of New Brunswick, Canada), and actually in most Western societies, students transition from elementary school to secondary school and then to high school; i.e., after the completion of elementary school, students move on to a new school in which they'll spend several years and then, later on, move on to study in high school (usually grades 10–12). This means that between the ages of 4–18, many school students experience four transitions, i.e., from home to kindergarten (or preschool), from kindergarten to elementary school, from elementary school to secondary school, and from secondary school to high school.

Moreover, the post-elementary schools which students move to are referred to in the literature by various terms, including: *junior high schools*, *middle schools of three grades* (i.e., 6th, 7th and 8th), *middle schools of two grades* (i.e., 7th and 8th), *senior public* and *intermediate schools*. These different labels do not only represent semantic differences; rather, they seem to represent a major inherent difference in the schools' structure and goals. The most notable difference is evident between middle schools and junior high schools.

There is some historical (i.e., political and national reasons) background to the establishment of these two different types of schools (Alexander & Kealy, 1969), the most important of which is the significant difference in the schools' educational approach to students. Namely, middle schools were designed to address students' comprehensive entity, including the students' social, emotional, behavioral, and personality development. In contrast, junior high schools were designed to focus to a greater degree on students' knowledge of subject matter and their academic achievements (for more elaboration, see Weilbacher, 2019). Naturally, such differences in educational goals have a major impact on the organizational structure and content of the schools which students transition to after completion of elementary school. A prominent example of the impact of the school's conceptual goals and organizational structure upon the new students' adjustment is the difference in the location of the teachers and the students within secondary schools versus junior high schools: In accordance with the goal of promoting adolescents' holistic development, students in middle school are situated in homerooms, and the teacher in the classroom alternates when a new class/topic begins. Thus, having students in homerooms is beneficial to them socially, as it enables them to have social interaction with a stable group of peers. In contrast, based on the perception of school as a place in which adolescent students gain advanced academic knowledge, in junior high school, each teacher has his/her own room or lab, and the students move from classroom to classroom every hour or so. Thus, secondary schools seem to be more sensitive to students' social needs, whereas junior high schools seem to be more geared toward students' eagerness to expand their knowledge and understanding of the world. This difference in educational goals is crucial when the students' age is taken into account. Namely, students who depart from elementary school and move forward to the next school level – be it either secondary or junior-high school – are aged 10–16. This age cohort is labeled in the literature as early and mid-adolescence.

Notably, in this chapter, the term *secondary school* will be used as a general expression that refers to the various types of post-elementary schools. The reason for using such a general and single term stems from the need to simplify the discussion and, later on, to highlight the more prominent aspects of the transition from elementary school. Nevertheless, the differences between the various types of schools to which students move after elementary school is of utmost importance and hence deserves more attention from researchers, practitioners, and decision-makers.

The "P" in the Secondary School Transition Is an Adolescent

Adolescence is a period of transition from childhood to (emerging) adulthood in which many personal and environmental changes take place. Historically, adolescent psychologists have used the notion of "storm and stress" (Hall, 1904), which suggests that there are challenges, difficulties, and maladjustment in adolescence. Later studies (e.g., Dusek et al., 1981; Offer & Schonert-Reichl, 1992) demonstrated that the storms are not as common as people tend to think. Rather, though almost all adolescents encounter psychological difficulties, a significant rate of them succeed in properly managing these difficulties and maintaining positive relationships with their family members and peers. Nevertheless, the extensive literature on adolescence and its uniqueness is constantly evolving and developing, for example, the recent debate regarding the existence of The Adolescent Brain (Casey et al., 2008), according to which adolescence is an unavoidably difficult period of time in children's risky decision-making and problem behavior (Crone & van Duijvenvoorde, 2021; Romer et al., 2017). Hence, a comprehensive discussion of the features of adolescence is a lifelong mission. However, for the purpose of the current chapter, one general aspect of adolescence will be highlighted, and this is the challenge and necessity that adolescents face to manage multiple quantitative and qualitative changes in their lives. Namely, during adolescence, youth encounter multiple changes, several of which are new and may appear simultaneously and which take place throughout the ecological system and developmental contextual models that surround them (see also Darling, 2007). Below is a short description of these multiple changes and challenges which adolescents encounter:

- In the physical domain: Due to puberty, which includes hormonal changes, as well as changes in appearance, sexuality, and physical health, adolescents encounter new situations. Adolescent girls deal with intensive body, mood, and social situations. Adolescent boys are also obliged to deal with physical changes, especially if their physical development is either faster or slower than their peers.
- In the cognitive domain: Adolescents shift to more abstract thinking, as part of their cognitive maturation. This change leads them to encounter topics that didn't bother them in the past, such as cases of injustice (e.g., disadvantaged social classes), the role of violence in people's lives (e.g., the boundaries between

non-violent and violent self-protection), and the meaning of becoming an adult (e.g., a boring life?).

- In the emotional domain: New feelings emerge, sometimes in very intensive and confusing circumstances (e.g., anxiety about body).
- In the social domain: In terms of interpersonal relationships, with physical and cognitive maturation, adolescents' social radius expands. Young people must acquire social competence so that they can communicate and interact with peers in a harmonious and constructive manner. In addition, since adolescents are susceptible to peer influence and related subcultural values, the ability to behave assertively and to say "no" to risky behavior is important.
- In the sexual domain: With sexual maturation, adolescents begin to have an interest in the opposite sex. Hence, developing heterosexual relationships, or other forms of socially acceptable sexual behavior, increasingly preoccupy adolescents.
- In the family domain: With the gradual maturation of adolescents, parent-adolescent relationships require negotiation. Sometimes parents are ready to give the adolescent child more space and freedom at this stage, which is usually welcomed by the adolescent. However, frequently, parental readiness to permit the required changes to adolescent's life patterns is confounded with increased parent-adolescent conflict in early adolescence.
- In the community domain: When they reach the age of 18, they are also eligible to vote and take up more legal responsibilities. With different political ideologies and parties, adolescents have to learn how to make wise political decisions, which is not easy. In the national context, adolescents have to respond appropriately to the demand for constructive contributions to the country.

These are examples of topics that adolescents may encounter, with some adolescents encountering a few of them and others encountering many of them. Notably, other major developmental tasks (Havighurst, 1948; Yau et al., 2021) are hidden within these topics, including the challenges of accessing a peer group, building friendships, preparing for a future career, body acceptance, developing a personal identity, articulating a value system, approaching socially responsible behavior, and articulating clear self-concept (Pinquart & Pfeiffer, 2020).

A major point that should be highlighted is that social interaction with reliable peers, with whom youth feel safe and accepted, is a crucial prerequisite for meeting the challenges of adolescence successfully. Hence, those who continue learning in the same school until the end of 8th grade (i.e., move from elementary school directly to high school, with no need to go to secondary school) have their well-established friendships in which they can share their feelings and thoughts along the journey to adulthood. Others, however, while being engaged with questions regarding many of the abovementioned domains are "informed," usually at the age of 11–12, that they must now depart from their old friends and move to a new school, secondary school, in which they will meet new people.

Secondary School Students' Social Adjustment

A leading approach in understanding adjustment to transitions is the P-E fit theory (Dawis & Lofquist, 1976; Dawis et al., 1968). This theory, originally developed in the context of the transition to work, has been used to understand other transitional situations. For example, the P-E fit theory serves as a dominant conceptual framework for the articulation of the origin of stress and difficulties during the transition from elementary school to secondary school. This notion refers to Eccles and colleagues' (e.g., Eccles et al., 1991, 1993, 1997; Eccles & Roeser, 2011) insight that the environment in most secondary schools is not only different from the environment in elementary schools but, moreover, undermines healthy development for many youths.

Eccles and colleagues have established this notion in their extensive research projects conducted among adolescents in the USA; yet, studies in other countries (e.g., Canada, Ratelle et al., 2021; Finland, Hoferichter et al., 2021) have provided further support for the global validity of the abovementioned notion. According to Eccles and colleagues, a major problem that students confront upon the transition from elementary school to secondary school is the need to cope with multiple stressors simultaneously. This notion, discussed by Eccles et al. (1996) in the context of the Cumulative Stress Theory, refers to the necessity of coping with the stressors that are related to the transition to a new environment alongside coping with the developmental stressors that many adolescents, especially girls, encounter (e.g., physiological changes). However, Eccles and colleagues take one step further and advocate that it is not only that the amount of stressors is great but, moreover, that the educational setting of secondary schools undermines, rather than supports, adolescents in coping with these multiple stressors. Several common characteristics of secondary schools, in comparison with elementary schools, represent the "oppositional nature" of the secondary school setting, including the following:

1. Unlike elementary schools, secondary school students have fewer opportunities to participate in school/class-related decision-making.
2. Due to the shift from homeroom classes to subject-matter classes, with teachers remaining in their classes and the students moving from one class to another, secondary school classes are characterized by less personal relationships between the teacher and students.
3. Whole-group, rather than small-group, instruction and school assignments are the common learning methods.
4. In light of the high amount of pressure that is put on teachers (not to mention children) and the teachers' lack of ability to supply personal guidance to students with learning difficulties, secondary school teachers feel less competent in their ability to teach students properly (Midgley et al., 1988). Lower teachers' competence feeling, and the stress they might feel due to it, might lead some students to feel less capable of meeting the learning demands as well, others to feel greater stress and additional pressures and even hard-to-meet demands.
5. The use of competitive standards in evaluating students' achievements is more common in secondary school. By managing their class in more competitive

ways, the teachers undermine the adolescent students' need for a more collaborative social atmosphere that would enable effective negotiation and comparisons of needs, coping mechanisms, self-identity, etc. that are so crucial for adolescents' positive development.

Hence, based on the abovementioned differences between the learning environments in elementary schools and secondary schools, Eccles et al. (1996) suggest that the evident increase in mental health problems and decline in learning motivation during the transition to secondary school are not a result of the students' developmental stage but rather are an outcome of the misfit between the (P) students' needs and the (E) opportunities that a typical secondary school environment affords to its students. However, by the same token, Eccles et al. (e.g., 1996) highlights the impact of individual differences, such as differences related to pubertal timing or family support, in shaping students' adjustment to secondary school. Generally speaking, they suggest that there are several risk factors that make some adolescents more vulnerable to the negative effects of the unwelcoming environment which is encountered during the transition to secondary school.

However, before adopting the P-E fit theory as the major conceptual approach to understanding the transition to secondary school, two more points should be noted and taken into account: Firstly, the literature on the transition to secondary school indicates that there are several additional topics that shape students' adjustment to secondary school besides the school environment's fit to the student's developmental needs. For example, following a comprehensive literature review in which findings from several countries outside of the USA were analyzed (e.g., Australia, Canada, Israel, Italy, the UK), Bharara (2020) suggested a list of factors facilitating a positive transition to secondary school and divided these factors into the following segments:

1. *Psychological factors:* Self-efficacy, character strength, self-regulation, personality traits.
2. *School factors:* Teacher closeness, feeling safe, extracurricular activities, pastoral care, school connectedness.
3. *Demographic factors:* Gender, birth order, family resources, parent's education.
4. *Social factors:* Positive parent relationships, peer support, sibling support.
5. *Spiritual factors:* Purpose and spirituality.
6. *Physical factors:* Physical fitness.

Hence, it seems that though factors within the school environment are extremely important, factors outside of the school environment may also contribute to students' secondary school adjustment.

Secondly, and in line with the previous comment, even if the adolescent-school fit is taken into account as a conceptual reference for understanding the transition to secondary school, it should be implemented with regard to other entities, in addition to its implementation with regard to the school environment. For example, the fit, or misfit, between the adolescent's needs and the family environment should also be considered, as there is evidence that the family environment and the school environment have reciprocal longitudinal links that mutually shape academic performance

in adolescents (Gniewosz & Gniewosz, 2020; Harris et al., 2020). The same goes for the fit between the (given) adolescent and the peer/social environment. Namely, multiple P-E fit should be taken into account in the transition to secondary school, as presented in Fig. 3.2 (Chap. 3).

The rational for advocating the need for analyzing the multiple-(mis)fit(s) between the adolescent and the various environments is based on the ecological approach (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2007). As has been well documented in numerous publications, an ecological approach means that there are several systems in the ecology governing human development, including the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Microsystems are developmental contexts in which the individual is present, such as the personal, family, school, community, national, and international systems. Obviously, changes in these systems require a process of adjustment for the developing individual. Similarly, based on the developmental-contextual approach, Lerner and Castellino (2002) proposed a model in which the adolescent is seen as embedded within the community, society, and culture, including the school network, social network, marriage network, and work network, which have mutual influences on each other. According to this model, the adolescent's intrapersonal attributes (e.g., physiological and psychological changes) are closely connected with the social context where "the inner and outer worlds of the adolescent are fused and dynamically interactive" (p. 127). Relying on this ecological perspective, adjustment to secondary school can be understood through an analysis of the characteristics of the dynamic that takes place when adolescents enter a social context in which they are obliged to stay for a significant amount of years.

The task of conducting a detailed analysis and exploration of ways to prevent secondary school maladjustment based on the ecological framework is a challenge that researchers in the field of school transitions have already engaged in. For example, recently Eccles and colleagues (Wolff et al., 2020) explored students' academic motivation during the transition to secondary school, while taking characteristics relating to the student, the school, and the family into account. However, as mentioned above, in the current context, two interventions to prevent secondary school maladjustment will be described below: The *School Transitional Environment Project* (STEP) and the *P.A.T.H.S. project.*

Prevention of Secondary School Maladjustment

School Transitional Environment Project (STEP)

The process of adjustment to the school environment is frequently presented (e.g., Akos & Galassi, 2004) as including three types of obligatory adjustments: to the school organization; to social life within the class and school; and to the "job" of learning new topics and even new domains of knowledge that most children are not directly acquainted with before moving to the new school (e.g., chemistry). A

conceptual analysis of the relative presence (i.e., "loading") of each one of these three types of adjustment, in the various levels of schooling, emphasizes the major importance of adjusting to the school organization in the adjustment of 1st graders. Namely, features of the elementary school organization are sharply different from those of the kindergarten environment – i.e., the way children are expected to sit and behave in class; the longer and strict timetable; the relatively formal nature of the adult (teacher)-child relationship; the exposure to the unknown, comparative, and stressful grading system; the fact that school time "invades" into home time (i.e., by the obligation to do homework); etc. – and represent a new organizational structure that first graders have no choice but to adapt themselves to.

In the transition to secondary school, students are already acquainted with several of the organization's demands – such as coming to school on time, staying for relatively long hours, sitting in their classes, keeping up with the school's routine, doing homework, etc. Yet, several organizational features are new to the student, such as the shift from one class to the next almost every hour, as occurs in junior high schools. However, what is more significant and requires significant adjustment are the significant changes in the social context. Namely, in almost all cases of the transition from elementary school to secondary school, students are separated from some of the children they studied with in elementary school and encounter new students who they have to adjust to. For some students, the new class may be composed of many classmates who they already know from their past school. In other cases, students may find themselves in a completely new human environment, with no familiar face around. Hence, the literature repeatedly highlights the major role that social adjustment, to an even greater extent than organizational adjustment and academic adjustment, plays in students' adjustment to secondary schools (e.g., Anderson et al., 2000; Aikins et al., 2005).

For example, after reviewing the international literature about the transition from primary school to secondary school, Jindal-Snape et al. (2020) concluded that the main determinant of students' positive or negative feelings within the new secondary school are their perceived and real relationships with teachers and peers. The importance of social adjustment to their new class at the secondary school stems from the students' developmental needs due to their being at the age of adolescence. However, for some of them, the process of social adjustment to their new class bares with it an additional and unexpected meaning – a de-evaluation of their self-perception. This is particularly relevant to students who have been assigned to an advanced class/school due to their past academic achievements. These students, who demonstrated outstanding academic abilities in comparison with their peers in elementary school sometimes find that their new peers in secondary school are more advanced than them. This realization may lead such students to shift their past positive self-evaluation as the class's "over-achieving talented student" to a negative evaluation of themselves as an "underachiever."

In light of the major role that social adjustment might play in explaining students' adjustment to secondary school, many prevention efforts for fostering secondary school adjustment have been devoted to easing and advancing the new students' social adjustment to their peers. One of these programs is Felner's (Felner

& Adan, 1988) School Transitional Environment Project (STEP) that will be outlined below.

The School Transitional Environment Project (STEP; Felner & Adan, 1988; Felner et al., 1982, 1994, 2001) is based on an ecological model of prevention, as the intervention tries to prevent maladjustment by restructuring and transforming the school environment. The target population is students from normative schools who transition from multiple feeder schools to a school environment that includes a large number of students (i.e., several hundreds and more). The program is designed for all students but focuses especially on students who suffer from poor coping skills and/or lack of familial support.

The general aim of the program is to personalize the new school environment by facilitating social connections and positive social climate among the new students. This goal is approached by a multifaceted intervention that includes the following elements (Felner & Adan, 1988):

(a) Reorganization of the social system: All STEP students (60–100 students) are assigned to classes in primary academic subjects (e.g., English, mathematics). All students are assigned to homerooms that only include other STEP students from the same team. Within the school building, the STEP classrooms are located in close physical proximity to one another. The STEP classrooms are located in a place where the new students have minimal exposure to older students in the school, to reduce the probability of being humiliated by older children.

(b) Assigning STEP students to homerooms: Each group of 20–30 STEP students will be assigned to a homeroom in which the role of the teacher has been redefined. The teacher performs many guidance and administrative duties that are usually performed by the guidance counselor and serves as the link between the students, their parents, and the rest of the school. For example, the teacher helps the students with choosing the preferred subjects; the teacher contacts the parent before the school year starts in order to introduce him/herself to the parents, to get more information that should be taken into account in dealing with the students, and to encourage the parents to be in touch with him/her "even if the problem is small."

(c) Teacher preparation: The STEP teachers volunteer to be involved in the project. Preferably, teachers of the core academic subject classes also serve as the homeroom teachers for STEP students. Teachers have regular counseling sessions with each student, for about 15–20 min each. These sessions take place in the classroom, while the other students are working on a group assignment in order to make students feel comfortable talking with the teacher "in front of" all the other students.

(d) Teachers' selection, preparation, and support: Before the start of the school year, all STEP teachers participate in a one-day workshop that is devoted to promoting their counseling skills (e.g., identification of emotional difficulties). Another preparatory day is devoted to team-building activities, such as enhancing communication among the STEP teachers. Notably, the STEP teachers

work as a team, with routine weekly meetings and guidance, a characteristic of the program that is very appealing, especially to young teachers who are ready to invest in their students but need guidance and support themselves. Thus, during the year, there are regular meetings for all STEP teachers which address common topics, such as how to identify and develop additional assistance for STEP students who need it.

Follow-up studies on STEP have resulted in a variety of positive effects at all educational levels. For example, non-special education students in STEP schools reported more positive perceptions of the school environment (e.g., less harsh, fewer negative student interactions, more teacher support, etc.) than their peers in non-STEP schools. In addition, after student background variables were controlled for, STEP students reported significantly lower levels of transitional stress and better adjustment on measures of school, family and general self-esteem, depression, anxiety, delinquent behavior, and higher levels of academic expectations. Furthermore, teachers reported these students have significantly more favorable classroom behavioral adjustment on each of the classroom behavioral problem dimensions. STEP students' grades and attendance patterns were significantly more favorable than those in non-STEP schools (Felner et al., 1994, p. 128). Finally, teachers who were enrolled in STEP reported higher job satisfaction (Felner & Adan, 1988). Hence, the STEP initiative is considered as one of the more efficient interventions to reduce school maladjustment (e.g., Balcazar & Keys, 2003; Maton, 2005).

Later on, Felner and colleagues (e.g., Felner et al., 2001) claimed that the STEP and related preventive interventions, such as the Project on High-Performing Learning Communities (Project HiPlaces), not only modify the ecology of schools but also promote a "whole school" change. However, it seems that a "whole school" reform must broaden its perspective far beyond the social context which the adolescent enters in the secondary school transition and comprehend the multiple aspects of being an adolescent within the school setting.

Thus, another and more comprehensive approach to prevent maladjustment to secondary school is presented below, which is based on the *Positive Youth Development* Approach (Lerner et al., 2005, 2009). This program was based in Hong Kong. Hence, the psychosocial needs of adolescents in Hong Kong will be described, with specific reference to some of the prominent risk factors in the personal, family, school, and community systems.

The Psychosocial Adjustment of Adolescents in Hong Kong

In their examination of the developmental risk factors in the development of adolescents in Hong Kong, Shek and Siu (2019b) highlighted seven risk factors which are captured by the acronym of "UNHAPPY," including "**u**nhealthy values," "**n**eglect of holistic youth development," "**h**opelessness and drop in life satisfaction," "**a**cademic excellence **e**mphasis alongside a lack of positive experiences in school,"

"**p**oor family conditions," "**p**arenting problems," and "**y**awing families" (i.e., atypical families). These risk factors can be regarded as stressors and challenges in the adolescent psychosocial developmental process. In the following section, we discuss the psychosocial adjustment of adolescents in Hong Kong with particular reference to these risk factors, as well as the outcomes of adjustment in different psychosocial domains, including the personal (physical and psychological domains), family, school, and community contexts.

Adjustment to the Physiological Transition

Because of hormonal changes, the physical body of adolescents undergoes a tremendous transformation during adolescence, such as an increase in weight and height, as well as sexual maturation. While adolescents in Hong Kong enjoy very good nutrition and medical services which provide an adequate foundation for healthy physical development, there are two challenges. The first challenge is the risk of lack of physical activity. In their study on the physical activity "report card" among children and adolescents in Hong Kong, Huang et al. (2019) reported that physical activity performance according to 12 indicators was generally not positive (e.g., D- for obesity). In particular, lack of physical activity, too many sedentary behaviors, inadequate sleep, and obesity are unfavorable physical adjustment outcomes. Besides the lack of physical activity, adolescents in Hong Kong also face sleeping problems which may be due to academic burdens. In an epidemiological study, Chung and Cheung (2008) reported that the mean school-night sleep duration was 7.3 h, which was comparable to other places. However, Sing and Wong (2010) showed that 68.6% of the respondents indicated that they suffer from symptoms of insomnia. Finally, there are sexuality issues among adolescents in Hong Kong. Leung and Lin (2019) reported that although adolescents in Hong Kong were less sexually active in comparison with Western adolescents, more liberal sexual attitudes and rising premarital intercourse rates were noted in the past few decades. Moreover, sex is considered taboo in Chinese culture in contrast with the sexual permissiveness that characterizes contemporary culture, producing sexual anxiety among adolescents in Hong Kong. Finally, sex education in Hong Kong is unsystematic, and rigorous evaluation studies are sparse (Leung et al., 2019).

Adjustment to the Psychological Transition

In the personal system, another important adjustment is triggered by psychological changes such as cognitive, affective, and personality changes. For example, with cognitive maturation, adolescents have to think about future plans and challenges which are anxiety inducing. Similarly, adolescents have to answer the question of "who am I?" involving exploration of life options and consolidation of different

roles. In particular, changes in different psychosocial domains trigger emotional turbulence and adjustment in adolescents, which may lead to mental health problems (Shek, 2006; Shek et al., 2011).

Research shows that there are worrying trends in adolescent mental health issues in Hong Kong. There is evidence showing that the psychological adjustment of students in Hong Kong is poorer in comparison with students in other places. For example, based on the Programme for International Students Assessment (PISA, 2018), findings showed that compared with the OECD average, students from Hong Kong reported lower levels of life satisfaction, happiness, problem-solving, and self-efficacy and higher levels of sadness. Shek and Liang (2018) found a deterioration in life satisfaction and an increase in sense of hopelessness among high school students. With reference to university students, Lo et al. (2019, 2020) pointed out that the mental health problems of college students are serious.

In a recent special issue (Shek & Siu, 2019a, b), several review papers further highlight adolescent mental health problems in Hong Kong. Based on a review of the official statistics and surveys, Cheung and Cheung (2019) concluded that the prevalence of substance abuse had increased in the past two decades. Based on an extensive literature review, Chung et al. (2019) reported that prevalence of Internet addiction among Hong Kong adolescents was generally higher than in other parts of the world. Regarding adolescent gambling, Yu and Ma (2019) remarked that adolescent gambling in young people in Hong Kong was high. In relation to adolescent self-harm and suicide, Siu (2019) reported that while adolescent suicide figures had dropped in the past decades, self-harm and suicidal behavior were prevalent among adolescents in Hong Kong. Fung (2019) also showed that aggression and bullying in high school students were not low in Hong Kong. Finally, Yuen et al. (2019) showed that depression and anxiety problems in Hong Kong adolescents were comparable to those reported in other places. In short, adolescents in Hong Kong face mental health challenges which may lead to maladjustment in different areas. As pointed out by Shek and Siu (2019a, b), risk factors and maladjustment in different aspects of adolescents' lives impair the mental health of adolescents in Hong Kong.

With reference to the abovementioned adolescent mental health problems in Hong Kong, the question arises as to how these adolescents can be "protected" from such challenges. Obviously, programs that can promote their psychosocial competencies can be a good solution to the problem. In the area of Positive Youth Development (PYD) and social-emotional learning, there are studies showing that curricula-based programs that focus on social-emotional learning can promote adolescents 'positive adjustment (Durlak et al., 2011; Israelashvili et al., 2020; Taylor et al., 2017). For example, in the program entitled "Social Skills Training" (Botvin & Griffin, 2004), several life skills including self-management, general coping, and drug resistance skills were covered in a foundation program (15 class sessions) and booster programs (10 and 5 class sessions for two different levels, respectively) for students in grades 6–9.

Unfortunately, validated and evidence-based programs to promote psychosocial competencies in adolescents are rare in Hong Kong, probably with the exception of the P.A.T.H.S. Project (Shek & Sun, 2013a, b; Shek & Wu, 2016a, b). Shek et al.

(2020b) reported four studies examining whether life skills were regarded to be important by different stakeholders (students, teachers, and parents) and whether related education was adequate in the formal curriculum. The findings clearly showed that while students, parents, and teachers regarded life skills as important to adolescents, they perceived the inclusion of such programs in the formal curriculum and school context to be highly inadequate.

Adjustment to the Transition in the Family System

The family is an important developmental context for adolescent development. However, as pointed out by Leung and Shek (2018), many Hong Kong families face adjustment challenges, as a result of changes in family structure and functions. These include increasing child-rearing burdens, a delay in the timing of marriage and parenthood, the growing responsibility for child care among grandparents and foreign domestic helpers, the growing phenomenon of "monster parents" (i.e., over-intrusive parents), a growing number of "cross-border" marriages (i.e., marriages involving Hong Kong husbands and mainland Chinese wives), the increased prevalence of marital disruption (Leung & Shek, 2018), and debates on "nontraditional" families (such as parents not getting married but having children). In addition, parents in Hong Kong face long working hours. These familial changes have an impact on parenting, which further influences children's developmental outcomes (Shek & Sun, 2014). For example, if grandparents take care of adolescent children, there are likely to be intergenerational conflicts, such as parenting issues between adolescents and their grandparents, as well as conflicts between parents and grandparents.

In their discussion of the risk factors influencing adolescent development in Hong Kong, Shek and Siu (2019a) highlighted three risk factors which are related to the family context. The first risk factor is economic disadvantage. Roughly speaking, one out of four adolescents in Hong Kong lives in poverty. With tight economic resources, the living conditions of poor families are usually bad, such as living in "subdivided flats" with poor ventilation and hygiene. As a result, familial and personal developmental outcomes are impaired (Shek, 2008). For example, the physical environment of "subdivided units" is typically small with 10 square meters per unit. Such a small space is a challenge for adolescents who have to rest, eat, interact, and study, particularly during online learning under the COVID-19 pandemic (Shek, 2021). The second risk factor is "yawing families," referring to the rising number of parents working across the border and cross-border marriages (with very old husbands and very young wives). Obviously, such familial risk factors (such as working across the border) impair parenting, which eventually leads to negative adolescent developmental outcomes. The third risk factor is parenting. As Chinese culture puts a strong emphasis on academic excellence, parents usually hold the belief, "do not lose at the starting line." At the same time, because of long working hours, parents may lack the time to interact and supervise their children, leading to laissez-faire parenting.

Adjustment to the Transition in the School System

Adolescence is a period of adjustment to the changing school and scholastic environment. First, culturally speaking, although Chinese educators highlight different aspects of education, including moral, intellectual, physical, social, and esthetic domains, there is a strong emphasis on intellectual development in different Chinese societies, including Hong Kong. As such, education in the traditional Chinese context is commonly regarded as unbalanced and lacking holistic care. Second, an emphasis on academic excellence is a strong socialization goal in Chinese culture. For example, Shek and Chan (1999) found that Chinese parents in Hong Kong (N = 429) focus on three attributes of an ideal child, including obedience, academic excellence, and having good conduct. Third, because of the emphasis on academic excellence, students are ranked mainly in terms of academic performance in the school context. For example, students are encouraged to pursue academic excellence, rather than developing other nonacademic domains, such as sports and arts, because such development "cannot make money" in the long run. Fourth, academic stress is common among Chinese adolescents in Hong Kong since entry into government-funded universities is very competitive (Shek & Chai, 2020; Shek & Wu, 2016a, b). In each year, only 18% of high school graduates have the opportunity to enter such universities where the tuition fee is much lower than in the self-financed universities. Fifth, although Hong Kong students have high achievements in international tests such as PISA, there are several challenges, including "students doing well, but feeling bad"; "students having high attendance, but low engagement"; and "schools having autonomy, but teachers having low participation" (Ho, 2003). Finally, although high school students face many academic stressors in Hong Kong, there are no systematic programs that help students to cope with such stressors, adjust to their school system, and pursue positive development (Shek et al., 2020b).

Adjustment to the Community System

In relation to adjustment to the community, there are several areas to be considered. First, as an international financial center, Hong Kong is a very materialistic society. Notably, there is research showing that materialistic belief is a risk factor in adolescent development. For example, Shek et al. (2020a) showed that materialism influences adolescent delinquent behavior via life satisfaction. Hence, finding ways to help adolescents deal with material possession in a balanced manner is important (Shek, 2005). Second, as the standard of living and property prices in Hong Kong are the highest in the world, young people face a very uncertain and stressful future. This is further intensified by the fact that the median income of fresh graduates has not increased since the handover in 1997 (Shek, 2020). Finally, with the lack of trust in the Central Government and fear of losing freedom, the political well-being of

adolescents has been strongly affected by political events in the past decade, including the Umbrella Movement and the social event surrounding the extradition law in 2019 (Shek, 2020). Empirically, there are findings showing that such political events adversely affect the mental health of the population in Hong Kong, including adolescent mental health. For example, the prevalence of "probable depression" increased from 1.9% in 2009–2014 to 11.2% in 2019 after the Occupy Central Movement in 2017 (Ni et al., 2020).

Positive Youth Development Approach

Generally speaking, there are two approaches to tackle adolescent developmental problems. The traditional way is to develop prevention programs that address the risks that adolescents might be involved in. While this is a common strategy within prevention science, there are several problems associated with this approach. First, if we develop one prevention program for each adolescent developmental problem (e.g., smoking, drinking, Internet addiction, bullying, depression, etc.), we need many prevention programs. Second, in view of the tight teaching schedule in schools, it would be impossible to launch such prevention programs, which commonly take the form of curricula-based programs within the limited school time. Third, as prevention programs are "problem" oriented (e.g., anti-drug education, anti-smoking programs), schools may not be willing to implement them because doing so gives the school a negative label, such as having substance abusers or delinquents in the school. This would adversely affect student recruitment, and parents would also have serious concerns about such prevention programs.

In contrast to the preventive approach, Positive Youth Development (PYD) programs focus on plasticity and the potential for full development in adolescents. The basic argument is that by strengthening the developmental assets of adolescents (such as psychosocial competence), adolescents will be protected from risk behavior, such as delaying engagement in early sexual behavior. Furthermore, as it is argued that a lack of adolescent developmental assets is at the root of adolescent developmental problems, there is no need to develop different types of prevention programs. This reduces the pressure of competing with lesson time to implement prevention programs within the school context. In addition, as the focus of PYD programs is on nurturing adolescent developmental assets (such as leadership development), related programs would be welcomed by parents and adolescents because they are not stigmatizing. Finally, the ultimate aim of PYD programs is not primarily focused on discrete adolescent developmental problems, but rather on holistic youth development. As pointed out by Catalano et al. (2002), the prevention science approach and the PYD approach are in fact complementary and not competing in nature (see also Romano & Israelashvili, 2016).

Although there are different versions of PYD approaches, they share several core beliefs, including beliefs in the potential of youth, a focus on the importance of developmental assets within the person and the environment, and the possibility of

promoting youth development through systematic youth development programs (Shek et al., 2019a). For example, based on theoretical integration and empirical findings, Benson (2003) proposed that 20 internal assets (such as "sense of purpose" and "resilience" skills) and 20 external assets (such as "family support" and "service to others") promote youth development. Lerner et al. (2011) suggested that 5Cs are vital elements for adolescents thriving (connection, competence, confidence, character, and care). In the social-emotional learning (SEL) perspective, the focus is on the important role of intrapersonal and interpersonal skills in promoting youth development. Several meta-analyses showed that programs aiming at promoting psychosocial competence in adolescents, such as the PYD, are effective (Durlak et al., 2011; Taylor et al., 2017).

Naturally, the meaning and components of positive development are culturally and circumstantially dependent. Hence, in different societies, researchers and practitioners have developed partially different youth enhancement programs, utilizing PYD principles. However, with reference to PYD programs in the United States, Catalano et al. (2004) reviewed 77 youth enhancement programs and concluded that 25 of them showed positive effects in promoting adolescent development. Based on their findings, Catalano et al. (2012) identified 15 PYD constructs that seem to be the generic core of interventions for the promotion of young people's positive development. In the following paragraphs, we highlight these PYD constructs.

(a) The first PYD construct is "**bonding**" which refers to connections with healthy adults and positive peers. In the literature on social support, there is evidence showing that social support contributes to positive developmental outcomes in adolescents. Social support is especially important when adolescents face transitions and changes. For example, when adolescents undergo an educational transition (such as the transition from primary school to high school and from junior high school to senior high school), they are exposed to many stressors. Hence, having social support can help adolescents have better psychosocial adjustment. However, merely having social support is a necessary, but not sufficient, condition for adolescent thriving because social support from unhealthy adults and peers can impair adolescent development. Hence, being associated with and receiving support from healthy adults (such as caring teachers) and positive peers (such as friends engaging in voluntary work) are important. Such connections provide the necessary social capital for adolescents to adapt to psychosocial changes during adolescence (Ma, 2020).

(b) The second PYD attribute is "**resilience**" which refers to healthy adaptation to adverse conditions and development in a positive manner (Masten, 2014). There can be many adverse conditions during adolescence, such as the inability to cope with academic requirements, bullying of classmates, and a sense of meaninglessness in existence. In addition, there are significant adversities that are faced by adolescents with illness and disability and special education needs (such as dyslexia) when they enter high school. Experiencing economic disadvantage and family disruption (such as parental divorce or separation) would also require extra adjustment in adolescents. However, not all of those who

face adversity fail to adjust. In fact, positive beliefs about adaptation under adversity and the ability to develop in a healthy manner under adversity (i.e., AQ: adversity quotient) are important developmental assets for positive adolescent development. Research findings generally show that those with high AQ develop better than do those who have low AQ.

(c) The third PYD attribute is "**cognitive competence**" which refers to effective and adaptive thinking. With a more complex environment in adolescence, young people have to solve many life problems. According to Luna (2009), cognitive abilities develop and become more sophisticated during adolescence. For example, when there are many homework assignments, adolescents have to plan and execute a plan to complete the assignments on time, which requires rational thinking. Another example is that when a young person is invited by their friends to engage in acts of "civil disobedience," he/she has to critically consider the pros and cons of the related acts. Finally, creative thinking is another ability that can help an adolescent to cope with the demands of adolescence, for example, using creative thinking to design a service program by applying material from academic subjects learned at school. In sum, adolescents with better cognitive competence can adjust to the demands of adolescence in a more efficient and healthy manner, which includes logical, critical, and creative thinking.

(d) Adolescence is a stage with many ups and downs for young people. Adolescents have to face many challenges (such as high school life, cooperation with peers, and parent-child conflicts) which trigger both positive and negative emotions. Hence, adolescents have to learn how to recognize their emotions and manage them in a healthy manner (Saarni, 2000). For example, adolescents have to learn to deal with their stress without prolonged anxiety. Adolescents have to learn to be empathetic without prolonged sadness. Besides recognizing and managing their own emotions, adolescents have to learn how to recognize the emotions of other people and manage the emotions of other people, such as conflicts and over-involvement. Such awareness and abilities are regarded as the PYD attribute of "**emotional competence**." This is also regarded as "emotional quotient" (EQ), which is as important as intellectual ability (i.e., IQ: intelligence quotient). In fact, adolescents with better emotional competence can deal with psychosocial changes in a more efficient manner.

(e) "**Social competence**" is another important PYD attribute for adolescents. With the expansion of their social radius, young people have to learn how to communicate and interact with others in an efficient manner. In terms of communication, young people have to learn how to communicate with others via verbal and nonverbal means. In terms of interaction, social competence requires building and maintaining relationships, as well as the resolution of interpersonal conflicts. Without effective communication with others, adolescents become lonely. Besides interpersonal communication and interaction, the ability to develop the ethnic and cultural roots of social interaction is important. Programs have been developed to promote adolescent social competence (Sancassiani et al., 2015).

(f) Adolescents have to face many challenges in which they have to make intelligent decisions. As such, "**behavioral competence**" is another PYD attribute that refers to a person's ability to take adaptive action such as assertiveness (House et al., 2010). One example is how to say "no" when a friend invites a young person to take drugs. Another example is how a girl can say "no" when her boyfriend requests sexual intercourse. In fact, learning how to say "no" and engaging in related nonverbal behaviors are important for adolescents so as not to become easily engaged in risk behavior. In addition, behaving in an assertive manner is important for adolescents' healthy adjustment. For example, an adolescent has to learn how to deal with free riders in a group project in an assertive manner without creating unnecessary conflicts with the group members. An additional example is a young person having to learn how to respond to a salesperson in a polite manner. Assertiveness may not be easy to learn in Chinese culture where there is a strong emphasis on interpersonal harmony and emotional non-expressiveness.

(g) Another important PYD attribute during adolescence is "**moral competence**" which includes the ability to differentiate "right" from "wrong," as well as having the motivation to engage in moral behavior (Crocetti et al., 2019). With cognitive maturation, adolescents are able to understand the reasons for engaging in moral behavior (i.e., moral reasoning). From following rules in order to "avoid punishment," "obtain rewards," or "get social approval," adolescents shift to following rules in order to "fulfill their social responsibility," "respect the law behind the law," or "uphold universal ethical principles." Without moral competence, adolescent development is without a moral compass, which predisposes adolescents to engage in risk behavior. Moral competence is particularly relevant to adolescent development because materialism is a risk factor in contemporary society.

(h) **Self-determination** is another PYD attribute influencing adolescent development (Field et al., 1997). Children normally follow their parents' orders and their lives are basically "planned" by their parents. With physical, cognitive, and social maturation, adolescents demand more autonomy and are expected to behave in a more autonomous manner. Self-determination refers to an adolescent's abilities to set developmentally appropriate goals and make wise choices according to his/her thoughts. Factors affecting self-determination skills and strategies include the understanding of one's strengths and weaknesses, and ability in problem-solving, making choices, and self-evaluation. Reeve (2002) showed that adolescents with better self-determination showed better academic performance and higher levels of self-worth and creativity.

(i) **Self-efficacy** is another important PYD attribute which refers to perceived competence regarding one's ability to complete certain tasks. Essentially, adolescents must answer the question of whether they are competent (e.g., I have/do not have abilities) and whether they can attain goals if they work toward them (e.g., I can/cannot attain the goal even if I have abilities). Regarding the first question, adolescents may have the perception that they lack critical abilities. In relation to the second question, even if adolescents believe that they

have critical abilities, they may lack self-confidence in attaining their goals. Research shows that there are five factors influencing self-efficacy (Bandura, 1997), including personal success experiences, reinforcement from other people's success, imagined successful experiences, other people's views and perceptions, and physical, as well as psychological, states. Research findings have shown that self-efficacy is an important factor shaping adolescents' developmental outcomes (Dupéré et al., 2012).

(j) Another PYD attribute is adolescents' ability to develop a **positive and clear identity** (Xing et al., 2015). According to Erikson (1950), the central developmental task confronting adolescents is to successfully resolve the question of "who am I?" Besides using "roles" (such as a child, a student, a Church-goer, a boy …etc.), adolescents have to develop a sense of their uniqueness in order to form their identity. In addition, adolescents are faced with integrating their different roles and perceived unique features of themselves. Building a positive identity is not easy because it requires recognition and encouragement. At the same time, developing a clear identity is also not easy because adolescents' self-perception is not always clear and can be blurred by the perceptions of others. According to Marcia (1966), there are four types of identity defined by "crisis" and "commitment" – identity diffused (no crisis and no commitment), foreclosure (no crisis but with commitment), moratorium (no commitment but experiencing crisis), and identity achieved (presence of commitment after resolving crisis).

(k) **Spirituality** is another PYD construct which shapes adolescent development (Cotton et al., 2006). Although this concept is regarded as taboo by behavioral psychology, it has regained much importance in the past few decades. Generally speaking, spirituality refers to one's relationships with others, the Divine and Nature, personal beliefs and values, and meaning in life. On the topic of interpersonal relationships, qualities such as love and forgiveness are important. In addition, one's relationship with the Divine (such as religious beliefs) and Nature also contribute to adolescent development. Furthermore, development of personal beliefs and values, as well as searching for meaning in life, also shapes adolescent development. In Frankl's work, will to meaning is the cornerstone of human existence – those who understand the "why" of existence know the "how." From the perspective of character development, it is also maintained that development of virtues in young people (a value system) is important for adolescent development (Lin & Shek, 2019).

(l) To develop in a healthy manner, adolescents must have **hope**. Hence, "belief in the future" is another PYD attribute governing healthy adolescent development, which covers hopeful and optimistic attitudes (Johnson et al., 2014). On the other hand, if adolescents are hopeless and pessimistic, their development will be negative in nature. There are several components of "belief in the future," including presence of valuable and attainable goals, development of strategies to attain goals, and alternative strategies if there are difficulties, positive self-evaluation and recognition of one's abilities and effort, and having positive and realistic expectations about the future. As hopelessness is an inte-

gral component of adolescent depression, maintaining hope is very important for healthy adolescent development. Belief in the future is particularly important for Chinese adolescents because research shows that hopelessness increases, whereas life satisfaction decreases, in the adolescent years (Shek & Liang, 2018).

(m) No man is an island. Therefore, learning to **follow the rules** and conventions in the community (i.e., fostering prosocial norms) is another important PYD attribute fostering holistic adolescent development. Besides obeying rules and regulations, prosocial norms include actions that can benefit others, teamwork, and volunteering which can be nurtured through understanding the moral standards and folk practices in a society. In the school context, highlighting the importance of following school regulations and recognizing law abidance can foster the spirit of prosocial norms. In the community context, promotion of law abiding attitudes and behavior is also helpful for fostering prosocial norms in society. As adolescence is an "age of rebellion," adolescents easily challenge rules and regulations in order to develop their identities. Hence, helping adolescents to understand and respect prosocial norms and act according to them is important (Wentzel et al., 2007).

(n) Another PYD construct is "providing opportunities for **prosocial involvement**" which refers to the design of structured activities for adolescents to practice prosocial norms and serve others, such as volunteering (Moorfoot et al., 2015). There are several benefits of engagement in community service. First, serving others can help to promote the personal qualities of adolescents, such as self-understanding and empathy. Second, engagement in voluntary work can help adolescents refine their interpersonal skills, such as collaboration, communication, and conflict resolution. Third, adolescents can derive meaning from such service which promotes their spirituality. Finally, serving others can strengthen the spirit of contribution and care in adolescents. Providing opportunities for adolescents to help others is important because it can foster their prosocial mentality.

(o) "**Recognition of positive behavior**" is the final PYD attribute. Based on the spirit of operant conditioning, reinforcement is an important factor shaping human behavior. In different contexts, it is important to have mechanisms to positively respond to the constructive behavior of adolescents. Through such positive responses, adolescents' positive and prosocial behavior is strengthened. Recognition of positive behavior can include material rewards (such as presents) and nonmaterial rewards, such as gestures (positive eye gaze and smile), verbal praises, and commendations.

In any case, the PYD attributes in Catalano et al.'s (2002) model present a sound theoretical framework for the prevention of adolescent problem behavior and the promotion of their adjustment to adulthood. Importantly, the underlying logic behind this approach is that, by strengthening the developmental assets indexed as PYD attributes among adolescents, adolescents are "protected" against problem behaviors and mental health problems. As mentioned above, such an approach fits

well into current trends in Prevention Science (see Israelashvili & Romano, 2017) that perceive prevention and promotion as complimentary terms that collaboratively contribute to people's ability to manage (negative and positive) life challenges. However, in fact, this concept is consistent with the more ancient belief in Chinese medicine that it is important to "strengthen the inner strength" in order to have health (Lu et al., 2004). The P.A.T.H.S. Project upholds the principle that by strengthening the developmental assets of adolescents, the chances of them developing in a negative manner are lower.

Positive Youth Development Programs in Different Chinese Contexts

With reference to adolescent adjustment problems and developmental issues in Hong Kong (Shek, 2006; Shek et al., 2011), the question of how such problems can be prevented is an important topic for practitioners and policymakers to consider.

The P.A.T.H.S. Project in Hong Kong

Shek and Yu (2011) reviewed adolescent prevention and PYD programs and concluded that multiyear PYD programs with rigorous evaluation did not exist in different Chinese societies. The existing programs were mainly Western programs translated to Chinese. To nurture adolescents in a holistic manner in Hong Kong, the Hong Kong Jockey Club Charities Trust initiated and provided funding for the P.A.T.H.S. Project in 2005. The project began in 2005 and was completed in 2019, over a duration of 14 years. There were several phases in this project. Besides the Initial Phase (2005–2012), there was an Extension Phase (2009–2016). More than 320 schools with 284,400 students joined the programs in these two phases. The successful implementation experience and positive evaluation findings stimulated the launching of the community-based program in 2013 which aided more than 73,000 adolescents in Hong Kong. The earmarked grants for these three phases were more than HK\$100 million (roughly = US\$12.82 million).

Several unique characteristics of the P.A.T.H.S. Project in Hong Kong can be highlighted. First, the project is grounded in the PYD approach. Besides upholding the belief that every young person has potentials, the PYD approach maintains that, by strengthening the developmental assets of young people (particularly psychosocial competences), adolescents thrive and distance themselves from risk behaviors. Obviously, focusing on the bright side of adolescence can help to minimize the stigmatizing effect of the related PYD programs. The second unique characteristic of the project is that the 15 PYD constructs from Catalano et al.'s (2002) review were utilized to prepare developmentally appropriate curriculum materials for students in junior secondary years. The research team developed a multiyear program

with 20 h per grade for grade 7–9 students, addressing academic adjustment as well as other issues. When the curriculum materials were developed, teachers were consulted and focus groups were conducted with students to ensure that the developed materials would be relevant to the students' developmental needs. Alongside the original 120 units, the curriculum materials were revamped twice, and special teaching units were developed, focusing on adolescent developmental issues. A website containing the curriculum materials has been developed to serve as a resource library for colleagues who wish to promote holistic development in high school students (https://paths.hk) (Table 10.1).

Third, we conducted training for potential program implementers including teachers, social workers, and allied professionals. As sound training is the foundation for the successful implementation of PYD programs, a strong emphasis was placed on training. Furthermore, a training framework was developed, and the effectiveness of the training programs was evaluated (Shek & Wai, 2008). The training programs attempted to help the trainees: (a) understand the program's philosophy, theoretical foundation, and design with particular reference to the Chinese culture, (b) understand the importance of experiential learning pedagogies, (c) learn classroom management skills, (d) appreciate the importance of reflective practice and (e) understand the evaluation strategies associated with the programs. Furthermore, a training framework was developed, and the effectiveness of the training programs was evaluated (Shek & Wai, 2008). For each grade, a program implementer received 20 h of face-to-face training before he/she could teach the P.A.T.H.S. program for a particular grade. As well as helping the potential program implementers understand the curriculum materials, they were also facilitated in understanding the philosophy of the program, experiential learning, teachers' positive development, and reflective practice. In addition, the training sessions aimed to reinforce the importance of the cardinal belief that every student has talents and potentials, of psychosocial competence in promoting holistic youth development, and of evaluation as part of practice. Through training workshops, teachers from different schools also formed self-help groups to provide mutual support among the program implementers. In the first two phases, more than 7000 teachers, social workers, and allied professionals were trained, and, in the community-based phase, more than 2000 teachers and social workers were trained. In these training programs, program participants agreed that they had gained knowledge about PYD, as well as positive attitudes and skills in teaching the program.

Fourth, the research team provided support for the participating schools. As experiential learning and PYD are new to high schools in Hong Kong, some program implementers showed difficulties in implementation, for example, regarding whether it is possible to change the program's content and how much this should be done. The question of how to manage the classroom in experiential learning activities was also frequently raised. Through providing support for the schools, the research team also monitored the implementation quality of the project.

Fifth, researchers from five universities in Hong Kong joined the project, including developmental psychologists, clinical psychologists, social workers, occupational therapists, and counselors. The interdisciplinary nature of the research team

Table 10.1 Examples of original teaching units in the secondary 2 curriculum

Unit no.	Unit name	Unit aim	Learning targets
BO 2.1	What can I do for my family?	To make more contributions at home so as to strengthen relationship with the family	1. To recall the occasions on which students received care from their parents 2. To explore the roles play at home and to enhance motivation to contribute to families
SC 2.1	Who are Hong Kong residents?	1. To know why discrimination against people of different races is not desirable 2. To know more about ethnic minorities in Hong Kong 3. To learn to accept, value, and respect different ethnic groups	1. To be aware about the different ethnic groups in Hong Kong 2. To describe the positive traits of some ethnic groups in Hong Kong and to appreciate as well as value their qualities
EC 2.1	To know and be known	To increase students' abilities in understanding others' emotions and feelings	1. To be empathetic toward others' feelings 2. To understand the importance of respecting others' emotions
CC 2.1	Thinking styles unveiled	To cultivate creative thinking skills through exposure to different types of thinking styles	1. To identify the characteristics of different types of thinking styles 2. To identify different thinking styles pertaining to various occupations
BC 2.1	Friendly criticism?	To understand that criticism may be given with good and/or bad intentions and to learn how to criticize out of goodwill	1. To understand that criticism may be given with good and/or bad intentions 2. To understand that the method of giving criticism may affect the receptivity of the criticized 3. To learn how to criticize out of goodwill and avoid misunderstanding
MC 2.1	In the restaurant	To understand that under all circumstances, with or without laws, maintaining fairness requires us to consider the whole situation and the needs of all the parties involved	1. To learn to respect others and be considerate about their needs and feelings when seeking fairness 2. To understand that seeking fairness *does not* mean everyone gets what s/he wants 3. To understand that seeking fairness when no laws apply *does not* mean fighting for what we want
SE 2.1	Learning tactics	To enhance students' academic self-efficacy	1. To explore different learning tactics 2. To discover suitable learning tactics

Table 10.1 (continued)

Unit no.	Unit name	Unit aim	Learning targets
PN 2.1	Different identities, different duties	To understand that everyone has his/her own social responsibility	1. To understand that social norms may or may not apply to people with different identities when faced with the same social issue or situation 2. To understand that people of different age groups and/or backgrounds have different social responsibilities
RE 2.1	Survivor	To rebuild the understanding of failures and learn from them	1. To demonstrate an understanding of failures may be precursors to success 2. To find out what one may learn from past failures
SD 2.1	Choice: The panorama	To enhance students' competence in self-determination by sharpening their decision-making skills	1. To sharpen decision-making skills 2. To handle peers' opinions and peer pressure by making use of decision-making skills 3. To understand that one should be responsible for one's decisions and accept the consequences
SP 2.1	Living elsewhere	To encourage students to live a meaningful life by understanding the living conditions of the deprived	1. To understand the plight of the deprived 2. To treasure what we have and live a meaningful life
ID 2.1	The Values of life	To build a positive self-image through discovering the most ideal aspects of oneself	1. To reveal the ideal "me" 2. To self-encourage and affirm oneself for the values that one is pursuing
BF 2.1	Go ahead!	To understand that we have to face our academic results whether they are good or poor and to learn to evaluate ourselves and set short-term learning goals	1. To learn how to face academic results, as well as how to evaluate ourselves and improve 2. To set short-term learning goals
PI 2.1	The life puzzle	To understand the reasons for advocating participation in community activities in society	1. To familiarize students with programs and services for people in need, which are offered by the government and the community 2. To understand that people in society have many different needs

Note. Examples are derived from Shek et al. (2013) and Ma et al. (2013). *BO* bonding, *SC* social competence, *EC* emotional competence, *CC* cognitive competence, *BC* behavioral competence, *MC* moral competence, *SE* self-efficacy, *PN* prosocial norms, *RE* resilience, *SD* self-determination, *SP* spirituality, *ID* clear and positive identity, *BF* beliefs in the future, *PI* prosocial involvement

promoted the quality of the program design, implementation, and evaluation. Sixth, a multiyear evaluation study was conducted, lasting for 5 years, including 3 years in the program implementation period and 2 years in the follow-up period. Alongside objective outcome evaluation, evaluations were conducted using multiple evaluation strategies. Finally, in view of the lack of longitudinal studies in this field, a pioneer longitudinal study was conducted with six waves to understand the psychosocial development of adolescents in Hong Kong during the Extension Phase. There were two purposes to this study. The first purpose was to explore developmental phenomena in relation to the well-being of secondary school students in Hong Kong, including their psychological symptoms, PYD attributes, problem behaviors, and school adjustment. Furthermore, the adolescents' family environment was examined. The second goal was to investigate the psychosocial correlates of adolescent development in the high school years. The details of the unique features of the project can be seen elsewhere (Shek & Sun, 2013a, b; Shek & Wu, 2016b). Regarding school adjustment, Shek and Chai (2020) showed that PYD attributes influence global life satisfaction, as well as academic satisfaction and academic stress. While PYD qualities positively predicted academic satisfaction, they were negatively related to academic well-being over time.

The Impact of the P.A.T.H.S. Project in Hong Kong

To give a more holistic view of the effect of the project, we used different evaluation strategies to examine the impact of the project in the initial phase. First, a 5-year longitudinal study with eight waves of data was collected using validated outcome measures. This strategy is commonly regarded as the "gold standard" in the field of evaluation. Second, subjective outcome evaluations examining the subjective views of students and workers using validated subjective outcome measures were conducted. This strategy gives an alternative view of the effectiveness of the project by looking at the subjective perceptions of different stakeholders. By comparing the views of the program implementers and students, we can also triangulate findings on the perceived effectiveness of the program. Third, we conducted process evaluation to understand the program's fidelity and adherence, as well as the implementation quality of the program. This is important because many evaluation studies focus on outcome evaluation instead of process evaluation. Fourth, qualitative evaluation utilizing focus groups and individual interviews was implemented to understand the subjective experiences of different stakeholders. Fifth, students wrote weekly diaries to document their experiences and perceived impacts of the program. Finally, we employed a repertory grid test to examine changes in adolescents' self-identity system after joining the program. Research has shown that positive identity is positively related to adolescent adjustment (Campbell et al., 2003; Constantino et al., 2006; Donahue et al., 1993; Diener et al., 2003). Catalano et al. (2012) reviewed youth prevention programs globally and reported that the P.A.T.H.S. Project was the only effective Chinese PYD program in the field. Similar positive

evaluation findings were found for the extension and community-based implementation phases.

For adolescent problem behaviors, there is evidence showing that the P.A.T.H.S. Project in Hong Kong could reduce adolescent risk behavior, after controlling for gender and initial age (Shek & Yu, 2012). In the initial implementation phase, the longitudinal study showed that the program is able to protect adolescents from engagement in problem behaviors. In comparison with control participants (N = 2850 at the final wave), students in the experimental schools (N = 3640 at the final wave) showed slower development of substance abuse (e.g., Ketamine abuse) and delinquent behavior (e.g., violence and staying out at night without parental consent), as well as lower levels of these risk behaviors. Based on these findings, Shek (2017) argued that the PYD program can protect adolescents from the consumption of tobacco, alcohol, and illicit drugs. Similarly, Shek (2019) also highlighted the possible contribution of PYD programs to the prevention of the development of video gaming problems in adolescents.

Several lines of evidence also show that the P.A.T.H.S. Project is able to foster developmental assets in adolescents. First, Shek and Ma (2012) showed that experimental subjects performed better than control subjects on moral competence, positive identity, and general PYD attributes over time. Second, using thriving as an outcome indicator, Shek and Zhu (2020) also showed that the development of thriving was better among the experimental subjects than among the control subjects, particularly for female participants. Third, subjective outcome evaluation findings collected from students and program implementers revealed that different stakeholders perceived the program to be beneficial (Shek, 2012). Fourth, an analysis of students' weekly diaries showed that students held the view that the program was able to strengthen their psychosocial competence and ability to cope with life's challenges (Shek, 2012). Fifth, in three studies based on the community-based P.A.T.H.S. Project, analyses of the pretest and posttest data showed that the program participants changed positively in their PYD attributes and well-being after joining the programs. In Study 1, Ma and Shek (2019) reported that the participants (N = 12,281) showed positive changes in PYD attributes (behavioral-cognitive competence, prosocial behavior, positive identity, and general psychosocial competence), life satisfaction, and thriving after joining the program. In Study 2, Ma et al. (2019a) showed that the program participants (N = 10,807) demonstrated better overall psychosocial competence, specific PYD competence (including life skills, self-concept, prosocial behavior, and cognitive-behavioral skills), life satisfaction, and thriving after joining the program. In Study 3, Ma et al. (2019b) similarly showed that the participants had higher overall PYD measures, composite measures, discrete PYD attributes, life satisfaction, and thriving scores after program completion (N = 9226). Shek and Zhu (2020) also showed that the Project was able to promote thriving in the program participants. The above studies clearly show that the P.A.TH.S. Project strengthens developmental assets in adolescents which eventually helps adolescents cope with the demands related to psychosocial adjustment.

The ability of the P.A.T.H.S. Project to promote positive adolescent psychosocial adjustment is endorsed by the Government of the Hong Kong Special Administrative Region. The program was identified as an anti-poverty initiative by The Commission on Poverty during the first administration of the HKSAR government, and that status was maintained from 2013 to 2019. In the report issued by The Commission on Poverty (2006), P.A.T.H.S. is presented as a screening and developmental program that promotes the holistic development and learning motivation of poor school children and will eventually "lift them from poverty" (p. 42). P.A.T.H.S. was also recognized by the government as a program that could help prevent adolescent suicide. In the Second Report of the Child Fatality Review Panel (2015), published by the Social Welfare Department, P.A.T.H.S. is described as a program that promotes "students' social and emotional competence" (p. 44), "students' competence in developing healthy bonding" (p. 49), "students' resilience" (p. 51), and "students' proper values, as well as promoting an optimistic attitude in facing life's adversities" (p. 84). The Third Report of the Child Fatality Review Panel (2017) also notes that the program "aims at instilling in students proper values, as well as promoting an optimistic attitude in facing life's adversities" (p. 55).

The benefits and social impacts of P.A.T.H.S. were praised by the principal officials and of the Commission on Youth of the HKSAR government at an international conference held in 2016 (P.A.T.H.S. to Adulthood, 2016). The Secretary for Security said that the program "demonstrated its effectiveness in promoting the development of positive attitude among young people and enhancing their self-efficacy and resilience" (p. 7). The Secretary for Home Affairs observed that the program "is an evidence-based program with a high level of scientific rigor. Its successful implementation experience helps build community capacity in terms of PYD and brings useful insights for the Government and relevant stakeholders in planning youth enhancement initiatives" (p. 8). Obviously, these comments highlight the value of the P.A.T.H.S. Project in promoting effective adjustment of adolescents in Hong Kong in different psychosocial domains.

The Impact of the Project P.A.T.H.S. Outside of Hong Kong

Between 2010 and 2017, the program was implemented in one secondary school in Shanghai, after undergoing adaptation to the context of mainland China, with encouraging evaluation findings. In 2011–2014, with the support of The Tin Ka Ping Foundation, the project was implemented in four Tin Ka Ping schools in Shanghai, Suzhou, Yangzhou, and Changzhou in East China. The curriculum was adapted form the Tin Ka Ping P.A.T.H.S. Program, and teachers were trained in this pilot project. Objective outcome and subjective outcome evaluations showed that the program promoted the psychosocial competencies of the program participants (Shek et al., 2014a, b).

Because of the positive outcomes in the pilot project, plans to scale up the project were devised. Besides conducting training programs in 2014–2015, the program was implemented in 33 schools in China in 2015–2018. The program aided 82,553

high school students and around 400,000 students in the Adream programs via online programs. Alongside implementation of the program in junior secondary schools, curriculum materials for senior secondary schools were also developed. Several lines of evidence show that the Tin Ka Ping P.A.T.H.S. program is effective in promoting the development of adolescents in mainland China. First, objective outcome evaluation using a quasi-experimental design showed that the project promoted positive development in students. Zhu and Shek (2020a) found that relative to the control participants, experimental participants performed better on PYD outcomes. Second, based on students' weekly diaries (Shek et al., 2019b), results showed that students showed better adjustment when facing life stressors. Third, subjective outcome evaluation studies also showed that the participants perceived the program to be helpful, with most of them agreeing that the program could help them face challenges in life (Zhu & Shek, 2020b). The findings also suggested that the project is able to promote the teaching competences of teachers (Shek et al., 2017a, b). Taken together, this evidence suggests that the program is able to equip adolescents with psychosocial skills which can help them adjust to the different areas of psychosocial changes and stressors.

The program has generated international impact. First, it was included in INSPIRE by the World Health Organization as an effective program for nurturing life skills in young people (WHO, 2016, pp. 9 and 74). Second, colleagues in other countries have adapted, or plan to adapt, the P.A.T.H.S. program. With funding from UNICEF, colleagues in Sri Lanka have piloted the program in several schools. Third, according to a report by Youth Power Learning, which "presents the results of a rigorous analysis of existing evidence of PYD in low- and middle-income countries (LMICs)" (p. 1), "P.A.T.H.S. is an effective program, based on a wide range of evaluative measures, which promotes youth's well-being" (Alvarado et al., 2017, p. 29). Finally, a group of internationally renowned researchers have determined that the "Chinese Positive Youth Development Scale (CPYDS)" developed in this program is a valid and reliable measure of PYD (Hinson et al., 2016) that can be used by youth researchers and practitioners.

P.A.T.H.S. as an Intervention to Promote Adolescent Development

Adolescence constitutes a transition from childhood and adulthood during which adolescents have to adjust in many areas. Utilizing an ecological systems approach, we conceive adjustment in adolescence as adaptation and response to changes in the personal (physical and psychological domains), family, school, and community systems. To help adolescents effectively adapt to psychosocial adjustment in different domains, we regard the promotion of PYD attributes as a promising approach. Besides promoting their developmental assets such as psychosocial competencies, PYD programs can help prevent adolescent risk behaviors.

PYD serves the needs of young people in four ways. First, it represents a paradigm shift to looking at the bright side of adolescence (i.e., adolescents have talents and potentials). Second, the approach is empowering, emphasizing adolescents'

resources. Third, it highlights the importance of social-emotional learning and psychosocial competencies. Finally, there are evidence-based PYD programs and several meta-analyses underscoring the importance of this approach. Regarding the question of "where" PYD programs should be implemented, particularly with regard to why schools should be encouraged to implement PYD programs, there are two justifications. First, as compulsory education is common, school is a good setting to promote PYD competencies. Second, many successful PYD programs are school-based programs. As such, school is a good place to implement PYD programs, which have the potential to save lives eventually (Weissberg, 2019). The P.A.T.H.S. program and the Tin Ka Ping P.A.T.H.S. program in China are presented as examples that demonstrate the possibility and value of implementing PYD programs in the school context, which can help to promote the academic adjustment of adolescents.

Finally, it should be noted that the term "positive youth development" actually refers to the adolescent's ability to successfully transition, first into the period of emerging adulthood (i.e., from high school to the college years and preliminary career and independent life explorations), and later on from emerging adulthood into becoming a full member of adult society in the community. Hence, it is plausible to suggest that several of the skills that are mentioned under the umbrella term of SEL are not unique to interventions for adolescents in pursuit of their positive development. Rather, such skills are relevant for the advancement of any person's general ability to adjustment during transitional periods.

A Final Comment on Adolescents' Self-Esteem

The literature highlights the reciprocal relationships between students' self-esteem and academic achievements. For example, Zheng et al. (2020) found that students with higher global and academic self-esteem achieve higher school grades and that youth who received higher grades show an increase in their global and academic self-esteem.

Referring to the transition to secondary school, a common claim in the literature suggests that the transition to secondary school is confounded with a decline in students' self-esteem (e.g., Seidman & French, 2004). However, a more detailed evaluation of the literature indicates that such a decline is not universal across all students. Rather, it seems to occur among some students and not necessarily as a direct result of the transition to secondary school. For example, based on a 4-year follow-up study among 1103 students who entered secondary school, Zimmerman et al. (1997) suggested that the students could be divided into four groups: (1) Consistently high: Students who started secondary school with relatively high self-esteem and whose self-esteem remained high across the 4 years of the study. This group was comprised of about 54% of the students. (2) Consistently low: According to this study, about 14% of elementary school students had low self-esteem when they departed from elementary school, and these students continued to have

relatively low self-esteem also after the transition to secondary school, and later on (at least until grade 10). (3) Moderate and rising: About 20% of the 6th grade students had moderate self-esteem, but following the transition to secondary school their self-esteem improved (though it was lower than that found in the consistently high group). (4) Steadily decreasing: The last group was composed of 22% of the students, who had relatively low self-esteem before the transition to secondary school, and their self-esteem became even lower over the following years. In contrast, other scholars suggest that newcomers to secondary school should be divided into other groups, in terms of their self-esteem fluctuations. According to Seidman and French (2004), secondary school newcomers should be divided into several groups, as follows: (1) stable-high, (2) stable-medium, (3) stable-low, (4) immediate increase, (5) immediate decline, and (6) bounce back (who experience a decline but recover). Yet, another classification was suggested by Morin et al. (2013), who conducted a follow-up study to explore the levels of general self-esteem (GSE) among 1008 adolescents (Mage = 12.6 years, SD = 0.6 at Time 1). Based on their findings, Morin et al. came to the conclusion that there are only four latent classes of students – (1) elevated (high), 13% of the students; (2) moderate, 56%; (3) low, 19%; and (4) increasing, about 11% of the students.

These differences in the classification of adolescents into several groups according to the trajectories of their self-esteem are interesting. Specifically, a major topic of concern is the possible existence of a significant group of adolescents whose self-esteem decreases during the transition from grade 6 to grade 10. While such a group was identified both in Zimmerman et al.'s (1997) study and in Seidman and French's (2004) study, this group was not found in Morin et al.'s (2013) study. The possible existence of such a group calls for further attention and preventive intervention. Such a group may exist because of a preliminary vulnerability among some adolescents, who are unable to deal with either the normative changes that occur among all adolescents – i.e., as a result of developmental processes that take place in every adolescent's body and brain – and/or the normative difficulties that every student encounters over the years while studying in secondary school. Obviously, this explanation, with its two possible options, is of great importance in the current discussion, as it further highlights the possibility that some adolescents are especially and negatively influenced by the lack of P-E Fit that Eccles and colleagues described (above). In this case, the development of efficient tools for screening and early identification of these vulnerable adolescents, who are at risk of a decline in their self-esteem (for any of the reasons described above), is needed. Such screening should be followed by special preventive intervention and/or promotive support that fosters these vulnerable adolescents' school adjustment and positive development. Yet, another option exists: the reason that some studies did not find a group of students whose self-esteem is "steadily decreasing" is not because of a methodological problem (e.g., sampling) or a cultural problem (e.g., ethnicity, sex) but is, rather, a true representation of a change that has taken place in the US secondary/junior high schools. Namely, it is possible that major changes have taken place in American secondary schools, either in the way that these schools treat newcomers and/or the way that the school staff deals with students whose self-esteem begins to decline. In

order to support this last, relatively encouraging, possibility, an extensive survey of US (and global) secondary/high schools should be performed.

However, Morin et al. (2013) commented on the absence of the "declining" group from their findings and noted that in studies which found a declining trajectory, the first measurement of students' self-esteem was conducted in the 6th grade, before the students moved to secondary/junior high school, whereas in studies which found an increasing trajectory, students' self-esteem was first measure in the 7th grade, after the transition to secondary school. This insight yields two hypotheses: (a) Possibly, a decline in some of the students' self-esteem does occur but seems to occur immediately after the transition to secondary school or perhaps already in grade 6, when the students are still in elementary school. (b) If, at least among some students, the decline in self-esteem already begins during elementary school, the differentiation between the "decreasing" and the "low-stable" groups may be misleading. Namely, it is plausible to assume that some of the students who were classified as "low-stable" may have had higher self-esteem at earlier stages (e.g., until grade 4). Hence, if the follow-up studies would have conducted the first measurement of self-esteem already at age 10, when the students were still in elementary school but had already entered adolescence (Sawyer et al., 2018; Sebastian et al., 2008), some of those who were classified as "low-stable" in grade 6 might be classified as "decreasing."

Moreover, Morin et al. (2013) and the other abovementioned studies measured the students' general self-esteem. This measurement of self-esteem might represent other topics in the students' lives other than their internal reaction to the transition from elementary school to secondary school. Hence, a more careful and differential measurement of students' various layers of self-esteem is required in order to reach a better understanding of the impact of the secondary school transition on students' self-esteem. Such a differential, though comprehensive, exploration was recently reported by Orth et al. (2021). In their study, Orth et al. performed a meta-analysis of the results from 143 independent samples which included 112,204 participants, aged 5–28. Results of this meta-analysis showed that between the ages of 5 and 28 there is an increase in people's academic self-esteem (ASE). Nevertheless, there are several fluctuations in children's ASE, as follows: A slight decline at the ages of 5–6 years, a strong increase from ages 6 to 10 years, a sharp decline between age 12 and 16, and a steady rise from age 16 until age 28.

Orth et al.'s (2020) results should be analyzed in the context of school adjustment. These findings show that periods of school adjustment are associated with a decrease in students' ASE. In addition, these findings support the notion that the decline in ASE already begins before the actual transition to the new school environment. Thus, it seems that prevention of school maladjustment should start long before the transition to the new school environment actually begins. In terms of the suggested TSA model (see Chap. 6), it seems that prevention of maladjustment to secondary school should start with supporting the students' better adjustment to elementary school and/or challenging students' misconceptions about themselves and their ability to adjust to secondary school.

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Chapter 11
College Adjustment and Maladjustment

Martin Swanbrow Becker and Moshe Israelashvili

College Adjustment and Maladjustment

College may be considered by many to be a time of excitement, growth, and fun as youth enjoy the freedoms that come with emerging adulthood. For those who are able to adjust to the challenges faced, this may be true. Yet research suggests that many students struggle with this transition, and the result is that college students report significant levels of mental health concerns. This chapter addresses how prevention science can help us understand maladjustment to the transition to college and what colleges and universities can do about it to improve health, well-being, academic retention, and personal growth among their students.

The Transition to College

The majority of parents in the United States, regardless of their socioeconomic status, want their children to go to college. In the 1992 National Educational Longitudinal Survey (NELS), it was found that 93% of parents with a 4-year degree and 79% of parents without one wanted their adolescent child to get at least a 4-year degree (Turley, 2006). More recent longitudinal (2010–2018) follow-up surveys of the attitudes of parents living in the United States toward their child's college

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enrollment demonstrate the relatively stable and high parental support and expectations regarding their child's application to college (Mae, 2018). Parental support is expressed by their perception of college enrollment as an "investment in the future" (77–85%, over the years), a belief that having a "degree is more important now" (63–70%), "readiness to stretch financially" (51–64%), and readiness "to borrow [money] rather than not go" (47–57%).

Such parental and extended family expectations are evident especially among first-generation college attendants and families of immigrants. For example, Zavala (2020) outlined the role of family in shaping the educational aspirations and trajectories of Latina college students. The study findings highlighted the instrumental role that family members (i.e., parents, siblings, aunts/uncles, cousins, and grandparents) played in passing along positive messages about education and college enrollment. The parents told their own immigration narratives, combined with the values and expectations they had been exposed to during their own childhood, and expressed high aspirations for their child (i.e., the student) to attend college. Other family members supported the decision to attend college by providing transportation, emotional support, encouragement/moral support, financial support, spiritual/religious support, and the act of "showing up."

One of the explanations for parents in the United States providing such high levels of support in relation to their child's college enrollment is the parents' realization that a college education is key to upward social mobility. Obviously, the primary contribution of college is for the students, who can also apply to university graduate studies in the future, that their degree will eventually lead them to a better occupation, higher salary, and additional social benefits. However, no less important is the expected future contribution of a student's college education to all family members' human capital and future mobility. Such a contribution to family mobility occurs, for example, in the course of family meetings and informal conversations, during which both the topics and the nature of conversations between the parents, the student, and other family members differ between families with and without older college educated siblings (Harper et al., 2020; Roksa et al., 2020). Particularly among families of immigrants (Kim & Schneider, 2005; Zavala, 2020), there tend to be high expectations regarding the child's college enrollment, as the family expects the emerging student to support the family members by passing along the navigational and social capital they acquired from being the first in their family to traverse the US higher education system. Hence, both for the late adolescent high-school graduates, as well as for their entire family, the arrival of an acceptance letter to college is a moment of happiness and positive aspirations. However, what follows is sometimes painful and problematic.

Using a qualitative case study, Turner (2016) explored the perceptions of first-year, sophomore, and non-returning first-year male students regarding the factors that challenged and supported their transition into the college environment. The study findings indicated that difficulties in social engagement, study skills behavior, and instructor-student relationships are the major challenges that the students encountered during the transition to college. Interestingly, these three domains were not new to freshmen. Rather, these same domains were issues that they had dealt with in high school, in the course of their journey to school adjustment (see Chap. 10).

Hence, one might assume that freshmen can rely on their prior experiences, learn from what they did in the past, and implement the same techniques in pursuing successful college adjustment. However, this notion is misleading, as the freshmen might quickly realize that even though the names assigned to the problem areas are similar, the nature of these problems and the strategies required to manage them properly may be completely different. Not only do the college/university environment and the governing codes of behavior differ from high school, but their freshmen peers are different as they enter the developmental stage of emerging adulthood. For emerging college students, their needs (e.g., personal growth, achievement, avoiding missing out, and enjoyment/satisfaction; Ravert & Gomez-Scott, 2015), expectations (e.g., intimacy; Norona et al., 2017), and ways of behaving (e.g., risk behavior; Ravert & Gomez-Scott, 2015) that stem from these needs are different from what they experienced during their adolescent years in high school.

Thus, one of the reasons for freshmen's difficulties in adjusting to college is the preliminary incorrect expectation that they are already equipped with the necessary skills for the successful transition to college life (e.g., learning skills). Additionally, the process of adjustment to college brings about exposure to an environment characterized by lower academic diversity and greater social diversity. The variance in academic diversity is lower, as only those high school graduates with high academic achievements enter college. This necessitates a reevaluation of the student's academic capabilities, followed by a revision of his/her personal self-esteem and, even more urgently, an exploration of new ways to cope in such a talented society. However, unlike the relatively low level of academic diversity, freshmen encounter greater social diversity, in comparison to the diversity that most of the college newcomers had been exposed to during their childhood and adolescence up to their graduation from high school. Bowman (2010), who performed a meta-analysis of the impact of college diversity upon students' social and academic perceptions, mentions several ways in which newcomers to college experience this diversity, including: (a) representation of diverse undergraduate students of color who attend the college campus; (b) informal interactions with diverse peers outside of class, such as in residence halls and during social activities; (c) classroom diversity, consisting of exposure to diverse peers within the classroom context; (d) participation in full-length courses that explore diversity issues (e.g., ethnicity and intersectionality); and (e) single session diversity workshops, such as a workshop to promote cultural awareness. Thus, encounters with greater social diversity can be academically stimulating, as Bowman (2010) demonstrated, but can also put pressure on freshmen to reorganize and update their social values and codes of behavior. This pressure to update their perceptions and behavior is urgent, as it has implications for their daily encounters in college. Another source of stress in the transition to college is that it is frequently combined with relocation—that is, to a new city, a new county, or a new state—that may be a major source of adjustment difficulty in itself. The problem of (environmental) relocation is especially significant for international students, whose relocation combines geographical, environment, social, cultural, and sometimes religious changes that might have major psychological implications on the first-year student's mental state and well-being. Regarding international students, several of the difficulties involved in the transition to college (or university)

are not unique to students in the United States, but are rather experienced by college students worldwide (e.g., Naylor et al., 2018; Tuicomepee & Sirikantraporn, 2017).

Systematic studies of the feelings experienced by first-year students during the transition to college highlight several major topics in relation to which freshmen might experience maladjustment (e.g., Evans et al., 1998). For example, based on a quantitative study, Baker and colleagues (1984, 1985) constructed a 52-item self-report questionnaire, yielding four aspects of college (mal)adjustment: academic, social, personal-emotional, and general sub-scales. A later version of the scale is the 67-item Student Adaptation to College Questionnaire (SACQ), which includes four sub-scales:

- *Academic Adjustment*: The student's success at coping with the educational demands inherent in the college experience deriving from the requirement of protracted and frequently intense academic work. This sub-scale is divided into four topics—motivation (e.g., "enjoys academic work"), application (e.g., "keeps up to date with academic work"); performance (e.g., "feels smart enough for course work"), and the academic environment (e.g., "is satisfied with the quality of courses").
- *Social Adjustment*: Coping with the interpersonal-societal demands that are related to the fact that a college, and especially a residential college, is inescapably a social, as well as an academic, community, with large numbers of persons of similar age living in close quarters over a prolonged period of time. This sub-scale is divided into four topics—general (e.g., "fits in well with the college environment"), other people (e.g., "has informal contact with professors"), nostalgia (e.g., "is lonesome for home"), and the social environment (e.g., "is pleased with extracurricular activities").
- *Personal-Emotional Adjustment*: How the student feels psychologically and physically in light of the characteristics of the stressful circumstances in general and in relation to the college experience. This subscale is divided into two topics—psychological (e.g., "feels tense or nervous") and physical (e.g., "appetite is good").
- *Attachment***:** The student's satisfaction with the college experience in general and in relation to the specific college. This sub-scale is divided into two topics—general (e.g., "is thinking about taking time off from college") and in relation to the specific college (e.g., "is pleased about attending this college").

To validate the Adjustment to College questionnaire, Baker and Siryk (1984) employed several variables as the criteria for positive adjustment, including attrition, appeals for services from a psychological services center, first-year year grade point average, election to an academic honorary society, a social activities checklist, and decisions regarding applications for dormitory assistant positions. In a meta-analysis of results in which the SACQ was used (with $k = 237$, $N = 44,668$), Credé and Niehorster (2012) report that the SACQ is "an unusually good predictor of college retention" that is moderately related to individual traits, social support, and

relationships with parents and weakly related to demographic variables, prior achievement, coping approaches, and psychological independence from parents. Notably, in an exploration of a scale to measure college adjustment among Australian students, Naylor et al. (2018) address a relatively similar list of sub-scales, including belonging, feeling supported, intellectual engagement, and workload stress.

It should be noted that in spite of its relatively extensive length, the SACQ does not cover the whole spectrum of pressures that freshmen experience. In particular, the SACQ omits the stressors that a first-year student might encounter during a visit home when confronting their family's expectations (again). As mentioned above, among all first-year students, and especially among first-generation college students (Chang et al., 2020) and international students, family expectations regarding the first-year student's academic achievements tend to be high and often a source of stress. This pressure may sometimes be extreme, such as in the case of a first-year student whose family has made special efforts financially to enable them to enroll in higher education. In one such event, documented by Chang et al. (2020), following a series of failures in the college program courses, a first-year student was invited to discuss his future enrollment in the program. At that meeting, the student was aggressive, hostile, and continuously blamed the faculty for his failures. Finally, after a long and very sensitive discussion, accompanied by ups and downs in the student's mood, he revealed that his father had made him sign an agreement that if he did not succeed in his college studies he would have to reimburse his father for all the payments and other expenses involved in his college enrollment. Thus, what seemed to be an academic problem revealed itself to also be a familial and financial problem, with the potential of becoming a social problem that could emerge upon this student's return to his old-school friends who envied him for being accepted to college.

The SACQ, and related factors that have been outlined above, illuminate the multiple challenges that students encounter when moving from home to college. In light of these demands that freshmen encounter upon their transition to college, students may lack the ability to manage these stressors, leading to distress and, consequently, the emergence of mental health issues. In accordance, Kroschus et al. (2021) found that students experienced increases in depression and anxiety beginning the summer before college and extending through the spring of their first year. In light of the emotional impact of the transition, students can benefit from the use of various methods to cope with the stress of the transition. For instance, Kroschus et al. (2021) found that self-compassion was a strong predictor of successful transitions to college. Unfortunately, those with chronic stress experienced more negative outcomes, and self-compassion and other coping skills were not found to buffer these effects. Those most vulnerable to chronic stress were found to be women, students identifying as sexual minorities, and first-generation students (Kroschus et al., 2021).

The Current State of College Student Mental Health Concerns

Student distress has been rising among college students in the United States, and suicide, a tragic expression of this distress, is thought to be the second leading cause of death among college students (Turner et al., 2013). In relation to prevention, it is important to consider the conditions that tend to precede more severe outcomes among students so that these earlier conditions can be identified and targeted. For instance, according to the American College Health Association's National College Health Assessment (ACHA, 2019), when college students were asked to consider the prior 12 months, 87% felt overwhelmed by all they had to do, 85% felt exhausted but not from physical activity, 71% felt very sad, 66% felt very lonely, 56% reported feeling things were hopeless, 45% had felt so depressed it was difficult to function, 13% seriously considered suicide, and 2% had attempted suicide. As colleges consider how to help students, prevention science informs us that it is important to understand the continuum of stressful and distressing experiences that students face in order to develop a variety of interventions to target the range of needs across the spectrum from low to high acuity.

Some student distress may be attributed to a lack of belonging, as illustrated by 29% of students stating that they do not feel that they belong at their college or university. In relation to this, 46% of students did not feel that they are on a campus where people look out for each other, and only 55% felt that students' health and well-being are a priority at their college (ACHA, 2019). Students also reported safety as a concern, with only 33% feeling very safe at night on their campus (ACHA, 2019).

While college students had already been experiencing considerable distress, the COVID-19 pandemic appears to have made matters worse. During the pandemic, young adults have been identified as being the most vulnerable group for anxiety and depression (Ahmed et al., 2020; Huang & Zhao, 2020; Ueda et al., 2020). This age group was also found to rank their overall mental well-being as the lowest in comparison with other age groups (Ahmed et al., 2020). Among a sample of 195 college students, 71% indicated increased stress and anxiety due to the COVID-19 outbreak (Son et al., 2020). A survey of 2086 college students by Active Minds found that students reported that COVID-19 had impacted their lives negatively in various ways: 80% felt isolated or lonely, 91% experienced stress or anxiety, and 81% faced disappointment or sadness (Active Minds, 2020). In the spring of 2020, 39% of college students in the United States reported experiencing moderate to serious psychological distress, with 75% reporting moderate to high levels of stress (ACHA, 2020). Unfortunately, 49% of students also reported elevated levels of loneliness, suggesting that they may not be tapping into support to help them deal with their distress (ACHA, 2020). Such distress is manifested in various ways, with 9% of students reporting engagement in nonsuicidal self-injurious (NSSI) behaviors (ACHA, 2020). College students' experiences with suicidal behavior are not unique to the United States population and campuses but are rather a major issue of concern worldwide (Mortier et al., 2018).

   While the COVID-19 pandemic may not last forever, it is important to consider the lessons learned from the perspective of prevention science, as it helps inform action for future pandemics, as well as the impact of social isolation on individuals. The implementation of social distancing practices, lockdowns, and quarantines disconnected many from their daily routines, support systems, and perceptions of security. University students faced an abrupt transition to online learning and decreased social interactions with peers, which contributed to increased levels of depressive thoughts, stress, and anxiety (Son et al., 2020). Being under a mandatory stay-at-home order in response to the COVID-19 pandemic was found to be associated with greater health anxiety, loneliness, and financial worry among college students (Misirlis et al., 2020; Ueda et al., 2020; Tull et al., 2020). Prolonged quarantines have been found to increase the prevalence of psychological anguish, specifically with an increased presentation of post-traumatic stress symptoms and increased symptoms of depression (Hawryluck et al., 2004). While stay-at-home orders, quarantines, and social distancing precautions are intended to decrease the spread of infectious diseases, they appear to be doing so at the expense of individual mental well-being.

Challenges for College Students Adjusting to College

As described above, the transition from high school to college presents a significant developmental milestone for students in which they become more independent, gain exposure to a variety of people who are different from their families of origin, and may begin to experience new relationships and expectations (Evans et al., 1998; Padgett, et al., 2012; Reid & Moore, 2008; Wang, 2014). They also can become separated from the structure and supports that buffered them in high school, such as parental support and a familiar home environment. Furthermore, young adults may experience their first symptoms of mental health issues, and considering that many students move to a new environment when starting college, they may lack people around them who would notice changes in their prior behavior. This transition to college is particularly impactful on first-generation students, as they often lack the firsthand experiences of their family members to help them anticipate what to expect and prepare for their transition to college (Swanbrow Becker et al., 2017a, b).

   Students face many changes and stressors when transitioning to college and, while each will experience their own unique situation, national studies on United States college students' experiences reveal some patterns in the stressors faced. These patterns tend to change based on the person's situation. Overall, the top stressors identified by Brownson et al. (2016) as those faced by students, include academics, financial problems, romantic relationships, life transitions, family problems, friendship problems, emotional health problems, problems at work, and physical health problems. Yet when looking at those students who seriously considered suicide in the past year, the top stressors are different. For these students, the top

concerns were gender identity concerns, sexual assault, relationship violence, sexual orientation concerns, drug and alcohol use, emotional health problems, the suicide of a person close to them, legal problems, discrimination, and other traumas (Brownson et al., 2016). See Table 11.1.

LGBTQ students in particular appear more vulnerable to mental health issues than other students. Swanbrow Becker et al. (2017a, b) found that transgender students experienced a lifetime history of trauma at higher rates than cisgender-LGBQ students, who in turn experienced higher rates than cisgender-heterosexual students. See Fig. 11.1. This research helps illustrate the significant impact experienced by those out of the mainstream, such as students in the LGBTQ community, students experiencing violence, and students with drug, alcohol, or emotional health problems. These are important findings that inform prevention science, as they illustrate the need for interventions tailored to the circumstances of the community members.

Table 11.1 Leading contributors to college student stress

Stressor	Percentage of students endorsing stressor	Percentage of students endorsing stressor who are also seriously considering suicide
Academics	73	4
Financial problems	31	6
Romantic relationship problems	27	8
Life transition	27	6
Family problems	20	9
Friendship problems	19	8
Emotional health problems	15	15
Problems at work	12	5
Physical health problems	13	5
Drugs/alcohol	4	15
Discrimination	3	11
Legal problems	2	11
Sexual orientation concerns	2	18
Relationship violence	1	19
Suicide of a person close to them	1	11
Sexual assault	1	25
Gender identity concerns	1	30

Note. Column 2 shows the overall sample percentages of students (undergraduate and graduate combined) endorsing the stressors. Column 3 represents the percentage of students endorsing the stressor who seriously considered suicide during their stressful period. (Brownson et al., 2016)
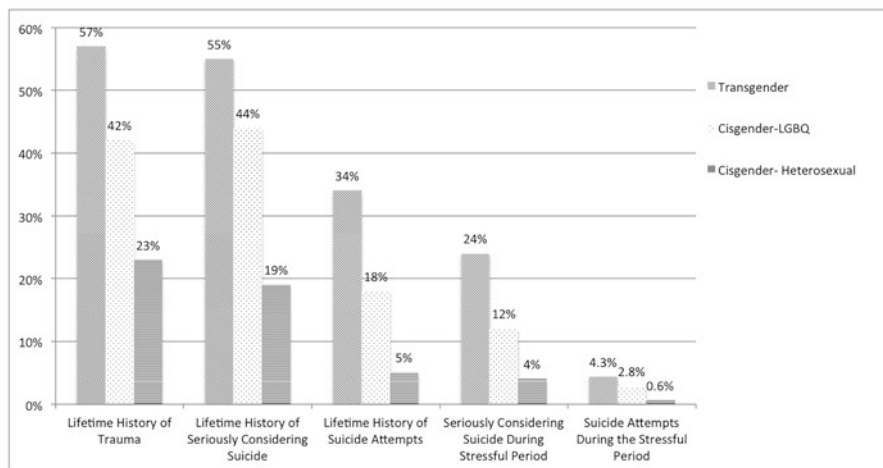
Note: This is derived, in part, from an article published in *Journal of College Student Psychotherapy*, available online: http://www.tandfonline.com/10.1080/87568225.2016.1253441

Fig. 11.1 Percentage endorsing a lifetime history of trauma and suicidal experiences. *LGBQ* lesbian, gay, bisexual, and questioning. (Swanbrow Becker et al., 2017a, b). This is derived, in part, from an article published in *Journal of College Student Psychotherapy*, available online: http://wwww.tandfonline.com/10.1080/87568225.2016.1253441

Challenges with Helping Students

College student suicide is a significant concern on university campuses, yet suicidal students often underutilize professional help (Drum et al., 2009). In fact, only 80% of students who complete suicide previously sought professional help from their university (Gallagher, 2013). Delays in receiving help increase the risk of suicide, as shown by Gagnon et al. (2009), who reported that 72% of adolescents and young adults complete suicide on the first attempt. The disjuncture between college students' help seeking and the access of campus professional mental health services is extremely unfortunate because college counseling centers appear to be highly effective in helping suicidal students who seek professional help (Schwartz, 2006). In addition, 62% of counseling center clients said that counseling helped them stay in school, and 66% stated that it helped with their academic performance (AUCCCD, 2019). However, the timing of the treatment is critical.

Waiting to treat students until they are in a suicidal crisis can be difficult and time-consuming and can result in over-allocating university resources to crisis intervention (Baumeister, 1990; Drum et al., 2009). Treating distressed students prior to, or in the early stages of, their manifestation of suicidal ideation would likely improve clinical outcomes. In other words, suicidal students would likely benefit from receiving help sooner. Consequently, increasing the number of students seeking help and reducing the period between the onset of distress and the acquisition of

professional help are important yet challenging goals for campus mental health centers. To try to meet these goals, many college campuses have implemented suicide prevention programs to improve the ability of peers, faculty members, and staff to identify students in distress and refer them to counseling. Unfortunately, campus suicide prevention programs have not been shown to be effective in increasing interventions with suicidal students (McLean & Swanbrow Becker, 2018).

To overcome the challenge of helping students access more mental health support, it is important to understand their barriers to disclosure regarding suicidality. In their study of over 25,000 college students in the United States, Burton Denmark et al. (2012) found the top reasons students did not disclose their suicidal thoughts were that they felt they were at low risk of experiencing negative outcomes, they did not want to burden others, they valued their privacy, they did not think anyone could actually help them, and they perceived stigma in relation to seeking help. To a lesser extent, students also noted barriers that included feelings of shame, worry about repercussions from their disclosure, not wanting to be interfered with in their plans to hurt or kill themselves, and not knowing who to turn to (Burton Denmark et al., 2012). Understanding the barriers students face in seeking mental health support could help staff on campus improve their outreach and prevention efforts by tailoring them to help students overcome these barriers.

While college counseling centers are an important resource to aid in students' transitional adjustment and mental health concerns, they are also overwhelmed with treating students. Their focus on treating students in crisis, while essential, may distract them from their ability to engage in broader campus prevention work. In a national survey of counseling center directors in the United States (AUCCCD, 2019), while 91% stated that campus outreach is part of their mission, only 26% said that they were integrated within the campus health promotion office, suggesting a disconnect between the counseling center and campus mental health prevention efforts. While 87% of the directors noted that their center experienced an increased demand for counseling services over the past year, on average, their counseling centers only serve 13% of the students on their campuses, leaving many without contact with the counseling center.

A Community of Support

Given the scale of disruption students experience in their transition to college and the extent to which such disruption can increase with additional stressors, such as the COVID-19 pandemic, parents and educators should know that some increased stress, anxiety, and apathy among students is to be expected. For instance, students who were thriving in an active educational community before the pandemic may resist or struggle to fully participate in a virtual environment. Students who were confident and enthusiastic participants in the classroom may be less successful or give up on finding their voice during a Zoom class, riddled with technological glitches and new cultural norms related to communication. While not necessarily normal, this type of low-grade distress seems to have become the norm.

To facilitate the transition to college, students need to maintain a community of support. Parents and family members are the ones who know the students best and are capable of noticing changes in their behaviors and moods. Parents and educators should expect challenges but must stay on careful lookout for sudden or extreme changes in the student's behavior, moods, and activities. For instance, as students begin returning to the classroom following the distance learning resulting from the pandemic, educators should watch for new signs of social phobia or discomfort, understanding that students may struggle to transition seamlessly back into the social setting they successfully navigated in pre-COVID times.

The challenges with providing effective help to all students struggling with the transition to college suggests that part of a prevention approach to improving mental health is to focus interventions on all members of the university or college, not just on those in crisis. Such a shift supports continued crisis intervention and individual counseling services but also expands the focus to include the ecology, which students are a part of. Student affairs professionals, in particular, are in a unique position to implement prevention efforts to augment the campus environment in order to enhance growth and reduce stressful and traumatic events that can adversely impact students' well-being (Swanbrow Becker & Drum, 2015).

Models of Positive Adjustment

When considering how to explain the process of positive adjustment to college, it is important to consider the state in which college students arrive on campus. The high levels of distress and the problem of suicidal thoughts among students appear to precede the college experience. Drum et al. (2009) found that over half of surveyed undergraduates reported having experienced some form of suicidal ideation during their lifetime. Of those college students who had thought about suicide at some point in their life, 81% reported first thinking about it prior to college, with 19% attributing their suicidal thoughts to their time in college (Brownson et al., 2016). Students report a range of suicidal and self-injurious symptoms, including distressing and morbid thoughts, suicidal ideation, and suicide attempts that impacted their ability to reach their potential in both academic and nonacademic spheres (ACHA, 2019; Drum et al., 2009; Suicide Prevention Resource Center, 2019). Indeed, it appears that students arrive on campus already vulnerable to mental health issues and, when combined with the stressors related to the transition, many struggle to cope.

Notably, a similar finding was found among other (non-North American) high-school graduates when moving to a new environment. For example, studies (e.g., Shelef et al., 2017) among new military recruits to the Israel Defense Forces (IDF) indicated that most of the new recruits who were later involved in suicidality (Maris, 1981; Millner et al., 2017) already exhibited some sort of suicidal behavior earlier, during their high-school years. Hence, it seems that for these emerging adults experiencing the transition to a new environment (e.g., college), a preliminary systematic screening of those who are more vulnerable to maladjustment during the

transition from high school to real-life circumstances is warranted. An example of such a screening process is reported by Kaess et al. (2020). The aim of Kaess and colleagues' study was to evaluate the utility of a two-stage school-based screening in relation to service use and suicidality in adolescents from 11 European countries. The screening was conducted among students participating in the "Saving and Empowering Young Lives in Europe" (SEYLE) program. These students completed a self-report questionnaire, including items on suicidal behavior, and based on their responses, those with suicidal thoughts were invited to personal interviews.

A one-year follow-up study showed that greater use of school mental health services was associated with lower suicidality. However, naturally, such a screening has a limited contribution to preventing maladjustment as some of the high-school students (and their parents) tend to believe that the transition from high school (and sometimes from the family) will benefit the adolescent and hence hide major mental health difficulties, including an inclination for and/or involvement in suicidal behavior. Another reason for the expected limited utility of preliminary screening stems from the notion that even for the vulnerable adolescent, who is moving on from high-school to college (or military service, work, etc.), much is dependent on the way in which the new environment relates to its newcomers. An example of this is the IDF's intensive efforts to reduce suicidal behavior among new recruits (see also Israelashvili, 2017). Referring to college students and their mental health, much depends on the college community's approach to first-year students.

The following portion of the chapter articulates some leading models, which provide explanations regarding the process of adjustment to college and how we might support positive outcomes. The first model reviewed, the Stress-Diathesis Model, illustrates how the interaction between individuals and their environment creates risk, informing how prevention efforts might support students. The next model reviewed relates to building social connection and illustrates how campuses can facilitate conditions for prevention efforts to thrive. Third, we look at the special populations of first-generation college students and international students to examine how prevention science informs our work with vulnerable populations. Last, we turn to a proposed new paradigm of population intervention to show how to turn the focus to all members of the community and support health and well-being broadly.

The Stress-Diathesis Model

As noted earlier, most college students with thoughts of suicide first experience those thoughts before college (Brownson et al., 2016). This suggests that many students attending college have likely already experienced vulnerabilities and mental health concerns, which the stress of the transition to college can worsen. The stress-diathesis model (van Heeringen, 2000) suggests that suicidal people have several common preliminary perceptual characteristics (e.g., a sense of being entrapped when confronted with particular stressful events) that lead them to feelings of hopelessness and despair when encountering a major difficulty. Thus, the occurrence of suicidal behavior is determined by the interaction between stress and

diathesis, that is, between existing cognitive vulnerability combined with triggering events, such as taking on additional stress (Morrison & O'Connor, 2005). According to this theory, positive adjustment can be promoted by either reducing students' vulnerability or reducing triggering events.

Some of the leading issues that negatively impact students and create vulnerability can be addressed through skills development, such as building time management skills, mindfulness training, and improving a student's ability to solve problems. Other issues, such as career or relationship problems, may be better addressed through counseling to help students work through their concerns, learn to communicate more effectively, and facilitate their personal insights and growth. Helping students address issues such as finances or housing may be best addressed through university services such as financial aid or an ombudsman office. To reduce triggering events, campuses can create policies to prohibit discrimination, such as a policy at Florida State University that applies to all members of the university community, that clearly articulating the values of the community and establishing a method to file complaints, with staff members appointed to implement and monitor the policy (e.g., see Florida State University, 2021a). Campuses can also work to reduce activities that may increase risk, such as alcohol use, as well as providing training and establishing clear policies and penalties to reduce assaults and relationship violence on campus.

Facilitating Social Connection

Facilitating positive adjustment likely requires setting up preconditions for success in order to create an environment conducive to change. Researchers are turning their attention to the promise of fostering the pre-condition of social connection as a key strategy in getting more students the help they need sooner. Tapping into existing peer social networks to facilitate suicide prevention training has shown promise in high schools (Wyman et al., 2008) but has not been studied at the college level. Understanding how social connection serves as a precondition and catalyst to improve suicide prevention training has widespread implications, as it could transform how we implement all mental health prevention programs.

The significance of the problem of college student distress and the challenges of connecting students with professional help has led many campuses to develop prevention programs that attempt to tap into student social networks. While suicidal and distressed students may underutilize professional help, they more often seek out their peers to disclose their suicidal ideation to (Drum et al., 2009; Gould et al., 2003; Wyman et al., 2008). Tapping into existing peer social networks appears to be a promising means of connecting distressed students with professional help.

Peers often serve as a trusted confidante for students in distress and are also in the position to notice harmful coping behaviors that suicidal students may use. For instance, peers may notice their friends isolating themselves in their rooms, self-injurious behaviors such as cutting, and excessive substance use (Cook, 2007; Reiff et al., 2019). Warning signs that a suicide attempt may be imminent, such as posting

alarming messages on social media, experiencing traumatic events, planning a suicide attempt, and acquiring access to materials that might be used in a suicide attempt are likely more easily noticed by peers than others on campus. Facilitating social connection is also thought to reduce the risk of suicide at a deeper level by increasing a student's sense of belonging (Joiner, 2005).

While social connection appears integral in reducing the risk of suicide and other mental health issues, connecting students with peers, in itself, is not enough. For instance, suicidal students may feel that simply telling others about their suicidal distress is sufficient; 52% reported that telling a peer about their suicidal thoughts was helpful or very helpful (Drum et al., 2009). Unfortunately, when suicidal students confide in others, the help they receive may not always be effective; only 58% are advised to seek professional help by the first person they tell (Drum et al., 2009). Also concerning is that findings from a national study of college students indicated that Caucasian/White students were advised to seek help from the first person that they told at higher rates than students from all other racial and ethnic groups (Brownson et al., 2014). International students have also been shown to underutilize professional counseling services when faced with serious stressors, such as assaults (Swanbrow Becker et al., 2018). This indicates an inherent bias that minority students must overcome and that should be taken into account when evaluating the impact of social connection on helping behaviors. Based on these findings, it appears that a primary component of suicide prevention on college campuses lies in improving the ability to connect all students in distress with professional helping resources (Westefeld et al., 2006). To achieve this, campuses must better understand how social connection serves as a catalyst for improving prevention initiatives and how to increase the impact of social connection to reduce the risk related to distress and improve the well-being of all students.

Summer Programs and Transitioning to College

First-generation college students provide examples of populations who are particularly at risk during the transition to college. First-generation college students come from families in which neither parents nor guardians have achieved a college degree (Wang, 2014). As of the 2015–2016 academic year, only 44% of undergraduates in the United States had a parent who had graduated from college (National Center for Education Statistics, 2016). This presents considerable challenges for students as compared to those with parents who graduated from college, as they lack the resources and family experience to prepare them for the transition and help to buffer the stressors.

To assist with the transition, some universities create special programs to provide support during the transition to college. This may take the form of summer programs (e.g., Ober et al., 2020) or focused attention at the start of the fall semester. Resources may include preparatory classes to increase academic skills, socialization to acquire a group of friends and become familiar with the campus, academic resources such as study areas and tutoring, advising to help students discover a

major and navigate the registration process, financial support, and skill development to improve study skills, time management, and problem-solving.

In a review of one such program, students reported that providing a transitional experience in the summer before the start of college, as well as early support, helped the students feel cared for, cultivated a sense of belonging, helped prevent and remediate their distress, and made them more resilient (Swanbrow Becker et al., 2017a, b). Students in the program also reported that support, setting expectations, and providing resources and help preparing for challenges contributed to their academic success (Schelbe et al., 2019). Students in the program seemed to benefit from the support and a more intimate social circle that may help them experience the university as smaller and enable them to feel more connected to their peers. However, such gains must be balanced against the possibility that students in the program could feel disconnected from the broader campus and experience discrimination from students not in the program (Schelbe et al., 2019).

Shifting to a Population-Focused Paradigm

In a relatively pioneering prevention initiative to assess and intervene with a broad population of students, Baker and Siryk (1986) used their scale, the SACQ, as a tool: (a) to identify students who had extreme scores on the scale, representing maladjustment to college; (b) to discuss topics related to their college experience with these students; and (c) to measure the pre-post effects of a single meeting intervention. Baker and Siyrk mailed the SACQ about 2–3 months after the beginning of the first semester to all members of the first-year class of a university. After promising strict professional confidentiality, the students were invited to voluntarily complete the SACQ. In return, the students were promised that they would receive their relative score, in comparison to other students' scores, and that some of them would be invited to participate in personal interviews regarding their college experience. A potential methodological issue with the study is that completion of the SACQ was not anonymous. About one third of the freshmen class completed the SACQ, and based on their scores, students with a major adjustment problem (i.e., who had low scores on all sub-scales) and students with no adjustment problem (i.e., who only had high scores) were selected, with about half of them directed to the intervention group ($N = 67$) and the other matched sub-sample assigned to the no-intervention group.

The intervention was composed of the student attending a single interview with a trained counselor. The interview format was relatively unstructured and lasted for approximately 1–2 h. Regarding each one of the SACQ sub-scales, the interviewer presented the students with their own score and with the entire student sample's scores as a reference. They then explained the meaning of their scores and engaged in an open discussion with the student about the reasons for their feelings and what, if anything, should be done in pursuit of a better sense of adjustment to college. In addition to the interview, all members of the treatment group were sent printed material describing the research program on one occasion. After all interviews had

been conducted, the adjustment-to-college scale was distributed again, about half a year after the first measurement was performed.

Baker and Siryk (1986) concluded that the SACQ provided an efficient measurement of the adjustment-to-college experience, as well as changes in their feelings, and that it can serve as a useful basis for discussion of a student's adjustment to college. Using the SACQ for a large-scale preventive intervention is complicated and perhaps impossible. Moreover, it seems that any future intervention that aims to promote college adjustment based on the SACQ should suggest a more sophisticated program, as the utility of using such a measure of self-concept in predicting domain-specific criteria deserves further explorations (Lent et al., 1997). However, the SACQ provides an example of a screening tool to promote primary and secondary prevention work, as it was designed and used for intervention among a normative sample of college students, who are not obviously at-risk for mental health problems nor are they in a situation that requires an immediate response to the student's feelings of despair or maladjustment.

To address the problem of mental health distress on campus and the challenges with the transition to college, Drum and Burton Denmark (2012) propose expanding mental health efforts beyond standard, clinical intervention. The authors note that historically, treatment of struggling students falls under an identify and referral model, in which prevention programs may focus on training members of the community to identify those in need of support and refer them to an appropriate source of help. The problem with an identify and refer model of intervention lies in the fact that many students do not get the help they need either due to not being identified by others or not self-identifying as needing help, or being unable to overcome their barriers to receiving help. Viewing college adjustment from a broader perspective calls for exploring how to engage prevention science to promote the health and well-being of all members of the community. As noted by Rose (1985), we must explore approaches that protect individuals susceptible to risk and/or take a population approach that seeks to control the causes of incidence. Rose posited that focusing on supporting the health of the whole population and improving it even slightly would provide greater overall benefits than improving the health of a few significantly. Of course, campuses must support individuals in distress and provide resources to assist those in crisis, but it is crucial that such interventions must be balanced with prevention efforts.

Drum and Burton Denmark (2012) conceptualize an intervention continuum in the treatment of suicidal experiences. While their work focused on college students' suicide, the implications extend broadly to mental health intervention. Their model addresses three main phases of intervention: prevention, clinical intervention, and recovery. The prevention phase contains two types of prevention. First, ecological prevention is used to improve the broader campus environment to support population health and decrease issues that may contribute to a pathogenic process for current and future students. The interventions tend to be implemented through policy, legislation, modification of the environment, and process improvement. This may take the form of enacting policy to prohibit discrimination or assigning gender neutral restrooms on campus to support transgender students.

The second type of prevention, proactive prevention, focuses on the current students with mixed levels of health and risk (Drum & Burton Denmark, 2012). Proactive prevention is implemented to reduce population prevalence of predisposing vulnerabilities and enhance personal assets, with interventions that may address the entire campus or targeted groups. These interventions tend to take the form of psychoeducational interventions to raise awareness or enhance motivation to change. A suicide prevention training program, in which students are taught the signs of distress, how to intervene and how and where to refer peers to for help, provides an example of a proactive prevention intervention.

The clinical intervention phase calls first for early intervention to focus on members of the community with identified warning signs (Drum & Burton Denmark, 2012). The goal here is to catch the problem early to disrupt the pathogenic process at an early stage of development. Screening programs, counseling services, and skill building groups provide examples of early intervention programs. On the more severe end of the clinical treatment zone, treatment and crisis intervention allow the campus to support those meeting diagnostic criteria or those who are in crisis. Interventions at this phase tend to include counseling, triage, pharmacological intervention, and at times in-patient treatment. The final stage articulated by Drum and Burton Denmark (2012) is the recovery zone, in which the goals are to stabilize and strengthen recovery, build resilience, and help prevent reoccurrence of the problem. Interventions in this phase take the form of peer support, community building, group counseling, and psychoeducational interventions. The following section of the chapter describes interventions to prevent maladjustment during the transition to college.

Prevention Interventions for College Campuses

While many students struggle with the transition to college, there are also resources and prevention interventions that can positively impact students. When considering prevention interventions, it is critical to consider engagement of the entire campus in efforts to promote mental health and notice signs of distress among the campus members. While many forms of distress take a toll on students, they can learn to overcome their problems and even grow from them. Preventing suicide, however, is particularly important in order to avoid an outcome that cannot be reversed. Intervention is very important in the case of suicidality, as among those who attempted suicide during a recent stressful period, 76% expressed some ambivalence about dying (Brownson et al., 2016). Among those with ambivalence, prevention programs should ensure that all students know about sources of help on campus and in the community.

In the United States, the National Suicide Prevention Lifeline (National Suicide Prevention Lifeline, 2021) provides a confidential way for students to receive help for their distressing thoughts at any time of day. For those students who express

ambivalence about dying from attempted suicide, as well as those who intend to die, prevention efforts can help identify individuals in need of support, help those in the community know how to intervene with them, and get them help prior to an attempt. Established suicide prevention training models, such as the Question, Persuade, Respond model (Quinnett, 2007), help peers know what to look for and what to do to help those in need.

Peer to Peer Interventions

One of the most frequently employed prevention interventions on college campuses that taps into social connection is university gatekeeper training. Gatekeeper programs train those who are not mental health professionals to identify people in the community in need of support, initiate conversations with them, and serve as referral agents for professional help. The "gatekeepers" are generally teachers, advisors, peers, or resident assistants (RAs) who are present in the students' daily life and have significant contact with them (Centers for Disease Control and Prevention, 1992). Gatekeepers are chosen because of their proximity to students, as well as the likelihood that they will have a relationship with a student in need of support. As such, gatekeepers may be more likely to notice that a student is experiencing distress, be in the position to address their concerns with the student, and refer the student to professional help.

Despite their potential to enhance the mental health of college student populations, the efficacy of gatekeeper programs in connecting students with professional help is unclear. Studies show that while RAs who undergo gatekeeper training acquire greater knowledge related to the signs of and risk factors for distress, they fail to initiate more interventions with students following training (McLean & Swanbrow Becker, 2018; Sareen et al., 2013). Wyman et al. (2008) proposed a communication model of gatekeeper training to improve the efficacy of suicide prevention training, in which an emphasis is placed on fostering personal relationships between students and gatekeepers, alongside educating gatekeepers on the nature of distress and suicidality. Although the communication model has proven efficacious in high school and middle school settings (Wyman et al., 2008, 2010), it has not been assessed at the college level.

In an effort to modify and implement the communication model at the university level, researchers have suggested first identifying small pockets of pre-existing college environments, which are characterized by greater levels of social support and connection among the members (Petrova et al., 2015). It is hypothesized that these communities might facilitate supportive communication and help-seeking among students, ultimately easing the transition to college and improving student mental health. One such pocket of social connection on campus is thought to reside in living learning communities (LLCs), where students in certain majors also live together in a residence hall.

Population-Focused Interventions

Population-focused prevention approaches can help college campuses support the health and well-being of their students, faculty, and staff, and create an environment where all can thrive. Campuses can create policies that prohibit discrimination and affirm the right of all students to live and learn on campus. They can also make efforts to increase safety and reduce incidences of violence, helping students feel safer on campus and reducing assaults. Providing education about the impact of drug and alcohol use, as well as offering programs for alternative alcohol-free events on weekends, can help students find healthier ways to socialize. Campuses must also increase training so that all members of the community know how to identify those in need of support. This includes building social connection among the members, so that people feel more comfortable turning to others for help when they are in need.

To help establish a base of campus professionals who can transform their campuses through prevention work, Swanbrow Becker and Drum (2015) suggest focusing on graduate training programs for student affairs professionals to imbed in them the knowledge and skills to engage in one-on-one interventions with students, as well as teaching them how to build population-focused prevention interventions on their campuses. For interventions impacting a broad community such as a college campus, student affairs professionals must be trained to understand how mental health issues manifest across a continuum of experience, with some cases being difficult to detect in the population. With training on how individual intervention differs from a population focus, student affairs professionals can establish conditions on campus to support the health of the community.

A significant way to implement population-focused interventions to support the health of students is to focus on social connection. When it comes to social connection in an educational setting, colleges, especially large ones, may seek to reduce the psychological size of the classroom by making the experience feel more intimate. In this case, class size matters, and especially in a virtual setting, reducing class size or offering ample opportunity for small group interactions can help students feel more connected to their peers. One-on-one connection points are critical too. If it is not feasible to offer students extended one-on-one time with a teacher, pairing students with a peer or an older student mentor can provide an opportunity for students to support each other and connect over what they are learning (see also Graham & McClain, 2019).

Educators should also be explicit with students about being a source of support for mental health issues. This can be difficult on a campus as many faculty members may not feel it is their role to intervene with the mental health of students, and others may not think to say something. Yet students do not tend to report their distress to faculty (Drum et al., 2009) and thus may benefit from encouragement. In addition to teaching subject matter, a campus can make clear to faculty that mental health and academic outcomes are both a priority. Focused, meaningful interactions matter greatly. Faculty members should encourage students to take breaks from screens when they can and cultivate positive connections with others whenever possible.

It is important to note that the school is not the only resource available to students, and those working to improve mental health on campus should include the family and community in prevention planning. For students who are struggling, resources for help are available—the trick is connecting students to the best form of available help whether in their homes, schools, or communities. In a time of increased isolation, communication is key to this challenge. Parents and students should know who to talk to at the student's university about mental health concerns and should be aware of the school's resources for help. Educators and administrators should be proactive in sharing information about mental well-being programs and policies with parents and students, so that adults are working together to identify and address problems before they become more serious.

For students learning remotely from their campus, simple steps should be considered as a starting point to help engage them in learning and connecting socially, including dedicating space and creating structure to focus on school at home, while offering plenty of breaks to step away from screens and get outside. Remote students would benefit from face-to-face connection with peers. School educators and administrators can help by creating resources that are easily available to students and dedicated to promoting mental well-being, resilience, addressing challenges with online learning, and assisting with the transition back to face-to-face learning. In addition, students, parents, educators, and administrators should always have available community resources that are ready to share with students such as the National Suicide Prevention Lifeline or the Trevor Project to support LGBTQ youth in the United States.

Resilience Building

Considering the vulnerability of students to distress and the stressors faced in the transition to college, students would benefit from building their resilience. An example of this is a comprehensive online program such as the Student Resilience Project Toolkit (Florida State University, 2021b), a trauma-informed, online student mental health and wellness toolkit recently launched at a university to help students build coping skills and connect them to university resources. Students are mandated to access the toolkit, which provides testimonials from students and descriptions of resources from faculty and staff and promotes skills development to help students learn how to cope with stressors more effectively. Resilience building can also be promoted through the way in which faculty and staff work with students, namely, taking a growth-oriented, rather than punitive, approach in situations which students can potentially learn from.

Concluding Comments

While college can be a time of growth, exploration, and fun, for many, the transition to college is a stressful experience. Students enter college with vulnerabilities to stress and encounter many situations that test their ability to cope. Early studies on

college dropout (e.g., Rose & Elton, 1966) highlighted personality characteristics that differentiate between, for example, students who dropped out of college within one semester, students who persisted successfully through the first year of college, students who persisted unsuccessfully through the first year of college, and students who persisted successfully through the first year of college but did not return for the second year of their own accord. Such information, though scientifically interesting, supports the erroneous notion that some people are not "college material" (Kirp, 2019). Hence, this relates to questions of screening and selection and actually contributes little to the prevention of college maladjustment, as it highlights the possibility that some people lack the necessary personality structure, if such a construct exists, that is a pre-requisite for surviving the college years. Instead, this review suggested that the process of adjustment to college is not a process of unidirectional *adaptation*—that is, the students are obliged to change themselves in order to fit well into the (rigid) college lifestyle. Rather, it was argued that it is a bidirectional *adjustment* process, in which both the student and the college have responsibility for, and agency in, making a change and promoting college freshmen's adjustment.

Notably, although this alternative approach would appear to be obvious, it has, unfortunately, not yet been adopted by many universities in the world. Many believe that being a research institute, universities have the right to consider college for undergraduate studies as a selection process that helps identify those talented students who will become graduate students. Consequently, they will then be able to help the senior faculty members in completing their and the university's major mission—publication. Namely, in pursuing their real and important role of discovering and promoting science, many institutions of higher education worldwide ignore those who were unable to succeed and dropped out of college and university. Based on various resources, Kirp (2019) estimates that about 405 of college freshmen fail to succeed and drop out of college, leading them to even worse life conditions than they would have had if they had not applied to college in the first place. Kirp (2019) refers to *the college dropout scandal*, advocating that colleges do not take responsibility for students who have difficulties in adjusting to and/or managing college studies.

However, recent reports on this topic advocate the notion that both policy makers and the American public expect colleges to pay closer attention to student dropout and take measures to prevent it (Field, 2018). Prevention science informs college personnel about ways to support students by taking a holistic perspective and considering both individual and population-focused needs. Shifting the focus to include more prevention work to improve the health and well-being of the campus as a whole would likely reduce distress among students on campus and improve academic outcomes. While there is always a need for intervening with students in crisis, prevention science informs us of ways to reduce the risk of student crisis and help colleges and their students focus on the important goals of helping students pick a major, learn a trade, grow interpersonally, and have fun.

Yet, the general theorem of the current book and chapter is that prevention of college maladjustment can be even more advanced and efficient if knowledge from studies on other adjustment processes is considered and applied. Hence,

accordingly, several of the suggestions on how to prevent first-year college student maladjustment represent components of the general process of adjustment to transitions, as suggested in Chap. 7. For example, Kirp's (2019) notion that promoting college students' sense of belonging to their college will support their adjustment is well documented in the literature on school adjustment, as described in Chap. 10 of this book, and is related to the general component of commitment, as described earlier in this book as well (Chap. 5).

Another suggestion in the literature on first-year student's college adjustment refers to helping these students through orientation courses (e.g., Mayhew et al., 2010). Importantly, recent publications on this topic have emphasized that such orientation courses should not only focus on providing an opportunity for students to make new friends or find someone to share their feelings of stress with. Instead, these recent publications call for implementation of a program that, in terms of the current book, would direct first-year students to adjust to the campus reality rather than adapting themselves to it, that is, to change from being a passive participant that tries to follow the rules to a more active person who knows the rules, understands how things are run, and has the will and courage to try and find the "golden path" between the college's demands and the student's abilities and limitations. For example, Cohen (2019) discusses college orientation programs and suggests developing them to: (1) promote participants' readiness to depart from passivity and assertively embrace interactive (i.e., dialectical; two-sided) relationships with the college, (2) supply the students with information about the resources within the college and possible occupations after college, and (3) help students acquire the skills that are required in order to succeed in academic courses. These components, as suggested by Cohen (2019), are parallel to our suggestion that: (1) adjustment is gained through a dialogue between the person and the environment, (2) understanding the situational lawfulness and considering "if-then" rules are crucial to a person's adjustment, as well as gaining the understanding of the benefits of adjusting to the current transitional situation (which is represented above in Cohen's suggestion to help freshmen become acquainted with the post-college world of occupations), and (3) the components of learning what exactly is expected from oneself, in order to adjust to the new environment, as represented by Cohen's emphasis on the need to know how to learn.

In light of these examples, and in line with the suggestions that were previously mentioned (see the chapter on children of divorce), it seems worthwhile to run a program in which college freshmen would learn about transitions and adjustment. In such a course, which has been running for almost 20 years in Tel Aviv University (Israel), the students learn about others' process of adjustment and gradually address their own past and present experiences of adjustment to transitions. The accumulating experience with this course demonstrates that such a course would significantly foster the participants' ability to adjust to their current environment, as well as to other types of transitions they encounter during their entry into college, such as adjustment to a breakup with a romantic partner who put pressure on the first-year student not to apply to college and leave him/her in their hometown. Through a better understanding of how prevention science can inform initiatives to help with

college adjustment and improve student mental health, colleges can more effectively help students thrive both academically and personally as they transition to college.

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Chapter 12
Adjustment Following Separation: Prevention of Child Maladjustment Following Parental Deployment to War

Abigail Gewirtz and Moshe Israelashvili

Most parents around the world reside with their children, and a key task of parenthood is to socialize children—that is, to provide them with the protection, love, and guidance needed to bring them safely to independent, or interdependent, adulthood. Contexts in which parents are separated from their children for long periods of time provide an opportunity for prevention scientists to understand the impact of separation on parent-child relationships and on children's adjustment and, ultimately, on ways to intervene to promote well-being despite separation.

Prolonged Parental Separation

Parent-child separation may occur for various reasons. A well-known example of such a situation is the case of parental divorce. In these cases, the child is obliged to be separated from (at least) one of the parents, both physically and many times also psychologically, and hence various personal difficulties may emerge (e.g., Austin, 2008; Stevenson et al., 2018). For more elaboration on the impact of parental divorce and its implications (see Chap. 9 in this book). However, there are additional cases in which parents depart from their family and go away for a prolonged period of time. One example is employees who are obliged to temporarily relocate to a distant place for a certain period of time, while their families are unable to join them. It is

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noteworthy that in recent years the number of such employees is significantly higher than it used to be due to, for example, (a) the globalized economy and its implications on changing needs for manpower, (b) the mega-industries' expansion of their factories to underdeveloped countries (i.e., to reduce production costs), (c) sophisticated scientific developments that require experts (e.g., medical doctors, university faculty, R&D team leaders, etc.) to travel more in pursuit of becoming properly acquainted with new developments (e.g., emerging technologies in neuroscience), and (d) the increasing preference for the establishment of multinational collaborations that aim to reach coordinated universal solutions for big problems (e.g., climate change), rather than separate local attempts of finding solutions for the same problem. These temporary-relocated employees encounter various personal problems (Carlisle-Frank, 1992; Eby et al., 1999; Gaylord & Symons, 1986; Li & Jackson, 2015; Martin, 1999; Munton & West, 1995) that they have to manage, including cultural differences, language barriers, loneliness, etc. However, no less stressful are the problems that their children may encounter due to their parent's (temporary) relocation. Another example, which is partially related, pertains to those adults who depart from home to earn their living and/or to support their expanded family in their fight to survive. This is, for example, the case for an increasing number of rural laborers in China, who (since the 1980s) have left their countryside homes in search of better jobs in urban areas. According to the UNICEF's 2018 Annual Report, there are approximately 69 million Chinese children left behind by one or both of their parents due to parental migration, which is equivalent to 30% of the children in rural areas of China. In the better case scenario, these children either stay with their left-behind parent or grandmother; in less optimal situations, some of them are left to care for themselves (Xu et al., 2018; Zhao et al., 2013). Notably, similar groups of children exist in many other countries, such as the "barrel-children" in the Caribbean, who receive material goods in barrels from countries to which their parents have migrated in an effort to earn better wages (Brown & Grinter, 2014; Charles, in press). A recent literature review of studies on left-behind children, due to parental search for employment, suggests that the effects on children may be context-dependent (Kunwar et al., 2020). However, in spite of the possible differences between countries (e.g., Graham & Jordan, 2011), it is well accepted that for a larger portion of these children, parental occupational migration has negative implications on their developmental and psychological well-being, rather than leading to psychological flourishing. Another group of children who may be obliged to be separated from their parent(s) are those who must relocate, temporarily or permanently, due to a community disaster such as an earthquake (Bloom, 1947; Ng & Sim, 2015) and/or a community evacuation from a residential area such as in times of war or due to state orders (O'Sullivan & Handal, 1988; Wamboldt et al., 1991). Finally, children of prisoners, be it the children of prisoners of war (POW) or of other prisoners, are obliged to manage in spite of parental absence. In the context of POW, Hunter (1988) reviewed the literature on prolonged parental wartime captivity in relation to long-term effects on children. The literature review included studies from World War II, Korea, Vietnam, and Israel's Yom Kippur War. Hunter (1988) concludes that children of POW may suffer long-term

effects as a result of their father's prolonged captivity, such as depression and sleep disturbance.

This last notion is applicable to other cases of prolonged parental separation from children, that is, when the parent departs for a long period of time, the child frequently encounters a new and unexpected situation, both at home and at school (e.g., Chandra et al., 2010) and other social events, and is obliged to adjust to the new circumstances while missing the separated parent. Hence, frequently, such an imposed separation could lead to feelings of trauma and difficulty and to major effects on the child's mental health and adjustment. Several studies have suggested that the appearance of mood disorders, in relation to prolonged parental separation, is related to intensive hippocampal involvement, as parental deprivation produces a pro-depressive state of increased basal activity and reactivity in stress systems (e.g., Law et al., 2009).

However, interestingly, based on the literature review, Hunter (1988) highlighted that across various studies on the adjustment of POWs' children, a repeated finding was related to the major role that the child's "remaining" environment has on the child's adjustment to the new circumstances. Specifically, the effects of the prolonged absence of the father were mediated by the mother's ways of managing the situation; when mothers were able to continue functioning in spite of the prolonged absence of their spouse and the continuing ambiguity regarding the fathers' status, then the children also adjusted better to the separation situation. This notion gained further support in studies on the impact of relocation on children and adolescents. For example, in a study conducted by Edwards and Steinglass (2001), 35 children (mean age 11.7) of US State Department families, who returned to the United States from life abroad, were interviewed in an effort to understand their re-adjustment. This study's findings indicated that the mother's positive functioning buffers the negative effects of relocation. Similarly, based on their review of the literature on the effects of residential mobility on children and adolescents, Humke and Schaefer (1995) conclude that one of the most influential factors in shaping the child's adjustment to the family's relocation, or to the change in familial circumstances, is the parents' attitudes toward the move.

Based on these various findings, a general notion can be raised, according to which a child's adjustment to major changes in familial circumstances is highly dependent on the remaining parent's—or adult figure's—attitude and behaviors in the new circumstances. Thus, when the mother (or father) adjusts well to the change in familial circumstances, the child tends to mirror this approach and adjust better to the other parent's absence.

However, a question emerges regarding the full meaning of the term "[remaining] parent's…attitude and behaviors…"—that is, what does it mean? In what terms or domains does the parent's functioning make a difference? And, most importantly, what kind of preventive intervention should be implemented in order to promote the remaining parent's (usually, the mother's) positive functioning and, thus, to prevent the child's maladjustment. Below we focus on parental deployment to war as one example of parent-child separation. We review the literature on the impact of deployment-related separations on parenting and children's development and

overview our research program, which is focused on preventing mental health problems in military families.

Over the past two decades since September 11, 2001, wars in Iraq and Afghanistan have involved the military deployment of more than 2.7 million men and women in the United States, of whom nearly 40% are parents (Wenger et al., 2018; NASEM, 2019). The vast majority of research on the impact of parenting on deployment has been conducted over the past 10–15 years. While a robust body of knowledge has developed on families in relation to deployment-related separation, as well as other separations due to the transitions inherent to military life, much less research exists on how to prevent mental health problems in military youth and families (Gewirtz & Youssef, 2016). This is the case, despite the extensive efforts of the military health system on behalf of families and emerging efforts to install evidence-based practices in military settings (NASEM, 2019).

Military Family Life

Approximately half of all US service members are married or partnered, and 37.9% have children (Defense Manpower Data Center, 2019). Service members tend to marry younger than civilians, in part because the military confers benefits to married service members such as family housing that are not available to single service members, incentivizing early marriage (Karney et al., 2012). This means that most military families are younger, with the largest category of military children in the 0- to 5-year-old range, followed by 6–11 years old (Defense Manpower Data Center, 2019). (An exception is Special Operations families, who tend to have older children because they have served longer.)

Transitions and separations are inherent to US military life, and it is widely recognized that it is not only the individual service member but the entire family who serves. Permanent changes of station/PCSs occur for most active-duty service members every three years, and personnel have little to no decision-making power over where they will be stationed next. The average active-duty military child, then, attends, on average four to five different schools over the course of his K-12 education (Military OneSource, 2021).

Over the past two decades since 9/11/2001, the primary cause of military family separations, however, has been deployment to war. In these post-9/11 wars, the pace, rate, and number of service members deployed have exceeded deployments during prior conflicts (Parker et al., 2021). While historically only active-duty service personnel have deployed to war, these recent conflicts also have involved the large-scale deployments of Reserve Component personnel—those enlisted or commissioned in the National Guard and Reserves (NG/R). Unlike the routine transitions of military life faced by active-duty service members, the "civilian soldiers" in the NG/R mostly live in nonmilitary communities, and their service typically involves two weekends a month plus one month

of "annual training" each year. The post-9/11 deployments were unexpected and arguably have been particularly disruptive for NG/R families (Milliken et al., 2007; Veri et al., 2021). For all military families, however, the key stress of a deployment, over and above the physical separation, is the worry for the service member's safety.

The Impact of Deployment Separation on Children, Parents, and Parenting

Although there is some research on the impact of separation due to the wartime deployment of parents during the Vietnam War, it is since 9/11, and mostly over the past 10–15 years, that this research has burgeoned. While military families are resilient (Park, 2011), most evidence indicates that a parent's deployment to war is associated with an increase in behavioral and emotional symptoms among children ranging in age from early childhood (e.g., Paris et al., 2010; Waliski et al., 2012) through to adolescence. For example, data from the California Healthy Kids population-based survey of teens indicate that youth whose parent(s) were deployed were more likely to report substance abuse compared with military youth whose parents were not deployed, as well as civilian youth (Gilreath et al., 2013). While many studies rely on parental report, there is an increasing number of multiple-informant, multi-method, and longitudinal studies documenting the impact of deployment on children and families. An increase in child abuse and neglect in families has also been documented among active-duty military families during a parent's wartime deployment, as well as increases in mental health symptoms among at-home non-deployed parents (Hoge et al., 2006). Based on focus groups with youth aged 12–18, who had a parent deployed, Huebner et al. (2007) suggested that separation from a parent due to deployment results in youth experiencing extreme strain and intensive emotions while their parent is still away. This finding can serve as a major reference point for better understanding the antecedents of these youth's greater involvement in problem behaviors.

A large body of literature has documented the impact of going to war on the service member him/herself. In recent wars, in particular, advances in battlefield medicine, along with the widespread use of unconventional weapons in combat, such as improvised explosive devices/IEDs, have meant that more service members survive explosion injuries with traumatic brain injuries that often accompany post-traumatic stress disorder. The period following the return (the reintegration) of parents who are service members from a conflict zone, particularly if they have visible or invisible injuries, is overwhelmingly described by families as the most stressful period in the deployment cycle (Creech et al., 2014). The "new normal" is an oft-used term to describe the readjustment of all family members to life with the returning service member.

The Impact of Family Stress on Children Is Mediated Through Parenting

The military family stress model refers to the pathways by which deployment, conceptualized as a family stressor, affects children (Gewirtz et al., 2018a). Early family stress models (Elder et al., 1986) demonstrated how socioeconomic stressors impacted youth outcomes via their detrimental effects on parental stress and parenting. Gewirtz et al. (2018b) tested a military family stress model with 336 NG/R families who had experienced a parent's deployment. Parental PTSD symptoms, rather than length or number of deployments, were associated with child behavioral and emotional symptoms (a latent factor consisting of parent, child, and teacher report of child symptoms). Observed couple parenting practices mediated associations between mothers' (but not fathers') PTSD symptoms and child symptoms. Marital adjustment (a latent factor including both observed and reported measures) mediated the impact of mother and father PTSD symptoms on child symptoms. A replication test of the model with a different sample of 244 NG/R and retired active-duty families indicated that model pathways were valid for both mothers and fathers. That is, for both genders, parenting practices and marital adjustment mediated the relationship between parents' PTSD symptoms and children's behavioral and emotional symptoms (Ali Saleh Darawsha et al., under review).

Other studies, while not testing the military family stress model directly, have demonstrated how parenting practices mediate relationships between deployment-related parental stress and distress and child risk for psychopathology (for a review, see Creech et al., 2014). For example, the parenting cycle of deployment describes how the stages of deployment from preparation through reintegration are hypothesized to affect children via their impact on parenting (Devoe & Ross, 2012). These findings are not surprising in the wake of more than 50 years of research on the social interaction learning/SIL model (Forgatch & Patterson, 2010), which has shown how various stressors, including marital transitions, parental psychopathology, and criminality, increase coercion in parent-child interactions. High rates of coercive interactions (usually characterized by parent-child conflict bouts) are associated with child behavioral, school, and social problems (Patterson, 1982). Gerald Patterson and his colleagues were interested in preventing antisocial behavior problems in children and developed one of the first parent training programs, now known as the Oregon model of behavioral parent training or Generation PMTO (Parent Management Training-Oregon model). Similar to other parent training interventions, Generation PMTO teaches parents of 4- to 18-year-old behavioral skills to monitor, encourage, and reward positive child behavior while curbing negative behavior.

PMTO has been tested via randomized controlled trials in the United States with divorcing and separating mothers (Forgatch & DeGarmo, 1999; DeGarmo & Forgatch, 2005), among stepfamilies (Bullard et al., 2010) and with Latino immigrants (e.g., Parra Cardona et al., 2012), and in several countries in families presenting with child oppositional and conduct problems, in both the child welfare and

children's mental health system (e.g., Ogden & Hagen, 2008), as well as with refugee and immigrant families (Bjørknes & Manger, 2013). PMTO has been widely implemented in European countries (nationwide in Iceland, Norway, Denmark, and the Netherlands), as well as in several US states including Michigan, Kansas, New York, and Oregon. Widespread implementation in Latin America is also underway, with programs in Mexico and Chile.

Prevention of Internalizing and Externalizing Problems by Strengthening Parenting in Military Families: Results from a Program of Research

The PMTO model has focused primarily on the prevention and treatment of externalizing problems (i.e., oppositional defiant, conduct, and attention-deficit/hyperactivity symptoms) in children. Our program of research (e.g., Gewirtz et al., 2011a, b, 2018b, 2019) has focused, broadly speaking, on families affected by traumatic stressors including war, political, and domestic violence. We have been interested in whether the PMTO model would be effective in preventing broadband child maladjustment (i.e., behavioral *and* emotional problems) in situations in which parents had been exposed to traumatic stressors. Because the essence of posttraumatic stress is the challenge of regulating emotions in the wake of trauma reminders, we added emotional parenting skills to the traditional parent training curriculum, by teaching parents effective emotion socialization skills. Specifically, in addition to teaching parents to identify, monitor, and encourage their children's positive behaviors, our program includes teaching parents to identify, monitor, and respond to their own, and their children's emotions, using mindfulness and emotion coaching skills (Gottman et al., 1996). We initiated our program of research with studies showing first that PTSD symptoms are longitudinally associated with parenting impairments and, second, that effective parenting in the immediate aftermath of a traumatic event was associated with more rapid child recovery (i.e., reductions in anxiety and distress) in the months following (Gewirtz et al., 2010, 2011a, b).

Our intervention for military families following a parent's deployment is known as ADAPT (After Deployment, Adaptive Parenting Tools; now known simply as Adaptive Parenting Tools). We have tested the program in four completed randomized controlled trials (RCTs), involving a total of about 1000 US military families. Originally tested as a group-based program, ADAPT is now available in online, telehealth, workshop, group, and individual formats. Our first small-scale RCT examined the efficacy of two sessions of ADAPT online components with 35 military parents. Our second RCT (and our first large-scale study) compared, among 336 NG/R families in Minnesota, a 14-week multifamily group version of ADAPT with web-based parenting services "as usual." In our third RCT, we compared the 14-week group-based ADAPT with a 14-week individual telehealth model and an online self-directed ADAPT program with 12 modules. Our fourth study was a

sequential, multiple assignment randomized trial/SMART, which examined multiple formats, sequences, and dosages of the ADAPT program among 420 active-duty families in three military bases around the United States. In the SMART, families were randomized first to either the online or workshop versions of the program, and then parents completed a measure of parental efficacy, which has been shown to precede/accompany change in observed positive parenting practices. Those whose efficacy was low were then re-randomized to another dose of the program—that is, three additional program sessions of either group or individual formats of ADAPT.

These studies have not only helped us to understand whether the program is feasible, acceptable, and effective but also how and for whom it works among families affected by parental separation due to deployment (i.e., moderators and mediators of effectiveness). Ultimately, however, the promise of any evidence-based prevention program lies in its capacity for uptake into widespread use in the population. We are just beginning large-scale implementation of ADAPT; as any prevention scientist knows, the challenges of implementation are formidable, and the military setting is no exception. Below, we review the decade-long ADAPT research program, outlining process and outcome findings, as well as lessons learned from both the research and our inchoate widespread implementation efforts.

Development and Testing of the ADAPT Prevention Program

Program Development The ADAPT program has been designed as a public health approach to parenting for families exposed to separation and trauma (i.e., deployment of a parent to war). ADAPT is targeted at families with children between the ages of 4 and 12. The original program aims to improve six main parenting practices: (1) family problem-solving, (2) effective discipline, (3) positive involvement, (4) skill encouragement, (5) monitoring, and (6) emotion socialization. In its first version, ADAPT was delivered as a multifamily group intervention over 14 weekly, 2 h sessions. Sessions included the following:

1. Identifying familial and parental strengths regarding deployment-related stressors and reintegration following deployment
2. The use of effective parental directions to promote child cooperation
3. Parents as children's most important teachers (encouraging positive behavior)
4. Recognizing difficult emotions following deployment
5. Responding to emotions and re-negotiation of familial roles after returning home
6. Setting limits and effective discipline of children
7. Establishing family rules and strategies for negative sanctions
8. Family meetings and positive family activities—active listening
9. Conflict management and addressing children's deployment-related stressors
10. Keeping children safe by monitoring them and their activities and peers
11. Positive involvement in children's academic advancement
12. Coaching children's negative emotions

13. Potential future deployments and planning for work and play for parents and
    the family

While dosage, intensity, and sequence are still being tested, recent versions of the
approach involve tailoring the program to offer flexibility for busy parents and to
meet wants and needs regarding parenting skills. The least intensive (i.e., universal)
version of the program is ADAPTonline, a self-directed 14-module program that
teaches the same parenting skills, in the same order, as the in-person program, but
without any facilitation. Each module can be completed in 10–20 min and includes
a 3–6 min skill video (a "reality TV" style dramatization of ineffective parenting
practices following by the target positive parenting skill and its effective use). To
assist parents to practice the skill, some modules also include a 3–5 min "practice"
video, which shows parents and children practicing the target skill. Additional
resources include a summary sheet of key steps in the skill, a home practice assign-
ment (e.g., a tracking worksheet for the skill), at least one mindfulness exercise for
parents, and a brief knowledge quiz. Parents may email the ADAPTonline "helpline"
with questions or comments about the material and/or any challenges they face in
home practice. ADAPTonline participants in our studies receive weekly emails with
check-in questions and/or inviting feedback on the program. In the comparative
effectiveness trial, attendance for those randomized to the ADAPTonline condition
was robust—71% of families assigned to this format logged on at least once, and
more than 80% of those who logged on completed all modules. In most two parent
families, both parents share the same home computer and/or log on together, so we
were unable to discern how much time mothers versus fathers spent in the online
program. However, our end-of-program survey indicated that satisfaction of both
mothers and fathers was strong.

ADAPT facilitators deliver the program either in person (workshop and group
versions) or via telehealth (individual). All facilitator-delivered programs are struc-
tured similarly and include (i) home practice review from the past week, (ii) the
teaching of a new skill, (iii) practice of the skill, (iv) summary, and (v) setting up
parents for the new home practice. All families receive a brief midweek phone call
or text (when phone is not possible) to support parents to complete and troubleshoot
the skill and the home practice assignment.

All facilitator-delivered program formats also include the same techniques,
focused on active teaching, effective process skills, and structured sessions. For
example, active teaching involves the use of role play to teach a skill such as giving
effective directions to children. The facilitator(s) will role play both highly drama-
tized ineffective examples and effective examples, debriefing "what went wrong"
and "what went well" with participants, using questioning to draw out participants'
knowledge and improve understanding and then having participants role play the
skill before the end of the session. In this way, parents are set up for success in their
home practice, which is given weekly, to promote skill consolidation. Behavior
change requires extensive practice and skills build upon each other in ADAPT, as
they do in Generation PMTO. For example, the quite challenging skill of emotion
coaching (unique to ADAPT among PMTO programs) builds on prior skills

including parents' emotion regulation, managing conflict, listening to children, and problem solving. Thus, emotion coaching is taught later in the curriculum, after parents have consolidated its building blocks. Even so, emotion coaching is typically the most difficult skill for military parents to master. This is not only because it is quite a complex skill to master but also because for parents with posttraumatic stress symptoms, regulating their own emotions is challenging enough without also having to tolerate their child's "big" emotions. (Emotion coaching is complex because it requires a parent to tolerate their child's distress; label and validate it; balance coaching the child to tolerate her emotions with containing the child's distress; and then to help the child cope with the challenging emotions.)

The original group-based multifamily format includes 14 weekly 2-h sessions for groups of 6–12 families, facilitated by two or three trained facilitators. Facilitators are both military (e.g., veterans) and nonmilitary service providers (e.g., social workers), who receive intensive training (8–11 days) and weekly or biweekly coaching. Sessions are videotaped to examine fidelity. In the original effectiveness trial, in which families were assigned to ADAPT or services-as-usual conditions, 75% of families assigned to the group-based ADAPT program attended at least once, and most attended 70% or more of all sessions, suggesting that this format, though somewhat protracted over 14 weeks, was feasible for families. We were pleasantly surprised at this finding but particularly so because we found only slightly better attendance among mothers than fathers (54% vs. 46%) and no difference in satisfaction levels—both were high ($M = 3.44$ on a 0–4 scale). In our subsequent multisite comparative effectiveness trial, in which families were randomized to one of three formats (ADAPT4U, discussed further below), attendance in the group condition was much lower (54%), likely because families often had lengthy waits (6 months or more; until enough families had been recruited) to start a group. Satisfaction and continued attendance were not affected.

The individual telehealth version of the program, tested in our comparative effectiveness trial known as ADAPT4U, offers 14 weekly individual hour-long sessions via Zoom, delivered by a single facilitator. The telehealth version requires some creativity on the part of facilitators used to being physically present with families. For example, to maintain parents' engagement and maximize learning, facilitators need to be creative in role playing, unable as they are to use eye contact and movement around a single room to structure up and actively teach the session. While the telehealth format is very convenient for parents because they do not need to travel, childcare can be a challenge, or if the sessions are held after children's bedtime, parents can be tired. However, many parents have told us that the sessions offer them an important chance to develop a united parenting front; one family designated ADAPT nights their date nights and did the sessions from their bed (fully clothed) with the help of a glass of wine! Not surprisingly, for those assigned to the telehealth condition in the ADAPT4U study, attendance was high with 75% of invited families attending at least one session and 85% of those completing the entire 14 sessions. Satisfaction was similarly high, among both fathers and mothers, though mothers attended on average one or two more sessions than fathers.

ADAPT was initially developed for NG/R families but later extended for the active-duty population, including those in Special Operations, and these families constituted the sample in our ongoing SMART study. Early feedback from active-duty military providers suggested that more intensive but shorter programs would be more feasible than the more drawn-out weekly programs, and so we developed a 2-day workshop format of the program. Instead of attending for 28 h over 14 weeks, families attend two, 8-h daylong workshops, or four, 4-h half day workshops. These workshops have proven to be feasible and acceptable—satisfaction is high, and participation is acceptable—but it is as yet unknown (pending the analysis of our SMART in the next several months) whether delivering the program in this format will be as effective as the longer, weekly program. Active-duty families seem to like the convenience of a Friday or Saturday workshop, and childcare facilities on the installations have facilitated this. However, teaching ADAPT in this format requires parents to go home not with just one skill to practice, but four or five. The home practice burden is significant, and with just 2–3 weeks between workshops, facilitators may have time for just one or two phone or text check-in to hear how the home practice is going.

We conceptualize all in-person versions of the program as selective prevention, but there is no doubt that a 1:1 delivery of the program enables both facilitator and parents to get a more tailored program, even within the prescribed number and length of sessions. Going forward, in routine implementation, we anticipate individual delivery, whether telehealth or in-person, to be most appropriate for families at the highest level of need and/or preference.

Attendance and Correlates of Attendance Across Program Formats The ADAPT4U comparative effectiveness study has enabled us not only to compare attendance across modalities but also to understand correlates of attendance across modalities. Overall, similar to the original ADAPT study and consistent with what is known about attendance at parenting programs among civilians, mothers attended one to two sessions more than fathers, across all modalities (although our attendance data for the online program is based on parent self-report rather than objective (physical) attendance measures). Moreover, different levels of perceived parental efficacy and child psychopathology distinguished those engaged in different modalities. Specifically, parents who had higher perceived parental efficacy were more likely to attend the online program than the group (when assigned to those conditions), and parents who reported greater behavioral and emotional problems in their children were more likely to attend, when assigned to the group, rather than the online program (Cai et al., 2021). Families in which a mother had deployed were more likely to enroll in telehealth and online programs (compared with the group format), and families in which a father endorsed more depression symptoms were more likely both to enroll and attend more than four sessions in the telehealth and online (vs. group) formats. Finally, fathers endorsing fewer depression symptoms were more likely to attend the group (vs. online or telehealth) format. These findings suggest that parents may have a sense of what program format fits them best—those with mental health concerns of their own or their children seemed to be drawn

to the group format, which offers the promise of social support as well as parenting skills, whereas those with higher efficacy and fewer concerns may sense less of a need for a facilitated program and be more drawn to the self-directed ADAPTonline. These findings, of course, need replication.

ADAPT Program Outcomes to Date: Main Effects, Mediators, and Moderators Most outcome analyses have been completed for the first (group ADAPT) effectiveness trial; the ADAPT4U comparative effectiveness trial and the SMART only recently ended. The proximal outcome of the ADAPT parenting program is improvements in observed parenting practices, and the social interaction learning model predicts that intervention-induced improvements in parenting lead to improvements in child outcomes (reductions in behavioral and emotional symptoms). Across all studies, outcomes are examined at baseline/Time 1, posttest (6 months/Time 2), 1-year/Time 3, and 2-years post-baseline/Time 4; at each annual assessment (Times 1, 2, 4), interviews and observations are conducted in families' homes, and parent, teacher, and child reported questionnaire data are also gathered. At Time 2, online questionnaire data are gathered from parents only.

In addition to parenting practices (videotaped observations of parent-child interactions) and reports of child psychopathology, we also gather mother and father reports of parental psychopathology, parental efficacy, parenting practices, emotion regulation, marital adjustment and parenting, emotion socialization, life events, and histories of lifetime and deployment-related trauma (including sexual assault). Objective measures of IQ and executive functioning are gathered from parents in all studies, and heartrate variability/HRV (using chest straps) and genotyping (using saliva) were gathered in the original ADAPT study—the latter from families who provided additional consent. This wealth of data has enabled us to examine outcomes across both parents and children, above and below the skin, as well as to understand putative mediators and moderators of intervention effectiveness.

Intent-to-treat analyses indicated that assignment to the ADAPT (vs. services-as-usual) condition was associated with significant improvement in observed couple parenting practices and in maternal parenting practices at 1 year post baseline, but not in father's observed parenting. Not surprisingly, mothers were more likely than fathers to complete home practice, and this may have contributed to the significant change in observed parenting at one-year post-baseline (6–8 months following the end of the program) that was not observed in fathers' parenting. Nonetheless, improvements in couple parenting were, in turn, associated both concurrently with reductions in children's behavioral and emotional problems and longitudinally (at T4/2 years) with reductions in substance use intentions (indexed by a latent variable incorporating parent, child, and teacher reports). Posttest observational data were only gathered starting at 1 year post-baseline, but analyses of parent reports at posttest (T2) revealed ADAPT's main effects on parental efficacy/locus of control, and these improvements were subsequently associated with improvements to child peer adjustment (Piehler et al., 2016) and, remarkably, to reductions in parental PTSD, depression, and suicidality at 12 months/T3. The findings suggest that the SIL

model holds up for families affected by the stress of a military deployment, and adding to our own prior findings with a very different population (homeless mothers; Gewirtz et al., 2015), that improvements in parental efficacy may be the first or most proximal outcome of a parenting program and may portend changes in observed parenting practices.

As noted earlier, we were particularly interested in outcomes related to emotion socialization, given the addition of intervention components of mindfulness and emotion coaching for this population of parents affected by separation and the traumatic stress of war. The ADAPT intervention reduced negative emotion socialization in both mothers and fathers out to T4 but improved positive emotion socialization in mothers only (Zhang et al., 2018, 2020). As they did with home practice generally, mothers engaged in more mindfulness practice between sessions than fathers, and those who practiced more showed increased trait mindfulness at posttest (6 months post baseline/Time 2; Zhang et al., 2019).

In addition to the mediated effects of the ADAPT program on reductions in parents' mental health symptoms noted earlier, ADAPT directly reduced parental PTSD symptoms but only in mothers. The program is not PTSD treatment and therefore may not have been sufficiently potent, or have provided enough of a focus on individual symptoms to reduce PTSD symptoms in fathers, who were more severely affected than mothers (16% of fathers, compared with 6% of mothers reported PTSD symptoms above the clinical cutoff for probable PTSD).

Differences in outcomes between mothers and fathers, and particularly the fewer changes observed in fathers as a direct result of the intervention, led us to conduct a number of moderator analyses to understand whether and for whom the intervention might change father parenting. Risk moderation hypotheses, for example, suggest that prevention programs may be more—or less—effective for high-risk subgroups (see, e.g., Zhang et al., 2021). Indeed, analyses indicated that both higher- and lower-risk fathers showed ADAPT-related improvements, while fathers in the middle showed less change. For example, fathers high in experiential avoidance (a key symptom of PTSD) at baseline who were assigned to the ADAPT intervention showed significant improvements in observed distress avoidance with their children one year later, compared with those in the comparison services-as-usual group (Gewirtz et al., 2019). Distress avoidance refers to a parent's efforts to avoid their child's distress (because that distress is upsetting for the parent) usually with efforts to rapidly soothe and distract the child without validating or helping the child identify their emotions or distress (strategies necessary for effective emotion coaching). These reductions in distress avoidance as a result of the intervention were associated with concurrent and later improvements in observed behavioral parenting practices (Gewirtz et al., 2019). In a similar vein, we examined whether father's inhibitory control might moderate intervention effects on PTSD symptoms. Fathers with lower baseline inhibitory control showed significant intervention benefits in reductions in PTSD symptoms compared with those with higher inhibitory control, again suggesting ADAPT benefited higher risk fathers (Zhang et al., 2021).

Below the Skin: Genetic and Physiological Findings Interestingly, we found both compensatory and risk effects below the skin. Observed parenting of fathers in the ADAPT condition who showed high heart rate variability (HRV; a physiological index of effective emotion regulation) at baseline benefited more from the intervention than did parenting of fathers with lower HRV (Zhang et al., 2019). It appears that these better regulated fathers may be more able to learn the ADAPT program skills and thus show improved observed parenting practices; fathers with poorer HRV may simply need more support to strengthen their emotion regulation before they are able to effectively implement the parenting tools. Our emotion regulation training for parents was low dose; each session offered just 5–15 min of mindfulness, and improvements relied on parents doing home practice. It is an interesting but ironic feature of treatment that, for those suffering from PTSD and related problems (anxiety, depression) engaging in skills that will benefit symptoms is unpleasant and often avoided. For example, it is not uncommon for participants, particularly fathers, to complain that in attempting to clear their mind with a mindfulness exercise, difficult and traumatic memories and feelings emerge causing them to avoid any activity that requires stillness.

We have just begun to examine our genetic data. We were interested in prior program findings of genetic moderation of program effects with regard to substance use and examined this with the military fathers in the sample. Specifically, prior findings have shown that "risky" alleles on the DRD4 dopamine receptor may be associated with increased substance abuse risk in teens and adults. Given the extensive literature on associations between trauma exposure and substance abuse, we investigated whether fathers with these risk alleles might be at higher risk for substance abuse in the context of exposure to war trauma/battle exposure and whether the ADAPT intervention might affect this relationship. Fathers at greater genetic risk (about a third of the sample) reported significantly more problem drinking than those not at genetic risk. However, those assigned to the ADAPT intervention reported significantly more reductions in risky drinking compared with fathers at genetic risk who were assigned to the control group, with a small effect size for the GxExI interaction ($d = 0.2$) (DeGarmo et al., 2022).

Moving Onward: Lessons Learned and Scaling Up

Lessons Learned from Our Research It takes a village to develop and test a prevention program, and ADAPT has relied on the goodwill, enthusiasm, and commitment of a village of research staff, willing families, visionary military leaders, and providers. Recruitment for a 2-year-long study has always been challenging, and a significant number (15–25%) of parents who enroll drop off before we have scheduled a baseline in-home interview with them. The challenges of scheduling in-person programming both on and off military bases for busy and stressed families are many, and this combined with the sometimes-unpredictable nature of recruitment

for RCTs has often left families randomized to an intervention format they must wait for months to receive. The intensive intervention phase of our SMART unfortunately coincided with the COVID-19 pandemic, delaying in-person workshop delivery for more than a year. While we recently re-started intervention delivery, waiting more than a year has been difficult for families, of whom more than 25% have left the installation given the end of their three-year PCS. As noted earlier, the transient nature of military life poses unique challenges for children, families, and communities but also for testing and installing evidence-based practices to support these families.

Scale-Up: Early Lessons Preventing maladjustment to life course transitions is a process—of translating basic research into prevention science, then ensuring that positive findings from Type II translation (effectiveness trials) are utilized in scaling up an intervention to population levels (often termed Type III translation). ADAPT is at the Type III translation crossroads. With the benefit of positive findings indicating that the intervention is effective (and for whom it is particularly beneficial and how), the challenge ahead is large-scale implementation. Scaling up ADAPT for the more than 3 million families affected by the wars in Iraq and Afghanistan would offer these families support for strengthening parenting and preventing the emotional and behavioral youth problems that have been associated with separation from a parent who has deployed to war.

For implementation to be approached in a systematic and evidence-based manner, a measurable, valid, and reliable implementation infrastructure is needed. Fortunately for ADAPT, the GenerationPMTO implementation infrastructure provides a solid foundation for our work, with reliable and valid fidelity measurement, and a strong training and coaching infrastructure.

In 2019, we received grant funding for our first large-scale implementation of ADAPT within a military health system on the largest Army base in the world, Fort Bragg. The project's goal was to embed parenting supports into routine pediatric primary care, to normalize parenting programming. Serving 200,000 people, Womack Army Medical Center/WAMC is the hub for population health at Fort Bragg. Working with WAMC's visionary commander and key leadership, we developed and implemented a population health parenting screener—four simple items assessing parental efficacy (as noted above, parental efficacy is malleable and the ADAPT intervention improves efficacy, which then is associated with subsequent changes in observed parenting practices). The screener was given to all parents whose 4- to 13-year-old children were seen in clinic for any reason, but care was taken to not provide the screener more than once every six months. Those scoring above the risk threshold were offered a referral to the ADAPT in-person program; all families were provided a pamphlet with QR code for free access to the ADAPT online self-directed program. At the outset of the program, it was recognized that a successful implementation of the program would require extensive outreach and marketing to the target population—not only parents but also medical providers, as well as mental health providers.

As is the case in any organization, there were many champions of the program but also naysayers. Concerns raised included whether parents would be willing to reveal concerns about parenting as, in the military, little is private and medical records can be accessed and play a role in career advancement. Families who scored above the threshold were referred to a contact within the Family Advocacy Program, the US military's de facto child protection system, and this likely deterred many families from seeking help. Though services were also provided by the school mental health team (not a part of FAP) just having the phone answered by FAP staff was likely a barrier. Though we attempted to troubleshoot these issues and find a way for families to get help that did not involve FAP, these efforts were unsuccessful.

Over the course of 18 months, WAMC screened over 1200 families presenting to four pediatric and family medicine clinics for child appointments. Compliance with screening varied widely. In two clinics in which pediatricians and nursing staff were enthusiastic about the program, compliance was very high; in one clinic in which staff felt that the very fact of a parenting screener was intrusive to family privacy, compliance was very low. It was clear that the clinic receptionist who first greeted the family was crucial to the success of the program, as she was the person who handed out the multiple forms to complete, including the parenting screener. Though training provided to clinic staff included verbatim scripts for encounters, clinic staff sometimes went their own way depending on their feelings about the program.

The planned implementation included three stages—an early adopter phase, in which healthcare providers at three clinics were trained in the screener process and the program's rationale; ADAPT training was provided to a vanguard of 12 school-based and FAP clinicians, followed by a full implementation rollout phase to all pediatric clinics and an additional 30 mental health clinicians. The final phase was to provide for certification of clinicians, training of fidelity monitors, and coaches, so that WAMC could ultimately sustain their own program. However, toward the end of the first phase (summer 2019), the clinics underwent a massive restructuring, in which most pediatric services were moved under the umbrella of two clinics. At the same time, the clinic commander left for a new position and was replaced by a commander who was inaccessible to the ADAPT implementation team and unsupportive of the program. The COVID-19 pandemic, a severe slowdown in screening and referrals due to lockdowns, and acute staffing shortages once clinics did reopen all conspired against the implementation. Ultimately, and against the advice of some of his key leaders, the new commander terminated the program, reporting through a proxy that he was not supporting any program that WAMC was not mandated by law to provide. The crisis of having our first large-scale implementation terminated was somewhat mitigated by interest from several other spheres within the Department of Defense in large-scale implementation. First, we were approached by Special Operations Command (SOCOM) to conduct a multi-site implementation for families living in SOCOM installations. The foundation funding the WAMC project excited by the opportunity to implement an evidence-based parenting program for this most elite military community, and we are excited by the invitation to serve families whose loved ones experience the greatest operational tempo—gone

frequently, for weeks or months at a time, with little respite, on missions they cannot ever reveal.

At the same time, and following several National Academy of Science, Engineering, and Medicine (NASEM) reports about the dearth of evidence-based prevention and treatment interventions available to military families, the Office of Military Family and Community Policy reached out to us for a large-scale implementation of ADAPT in a different military system, via Military Family Life Consultants/MFLCs. These mental health providers are unique to the military healthcare system, as they provide free, completely confidential services to anybody wishing to see them—confidential to the extent that they may not even document their encounters in any way. MFLCs deliver services in schools, childcare centers, homes, and elsewhere; their services are time-limited, and they often serve parents and families. The pilot implementation initiative will train MFLCs on four installations and will hopefully serve as a demonstration initiative for a larger subsequent scale-up. This implementation will be a test of the flexibility of our fidelity system, which has typically required recordings of sessions (as is done in GenerationPMTO); instead, coaches will conduct live virtual observations of sessions via smartphones.

A key challenge of scale-up is having a team with enough training and coaching resources to be able to provide implementation support to sites. In our case, delivery of face-to-face ADAPT requires a long training period to certification: two, four-day training workshops, followed by regular (weekly or biweekly) coaching and the delivery of four 14-session groups or completion with five individual families before certification. Over the past decade, we have been fortunate enough to develop a small but strong clinical team of four to six trainers and coaches, but growing our capacity to train, coach, and monitor fidelity is always a challenge.

It is clear that while evidence-based prevention programs are the sine qua non of effective implementation, the implementation process itself also must be based in evidence. Yet few evidence-based implementation models or processes exist. Understanding, for example, how much training, coaching, in-person versus online, and/or synchronous versus asynchronous learning is needed for effective ADAPT delivery, will require randomized implementation trials; those lie at our next frontier.

Final Note on ADAPT and Other Life Course Transitions

In relation to the description of the ADAPT's rationale and findings, a few additional comments should be made: First, ADAPT targets a relatively resilient population—that is, military families—who have already been through various life encounters, both as individuals and as families. Nevertheless, it is apparent that there is a genuine need for preventive and supportive interventions when these family units encounter a significant transitional event, such as the father's deployment. Second, among various topics that ADAPT addresses, reference is also made to the parents' past (individual) exposure to various life stressors. Thus,

it seems that (also) in times of transitions, a person (e.g., parent) is unable to be supportive of another person (e.g., his/her child) unless this person has already cognitively and emotionally processed his/her own life transitions and their meanings. This notion contradicts the idea that exposure to normative life transitions is common and hence no professional help is needed for people in (normative) transition. Third, ADAPT encourages the parent to promote the child's emotional socialization. However, in practice, ADAPT aims to promote both coping socialization and adjustment socialization; that is, the child's knowledge on how to address a given stressful event, that according to the TSA approach (see Chaps. 2 and 6) is labeled *coping*, as well as the child's ability to manage well in the course of a prolonged, and sometimes permanent, sequence of stressful encounters, that all together represent, according to the TSA approach, a process of *adjustment*. Fourth, taking into account the previously suggested distinction between adaptation and adjustment (see Chap. 2), ADAPT can be also conceptualized as an intervention that aims to change the transitional event from an adaptation problem—that is, the child has no choice but to change him/herself in order to adapt to new familial circumstances—to an adjustment problem, that is, in which both the (familial) environment and the (child) person change themselves in order to better meet and cope with both sides' needs and problems. Fifth, ADAPT includes a comprehensive intervention addressing the family members' cognitive, emotive, and behavioral (i.e., skills) states. Such comprehensive interventions are required in the prevention of maladjustment to life course transitions, as these transitions frequently challenge people's circumstances and well-being. Sixth, similarities between the transition that ADAPT addresses and other transitional events can't be ignored. Hence, it is worth trying to explore ways to adapt the ADAPT program, including its cultural aspects, content, and practical components, for use in other transitional events, especially those in which children encounter a (coming) separation from a prominent member of their family for a long period of time— for example, due to an adult figure's occupational relocation or occupational immigration; due to an adult figure's hospitalization or relocation to an old age home (e.g., grandparents; Sadruddin et al., 2019); due to the child's placement in residential, or in family, care (Li et al., 2019; Little et al., 2005); and due to the child's school transition (see Chap. 10). Finally, it seems that the relevance of ADAPT, or several of its components, to support adults who are in transition is also worth exploring, such as the case of intervention to promote managers'—that is, semi-parental figures—efforts to improve the experience of organizational entry of newcomers (e.g., Ellis et al., 2017).

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Chapter 13
Veteran Transition to Civilian Life: Leveraging the Strengths of Military Culture

Marvin J. Westwood and Moshe Israelashvili

The number of people who experience the transition from military to civilian life changes from one country to another—that is, from countries that have compulsory military service (28 countries around the world; e.g., Austria, Brazil, Norway, Switzerland) to those who don't have compulsory military service or have it only during times of war. Yet, most of the people around the world don't serve in the army, or at least don't do it for a significant period of time. Thus, the need to discuss the transition from military to civilian life might be questionable.

However, in a recent 2020 evaluation, GlobalFirepower.com (https://www.globalfirepower.com/active-military-manpower.php) estimates that the global number of active military manpower, serving in more than 140 countries, approaches approximately 20 million people, with China (2,185,000), India (1,445,000), and the United States (1,400,000) with the highest number of active military manpower. This unignorable number means that millions of people are becoming veterans annually and hence deserve social attention. Moreover, these ex-soldiers' past experiences and future plans (or lack of future plans) could have a long-term significant impact on the society they return to, not to mention their own private and family life. The ultimate example of such an influence on society is the case of American military veterans following the Vietnam War (Figley & Leventman, 1980; Flores, 2018; Modell & Haggerty, 1991; Usry, 2019). In light of these notions, a better understanding of the transition from military service to civilian life, and especially the prevention of veterans' maladjustment, seems to be an important social issue.

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The Veteran Experience

Military recruits and veterans may share a common experience of maladjustment, sometimes leading to feelings of trauma and even mental health problems. This seemingly strange resemblance between the transition into the army and out of the army stems from the fact that in both cases the person is exposed to sharp differences between civilian culture and military culture (Cooper et al., 2018) that have been recently referred to as *Dichotomous Cultures* (Grimell, 2020). The differences between the two Dichotomous Cultures have long and extensively been noted (e.g., Bychowski, 1944) and described in the sociological and psychological literature. For example, Huntington (1957) and others mentioned that military life is tailored in a collectivistic way, whereas civilian life usually, at least to a certain extent, highlights an individualistic way of life. Goldstein (2001) emphasized that soldiers are expected to put group goals representing their nation's goals, before their own personal goals. Thus, the term "The Warrior Myth" has been suggested to represent the general expectation from soldiers to be fearless fighters and saviors performing heroic deeds in pursuit of enlightenment and spiritual atonement (Campbell, 1968; Ivie & Giner, 2016). Notably, soldiers are expected to be prepared to take another's life (i.e., the enemy), whereas civilians are punished severely for similar behavior (Goldstein, 2001). Hence, the transition to military service and from military service is confounded with a feeling of loss, followed by a need to reformulate a sense of belonging (Albertson, 2019). The loss experienced is profound, described by Grimell (2017, 2020) and others (e.g., Brunger et al., 2013; Koenig et al., 2014) as the veteran's loss of self-identity, requiring him/her to re-define his/her personal identity, foster peer connections, reconnect with family, and become engaged in the broader community (Ahern et al., 2015; Anderson & Goodman, 2014). Difficulties in transitions between these two dichotomous cultures may sometimes lead to the adoption of an extreme adherence to one of the cultures, even though the person is no longer part of that culture (e.g., "Waging peace," veterans for peace; Ivie & Giner, 2016).

Based on a study among a representative sample of 1853 American veterans, Morin (2011) concluded that approximately 27% of the veterans have either a "*somewhat difficult*" or "*very difficult*" time adjusting to civilian life. In another study, in which national Veterans Health Administration data was explored (women, $N = 342,262$; men, $N = 4,524,787$), the rate of having a psychiatric diagnosis of any kind was approximately 50% among female veterans and 37% among male veterans (Breland et al., 2020). This significant rate (i.e., approximately 30–40%) of mental health problems among veterans calls for the initiation of preventive interventions to ensure a smoother transition from military to civilian societies.

In an effort to analyze the predictors of difficulties in readjustment to civilian life, Morin (2011) used multiple regression analyses, with 18 possible predicting variables. The results of these analyses showed that several of the variables were found to be positive predictors of readjustment to civilian life, while others were

found to be negative predictors. The variables that significantly predicted the veterans' readjustment were as follows:

- *Factors that were positively associated with readjustment to civilian life*: Being a college graduate, being an officer, having a consistently clear understanding of missions while in military service, and (for post 9/11 veterans only) attending religious services regularly.
- *Factors that were negatively associated with readjustment to civilian life*: Serving in a combat zone, having a traumatic experience, being seriously injured, serving with someone who was killed or injured, serving in the post 9/11 era, and (for post 9/11 veterans only) being married while in service.

Thus, clearly, service in a combat unit significantly increases the probability of later difficulty re-entering civilian society. There are several possible explanations for this finding, including the possibility that only those who completely identify themselves with the military are able to successfully encounter the extreme challenges that are faced in a combat unit. Departing from identification with the military and with combat service and re-defining oneself as a civilian is a more difficult mission for those individuals. However, another explanation, among several possible explanations, which may coincide with one another, relates to such individuals' processing of the extreme experiences that they experienced during their combat service. Namely, these combat ex-soldiers have been through acute stressful events, including dealing with matters of life and death. Nonetheless, they are expected to cope with the cultural shock of the transition to civilian life while they are still intensively occupied by several other shocks, such as the death of a comrade in the course of a combat operation (e.g., Elliott et al., 2011). Accordingly, special interventions may be needed for combat veterans in order to provide them with more comprehensive support in the transition to civilian life, such as supporting their entry and integration within college settings (e.g., Ackerman et al., 2009). However, supporting combat veterans who suffer from major mental health problems, such as PTSD, is clearly more urgent.

The prolonged impact of combat-related stress is often referred to as "PTSD" or "shell- shock." If addressed early, already in the battlefield (Everly & Mitchell, 2000; Litz, 2007), war-related trauma can be effectively treated and prevented. However, these traumas are not always treated on time, and/or sometimes, these trauma injuries are compounded with a more comprehensive problem of maladjustment that some of the soldiers' experience upon returning home from combat. Be it the first or second reason mentioned above, or any other reason, therapists, families, civilian institutions, and the person himself/herself are not always aware of the PTSD that the veteran is experiencing and its negative impact on his/her ability to readjust to civilian life. This is why a common feeling among combat veterans is that society doesn't understand them. In Tim's words (a Canadian veteran who served in Afghanistan), "…[nobody]…fucking understood anything about where I'd been. What I'd done" (Dennison, 2020, p. 46).

Several studies have tried to evaluate the prevalence of PTSD among veterans. The National Vietnam Veterans Readjustment Study (NVVRS; Kulka et al., 1988),

conducted among a representative sample of 1200 veterans, found that 30.9% had developed PTSD at some point, among whom 15.2% also suffered from it after their release from military service. Using a different measure of PTSD, Dohrenwend et al. (2006) found that 18.7% of the veterans had developed war-related PTSD during their lifetimes and 9.1% were still suffering from it after returning to civilian society. Referring to veterans who served in Iraq and Afghanistan, Seal et al. (2009) reported that 36.9% of veterans received mental health diagnoses, among whom 21.8% were diagnosed with PTSD. Morin's (2011) study suggests that 49% of the veterans who served in combat units suffered from feelings of posttraumatic stress. In other studies, the rate of veterans who suffer from PTSD was estimated at approximately 20% (e.g., Haveman-Gould & Newman, 2018; Hoge et al., 2006). In its official website, the US Office of Veteran Affairs (https://www.ptsd.va.gov/understand/common/common_veterans.asp) reports that the number of Veterans with PTSD varies by service era, as follows: *Operations Iraqi Freedom* (OIF) and *Enduring Freedom* (OEF): between 11 and 20%; *Gulf War* (Desert Storm): 12%; *Vietnam War*: 15% (or 30% in lifetime). Thus, even though the time and context of war are significant determinants of soldiers' resilience, it seems that across the board, around 20% of the combat soldiers' experience an episode of PTSD, and about half of them (i.e., 10%) will suffer from PTSD even after the completion of their military service.

The difficulties that veterans encounter when returning to civilian life lead some of them to the extreme, namely, to committing suicide. According to the US Department of Veterans Affairs' (VA) 2019 National Veteran Suicide Prevention Annual Report, the number of veteran suicides exceeds 6000 each year. Comparing this rate with the rate of suicide among nonveterans, the rate of veterans' deaths due to suicide is about 1.5 times higher than among nonveterans after adjusting for differences in age and sex and even higher for female veterans (2.2 times higher than among nonveteran women). Awareness of this problem has led to the initiation of prevention programs against veterans' suicide (e.g., *InTransition*), with special attention to the first several months after leaving the military (Novotney, 2020).

A study conducted among Canadian Vietnam veterans (Stretch, 1991) found significant psychosocial adjustment problems such as depression, inability to handle frustration and anger, difficulty in getting along with and trusting others, and family and marital problems, as well as poor physical health. This study's results suggested that the problems are due, in part, to prolonged isolation from other Vietnam veterans, ignored or rejected by both the Canadian government and society, and no readily available treatment for PTSD in Canada at the time. Notably, veterans are often reluctant to utilize services to ease the transition process to civilian life, even when such programs are available (Eagle et al., 2020). Though reluctance to seek help is a common phenomenon among all segments of the population, the singular barriers preventing veterans from seeking help include military conditioning, traditional masculine values, and stigma. The Veteran's Transition Program (VTP) is designed to remedy these limitations and increase service accessibility. The VTP is a

group-based program directed by Westwood and his team at the University of British Columbia and has been shown to directly meet the transitional needs of veterans by reducing the trauma-related effects of service so that they can effectively move back to a normal functioning life. Early interventions like the Veterans Transition Program (VTP) offer hope by showing that maladjustment is preventable.

Understanding Military Culture Informs Practice

Before presenting an overview of the VTP therapeutic model, it is important to understand how military socialization shapes the veteran client population so that our programs offered to them reflect the cultural values and sensitivities of this client group. Knowing about the military cultural context and infusing it into our professional practice increases "buy in" from veterans who are then more likely to enroll and engage in getting the treatment they need and deserve with their trauma recovery upon release or return. Following many centuries past, masculine values and military traditions have become highly entrenched anywhere that has had a history of war—which is most places imaginable.

Military culture has strongly influenced and reinforced these "traditional masculine" frameworks and the notions of what it means to be a soldier. The concept of multiple masculinities (Duriesmith & Ismail, 2019; Hoijtink & Muehlenhoff, 2020) suggests that we perform our assigned gender according to socially constructed expectations. Historically, the military has used hypermasculine gender norms to socialize soldiers into an idealized culture of "warrior masculinity" (Barrett, 1996; Fox & Pease, 2012; Hale, 2012; Keegan, 1994; Shields & Westwood, 2019). Military culture achieves traditional male socialization by conditioning veterans to hide private experiences, maintain personal control, appear stoic, present the self as invincible, and value action over introspection (Brooks, 2010). In military training, hypermasculine enculturation prepares soldiers for combat by promoting values of allegiance and self-sacrifice for the peer-group (Brooks, 2010; Fox & Pease, 2012; Hale, 2012; Higate, 2000, 2001; Westwood et al., 2013). While military masculine norms contribute to soldiers' war-related strength and corps belonging, these values also create vulnerability in the face of mental health or physical health challenges particularly evident in reentry back to civilian life (Gabriel, 1988; Morin, 2011). Veterans are expected and reinforced for presenting themselves as strong and stoic; therefore, discussing their service-related stress injuries or mental health challenges may lead to shaming and exclusion (Shields, 2016). This dilemma helps explain why veterans in Western cultures tend to be more "help avoidant" and struggle more in the process of reentry to civilian life and getting the help they need to address the war-related trauma injuries (Westwood et al., 2010).

Military Culture Shaping and Implications for Help-Seeking

In respecting our understanding of adherence to the military masculine gender role norms, the VTP recognizes how traditional masculine role narratives, such as stoicism and toughness, may interfere with treatment uptake and engagement, inadvertently contributing to veterans suffering and isolation.

Such avoidant behaviors thereby result in increased chronicity of the actual trauma injury being left untreated. Military culture endorses strength, confidence, and capability because these characteristics are necessary on the battleground but become limiting when veterans attempt to transition back into civilian life. Veterans are reluctant to ask for help if they believe accepting it will interfere with their career and ability to serve. The majority of males consider occupation to be a significant contributor to self-identity (Beech et al., 2017; Golombok & Fivush, 1994; Higate, 2001; Super, 1963). For veterans, the fear of not being in action is intensified because every aspect of identity, daily life, and community is immersed in military culture. Therefore, to not be "fighting fit" is not only a loss of career but is also a loss of identity, purpose, and belonging (Grimell, 2020). Veterans are conditioned to managing problems as a team but are ill-prepared for handling personal issues.

This is not only a challenge for Veterans, but for men in general and is one explanation for why men are less likely to seek help compared to women (Addis & Mahalik, 2003). Women in the United States and the United Kingdom are about 1.6 times more likely to receive mental health treatment compared to men (Sagar-Ouriaghli et al., 2019; Wang et al., 2005).

Admitting to needing help is in opposition with the need to appear strong and in control—consequentially is often viewed as personal failure. Veterans typically do not ask for help, which can be shaming, embarrassing, and a reminder of a "failed self." The isolating fear is that their peers will think less of them, and they will be excluded from the mates they served with. Therefore, any perceived weakness threatens veterans' sense of belonging and value to their team. The need to "measure up" is central to performance testing in the military and is dependent on the esteem and estimation of others (Barrett, 1996). Unfortunately, the maladaptive alternative to getting support is to manage the trauma symptoms in isolation and self-medicating. As a result, shame can become internalized and problematic as symptoms can be exacerbated, left untreated, resulting in a downward cycle that can lead to other potentially dangerous coping strategies like substance abuse, addictive behaviors, and suicide (Teo et al., 2018).

The assumption of the military masculine ideal results in mental health challenges can result in them falling into the abject identity of "unfit," "disordered," and "abnormal"—in other words, "*from hero to zero.*" During times of distress, military personnel may instinctively adopt the "code of silent stoicism" to conceal perceived defects that, ironically, perpetuates a myth that real soldiers neither ask for help nor need help. To avoid appearing as a burden to family and peers, the option to remain silent is chosen as an alternative solution. In the most tragic cases, suicide is considered as an honorable act of self-sacrifice (Shields, 2016). Models for therapy to safely respond to the hypermasculine "warrior" culture have not been fully developed.

However, the VTP has made progress by developing a model that is "cross-cultural"—meaning the support and therapeutic approaches used are culturally consistent with the implicit culture of this client population (Shields & Westwood, 2019).

Therapists can, however, reframe these stigmatizing beliefs by appealing to a dominant and shared value of helping others by reminding them one way to help others is in fact demonstrating that by taking care of their own psychological health needs, they become more useful in helping others. Similarly, by reinforcing and reminding them how it is important to heal a physical wound, we must also repair psychological and emotional injuries before returning to duty.

Impact of War-Related Trauma Injuries Combined with Transition Reentry Shock

Symptoms indicating that a veteran is in need of trauma treatment are categorized as hyperarousal, re-experiencing (flashbacks), and avoidance or numbing. The trauma injuries (including secondary or vicarious traumas) from deployments in war zones are often exacerbated when veterans return home to then encounter additionally destabilizing "reentry culture shock." Reconciling the trauma experienced at war is magnified when combined with the stress of transitioning from military to civilian culture. Military personnel often ignore these symptoms because during their time in service, they are required to put the needs of others ahead of their own. Soldiers learn to suppress particular aspects of human biology or override and disregard biological signals to push on and fight in combat (Basham, 2008; Mejia, 2005). The habit of detaching from emotional and physiological responses, although completely understandable, interferes with successfully transitioning back to civilian environments. To counteract this conditioning, trauma recovery and repair using the therapeutic processes must also be informed by understanding the process of reentry of the homecoming experience—a form of extreme "reverse cultural shock" (Shields et al., 2016; Presbitero, 2016; West et al., 1993).

An Alternate Model for How Clinicians Can Better Serve Returning Veterans

As indicated above, de-stigmatizing help-seeking within the military culture can prevent chronicity of maladjustment symptoms that can manifest as classic PTSD and other psychological disorders if left untreated. In combat, the pervasive threat to life can lead to a trauma injury; however, these injuries often resolve by the individual's relying on specific resilience adaptation strategies. Leipold and Greve (2009) outline how resilience results from specific coping processes involving assimilation and accommodation, which is an adaptation or adjustment process,

which of course are influenced by personal and situational conditions. Exposure to a preventative program can dramatically reduce symptoms related to trauma injuries. In this process, clients discover that taking care of their psychological health enhances their capacity to resolve their difficulties and be of better service to others. The therapy goal is to help the veteran clients rewrite the narrative of masculinity and to reframe help-seeking.

In order to meet the transition needs of veterans, the Veteran Transition Program (VTP) was created at the University of British Columbia and is now delivered nationally via the Veterans Transition Network (VTN) - a non profit association. The context is group based versus one on one, and is delivered at a retreat location over a 10-day period. It is relationship and action-based in focus. The approach was designed to destigmatize and de-medicalize the experience of receiving therapeutic help as a way to attract military members, who tend to avoid going to counsellors and asking for help. For many, this is the first time they can talk openly about their trauma experiences and problems with understanding and knowing their situation can be understood given the others are veterans themselves. Here, the veterans learn and practice skills required for effective communication in civilian society. Active social engagement and peer group support, with a clinical team makes for increasing a quick "buy in" for the members, doing their personal work in "team" format, rather than working with individual clinicians. At completion, the program connects veterans with their peers going through the same challenges as them and also develop post group links for keeping in contact after completion.

Having therapeutically addressed specific identified trauma injuries and acquired an expanded set of communication competencies contributes to helps to strengthening relationships with family, friends, and in the workplace. Linking members to local support services and identified referral sources and helps them set specific personal, family, and career/education goals for charting a more satisfying future going forward. Based on the ongoing outcome research of the program and advocacy with government through the VTN, Veteran Affairs Canada now funds applications to the program provided they have a clinical assessment regarding PTSD. To date, over 2000 participants have completed the program, and the research evidence permits us to confirm that motivation for help-seeking is increased when programming is veteran-friendly, culturally safe, gender-script informed, and non-stigmatizing.

Seeking Solutions: Group-Based Programs

Groups are central to the military because veterans learn, train, work, perform, and support each other daily in groups. When we ask soldiers to identify what got them through the most difficult experiences in their service, they typically say that they trust and rely on (1) their equipment and technology, (2) their training, and (3) the soldier beside them. Bringing soldiers together in a group format capitalizes on their teamwork skills because it presents an opportunity for them to obtain support from

the social group for which they have the most familiarity and respect. Group-based therapeutic approaches that invite soldiers to help other soldiers are clearly consistent with their values for helping others—not necessarily themselves. While seeking help for the self is most often shameful and embarrassing, providing help to others is honorable, and this becomes part of the therapeutic process. Once they become a part of a cohesive developed group, veterans feel comfortable sharing their experiences openly without judgment with peers who understand them.

The clinical counselling practices offered by the VTP are also reconstructed and modified to mirror familiar and expected group experiences within the military. For example, clinicians need to learn about and apply the cultural context of veterans and their worldview and understand the language therein.

Re-languageing is a common example of shifting the therapy practice into a cross-cultural framework. To incorporate military language, references to labels such as "PTSD" are replaced with "Operational Stress Injury" (OSI). The concept of "trauma therapy" is replaced with "dropping the baggage" referring to the group therapy process of sharing the impact of the trauma they carry, including expressing grieving and emotional releasing within the group. The VTP builds and reinforces the motto "no man left behind" (Kivari et al., 2018) to assist veterans to work together as a team or unit with a "mission" to bring their comrade back alive (metaphorically speaking).

Many of our mental health clinicians have been trained primarily in one-to-one therapeutic approaches, which limits our overall effectiveness with this population given the role of group in career, life, relationships, etc. Group-based psychotherapy models are both preventative and remedial and therefore arguably a preferred way for working with reentry transition adjustment and trauma-related injuries. Group programs like these have been shown to be equally effective in both military and civilian groups for men and women when treating trauma injuries (Westwood & Ewasiw, 2011; Sloan et al., 2012).

Reframing the Therapeutic Process

Military social values can be leveraged as assets for veterans adjusting to civilian life. The process of reframing these conditioned norms is a strength-based approach demonstrating cultural safety in practice (Westwood, 2009). These social norms and values can be readily leveraged as assets to enhance engagement and propel the process of change. Let's look at the following diagram, which summarizes how to integrate specific prized values of the military client to the helping process.

Notably, leveraging the military social values as assets for supporting veterans' reentry back to civilian life is a major difference between VTP and other interventions that address this population. For example, Anderson and Goodman (2014) used Schlossberg's model of adjustment to transition (1981) in order to help veterans understand the major change in life that they encounter upon transition from military life to civilian life. In their program, based on Schlossberg's 4-S model, the

topics that the participant is expected to address are the areas of situation, self, support, and strategies. However, the topics that are discussed within each area are those that relate to the change that occurred, that is, the participants are expected to understand and internalize the differences between these two environments and life systems as a kind of prerequisite in pursuing better adjustment to current (civilian) life. Clearly, the VTP assumes the opposite, that is, foster the veteran's understanding of the similarities, rather than the differences, between what was expected from him/her in the military environment and the civilian environment and "feel free" to lean on these similarities in order to better manage with your current (civilian) life.

Notably, the same approach was suggested by Israelashvili (1992a, b) in his intervention program that focused on prevention of recruits' maladjustment to the military service in Israel Defense Forces. In his program, Israelashvili assumes that upon graduation from high school (age 18), most Israeli youth have only a limited experience, if at all, in all activities that are unrelated to learning and/or school life. Hence, for them, the transition from school to military service is perceived as a sharp curve (Israelashvili, 1992a) in the route of their life, a curve that might be very risky. On the same vein as the VTP, Israelashvili's intervention program encourages the almost new army enlistees to search and comprehend the similarity between what they've already experienced—that is, transition to school and school adjustment—and what they are about to encounter, that is, transition from school and military adjustment, and partially implement the same concepts and ways of coping and adjustment as they have already used in order to "survive" school life (Israelashvili, 1992a).

To demonstrate that counselling is relevant and helpful to military clients, the process can be recast so that it capitalizes on these military values and therefore a relevant means to help clients align more closely with their values. As one military client described counselling, "This is for the heart and mind." The following further considerations will allow counsellors to tailor their work to capitalize on rather than work against, the dominant military culture (Westwood et al., 2013):

- Use a strength-based approach. Clinicians need to attend to issues of cultural "safety" and appropriateness in order for safe social bonds to develop. By first creating conditions of safety and recognizing resources and strength, the courage and capacity needed to explore vulnerability and emotional content can emerge. A counsellor needs to be aware that clients may worry or feel anxious that they will be judged or that counselling may uncover all their weaknesses. Clients may have difficulty dropping the "mask of competence" they have assembled for feeling out of control.
- Be goal-oriented and "hit the ground running." It is frequently beneficial to apply cognitively oriented approaches and/or self-regulation, relaxation or simple mindfulness exercises in the early stages of the work due to the concrete nature of the skills and the ability to demonstrate small gains immediately.
- Psychoeducation and communication competencies. Action-focused skills training or activities tap into a familiar learning style reinforced in military training and service.

- Ensure safety by augmenting their control. Use client experiences as an opportunity to discuss how the body "releases" and re-regulates itself through releasing emotions, the grief that tears signal can be normalized and the courage required to "let go" of tears and acknowledge hurt or loss can be acknowledged as a regulating competence.
- Explore their issues with a structure and with pacing. It is important to create safety first, build rapport, and then facilitate introspection and self-examination. A counsellor should be mindful that for many personnel who have been through military socialization, emotions may be funneled toward anger until they learn to expand by identifying a broader range of specific emotions and acquire the skills for expressing them.
- Draw their attention to their body sensation. Use somatic awareness and physical sensations as a way to expand emotional identification and expression. Focusing on sensations in the body helps clients identify internal states and yet does not maroon them in the unfamiliar territory of emotion where they may lack the language to describe their experience.

Recruitment

The VTP is a "soldier-friendly" program open to any veteran wishing to attend. Building on the peer-support model, past graduates commonly refer new recruits to the group. The prerequisite for admission to the group is a clinician intake interview. During the screening process, clients are assessed for primary trauma, secondary (or vicarious) trauma, and *moral injuries*—soul trauma based on shame and guilt (Antal & Winings, 2015). The confidentiality of the veterans is protected, and their record of attendance is not shared outside of the group.

Confidentiality mitigates stigma related to accessing treatment; therefore, participants can feel at ease knowing that their involvement will not be known to medical or military personnel. Six to eight veterans meet for approximately 100 h in a residential program occurring over a 12-week period (4 days, 4 days, and 2 days). Consistent with military nomenclature, participants refer to the program as a "course" rather than a counselling group.

The Veterans Transition Program: A General Overview

Group theory suggests that therapeutic work with multiple participants be delivered through a model of consecutive phases. This is important because not every group is guaranteed to form the trust and cohesion necessary for the working phase of the process. Segregating the interventions into phases allows the practitioners to move at the pace of the group conscious.

The facilitators will prepare contingency measures to mitigate against interpersonal issues that may emerge within the group and delay the schedule. Transition between phases is determined by the group process rather than predetermined timelines.

Overview of the four phase VTP program is now summarized, with one section referred to as the "Trauma Repair Work" phase, which is highlighted and described in more detail in order to show the reader how the integration of therapeutic processes within a military cultural framework is achieved for this particular approach.

As noted in Fig. 13.1, the program is designed to move participants through four distinct phases consistent with group-based theoretical models. The components within each phase of VTP are conducted in a structured fashion to promote increased trust formation, facilitate re-activation identification, and permit greater self-awareness, self-disclosure emotional expression, and cognitive reframing. The group facilitation team typically consists of two professional clinicians (i.e., a combination of psychologists, counsellors and a doctoral-level physician with a training in psychology) assisted by two soldiers' paraprofessionals trained in basic interaction, communication, and group skills. They model caring supportive behavior and engage in the expected behavioral outcomes of the program (Alcock et al., 2001). Veterans report that they trust others who had similar experiences, and the witnessing and validation from other soldiers is an essential component in the repair of war-related traumas (Shields & Westwood, 2019).

This program focuses on (a) creating a safe, cohesive environment where soldiers can experience mutual support, understanding from others who have "been there," and process their reactions; (b) normalizing soldiers' military experiences overseas and the difficulties with reentry back to civilian life; and (c) offering critical knowledge to understand trauma and its origins, symptoms, and impact on self and others along with the provision of specific relational and self-regulation strategies for trauma symptom management (Westwood et al., 2010, 2013).

Phase I Clients are introduced to the "Group Building/Safe Zone" where group members get acquainted with each other and the program with activities live exploring proudest moments, creating and presenting a Life Review, and identification of current strengths. In this first phase, trust and intimacy are formed to prepare group members to take risks in the next stages. The VTP has narrative and action-based components in treatment, which can be maximized in a group setting. This is an
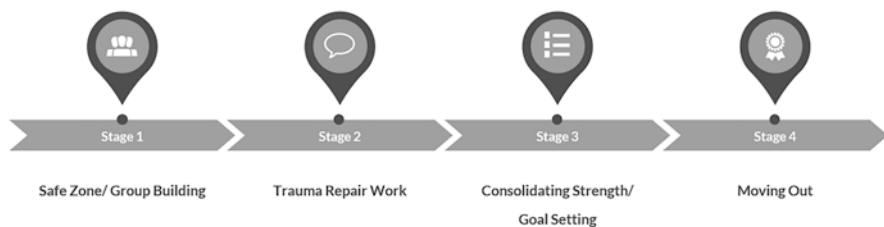
Fig. 13.1 The core phases of the VTP

approach highly effective but underutilized by most counselling services offered to veterans. If group facilitation is carefully planned and provided in a structured and safe environment, it can aid coping and symptom reduction for promoting self-awareness, emotional expression, and cognitive reframing. This environment is also aligned with the group-based three-factor model that promotes inclusion, control, and intimacy (Schutz, 1958). The peer support within the group context also creates a mutually helping others and validating environment of shared understanding where military experiences are normalized.

Phase II The next stage in the group following a cohesive working group climate is the "work" phase in which members engage in therapeutic re-enactment involving both the clinical team and support of the other group members. Now begins the behavioral/experiential action component, which includes: (a) reducing the symptoms of the operational stress injuries arising from their military experiences and (b) teaching interpersonal communication skills to help manage difficult interactions or enhance relationships with others (Westwood et al., 2002).

The leading team begins with a psychoeducation section to assist individuals to learn and understand what a trauma injury is and what are the symptoms they have acquired and wish address. This is accomplished by having the members share life narratives through a group- based life review process (Birren & Birren, 1996; Birren & Deutchman, 1991). The narrative process helps to highlight the strengths and capabilities that have been shown to decrease specific trauma-related symptoms. By coaching participants to stay out of advice-giving, soldiers have the opportunity to practice identifying and verbalizing personal impact, and the participants who are reading their own story to the group have the experience of being heard and understood by their peers. Hearing the reactions of others to one's story can help normalize difficult feelings such as anger, guilt, and shame. Sharing common military experiences, in particular, promotes trust and greater group cohesiveness (Corey, 1990; Shields & Westwood, 2019). The trauma-related themes generated in the Life Review activity helps the client identify the embodied trauma narrative (Westwood & Ewasiw, 2011).

The second part of Phase 2 is the therapeutic enactment (see below), which is the intervention that sets up the scene with selected participants to initiate enactment, express experience, and then complete the scene to integrate the lessons learned (Westwood et al., 2002).

Phase III "Consolidating strengths" centers on providing adaptive transition strategies by teaching techniques of re-quipping, re-connecting, remembering, restoring, resilience, and reengaging with family, work, and studying. During this working stage, participants learn to consolidate new learnings and personal strengths acquired in the therapeutic process. Perhaps, some examples of strengths include interpersonal skills, arousal detection, and self-care strategies. Conflict resolution, reduced anxiety, enhanced confidence, and strategic communication. Successful graduates of the program are more often seen as showing leadership for signing up

and completing the program to help repair trauma injuries related to their service. Given the anxiety and hesitancy often observed in military clients in addressing trauma injuries, those completing the program are indeed seen as showing a high level of courage and are therefore recognized as "heroes"—both in the eyes of their mates, the public, and also among other allied groups such as fire, ambulance, police, etc.

Phase IV The next step is creation of clear achievable goals and objectives for the future, which is a component of the final phase and fourth phase referred as "moving out." The strategic personal goal settings include the domains of personal growth, family, friends, and career. This final phase of transition could be referred to as a type of posttraumatic growth phase as described by Tedeschi and Calhoun (2004). Group members leave the process empowered with community resources, follow-up care, and connections made within the program with peers.

Therapeutic Enactment

Therapeutic enactment (TE) is a unique component of the VTP that is a group-based, self-narrative exposure therapy that the soldiers describe as "dropping the baggage." In other words, they can have their experiences be heard, validated, and understood without judgment. TE is a highly structured traumatic-exposure intervention in which participants externalize memories by enacting specific traumatic events with the support of other group members. Facilitators will select one member to carry out an enactment of a traumatic event and build a scene around it.

Other group members assume roles of other people who were a part of the event, while others may be assigned to act as an externalized belief, feeling, or rule. Participants describe the traumatic event for the group through the active expression of emotion, while the person doing the enactment integrates the trauma reactions into the narrative. Participants can successfully integrate their reactions into a thinking, feeling, and experiencing level, allowing them to develop a story of coherence rather than confusion and reactivity (Herman, 1997). This enables the individual to come to a new understanding of what occurred through cognitive re-integration. This action-based model of TE is more familiar to veteran clients as it calls upon group members' willingness to assist one another in healing their trauma injuries. In the process, they are helping themselves because they observe the benefits their mates receive by accepting help. Individuals give themselves permission to buy into the therapeutic process after witnessing a peer "drop their baggage" with the help of the group. The enactment process allows group members to confront trauma triggers, practice self-regulation skills in real time, and come to new understandings of the events, what happened, what was the impact, and how to move forward having integrated the experience with a broader awareness and sense of greater personal control going forward (Westwood & Ewasiw, 2011). Graduates report reduction in significant trauma symptoms (depression, anxiety, PTSD, suicidal ideation, and

medicating). In addition to the pre post assessments, an 18 month follow up assessment was also conducted revealing increased self-esteem, improved normal sleep, improved relationships with family, promote career exploration and more success in employment pursuits.

Therapeutic Enactment Phases

Assessment and preparation	Includes the intake interview to assess the client's need and readiness. The plan for enactment begins
Group building	Safety and inclusion are the main elements where the facilitators' goals are to enhance trust, intimacy, and risk-taking to create a safe container for risk-taking
Enactment	The scene for enactment and participants is selected. The enactment process is initiated, expressively experienced, and completed, and participants are de-rolled afterward
Sharing, reconnection, closure	Time is taken to reintegrate the client back into the group after the enactment. Witnesses share their experiences, and closure is facilitated to end the enactment
Integration and transfer	After the enactment, the client supported to self-reflect, identifies resources, reconnects with community, and receives follow-up care

The VTP offers groups that are either exclusively for male veterans or exclusively for female veterans, and trans identified people have also participated. Group participants can better relate to shared experiences among those of the same gender, while facilitators can tailor the group to address gender-relevant issues.

Feminist research has uncovered the importance of social constructions of gender on both women's experience of trauma and in developing gender-sensitive approaches to it (Burstow, 2003; Butler, 2006; Harvey et al., 2000; Herman, 1997). The mental health challenges male veterans experience in response to military masculine role norms result in gender-specific problems that also require investigative scholarship and changes to our approach. For therapists to dismiss the importance of supporting traditional masculine, values and behaviors can be stigmatizing against many men who are already conditioned to avoid seeking help. Not responding to the unique needs of men, holding this identity may even be counterproductive to the movement toward equity. In the context of receiving care for mental health problems, men are underrepresented as clients and clinicians yet overrepresented in suicide completion and overdose deaths. These issues could be prevented if counselling therapies addressed the unique needs of men who have been conditioned to masculine cultures like the military to reduce stigma and increase accessibility. To increase male participation, clinicians must practice cultural safety by reflecting the values of their masculine culture to establish a therapeutic alliance cultivated by empathy, understanding, and trust formation.

Empirical Evidence

Progress and quantitative outcomes of the VTP were measured using a variety of constructs: (a) PTSD symptoms-PTSD Checklist for DSM-V; (b) self-esteem - Rosenburg self-esteem scale; (c) depression symptoms-Beck Depression Inventory-II; and (d) suicidality-Outcome Questionnaire-45, The following data were drawn from VTP participants. The sample consisted of *340* veterans (2018).

Assessments as follows: Pre-VTP, Post VTP, 3, 12, 18 Month Follow-up. See Table 13.1 below. Data analyses determined that participants attending the VTP showed a significant decrease in suicidality, depressive symptoms, PTSD symptoms, and increase in self-esteem (Table 13.2).

Qualitative outcome studies have also been conducted, which reveal and reinforce the value of the group as a place where participants can be validated by others who have "been there."

Implications for Professional Practice

Being able to offer programs such as this requires group facilitation expertise. One of the implications for providing group-based therapeutic/transition clinicians is related to the training institutions who must be able to teach, supervise, and certify qualified professionals. Without quality level training, clients can be at risk in that

Table 13.1 Integration of specific prized values of the military client to the helping process

Military social value	Military asset	Leveraged asset
Courage	Military personnel must face fear, danger or adversity. Courage requires that we continually "do the right thing," even if taking those actions is not popular with others	Courage is needed to overcome the stigma associated with asking for help
Commitment	Military personnel fulfill their obligations, taking pride in tackling the hard challenge and doing the tough work. They must resist the temptation to take the easy way out or shortcuts that might undermine the integrity of the final product or outcome	The therapeutic process requires taking a risk and a challenge involving hard work and commitment
Loyalty and selfless service	Military personnel put the welfare of others, the nation, the military, and their team before their own	In taking care of our needs, we commit to help others in the therapeutic group context
Integrity	Integrity calls on clients to assume accountability for their behavior and to take steps to enhance or recover personal "fitness" and well-being	Clients practice integrity by engaging in the group to achieve enhance psychological and emotional well-being

Table 13.2 Outcome assessments of depression, PTSD, suicidality, and self-esteem
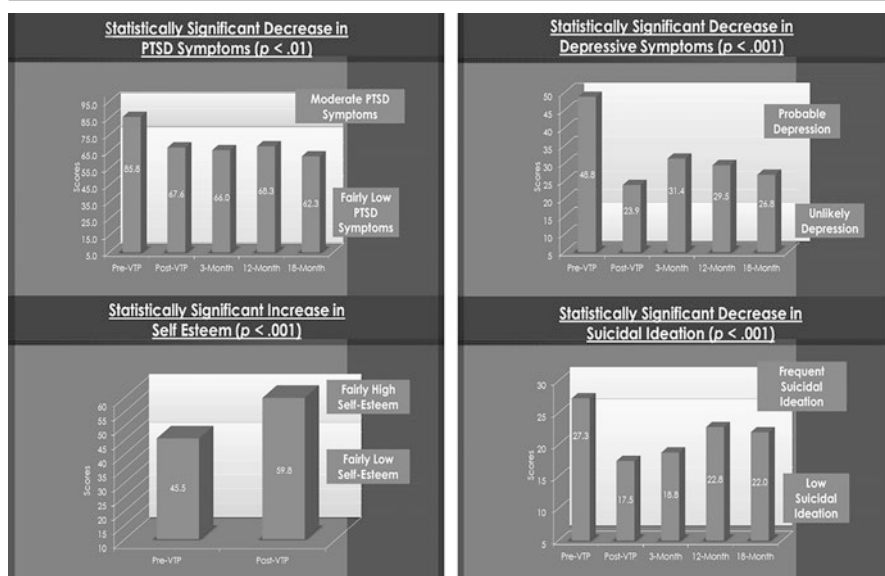
the group setting has the potential for causing further injury to clients without skilled leadership. Therefore, we recommend such training institutions (centers, universities, etc.) offer more courses specifically designed to planning, design, facilitate, and lead group-based clinical work. This program has been administered nationwide in Canada, in French, and in English, for women and men. Although the VTP was developed for and exclusively offered to veterans, the group format and interventions are transferable to other demographics who share high exposure to traumatic events such as other first responder groups. The program format has been adapted to other client groups facing challenges in making success adjustment and transition. The following groups have adapted the VTP curriculum, and implementation group-based approach include at-risk adolescents, drug/alcohol recovery, refugees, immigrants, palliative care health care providers, humanitarian aid workers, firefighter, police, and retirement transition groups. In the context of COVID-19, group support based on the VTP model is currently being piloted to serve medical personnel who encounter vicarious trauma injuries in response to the pandemic. More research is needed to consider ways of offering group support via online platforms to enhance connection and reduce isolation during periods of quarantine.

Summary

The traditional masculine values emphasized by military culture are beneficial in battle, but transitioning out of that culture can contribute to maladjustment issues when veterans return home. Frequently, the problem with military war-related

injuries being treated is not entirely related to the lack of services, but lack of uptake due to the stigma associated with therapy and clinical disorders along with struggles associated with reentry into completing service. Stigma, gendered stereotypes, and programming that fails to recognize military conditioning are major barriers for veterans accessing mental health services. The original trauma injury from service may instigate the problem, but the factors related to stigma can manifest as serious psychological traumatization. Without preventative interventions, trauma injuries can persist leading to depression, addiction, and suicide. The VTP is truly a form of prevention for maladjustment.

To successfully integrate clients from one world to another, clinicians are advised to practice "cultural safety" with military clients by embracing traditional masculine gender roles and military cultural norms as strengths. The VTP has achieved this by adapting language and interventions to mirror the values that prioritize helping others over helping the self. Although stoicism and aversion to vulnerability can be barriers for veterans in help seeking, once engaged in this program, the clients are then able to apply newly acquired awareness and competencies in their work and family contexts.

Westwood and his team demonstrate how the rules of masculinity can be rewritten to recognize the therapeutic process as the "battle for the heart and mind." The group model is particularly appropriate for military personnel who refer their peers to come together and "drop baggage" because their lives typically lived-in groups and they are very accustomed to the value of helping others in their group. Rather than being stigmatized as weakness (Derefinko et al., 2019), help-seeking is reframed as a valid, courageous sign of strength that is a necessary prerequisite for helping others.

Veterans learn skills and knowledge about navigating in the civilian world to better prepare themselves to be more effective in their career transitions. Military personnel are traditionally more comfortable in behavioral approaches rather than self-reflection. Narrative approaches, psychoeducation, and experiential interventions like therapeutic enactment are offered to allow group members to safely re-experience traumatic memories and reinterpret how these events impact their current and future life course. After confronting and integrating traumatic memories, participants can begin to shift their focus to their future goals and plans (family, school, work, etc.). Additionally, post-group networking after completing the process is encouraged to benefit the successful transition process. To achieve this, the members establish a "post contact system," where they commit to staying in contact following the program. The "telephone tree" system is one of the preferred ways for each member to have a designated person who they agree to initiate periodic follow up calls, which can provide an ongoing form of peer support. Work with the families of veterans occurs during and after the program by the members setting specific family-related goals and committing to apply and practice-specific relationship and communication competencies with family members and report back to the group their degree of success experienced. The clinicians will assist by teaching and strengthening areas identified needed.

The clinicians and graduate military paraprofessionals support clients to escape from the code of silent stoicism that isolates them when they suffer and thereby contribute to a more successful transition back into civilian life. Failure to address these needs of accessibility results in poor treatment outcomes and high social costs. Joining the program empowers veterans to take personal responsibility for their lives and engage in the preventive transition work they need to do. Graduates of the VTP heal by recovering their own personal strengths and taking the courage to do what they often describe as the "hardest work," but it is also the "best work" they have done for themselves and the others in their life! Many of the veterans emerge with dedication and drive to contribute back to their communities.

Further, graduates become role models for other veterans and thereby actively broaden and expand the culture of masculinity by demonstrating humanity and competence to others by expressing themselves in healthier ways and thereby decreasing the risk of maladjustment at a significant level.

A Final Note

The experience of PTSD is not unique to veterans. PTSD may sometimes be the emotional reaction of a child to his/her parents' divorce, the reaction of a woman to her experience of birth, and a (female or male) student's response to an extreme event, which they encountered during their early days at college (e.g., sexual harassment). Thus, with proper adaptation, the VTP program or components of it can be used in other contexts of transition. The same is true in the opposite direction; that is, models and interventions that were developed in other contexts can be adapted and implemented to support veterans' reentry into civilian society and positive adaptation to being back home.

Referring to this last notion, Anderson and Goodman's (2014) suggestion to use Schlossberg's 4-S Model as a framework to assess and provide veterans with treatment tailored to the areas of situation, self, support, and strategies is one example of this. Another example would be the TSA model, as suggested in this book (see Chap. 6), which could support veterans by helping them, for example, contain the preliminary chaos in their life, better articulate the lawfulness of civilian society (i.e., community, county), foster their feelings of (current) commitment to family and peers, etc. Moreover, encouraging them to adjust, rather than only adapting themselves, to civilian life—that is, not only changing oneself but also trying to change and adapt the environment to fit one's needs and expectations—could be *a groundbreaking idea* for some of them. Naturally, all of these suggestions should be implemented in a professional way and be followed up by proper evidence-based evaluations.

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Chapter 14
Adjustment to Immigration

Moshe Israelashvili and Shira Freedman-Goldberg

Immigration, the act of leaving one's own country and resettling in another, is a process involving a series of events, taking place over a prolonged period of time (Bhugra, 2004). The literature on immigration, migration, relocation, and other topics that relate to the process of moving from one country to another is especially rich, developed, and comprehensive. Thus, it is impossible to cover all of this literature in one chapter. Yet, the present chapter aims to reach a greater understanding of the adjustment process to immigration by: (a) outlining the wide variety of components that are embedded in the process of transitioning from one country to another (i.e., immigration), (b) highlighting several of the well-accepted notions regarding psychological aspects of immigration, and (c) linking parts of the existing literature on immigrants' adjustment with a more general model of adjustment to transitions, namely, the Transitional Stress and Adjustment (TSA) model, as presented in Chap. 6 of the present book.

The Immigration Experience

Immigration is neither a new phenomenon nor a unidirectional trend (e.g., east to west) alone; rather, since the early days of human history, people have immigrated from one part of the world to another. Historians date pre-modern migration back to 1.75 million years ago (Bae et al., 2017), with the transition of humans from Africa

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to Asia, and later on from Asia to other parts of the world. At present, recent statistics on migration (United Nations, 2021) estimate that in 2020, the number of people living outside of their country of origin was 281 million. However, the global number of immigrants in the world is even bigger when people's subjective feelings are taken into account; namely, the more accurate number of immigrants should include the accumulating number of people who might feel that they are foreigners in their new location, even though many years have passed since their actual departure from their homeland. Hence, another significant number in this context would be the total number of people who were uprooted from their country and relocated to a new country.

However, evaluation of the exact number of immigrants is even more complex, due to several reasons: (1) At the global level, nearly half of all international migrants have been found to still be living in the region of their country of origin, that is, on the same continent where they were born. Practically, Europe has been found to have the largest share of intraregional migration, with 70% of all migrants born in Europe residing in another European country; sub-Saharan Africa has 63% inner-migration, and, in contrast, 78% of the immigrants in Central and Southern Asia are living outside of their region of birth. Although relocation to a neighboring country may lead to the experience of a lack of belonging, the closer the country is to the country of origin in terms of culture, etc., the less likely the "immigrant" is to experience difficulty adjusting (e.g., culture shock). Thus, when discussing people in transition, the accumulating number of people who immigrate, from one country to the other, and the number of people who migrate, relocate in a different state or county within their country, should be taken into account. (2) The term "immigrant" is an umbrella term which includes various, and significantly different, types of populations, the major types being labor migrants, refugees, asylum-seekers, forced labor (e.g., human trafficking), environmental migrants (e.g., due to environmental disasters), and international students (as some of them stay in the new country that they have moved to during their studies). (3) The official definition of a person as an immigrant is sometimes a political issue and sometimes depends on local circumstances. An example is the definition of some immigrants as "skilled immigrants." The term, skilled immigrants, refers to those migrants who come through a skilled visa and are selected by governments to fill their economic market gaps in need for skilled manpower, while relying on the public's relative openness to accept skilled people. However, several features of the skilled immigrant population are not well defined—for example, who is the skilled person? What skills are really needed (in the given country)? How should skillfulness be measured and evaluated? How many skilled migrants should be accepted? These and other open questions enable governments and local leaders to make their own (local) decisions and—more importantly—to change them from time to time. This notion is supported by Boucher (2019), who analyzed the skilled immigration policies in five Northern democratic nations and demonstrated that definitions of "skilled" immigrants are dynamic across various nations, as well as within the same nation(s) over time. Moreover, Boucher showed that the definition of a skilled immigrant does not depend on economic needs alone, but also on political realities and needs. Thus, a person could be

defined as an immigrant in one nation and as a skilled immigrant in another, a difference in formal definition (e.g., due to different governmental support that is offered in each case). (4) According to the United Nations' statistics (2017), a distinction should be made between (a) *The International Migrant Stock*—a measure of the number of persons identified as international migrants at a given point in time—and (b) *The International Migration Flow*, the number of persons arriving in (inflows) or departing from (outflows) a given country or region over the course of a specified time period, usually during the course of 1 year. It is believed (United Nations, 2017) that only by taking these two measures into account can an accurate picture of the scope of immigration and its trends be achieved. Altogether, these restrictions call for cautious evaluations of the global migration phenomenon and specifically, in relation to the present chapter, in studies that evaluate immigrants' adjustment.

In any case, the relatively large number of migrants and their different types call for a relatively sophisticated approach in outlining the problem of immigrants' adjustment and, based on that, the ways to prevent migrants' maladjustment. Importantly, the need to find ways to prevent immigrants' maladjustment is not only an issue of human rights and humanity; rather, it is a practical topic that is of growing importance. Due to population aging in many Western countries, international migrants of working age have become an important point of consideration in countries' economic system (i.e., by easing the pressure on public pension systems). This reality has been acknowledged in the United Nations' (2015) declaration and adoption of the "2030 Agenda for Sustainable Development," in which support for immigrants' relocation has been included as one of the world's future goals (#10), that is, to "reduce inequalities within and among countries." Specifically, this goal states (#10.7) that countries are expected to "facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies." Thus, accordingly, increasing numbers of countries have started to devote resources to promoting immigrants' adjustment to the host country.

As history repeats itself, it isn't surprising that such a positive approach to migration is also not a new phenomenon. In several parts of the world, and especially at certain times, migrants have been welcomed (e.g., in Canada, Australia, Israel, etc.), and accordingly, some experience has accumulated over the years. Efforts to prevent migrants' maladjustment were especially evident in the late nineteenth century and the early twentieth century, when a large wave of immigrants traveled from Europe to the United States in search of a new life in the new continent (and then found that they missed their city of origin and thus established *New* York, *New* Orleans, *New* Berlin, etc.). Actually, professions such as vocational counseling, vocational guidance, vocational psychology, career counseling, etc. were all established during these periods as an effort to prevent immigrants' maladjustment by finding the best fit between each immigrant's desires and personal capital and their place of labor within the new environment. Another preventive act, though unjust and unsuccessful, was the forced placement of immigrants in specific areas (e.g., in the United States or in Canada), sometimes as a result of the (good) intention to

settle them in places where the labor market was in a better situation (though it might have been imposed on the immigrants completely against their will).

However, in spite of the many past experiences, supporting migrants' relocation is still a difficult task today. Obviously, there are a variety of groups of people within the migrant population (as represented by the many terms that are used to label them), who come from different cultures, with different motives to depart from their homeland and different needs accordingly, with varied preferences regarding their preferred place of relocation, which are shaped by different reasons, having different perceptions regarding their family of origin's expectations of them, different levels of occupational mastery (in any given field), varied levels of knowledge regarding the culture in the country they are relocating to, etc. Nevertheless, they all share several characteristics and needs that should be fulfilled, either by the person him/herself and/or by the community s/he is joining in the new country. These common needs are, firstly, the basic needs that are required for survival, including food, housing, medical care, and a medium for communication with the environment (i.e., personal or assisted mastery of the local language). Accordingly, for example, the German government takes responsibility in helping asylum-seekers find proper housing and all other basic needs (Reinke et al., 2022). In addition, the literature suggests that migrants also share common psychological needs and characteristics that are prominent across the large variance in migrants' personal, cultural, and environmental circumstances. The following description will focus primarily on the shared psychological characteristics of immigrants who move to a new country.

Adjustment to Immigration

Leaving one's own country and resettling in another is an episode that involves a series of events, takes place over a prolonged period of time, usually relates to several people (including the immigrant, the family members the immigrant departed from, the immigrant's extended family, the community that the immigrant comes from, and the new community the immigrant joins), and relates to a large number of disciplines (including psychology, sociology, economy, political science, religious studies, demography, media/communication, linguistics, ethics, ecology, and more; Berry, 2001; Chirkov, 2009; Silbereisen et al., 2016). A case that exemplifies the multiple perspectives through which immigrants and immigration can be considered is presented by Wiggler et al. (2021). In their study, Wiggler et al. analyzed the media coverage of an event that took place in Cologne (Germany). On New Year's Eve, 2015–2016, there were multiple cases of sexual assault on women and thefts in the area of Cologne Station, mainly carried out by young men of North African origin. Using an advanced analysis of the words that were used by four national news publications while reporting on this event, Wiggler et al. (2021) argue that these reports were misleading, as they actually fostered the public's association of this event with a "…long history of Orientalist stereotyping." Namely, instead of framing the event as a terrorist-, crime-, or human- related event, the media

supported the public's perception of the event as a culture-, gender-, and/or religious-related event. Such a shift somehow "humanizes" the event (Gesser-Edelsburg & Israelashvili, 2009) and hence changes it from a relatively unique (i.e., exceptional) event that is almost irrelevant to most people who are not present in the event, into a more real event that is relevant to everyone's daily living. By doing so, the event became more disturbing and actually threatening for a large portion of German society. Thus, public debates over attitudes toward immigrants in general, and especially regarding the need for labor immigrants and/or the best way to support their adjustment (if at all), intensively emerged, potentially re-shaping the German public's and government's attitudes toward outsiders, with reference to human rights, societal problems, the economic situation, German ethics, and so forth.

Another example of the multidisciplinary nature of immigrants' adjustment comes from a content analysis of studies that explored ways to promote immigrants' acculturation (Yoon et al., 2011) that indicated a large variety of topics that were addressed in these studies, including help-seeking attitudes (e.g., counselor preference, perceived counselor credibility or competence, willingness to seek counseling), mental health, adjustment, and well-being (e.g., depression, anxiety, psychological distress, self-esteem, satisfaction with life), career/academic development (e.g., career self-efficacy, educational aspirations), the process of acculturation/enculturation (e.g., construct structure, acculturation strategies, levels), health psychology (e.g., diabetes, Alzheimer's disease, breast cancer, HIV), acculturation/enculturation scale development and validation, family conflicts, parenting, problem-solving and coping strategies, body image, and self- and cultural identity. Needless to say, acknowledging the wide spectrum of disciplines that are related to immigration is important for better defining immigrants' (possible) adjustment problems, as well as for finding appropriate ways to prevent immigrants' maladjustment. This is why, in spite of the numerous studies carried out to clarify ways of supporting immigrants' adjustment, much is still unknown.

Nevertheless, there are several aspects of immigrants' experiences that are repeatedly highlighted in studies on this population. One of the more common topics mentioned in the literature on immigration is the accumulating stress that immigrants face during the transition from their homeland to a new country (e.g., Yeh et al., 2008; Yakushko et al., 2008), especially during the first years after immigration. The sources of such stress are multiple, including the following:

(1) *Traumatic experiences during the transition process*: Immigration can be a traumatic experience (Aizik-Reebs et al., 2021; Berger & Weiss, 2002, 2006; Chavez-Dueñas et al., 2019; Perez-Foster, 2001; Schrauf & Rubin, 2001) and can have adverse effects on people, leading to low self-image (Sam, 1994), depressive symptoms (Bhugra, 2004; Sam, 1994), and psychological and somatic symptoms (Sam, 1994), including psychological distress (Ritsner & Ponizovsky, 1998; Schweitzer et al., 2006; Zilber & Lerner, 1996), anxiety (Bhugra, 2004), and posttraumatic stress disorder (Bhugra, 2004; Perez-Foster, 2001). The experience of trauma during the immigration process has been well documented among war refugees, illegal labor immigrants, and asylum-seekers—

who are all, at one stage or another of the journey from their homeland to another country—exposed to traumatic experiences, which cannot be ignored by either the immigrant or the host country. In addition, recent studies on Latinx immigrants (e.g., Jolie et al., 2021) highlight the possible existence of traumatic experiences during the transition process to the new country (usually the United States) among Latinx families. For example, in a study conducted by de Arellano et al. (2018), 131 Hispanic immigrant youth were interviewed about their experiences during the transition process. About 30% of the interviewees described the process as including traumatic episodes and feelings. In another study, Fortuna et al. (2019) interviewed 175 Latinx immigrant women and found that about 30% of them reported experiencing sexual assault and 61% reported exposure to physical assault. Chavez-Duenas et al. (2019) extensively discuss ways to heal, what they refer to as, ethno-racial trauma among Latinx immigrant communities. Obviously, in addition to the impact of individual differences on immigrants' subjective experiences, immigrants coming from different countries may both be exposed to different experiences during immigration and may also conceptualize and label the same events differently (i.e., some immigrants may label an event as traumatic, whereas others may not perceive it in the same way). However, the subjective experience of trauma is of the essence, and hence, for a significant number of immigrants, all over the world, feelings of trauma are embedded in the transition process to the new country.

Perez-Foster (Perez-Foster, 2001; Perez-Foster & Goldstein 2007) outlines four possible sources of migration trauma, emphasizing that such trauma is not a product of migration alone, but rather of difficult events that accompany the immigration experience. Four components of migration are pinpointed as having the potential for the occurrence of traumatic events: (1) *pre-migration*: events that occur immediately prior to immigration and are often central reasons for the decision to relocate (e.g., persecution); (2) *transit*: traumatic events that occur during relocation; (3) *asylum-seeking and resettlement*: residence in temporary residential areas may occur during the first stages of relocation, characterized by overcrowded conditions and lack of proper provisions; and (4) *poor living conditions* in the host country due to unemployment, inadequate support, and minority persecution. Perez-Foster (2001) also suggests that trauma experienced during immigration is most likely caused by multiple and cumulative stressors.

(2) *Accumulation of minor daily hassles*: Frequently, the migrant's motivation to depart from the well-known homeland and move to a new country is initiated by the migrant's belief that "it will be better there." However, in reality, even if immigration will lead to a better future eventually, meanwhile the migrant is likely to encounter various unknown situations, events, people, and (formal and informal) ceremonies that are accompanied with feelings of social isolation, socioeconomic problems, lack of fluency in the language, redefinition of values and gender roles, occupational downgrading (Perez-Foster, 2001), and perceived discrimination (Tartakovsky, 2007).

Studies have indicated that the immigration experience includes small chronic daily hassles directly related to immigration, such as issues with employment, language, and housing difficulties, which accumulate over time, contributing to stress (Yakhnich, 2008). In a study by Titzmann et al. (2011) among immigrant adolescents from the former Soviet Union (FSU), who immigrated to Germany (N = 1437) or to Israel (N = 1420), they found a three-factor solution in an analysis of reports regarding exposure to daily hassles. The three factors, representing the types of daily hassles that the immigrants experienced, were: (1) *language hassles*, for example, "I had problems in class … [or: I felt alienated in Germany...] because my German was not good enough"; (2) *discrimination hassles,* for example, "*I was teased by others… [or: …swore at work…] because I am not an ethnic German"*; and (3) *familial hassles*, for example, "*my parents did not want me to orientate too much towards… [or: …dress like…] local adolescents"*. Slonim-Nevo et al. (2009) examined stress over time in immigrants from the FSU to Israel and Germany and found that the number of stressful events experienced by the immigrants increased from the second to the fourth year in the country. Tartakovsky (2007) found that acculturative stress increased during the second year but decreased by the third year.

(3) ***The necessity to reconsider personal and cultural identity***: Of special interest is the stress stemming from an actual change that the migrant experiences and/ or from the feeling that the environment expects the immigrant to re-address his/her cultural identity (Bhugra & Becker, 2005). Cultural identity is defined as "the sense of belonging, understanding, centrality, positive feelings, and meaning that individuals perceive in regards to their membership in a racial or ethnic group" (Neblett & Roberts, 2013). According to Umana-Taylor et al.'s (2004) Ethnic Identity Scale (EIS), a person who has a stable cultural identity will express it both behaviorally ("*I have participated in activities that have taught me about my ethnicity*"), emotionally ("*I feel negatively about my ethnicity*"), and cognitively ("*I am still trying to understand how I feel about my ethnicity*"). The development of cultural/ethnic identity partially relates to general models of identity development (e.g., Tajfel's (1981) *Social Identity Theory*, Erikson's (2008) *Theory of Global Identity Development,* and Marcia's (1987) differentiation between levels of identity development), as well as to individual characteristics, including the person's strategies for coping with discrimination (Phinney & Chavira, 1995) and parental ethnic-racial socialization (Wang et al., 2020).

Sussman (2000; Forster et al., 2017) describes the changes in cultural identity, which occur during immigration. The transition to a new culture leads to salience and reaffirmation of the immigrant's cultural identity as a result of the gap experienced between the immigrant's culture and the host culture. The immigrant seeks person-environment fit and thus engages in sociocultural adaptation, namely, adaptation of behaviors, cognitions, and cultural identity to reduce the cultural gap and increase fit with the environment. The extent to which immigrants adapt their behavior to fit the new culture is dependent on various factors, including their level of motivation to do so (e.g., incentives to succeed at various tasks, such as

employment opportunities) and the centrality of their cultural identity (lower centrality is associated with a greater tendency to adapt behaviors). Naturally, the greater the extent to which they felt committed to their previous culture, the harder it will be for them to find a fit between their past and present cultural identities. Accordingly, unless the motives to immigrate were definitely and absolutely clear, the process of finding such fit is frequently associated with feelings of sorrow and loss. In recognition of the loss—including the loss of one's previous cultural identity—involved in migration (Al-Issa, 1997; Frater-Mathieson, 2004; Henry et al., 2005), the process of adjustment to immigration has been conceptualized by many as a mourning process, involving bereavement and grief similar to that experienced after the death of a loved one (Ainslie, 2005; Bhugra & Becker, 2005; Gonzalez, 2005). This has led to the application of mourning and grief models to describe the process of immigration. For example, a stage model proposed by Neimeyer (1998, in Frater-Mathieson, 2004) has been applied to the adjustment of immigrant children and includes three central stages: (1) *avoidance*: the immigrant feels confusion, shock, and numbness and is unable to understand or face the loss; (2) *assimilation*: the immigrant comprehends the full impact of the loss and feels sad, lonely, and depressed; and (3) *accommodation*: the symptoms of grief reduce, and the immigrant is able to begin to reconstruct his life by rebuilding his social network.

Referring back to the search for fit between immigrants' past and present cultural identities, a leading theory on the role of cultural identity in immigrants' adjustment is Berry and colleagues' model of acculturation, identity, and development (Berry, 2001, 2005, 2007, 2017, 2019). Berry discusses immigration in terms of *acculturation,* which is "the dual process of cultural and psychological change that takes place as a result of contact between two or more cultural groups and their individual members" (Berry, 2005; p. 698). Berry and colleagues use the term *psychological acculturation to* describe the cultural change, which occurs to an individual when coming into contact with a new group. While this change occurs in both groups, it is greater in the nondominant group, namely, immigrant groups and minorities. Acculturative stress (Berry et al., 1987) is stress that is a product of acculturation and is related to lower mental health, which is often expressed in the form of confusion, anxiety, and depression.

Berry's model suggests that members of acculturating groups—that is, both the new immigrants as well as members of the host society—differ in the degree to which (1) they prefer to maintain their culture of origin and identity and (2) they desire contact with the other group. These two dimensions—referred to as acculturation attitudes—shape the results of the acculturation process and create various types of acculturation attitudes that Berry suggests as a typology of possible results of the psychological acculturation process. Practically speaking, at the individual level, the immigrants' *acculturation attitudes* (i.e., the attitudes that they have toward intercultural contact and cultural maintenance; Berry, 2001; Berry et al., 2006) may lead to four types of acculturation attitudes: (1) *assimilation*: when new immigrants have no wish to hold on to their culture of origin and seek daily interaction with other cultures, (2) *separation*: when new immigrants wish to preserve their culture of origin and avoid interaction with other cultures; (3) *integration*: when

new immigrants prefers to maintain their cultural heritage while interacting daily with other cultures and seeking to participate in the larger society; and (4) *marginalization*: when new immigrants have both a lack of desire to hold on to their culture of origin and no wish to engage with other cultures (Berry, 2001). Based on empirical studies, Berry (2007) highlights integration—rather than assimilation, separation, or marginalization—as both the most common behavior, as well as the most adaptive one, both psychologically and socioculturally. Notably, Berry's model is not a stage model, and thus, individuals do not necessarily change their acculturation attitudes, nor does change necessarily follow a particular direction.

Support for the distinction between the four types of psychological acculturation can be found in Berry et al.'s (2006) study of immigrant youth. This study, conducted by an international team of scholars, explored the lives and feelings of 7000 immigrant adolescents (ages 13–18), living in 13 nations, and especially their feelings of adjustment in relation to their relocation, in terms of their personal well-being and their school and community adjustment. This large-scale study examined several dimensions in the adolescents' lives, such as acculturation attitudes, ethnic identity, national identity, language use, ethnic and national peer contacts, family relationships, perceived discrimination, life satisfaction, self-esteem, school adjustment, and behavior problems. These variables were measured and used to assess, what Berry and colleagues refer to as, the adolescents' current psychological adaptation (i.e., good mental health and self-esteem) and sociocultural adaptation (i.e., positive school life and few problems in the community). The study results highlighted the existence of four distinct types of adolescent acculturation: (1) an *integration* pattern that is parallel to the integration attitude (see above), in which youth orient themselves to, and identify with, both cultures; (2) an *ethnic* pattern that is parallel to the separation attitude, in which youth are oriented mainly toward their own group; (3) a *national* pattern, parallel to the assimilation attitude, in which youth look primarily to the national society; and (4) a *diffuse* pattern that is parallel to the marginalization attitude, in which youth are uncertain and confused about how to live in their new host culture, while keeping up with the culture of origin.

However, as mentioned, Berry's model also addresses the host culture's strategies, in terms of the society's acculturation attitudes, that is, the common attitudes that society has toward immigrants and toward intercultural contact. Similar to the immigrants' attitudes toward acculturation, a society's acculturation attitudes can be categorized into four types: (a) *Melting pot*: when the society perceives variance as a problem and attempts to eliminate all differences between the newcomer and the other group members. Naturally, as immigrants are the minority group, the society's expectation is that the newcomers completely identify with society's values and norms and ignore their past cultural and societal values and norms; (b) *segregation*: when the society is not welcoming toward the newcomers' behaviors and norms and prefers to maintain separation from them. However, the society interacts openly with the newcomers, without rejecting the immigrants completely, and is ready to accept them if the newcomers exhibit the values and behaviors that are typical to the society; (c) *multiculturalism*: when the host and governing society perceives cultural variance as an enriching and contributing feature, and the new

immigrants' presence as a contribution to society; and (d) *exclusion*: sometimes the society perceives the newcomers as a threat and prefers to separate itself from them and not to have any contact with immigrants whatsoever. Moreover, if the newcomers exhibit values, norms, and behaviors that are typical to the host society, they are mistrusted and ignored.

Hence, progress in the acculturation process and the immigrants' emerging cultural identity are the result of an interaction between the immigrants' attitudes and expectations (i.e., the strength of their sense of ethnic identity), the host society's response (i.e., acceptance vs. rejection of the culture of origin), the immigrant group's specific circumstances in the host country (Phinney et al., 2001), as well as the culture gap between the immigrant's culture and the host culture (Sam & Berry, 2010).

According to Berry's model, the product of psychological acculturation is adaptation, referring to an individual's psychological well-being and acquisition of the appropriate sociocultural skills to function well in the new society (Sam & Berry, 2010). Studies have indicated that cultural integration is positively related to psychological and sociocultural adjustment, including self-esteem, self-worth, and peer acceptance (Berry, 1997, 2005; Berry et al., 2010; Eyou et al., 2000; Kovacev & Shute, 2004; Phinney et al., 2001; Sam & Berry, 2010). Marginalization, in contrast, has been negatively related to adjustment (Berry, 1997, 2005; Kovacev & Shute, 2004; Phinney et al., 2001; Sam & Berry, 2010). Assimilation and separation have been related to moderate levels of adjustment (Berry, 1997, 2005). Some studies have indicated that identification with the host culture, whether in the form of integration or assimilation, is related to positive psychosocial adjustment (Berry & Hou, 2016; Ryder et al., 2000). Similarly, according to Bhugra and Becker (2005), whereas separation can lead to segregation and marginalization can lead to ethnocide, integration and assimilation can reduce feelings of loss and grief with the new sense of belonging to the host country. The effects of separation are demonstrated in a study (Chiswick & Miller, 2002), which examined the phenomenon of enclaves (high concentrations of immigrants living in a specific area) among immigrants, and found that a high concentration of non-English speaking immigrants living together in the United States is associated with poorer English language proficiency and immigrants earning a lower salary. These findings emphasize the negative outcomes that separation can have for immigrants.

An example of the impact that society's acculturation attitudes can have on immigrants' success in relocation is found in Schachner et al.'s study (2017). This study explored the effect of acculturation attitudes on school adjustment among youth in six European countries, differing from each other in the multicultural policies. Findings indicated that in countries that were high in multicultural policies, both mainstream orientation (adopting the host culture) and ethnic orientation (maintenance of one's culture of origin) were associated with a sense of school belonging, whereas in countries that were low in multicultural policies, only mainstream orientation was associated with school belonging. These findings emphasize the importance of factors related to the host society, in determining adjustment to immigration.

Comments on the Acculturation Process

In his comments on Berry's (1997) paper on immigration, acculturation, and adaptation, Richard Lazarus (1997)—a prominent scholar in the field of stress and coping—highlighted the importance of addressing the process of acculturation, which Lazarus preferred to refer to as *dislocation* and *relocation* (p. 41), and several of the advantages of Berry's approach to this topic. However, alongside the advantages of Berry's approach, Lazarus also mentioned several restrictions that he recognized in Berry's model; these early comments deserve some (limited) elaboration, as follows. Lazarus made four general comments about Berry's model:

- *The acculturation process includes several different processes that should be further explored*. In Lazarus's words: "The fact that there are so many terms for what we are talking about—uprooting, dislocation, relocation, immigration, and acculturation—suggests that many different phenomena and processes are involved, many more than can be comfortably encompassed by Professor Berry's impressive Fig. 2" (p. 39).
- *More attention should be given to individual differences*: Lazarus comments on the major differences that exist among immigrants (e.g., due to their different motivations for dislocation) and between cultures (e.g., the cultural values regarding strangers) and calls for an elaboration of the fit process between the incoming immigrant and the host society. Lazarus says that "Stress and coping are above all relational concepts. The way they work in practice depends on the fit between characteristics of individuals and the environmental circumstances being faced, and how these change from transaction to transaction, and over time."
- *A need for a more dynamic model* of the immigration process, rather than a static model. In Lazarus's words: "Professor Berry's analysis seems relational, but most of it also seems structural and static to me, rather than process-centered, which I believe it must be" (p. 40).
- *Attention should be given to the emotions that the immigrant experiences during the acculturation process*: In line with Lazarus's greater attention to emotive, rather than only cognitive, components of the coping process, he also recommended paying more homage to the role that emotions play in the acculturation process: "It would be useful to give more attention to the particular emotions that arise from adaptational struggles rather than focusing only on psychological stress" (p. 41).
- Berry's 1997 *version of the acculturation model is too general and relatively abstract*: Lazarus concluded by saying that "I also believe that his level of analysis is so broad and abstract that the details, such as individual differences in goals, beliefs, and coping skills and styles, which would put flesh and bones on the process of relocating, must be added if we are to achieve its full theoretical potential" (p. 43).

Notably, later studies on acculturation processes did partially address the topics that Lazarus mentioned as restriction of Berry's model. For example:

With regard to Lazarus's comment on the need for more dynamic models, the existing literature supplies evidence that acculturation attitudes are associated with immigrants' adjustment levels. Yet, the direction and type of association is not clearcut and seems to be dependent on a variety of factors (Balidemaj & Small, 2019). Meanwhile efforts toward a process model of immigrants' adjustment have been made, such as Farh et al.'s (2010) model on how expatriates—that is, labor immigrants who relocate abroad to a different culture—form support ties to facilitate adjustment. Their model is composed of the following five stages:

(a) *Experiencing uncertainty*: Experiencing informational and social uncertainty and/or a dispositional orientation toward learning and social interaction influence expatriates' motivation to seek support.
(b) *Help-seeking*: The perception of possible sources of support as relevant, available, and adequate, leads immigrants to seek support from local potential support providers, preferably from those perceived as able and culturally similar.
(c) *Being helped*: Valuable, adjustment-facilitating support is provided by an individual who seems to be both willing and able to help.
(d) *Help facilitates better adjustment*: The support provided is translated into enhanced adjustment.
(e) *Establishment of mutual support*: A decision is made to add the support provider to the immigrant's support network and to contact the individual.

This model could possibly expand Berry's model and make it more dynamic, as it addresses the nature of the preliminary exchange of acculturation attitudes between the newcomer and the host society. An additional step toward a more dynamic model can be found in studies that have indicated how acculturation may lead to different outcomes in terms of adjustment when examined in relation to different life domains or dimensions (Juang & Syed, 2019). For example, Birman et al. (2014) found that cultural maintenance in close relationships leads to greater psychological well-being, whereas in the context of school/work, it is beneficial to adopt the host culture, which is associated with greater psychological well-being. Finally, recent studies on immigrant youth in Europe (e.g., Erentaitė et al., 2018) advocate another notion that could contribute to a more dynamic model of immigrant acculturation, related to the immigrants' cultural identity. Based on their study findings, Erentaitė et al. (2018) suggest that in addition to the four cultural identities suggested by Berry, a fifth type may emerge in a global society. This additional option is the "hybrid identity," in which an individual can blend his/her identity to create a new and multiple identity that is only partially related to his/her original ethnicity and current place. The hybrid identity is reflective of the changing global world and hence allows the individual to claim desired images, positions, and self-understandings in a variety of contexts.

Another example of addressing a point raised by Lazarus, namely, the need to address the role of emotions in the acculturation process, is De Leersnyder et al.'s (2020) recent demonstration of the possible role that emotions play in the acculturation process. Specifically, De Leersnyder et al. examined a process that they referred to as *emotional acculturation*, in which immigrants change their patterns of

emotional experiences in response to the new cultural circumstances they're facing. In two studies—conducted among (a) Korean immigrants in the United States and (b) Turkish immigrants in Belgium—they explored the antecedents and consequences of changes in minorities' fit with the new culture. The study findings showed that the immigrants' interactions with the sociocultural context led to a change in the immigrants' emotional patterns. Thus, generally speaking, it can be suggested that presumably immigrants' exposure to a new culture(s) can lead to major changes in both the immigrants' ethnic identity, as suggested by Berry (Berry, 1997; Berry et al. 2006), as well as in their—perceived and or experienced—internal emotional patterns. This conclusion supports Lazarus's claim regarding the importance of incorporating references to the emotions that immigrants experience, as well as supporting Berry's general conceptual distinction between the four types of "solutions" that immigrants reach—that is, sticking to either the previous or current culture, trying to integrate the cultures together, or ignoring them both—to bridge the gaps that immigrants experience in various domains of their entity (e.g., ethnic identity, emotional patterns, and possibly more).

Finally, Lazarus's comment regarding the need for a more complex presentation of the acculturation process is prominent and has also been made by other researchers. In Yoon et al.'s (2011) words, based on a review of the existing scientific literature, "Although acculturation/enculturation is an evolving process through interactions between individuals and multiple layers of surrounding systems rather than a static status or an inherent trait, few studies have captured the dynamic, interactive, and developing nature of acculturation/enculturation. Instead, most studies measured acculturation/enculturation levels at a given point and examined their relationship with other variables discounting contextual factors" (p. 91). Nevertheless, greater attention has been paid to this need, and it is partially addressed in recent models, such as Suarez-Orozco et al.'s (2018) *Integrative Risk and Resilience Model (IRRM).*

The Integrative Risk and Resilience Model is a comprehensive model explaining the adaptation of children and youth from immigrants' families to the host country. According to the model, adaptation is determined by factors at different levels in the ecosystem, including global forces (e.g., the global conditions leading to immigration, nationalism, xenophobia), political and social contexts of reception in the host country (e.g., immigration policies, programs for immigrants, attitudes toward immigrants), microsystems (e.g., economic opportunities, segregation, crime, school characteristics and resources, family cohesion, familial intergenerational conflicts), and factors at the individual level (e.g., biological, cognitive, social, and emotional resources, temperament, personality, experiencing stressful events related to immigration). As such, positive adaptation is determined by a wide range of factors operating at different levels and interacting with one another in a complex process. Furthermore, the model refers to adaptation as a complex term, referring not only to success in acculturative tasks (e.g., acquiring skills needed to function well in the host society, developing a sense of belonging to the host society) but also to psychological adjustment (e.g., well-being, self-esteem) and developmental adjustment, referring to an individual's capacity to meet developmental goals (e.g., for

youth: self-regulation, identity development, academic competence, development of social relationships within the family and with peers).

An example of the application of the IRR Model is based on a cultural neurobiological approach, which stresses the processes through which cultural factors may be associated with adjustment through the moderation of stress biology (i.e., an individual's physiological reactivity to stress; Haft et al., 2020). According to this approach, stress biology (at the individual level of the IRR Model) can influence adjustment independently or interact with cultural factors in the microsystem (e.g., cultural family values) and the individual level (e.g., cultural identity) to influence adjustment. Stress biology can constitute a vulnerability to stressful events and experiences and can explain why different people respond differently to the experiences embedded in immigration. Indeed, Haft et al. (2020) proposed a model derived from the IRR Model, in which the global cultural context and the political and social cultural context influence the microsystem's cultural context and the individual cultural context, which are, in turn, associated with the stressors that an individual is exposed to and the resources available to them. The balance of stressors and resources influence or are moderated by stress biology, which is associated with an individual's coping mechanisms, leading to various psychological, social, academic, and occupational outcomes.

Additional Factors Associated with Adjustment Among Immigrants

Aside from Berry's model of acculturation, other studies have explored various additional aspects of immigrants' adjustment. Yet, notably, the accumulating knowledge on this topic is still partial, and many questions remain unresolved. For example, a recent literature review (Dahlan et al., 2019) indicated that proficiency in the host language, longer length of residency in the host country, and younger age at the time of immigration are associated with better oral health, whereas limited language proficiency was associated with lower utilization of dental health services. This is in line with previous studies indicating that host language proficiency is particularly important, influencing, among other things, the immigrant's salary (Chiswick & Miller, 2002).

In contrast, a study (Zlotnick et al., 2020) among Anglo-Saxon immigrants in Israel indicated that the only acculturation variable that was associated with immigrant's life satisfaction was the retrospective perception that prior to immigrating the immigrant had realistic expectations about what life after immigration would be like (socially, economically, in terms of employment and one's ability to adjust). Acquisition of the host language and self-identification with the host country, however, were not significantly associated with life satisfaction. These findings may indicate that preparation prior to immigration, and in particular gathering authentic information on life in the host country for immigrants, can help immigrants adjust

following the transition, possibly reducing the experience of culture shock. Furthermore, these findings emphasize the importance of person-environment fit and its impact on immigrants' adjustment.

The importance of person-environment fit was also emphasized in a study that examined the acculturation experiences and psychological well-being of Latinx immigrants in the United States (Buckingham & Suarez-Pedraza, 2018). Findings indicated that the more closely aligned their ideal forms of cultural change and maintenance were with the real forms of cultural change and maintenance that they experienced, the higher their well-being. Furthermore, acculturative stress partially mediated the association between cultural change discrepancy and well-being.

However, although several answers and clarifications regarding the components and dynamic of immigrants' processes of relocation emerge from these studies, a comprehensive understanding of this topic seems to still be out of reach. The current debate on "the immigrant paradox" is a good example of how much is still unclear. The term "immigrant paradox" (Caplan, 2007; Cote & Yuen, 2013; Crosnoe & Fuligni, 2012; Speciale & Regidor, 2011) refers to the phenomenon according to which the first generation of immigrants (i.e., those who were born abroad and arrived in the host countries as children and adolescents) have less health problems than the second generation (i.e., those who were born in the host country). This paradox has been demonstrated through data on school achievements (May & Witherspoon, 2019), sexual behavior (Schwartz et al., 2011), aggression (Wright & Benson, 2010), alcohol consumption (Greene & Maggs, 2018), substance use (Bacio et al., 2013), depression, nerve problems, obesity (Oh et al., 2021), suicidal behavior (Kene et al., 2017; Vazsonyi et al., 2017), and mental health problems (Katsiaficas et al., 2013); with regard to all of these topics, children and adolescents who were born to immigrant adults after their arrival in the new country exhibited higher rates of problem behaviors in comparison to their familial relatives (e.g., siblings), who were born before arrival in the host country. However, researchers are still debating whether the paradox is a universal phenomenon, occurring across types of immigrants and host countries, or whether it is unique to certain groups of immigrants. While preliminary explorations have suggested that the paradox only exists among Latinx youth (e.g., Reynaga-Abiko, 2012), other studies have also demonstrated its existence among non-Latinx immigrants (e.g., Alamilla et al., 2019) and immigrants in countries other than the United States, such as among immigrants in the Netherlands (Van Geel & Vedder, 2010), Canada (Urquia et al., 2012), and Spain (Speciale & Regidor, 2011). An additional complexity in the debate on the prominence of the immigrant paradox has recently emerged from Dimitrova et al.'s (2016) study of immigrant children and youth in Europe. In their meta-analysis of 51 studies conducted among 224,197 immigrant school students, the researchers change the focus of comparison from a comparison of first-generation and second-generation immigrants to a comparison between immigrant students and their native peers. Based on this comparison, the researchers identified greater support for the existence of *migration morbidity*—that is, immigrant students had lower levels of adjustment compared to native students—rather than the existence of the *immigrant paradox*, that is, immigrant students displaying more

favorable outcomes in comparison to native-born students. However, they differentiate between students of different ages, different problem behaviors, and different countries' locations and socioeconomic status (SES) and suggest that migration morbidity explains internalizing outcomes among preadolescents, especially those living in Western Europe, externalizing outcomes among adolescents, especially in Northern Europe, and academic outcomes among boys of low SES.

As to the sources of the immigrant paradox, preliminary explanations of the paradox's existence attribute it to the gap in social support that each generation experiences (Suárez-Orozco et al., 2009; van Geel & Vedder, 2010; Wright & Benson, 2010). Namely, a sense of cohesion and social support is higher among the new (youth) immigrants and lower among the next generation in comparison—leading to an increase in problem behaviors (i.e., as a result of having less social support). Another, and related, explanation links the emergence of the paradox to a possible reduction in either or both self- and cultural-identity clarity (Conger et al., 2016; Fuligni & Tsai, 2015; Israelashvili & Mengstu, 2020). Be it this explanation or another, the lack of clarity regarding the possible existence of the immigrant paradox is still extensive and calls for further comprehensive and longitudinal studies on the topic (see Dimitrova et al., 2016; Rolland et al., 2017; Tilley et al., 2021).

The debate regarding the immigrant paradox—that is, the state of mental health and problem behaviors among second-generation immigrants (SGI)—is not the only or major unresolved issue in relation to this population; rather, there are other reservations regarding the existing literature on SGIs' development and well-being. Repeatedly, models relating to SGIs' (most of them referring to immigrants in the United States) development fail to gain empirical support. For example, in a study of SGIs in metropolitan New York, Waters et al. (2010) compared the predictive power of two major theories in the field: (1) *The Straight-Line Assimilation Model* (Park & Burgess, 1925; Warner & Srole, 1945), according to which assimilation processes enable each succeeding generation to be more integrated in American mainstream society, to show less ethnic distinctiveness in language use, residential concentration, and intermarriage patterns, and to show upward social mobility in education and occupation, and (2) *The Segmented Assimilation Model* (Portes & Zhou, 1993; Portes & Rumbaut, 2001), according to which SGIs can advance in one of the following three directions, depending on the child-parent-community relations. Namely, the SGIs' progress can lead to either (a) *upward assimilation*, in which the child and the parents adopt the host community's language and values; (b) *downward assimilation*, in which the child adopts the host community's values, whereas their parents maintain the values and behaviors from the country of origin. In this case, the development might be downward if the children encounter ethnic discrimination without having active psychological support from their family; or (c) *upward mobility combined with persistent biculturalism,* in which the child and the parents slowly and partially accept the values and norms of the host community while not giving up, immediately and definitely, those of the country of origin. This model suggests that the level and types of assimilation depend on parental human capital (e.g., parents' education), the community's attitudes toward assimilation (e.g., eligibility for welfare), family structure (e.g., single vs. married), and the level

of communication with other immigrant groups. Waters et al.'s (2010) findings did not yield support for either of the two models and indicated that neither the type of acculturation nor the level of ethnic embeddedness can account for the variation in mobility patterns both across and within SGI groups [see also McCann et al.'s (2021) findings on immigrant youth crime].

In sum, the vast number of studies on immigrants, migrants, and other types of relocation to a new country provide important knowledge on variables that shape immigrants' adjustment. Several significant variables have gained recognition as having a significant role as major determinants of the success of the relocation process (e.g., language, social support, host country values, etc.). In addition, the crucial impact of the immigrant's struggle to integrate the old and new cultures and their personal identities is widely acknowledged. Thus, Berry's (e.g., 2001, 2019) typology of the four types of cultural identity has become a cornerstone in understanding the immigrant's level of success in achieving positive adjustment to the new country. Nevertheless, major questions still remain unresolved. In particular, referring to Berry's typology of the four states of personal cultural identity (as discussed above), it is still unclear what process, for example, might lead four members of the same family to have different types of cultural self-identity—with one immigrant in a state of assimilation, another in a state of integration, the third in a state of separation, and the fourth immigrant feeling marginalized. Specifically, which domain(s) have they perceived or experienced differently? Or perhaps they have experienced different acculturation processes?

Moreover, the accumulated data on immigrants' acculturation suggest that the emergence of cultural (acculturation) identity is a result of a relatively dynamic process. This notion refers to several findings, including findings regarding slightly different patterns of acculturation orientation categories than those suggested in Berry's model (e.g., Jubran et al., 2020; Schwartz & Zamboanga, 2008; Ward, 2008), the evidence indicating the diverse paths in which cultural identity formation may develop in various cultures (e.g., Joseph et al. 2020; Lene Arnett, 2003), and the call for more substantial information about the aspects of the asylum-seeking process that increase the risk for mental health problems (e.g., Oppedal et al., 2020)—all of these notions call for an additional effort to expand and supply more detailed models of the internal and external processes that immigrants undergo upon the transition from their homeland to a new country.

Thus, while paying homage to the past intensive efforts and findings and to the already existing models on immigrants' adjustment, it seems worth trying to pursue a more elaborate model that will describe the process of immigrants' adjustment by also exploring the utility of the TSA model's conceptualization (see Chap. 6). At first glance, it seems that several aspects of the TSA model are in line with current knowledge on immigrants' adjustment, such as the equal importance that is attributed to the relocated person and to the host environment, acknowledgment of the important role that the immigrant's preliminary expectations have, the importance attributed to feelings of commitment to either past or present societies and cultures, etc. Hence, it is logical to suggest that several additional aspects of the TSA model may further contribute to a better understanding of the process of immigrants'

adjustment. For example, it seems worthwhile to conduct an exploration of the possible contribution of the TSA model to promoting immigrants' adjustment and acculturation. Below is a description of such a TSA-based preventive intervention.

The Case for Supporting Immigrant Students' School Maladjustment

Ideally, the prevention of immigrants' maladjustment should start as soon as an individual begins to explore the possibility of (im)migration. In practice, some people do start the transition process with collecting information about the location they are planning to migrate to and only then make the final decision about whether to initiate the (im)migration process. This preliminary information, when accurate, can enable appropriate decision-making, for example, to immigrate or not? How to immigrate? What actions could be made in order to better adjust? (e.g., Tabor et al., 2015). Thus, in this case, the collection of preliminary information could be considered a preventive act, as the later decision to immigrate would be more likely to be based on accurate knowledge. Obviously, when the information collected is partial, biased, or poorly processed, it might lead to the wrong decision. In order to prevent such a problem, support in making the appropriate decision, as applied to the specific individual, is needed. Actually, this is similar to the case of other decision-making processes regarding transitions, such as the case of counseling a person in the process of making a vocational or career decision.

However, for many immigrants, the decision to depart isn't well-planned in advance, nor is it based on a solid process of decision-making. Rather, the decision to depart frequently emerges in the context of a chain of events that at a certain point, which is not always well defined, leads the person to feel that it is time to relocate (Hillmann et al., 2018). Thus, when a person has a great desire to immigrate—or even when the need to immigrate is imposed on a person due to immediate danger to his/her survival (e.g., Greenbaum et al., 2020)—the decision tends to be spontaneous, and preliminary preparation for immigration is not applicable.

Another opportunity for implementing preliminary preventive interventions among immigrants is during the course of the transition to the new country, such as those that were conducted in Mória Refugee Camp. *Mória Reception and Identification Centre* was located on the island of Lesbos, Greece. Following the implementation of the EU-Turkey deal (on March 2016), Mória Refugee camp was built to accommodate people until their asylum application to EU countries was adjudicated. Originally, the plan was to host up to 3000 refugees and asylum-seekers at the camp; however, gradually, it expanded and, in the summer of 2020, was accommodating almost 20,000 people coming from 70 countries, the majority of whom were from Afghanistan (70%). Due to its overcrowded population, the services were extremely poor, leading some organizations to describe it as "the worst refugee camp on earth" (Spathopoulou et al., 2020). In late 2020, a fire broke out,

leading to the camp's destruction, leaving thousands of refugees homeless on the street. With proper incorporation of the organizations and volunteers that offered their help (see Kitching et al., 2016), the time during which the refugees were staying at the camp could have been used for preventive interventions that would promote their ability to adjust to their next destination. Such interventions could have helped them acquire preliminary language skills, provided occupational counseling, and/or supported their rehabilitation needs (e.g., Graham, 2020). However, in practice, the refugees reported a lack of health support, exposure to insecurity and violence, sexual harassment, and other negative experiences, leading to depression, anxiety, and posttraumatic stress symptoms (Hermans et al., 2017). Moreover, later studies showed that not only did the refugees not receive any significant intervention to support their future adjustment in the EU community, but, rather, the adverse conditions in Moria camp led to a deterioration in the mental health of its inhabitants and significantly increased the odds ratio of a later mental health crisis as a result of residence in the camp (van de Wiel et al., 2021). Thus, the case of Camp Moria is an example of a missed opportunity to intervene and conduct preventive activities that could possibly have enhanced some of the immigrants' future adjustment.

However, in any case, it seems both more feasible and no less important to also conduct preventive interventions upon the immigrants' arrival at their port of destination, that is, in their new country of permanent residence. Over the years, numerous reports have been published discussing efforts that have been made, and those that should be made, by governments and NGOs, to support immigrants', refugees', and asylum-seekers' relocation (e.g., Di Maggio et al., 2022; Reinke et al., 2022). Among the various suggestions and recommendations that have been raised, of special importance are those related to the educational system(s), that is, discussions on why and how to improve immigrant children's school adjustment, both for the sake of the children, as well as for the sake of their families.

Schools have a major role in supporting immigrant families' adjustment to their new location. This is due to the schools' impact on the immigrant students' school adjustment, which in turn shapes the whole immigrant family's adjustment. Namely, when a school supports its new immigrant students' school adjustment, consequentially these students' families will also be benefitted from their children's stronger connectedness to their school and school achievements, as well as from their children's expanding social relationships with local friends (e.g. Bennouna et al., 2019; Schachner et al., 2017). This is why, recently, policymakers and NGOs have begun to devote special efforts to promoting immigrant students' school adjustment, academically, as well as socially and emotionally (Bennouna et al., 2019).

The close relationship between children's school adjustment and their acculturation to the new country has been demonstrated by Schachner and colleagues (2018a, b) in their studies of immigrant school students in Germany. Schachner et al. demonstrated the general connection between school adjustment and acculturation to the new society in a study that they performed on a dataset of participants in the 2012 PISA (European Programme for International Student Assessment). The study sample was composed of 5334 students with an immigrant background in six

European countries. The study question explored the relationship between acculturation orientations, school belonging, and school adjustment. The study findings indicated differences between the six countries' mainstream orientation toward inclusion; however, regardless of these differences in orientation, they found a general and significant link between the students' acculturation orientation and sense of school belonging, which demonstrates that school adjustment determines long-term adjustment in society. In another study among 860 immigrant students from 71 countries (50% male; Mage = 11.59 years), Schanchner et al. (2018a) found that the immigrant students' feelings of support and inclusion in school were positively associated with their school adjustment (e.g., as measured by school grades) and general attitude toward both the culture of origin and the host culture, that is, a positive state of integration, as suggested by Berry's acculturation model (1997). In another study on the determinants of immigrant students' school adjustment and its implications on their acculturation, Schachner et al. (2018b) found that individual differences in students' sense of school belonging, and its' consequences in terms of acculturation, emerge from the students' unique experience of immigration and relocation, as shaped by the following determinants: (a) teachers, peers, and social interactions in the classroom (including teachers' beliefs and expectations, perceived discrimination from teachers and peers, students' relationships with teachers and peers, and culturally responsive teaching); (b) classroom and school characteristics (including ethnic composition and school or classroom culture and climate); and (c) educational and school policies (including diversity policies and streaming or school tracking). These findings support Schachner and colleagues' (2018a) general argument that the promotion of immigrant students' sense of school belonging could be a powerful way to support and advance both these students' adjustment, as well as their families' acculturation to the new host country.

A similar opinion was expressed by Bennouna et al. (2019), based on their review of the published literature programs aimed at improving the mental health and psychosocial wellbeing of immigrant adolescents. This extensive review analyzed the results of 20 school-based interventions to enhance immigrant children's school and acculturation adjustment, including the following:

1. The International KidSuccess Program for refugee and immigrant adolescents (aged 14–19) in the United States.
2. Project "Supporting the Health of Immigrant Families and Adolescents" (SHIFA) for Somali youth in the United States.
3. A school-based mental health intervention for refugee children implemented among refugee school children (aged 5–18) in the United Kingdom.
4. The Haven UK Refugee Children and Adolescents Cultural Adjustment and Trauma Services (CATS) for first- and second-generation immigrant (K-8) children (aged 5–16) in the United States.
5. The Dynamo Programme for migrant, refugee and, asylum-seeking adolescents and young adults (aged 15–25) in Austria.
6. Terra D'Asilo for refugee children and adolescents (ages 6 and older) in Italy, particularly those from single-parent households or outside of family care.

7. Finestre-Storie di rifugiati for refugee adolescents (aged 13–19) in Italy.
8. Barn I vantan (BIV) & Barn I start (BIS) for refugee and asylum-seeking children and adolescents (aged 7–18) in Sweden.
9. Marine Drive Secondary School for refugee students in the United Kingdom.
10. The Song Room for adolescent refugees and asylum seekers (aged 10–18) in Australia.
11. The Home of Expressive Arts in Learning (HEAL) Program for refugees attending high school in Australia.
12. Caring Across Communities (CAC) for refugees and newly arrived immigrants in Chicago, USA.
13. Pluriel for refugees and recently arrived immigrants (aged 12–18) in Canada.
14. School-based Cognitive Behavioral Therapy Group in the United Kingdom.
15. The Plurilingual Drama Workshop Programme for refugees and immigrant adolescent students (aged 12–18) in Canada.
16. Caring Across Communities (CAC) in Minneapolis, USA.
17. Pharos Asylum Seekers and Refugees for asylum seekers and refugees in the Netherlands and the United Kingdom.
18. N/A UK Refugee children (aged 3–17).
19. FRIENDS for Non-English-speaking refugees and migrant youth (aged 12–17) in Australia.

Bennouna et al. (2019) indicate several common components that are included in these various program, as follows:

- *Orientation interviews* with the newly arrived adolescents, sometimes together with cultural and linguistic mediators, during which the project's opportunities, facilities, and personnel were presented to the immigrants. In addition, a preliminary assessment of the adolescents and individual tailoring of the interventions were performed.
- *Educational and career support*, alongside individual counseling, for those in-need.
- Promotion of the emergence of *peer support.*
- *Social and emotional instruction* and group psychoeducation to build social and emotional skills and to communicate issues that are related to mental health and psychosocial wellbeing (e.g., group reflections on shared experiences, developing an awareness of the individuals' own emotions, and building self-esteem).
- *English* as a second language (ESL) classes, as an opportunity to address psychosocial stressors.
- *Creative expression* and nonspecialized therapy.
- Specialized *therapy.*
- *Family-focused* program activities.
- *Educator-focused* program activities.

Bennouna et al. (2019) highlight the promising utility of such programs for the promotion of immigrant adolescents' school adjustment, as well as their entire family's acculturation, but they also emphasize the challenges that such programs

frequently encounter, including intercultural exchange, gaining access to communities, promoting care-seeking, school capacity limitations, and sustainability. They suggest that these and other challenges can be overcome by activities, such as adapting services to individuals and their contexts, taking a multilayered approach that addresses multiple levels of young people's social ecologies, and building trusting, collaborative partnerships with schools, communities, and students.

In sum, enhancement of immigrant students' school adjustment seems to be one of the more promising actions that governments and local authorities can take in order to support the cultural and social adjustment of the child and his/her family to the new host country. To exemplify how such a preventive intervention would look, below is a description of a TSA-based (see Chap. 6) program that has been developed to support immigrant students from the former Soviet Union who entered a junior-high school in Israel. Description of the program's components is followed by details of the preliminary evaluation of the program's contribution to the participants and its results.

A TSA-Based Intervention to Promote Immigrants' School Adjustment

While the roots of Israeli society—Jewish and non-Jewish—can be traced back centuries ago, contemporary Israel society is a mosaic of people coming from literally all countries in the world (e.g., Halamish, 2018; Leshem et al., 1998). Among the waves of immigrants to Israel in the recent years, one of the largest and most influential groups to arrive were residents from the former Soviet Union during the early 1990s. Within a few years, about one million immigrants arrived in Israel, leading to an increase of about 20% in the Israeli population. Hence, due to their number, alongside their linguistic, cultural, and individual characteristics, they became "an unavoidable" group of citizens. That is to say, most Israelis couldn't ignore these immigrants and frequently expressed their opinions about them; unsurprisingly, many Israelis had a negative opinion concerning immigrants from the former Soviet Union to Israel. Moreover, even those who didn't have a clear opinion about these immigrants gradually became more opposing when they realized the financial and housing resources that the Israeli government was investing in supporting these immigrants' positive inclusion. Based on a comparative study conducted in Israel and Spain, Stephan et al. (1998) found that Israelis' negative attitudes toward immigrants from the former Soviet Union was a result of three general threats: realistic threats to the power, resources, and well-being of the in-group; anxiety concerning social interactions with out-group members; and feelings of threat arising from negative stereotypes associated with the out-group. Feelings of threat and exclusive tendencies were also evident among Israeli adolescents, leading to strain between them and the immigrant students (Tartakovsky & Mirsky, 2001), followed by

repeated events of mutual disrespect and conflicts (Mirsky, 1997; Shamai & Ilatov, 2001 Rotenberg et al., 2000).

In order to support immigrant students' school adjustment, several interventions have been implemented such as preparation of the educational staff (Eisikovits, 1995) and/or reduced academic expectations from the students and a general encouragement to hold an integrative, rather than separated, cultural self-identity, as discussed above (Bendes-Yaacob & Friedman, 1996). These interventions are in line with the abovementioned recommendations to foster immigrant students' school adjustment and cultural integration (Bennouna et al., 2019). However, most of the interventions among immigrant students were directed either at immigrant students with special needs or at those who had already exhibited problem behaviors (e.g., association with gangs; Tartakovsky & Mirsky, 2001). Such disregard for "regular" immigrant students is unjustifiable, as all of them—and their families, as discussed above—are in-need of such support.

To address these normative immigrant school students, another path to support immigrant adolescents' school adjustment was suggested and explored based on the TSA model in a study by Waxman and Israelashvili (2002). This program and the results of an evaluation study are presented in Chap. 7 of this book.

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Chapter 15
Inclusion: Environmental Efforts to Prevent Maladjustment in the Service of Human Growth

Laura Nota and Moshe Israelashvili

A major aspect of the current book is the advocacy that most of the transitional events in human life share several common aspects that are of major value for the preliminary prevention of maladjustment. However, in addition, homage is also paid to the notion that there are various circumstantial, cultural, and individual differences that should be taken into account when referring to a certain type of transition. This means that the suggested general and common features of how people behave when encountering a transitional event should be portrayed differently in various circumstances. In order to exemplify such possible differences, examples of adjustment to divorce (i.e., in which age differences play a major role), veteran adjustment (i.e., in which differences in self-esteem play a major role), adjustment to junior-high school (i.e., in which developmental needs play a major role), and others are comprehensively discussed and analyzed. In line with this reasoning, the literature on adjustment to transitions highlights the importance of P-E Fit (see Chap. 3), namely, that the antecedents of a person's adjustment to a given transition are shaped by the person's characteristics, the environment's qualities, and/or by the level of fit between these two sets of qualifications. Accordingly, efforts to prevent maladjustment should try to foster either the person's adaptability (e.g., improving the person's skills or comprehension of the new environment that s/he has transitioned into), the environment's adaptability (e.g., improving other people's understanding of the person who has joined the environment/organization), or the fit between these

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two entities (e.g., finding the best practices to improve the match between the two entities).

Yet, a common denominator across all of different transitional events, and the main reason for pursuing prevention of maladjustment to transitions, is the assumption that maladjustment might lead to possible damages, either to the person or to the human and/or ecological environment. The discussion so far has been based on a relatively narrow perspective regarding the reasons and need to support positive adjustment. Namely, by highlighting the importance of reducing the negative consequences of maladjustment, as well as fostering the positive implications of adjustment, the major issue of concern has seemed to be utility, that is, prevention of negative consequences either for the person, the environment, or (seldom) for both. Actually, the aspect of utility has gained increasing importance in the general literature on prevention (e.g., Temple & Reynolds, 2017), as it has been acknowledged as a major incentive for decision-makers' readiness to make long-term investments in prevention, that is, what could be described as politicians' speculative investment in their public image (Israelashvili, 2015).

However, the emerging movement toward social inclusion—that is, the call to comprehensively support the adjustment of "the others," in spite of them being ethnically, intellectually, or physically different from the majority of the given community members—represents a different approach in two senses. Firstly, it addresses the need to prevent maladjustment from an additional point of view—beyond and even regardless of issues related to utility—and that is a moral, rather than a practical, point of view. Embedded in the social values of many of those who advocate the need for inclusion (e.g., see Nota & Soresi, 2017a, b) is the notion that supporting and including people with disabilities, and preventing their maladjustment, is important because they are human, that is, in accordance with their basic human rights and the universal obligation to seek social justice (Scuttari & Nota, 2019; Topping, 2012). Thus, it is not a matter of utility, but rather a matter of values. Secondly, the call for inclusion focuses solely on environmental features, trying to prevent maladjustment by changing these environmental circumstances. Thus, the basic assumption, in its extreme articulation, is that there is no room to expect people to change—alongside environmental changes or regardless of the environment—because there is a prominent reason why these people are defined with vulnerabilities, and this reason also limits their ability to change in response to the (new) circumstances that they encounter (e.g., their intellectual disability limits their ability to behave differently). Thus, in light of these two differences, the call for greater inclusion is actually a call to reconsider human culture. That is, to shift from focusing on oneself to focusing on others as well, from concentrating primarily on maximizing one's own advantages to concentrating on others' advantages as well, and from expecting others to change their behavior to demanding different behavior from oneself. Obviously, it is not a call to give up personal dreams and wishes, nor is it an expectation to ignore human nature and make people selfless, for example, as has been unsuccessfully explored in Israel's kibbutz movement (Abramitzky, 2018). Rather, it is a call to acknowledge the common rights of all human beings and enable others to thrive in spite of one's own personal limitations.

Hence, the call for inclusion can be articulated as a call for cultural change—from a culture that worships individual's own needs to a culture that respects everyone's needs. In these terms, the search for inclusion is well embedded in prevention science's emphasis on its role in promoting social justice. Moreover, the call to change attitudes toward persons with vulnerabilities of human society, and pursue ways to prevent their maladjustment, can be comprehended as an effort to promote a culture of prevention, that is, a substantial and comprehensive change in people's preliminary approach toward the possible negative implications of the isolation and/or segregation of people who have a personal, physiological, and social vulnerability (Petras et al., 2021).

In this chapter, after a brief overview of related challenges and threats that the current global world faces, the idea of an "inclusive context," as the path that humanity must take will be discussed. This will be followed by examples of ways to advance the successful adjustment of persons with vulnerabilities, in the contexts of universities' inclusion of disabled students and to the case of community's inclusion of people who have been discharged from mental health hospitalization.

Threats to Be Faced: Inequalities and Social and Environmental Injustices

In recent decades, we have witnessed the development of human beings primarily as individualistic and materialistic subjects, striving for continuous improvement and success, focused on their well-being, happiness, and status (OECD, 2018a, b; Suh & Choi, 2018). The combination of unbridled individualism, and the economic and financial power of some, has facilitated inequality.

Hence, today, we live in a context characterized by uncertainty, complexity, and change, globalization and inequality, phenomena that impact the welfare of individuals, groups, and communities. Poverty, high rates of migration and immigration, consistent levels of social heterogeneity, heightened competitiveness and precariousness, exploitation of natural resources, and environmental degradation, which are interconnected and interacting, are growing, with significant consequences (Oxfam, 2018; Stiglitz, 2018). At the same time, we know that progress and flourishing communities come from cooperation and coexistence, from building inclusive, sustainable contexts that are centered on social justice.

The word *inequality* means being treated, experiencing, or counting economically and/or socially in an unequal way. Economic inequality refers to inequalities in incomes, in private wealth, in the possibilities of access to a job with adequate pay, security, and the possibility of growth (Barca & Luongo, 2020). Social inequality relates to differences in access to essential quality services, such as health and education, as could be supplied within the opportunities available in the conditions of socialization that are guaranteed. The phenomenon of inequality is increasingly becoming an essential dimension in explaining people's behavior. As exemplified

recently (Oxfam, 2021), we live in times characterized by enormous wealth in the hands of a few and multitudes who live in precarious conditions, poverty, hardship, and difficulty. This state of affairs is spreading, even in Western societies, which for a long time were the only ones to experience more widespread wealth, so much so, as to bring this phenomenon to the center of the stage, a topic that can no longer be ignored.

Moreover, the production of goods and the concept of well-being, especially in Western contexts, have been based on a vision of resource exploitation and on policies that entail the use of natural resources that has exceeded supply and existing possibility. Hence, some countries consume far more than their ecosystems are capable of producing, at the detriment of other countries (Giovannini, 2018). However, with the increase in the migration phenomena and the accentuation of the heterogeneity experienced in our social contexts, all of this is associated with an unsustainable way of life. The consumption of the Earth's limited natural resources is too fast compared to its regenerative capacity. Finally, these societal phenomena are accompanied with climate changes that involve extreme weather events, temperature changes, rising sea levels, etc., with effects that are felt most acutely among the poorest globally. Thus, these conditions may make living situations more difficult and increase poverty itself and inequality. In the long run, should this path continue, a profound threat will emerge to the ability of future generations to live and achieve their development goals (Rifkin, 2019).

Inclusion

In order to deal with the above described state of affairs, a change of pace is needed, as well as inclusion. Different cultural tools are needed, alongside further analysis and intervention procedures, in comparison with those that have been utilized up till now. The *Weltanschauung* of reference must be changed: people are needed, in different roles and sectors, who can "decline" their professionalism, or external daily facades, and behave inclusively as citizens.

What does this mean? It means becoming capable of recognizing discrimination, inequality, barriers, human and environmental exploitation and taking action to combat and reduce such injustices and create alternatives that benefit the overall well-being of humanity and the world in which we live. It means guaranteeing every person a sense of belonging, involvement, promotion of strengths, and satisfactory living standards. It means creating the conditions to raise awareness and acceptance of the fact that humankind is characterized by heterogeneity in the contexts in which we live and that reality is composite and complex. Every person is different from the others, and aspects such as gender, educational preparation, economic possibilities, culture and religion of reference, age, presence of disabilities, the experience of migration, etc. that characterize the human experience in different ways interact, multiplying the specificities (Nota et al., 2020). Being a woman with disabilities and high economic possibilities is a very different condition from being a woman with

disabilities and scarce economic and social resources. Inclusion means understanding all of this and shaking off "arrogant" attitudes and interpersonal styles; namely, believing that in the absence of experiential knowledge, it is not possible to fully understand the living conditions of people who experience different situations.

Inclusion means "giving a voice" to others, guaranteeing participation, and the possibility of speaking and listening. Therefore, the identification of solutions and actions that take others' voices into account is more complex, since it does not succumb to the temptation of "repeating the past" and of doing things "the way we have always done them." Inclusion means taking care of those who have the most significant vulnerabilities, but first and foremost, and, at the same time, changing the way that people who live in our environment think, feel, and behave, whether it be people in our family, school, work, or community, thus making our environments capable of allowing active participation and satisfactory levels of life (Scuttari & Nota, 2019).

This means emphasizing human rights, bringing the UN's *2030 Agenda for Sustainable Development* to the center of the stage, promoting critical awareness, and the ability to critically analyze reality, the role of privileges and their interaction with power in maintaining the status quo. I addition, there is also a need to engage and to educate citizens in order to prepare them to carry out actions of social advocacy. Inclusion means building people's capacity to advocate for the human rights of all, particularly those with difficulties. At the same time, it means training people to be active and to make their voices heard and applying "pressure" and "moral suasion" to political decision-makers.

The idea of inclusion invokes the value of context. Context is defined as the set of circumstances that characterize people's living environment and functioning, which can be viewed as an independent and intervening variable. As an independent variable, context includes personal and environmental characteristics that are usually not manipulated, such as age, language, culture and ethnicity, gender, and family; as an intervening variable, it includes organizations, systems, and social policies and practices that can be modified to improve functioning (Shogren et al., 2014).

While these notions deserve further exploration, it seems evident that analyzing a person's circumstances is necessary to avoid simplifications and trivializations. It is necessary to try to keep in mind as many circumstantial factors as possible as well as the fact that one can also experience conflicting demands coming simultaneously from different individuals and contexts; it is necessary to try to keep in mind the notion that the intertwining of different levels and the presence of multiple factors can have different and changing consequences. At the same time, it is essential to provide interventions at different ecological levels if we want to create inclusive contexts. Hence, progress in the field of inclusion should be based on a multilevel approach, addressing: (a) the macrosystem, related to the social and cultural issues, which we are immersed in, current policy, socioeconomic conditions, and the way vulnerability is conceptualized; (b) the mesosystem, that is, the areas of life, cities, countries, communities, and organizations where business life, school life, and service supports are observed; and (c) the microsystem, referring to the individual and his or her family.

Notably, the suggested change in the literature on inclusion, according to which the focus of inclusive efforts should be equally devoted to each of these multiple contexts, can be related to in terms of the above-suggested (see Chap. 2) differentiation between adaptation and adjustment, representing a shift from an adaptation approach to an adjustment approach. Namely, approaching social equality is not a simple matter of allowing people to enter into new positions that they are currently unable to occupy and then expecting them to successfully adapt themselves to these places' requirements and demands. Rather, it is a matter of mutual change, both of the person and the environment, in ways that should enable greater harmony between the person's characteristics and the environment's characteristics. Such a situation of harmony, or fit, is gradually achieved when both sides invest efforts in establishing proper relationships. In terms of organizational behavior, the above-mentioned description of inclusion as a process of mutual change resembles Vygotsky's (1978) conceptualization of the process of learning, that is, an interplay between the learner and the sociocultural context, which the learner is positioned in. Obviously, in order to approach such an interplay, an inclusive context must be comprehensively developed, as described below.

Building Inclusive Contexts

Inclusive Policies If fostering inclusive contexts is thought to be important, it may be essential to start identifying inclusive policies that are articulated in a series of strategies and activities aimed at emphasizing the heterogeneity, which is present in social issues. It may also be important the involvement of all persons (e.g., managers, teachers, staff, students, and parents in a school context; managers, executives, workers, in an employment context, etc.) in the construction of different, original, people-oriented trajectories. The policies, strategies, and guidelines focused on inclusion should be made public and evident, and various relevant figures should be involved to promote awareness of them.

Inclusive policies should aim primarily at promoting a culture of heterogeneity and inclusion and sustainability at different levels, starting with awareness actions, with public debates, seminars on these issues, and later reaching the implementation of educational and training actions that amplify the change which is aimed at (Scuttari & Nota, 2019).

Educative Processes and Representation of Vulnerabilities In the training process, a first meaningful action is concerned with the ability to change how difficulties are represented and to promote the acquisition of inclusive skills, as well as the ability to behave in a more humanistic, inclusive, and sustainable way.

Concerning disability, for example, it is apparent that, unfortunately, a vision of disability centered on the medical model is massively present, which emphasizes above all the deficits, special needs, and conditions of inadequacy and dependence.

These are considered as arising exclusively from the organic components of the individual, without paying attention to contextual factors (Nota & Soresi, 2017a, b). The propensity to emphasize the difficulties, the problems, and the negative aspects above all seems to affect other forms of vulnerability, such as those associated with the experience of migration, unemployment, and drug addiction. Carr and Batlle (2015), considering government documents and public discourses related to migration, unemployment, needs, etc., highlight how the barriers and discrimination that these persons suffer "disappear" from the texts and the discourses on the topic, while their inadequate behaviors, their inability to follow the rules, to adapt to the culture, or to understand, to get busy, etc., are highlighted. In this way, the authors suggest that the aim of such discourse is to convey a negative view of these individuals, to bring attention to their inability to build a future in tune with the society in which they live, on the one hand, emphasizing individual responsibility and, on the other hand, covering up relevant contextual factors that contribute to their status. One of the strategies most commonly used for this purpose is labeling, whereby people become "immigrants," "disabled," "unemployed," or "NEET" (an acronym for Not in Education, Employment, or Training), losing their individuality and their potential and becoming "inadequate." This makes it acceptable to marginalize them, to propose "humanitarian," "paternalistic," "recovery" interventions, etc., and even to widen the sphere of those who "are not meritorious" of support in order to reduce services.

Fostering inclusive skills must help to overcome these visions, to give value to heterogeneity, to recognize discrimination and prevent it, and to encourage active participation and processes of mutual enrichment, acceptance, appreciation of different point of views, and the provision of support in a natural and friendly way, in order to make everyone feel part of the same community and be active members of society.

Inclusive Language   People need to be trained to look at the person first, and at the rights that should characterize their existence, promoting inclusive language. Language is not a neutral tool, and it shapes the way that people think, interpret reality, and behave every day. It can be a vehicle aimed at reproducing and perpetuating prejudices, stereotypes, and commonplaces, thus facilitating aggression, manipulation, and processes of marginalization. In contrast, written and spoken language should express the changes advocated by recent scientific research and by the most accredited national and international institutions focused on inclusion, social justice, and equity. Language, assuming these connotations, can favor and accelerate social transformations and processes of regeneration, namely, the construction of inclusive, fair, and sustainable societies, democratic and capable of giving value to citizenship. Thus, the construction of an inclusive context requires use of language that refers to the most accredited conceptual models, supported by international organizations such as the United Nations, the World Health Organization, and the European Community. Inclusive language adheres to new visions about disabilities, vulnerability, difficult conditions, and diversity as a whole. It helps us to overcome obsolete methods, as well as stigmatizing and distorted images of persons

with vulnerabilities, which are sometimes bordering on offensive, to overcome labels and give attention and value to people as human beings first of all, adding, if necessary, the attribute that we want to consider and that characterizes only part of their lives. It becomes essential to learn to replace "highly stigmatizing" expressions, such as "disabled," "invalids," "handicapped," "paraplegic," "dyslexic," and "autistic," with expressions such as "person with a disability," "person with a migration stories," etc. (Scuttari & Nota, 2019).

The Promotion of Widespread and Friendly Support In inclusive contexts, a collaboration network must be stimulated between the different people present, managers and workers, teachers and students, specialists, and experts in inclusion, to coordinate their actions. We believe that a network of friendly and widespread support is necessary, including the most natural ones, such as those provided by teachers, classmates, colleagues, and specialized ones provided by trained and prepared staff, if possible. The provision of friendly and widespread support should be the subject of specific training and the identification of responsibilities and should receive attention and appreciation from those in leadership roles (Scuttari & Nota, 2019).

Translating these notions into practical actions is a long-term and gradual process, in which analyses, explorations, processes of trial and error, and an outline of a well-established program for successful inclusion in the given context are needed. Moreover, implementation of the suggested program should also take into account accumulating knowledge in the field of implementation science (e.g., Lyon et al., 2018).

The current literature on inclusion is rich and addresses various aspects of inclusive action, including the following:

- A variety of target populations, for example, young children with disabilities, such as hearing, visual, motor, or cognitive impairment (Jolley et al., 2018; Schaefer et al., 2018); young people with serious mental illness (Gardner et al., 2019); people with intellectual disability (Merrells et al., 2018); ethnic minorities and people of color (Michaels et al., 2018; Umaña-Taylor, 2016); sexual minority youth (Hatzenbuehler et al., 2012; Aragon et al., 2014); students who are overweight (Strauss & Pollack, 2003; Crosnoe, 2007; Crosnoe & Muller, 2004); people with mental health problems (McCauley & Matheson, 2016); international university students (Sarmiento et al., 2019); children and adolescents with autism spectrum disorders (Meindl et al., 2020; Rattaz et al., 2020); and pupils with special educational needs (Benstead, 2019; Haug, 2020).

- All of these populations, as well as other populations who are vulnerable to experience heightened risk—for example, for peer victimization, rejection, and friendlessness that lead them to school absences, lack of engagement, low academic performance, increased emotional distress, emotion regulation difficulties, somatic problems, and an increased vulnerability to peer aggression, rejection, and bullying (Juvonen et al., 2019)—are the target of intervention initiatives to promote their inclusion in mainstream society.

- The target setting in which inclusive efforts are implemented is the school setting (e.g., Benstead, 2019; Jolley et al., 2018; Meindl et al., 2020; Schachner et al., 2016; Schaefer et al., 2018; Haug, 2020). However, inclusion in other settings is also discussed, such as in childcare (Weglarz-Ward & Santos, 2018), community living (McCauley & Matheson, 2016), and community recreational programs (Merrells et al., 2018).
- The type of inclusion that tends to be of interest is usually mixed and includes academic and school attendance (Jolley et al., 2018; Meindl et al., 2020; Quintero et al., 2019; Rattaz et al., 2020; Squires, 2020), social integration (Benstead, 2019; Juvonen et al., 2019; McCauley & Matheson, 2016); Schaefer et al., 2018), as well as issues related to psychological well-being and mental health problems (Schachner et al., 2016).
- The focus of the studies is either on the person him/herself or on his/her peers (Edwards et al., 2019; Woodgate et al., 2020), teachers (Lautenbach & Heyder, 2019; van Steen & Wilson, 2020), or other professionals (Filia et al., 2018; Weglarz-Ward & Santos, 2018), as well as the school organization as a whole or the school principal as the leader (Belli, 2021; Jolley et al., 2018; Schaefer et al., 2018; Haug, 2020).

Importantly, as mentioned above, the differentiation between various types of inclusion, target populations, and foci of attention is frequently impossible, as the given challenge of inclusion is multidimensional. For example, the inclusion of people of ethnic minorities who are occupied by a major mental health problem; people who encounter both academic and social exclusions; people who encounter negative attitudes from both peers and others; etc. A typical example is young asylum-seekers (YAS), many of whom have difficulties finding a decent job, because their educational qualifications are not recognized, and they lack work experience in the host country and have language difficulties (Kosny et al., 2020). Hence, a comprehensive intervention is needed (Di Maggio et al., 2022) to address a large spectrum of topics, including enhancement of the YASs' readiness to apply for schooling (either to a regular school or for vocational courses), enhancement of the educational systems' readiness to accept these YAS, fostering peers' and teachers' openness and collaboration with the act of inclusion in the educational system, etc.

Currently, most of the literature on inclusion focuses on inclusion within educational systems and deserves some elaboration. Inclusive education has been defined as "an ongoing process aimed at offering quality education for all, while respecting diversity and the different needs and abilities, characteristics and learning expectations of the students and communities" (UNESCO, 2008; p. 18). Using the same line of reasoning, Kershner and Farrell (2009) suggested that an inclusive education system is one that pursues "identifying the cluster of values, beliefs and activities that succeed in maximizing children's engagement in learning and reducing the marginalization or exclusion of certain groups or individuals in the school system" (p. 52). The first and prominent act of educational inclusion dealt with school placement. Namely, as highlighted by UESCO Salamanca Statement (Ainscow et al., 2019), placement of students with diverse needs in a common, mainstream

educational environment was perceived as "the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all" (Clause 5, paragraph 2). Later on, however, researchers and policymakers acknowledged (e.g., Warnock, 2005) that the simple act of educational placement in normative schools might lead to major negative implications, such as aversive peer rejection (Avramidis & Wilde, 2009; Koster et al., 2009). Hence, it was acknowledged that the challenge of inclusion, as an act to promote social justice and human equality, couldn't be limited to administrative decisions (e.g., a quota system in university admissions; Cleary et al., 1975), but had to be reconsidered as a combination of two, interconnected, activities—one activity is making task (i.e., academic) opportunities accessible and possible, and the other refers to the social change that would enable the newcomers to become positively integrated within the new educational system that they have moved to (Black-Hawkins, 2010; Didaskalou et al., 2009; Santilli et al., 2019).

In a recent review of the literature on social inclusion at schools, Juvonen et al. (2019) point out several reasons for peer students' exclusion of a newcomer to their class—including a preference for similar others; social norms; the hierarchical structure of peer relationships; lack of physical proximity; competition among the students; organizational practices that prevent the development of friendships, such as academic sorting of students into different "learning tracks" (see Chiu et al., 2017) and second-language learner programs; teacher behaviors that emphasize individualistic goals; and biased disciplinary action toward marginalized students (e.g., Mittleman, 2018; Sullivan et al., 2014). Alternatively, they discuss school strategies that facilitate social inclusion, including maximizing diversity and ensuring equitable access; increasing teachers' awareness and use of inclusive strategies; promoting shared goals outside of the classroom context, for example, extracurricular activities; and facilitating cross-group friendships between youth with different social identities. Juvonen et al. (2019) conclude that considering the creation of safe and accepting conditions for all students, including social acceptance by peers (and not only academic achievement), as a necessity could lead to successful inclusion of all students within the educational system. In an additional review of the literature on the school inclusion of students who are on the autistic spectrum, Meindl et al. (2020) summarized a list of ways to increase the academic inclusion of these students in educational systems, such as decreased frequency of problem behaviors by enhancement of preventive support; decrease frustration with challenging tasks; decrease latency to task initiation; decrease time in off-task behaviors; decrease time to onset of work activity; supply greater opportunities to access reinforcement; increase academic and social engagement; increase accuracy of responding to students' needs; increase independent functioning; increase overall task engagement; increase rapport with the instructor; decrease frequency of self-stimulatory behaviors; and strengthening mastered skills.

However, in spite of the great efforts and public and professional attention to the topic of educational inclusion, evaluation studies on the social inclusion of children with disabilities report that these students have limited social contact outside of home and encounter systemic barriers (e.g., bullying, discrimination; Woodgate

et al., 2020). Similar difficulties in the social inclusion of people from minority groups (e.g., ethnic minorities, LGBTQ people, people with mental or physical disabilities) are mentioned by van Veelen et al. (2020).

An Example: The Promotion of Inclusive Teaching Skills Among University Professors

To exemplify what educational inclusion looks like, the current section refers to the case of disabled students' adjustment to college. As discussed earlier in this book (see Chap. 11 of this book), adjustment to college is a major event for many adolescents and their families. There are several reasons for the importance of this transition, among them is the fact that for many of them, it is the first time that they leave their parents' home to live by themselves, frequently at a significant geographical distance. Hence, it is not only a transitional event but also a major point in the rite of passage into adulthood.

Importantly, a significant aspect and a major source of stress in the process of adjustment to college is exposure to a greater social heterogeneity, in comparison to the homogeneity that most of the college newcomers had been exposed to during their childhood and adolescence up to their graduation from high school. Bowman (2010), who performed a meta-analysis on the impact of college diversity upon students' social and academic perceptions, mentions several ways in which college newcomers experience this diversity, including: (a) representation of diverse undergraduate students of color who attend the college campus; (b) informal interactions with diverse peers outside of class, such as in residence halls and during social activities; (c) classroom heterogeneity, consisting of diverse peers who are enrolled within a classroom context; (d) participation in full-length courses that explore diversity issues (e.g., ethnicity); and (e) one-time diversity workshops, such as a workshop to promote cultural awareness.

While the transition to college is socially and culturally stressful for all students, it is more so for students with special characteristics, such as those with physical impairments. For them, the source of social stress is primarily the other students around them. However, the professors and other faculty members are equally a potential source of stress. For newcomer students, the professors and other faculty members are not only those who they are supposed to learn from (and, hence, the students should feel comfortable asking them questions) and who evaluate their assignments and shape their future by grading their academic achievements (and, hence, the students should feel comfortable openly discussing their university achievements with them, especially their failures); these university professors are also the ones who frequently shape the social and academic climate in the class and, hence, have a major influence on other students' attitudes toward those who have vulnerabilities. In light of this, establishing an inclusive culture within university contexts is both practically and ethically important. Obviously, the same reasons,

and several more, highlight the need to intervene among school teachers, in order to promote more inclusive attitudes and behaviors among them (e.g., Lautenbach & Heyder, 2019).

In order to foster the construction of inclusive contexts at university, it is important to help the coming students gain the correct perceptions and required skills for successful entry into university, such as the intervention described by Santilli et al. (2020), Addi-Raccah and Israelashvili (2014), and others. However, as mentioned, it is also essential to involve teachers and professors, as described below.

The fight against discrimination is still present in university contexts and affects people who belong to minorities associated with variables such as social class, poverty, presence of disabilities, gender, health conditions, sexual orientation, language skills, etc. It is based on overcoming incorrect generalizations, namely, the preconceived and partly arrogant notion that even in the absence of experiential knowledge, it is possible to fully understand the conditions of these people (Appadurai, 2014; May & LaMont, 2014). The presence of discrimination can make students' own attempts to make specific needs known, and thus receive appropriate support, less effective. Namely, lack of attention to specific needs and devaluation by faculty can result in isolation, withdrawal, and psychological and social difficulties that can reduce the amount of study and academic effort. It becomes important for those with responsibilities to become capable of giving voice to those who experience difficult conditions, for example, disabilities, learning disabilities, psychological difficulties, health difficulties, etc., by creating specific spaces that ensure this and by elaborating thoughts, solutions, and actions, which take into account such voices (Roffey, 2015; Mccormack et al., 2018). Personal aspects, such as the sensitivity and openness of professors and teachers, in their deepest meanings, increasingly require that they listen to the voices, viewpoints, and needs of students with difficulties and vulnerabilities and of students who are members of a minority.

To this end, it may be important to bring scientific and experiential knowledge together to stimulate more intense "immersion in the human realities studied" (es. "immersion in the lives of students with disabilities") and greater reflexivity (Stolz & Ozoliņš, 2018; Torres-Goens & Farley, 2017).

With the intent of promoting an inclusive context, the *"Inclusive Teaching"* project was launched at the University of Padua (Italy) to increase university teachers' scientific and experiential knowledge regarding the conditions of heterogeneity that characterize the student community. Focusing on disabilities and problematic and challenging health conditions, it stimulates personalized teaching actions. The voices of students involved in training outline educational trajectories to take care of specific needs promote more positive attitudes toward inclusion and create widespread and friendly support networks in the university community, involving teachers, technical-administrative staff, dedicated staff, and students.

Preparation of the "Inclusive Teaching" Project

Establishing a Work Group

1. Following an appeal to and discussion with the governance of the university, approval was granted to conduct the project, with a call to all of the university departments to collaborate.
2. An interdisciplinary and cross-sector work group was set up, composed of the rector's delegate for inclusion; colleagues from different departments; experts in related issues (i.e., (a) inclusion, (b) human rights, (c) problems associated with disabilities, and (d) learning difficulties); the heads of the university services for inclusion, communication, and accessibility; and student representatives.
3. The work group's task was—and still is—to analyze the difficulties and needs of students with disability and with learning difficulties and faculty members and to establish practical outlines to foster these people's university adjustment.

Analyzing the Inclusion Problem

4. An analysis of the literature was conducted, and studies were discussed in the group. For example, the major barriers to inclusion, in the university context, were presented, including the following:

   (a) *Lack of awareness:* The main barriers to inclusion for university teaching are thinking that "students are all the same," not being aware of heterogeneity and the specific needs of some, being arrogant (thinking you understand people's needs a priori without listening to their voices), and thinking that if students with disabilities/difficulties ask for support, they want to "cheat" teachers. This lack of awareness increases the likelihood of discrimination.
   (b) *Lack of time, energy, and commitment*: Inclusion requires more time, as the teacher needs to spend more time listening to students and interacting with services. Furthermore, inclusion requires more effort from teachers, since they have to prepare more versions of materials, as well as more of the teachers' commitment to the students before class, during class, and after class.

   Alongside the barriers, the major advantages for university teachers were also presented:

   (a) Enriching heterogeneity: It is worthwhile to invest in inclusion because classes are attended by different people.
   (b) Fostering cohesion: Teachers can implement more careful ways of teaching, involving students, to face difficulties together with them.
   (c) Advanced teaching: Addressing the learning needs of a student with a disability, for example, facilitates exchanges of ideas and improvement of teaching/learning techniques.

5. Agreement was reached about the importance of training teachers and providing in-depth studies on inclusion.
6. Video presentations were selected as the most efficient tool for intervention, after taking into account the characteristics of the setting (i.e., university), the context (mostly group meetings and class oral presentations), the unique characteristics of the target population (i.e., faculty members who are intensively connected to the internet and seldom work from home), and the cultural context in which the intervention would be conducted. This cultural consideration was taken into account, for example, by recruiting colleagues from the university who were interested in inclusion and consulting them as inclusion referents for their departments. The inclusion referents helped to explore the relevance of recommendations that appear in the international/professional literature to the Italian university context, for example.
7. The topics to be presented and the first difficulties to be addressed were then selected.
8. Special attention was devoted to preparing lists of (a) the most common learning difficulties and (b) the less visible disabilities (hearing and head injury), to prepare teachers for the fact that problems are not always clearly identifiable.
9. Separate meetings were conducted with the expert colleagues and with the students, to verify their agreement with the program outlines.

Preparation of the Intervention Materials

10. After the "preparation" meetings with both the "expert" colleagues and the students, two types of videos were prepared: (a) a number of general videos about inclusion and human rights as an important cultural process for all and (b) videos that deal with five common disabilities. Details of the videos are presented below.
11. A major and unique aspect of the program is that each video was prepared twice—once with an expert discussing the given topic and another video in which a student discusses the same problem.
12. Generally speaking, the purpose of the videos was not to transform colleagues into psychologists or physicians, but rather (a) to provide them with general background knowledge that would help them understand disabilities/learning difficulties, (b) to highlight that disabilities/learning difficulties can have repercussions in everyday life for students, (c) to emphasize that having that knowledge and awareness in mind is important for managing relationships (e.g., teaching) with these students, and (d) although the university teachers were officially informed about the presence of students with disabilities or of different nationalities in their (new) class, the videos were also intended to encourage the faculty members to become more attentive and vigilant to the possibility that there may be other students with vulnerabilities who haven't been formally declared but still need the teacher's attention and sensitivity.

13. The videos presented actual (in vivo) experts, who specialize in the related fields, and students, who have the problem.
14. The guidelines for the two video presentations—that is, by the expert and the student—were as follows: (a) describe the problem briefly, (b) suggest implications for studying and class attendance, and (c) supply the teacher with suggestions on how to behave when meeting a person with such a problem.
15. Both the experts and the students were required to prepare a written text about what they would say, which was reviewed by the working group.
16. The presenters in the video were encouraged to add "small tips" for better inclusion, for example:

   • Invite the heads of inclusion services to present the services they provide during class
   • Communicate your willingness to listen to the needs of students
   • Collaborate with inclusion services and the students to "personalize" the exam to their specific needs
   • Prepare accessible materials
   • Collaborate with the university experts and with the inclusion referent in your department and the Rector's delegate for inclusion
   • Continue to "study" inclusion issues

17. The video recordings were prepared by the University of Padua Communication Services, graphics were edited, and subtitles were included.

Implementation

Seventy-seven university professors, 34 men (44%) and 43 women (56%), took part in the project, 36 (46.8%) from the natural sciences department, 22 (28.6%) from the life sciences department, and 19 (24.7%) from the social sciences department.

The course. The training course was online. After a brief online meeting with the head of the project to outline the steps and materials on the site and after pre-test data collection, professors could access a website dedicated to the project, using a specific password.

1. At the first step, they had to see three more general videos, focusing on the value assigned to inclusive teaching by the university, on the concept of inclusion, on the importance of the right to education for everyone, and on reasonable accommodation inspired by Universal Design and by the Convention on the Rights of Persons with Disabilities[1] on the university's linguistic policies, with the invitation to consider inclusive language carefully.

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[1] That is, provision of conditions, equipment, and environment that enable an individual to effectively perform in school or at work.

2. At the second step, they watched "videos" on topics such as "dyslexia," "dyscalculia," "dysorthographia," "head trauma," and "hearing impairment." For each disability or learning difficulty, there were two videos: the first video was made by experts from the University and focused on scientific knowledge, and the second video focused on experiential knowledge (the voice of students with dyslexia, dyscalculia, dysorthographia, head trauma, or a hearing impairment).

3. Regarding each one of the five disabilities, the presenters referred to: (a) some essential aspects of the disability or learning difficulty that are important for university teaching, (b) the possible effects of this problem on the students' learning activities, and (c) several suggestions regarding ways to support a student who suffers from this problem.

4. A final video was about inclusion services at the university. The videos had an average duration of ten minutes, and a written document for in-depth analysis accompanied each topic. At the end of the project, there was a reflective meeting with the project leader, and a post-test was conducted.

On average, the entire project required 8–10 h of personal commitment to be accomplished over a month. Pre and post data collection focused on participants' propensity to view inclusion as a cultural and values-based process in the university context (e.g., "Inclusion in a country, community, or university is essentially a matter of values and respect for human rights"; four-item, seven-point Likert scale; alpha of .76; Nota et al., 2020) and on attitudes toward the possibility of achieving inclusion at the university (alpha: .85) and achieving inclusive teaching (alpha: .87), using the Semantic Differential Scale, with 13 bipolar pairs of adjectives (Nota et al., 2020; e.g., rewarding-frustrating; pleasant-unpleasant; winning-losing; possible-impossible). Qualitative procedures were also used to analyze thoughts and reflections towards inclusion ("In my opinion, inclusion at the university is about..."; "To be truly inclusive, university teaching should..."; "In order to guarantee the right to education, in my opinion, the teaching methods to be used are...").

Findings indicate that on the post-test, the participants presented higher average levels of propensity toward considering inclusion a cultural and value phenomenon, as well as more positive attitudes toward the inclusion that the university could achieve and toward the inclusive teaching to be implemented in comparison with the average scores presented in the pre-test. Finally, regarding the responses to the open-ended questions, Latent Semantic Analysis (LSA) (Landauer & Dumais, 1996) was used through the holistic method (Dam & Kaufmann, 2008; Hartung & Santilli, 2018; Landauer, et al., 1998) in order to analyze the differences between the reflections that participants wrote about inclusion on the pre-test and on the post-test. Findings show that professors presented more thematic considerations at the post-test, emphasizing how to make personalize teaching, giving attention to heterogeneity, why and how to engage students, and why and how to form friendly and widespread support networks.

These preliminary findings regarding the utility of the *"Inclusive Teaching"* project are encouraging. Hence, a decision was made, firstly, to go to scale and, secondly, to examine the applicability of the program to other inclusion situations,

such as inclusion of refugees, of people with mental health issues, and persons with autism. This project will be a collaborated project conducted by the seven universities that are involved in The Arqus European University Alliance (the universities of Bergen, Granada, Graz, Leipzig, Lyon, Padua, and Vilnius). These seven long-standing comprehensive research universities have deep regional engagement in medium-sized cities and share a common vision of the role of higher education and research and mutual fields of interest—for example, inclusion.

Inclusion from the TSA Perspective

As mentioned above, the topics of inclusion and adjustment to transitions are entirely related. Hence, the Transitional Stress and Adjustment (TSA) model, as outlined in Chap. 6, is also connected to the topic of social inclusion, at least in two respects: Firstly, the TSA model suggests that the adjustment process should be explored in a dialectical way, that is, while paying attention to both how the person behaves and how the environment behaves. A major aspect of the TSA, in this context, is the assumption that environments are different in the extent to which they enable people to obtain answers, or clarifications, regarding the various topics that people in transition wonder about, for example, the utility of investing efforts in adjustment to the new circumstances (or environment). The literature on inclusion pays special attention to the environment, in pursuit of transforming it into a more inclusive setting.

Secondly, the TSA model suggests a differentiation between adaptation and adjustment. Generally speaking, the TSA model indicates that adjustment—that is, a dialectical effort, followed by mutual changes to the person and the environment in an effort to approach a state of P-E Fit—is the most rewarding and "recommended" way of managing times of transition. Nevertheless, the TSA model acknowledges situations in which people have no other choice but to adapt themselves to environmental demands. This is the case for young children whose basic needs are not met (e.g., due to a lack of financial resources, as well as other reasons) and hence are obliged to manage in accordance with their parents' expectations (e.g., Compas et al., 2001). Another example is the case of bereavement, in which people who mourn over the death of a loved one have no choice but to accept that the other person no longer exists. Such a unidirectional acceptance and change is labeled by the TSA model as a process of adaptation, as the living person is obliged to accept the death as a fact. Only after that—that is, only after this first step of adaptation—may the person be able to try to adjust to the new situation, through an effort to make changes in the new situation in a way that will ease his/her ability to successfully manage the transition (e.g., to widowhood). The literature on inclusion actually deals with situations in which the primary expectation is that the (social) environment comprehend that the other person's characteristics (e.g., physical disability) is "a fact" that the environment is obliged to respect and accept. Namely, it is firstly the environment that has to adapt itself to the (newcomer's) person's

atypical characteristics. Only through the act of environmental adaptation to the atypical person is it possible to prevent the person's maladjustment.

Furthermore, it seems that the TSA model, which was established based on an analysis of the generic aspects of various models of transition to new circumstances, suggests several additional introspections that deserve a closer look in relation to inclusion. For example, the TSA model advocates that defining the (personal; that is, the persons') benefits from positive adjustment is an important incentive to adjustment. This notion is both simple and complex, as it is clear that an incentive to adjust will foster positive adjustment, and yet most transitions bear with them some pain—that is, either due to the obligation to depart from the old (person, habits, comfort, etc.) or due to the efforts that are invested in an effort to integrate oneself in the new environment. Interestingly, there are almost no studies that have explored the best benefits—beyond monetary compensation—that could be presented to an organization (e.g., school principals and school teachers) in order to enhance their general readiness to be inclusive. For example, in a literature review conducted by Lautenbach and Heyder (2019), they found that existing studies on ways to promote student teachers' positive attitudes toward inclusion focused on the way that messages of inclusion were delivered (e.g., lectures, seminar or outdoor activities), the types of content that were delivered (e.g., information on history, laws, legislation, and politics), the types of disabilities that exist, the ways in which educational inclusive practice/behavior are manifested, related administrative and organizational issues, and various attitudes, beliefs, and/or stereotypes that the prospective teachers hold. Unfortunately, it is hard to find any systematic explorations in the literature concerning the incentives that would work best for school principals, school teachers, school students (peers), and other students' parents (who are of major impact on the success of inclusive efforts). The only documentation that appears in the literature on inclusion and incentives relates to negative incentives, that is, those that act against inclusion.

Interestingly, the above example of the *"Inclusive Teaching"* project refers to several incentives that are "suggested" to teachers, of great interest for future explorations, including enrichment of heterogeneity in the class, fostering social cohesion within the work group, and advancement of new teaching techniques. Moreover, by providing two videos for each type of inclusion—that is, one by a student and another by a teacher—the above program indirectly encourages explorations of the other's perspective. While this encouragement is important in general, and with regard to all aspects of inclusion, it is worth noting that it also encourages the project participants to take others' possible incentives into consideration, that is, those incentives that motivate students to apply for university studies and/or for being involved in the given (university) inclusive event. For example, the university teacher is indirectly encouraged to ask about the student's incentives to enter the university (e.g., are there any unique incentives that put this student in a special position within the class) and, if possible, to refer to these unique incentives in finding the best way to include the student in the class learning process or even to lean on these atypical students in delivering learning messages to the class. For example, if this student is driven by the desire to change public opinion about the given

disability, the teacher could ask the student to share his/her insights concerning positive and negative lessons about experience in opinion change with the other students in the (e.g., social psychology) course.

The above listed connections and associations between the TSA model and matters of inclusion are only preliminary and a bit speculative. In the future, further explorations of the usefulness of the TSA model to better comprehend the barriers to inclusion and to improving inclusion are needed. To give one example for such a study, a brief description of Israelashvili et al.'s study (in preparation) on adjustment after discharge from psychiatric hospitalization is shortly presented.

An Example: Community Inclusion of Mental Health Outpatients

The social exclusion of people with mental illness is a major issue of concern for both the patients themselves and for society (Cogan et al., 2020; Richter & Hoffmann, 2019; Sayce, 2001). This is due to the possible negative implications that loneliness and experiences of exclusion might have on the person's mental health, such as repeated hospitalization and suicidal behavior (Hewitt, 2013), and their further implications for the public, that is, higher costs of mental hospitalization and higher risk for others' suicidal behaviors (Kral, 2019; Haw et al., 2013), respectfully.

The general need to prevent maladjustment after discharge from mental hospital has long been presented (Caplan, 1964; Caplan & Caplan, 2000) under the advocacy for tertiary prevention. Namely, while referring to the context of mental health hospitalization, Caplan highlighted the need to prevent mental health hospitalization (*primary prevention*), relapse into more problematic mental health disorders upon hospitalization (*secondary prevention*), and prevention of maladjustment when transitioning back into community life after being discharged from mental health hospitalization (*tertiary prevention*). Yet, the literature on the social inclusion of mental health patients upon discharge from mental health hospitals is relatively limited. One of the reasons for that is the complexity of defining the meaning, and behavioral representations, of social inclusion (McCauley & Matheson, 2016). The source of complexity in defining this variable relates to the preliminary variance in patients' personal conditions (e.g., some mental health outpatients suffer from preliminary social anxiety) and optional future development of people with mental health problems, which makes estimations of positive social interactions difficult to measure. Hence, like in the case of defining adjustment (see Chap. 2), a prominent tendency in the literature is to define social inclusion by referring to its counter-aspect, that is, social exclusion. For example, one of the more cited is Levitas et al.'s (2007) definition of social exclusion as "the lack or denial of resources, rights, goods and services, and the inability to participate in the normal relationships and activities, available to the majority of people in a society, whether in economic, social, cultural, or political arenas" (p. 25). Gardner et al. (2019), after an extensive

review and analysis of the existing literature on the social inclusion of people with mental health problems, suggest that people's social inclusion could be measured and evaluated in 13 domains, with the three most prominent domains being: (a) employment or education, (b) housing and neighborhood, and (c) social activities/social support. However, they go on to suggest that across all of these domains, the indications of social inclusion can be measured by both objective participation (e.g. behaviors and/or achievements), as well as through subjective (e.g. sense of belonging/acceptance) elements (Gardner et al., 2019).

Naturally, people, such as those who have been discharged from mental health hospitalization, may be in need of different levels of support in their future efforts to be socially included. Hence, it would be important to reliably evaluate the person's need for support upon the transition from the mental health hospital back into their community. Clearly, such an evaluation focuses on the person to be included, rather than the environment (e.g., university teachers) that is supposed to be inclusive. However, the future "consumers" of the evaluation process would be those people who are expected to be inclusive, as the initial evaluation would enable them to better manage their activities and efforts in pursuit of the discharged mental health patient.

To address this need, Israelashvili et al. (in preparation) explored the predictive power of various scales of adaptability, alongside various SES factors, and other personal parameters. These scales were administered a few days before the person was discharged from hospitalization. Due to the outbreak of COVID-19 and based on discussions with experienced medical/psychiatric professionals regarding the indications of community re-integration, the major indicator of a positive trend toward re-integration in the family and the community was established to be the appearance of the ex-hospitalized person in the follow-up medical check that took place 3 months after being discharged from hospital. This parameter is not a new one and is well documented in the literature on mental health outpatients. For example, in a study of 365 psychiatric outpatients, Killaspy et al. (2000) showed that those who missed psychiatric follow-up outpatient appointments had poorer social functioning in comparison with those who did attend the follow-up appointments. Thus, acknowledging that reluctance to attend these appointment is a negative sign of the outpatient's medical condition, intensive efforts are currently invested in an effort to increase the rate of appearance in psychiatric follow-up outpatient appointments (e.g., D'Arcey et al., 2020; Sedgwick et al., 2021).

Among various scales of adaptability—that is, the person's subjective perception of his/her own ability to adjust—the study included a scale that has been developed on the basis of the TSA model. This scale includes 15 items, in relation to which the participants indicate their level of agreement, on a five-point Likert scale; thus, higher agreement represents more engagement in the given generic components (among five different components) of the adjustment process, as suggested by the TSA model. For example, one such component is the extent to which the person perceives adjustment to the new circumstances as rewarding.

Participants in the study were 121 outpatients (ages 18–65; M = 36.8, SD = 11.3) who had been discharged from hospital after being hospitalized for various

psychiatric outbreaks—mostly schizophrenia (63%) and mood [affective] disorder (21%)—and for various amounts of time (21% for up to 2 weeks; 38.8% for 2–4 weeks; 15% for 4–8 weeks; 19% for more than 8 weeks).

A confirmatory factor analysis conducted on the study participants' responses to the questionnaire reconfirmed the division of the 15 items into the TSA model subcomponents. However, below is a short and preliminary description of the differences found between those who attended the follow-up meeting after 3 months (66%) versus those who didn't attend it (34%). Hence, analyses at the item level enable a more detailed picture, relatively speaking, of the antecedents of social inclusion after 3 months from being discharged. These analyses, including multiple t-tests with bootstrapping, showed that those outpatients who didn't attend the follow-up meeting reported (for all comparisons, $p < .05$ and lower) having a greater sense of control over their life, seeing others as a valuable source of information to a lesser degree, trying to learn how to manage in new circumstances from people around them to a lesser degree, comprehending the rules of positive adjustment to the new situation to a lesser degree, and positively perceiving others' comments on their behaviors to a lesser degree compared to those outpatients who did attend the follow-up meeting. These preliminary and partial findings give some sense of the relevance of a measurement that is based on the TSA components, for evaluation of the person's subjective perceptions of their general adaptability. Specifically, these findings suggest that a major barrier to social inclusion after being discharged from a mental health hospital is the outpatients' social perception of others and of their possible relevance and potential contribution to their own (re-)adjustment to the new circumstances. To a certain degree, this suggested conclusion resembles recent notions regarding the potential predictive power of the propensity for self-monitoring in the prediction of adjustment to new environments (e.g., Kudret et al., 2018).

Obviously, this notion deserves extensive support through a developed content and empirical analysis. Nevertheless, the study findings exemplify well the fact that persons' personal perceptions could play a major role in shaping their environmental efforts to be reintegrated in their communities.

Final Comments

We know that today's societies are particularly complex and at high risk of social, economic, and environmental crises, to a greater extent than in the past century. Based on this, it is considered necessary to make more reference to sustainable development, pluralism, inter-culturalism, solidarity, inclusion, and the co-construction of stories and events. We must promote an awareness that it is essential to move beyond an individualistic view of reality. Each one of us is part of a larger reality in which the harm or benefit to one part affects the whole. Only this new cosmopolitan and global consciousness can make it more challenging to be careless or even contemptuous of the quality of life of others.

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Part VII
Prospective Challenges

Chapter 16
Prevention of Maladjustment: Paving the Way Forward

Moshe Israelashvili

The title of this chapter is intended to focus the reader's attention on two qualities of the present book. Firstly, the basic premise of this book is the notion that encountering a life course transition is significantly stressful for most people and can lead to negative implications (e.g., problem behaviors). Accordingly, implementing prevention interventions—before, during, or even after people's exposure to such transition—can pave the way for their later positive movement forward, in accordance with their developmental tasks and/or within the situational circumstances. Secondly, in spite of the vast number of both theoretical and empirical publications on the topic of adjustment to transitions, it seems that there is a need for a comprehensive analysis and articulation of the existing knowledge on ways to prevent maladjustment to life course transitions. Such a comprehensive articulation is required for the supplementation of more advanced models and programs that aim to prevent maladjustment to such transitions.

The present book's missions were (a) to supply the reader with a review of various models that have been suggested in the literature so far, (b) to suggest possible generic components of adjustment to life course transitions, (c) to define and analyze these emerging generic components in terms of their possible contribution to better understand people's process of adjustment, and (d) to demonstrate how considerations of these generic components—presented in the Transitional Stress and Adjustment (TSA) model—can further advance ways of preventing people's maladjustment to life course transitions. This was done in two ways: (a) in the first part of the present book, through the presentation of theoretical discussions, alongside empirical studies, that are related to the TSA model, and (b) in the second part of the book by drawing connections between existing knowledge on adjustment to various

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life course transitions (e.g., adjustment to parenthood) and on prevention interventions that are designed for people who are engaged in such transitions and the TSA model's components. Altogether, various chapters of the present book supply the readers with a better acquaintance with existing efforts to prevent maladjustment to life course transitions. Hence, it can be enriching for both researchers and practitioners, by advancing their ability to design and evaluate prevention interventions for those who face present and future life course transitions. Below is a summary of the book's highlights, as taken from various book's chapters.

Emerging Commonalities Across Life Course Transitions

Chapters[1] in the second part of the present book review the existing literature on the prevention of maladjustment in various contexts. These chapters include descriptions and discussions of the transition to: secondary school, college, parenthood, divorce, military deployment, being a veteran, immigration, and the general topic of social inclusion. Notably, these topics are only a representative sample of the many life course transitions that people encounter. Yet, these topics are among the more globally prevalent ones. Reading through these chapters exposes the reader to studies and discussions that deal with people who are involved in transitions. These transitions are different from one another in many ways—that is, age cohorts (e.g., adolescents and veterans), settings (e.g., college and military deployment), roles (e.g., parenthood and divorce), frames of reference (individual and societal), and more. Nevertheless, several generalizations can be suggested from various discussions in the books' chapters.

Much Attention Is Given to Transitional Periods

Data presented in Chap. 1 of the present book indicate that interest in topics related to adjustment to life course transitions has received much attention since the early days of the behavioral sciences. Reviewing the chapters that are included in the second part of the book further highlights the rich and extensive knowledge that already exists in this field. Moreover, it is evident that transitional periods draw the attention of many scholars, especially those who are engaged in prevention programs. Practically, each one of the chapters is based on a large body of empirical studies, some of them followed by theoretical models to present cross-situational generalizations. Importantly, all the chapters make references to recent findings in their field, indicating that the topic of adjustment to transitions is a vivid and

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[1] All the references that are mentioned in this chapter are chapters in the present book. Hence, the authors' names are mentioned, and the reader is addressed to the book's Table of Contents.

updated issue of concern. An important and present example of that is the extensive number of publications on the increasing global number of immigrants. Moreover, even if the number of people who are involved in a given type of life course transition (e.g., parenthood) decreases, much attention is still given to key related questions, for various reasons such as changes in the nature or context of the given transitional event (e.g., changes in women's perceptions of their parental role vs. the partner's parental role when both are pursuing their career).

Life Course Transitions Are Not an Individual Matter

Regardless of the specific context, authors of various chapters felt that in order to get a comprehensive picture of the (mal)adjustment process to a given transition, it is essential to address several entities - i.e., the individual, the individual's close social environment, and the societal framework within which the process of adjustment takes place. Namely, a comprehensive understanding of the transitional event that an individual has experienced deserves a closer look at various circles in the individual's ecological system. For example, it would be inappropriate to analyze/describe military veterans' adjustment back to civilian society without fully understanding their self-perception, combat experiences, buddy relationships, family attitude, as well as society's attitude toward those who served in the army.

   Moreover, the literature repeatedly highlights the roles that individuals' close social environment, as well as the attitudes and actions that characterize the global system (e.g., school, organizations, society, the state), plays in shaping these individuals' adjustment process. Actually, the process of adjustment to transitions is a mutual process, shaped by both individual and (social-) environmental characteristics, with possibly equal contributions of each of them to the adjustment process. Simply putting it: Optimally, the individual should be motivated to adjust and the surrounding environment, especially the environment that the individual is trying to adjust to, should enable and promote the individual's adjustment. This last notion seems trivial, given that the individual and the environment are always important to understanding people's behavior. However, in the context of adjustment to life transitions, this notion gains further importance, as frequently people tend to focus on individual characteristics and, somehow, ignore the role of the environment. For example, much attention is often given to the selection process (e.g., "Who is the best partner to marry?"; "Who are the students who fit best with the program's goals?"; "To what extent is this person qualified to become a combat soldier?"), while less attention is given to the environment's role in properly "incorporating" the individual into its daily routine (e.g., introducing the environment, recruiting the individual, training the individual, establishing real expectations, managing relationships, investing in developing relationships) and, more importantly, responding well to emerging episodes of discrepancy between the individual and the environment.

In relation to the mutual roles of the individual and the environment, a distinction is suggested (Israelashvili, this volume, Chap. 2) between the processes of adaptation and adjustment. As mentioned, frequently these terms are used interchangeably in the literature. However, the abovementioned notion about the motivated individual and the enabling environment calls for more elaboration on this point. Namely, there are times when both the individual and the environment are mutually open to change and other times when all of the individual's efforts are futile because of the environment or vice versa—that is, when the individual is unwilling or unable to change him/herself and the environment has no alternative but "to cross the lines" and meet the individual's expectations (e.g., school students with special needs). Accordingly, a distinction was made between a state of mutual openness, which represents a process of *adjustment* and a state in which one side is obliged to change itself and meet the other side's expectations, which represents a process of *adaptation*. This differentiation is not a semantic one; rather, it reflects the notion that these are, at least partially, different processes that should be analyzed and evaluated differently (e.g., when measuring the individual's level of adjustment/adaptation to the transition).

Transitions Are Risky Periods

The chapters that are included in the second part of the book supply data regarding the cost of the absence of prevention interventions. That is, the negative impact of the emergence of feelings of maladjustment in terms of people's greater inclination to become involved in and/or exhibit problem behaviors. For example, in the context of children who encounter parental divorce, Wolchik et al. (this volume, Chap. 9) mention that, compared to youth whose parents are married, those from divorced families exhibit higher levels of mental health problems, problematic substance use, suicidal behavior, academic problems, early sexual activity, and obesity. In the context of parental military deployment, Gewirtz and Israelashvili (this volume, Chap. 12) refer to the negative effect that it has on children's substance abuse and on mental health symptoms among the at-home non-deployed parents. In the context of veterans' transition to civilian life, Westwood and Israelashvili (this volume, Chap. 13) highlight the veterans' significant psychosocial adjustment problems, including depression, substance abuse, difficulty in getting along with and trusting others, family and marital problems, and poor physical health. In the context of the transition to college, Swanbrow Becker and Israelashvili (this volume, Chap. 11) discuss suicidal and nonsuicidal self-injury among college freshmen. In the context of adjustment to immigration, Israelashvili and Freedman-Goldberg (this volume, Chap. 14) mention mental health, substance abuse, and social problems among both first and second generations of immigrants. All these findings demonstrate that during

times of transition, people are more vulnerable to mental, physical, social, and behavioral (e.g., academic) problems.

An interesting question, that isn't comprehensively addressed in this book, is: what are the reasons for interpersonal differences in the way that people express (their) feelings of maladjustment? Namely, why do emerging feelings of maladjustment result in - for example - two school graders, for example (see Shek & Israelashvili, this volume, Chap. 10), of the same sex, with similar familial backgrounds, who learn in the same secondary school and in the same class, expressing their feelings of maladjustment differently? A possible answer may be hidden in the list of personality traits (e.g., self-monitoring) that are believed to mediate between people's exposure to life course transitions and the emergence of feelings of maladjustment (see Israelashvili, this volume, Chap. 3). Another possible answer is connected to the TSA model, as suggested in the present book (see below). These lines of explanations, as well as other possible ones, should be the subject of a large body of future studies, with the aim of properly addressing the question of what shapes a person's tendency to express personal feelings of maladjustment in one way or another.

Meanwhile, the more profound assumption that is advocated in the present book is that in times of adjustment to transitions, the overwhelming impact of dealing with the flow of a vast number of minor and major difficulties, frequently accompanied with emerging feelings of frustration, incapacity, and even hopelessness, leads some people to search for a way to escape the transitional event. Such an escape could be either practical (e.g., dropping-out, divorce), psychological (e.g., malingering, mental disengagement, mental health hospitalization), or social (social alienation, aggression, criminal behavior). Preference for using one of these ways of escape or the other is shaped by various factors, such as cultural differences. Hence, in practice, an effort to prevent people's maladjustment to a given transitional event, the implementation of prevention interventions can thwart people's preliminary *inclination* to respond to difficulties in one of these maladjusted ways of behavior. Identifying the preliminary type of inclination, among a given group of future participants, to respond to difficulties in adjustment has to become part of the process of establishing a proper prevention program. Thus, once such tailored preventive interventions will be conducted, the need for an additional prevention interventions would be less urgent, in order to reduce the probability of people exhibiting one or more *symptoms* of maladjustment (e.g., suicidal behavior, bullying, dropping-out).

Interventions to Prevent Maladjustment Work

In each one of the abovementioned chapters, the scope and characteristics of the difficulties experienced with adjustment to a given transition are presented alongside programs that have been specifically tailored to prevent maladjustment to the

transition. Moreover, most of these programs are evidence-based, with impressive data that support their utility. Several of such programs are as follows: Westwood's (2009) The Veteran's Transition Program (VTP); Wolchik et al.'s (2007) New Beginnings Program (NBP) for divorced families; Shek's (2006) PATHS Project to promote secondary school adjustment among students in Hong Kong that is based on the Positive Youth Development framework; Gewirtz's (2018) After Deployment, Adaptive Parenting Tools Program (ADAPT; known also as Adaptive Parenting Tools); Feinberg's (2008) Family Foundation that supports couples in their transition to parenthood; and more. These prevention programs demonstrate that prevention of people's maladjustment to life course transitions is an approachable goal. Importantly, several of these programs supply evidence regarding the positive impact of the prevention program's implementation both for the individual experiencing the transition and for other people who are in touch with this person (e.g., children, partner, siblings).

The Emergence of a Generic Theory of Adjustment to Transitions

Moving one step further, beyond the specific contexts presented in the eight chapters that are included in Part II of the book, seems to lead to promising generalizations about adjustment to transitions. Namely, a certain level of similarity and overlapping conclusions seems to exist across many of the publications on adjustment to transitions. Specifically, based on a secondary analysis of the contents of 100 stage models of adjustment to transitions (Israelashvili, this volume, Chap. 4) in Part I of the book, the basis has been established for a model of the generic components that are frequently incorporated in the process of adjustment to life course transitions, entitled the Transitional Stress and Adjustment (TSA) Model.

The TSA model is a supermodel of the components that, together, represent the major building blocks of people's adjustment to life course transitions. Each one of the components refers to the presence and/or activation of either the cognitive, emotive, or behavioral aspects of an individual's functioning that together cover various milestones that the individual will address during the process of adjustment following exposure to a transition. These components (Israelashvili, this volume, Chaps. 5 and 6) are as follows:

- Departure from past relationships and commitments
- Shock and confusion
- Exploration of the situation's lawfulness and sense-making
- Reassessment of personal rewards
- Role clarification and Person-Environment Fit
- Emergence of personal commitment to the (new) situation

According to the TSA model, these components have a very loose relationship with one another, with possibly many bi- and multi-directional processes. In addition, according to the model, the prominence and impact of these components are shaped also by the environment into which the individual tries to adjust. Namely, the level of the individual's preoccupation with each one of the components is dependent to a great degree on the extent to which the environment (e.g., organizational rules) and/or other surrounding individuals supply clear references (e.g., clarifications) regarding each one of the components. Finally, it is suggested that an insufficient understanding and/or management of each one of these components is the basis for the emergence of feelings of maladjustment.

Preliminary explorations of the TSA model are encouraging. Israelashvili (this volume, Chap. 7) supplies several qualitative and quantitative findings in relation to the relevance of the model's components in describing the experiences of people in transition (e.g., school students), as well as their power in explaining feelings of adjustment to new situations (e.g., military recruits). For example, Freedman-Goldberg and Israelashvili's (Chap. 7) study supplied preliminary findings that generally support the TSA model's claims about the structure and loose order of the adjustment process that people undergo in the course of immigration. Moreover, the interventions conducted among waiters (Nissan & Israelashvili, 2020) and school students (Waxman & Israelashvili, 2002), in which the prevention programs were established based on the TSA model, were found to lead to better adjustment among these study populations.

In addition, to demonstrate the TSA model's possible utility, references to various components of the TSA model are made in each one of the chapters that are included in Part II of the present book. For example, in the context of the transition to parenthood (Israelashvili & Taubman Ben-Ari, this volume, Chap. 8), parental postpartum personal growth was connected to the TSA model's component of evaluation of potential benefits of pursuing adjustment to the transition. In the context of secondary school adjustment (Shek & Israelashvili, this volume, Chap. 10), connections were made between the prevention of maladjustment to secondary school and students' feelings of shock and chaos in light of their misconceptions about themselves and their ability to adjust to secondary school (i.e., based on their experience in elementary school). In the context of deployment (Gewirtz & Israelashvili, this volume, Chap. 12), it was suggested that the ADAPT prevention program's goals to promote both coping socialization, as well as adjustment socialization, are in line with the TSA model's (Israelashvili, this volume, Chap. 2) differentiations between episodes of focused coping and the comprehensive process of adjustment to a transition. The discussion on immigrants' adjustment (Freedman-Goldberg & Israelashvili, this volume, Chap. 14) referred, both theoretically and empirically (Israelashvili, this volume, Chap. 7), to the TSA model's components. In particular, the TSA model is suggested to contribute to a better understanding of Berry's (2001) widely cited typology between immigrants who are assimilated, separated, integrated, and marginalized. Finally, in relation to the discussion on social inclusion

(Nota & Israelashvili, this volume, Chap. 15), several connections are drawn between the TSA model and current discussions on matters of inclusion. These connections suggest that, even though there is still considerable research needed to examine the general claim regarding the TSA model's utility, it is worth investing in such explorations.

Prevention of Maladjustment to Life Course Transitions: Possible Implications

Practically speaking, the existing knowledge on (mal)adjustment to life course transitions, as presented in this book and especially the suggested TSA model's definitions and contents, seem to be useful in several ways:

(a) *A More Structured Process of Development and Evaluation of Targeted Prevention Interventions*:[2] The TSA model's components can serve as a frame of reference for both the development, as well as for the evaluation of, interventions that aim to prevent maladjustment to a specific context. Namely, it is suggested that the development of new interventions to prevent maladjustment (e.g., to relocation) should include references—either cognitive, emotive, and/or behavioral—to the TSA model's components, as their relevance goes beyond the specific content, context, and characteristics of a specific transitional event and the population that is expected to undergo it. Accordingly, evaluation of existing interventions can rely on the TSA model's premises, at least as a preliminary frame of reference. Thus, based on the TSA model's premises (see Chaps. 5 and 6), evaluation of a given intervention to prevent maladjustment should examine questions, such as the following:

- What are the participants' preliminary attitudes toward the transition—that is, have they already departed from their previous "situation" (e.g., their parents, peers, ex-partner, previous place of residence, homeland)? How, when, and in what context has the participants' commitment to past and present settings been measured?
- What are the new environment's attitudes and behaviors toward the "newcomers"—that is, Is the environment conducive to adjustment or only to adaptation? Is the environment characterized by a stable "lawfulness" that newcomers can identify and refer to? How is the environment's "lawfulness" presented?
- How is the participants' (pre and post) level of adjustment measured? Are all of the TSA model's components taken into account? In what components of the (TSA) program a possible pre-post change was measured and properly evaluated? What does the comprehensive profile of the person(s), as could be

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[2] The examples below refer to the contents of Chap. 5 (Israelashvili, this volume).

outlined from these TSA components, reflects upon the person's state of adjustment?

- What are the changes, if at all, that the environment has made, in terms of the TSA model's components, since the participants have encountered the transitional episode? To what extent do these changes support or inhibit the participants' adjustment/adaptation/coping within the new circumstances?

(b) *A Protocol for Counseling People in Transition*: In the context of individual counseling for people in transition, therapists can rely on the TSA model in order to identify clients' barriers to adjustment (e.g., seeing no benefits in adjusting to school) and/or by supporting clients' comprehension of the adjustment process that they are experiencing (e.g. normalizing feelings of chaos and confusion). Another example, and a prominent aspect of applying the TSA model in individual counseling, is teaching clients the importance and usefulness of stating relevant "*if…then…*" sentences to themselves, as a "mental platform" for the evaluation of possible ways for them to manage their own behavior in order to successfully adjust to the given transitional episode.

Notably, these suggestions, and the present book's entire approach to the prevention of maladjustment, are embedded in the cognitive-behavioral approach. Thus, terms like cognitive structures, skill acquisitions, homework, and other topics that are part of the CBT approach to helping maladaptive people (e.g., Meichenbaum, 1977) are highly relevant and hence welcomed to be considered alongside the TSA model, when counseling clients who are in transition.

(c) *The Importance of Addressing the issue of Adjustment to transitions, in Programs to Prevent Problem Behaviors*: The emerging arena of prevention science includes extensive explorations of the antecedents, characteristics, and processes of engagement in problem behaviors. These are followed by suggestions of prevention interventions that try to prevent related populations (e.g., adolescents) from engaging in negative behaviors (e.g., nonsuicidal self-harm, substance abuse). While paying homage to these models and programs, the present book suggests that people's increased inclination to be involved in a given problem behavior is rooted in their former subjective feelings of maladjustment to life course transitions. That is to say, feelings of maladjustment are not the reasons for choosing to be involved in a given problem behavior; rather, feelings of maladjustment reduce people's reluctance to engage in problem behaviors. Accordingly, it is recommended to take measures in the prevention of maladjustment, not as a replacement for existing prevention programs, but in addition to them.

Practically speaking, it seems reasonable to suggest that as part of an intervention that focuses on the prevention of problem behaviors (e.g., substance use, suicidal behavior, unsafe sexual engagement, gambling, internet addiction), attention should be devoted to explore: (1) whether any of the participants have recently been involved in transitional events (e.g., relocation), (2) the

extent to which the participants in the program are familiar with the nature of the process of adjustment to transitions (i.e., the TSA model's components), and (3) whether the participants are aware of the uselessness of turning to problem behaviors in times of maladjustment. These kinds of explorations should be integrated into the prevention program, especially to address the danger of future relapse and of turning to problem behaviors when the burden of adjustment to transitions exceeds the participant's resilience.

(d) *The Incorporation of a Program on "Adjustability" Promotion, in Life-Skills Promotion Interventions*: One of the points of agreement among researchers and practitioners who are engaged in prevention programs is the notion that prevention and promotion are complementary activities (Romano & Israelashvili, 2017), that is, that activities to prevent people's inclination to be involved in problem behaviors should be accompanied by activities to promote their inclination (e.g., knowledge, motivation, skills) to behave in positive/productive ways. This notion fits well with the increasing importance that is currently attributed to social-emotional learning (SEL). A leading example that incorporates SEL and prevention efforts is Botvin's (2004, 2015) Life-Skills Program.

Interestingly, SEL programs and other prevention programs aim to promote participants' skillfulness in domains such as coping, decision-making, encountering problems, and managing social relationships. Yet, it is hard to find such programs that seek to promote the participants' adjustability—that is, general knowledge and skillfulness in ways of managing times of transition. Notably, the vast number of existing programs that foster people's resilience is not the answer to this need. As will be elaborated below, although resilience is defined by some as the ability to adapt, adjustment is more than adapting oneself to the changing circumstances; sometimes, it is the effort to change others, rather than to change oneself. Moreover, most of the programs that aim to advance resilience focus on the individual and his/her ability to persevere; adjustment, however, refers to a more dynamic situation, in which the mutual relationships between the individuals' behavior and the environment's responses are analyzed. Finally, programs to promote resilience usually ignore the individual's past and focus on the future; future programs to promote adjustability should first consider individuals' readiness to depart from their past, which is sometimes still vivid and considered in their present, and shift into focusing on the future and what should be done in the present in order to achieve those future goals.

The establishment of programs to promote adjustability can rely on various theoretical models. The present book suggests the TSA model as a worthwhile theoretical conception, upon which such programs could be established.

The above list of four channels, through which efforts to prevent maladjustment to life course transitions can be advanced, are schematically presented in Fig. 16.1.
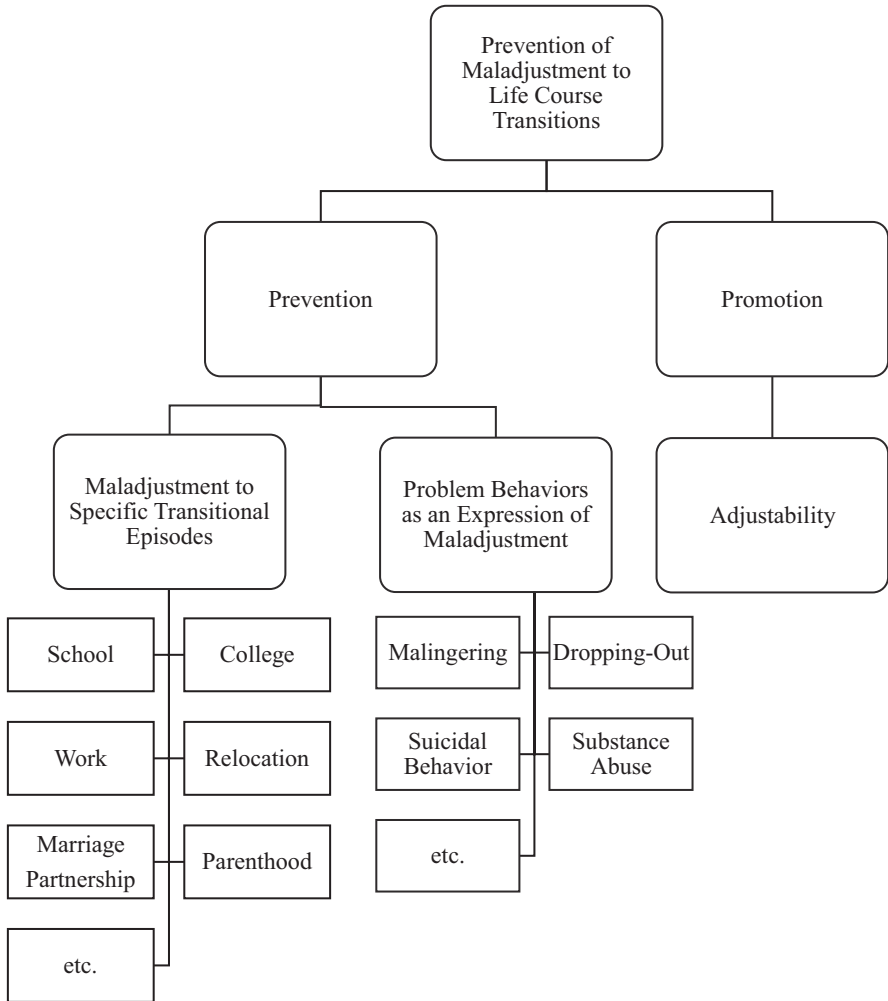
Fig. 16.1 Typology of interventions to prevent maladjustment and promote adjustability

Prevention of Maladjustment: The Challenges Ahead

Possible Clusters of Transitional Events

The basic premise of the present book is the claim that generalizations can be made about the processes that people undergo when encountering different life-course transitions. Similarly, to any universal claim, this one should be cautiously explored and extensively validated. In the present book, to support this

claim, various qualitative and quantitative findings are presented. However, as has already been mentioned above, a more substantial body of evidence is needed in order to better establish this claim. One possibility is that not all transitions are similar, that is, that there are several clusters of life course transitions. These clusters may be defined based on aspects like the transition's intensity, scope, impact on people's lives, and more. Another possibility is that not all people experience and respond to life course transitions in the same way. For example, it is possible that age differences shape not only people's reactions to stressful events (Compas et al., 2001) but also the ways that they manage adjustment episodes. These and other differences can be explored through collaborations between researchers and practitioners who focus on different types of transitions, populations, and settings.

Possible Ethnic and Cultural Differences

The same goes for possible ethnic and cultural differences. As perceptions of transitional events are subjective (Israelashvili, this volume, Chap. 2), they are also subject to cultural differences. These cultural differences may not only shape people's perception that a transition has begun/occurred but also the level of importance that people attribute to the emerging transition. A demonstration of such cultural differences comes from cross-cultural comparisons of people's perceptions of how stressful "Stressful Life Events" (Scully et al., 2000) are—for example, (a) getting married and (b) getting divorced. Yet, the possibility that there are cultural differences does not eliminate the relevance of the TSA model's components in understanding people's adjustment to life course transitions. Rather, it suggests that there might be differential weight to each one of the components and/or additional components that should be taken into account on a cultural basis.

Advanced Explorations of the Parental Role
in Shaping Adjustability

In line with the emerging literature on parental emotional socialization, and especially on coping socialization (Butterfield et al., 2019; Johnson et al., 2017), there is a need for further explorations of how parental behavior shapes their child's (1) perceptions of the occurrence of a transitional event, (2) adjustment to the transition, and (3) expressions of maladjustment. While a significant body of knowledge does exist regarding the third question, the first two questions still await significant exploration.

The Impact of Repeated Exposure to Life Course Transitions

Life course transitions occur throughout people's lives. However, it is possible that the ways that people manage their encounters with preliminary transitions (e.g., to school, college) are not identical to the ways that they react and manage later transitions in their life. The TSA model suggests several generic components that are relevant across all life course transitions. However, it is possible that not all of these components are of equal importance and/or relevance as the person progresses from one transitional event to another. This notion actually refers to the debate regarding the inoculating power of exposure to hassles and stressful events—do they contribute to people and enhance their ability to manage encounters with additional transitions?

Can Knowledge on Resilience and Adjustment to Life Course Transitions Be Integrated?

Explorations of the nature and implications of resilience in relation to various aspects of people's lives have quickly expanded, making this term one of the prominent ones in the recent social science and health science literature. The scope of discussion refers to all levels of human behavior, that is, the individual, familial, group, community, and national domains (Kimhi, 2016). Nevertheless, the debate over the definition of this term seems to be far from being settled. Originally, resilience was defined as bouncing back or recovering (Masten et al., 1990; Southwick et al., 2014). Over the years, the term "adaptability" has become more integrated and present, such as in the American Psychological Association's (2021) definition of resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors;" the same goes to Masten et al.' (2021) definition of resilience as "the capacity of a dynamic system to adapt successfully through multisystem processes to challenges that threaten the function, survival, or development of the system" (p. 524); and Unger's (2021) recent book entitled "Multisystemic Resilience: Adaptation and Transformation in Contexts of Change."

These definitions are directly related and challenge several of the present book's concepts and suggestions; the most basic one is: what is the difference between adaptation, adjustment, and resilience?

Generally speaking, there are various possible ways to articulate the differences between these terms. The first and most obvious ways are either overlapping meanings or differential meanings, based on various dimensions that should be clarified in the future. However, there are other possible ways to describe the differences between these terms. For example, in Chap. 2 of the present book, Israelashvili (this volume) suggests the distinction between coping (i.e., with a given event), adaptation (adapting oneself to new circumstances), and adjustment (i.e., mutual change to

Example # 1: overlapping   Example # 2: distinction

Example # 3: Resilience as a mediating variable
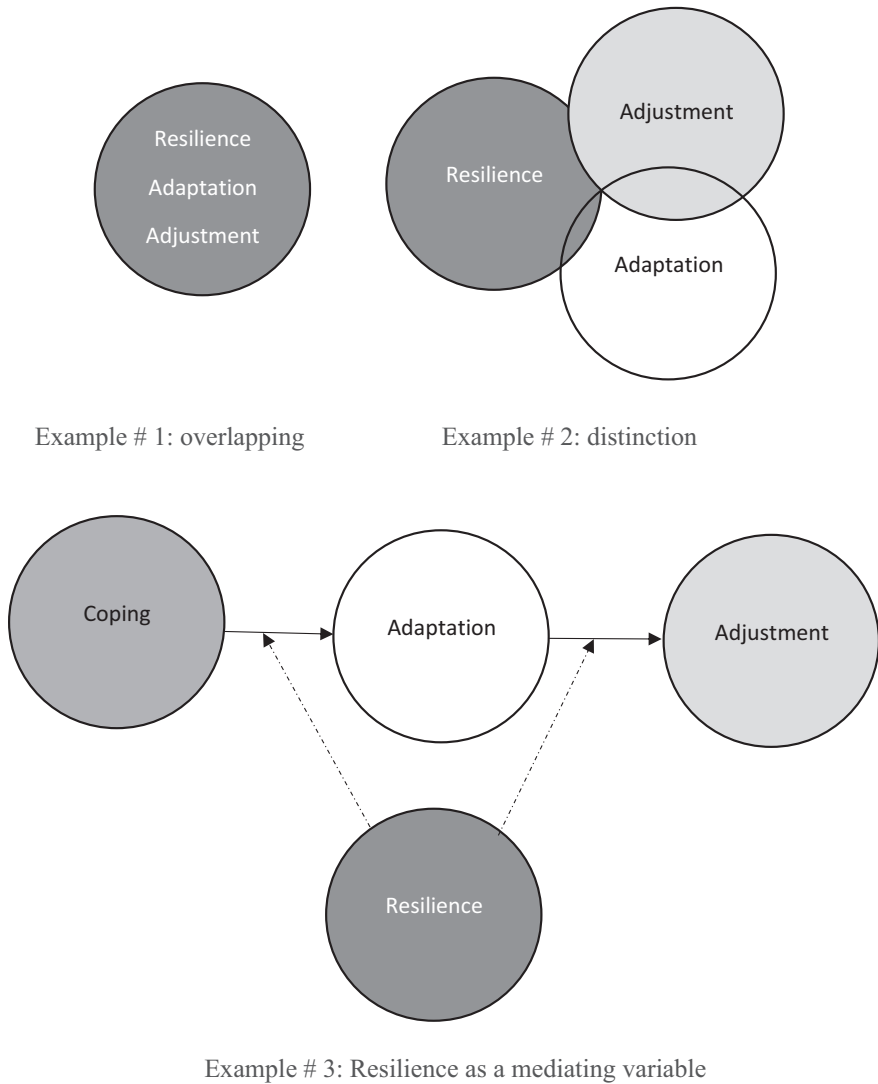
Fig. 16.2 Examples of possible differential definitions of adaptation, adjustment, and resilience

both sides, such as the person partially adapting him/herself to the new situation and partially changing the situation (e.g., organization) to adapt it to his/her needs). Based on this distinction, it is possible to suggest that resilience mediates between (a) people's exposure to a stressful event and their tendency to keep coping with it (i.e., bouncing back), (b) people's inclination to cope with stressful events and their ability to adapt themselves to new circumstances, and (c) people's inclination to move forward from "adaptive" behavior to more "adjustive" behavior. These three ways to articulate the differential meanings of resilience, adaptation, and adjustment, are presented in Fig. 16.2. Obviously, these and other options should be the subject of additional explorations in the future.

Finally, the present book is a relatively ambitious project, in which an effort was made to integrate knowledge that has accumulated with regard to different types of life course transitions, from different points of view, and in relation to a large selection of topics. Naturally, such a comprehensive review might lead to over-generalizations, sometimes speculative suggestions, partial descriptions of processes, and so forth. Nevertheless, it is believed that all of these pitfalls do not detract from the importance of taking the time to try and illuminate the generalizations that can possibly be made and/or deserve close attention. The importance of such explorations is directly derived from the major role that adjustment to life course transitions plays in everyone's lives.

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